

MENTAL HEALTH OF SYRIAN ASYLUM SEEKERS RESIDING IN CAMPS:
RISK AND PROTECTIVE FACTORS WITH A MIXED-METHOD STUDY

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ABSTRACT

**Mental Health of Syrian Asylum Seekers Residing in Camps:
Risk and Protective Factors with a Mixed-Methods Study**

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The aim of the present study was to investigate the possible risk factors and the coping resources during three phases of forced migration for mental health outcomes of Syrian asylum seekers in Turkey. 111 asylum seekers staying in three different camps were recruited by means of convenience sampling. The mixed-method research design was utilized. Participants were administered an interview package including informed consent form, socio-demographic form, semi-structured interview, Harvard Trauma Questionnaire Revised Part I and IV, Post-Migration Living Difficulties, Hopkins Symptom Checklist-25. Quantitative analyses revealed that young, female and unmarried asylum seekers were at-risk groups for mental health problems. Among pre-migration traumatic events, forced separation and loss of loved ones was found as a significant predictor for post-traumatic stress and depression whereas among post-migration living difficulties, loss of culture and support was observed as more impactful determinant of each symptom domain. Qualitative results indicated that participants reported using a number of resources

which helped them to overcome the deleterious effects of their experiences, including differential social support from different resources, reliance on religious faith, a sense of commitment to a political cause of war and personal attitudes. The social, political and cultural realities specific to context were noted to be paid attention to understand asylum seekers' experiences and their effects on them. The findings of the study were expected to have implications for intervention development targeting current stressors as well as traumatic events, and program and policy development aimed at improving life conditions and strengthening support systems of asylum seekers to promote coping.

Keywords: Asylum Seekers, War Trauma, Post-migration, Mental Health, Coping

ÖZ

Kamplarda Kalan Suriyeli Sığınmacıların Ruh Sağlığı:
Karma Yöntemli Çalışma ile Risk ve Koruyucu Faktörler

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Bu çalışmada Türkiye’de bulunan Suriyeli sığınmacıların ruh sağlığına yönelik zorunlu göçün üç aşamasındaki muhtemel risk faktörlerinin ve başatme kaynaklarının incelenmesi amaçlanmıştır. Üç farklı kampta kalan 111 sığınmacı uygun örneklem yoluyla çalışmaya alınmıştır. Karma yöntemli araştırma dizaynı kullanılmıştır. Katılımcılara, içinde bilgilendirilmiş onam formu, sosyo-demografik form, yarı-yapılandırılmış görüşme, Harvard Travma Ölçeği Bölüm I ve IV, Göç-sonrası Yaşam Zorlukları Ölçeği ve Hopkins Semptom Listesi-25’in bulunduğu bir görüşme paketi uygulanmıştır. Niceliksel analizler genç, kadın ve evli olmayan sığınmacıların ruh sağlığı açısından risk grupları olduklarını göstermiştir. Göç öncesi travmatik yaşantılar arasında zorunlu ayrılık ve sevdiklerin kaybının travma-sonrası stress ve depresyon semptomları için önemli bir yordayıcı olduğu bulunmuşken göç sonrası yaşam zorlukları arasında kültür ve destek kaybının incelenen her semptom alanı için daha etkili bir belirleyici faktör olduğu gözlenmiştir. Niteliksel sonuçlar, katılımcıların yaşantılarının kötü etkilerinin üstesinden gelmelerinde yardımcı olan

birçok kaynak kullandığını göstermiştir. Bunlardan bazıları farklı kaynaklardan gelen farklı tür sosyal destek, dini inanca dayanma, savaşın politik amacına bağlılık ve kişisel tutumlardır. Sığınmacıların deneyimlerini ve onlar üzerindeki etkilerini anlamak için bağlama özel sosyal, politik ve kültürel gerçekliklere dikkat edilmesine işaret edilmiştir. Çalışma bulgularının, travmatik yaşantıları yanı sıra mevcut stress faktörlerini de hedefleyen müdahaleler geliştirmek, dayanıklılığı arttırmak için sığınmacıların destek sistemlerinin güçlendirilmesini ve yaşam küşullarının iyileştirilmesini amaçlayan program ve politika üretmek açısından çıkarımları olması beklenmiştir.

Anahtar Kelimeler: Sığınmacılar, Savaş Travması, Göç Sonrası, Ruh Sağlığı, Başetme

To my dearest mom and dad who taught me love and solidarity

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CHAPTER 1

INTRODUCTION

Over the last decades, dramatic increase in the number of armed conflicts has resulted in great numbers of refugees, asylum seekers and displaced people (Ingleby, 2005; de Jong, 2002). According to the United Nations High Commissioner for Refugees (UNHCR), at the end of 2012, 45.2 million of the population in the world have been forced to flee from their homes in search of shelter due to the political and ethnic conflicts, generalized violence, persecution and human right violations (UNHCR, 2012b). Most of these people were from Middle East and North Africa, and Asia and Pacific in conflict and post-conflict situations and major source of countries were stated as Syrian Arab Republic, Afghanistan, Sudan, Somalia and Democratic Republic of Congo (UNHCR, 2013). Since the beginning of 2012, millions of people have become internally displaced persons (IDPs) or refugees, and it was stated that already the first half of 2013 has been one of the worst periods for forced displacement in decades (UNHCR, 2013).

As a country located at the crossroads of migration routes, Turkey has been receiving large number of asylum seekers and refugees. According to the statistics given by UNHCR as of January 2014, apart from registered Syrian people, total number of registered asylum seekers and refugees is 40.058 including the vast majority coming from Iraqi (16.808), Afghanistan (9.514) and Iran (7.909) (UNHCR, 2014b). Turkey was the tenth largest recipient of new asylum seekers in 2012 with 16.700 claims (UNHCR, 2012a) and became sixth largest refugee-hosting country in the world by mid-2013 with 512.000 refugees (UNHCR, 2013).

1.1 Who is Refugee, Asylum Seeker, and Internally Displaced Person?

Article 14 of the Universal Declaration of Human Rights (UN General Assembly, 1948) recognizes the right of people to seek asylum in another country. The definitions are often complicated and dictated by the legal system of the host country. Distinctions being drawn between them are in line with the legal processes related to their acquisition or non-acquisition of a residence permit on that territory, and also in line with the reasons for their arrival to that territory. One major distinction in terminology is between asylum-seekers and refugees and while the former refers to the people who have filed their applications to be recognized as refugees and waiting for the finalization of these legal processes for their status determination, the latter are people whose refugee status are recognized by the host state and therefore are entitled to the rights pertaining to the refugee status, which are regulated in broad lines in the 1951 Geneva Convention (UN General Assembly) but are subject to differences in line with differing regulations of states.

The 1951 UN Geneva Convention and its 1967 Protocol defined a refugee as:

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/her nationality and is unable or, owing to such fear, is unwilling to avail himself/herself of the protection of that country; or who, not having a nationality and being outside the 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.

An asylum seeker is a person who seeks protection under the UN convention after entering a country either with a temporary visa or without documents. In Western countries, the difference between refugees and asylum seekers is that the former have obtained a residence permit, because they have been formally recognized as being in genuine fear of persecution, whereas the latter are still in the process of achieving such status. The asylum process is an adversarial one in which the burden of proof lies with the applicant and it can take several years to reach an outcome. If the applicant receives a negative outcome, he/she can face deportation. Unlike refugees,

asylum seekers are stateless people faced with multiple living difficulties and insecurities. In many countries they are not entitled to the regular services provided for permanent residents like, they are not allowed to work, access education beyond the age of 18, access to health care or travel outside the state (Ryan, Kelly, & Kelly, 2009).

Internally displaced persons, or IDPs, are regarded as among the world's most vulnerable people. Unlike refugees, IDPs have remained inside their home countries and have not crossed an international border to take sanctuary. Even if they have fled for similar reasons as refugees such as human rights violations, generalized violence and armed conflicts, IDPs legally stay under the protection of their own government, even though that government might be the cause of their flight (UNHCR, n.d.).

In the case of mass movements of people as a result of armed conflicts or generalized violence rather than individual persecution, there is no capacity to conduct individual asylum interviews for everyone who has crossed the border and no necessity as well because it is obvious why they have fled. Therefore, such groups are often declared as "prima facie" refugees (UNHCR, n.d.).

1.2 Asylum Seekers in Turkey

Since the 1980s, it has been a transit route for many refugees trying to reach to European countries like United States, Canada, and Australia. Turkey is a party to the 1951 Geneva Convention relating to the Status of Refugees and due to its 'geographical limitation' under Article 1 (B) of the Convention, Turkey has been providing only a temporary asylum but not permanent refuge to asylum seekers that are not coming from European countries. For non-European asylum seekers mostly coming from Iraq, Iran, Afghanistan, Somalia, a dual process is implemented, with the UNHCR running the Refugee Status Determination (RSD) procedure for international protection and assisting refugees for third country resettlement and the Ministry of Interior conducting the procedure for the granting of temporary asylum, and thus temporary protection in Turkey. Those that are found to be eligible for the "temporary asylum seeker status" are given a temporary residence permit in Turkey until they are resettled in a third country.

In Turkey as a transit country, the procedure for the determination of whether the applicant is a “temporary asylum seeker” was undertaken by the Ministry of Interior and when the temporary asylum seeker status is granted to the person in question, the Ministry of Interior issues a residence permit for the person. In this process, asylum seekers are settled in one of the 51 provinces, called as satellite cities by the Ministry of Interior and have the right to employment, education, and health. However, many people have problems related to areas like residence permit, employment issues, and accessibility to mental health care (Kolukırmık & Aygöl, 2009; Toksabay, 2010).

In April 2013, Law on Foreigners and International Protection Turkey was promulgated in Turkey. According to the law, while the ‘geographical limitation’ is maintained, a comprehensive framework is provided in line with international standards for protecting and assisting all asylum-seekers and refugees, irrespective of their country of origin. Also, Directorate General for Migration Management has been newly established.

Apart from the influx from Syria, Turkey has also received an unprecedented number of asylum-seekers from other countries like Iraq and Afghanistan and Somalia (UNHCR, 2013). Unlike registered Syrian asylum seekers, non-Syrian asylum seekers live in urban areas in more than 51 different cities called satellite cities. For Turkey in 2014, UNHCR predicts an increase in arrivals of Afghans, Iraqis and Iranians and as a result, over 73,000 people of concern, not including Syrians (UNHCR, 2014a).

1.2.1 Syrian Asylum Seekers in Turkey

Due to the internal conflicts within Syrian Arab Republic, the population movement into Turkey has started at 29th of April 2011 and the crisis has continued to push substantial numbers of asylum seekers into Turkey since then. Turkish Government has introduced a temporary protection regime for Syrians. This ensured that the border remained open, that there were no forced returns or limits on duration of stay (*non-refoulement*), and that assistance was provided in the camps (Dinçer, Federici, Ferris, Karaca, Kirişçi, & Çarmıklı, 2013). According to the report of Prime Ministry Disaster and Emergency Management Agency (AFAD, 2013), the number of Syrian people registered and accommodated in 15 tented and 5 containerized camps

established in ten provinces of south-eastern region of Turkey have reached 200.386. Estimated total number of those living outside the camps in Turkey is approximately 400.000. Also, 127 Syrian people have been treated at the hospitals as of the date of the report. According to UNHCR estimates, Turkey will host 1.600 Syrians by the end of 2015 (UNHCR, 2014a).

Since the onset of the internal conflicts, Syria has become the world's leading country of forced displacement. The unprecedented and ongoing increase in the number of Syrians in Turkey since 2011 leads to growing needs in assistance. Majority of the Syrian asylum seekers in Turkey come from the cities close to the Syrian-Turkish border like Aleppo, Idlep, Raqqa, which is the region of intense conflicts as well (AFAD, 2013). More than half of the asylum seekers staying in the camps entered Turkey without passport from an official border crossing point and a substantial number entered Turkey from an unofficial border crossing point. The camps established by the Turkish Government are located in the south-eastern Turkey close to the Syrian border of Turkey. The camp managements, registration and accommodation of the Syrian asylum seekers belong to AFAD. Security, education, health and religious services are provided in the camps. The camps generally include primary and secondary schools, health clinics, community centres, playgrounds, supermarkets, and laundry rooms (Dinçer et al., 2013). Syrian asylum seekers are given refrigerators and stoves and accommodations have hot water. Upon registration, Syrians are provided with electronic food cards with a monthly allowance of 80 TL per person by the support of World Food Program and Turkish Red Crescent. For the non-food items, they are provided with cash cards or items are distributed periodically, depending on the camp. The Syrian asylum seekers staying in the camps are not allowed to work. The camps have different accommodation facilities including tents, containers or units separated inside a building.

During the asylum procedure in general, the individual has to manage different issues from the past (e.g., trauma, exile, cultural bereavement), present (e.g., daily hassles, living arrangements) and future (e.g., uncertainty). The events precipitating the act of migration such as war, persecution, hunger, death, disaster, the process of displacement which can include a long and unsafe journey and resettlement including uncertainty, unemployment, oppression, discrimination, discomfort etc. take quite a

toll on mental health of refugees and asylum seekers (de Jong, 2002). The combination of these experiences is a potent recipe for psychological suffering (Ryan et al., 2009).

1.3 Mental Health of Asylum Seekers and Refugees

The process of migration itself and its accompanying stress factors affect individuals and communities who have been migrating and these are further influenced by the voluntary or forced nature of migration (Bhugra, 2004a). Refugees and asylum seekers can be at high risk for mental health problems because they have to deal with multiple stressor events like traumatic events, forced migration and resettlement in unfamiliar environments (Hollifield et al., 2002; Ringold, 2005).

Resources gradually diminish due to the repetitive and multiple exposures to very stressful circumstances, so individuals and communities may end up with difficulties in recovering their losses. Exposure to extreme stressors may result in a variety of responses. With respect to short term and common effects of trauma, the adult individuals more likely manifest different combinations of the experiences like normal feelings of distress, helplessness, despair, intense and panic-level arousal, negative emotions and vulnerability (de Jong, 2011). Additionally, the person may experience a sense of being hunted, numb, a sense of depersonalization or derealisation. In the immediate aftermath of extreme trauma, adults may also react with a time limited but acute stress disorder (de Jong, 2011). Longer term and more serious reactions may involve a variety of disorders involving post-traumatic stress disorder (PTSD), depressive disorder, anxiety disorder, substance abuse, somatoform disorder and psychosis, and comorbidity is commonly observed (de Jong, 2002; Aragona, Pucci, Mazzetti, Maisano & Geraci 2013). Moreover, refugee status as well as war, prisoners of war and human trafficking were exemplified as complex traumas because their repeatedness and escalation over their duration, leading to complex reactions in addition to those included in the DSM-IV (American Psychiatric Association, 1994) diagnosis of PTSD (Courtois, 2004).

Population based studies conducted with adult asylum seekers and refugees staying in the Western countries reported a high prevalence of mental health problems, particularly symptoms of post-traumatic stress disorder (PTSD), depression and

anxiety. The meta-analysis conducted by Fazel, Wheeler and Danesh (2005) over 7000 refugees and asylum seekers suggested that about 10 % of adult refugees had post-traumatic stress disorder, about 5 % of those had major depression, and 4 % of those had a generalised anxiety disorder. It was also stated a high probability of the overlap in these disorders among many people. They noted that refugees living in western countries tended to be about ten times more likely to have PTSD than age-matched general populations in those countries. In their review article based on non-detained asylum seekers in Western countries, Ryan et al. (2009) stated that high rates of depression, anxiety and PTSD, and high levels of psychological distress were observed among both community and clinical samples. Also, on the whole, the prevalence rates observed in this review were considerably higher than those reported among general populations in Western countries. De Jong, Komproe and Van Ommeren (2003) investigated 3048 individuals in the post-conflict environments of Cambodia, Algeria, Palestine and Ethiopia and found that PTSD (29 %) and anxiety disorder (25 %) were the most frequently reported problems in all groups. A population based study conducted with 1161 Vietnamese refugees resettled in Australia revealed a relatively low rate of psychiatric morbidity when compared with other epidemiological studies undertaken in western populations (Steel, Silove, Phan & Bauman, 2002), indicating 4 % of PTSD and 3 % of major depressive disorder. Related to this result, it was stated that most Vietnamese refugees did not reveal overt mental health problems because trauma-related mental illness seemed to reduce steadily over time. Another study conducted with 993 Cambodian refugees on the Thai-Cambodian border yielded 55 % qualified for a diagnosis for depression and 15 % for PTSD (Mollica et al., 1993; as cited in de Jong, 2002).

There were hugely differing estimates of the prevalence of common mental disorders among asylum seekers and refugees (e.g., Fazel et al., 2005; Ryan et al., 2009). For example, the prevalence rates for PTSD range from 3 % to 86 %, and similar percentages were reported for those of depression (3 % to 88 %) and anxiety (2 % to 80 %). It was stated as a reason for this that in early research, most of the evidence for elevated rates of disorder did small-scale investigations using non-standardized assessment methods applied to highly selected groups like attendees to out-patient clinics (Bhugra, Craig, Bhui, 2010). Also, using a variety of measurement

instruments and very heterogenous samples (e.g., the study population, country of origin, duration of residence in the resettled country, refugee status) made the studies difficult to compare (Gerritsen, Bramsen, Deville, van Willigen, Hovens, van der Ploeg, 2004).

Among non-help-seeking populations, some studies found evidence for poorer mental health among asylum seekers versus refugees. Gerritsen and colleagues (2006) found that asylum seekers reported higher levels of depression, anxiety and PTSD symptoms (62%, 41%, and 28%, respectively) as compared with refugees (29%, 28%, 11%). Also, Toar, O'Brien and Fahey (2009) reported similar results, indicating that asylum seekers were significantly more likely than refugees to report symptoms of PTSD, depression and anxiety. Hondius, van Willigen, Kleijn, and van der Ploeg (2000) found a lower risk of PTSD among refugees versus asylum seekers. Silove, Steel, McGorry, and Mohan (1998) compared Tamil asylum seekers, refugees, and immigrants in relation to risk for poor mental health. No differences were observed between refugees and asylum seekers. However, compared with immigrants, asylum seekers were at higher risk for depression, anxiety, and PTSD symptoms. A meta-analysis concluded that prevalence rates of depression and anxiety were twice as high in refugees as in labour migrants (Lindert, Ehrenstein, Priebe, Mielck & Braehler, 2009). Moreover, a study investigating the health effects of the Australian asylum policies and practices, forty-six percent of Temporary Protection Visa refugees reported depression symptoms compared with 25% of Permanent Humanitarian Visa refugees (Johnston, Allotey, Mulholland & Markovic, 2009).

In a study investigating health problems among refugees in Turkey by examining the medical records, post-traumatic stress disorder was observed in 12% of refugees (Yaman, Kut, Yaman, Ungan, 2002). Further, it was stated in two different studies that higher levels of anxiety and depressive symptoms were found in the Bulgarian and Albanian children and adolescents living in refugee shelters in Turkey (Sabuncuoğlu, 1998, as cited in Aker, Onen, Karakılıç, 2007; Yurtbay et al., 2003, as cited in Aker et al., 2007).

Stress and distress reactions are stated as normal in the contexts of mass violence and war (de Jong, 2011). In phenomenological terms, the emotional states are regarded as

not necessarily psychopathological but rather describe aspects of normal cognitive functioning and fall within the range of normal responses to an adverse context (Summerfield, 1999). Some studies found the persistence of post-traumatic stress and relatively low quality of life (Huijts, Kleijn, Emmerik, Noordhof & Smith, 2012) even after arrival in the host country several years ago among refugees whereas others found that a large number of refugees did not develop long-term mental health problems and spontaneously recovered (Schweitzer et al., 2006; Rosner, Powell & Butollo, 2003). Despite the normality of reactions to war and violence, stress and distress must be paid attention since prolonged states of either can cause physical and mental problems (de Jong, 2011) and the determinants of the psychological problems should be carefully designated.

1.4 Pre-migration Risk Factors

1.4.1 Traumatic Events

In order to understand the effect of migration, the precipitating factors for the migration and forced or voluntary nature of migration must be taken into consideration. It is likely that pre-migration stressors vary according to the reason for migration (Bhugra, 2004a). Starting from this, refugees and asylum seekers may have a series of difficult experiences before migration. Refugees and asylum seekers flee because they generally face with war, violence, terror, torture, massacre, and profound deprivation which in turn adversely affect their mental health (Ringold, 2005). Specific risk factors embedded in the development of mental disorders in refugees regardless of their social class and cultural identity have been stated, such as traumatic events related to armed conflicts, torture, death, loss or fear of such events (de Jong, 2002). Traumatic events in chronic violence situations such as war and civil unrest expose individuals to overwhelming and continuous levels of danger and fear and make excessive demands that surpass physical and mental ability to adjust.

There has been growing recognition that war-related stressors have the potential to pose a risk to mental health. Epidemiological studies have identified posttraumatic stress disorder and depression as the most prevalent disorders in refugee and other war-affected populations.

A greater number of traumatic events before migration were associated with physical and mental health among refugees and asylum seekers and the most frequently experienced traumatic events included forced separation from family members, torture, unnatural death of family or friend, rocket attacks and bombardments, hiding for a long time, lack of food and water or shelter (Gerritsen et al., 2006; Ichikawa, Nakahara & Wakai, 2006; Schweitzer et al., 2006). Similarly, another study over Somali refugees in the UK showed that cumulative pre-migration trauma is an independent risk factor for anxiety and depressive symptoms, and common specific traumatic events such as food shortage, being lost in a war situation and being close to death and suffering serious injury among refugees were each associated with specific psychiatric symptoms (Bhui et al., 2003). Another study with refugees and asylum seekers recruited from clinical settings in UK showed that participants reported exposure to a high number of traumatic events, torture was reported by 81 % of those and increased PTSD symptoms were associated with a high number of traumas (Carswell, Blackburn & Barker, 2011). Another dose-effect relationship between number of traumatic event types and PTSD severity was found among the survivors of Rwanda genocide (Rieder & Elbert, 2013). Aragona, Pucci, Mazzetti, Maisano and Geraci (2013) found that although all traumatic events (e.g., material deprivation, disappearance, death or loss of loved ones, war-like conditions) significantly increased the likelihood of having PTSD in primary care immigrants in Rome, torture and forced confinement and coercion were found more relevant than others.

The study of de Jong and colleagues (2003) on individuals from post-conflict communities in different settings revealed that among individuals exposed to violence associated with armed conflict, PTSD was the most likely disorder, but such violence was a common risk factor for various disorders and co-morbidity combinations in different settings. The study investigating the psychological impact of Israel–Hezbollah War on civilians in Israel including Jews and Arabs revealed that overall exposure to recent rocket or terrorist attacks was high, with 67.1% of individuals reporting exposure to at least one type of event and this exposure was predictive of greater probable PTSD (Palmieri, Canetti-Nisim, Galea, Johnson, & Hobfoll, 2008). It was stated that increased risk for PTSD symptoms was found to be highly associated with increased risk for depression for hospital personnel in Israel

who were exposed to frequent missile attacks and casualties of war (Palgi, Ben-Ezra, Langer & Essar, 2009).

The study conducted with displaced former World War II children in late life yielded that consistent dose-effect relation between war-related experiences and posttraumatic stress or depressive symptoms in late life was found for both displaced and non-displaced elders which means that a higher frequency of exposure to traumatic events during WWII was associated with manifesting more symptoms of posttraumatic stress and depression in late life (Strauss, Dapp, Anders, Renteln-Kruse & Schmidt, 2010). However, poor general health perception was only found in displaced people. Trauma types derived from principal component analysis exhibited differential associations with health outcomes. Human Right Violations, including torture, rape, murder of others, forced isolation, emerged as risk factor for posttraumatic stress symptoms and Deprivation & Threat to Life, including combat situation, forced separation from family and lack of food, water, and shelter, as risk factor for depressive symptoms. Also, levels of posttraumatic stress symptoms were twice as high in the displaced group as in the non-displaced group. A research conducted with Kurdish IDPs fleeing from terror in the southeast of Turkey showed that depression, anxiety and somatoform disorders were more likely seen in forced migrants in comparison to control group (Sir, Bayram & Özkan, 1998).

In spite of the different estimates, between 5 and 35% of all refugees have been tortured (Campbell, 2007). A review of uncontrolled studies (Başoğlu et al., 2001; as cited in Başoğlu & Şalcıoğlu, 2011) showed that in torture survivors, PTSD, anxiety, and depression were the main diagnoses reported, and the prevalence of one or more of these diagnoses ranged from 15% of survivors to 85% of survivors. A study conducted with five different immigrant groups including 3.019 adult immigrants from Turkey, Iran, Pakistan, Sri Lanka and Vietnam living in Oslo revealed that experience of torture and imprisonment due to political reasons were the pre-migration traumatic events most strongly associated with psychological distress among all these groups (Lien, Thapa, Rove, Kumar & Hauff, 2010). Lindencrona and his colleagues (2008) found that exposure to torture was the most central to explaining the level of core symptoms of post traumatic stress. Mills et al. (2008), in their review of findings with tortured Bhutanese refugees in Nepalese camps,

reported that all studies reported a dramatically high incidence of mental illness including depression, anxiety and post-traumatic stress disorder and the reported incidence of torture is a possible contributor to the illnesses.

The study conducted by Steel, Silove, Bird, McGorry and Mohan (1999) revealed that pre-migration trauma exposure (i.e. detention and abuse, traumatic loss, exposure to conflict) accounted for 20% of the variance of post traumatic symptoms among Tamil asylum seekers, refugees and immigrants and detention and abuse was the largest single contributor to post-traumatic symptoms. It was stated that salience of systematic human right abuses, such as torture and detention, to the development of subsequent posttraumatic symptoms. Gilgen et al. (2002) found that somatic and emotional problems were reported significantly more often by migrant patients who reported experience of organized violence like repeated and continued exposure to or witnessing procedures such as physical and psychological torture or living through war time, etc. than those who did not. Gülşen, Knipscheer and Kleber (2010) carried out with 1.127 migrated Kurdish women both in the European Union and in Turkey and found that having fled for war and (political) oppression was significantly related to mental health status and almost half of the participants could be diagnosed as suffering from PTSD.

A multi-disciplinary review article on Nepal concerning political violence and mental health stated that increased mental disorders were reported for people affected by the Maoist insurgency and tortured Nepali-speaking Bhutanese refugees (Tol et al., 2010). Prevalence rates showed great variations over these different populations, as well as within populations. For instance, PTSD rates ranged from 4% (non-tortured Bhutanese refugees) to 60% (help-seeking torture survivors). For tortured refugees, the prevalence of depressive disorders ranged from 8% to 25%. The authors attributed these variations to three factors including, sampling factors (e.g. help-seeking vs. random), contextual factors (e.g. exposure to different levels of political violence, poverty, lack of access to basic services), and the difficulty to separate psychological distress from mental disorder in an already active conflict setting.

Multiple traumatic experiences before migration was identified as important contributors to clinical depression, anxiety, and PTSD among Vietnamese refugees

resettled in Australia and even after 10 years the high exposure group had an increased risk of mental illness despite the risk of mental illness felt consistently across time in refugee group (Steel, Silove, Phan & Bauman, 2002). Also similar situation has been observed in the article of Lien et al. (2010). In a study conducted with Bosnian refugees in the Netherlands, it was reported that the level of posttraumatic stress gets even worse when time goes by therefore, stressful war-related experiences affected refugees' adaptational strategies even years after the war (Knipscheer, & Kleber, 2006).

Khawaja, White, Schweitzer and Greenslade (2008) reported in their qualitative study with Sudanese refugees living in Australia that the narratives of Sudanese refugees concerning the pre-migration difficulties focused on meeting basic needs, loss of loved ones, impact on life activities like education and employment, and the experience of physical (e.g., torture, beatings) and psychological trauma (e.g., fear and persecution because of violence).

1.4.2 Socio-Demographic Characteristics

It was argued that socio-demographic characteristics of refugees and asylum seekers may play a role in the manifestation of mental health outcomes although the findings seemed to be debated.

It was stated that women, children and elderly were particularly vulnerable among migrants (Bhugra & Gupta, 2011; de Jong, 2002). Pedersen (2002) added that the majority of refugees, asylum seekers and IDPs were clearly women, children, and the elderly and they were exposed to political violence and torture and were often subject to various forms of exploitation, rape and sexual abuse. Along with the cruelties, warfare conditions, violence and destruction that all people suffered from, women suffered additionally from sexual and gender-based violence (e.g., rape, sexual mutilation, domestic violence) at the hands of the differential forces (International Free Women's Foundation, 2007).

Porter and Haslam (2005) investigated the refugee characteristics as potential moderators of mental health outcomes in their meta-analysis and found that female refugees had slightly worse mental health outcomes than male refugees. Female

gender was found to have higher prevalence rates of common mental disorders (i.e., depression, anxiety, PTSD and somatoform disorders) and physical complaints and detected as one of the highest risk factors (Gerritsen et al., 2006; Laban et al., 2008; Schweitzer et al, 2006). According to the research on Sudanese refugees resettled in Australia, gender was the only significant demographic variable to predict the symptoms of PTSD, depression and anxiety, indicating that females experienced greater symptoms than did males (Schweitzer, Melville, Steel & Lacherez, 2006). Schubert and Punamaki (2011) showed that women suffered more from PTSD and depressive symptoms than men in all cultural groups in Finland including Middle Easterns, Central Africans, Southern Asians and South Eastern Europeans. Sir et al. (1998) also found that female IDP's in Turkey had more emotional distress than male IDP's. Both quantitative and qualitative data of the study conducted by Johnston et al. (2009) yielded that gender made a significant unique contribution to psychological distress indicating that female Iraqi Temporary Protection Refugees mentioned the emotional burden they shouldered in caring for children and the cultural expectation. On the other hand, it was noted in the research conducted with Darfur refugees in Eastern Chad that depression symptoms were more severe among men than women and this situation was explained by familial and social roles of Darfuris in camps because men were not allowed to work whereas women could involve domestic activities (Rasmussen, Wilkinson, Raghavan, Nguyen, Vundla, Miller, Keller, 2010). Moreover, Steel and his colleagues (2002) did not find differences between male and female Vietnamese refugees in Australia concerning mental health outcomes. Similarly, Toar et al., (2009) did not find significant effects of gender on PTSD, depression and anxiety. Furthermore, Lindencrona et al. (2008) found that being a woman had a protective effect on core symptoms of post-traumatic stress through decreasing the risk of exposure to torture before migration. Similarly, female respondents in Ethiopia had equal and in Gaza had less PTSD symptoms than male respondents, and these findings were explained by the fact that male respondents in these two samples were more likely to have been directly involved in conflict situations than women (de Jong et al., 2001). However, Tolin and Foa (2008) emphasized that sex differences in risk of exposure to particular types of potential traumatic events can only partially account for the differential PTSD risk in male and female participants and a body of research indicated that

female participants were more likely than male participants to meet criteria for PTSD despite of their less likeliness for the experience of traumatic events.

The association between age and severity of mental health outcomes among refugees and asylum seekers has been controversial. In the meta-analysis work of Porter and Haslam (2005), younger refugees, children and adolescents were found less affected by the adversities of forced migration compared to older refugees. In another study, disability and lower quality of life, poor general health and chronic conditions were predicted by older age (Gerritsen et al., 2006; Laban et al., 2008). According to the research findings of Steel and colleagues (1999), younger Tamils were more likely to experience traumatic events and post-migration living difficulties and hence were more likely to exhibit posttraumatic stress symptoms.

Higher levels of education and socio-economic status before migration, considered to have buffering functions, were found associated with worse mental health outcomes in the meta-analysis of Porter and Haslam (2005). Moreover, it was revealed that high socio-economic background including high education and occupation level and pre-migration urban residence predicted higher levels of common mental disorders (Carswell et. al., 2011; Lindencrona et. al., 2008). On the other hand, it was found that lower educated IDPs in Turkey had more emotional distress than higher educated ones (Sır, Bayram & Özkan, 1998). In terms of employment status, Bhui and his colleagues (2003) stated that suicidal thinking was more common among Somali refugees in the UK who were unemployed before migration and this was explained as reflecting greater distress among the socially excluded who were unlikely to find employment in the UK. It was also reported in a research that the asylum seekers in Sydney who had received higher education and worked in professional or managerial jobs exclusively worked in unskilled jobs in Australia and this situation was stated as a major source of stress (Sinnerbrink, Silove, Field, Steel & Manicavasagar, 1997).

In terms of the pre-displacement urban versus rural residence, Ringold (2005) noted living in a rural area before flight as a risk factor for mental health problems. Concerning the region of origin, Porter and Haslam (2005) stated that European refugees had the poorest relative outcomes. Schubert and Punamaki (2011) found group differences according to cultural backgrounds in PTSD, depressive symptoms,

somatic complaints. In their study, Southern European torture survivors yielded a higher level of PTSD than cultural groups from more traditional collective societies in Middle East, Asia and Africa, and more depressive symptoms than survivors from a Southern Asian background.

In terms of marital status, family and household circumstances, Bhugra (2004) stated that divorced / single women out of household had more psychosocial difficulties and were least resourceful. Lenette (2013) also demonstrated how two younger refugee women resettled in Australia negotiated lives characterized by community ostracism and stigmatization attached to widowhood and lone parenting. On the other hand, Rieder and Elbert (2013) found no differences between widowed and non-widowed Rwanda survivors in terms of the levels of PTSD symptoms.

1.5 Post-migration Risk Factors

There is strong criticism about the research on refugee mental health that it has often proceeded from a trauma-focused model in which psychopathology is understood as a post-traumatic reaction to the acute stressor of war (Porter & Haslam, 2005; de Jong, 2011). Research in this tradition has comprised high rates of psychological disturbance among persons exposed to traumatic events through war, conflict, generalized violence and disaster. It has been argued that this model fails to capture the range and types of the refugee experience (Hollifield et al., 2002), which is characterised by multiple events occurring in multiple contexts that persist over time. Despite the exclusive focus on the acute stressors of war, the enduring contextual post-migration stress that refugees face must be recognized (Bracken, Giller & Summerfield, 1995). The causes of the psychological problems of forced migrants cannot be reduced to a single catastrophic, life threatening event, or even to a sequence of such events (Ingleby, 2005). The strong focus on trauma and post-traumatic stress reactions meant that limited attention was directed towards the demands of the host environment and the needs of asylum seekers and refugees in this environment (Ryan, Dooley & Benson, 2008).

After leaving a conflict-zone, survivors are often subject to a various forms of daily hassles, unprecedented problems and the conditions in refugee camps, in larger cities or across the border in neighbouring countries are not necessarily better than the ones

left behind (de Jong, 2002; Pedersen, 2002). The context in terms of social, political and cultural realities should be seen as central in determining the psychological responses and conceptualizing refugee trauma and its effects (Bracken et al., 1995).

Rather than one or more catastrophic events as trauma, capable of “being localized in space and time”, asylum seekers often experience a prolonged series of stressful events, which can lead to the concept of “sequential traumatisation” (Ingleby, 2005) or “retraumatisation” (Ryan et al., 2009), which can be supported by incremental levels of PTSD symptoms over time (e.g. Steel et al., 2002) and higher levels of common mental health symptoms among asylum seekers versus refugees (e.g., Gerritsen et al., 2006).

Ryan et al. (2009) also stated that unlike people with refugee status, asylum seekers lived with the constant fear of deportation, were not generally entitled to access to work, private accommodation, education, and regular social welfare benefits. Therefore, these harsh post-migration living conditions place asylum seekers at more risk for poorer mental health outcomes. Silove et al. (1998) compared levels of post-migration stress among Sri-Lankan Tamil with different legal statuses and found that asylum seekers reported higher levels of post-migration stress than co-ethnic refugees and migrants. Similarly, Toar et al. (2009) noted that residence status appeared to act as a marker for post-migration stressors between refugees and asylum seekers. Also, a longitudinal study over asylum seekers in Ireland showed that levels of post-migration stress dropped significantly for persons who received a positive asylum outcome (Ryan, Benson & Dooley, 2008; as cited in Ryan et al., 2009). Moreover, in the study concerning the health effects of the Australian asylum policies and practices, while quantitative data showed that Temporary Protection Visa (TPV) status made a statistically significant contribution to psychological distress among Iraqi refugees compared to Permanent Humanitarian Visa (PHV) (Johnston et al., 2009). Similarly, Momartin and colleagues (2006) found that holders of TPVs had higher scores on depression, anxiety and PTSD symptoms compared to those of PHVs despite the two groups had experienced similar levels of past trauma and persecution. TPV status was also found the strongest predictor of psychological symptoms and for TPV holders, detention experiences and ongoing living difficulties after release contributed to adverse psychological outcomes. Besides, asylum-

seeking status was found marginally associated with anxiety symptoms in torture survivors coming from South Eastern European living in Finland (Schubert & Punamaki, 2011).

Porter and Haslam (2005) found in their meta-analysis investigation of post-displacement factors associated with mental health of refugees that materially secure conditions, including economic opportunities and permanent private accommodation rather than long-term institutional housing, were associated with better mental health outcomes. Also, they added the status of the initiating conflict as an important contextual condition affecting refugees' mental health, with ongoing conflicts being associated with worse mental health outcomes versus resolved conflicts. In addition to this, Ringold (2005) stated the lack of resolution of the conflict from which refugees and asylum seekers fled as an important risk factor for mental health problems.

Studies examining the post-migration factors which were related to the mental health outcomes of asylum seekers reported that the main sources of perceived stress among asylum seekers were fears of being sent home, delays in processing refugee applications, uncertainty about obtaining a residence permit or legal status uncertainties, obstacles for employment or unemployment, concerns about family members back home, concerns about loneliness and boredom (Gerritsen et. al., 2006; Laban et. al., 2005; Lien et. al., 2010; Sinnerbrink et. al., 1997; Silove et al., 1997; Schweitzer et al., 2006; Warfa, Curtis, Watters, Carswell, Ingleby & Bhui, 2012). Also, loss of status, language barriers, conflict with immigration officials, post-migration detention, problems accessing to health care, less social support and 'not feeling at home' were reported as risk factors (Bhui et. al., 2003; Gerritsen et. al., 2006; Ichikawa et al., 2006; Laban et. al., 2007; Toksabay, 2010). Furthermore, Steel et al. (1999) found that post-migration stressors related to health care, welfare, and asylum difficulties exerted additional independent effects on risk of PTS symptoms. Gerritsen et al. (2006) stated that more post-migration stress and less social support were associated with PTSD, depression and anxiety symptoms. Lindencrona and his colleagues (2008) found four dimensions of resettlement stress among refugees coming from Middle East living in Sweden, including social and economic strain, alienation, discrimination and status loss, violence and threats in Sweden. Among

these dimensions, social and economic strain and alienation were found important for explaining symptoms of common mental disorder. Aragona et al. (2013) indicated that the number of living difficulties like loneliness and boredom and poor access to health care significantly increased the likelihood of PTSD in primary care immigrants.

Qualitative data revealed that the narratives of Iraqi refugees with Temporary Protection Visa in Australia more focused on detrimental impact of the pervasive uncertainty about their future, social isolation, anger and sense of injustice (Johnston et al., 2009). Khawaja et al. (2008) reported in their qualitative study with Sudanese refugees in Australia that the narratives concerning the post-migration difficulties focused on a lack of environmental mastery (e.g., adaptational demands such as learning the host country's language, gaining familiarity with a new set of cultural values and practices and learning how to access available resources), financial difficulties, social isolation and lack of social support and the perceived racism and poor treatment. The qualitative part of a mixed method research conducted with Somali refugees who were living in London and Minneapolis revealed that various psychological problems were seen as related to a variety of post-migrations risk factors, including the loss of 'homeland', stigmatised refugee identity, unmet expectations and difficulties in the process of resettlement in the host countries (Warfa, Curtis, Watters, Carswell, Ingleby & Bhui, 2012). Specifically, poor socio-economic conditions and loss of pre-migration social and professional status, changing gender roles, challenges to masculinity and thwarted aspirations, were all mentioned as associated with psychological distress.

A prolonged asylum procedure in terms of the length of stay in the host country has also been associated with lower quality of life, higher functional disability, more physical complaints, and higher prevalence rates of depression, anxiety and somatoform disorders (Laban et al., 2007; Laban et al., 2008). Longer periods of residency were found to be associated with greater depression, anxiety and somatisation symptoms for Sudanese refugees in Australia (Schweitzer et al., 2006) and post-traumatic stress symptoms for Bosnian refugees in the Netherlands (Knipscheer & Kleber, 2006) and depression for Somali refugees in London and Minneapolis (Warfa et al. 2012). This was explained by the importance of stressful

post-migration environment in which asylum seekers and refugees live. Laban et al. (2008), in their study with Iraqi asylum seekers in the Netherlands, observed that in addition to the length of the asylum procedure, adverse life events in the Netherlands, socio-economic living problems, family-related issues, and socio-religious aspects had more impact on quality of life than psychopathology, suggesting that type of interventions based on these factors should be the focal points for action to improve the quality of life of asylum seekers, rather than focus on pre-migration life events.

Both forced and voluntary migration were found to be stressful and to provide a serious health risk, particularly when associated with distressing events or with unfavourable living conditions in different settings. Like all immigrants, refugees and asylum seekers need to cope with an unfamiliar cultural environment, with the sense of deprivation or loss of homeland, values, attitudes, language, social structures and support networks, which in turn lead to cultural bereavement (Eisenbruch, 1991). Because cultural identity and cultural incongruence might be a vulnerability factor for migrants, the type of society they originate from and the type of society they settle in (individualistic or collectivist) was stated closely linked with psychological distress (Bhugra, 2004b; Bhugra & Becker, 2005). “Geographical distance” traversed in the migration process was stated as an important key factor in the occurrence of stress related to migration (Bhugra, 2004a) because it was likely that the longer the distance, the more cultural change may occur. Acculturation was stated as the process in which an individual adopts or adheres to practices, behaviours, attitudes, and beliefs, congruent with that of the mainstream culture (Knipscheer, Drogendijk, Gülşen & Kleber, 2009). The level of acculturation of the migrants to the host culture may influence mental health after traumatic experiences. The efforts to adapt to a new society were suggested as important in terms of mental health problems as the overwhelming experiences of war and violence in the original country (Bhugra, 2004a). General health studies indicated that a negative attitude of migrants towards the host culture and poor obtainment of skills required in the host community were associated with health problems (Bengi-Arslan et al., 2002). Poor fluency in the language of the country the refugees migrated to was found as risk for developing mental health problems (Gülşen, Knipscheer & Kleber, 2010) because fluency in the language of the host society should facilitate the process of culture adjustment (Bhugra, 2004a). Knipscheer et al. (2006) also found that acculturation affects

mental health regardless of the effects of socio-demographic variables on both acculturation and mental health. In addition, cultural affiliation (e.g., passing through the traditions in raising children and celebrating religious feasts) and the obtaining of instrumental skills (e.g., language fluency), as specific acculturation dimensions, were significantly related to mental health symptoms. However, in another study it was found that Turkish participants who adhered to their traditions were less likely to have posttraumatic stress whereas Kurdish participants who abode by their traditions were more likely to show posttraumatic stress, and this finding was evaluated as an indicator of the difference in migration motive (politics vs. labour) (Knipscheer et al., 2009). In parallel with this, the findings of Porter and Haslam (2005) did not support their prediction of that greater cultural access, internal displacement, and being repatriated would be associated with better mental health outcomes because of the possible negative effects of acculturative stress, cultural dislocation and cultural bereavement on mental health. This was explained by the possible harmful effects of unstable political and economic circumstances within their country of origin. Similarly, Gülşen et al., (2010) found that Kurdish women externally migrated to the countries of European Union yielded relatively better mental health status compared to those of internally displaced in Turkey. This was explained by authors either by the self-confidence Kurdish refugees obtained as a result of the geographical and cultural distance achievement, political, social and economic uncertainties for IDPs, or the differences in protection mechanisms for externally versus internally displaced people. Supporting to the last explanation, the neglectful approach for IDPs was also mentioned in the study of Kurban, Yeğen, Ladisch and Duthie (2012).

Lindencrona and his colleagues (2008) indicated that whereas resettlement stressors like social and economic adversities and alienation take precedence in explaining symptoms of common mental disorder, pre-migration trauma exposure seemed to have the strongest impact for the core post-traumatic stress symptoms. Steel et al. (2002) found that trauma exposure was the most powerful, and the only consistent, predictor of current mental illness, even when post-migration factors were taken into account.

On the other hand, some investigations of the effects of post-migration factors on the mental health outcomes among asylum seekers and refugees have suggested that these factors might mediate or overshadow the effect of earlier trauma.

Toar and his colleagues (2009) stated that whereas high levels of pre-migration stressors had a significant positive association with the self reported PTSD and depression/anxiety symptoms, post-migration stressors were the most significant risk factors for these health outcomes. In another study conducted by Laban and colleagues (2005), post-migration factors appeared to be strongly related with mental health status than trauma-related factors. Carswell et al. (2011) found that as the post-migration factors, adaptation difficulties was a moderately significant predictor for PTS symptoms and loss of culture and support was a strongly significant predictor for emotional distress whereas number of pre-migration traumatic events were not associated with psychological symptoms. Rasmussen and his colleagues (2010) conducted a research with Darfur refugees in two refugee camps in Eastern Chad and found that basic needs and safety concerns were more strongly associated with psychological distress (i.e., PTSD, functional impairment, *hozun*, *majnun*) than were war-related traumatic events and the effects of traumatic events on distress were mediated by current stressors in the camps. Schweitzer (2006) found that post-migration difficulties (i.e., worry about family not living in Australia, difficulties in employment and difficulties in acculturation) were associated with increased depression, anxiety and somatisation and stated that although trauma was a significant predictor of mental health of refugees, these difficulties were also of importance in predicting psychological wellbeing. It was also found that while cumulative trauma before migration remained the strongest predictor of PTSD in the study of Somali adolescent refugees resettled in the United States, post-resettlement factors and acculturative stressors were also associated with the severity of PTSD symptoms, even after the effects of trauma exposure were taken into account (Ellis, Lincoln, MacDonald & Cabral, 2008). Additionally, perceived discrimination was the most potent predictor of depressive symptoms in this refugee sample.

Mental health of refugees seemed to deteriorate as a result of a combined effect of pre-migration traumatic experiences and post-migration problems. It was stated that exposures in an earlier phase like pre-resettlement trauma may affect a person's

capacity to tackle stress that occurs in any following phase like resettlement stressors (Lindencrona, Ekblad, & Hauff, 2008). Another finding suggested that social and cultural loss, and adaptational adversities confronted by migrants in a foreign country may compound in important ways the risk of posttraumatic symptoms in trauma survivors (Silove et al., 1998). Another study conducted by Steel et al. (1999) revealed people with pre-migration trauma, particularly exposure to conflict, who experience post-migration living difficulties, are at increased risk to posttraumatic stress symptoms. For these results it was suggested that exposure to war may weaken the capacity of traumatized individuals to handle life difficulties in subsequent periods effectively, and hence this situation contribute to the risk of persistent posttraumatic stress symptoms. Another suggestion was that individuals who priorly face with higher levels of exposure to war trauma are also at greater risk of coming across post-migration living difficulties (Steel et al., 1999; Rasmussen et al., 2010). Qualitative findings yielded that trauma and persecution in the past, combined with family separation and social exclusion in the present circumstances, and further hardened by uncertainty about the future, had ended up with almost chronic states of depression and anxiety among a considerable number of asylum seekers in Australia (Mansouri & Cauchi, 2006).

Overall, these findings, in particular the unique risk factors for the mental health status of refugees and asylum seekers, suggested that there is a great need for research examining how experiences and a variety of stressors that accumulate over the periods of migration relate to the development and maintenance of mental health problems.

1.6 Protective Factors

The literature concerning refugees and asylum seekers exclusively focuses on negative factors that present relations with mental health outcomes and there is little agreement as to what constitutes psychosocial well-being (Ahearn, 2000). This kind of approach highlights weaknesses and pathology, which in turn “medicalizing” the problem and neglects strength and resources of the refugees and asylum seekers. Dominant Western deficits model “pathologising” traumatic stories of refugees may further alienate refugee people from the wider communities in practice (Hutchinson & Dorsett, 2012). The vast majority of the researchers in the field of forced

migration prefer to study trauma, stress etc. rather than investigate psychosocial well-being. Ahearn (2000) emphasized that refugee mental health was affected by loss, separation, stress, trauma and other adverse events that were mediated by one's coping ability and social and emotional supports. The strong focus on deficiencies meant that limited attention was given to the understanding positive adaptation of refugees (Ryan, Dooley & Benson, 2008) and individuals were recognized as passive victims beyond their control rather than active social actors (Thomas et al. 2011).

It was recognized that a large number of refugees did not experience long-term mental health problems despite being exposed to considerable trauma (Schweitzer et al., 2006; Rosner, Powell & Butollo, 2003) and most individuals exposed to extreme events were stated as remarkably resilient (de Jong, 2002; Schweitzer, Greenslade & Kagee, 2007; Hutchinson & Dorsett, 2012) whereas some of the individuals reported persistence of their psychological suffering even after many years in the host country (Huijts et al. 2012). Refugees' long term psychological adjustment to traumatic and stressful experiences may partly depend on their coping and they could cope effectively if provided with the opportunities and resources to rebuild their lives.

Coping was defined as the "cognitive and behavioural efforts to manage external and/or internal demands which are appraised as challenging or exceeding the resources of an individual" (Lazarus & Folkman, 1984). When individuals face with a challenge, they mobilize internal or external coping resources as the key factors that help alleviate the negative effects of stress in overcoming hardships (Pahud, Kirk, Gage & Hornblow, 2009). Utilization of those resources leads to coping strategies namely, emotion-focused and problem-focused coping. In emotion focused coping, individuals try to moderate and ease distressful emotions, for example, by avoiding, minimising or reappraising the problems, distancing oneself from the stress-evoking event (Gençöz, Gençöz & Bozo, 2006). In problem-focused coping, individuals try to confront and eventually solve the problems directly by being either pro-active or reactive when the stressor is appraised as being prone to change (Pahud et al., 2009). If the situation makes the constructive action possible, this seems to trigger problem-focused coping while if the situation requires to be accepted, this more likely enhance emotion-focused coping. Unlike problem-focused strategies, emotion-focused strategies do not change the meaning of a situation directly (Lyon,

2012). Emotion-focused coping is commonly used when events are not alterable (Lazarus & Folkman, 1984). Problem-focused coping was regarded as associated with lower likelihood of PTSD (de Jong, 2011). Huijts et al. (2012) found that emotion focused coping had a positive direct effect on quality of life among traumatized refugees although this style was generally considered as non-adaptive (Hooberman et al., 2010). Also, they found that emotion-focused coping was not clearly related to PTSD. Hooberman et al. (2010) showed that emotion-focused coping style significantly moderated the relationship between cognitive appraisal and social comparison variables and PTSD, and usually increased the likelihood of developing severe PTSD symptoms.

It was noteworthy here to define “resilience” because resilience was stated as frequent as coping in the literature. While definitions of resilience differ, it is generally characterized as the ability to adapt successfully in the face of difficulties, “bounce back” and maintain equilibrium following aversive life events (Luthar, Cicchetti, & Becker, 2000). Coping (Lyon, 2012) and resilience (Pulvirenti & Mason, 2011) were described as a process rather than a fixed inner personal trait or an outcome. It was argued that understanding of resilience and coping should not be approached from the individual level only (Thomas et al. 2011) and suggested refugee coping and resilience moves beyond those of the Western individualised notions to a more communal construction of resilience and coping that include refugee people’s broader social and cultural context (Hutchinson & Dorsett, 2012).

Social support and the use of social networks were reported as prominent factors that build resilience in refugees and asylum seekers. Support generally included both the reciprocal processes of giving and receiving support. It was reported the importance of family (including extended family) providing emotional (Sossou, Craig, Ogren, Schnak, 2008; Thomas et al. 2011) and practical support (Pahud et al., 2009), neighbourhood and friends providing emotional and practical support (Brough, Gorman, Ramirez, Westoby, 2003; Thomas et al. 2011), and host community (including people, agencies and government) providing emotional, material and financial support (Pahud et al., 2009; Sossou, et al., 2008) in bolstering refugee coping and resilience differentially across the periods of migration (Hutchinson & Dorsett 2012; Khawaja et al., 2008).

In the posttraumatic environment, loss of social networks and separation from family members were found crucial factors that seemed to maintain mental illness symptoms, especially posttraumatic stress disorder and depression (Gorst-Unsworth & Goldenberg, 1998; Laban, Gernaat, Komproe, Schreuders, & De Jong, 2004; Savic, Hansen, Mahmood & Moore, 2013; Schweitzer et al., 2006). The qualitative study conducted with thirteen resettled Sudanese refugees in Australia revealed social support that assists them to cope with the stressors across all periods of migration (Schweitzer et al., 2007). In the pre-migration and transition periods, Sudanese refugees reported largely receiving emotional support from family, relatives and friends whereas in the post-migration period, they reported a loss of their close social network and instead, they utilized the social support, both emotional and instrumental, either from their own ethnic or host community. Schweitzer et al. (2006) found that perceived social support from the family and the refugee's ethnic community were significant determinants of mental health functioning (i.e., PTSD, anxiety and somatisation symptoms) while social support from the wider community was not. However, Carswell et al. (2011) did not find an association between social support and mental health (i.e., PTSD and emotional distress) although there was a relationship between loss of culture and support and mental health. This inconsistent result was explained by the fact that the use of questionnaires (and its in-vivo translation) could not fully grasp the social support experiences of the refugees and asylum seekers. Huijts et al. (2012) found that seeking social support directly affected quality of life whereas was not related to PTSD severity among traumatized refugees in the Netherlands. Besides, Stewart and colleagues (2012) suggested that accessible, comprehensive, culturally and linguistically congruent social support intervention provided satisfaction among African refugees in Canada.

Belief systems including religious beliefs and ideological commitment were mentioned as coping factors for traumatic experiences. The shattering of basic assumptions provided a framework for understanding the assimilation of traumatic experiences into basic belief systems (Janoff-Bulman, 1992). Giving meaning to traumatic experiences and a sense of control, the central point in the recovery process was stated as integrating this traumatic experience into a meaningful context in the psyche of the affected person (Vanista-Kosuta & Kosuta, 1998). Orosa, Brune,

Huter, Ortman and Haasen (2011) found better improvement in the treatment of traumatized refugees who had strong belief systems (i.e., religious or political convictions).

Religion, spirituality and related practices were frequently mentioned factors that allow refugees and asylum seekers to cope with their difficult experiences (Hutchinson & Dorsett, 2012). The role of religion was generally reported as providing emotional support, (Schweitzer et al., 2007; Thomas, Roberts, Luitel, Upadhaya & Tol, 2011), a mechanism by which they could regain some of the control and meaning they had lost (Omeri, Lennings & Raymond, 2004; Schweitzer et al., 2007), social, informational and material support through the involvement in the rituals and the structures where they can reconstruct a social network (Pahud et al., 2009; Khawaja et al., 2008). Spirituality was reported rather than organized religion as a coping strategy among Bosnian refugee women and identified as a belief in a higher power, dead relatives, or something inside them that helps them through difficult times (Sossou et al., 2008). Another study on refugees from Bosnia and Kosovo yielded that Muslim refugees used positive religious–spiritual coping (e.g., religious forgiveness, seeking spiritual support, and benevolent religious reappraisal) considerably more than negative religious coping (e.g., spiritual discontent, demonic reappraisal, and reappraisal of God’s powers) and the extent of their war-related suffering was positively associated with negative religious–spiritual coping, which in turn led to diminished hope for the future (Ai, Peterson & Huang, 2003). Similarly, Leaman and Gee (2012) found in a refugee torture survivor sample that negative religious coping was positively associated with PTSD and depression symptoms whereas private religious practices were found to impact the association between specific torture experiences and psychological symptoms, suggesting that religious coping methods might be protective or risk factors for psychological distress. It was stated the importance of religious belief for Afghan refugees, indicating that the action promoted by Islam that has been most supportive in giving not only meaning and understanding, but also a focus for empowerment and instrumental acts, especially for women (Omeri, Lennings & Raymond, 2004). Pahud et al. (2009) stressed in their qualitative study with refugees from war-torn countries living in New Zealand that the critical role of their religious beliefs or faith in a “Supreme Force” was to move forward, to give meaning to their losses and flight

as well as hope and strength mobilizing problem-focused coping strategies. On the other hand, praying was stated as the first resource they used to handle emotional distress by providing them with peace (see also Khawaja et al., 2008). Shoeb et al. (2007) found that religious beliefs and practices provided the generation of active problem-focused coping strategies in Iraqi refugees living in the United States.

Political commitment was also stated as providing individuals with meaning and a sense of purpose that may serve a protective function. Punamäki (2000) stated that the women who strongly believed in their ability to control and influence the national cause suffered less from mental health symptoms and nationalistic and ideological motivations were present at all stages of the stress process. Punamäki (1996) also suggested that ideological commitment among adolescent refugees protected against anxiety, insecurity, depression, and feelings of failure. Political commitment was shown as a protective factor against psychological problems among tortured survivors in Turkey (Basoglu et al., 1994). Psychological preparedness, strongly dedicated to a cause and prior knowledge of potential causes of their actions appeared to determine successful coping with torture (Başoğlu & Şalcıoğlu, 2011).

Culture was also regarded as providing means and resources for finding meaning and making sense of distressing events. Cultural resources may have an intriguing impact on types of stressors as well as the appraisal process of the stressors. The qualitative study of Hussain and Bhushan (2011) revealed that cultural factors including protective hands of Dalai Lama and other Lamas, Buddhist philosophy and practices, historical symbols of strength and resilience, and community support and bonding were found as important sources of strength, coping, and resilience for Tibetan refugees. In a similar way, strength in the community was stated as an important resource among young refugees in the study of Brough et al. (2003).

Moreover, internal resources were identified in the literature as a major contribution to refugee resilience and coping (Hutchinson & Dorsett, 2012). Schweitzer et al. (2007) stated that Sudanese refugees in Australia mentioned their personal attitudes such as being strong and resolving to fight each of the challenges that facilitate their coping across all periods of migration. Pahud et al. (2009) reported that refugees from war-torn countries stated that mobilisation of personal characteristics such as acceptance of the situation, flexibility, determination, hope, intelligence, use of

knowledge of past experiences and communication or analytical skills were critical to overcome some of their difficulties and helpful in developing problem-focused coping strategies. Sossou et al. (2008) underlined the positive attitudes of Bosnian refugee women despite their losses in various areas were an indication of a strong sense of coherence, optimism, and hope. Optimism, self-esteem, trust, resourcefulness, self-efficacy, secure attachments, internal locus of control, sense of humour, self-sufficiency, sense of mastery were regarded as factors promoting resilience and coping in the face of trauma (Ahmed, 2007).

Social comparison was indicated as another potentially important resilience variable. Social comparison theory (e.g., Todd & Worell, 2000; Wood, 1989) suggests that how an individual compares himself/herself to others affect his/her psychological adjustment to traumatic events. Individuals may compare themselves to those whom they view as better off in some way (i.e., upward social comparison) or worse off (i.e., downward social comparison). It was stated that making downward comparisons may lead to lower levels of distress (Todd & Worell, 2000; Wood, 1989). Schweitzer et al. (2007) reported that Sudanese refugees in Australia employed comparison with others in the post-migration period as a coping strategy. Contrary to expectations that downward comparisons would buffer distress, Hooberman et al. (2010) found that more reliance on downward comparisons corresponded to increased PTSD symptoms in traumatized refugees. This finding was explained by that comparing oneself to others who were worse off may serve as a reminder of traumatic events one had experienced. It was also added that survivor guilt may contribute to the mental health problems of these individuals who see others' experiences as worse than their own.

Cognitive processes, in the form of interpretations and perceptions of oneself and one's situation, were additionally regarded as enabling individuals to cope with traumatic events. Khawaja et al. (2008) stated that cognitive reframing of the situation and focusing on future wishes, aspirations and hopes were among the major coping strategies among Sudanese refugees. As a last point for coping and resilience, Hutchinson and Dorsett (2012), in their literature review, identified a number of obstacles to resilience in refugee people, including language barriers, racism and discrimination and labelling of trauma stories.

1.7 Aims of the Study

Although Turkey is one of the countries, which is affected the most from mass movements of populations after 1980s, very few research have been conducted on the issue of refugees and asylum seekers, mostly by sociologists or international experts. Also, very few studies have focused on either internally displaced people (Aker et al., 2002, as cited in Aker et al., 2007; Gün & Bayraktar, 2008, Sır et al., 1998) or children and adolescent refugees (Sabuncuoğlu, 1998, as cited in Aker et al., 2007; Yurtbay et al, 2003; Erden & Gürdil, 2009). Furthermore, to the best of our knowledge, no studies have so far looked at the mental health of the adult asylum seekers in Turkey. Since Syrian asylum seekers fleeing from their countries due to the internal conflicts have been continuously growing part of asylum seekers in Turkey, it was considered that a general framework related to mental health functioning and the precipitating and alterative factors should be investigated.

It was stated that there was little systematic knowledge on how to address the massive psychosocial consequences of violence, armed conflicts and human right violations (de Jong, 2002). Refugee research generally examined only the pre-migration phase or the post-migration experience. Asylum seekers encounter a variety of stressors throughout any stage of migration and their nature, meaning and impact is likely to vary depending on both the individual's strengths and the difficulties incurred (Schweitzer, 2007). Due to the temporal nature of the refugee experience (Miller, Worthington, Muzurovic, Tipping, & Goldman, 2002), the present study aimed to explore three phases of migration, including pre-migration, transit, and post-migration.

Also, general reliance on solely quantitative methodologies can fail to capture the diverse human experiences associated with extreme events. Quantitative methods generally rely on a priori assumptions regarding the range of relevant variables to be examined. These assumptions may create problems in under-researched areas where little is known about the phenomenon being investigated (Schweitzer, 2007). It is also argued that without contextual insight, it is hard to mobilize all kinds of resources and help people cope with the distress that result from violence, armed conflicts, human right violations or other types of disasters (de Jong, 2002).

In the present study, a qualitative investigation together with the quantitative one was employed so that the salient themes reflecting the differential experiences, effects, and coping resources would emerge from the data.

Moreover, due to the criticism concerning the strong focus on trauma and posttraumatic stress reactions in refugee research, the present study aimed to document the accounts of Syrian asylum seekers about the resources that helped to cope with the adverse experiences through three phases of migration.

The primary aim of the present study was to investigate the possible risk factors for the mental health outcomes of Syrian asylum seekers in Turkey. Therefore, the effects of socio-demographic characteristics and the relative contribution of pre-migration traumatic events and post-migration living difficulties towards mental health outcomes of Syrian asylum seekers in Turkey were examined. Moreover, personal, cultural, and environmental resources for coping with the pre-migration events, migration and post-migration difficulties were explored in this study as protective factors for the mental health outcomes of asylum seekers in Turkey.

Overall, the research questions of the quantitative part of the present study are as follows:

1. What is the association between general demographic characteristics and pre-migration traumatic events, post-migration factors (i.e., post-migration stress, living difficulties, considering/planning the return, social support), mental health outcomes?
2. What is the association between post-migration socio-demographic characteristics and post-migration factors (i.e., post-migration stress, living difficulties, considering/planning the return, social support), mental health outcomes?
3. What are the differences on post-migration stress, post-migration living difficulties and mental health outcomes according to considering and planning the return?
4. What are the differences on post-migration stress, post-migration living difficulties and mental health outcomes according to social support from ethnic community and host community?

5. What is the relative contribution of pre-migration traumatic events and post-migration living difficulties to the mental health outcomes?
6. What are the interaction effects between pre-migration traumatic events and post-migration living difficulties on mental health outcomes?

The study model was presented below.

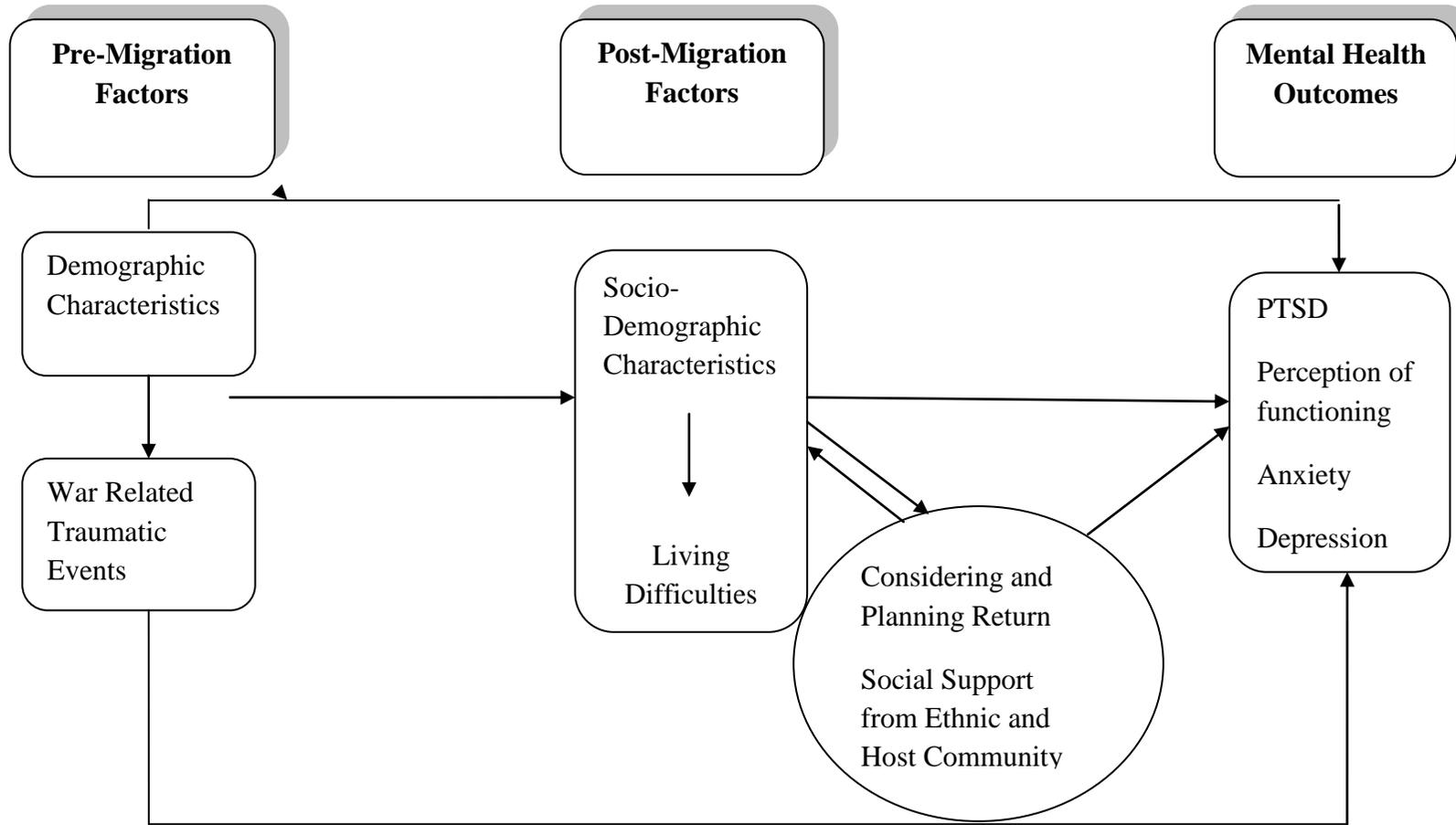


Figure 1. The Study Model of the Quantitative Part of the Study

The research questions of the qualitative part of the present study are as follows:

1. What are the pre-migration experiences / migration experiences / post-migration conditions?
2. What are the effects of their pre-migration experiences / migration experiences / post-migration conditions?
3. What are the resources that helped them to cope with the pre-migration experiences / migration experiences / post-migration conditions?

The study model was presented below.

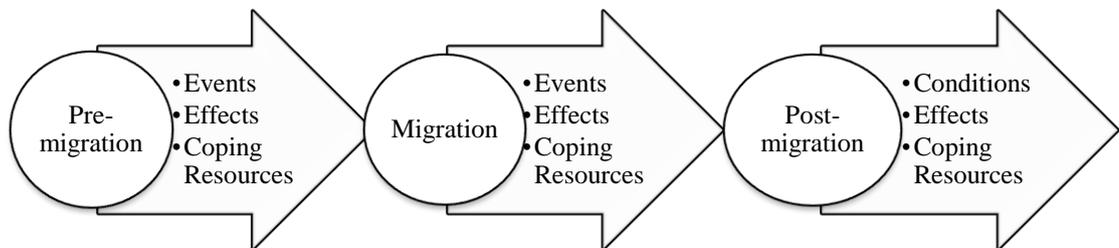


Figure 2. The Study Model of the Qualitative Part of the Study

1.8 Research Design

In this study, the mixed methods research design was utilized. Among the mixed method design typologies that can be applied in trauma research (Creswell & Zhang, 2009); a concurrent (triangulation) design in which the investigator collects both qualitative and quantitative data simultaneously by means of different instruments was used in this study. According to the concurrent design, both forms of data are separately analyzed and the results are merged in the interpretation in order to examine whether the results from both databases are similar, dissimilar, or contradictory. The design is considered a single-phase study since both forms of data are collected concurrently. Typically, both forms of data are given equal attention and emphasis in the study and they provide multiple angles on a problem. The intent

in the concurrent design is “to obtain different but complementary data on the same topic” (Morse, 1991, p.122; as cited in Creswell & Clark, 2011, p. 77) in order to best understand the research problem.

Moreover, a strong recommendation for those conducting studies on refugees and asylum seekers is to integrate both quantitative and qualitative methodologies into one’s research design to increase understanding, explain context, and check, recheck, validate, and confirm measures and findings (Ahearn, 2000). Furthermore, a prominent criticism is that the research in this field has been more “theory driven” than “problem-driven” and the life world and the meaning systems of the refugees must become crucial matters of the study and such study must include more than standardized questionnaires, which allow them to answer within their own perspective (Ingleby, 2005). The objective of qualitative research is to describe social realities from the perspective of the participants, not the observers (Ahearn, 2000). Ager (2000) described three fundamental characteristics of qualitative research, including an emphasis on providing a comprehensive or “holistic” understanding of phenomena, an attempt to describe social phenomena from the perspective of those being studied, and a research strategy that is generally flexible and iterative (Ahearn, 2000).

Overall, a mixed-methods study was designed to address the study aim(s) since the qualitative and quantitative data provide different facets and depth of meaning and complement each other to provide a greater picture of complicated and multilayered life circumstances of asylum seekers. To establish a comprehensive and complementary analysis of the risk and protective factors predicting the mental health of Syrian asylum seekers in Turkey, a concurrent design was opted.

In the current study, the method and the data analyses of the quantitative and qualitative studies were presented in different chapters (see Chapter 2 and Chapter 3 respectively), and their results were discussed together in the Discussion chapter.

CHAPTER 2

THE QUANTITATIVE STUDY

2.1 Method

2.1.1 Participants

Data was collected from 111 registered Syrian asylum seekers living in three different camps in Kilis and Hatay provinces including one containerized camp ($n = 86, 77.5\%$), one tented camp ($n = 12, 10.8\%$) and one camp where asylum seekers stay in an old building ($n = 13, 11.7\%$).

2.1.1.1 General Characteristics

Participants included 62 female (55.9 %) and 49 male (44.1 %) asylum seekers and the ages of the participants ranged between 16 and 73 ($M = 37.62, SD = 1.18$). Of the 111 participants, 91 participants (82 %) were Syrian-Arab while the rest of the participants ($n = 20, 18\%$) were Syrian-Turkmen. In terms of their marital status, while 78.4 % of the participants ($n = 87$) were married, 10.8 % of the participants ($n = 12$) were single and 9.9 % of the participants ($n = 11$) were widowed. Only one participant (0.9 %) was divorced.

Regarding the education levels of the participants, 6 participants (5.4 %) were illiterate whereas 5 participants (4.5 %) were literate although they did not complete primary school. 35 participants (31.5 %) completed a primary school degree and 32 participants (28.8 %) had a secondary school degree. While 29 participants (26.1 %) graduated from high school, 4 participants (3.6 %) completed a university degree. When the participants reported the grade they finished, their education levels were determined according to the school system in Syria.

One of the participants was walking disabled because of a health problem from childhood whereas 2 of the participants were not able to walk because of their injury

happened during the war. The general demographic characteristics of the participants are presented in Table 2.1. All socio-demographic information with respect to male and female participants are presented at the last two columns of the tables.

Table 2.1 General Demographic Characteristics of the Participants

Variable	n	%	Mean	SD	Range	M	F
Gender							
Female	62	55.9					
Male	49	44.1					
Age			37.62	1.18	16-73	40.65	35.23
Ethnicity							
Syrian Arab	91	82				41	50
Syrian Turkmen	20	18				8	12
Marital status							
Single	12	10.8				6	6
Married	87	78.4				42	45
Widowed	11	9.9				1	10
Divorced	1	0.9				-	1
Education level							
Illiterate	6	5.4				-	6
Literate	5	4.5				3	2
Primary school	35	31.5				11	24
Secondary school	32	28.8				19	13
High school	29	26.1				15	14
University	4	3.6				1	3

2.1.1.2 Work Experiences

Regarding the occupation levels in Syria, definitions of the occupations the participants stated were adapted from the International Standard Classification of Occupations (International Labour Office, 2012). According to these groups, approximately one third of the participants ($n = 39$, 35.1 %) had been unemployed in Syria and all of them were women. A great proportion of the participants ($n = 49$, 30.6 %) had been working in lower level skilled jobs including shopkeepers, tailors, farm labourers, drivers, electricians, repairers, etc. Whereas 5 participants (4.5 %) had been working in higher level skilled labours like captain and midwife. 4 out of the participants (3.6 %) had been working in professional occupations such as teacher and accountant while 9 of the participants (8.1 %) had been working in managerial jobs and these participants stated that they had engaged in trade. 4

participants (3.6 %) had been university students in Syria and only one participant had been retired.

In terms of their income types in Turkey, majority ($n = 89$, 80.2 %) were receiving only camp assistance which were already given to the asylum seekers registered in the camps. In addition to the camp assistance, 9 participants (8.1 %) stated that a family member or himself was working in a paid employment out of the camp, while 4 participants (3.6 %) stated that a family member or him/herself was working inside the camp. Of the 4 participants working inside the camp, 3 participants (2 are themselves and 1 is the family member of a participant) reported that a family member or they were working voluntarily in the camp services and they were sometimes receiving in kind assistance in return from the camp management or the organizations and 1 participant stated that a family member were working in the market of the camp as a paid employment. Furthermore, 3 participants (2.7 %) were sometimes receiving money from their family members staying and working in Syria. 6 participants (5.4 %) had money in savings in the bank or with them.

Regarding the current work in Turkey, most of the participants ($n = 108$, 97.3 %) were not working in a paid employment or for the goods while only one participant (0.9 %) was working in a paid employment out of the camp. 2 participants (1.8 %) were working in the camp services and sometimes receiving in kind assistance as mentioned above. Concerning the previous work since arrival in Turkey, 9 participants (8.1 %) had worked while 102 participants (91.9 %) had not worked in Turkey before.

62.2 % of the participants ($n = 69$) reported that their employment status in Turkey changed compared to the pre-migration while 37.8 % of the participants ($n = 42$) reported that it did not change. The participants who did not report a change in their employment status between pre- and post-migration consisted of all unemployed participants, 2 university students and 1 retired person in Syria.

The mean time spent being a non-employed among the participants who had been the employees in Syria was 10.72 months ($SD = 4.76$, range = 3 - 24). Among these participants, those who were working in the camp services and irregularly receiving in kind assistance reported the number of the months during which they had not been working because they stated that they worked voluntarily and that they did not work

in a job with a regular salary. On the other hand, those who worked out of the camp did not note the months because they worked in a job with a regular salary. Also, the participants who stated that they had worked in Turkey previously reported the length of unemployment since Syria because their previous work was temporary or they did not have a regular salary.

When they were asked about their evaluation of the monthly income level, 74.8 % of the participants ($n = 83$) indicated very low, 20.7 % of the participants ($n = 23$) indicated low, and 4.5 % of the participants ($n = 5$) indicated medium. Furthermore, when asked about if a change had occurred in their monthly income level between pre- and post-migration, all of the participants noted that their monthly income level decreased.

The detailed information regarding the occupation experiences of the participants can be followed from Table 2.2.

In addition to the information given above, 2 participants worked as a “muhtar” who were elected by the Syrian community in the camp, one participant helped people as a hairdresser, 3 participants took part in the camp services or relief works, 4 participants attended to the recreational facility for knitting or other handiwork. All these participants stated that they did not receive money or goods for these activities and that they did voluntarily and for the sake of themselves and others.

Table 2.2 Work Experiences of the Participants

Variable	n	%	Mean	SD	Range	M	F
Occupation Level at Home							
Professional	4	3.6				1	3
Managerial	9	8.1				8	1
Higher level skilled	5	4.5				3	2
Lower level skilled	49	30.6				34	15
Student	4	3.6				2	2
Not employed	39	35.1				-	39
Source of Income							
Only camp assistance	89	80.2				37	52
Work of a family member	13	11.7				7	6
Inside the camp	4	3.6				1	3
Out of the camp	9	8.1				6	3
Work of a family member in Syria	3	2.7				1	2

Table 2.2 Work Experiences of the Participants (Cont'd)

Variable	n	%	Mean	SD	Range	M	F
Money in savings	6	5.4				4	2
Current work in Turkey							
Yes	1	0.9				1	-
No	108	97.3				47	61
Other	2	1.8				1	1
Previous work in Turkey							
Yes	9	8.1				8	1
No	102	91.9				41	61
Change in Employment Status							
Yes	69	62.2				47	22
No	42	37.8				2	40
Length of unemployment-months			10.72	4.76	3-24		
Monthly income level							
Very low	83	74.8				36	47
Low	23	20.7				11	12
Medium	5	4.5				2	3

2.1.1.3 Post-Migration Stay and Living Arrangements

The length of time spent in Turkey since migration ranged between 5 and 24 months ($\underline{M} = 9.23$, $\underline{SD} = 3.38$). 91 participants (82 %) were accommodated directly to the current camp where they were staying when the interview was conducted while 20 participants (18 %) had stayed in other places in Turkey such as another camp, rented house or relatives' house out of a camp (For the details, see Table 2.3). Among the participants who stayed in other places previously in Turkey, the mean time spent in those places was 59.95 days ($\underline{SD} = 76.52$, range = 7 – 365). The number of households of their containers / tents in the camp was ranged between 2 and 15 members ($\underline{M} = 7.33$, $\underline{SD} = 2.36$). In terms of the household types, most of the participants were staying as extended families including those of three generation or those with other relatives like aunts, uncles or cousins in their containers / tents ($\underline{n} = 70$, 63.1 %). 29 of the participants were living with their nuclear families in their containers / tents (26.1 %). 6 participants (5.4 %) were single women who were living with their children in the container / tent whereas 6 participants (5.4 %) were

women with or without children, who were staying with their mothers or sisters. Furthermore, 2 participants were pregnant when the interview was conducted.

Table 2.3 Post-Migration Stay and Living Arrangements

Variable	n	%	Mean	SD	Range	M	F
Time in Turkey (months)			9.23	3.38	5-24		
Previous stay before camp							
Other camp	8	7.2				1	7
Rented house	3	2.7				2	1
Relatives' house	7	6.3				4	3
Other camp and relatives' house	1	0.9				-	1
Rented and relatives' house	1	0.9				-	1
Directly to the camp	91	82				42	49
Length of time in previous stay (days)			59.95	76.52	7-365		
Number of Households			7.33	2.36	2-15		
Household Types							
Extended family	70	63.1				33	37
Nuclear family	29	26.1				16	13
Female-headed with children	6	5.4				-	6
Female-headed with mom / sister	6	5.4				-	6

2.1.1.4 Migration Adaptation Characteristics

Participants stated a mean of Turkish proficiency as 1.57 (SD = 1.16, range = 1 - 4). 20 participants (18 %) who reported that they had the command of Turkish quite a bit were all Syrian-Turkmen while the majority stated that they had no command of Turkish at all (n = 88, 79.3 %).

When the participants were asked about if they consider return to Syria, nearly half of the participants (n = 49, 44.1 %) stated that they definitely considered return to their own country. When they were asked about if they plan to return to Syria, 47.7 % of the participants (n = 53) noted that they did not plan to return to their homes at all (For the details, see Table 2.4).

Table 2.4 Migration Adaptation Characteristics

Variable	n	%	Mean	SD	Range	M	F
Turkish Proficiency			1.57	1.16	1-4		
Not at all	88	79.3				40	48
A little	3	2.7				1	2
Quite a bit	20	18				8	12
Considering return			3.92	1.24	1-5		
Not at all	7	6.3				5	2
A little	10	9.0				6	4
Moderately	17	15.3				6	11
Quite a bit	28	25.2				11	17
Definitely	49	44.1				21	28
Planning to return			1.87	1.08	1-5		
Not at all	53	47.7				18	35
A little	37	33.3				18	19
Moderately	4	3.6				3	1
Quite a bit	16	14.4				10	6
Completely	1	0.9				-	1

2.1.1.5 Social network and support in Turkey

In terms of their social network, most of the participants ($n = 98$, 88.3 %) reported that there were persons such as relative, friend, officer etc. in the camp who the participants knew previously. In terms of making friends since arrival to Turkey, % 64 participants ($n = 71$) stated that they had made friends while % 36 participants ($n = 40$) had not made friends in the camp where they were living. It is important here to note that one of the commonly reported reasons for not making friends was that there were many Syrian people who had been already known by the participants from their villages and neighbourhood in Syria. They stated that they already had relatives or friends so there was no need to get to know new persons. Some participants added that even if they met new persons, they would find out after a while that they had become relatives or known each other previously.

When they were asked to rate the social support they received from their own ethnic community in Turkey, the mean of this kind of perceived social support was 2.96 ($SD = 1.16$, range = 1 - 5). 37 participants (33.3 %) reported that they received no or a little social support from their ethnic community, 31 participants (27.9 %) reported that they received social support moderately, and 37 participants (33.3 %) reported as quite a bit (For the detailed information, see Table 2.5).

Regarding the social support they received from Turkish community, 34.2 % of the participants stated that they received no or a little support from Turkish people ($n = 6$, $n = 32$, respectively), 33.3 % of those noted a moderate support ($n = 37$), and 32.4 % of those reported quite a bit or extreme social support ($n = 26$, $n = 10$, respectively) (For the detailed information, please see Table 2.5).

Table 2.5 Social Network and Support of the Participants

Variable	n	%	Mean	SD	Range	M	F
People previously known							
Yes	98	88.3				45	53
No	13	11.7				4	9
Friendship since arrival to Turkey							
Yes	71	64				41	30
No	40	36				8	32
Social support from ethnic community			2.96	1.16	1-5		
Not at all	17	15.3				7	10
A little	20	18.0				9	11
Moderately	31	27.9				10	21
Quite a bit	37	33.3				20	17
Extremely	6	5.4				3	3
Social support from host community			3.02	1.05	1-5		
Not at all	6	5.4				-	6
A little	32	28.8				9	23
Moderately	37	33.3				15	22
Quite a bit	26	23.4				17	9
Extremely	10	9.0				8	2

2.1.1.6 Familial Situation in Syria

Regarding the familial situation in Syria, 104 participants (93.7 %) indicated that there were family members and relatives in Syria they left behind while only 7 participants (6.3 %) indicated that there were not. Of the participants who had family members or relatives in Syria, 81.7 % ($n = 85$) stated that they could communicate with them by telephone, internet or persons crossing the border etc. whereas 18.3 % ($n = 19$) stated that they could not. Of the 104 participants, 102 participants (98.1 %) reported that they thought their family members or relatives in Syria were in danger while only 2 participants (1.9 %) reported that they did not think so.

When the participants were asked whether there was a member from their nuclear family who was currently fighting in the war, 10 participants (9 %) indicated more than one brother / son and 27 participants (24.3 %) indicated their husband / brother / son, while 74 participants indicated (66.7 %) that they had not a nuclear family member fighting in the war (For the details, see Table 2.6).

When the participants were asked if their nuclear family member died or got lost because of the war, 13 participants (11.7 %) stated death or lost of their husband / son / brother whereas 98 participants (88.3 %) stated no death or lost of a nuclear family member (For the details, see Table 2.6).

Among the participants, 5 participants took part in the war as a warrior and 2 of them were injured due to the combat. Apart from these, 2 participants who were not warrior were injured due to the bombings and shelling.

Table 2.6 Familial Situation in Syria of the Participants

Variable	n	%	Mean	SD	Range	M	F
Family mem. in Syria							
Yes	104	93.7				44	60
No	7	6.3				5	2
Communication with family behind							
Yes	85	81.7				36	49
No	19	18.3				8	11
Family mem. behind in danger							
Yes	102	98.1				42	60
No	2	1.9				2	-
Nuclear fam. mem. currently fighting in the war							
More than one brother	7	6.3				3	4
More than one son	3	2.7				2	1
Brother	12	10.8				4	8
Son	8	7.2					5
Husband	7	6.3					7
None	74	66.7					37
Dead/lost nuclear fam. mem. due to the war							
Husband	7	6.3					7
Son	3	2.7					2
Brother	2	1.8					-
Husband and brother	1	0.9					1
None	98	88.3					52

2.1.2 Measurements

2.1.2.1 Socio-Demographic Information

Before the study, socio-demographic data were collected, which mainly assessed the general demographic characteristics, work experiences, post-migration stay and living arrangements, migration adaptation characteristics, social network and support, and familial situations in Syria of the participants. For the details of socio-demographic information, please refer to Appendix B.

2.1.2.2 Harvard Trauma Questionnaire Revised – Part I (HTQR-I)

Harvard Trauma Questionnaire and its manual were obtained from the Harvard Program in Refugee Trauma (HPRT). The Harvard Trauma Questionnaire-Revised (HTQ-R) consists of five sections assessing traumatic events, personal description, brain injury, torture experiences, and post-traumatic symptoms. For the current study, the sections on traumatic events and PTSD symptomatology were used. HTQ-R and HSCL-25 were ordered from HPRT for the current study. Therefore these questionnaires were not given as appendix due to the obligation retained by HPRT.

Pre-migration traumatic events were assessed via the Part I of the HTQ-R (Mollica et al., 2004). HTQ was developed by expert consensus methods from treatment studies with refugees in clinical settings. It has been widely used as the current research standard in the field for assessing war-related trauma in refugees (Hollifield et al., 2002).

The scale has eight trauma dimensions; 1) material deprivation, 2) war-like conditions, 3) bodily injury, 4) forced confinement and coercion, 5) forced to harm others, 6) disappearance, death or injury of loved ones, 7) witnessed violence to others, 8) brain injury (Mollica et al., 2004). Although Mollica et al. (2004) stated that trauma events in most cultures can be placed in these eight general categories, which items represent which category was not reported in the manual of the instrument. Therefore, in the current study, factor analysis was conducted (For the factor analysis, see the Section 2.2.1.1.1).

The earliest version of the HTQ contained a list of 17 trauma events derived from the core war-related experiences of Indochinese populations. Respondents endorsed

individual events according to four options (E = experienced, W = witnessed, H = heard about, or N = "no"). In the revised version of the HTQ, response options have been simplified to "yes" or "no". However, it was stated that the witnessing option was retained where relevant (Mollica et al., 2004). Within the revised version of the PTSD diagnostic criteria in the fifth edition of its Diagnostic and Statistical Manual of Mental Disorders (DSM-5) by the American Psychiatric Association (2013), the exposure must result from one or more of the situations, in which the individual: 1) directly experiences the traumatic event; 2) witnesses the traumatic event in person; 3) indirectly learns that the traumatic event occurred to a close family member or close friend (with the actual or threatened death being either violent or accidental). Taking into consideration the Criterion A concerning the stressor mentioned above, in the present study four response options were retained in the HTQR-I. In order to examine the differences in the effects of experiencing, witnessing and hearing the traumatic events as well as those of the exposure levels of the events in the state of war among the asylum seekers fleeing from the war environment, four response option was applied.

Hollifield (2002) stated that HTQ completely met four out of five criteria described by Weathers and his colleagues (Weathers, et al., 1997; as cited in Hollifield, et al., 2002); purpose, construct definition, design, developmental process, and reliability and validity. Excellent inter-rater reliability for all events ($r = .93$); test-retest reliability ($r = .89$); and internal consistency (Cronbach's $\alpha = .90$) was shown in a convenience sample of 91 Southeast Asian psychiatric outpatients (Mollica et al., 1992). In this study, Cronbach Alpha coefficient of HTQ-R Part I was found as .83 (range = .04 - .72).

Part I of the HTQ-R was translated into Arabic and adapted for use in Iraqi refugees (Shoeb, et al., 2007; Mollica, et al., 2004). This version of the HTQ-R was not used in the present study because it was adapted according to the contextual and cultural consideration specific to the situation in Iraq. Procedures for modifying the instrument according to culture and context have been specified in the manual of the scale (Mollica, et al., 2004). However, the present study had practical difficulties during the data collection phase and the limitation of small sample size, which in turn make difficult to conduct this kind of an adaptation study (For further discussion, see Chapter 4).

Because the HTQ have been extensively used in international studies of trauma-affected refugee populations, this scale was opted for the current study in order to make valuable comparisons across cultures and contexts in relation to several key indices.

2.1.2.3 Post-Migration Living Difficulties (PMLD)

The Post Migration Living Difficulties Scale (PMLD), developed by Silove et al. (1997), was used to assess current life stressors (post-migration and asylum-related problems) experienced in the past 12 months by asylum seekers. It was developed following discussions with a wide range of legal workers, cultural advisers, and Tamil community leaders. Each of the 23 items of this administered survey is rated on a 5-point Likert scale ranging from “no problem at all” to “a very serious problem,” with a composite score determined. Total score measures the total post-migration stress of the asylum seekers. Its construct, development, and design were only partially described. Principal component analyses yielded 5 factors accounting for 69.8% of the variance of the 23 items: residency determination; health, welfare, and asylum problems; family concerns; general adaptation stressors; and social and cultural isolation (Carswell et al., 2011; Steel et al., 1999). PMLD was shown as valid in discriminating asylum seekers, refugees, and immigrants, but no other validity or reliability data were published.

In the current study, based on the field observations of the researcher, nine additional questions that were considered as relevant to the Syrian asylum seekers’ post-migration conditions were included, such as lack / inadequacy of shelter, accessing basic food and non-food items, uncertainty about future. When the reliability analyses of the original scale and the scale with additional items were compared, Cronbach’s Alpha of the original one was found as .85 (range = .00 - .67) whereas that of the scale with additional items was found as .89 (range = .00 - .66). As a preliminary exploration, in order to see the distribution pattern of the items in our sample and to analyse the effects of the problems in the certain post-migration areas, factor analysis was subjected to the PMLD (For the factor analyses, see the Section 2.2.1.2.1).

For the scale with additional items constructed for the current study, please refer to Appendix C.

2.1.2.4 Harvard Trauma Questionnaire Revised – Part IV (HTQR-IV)

Part IV of the HTQ-R, developed from clinical experience by Mollica et al (2004), lists 40 symptom items. It has shown adequate psychometric properties across various cultures and ethnic groups (Kleijn et al., 2001) and has been widely used in research with refugees (Mollica et al., 2004). The first 16 were derived from the Diagnostic and Statistical Manual of Mental Disorders, Third Edition—Revised (DSM-III-R) and later Diagnostic and Statistical Manual, Fourth Edition (DSM-IV) criteria for PTSD using the stipulated three sub-domains: re-experiencing traumatic events; avoidance and numbing; and psychological arousal. The latter 24 items aim to gauge self-perceptions of psychosocial functioning in response to the complex stresses of persecution, violence and displacement. It was stated that for persons who were uprooted and displaced, preoccupations with current and future roles, social relationships, and economic functioning were foremost (Silove, 1999), and may be as pressing, or even more so, than concerns about the psychological impact of past traumas. These 24 “refugee-specific” items includes six underlying domains of social functioning with the 2 items of dissociation: (a) skills and talents, (b) physical impairments, (c) intellectual functioning, (d) emotional functioning, (e) social relationships, and (f) spiritual / existential concerns (Mollica et al., 2004). Possible responses of the scale are “not at all,” “a little,” “quite a bit,” or “extremely.” In the same convenience sample of 91 patients described earlier in the Section 2.1.2.2, internal consistency was excellent (Cronbach’s $\alpha = .96$), the symptom prevalence ranged from 44% to 92%, and the 1-week item test-retest reliability ranged from poor to excellent ($r=0.32-0.85$; median, .59) (Mollica et al., 1992). An average item score of greater than 2.5 was predictive of a PTSD diagnosis by clinical interview (78% sensitive, 65% specific). The purpose, construct definition, and design of Part IV of the HTQ were stated as clear. Modest reliability and fair validity in diagnosing PTSD was demonstrated in clinical populations.

Part IV of the HTQ-R was translated into Arabic and adapted for use in Iraqi refugees (Shoeb, et. al., 2007; Mollica, et al., 2004). Due to the reasons described in the Section 2.1.2.2, this version of the scale was not used in the current study.

In the present study, internal consistency was excellent of the total scale (Cronbach’s $\alpha = .92$, range = .07 - .77). When the PTSD part including first 16 items and the

Perceived Functioning part including 24 items were examined separately, the internal consistency of the PTSD part and the Perceived Functioning part was found good (Cronbach's $\alpha = .83$, range = .03 - .68; Cronbach's $\alpha = .87$, range = .10 - .74, respectively).

For the subscales of PTSD part, Cronbach's Alpha of the re-experiencing items was found as .73 (range = .47 - .57), Cronbach's Alpha of the avoidance items was .57 (range = .11 - .38), and that of the arousal items was found as .60 (range = -.03- .56). Because the item # 7 of the arousal items which is related to concentration difficulties was negatively loaded, the item was omitted from the arousal items and the Cronbach's Alpha of the avoidance items was increased to .73 (range = .38 - .61).

For the subscales of Perceived Functioning part, Cronbach's Alpha of the skills and talents was found as .58 (range = .42), Cronbach's Alpha of the physical impairment was .85 (range = .67 - .76), Cronbach's Alpha of the intellectual functioning was .36 (range = .10 - .41), Cronbach's Alpha of the emotional functioning was .71 (range = .29 - .67), that of the social relationships was found as .74 (range = .37 - .74), and that of the spiritual and existential concerns was found as .31 (range = .04 - .33).

The higher the scores on the DSM-IV PTSD items and total item scales, the more likely it is that the respondent has symptoms specifically associated with trauma. An interview with a PTSD score and/or a total score of ≥ 2.5 is generally considered "*checklist positive*" for PTSD in an Indochinese population (Mollica et al., 2004). Mollica et al (2004) stated that this cut-off point may be too high with many false negatives – in other cultural groups and settings. It was recommended a cut-off of ≥ 2.00 or use of DSM-IV algorithm to indicate probably PTSD (Items 1-16) until instrument cut-off value is standardized against a diagnostic gold standard. While this may lack validity when applied to other populations (Ichikawa et al., 2006) and because the threshold score for diagnosing PTSD has not been established previously for the Syrian community, a cut-off of ≥ 2.00 was used in the present study to aid comparison with previous studies.

2.1.2.5 Hopkins Symptom Checklist – 25 (HSCL-25)

The Hopkins Symptom Checklist-25 (HSCL-25) was obtained from the Harvard Program in Refugee Trauma. It was designed by Parloff, Kelman, and Frank (1954;

as cited in Mollica et al., 2004) at Johns Hopkins University. The HSCL-25 consists of 25 items, and is divided into 2 parts, including sections that focus on depression and anxiety symptoms in the past week with items such as ‘feeling low in energy’ and ‘suddenly scared for no reason’. HSCL-25 total score can be used to assess non-specific emotional distress. Frequency is assessed on a 4-point Likert scale ranging from ‘not at all’ to ‘extremely’. HSCL-25 has been translated into several different languages and is widely used with refugee populations. It was stated that it was valid and reliable in the general U.S. population and in Indochinese refugee groups (Derogatis et al., 1974; Mollica et al., 1987; as cited in Hollifield, 2002; Mollica et al., 2004). It has shown adequate psychometric properties across various cultures and ethnic groups (Kleijn et al., 2001; Butcher, 1991; as cited in Hollifield et al., 2002). Hollifield (2002) stated that HSCL-25 met all 5 criteria, i.e., purpose, construct definition, design, developmental process, and reliability and validity.

Continuous or dichotomous scoring may be used for analyses. The HSCL-25 provides a score of non-specific emotional distress and a cut-off for major depressive disorder. The recommended clinical cut-off of ≥ 1.75 for major depressive disorder was used only for comparison purposes in the present study. This cut-off has been stated as consistently validated in different cultures and settings (Mollica et al., 2004).

In the current study, item # 4 of the depression section (‘loss of sexual interest or pleasure’) was omitted because this subject was considered to be taboo, and the answers were expected to be unreliable (see also Gerritsen et al., 2004). It was also taken into account that this kind of question would harm the relationship between the researcher and the participant.

In the present study, the internal consistency of the HSCL-25 was found excellent (Cronbach’s $\alpha = .92$, range = .17 - .74). The internal consistencies of the anxiety and depression sections separately were good (Cronbach’s $\alpha = .83$, range = .42 - .68; Cronbach’s $\alpha = .88$, range = .24 - .67, respectively).

2.1.3 Procedure

Ethical approval related to research procedures was obtained from the Human Subjects Ethics Committee at the Middle East Technical University. The interviews

were planned and conducted by taking into consideration the techniques and the ethical context specific to the migrant groups (Vargas-Silva, 2012). The participants living in the camps were contacted through Turkish Red Crescent (TRCS) and the Camp Managements. The necessary permissions to conduct the research in the camps were obtained from TRCS and the Camp Managements. Participants were recruited by means of convenience sampling. The camp managers, the humanitarian workers in the field and the community leaders like elected “muhtar”s by Syrian community in the camp, who had strong links with the Syrian asylum seeker community, identified potential participants and invited them to participate in the study. Individuals who indicated interest were offered an appointment for an interview. At the preference and convenience of the participants, all interviews were held in the containers or tents they are living in.

Prior to the semi-structured interview if available, and the questionnaires, participants were read the informed consent form (see Appendix A). Each participant was informed of the aim and the procedure of the study, the voluntary nature of the study, the confidentiality and the anonymity of their responses, their right to skip any question or withdraw at any time if they felt uncomfortable to respond. Due to the sensitivity of the topic and the possibility of the interviewees becoming distressed as a result of the interview, referral procedures were put in place to address the needs of distressed respondents. In order to take non-salient distress into consideration, two open-ended questions related to their feelings and thoughts depending on the interview conducted were included at the end of the interview (for the questions, see Appendix D).

From the beginning of the study, semi-structured interviews as well as the questionnaires were applied to some participants for the qualitative study. The procedure of the qualitative data was presented in the Section 3.1.3.

Participants were read the instructions of the questionnaires and explained how to answer the likert-type questions, in accordance with their answers researcher noted on the questionnaire besides audio-recording if available. It is recommended by Mollica and his colleagues (2004) that the instruments used in this study (HTQ and HSCL-25) always be administered by health care worker “that can include trained

refugee paraprofessionals with the supervision and support of a psychiatrist, medical doctor, or psychiatric nurse” and were not designed to be used as a self-report.

2.1.4 Data Analysis

Statistical analyses of the quantitative data were performed using SPSS version 16.0 (SPSS Inc., 2008). Prior to the main analyses, varimax rotated principle components analyses for Harvard Trauma Questionnaire Part I and Post-Migration Living Difficulties Scale were conducted. Descriptive information of the measurements and correlations among the variables were presented. In order to investigate the group differences in all socio-demographic variables with respect to pre-migration traumatic events, post-migration living difficulties and mental health outcomes, a series of independent samples t-tests, ANOVAs and MANOVAs were performed. Four sets of hierarchical regression analyses were conducted to reveal the predictors of the mental health outcomes. A number of moderated regression analyses were conducted in order to understand the interaction effects between pre-migration traumatic events and post-migration living difficulties on mental health outcomes.

2.2 Results

2.2.1 Factor Analysis

2.2.1.1 Psychometric Properties of HTQR-I

2.2.1.1.1 Factor Structure of HTQR-I

Initially, varimax rotated principle components analysis with 8-factor solution was employed for HTQR-I in parallel with the suggestions of Mollica and his colleagues (2004). However, the results failed to demonstrate the eight sub-scales of HTQR-I, with many of the items receiving cross-loadings on other factors.

Steel et al. (1999) suggested a 3-factor solution for HTQ-I which includes 17 trauma items. Because the revised version of HTQ-I which consists of 36 trauma items is used in this study, a 4-factor solution was examined due to the variety of trauma events. When the responses were subjected to a 4-factor solution, some items such as Item # 16 and Item # 34, of which the level of exposure were relatively low were loaded together in a factor. Besides, Item # 16 (Brainwashing) and Item # 34

(Disappearance or kidnapping of child) were observed not to be experienced by the participants. Therefore, these items were removed from the factor analysis and a 4-factor solution was applied again. Accordingly, the following four factors emerged: 1) Detention and Human right abuses, 2) Exposure to conflict and social upheaval, 3) Physical injury, 4) Forced separation and loss of loved ones.

A varimax rotated principle components analysis was conducted with the items of HTQR-I. Accordingly, the eigenvalues of the factors (Detention and Human right abuses, Exposure to conflict and social upheaval, Physical injury, Forced separation and loss of loved ones) were 4.73, 3.19, 2.65 and 2.46 and they explained 13.90, 9.39, 7.78 and 7.23 % of the total variance, respectively. Considering item loadings; there were 16 items representing “Detention and Human right abuses” with item loadings ranging from .72 to .29, 7 items representing “Exposure to conflict and social upheaval” with item loadings ranging from .76 to .24, 5 items representing “Physical injury” with item loadings ranging from .60 to .43, and 6 items representing “Forced separation and loss of loved ones” with item loadings ranging from .64 to .26. Considering the single factor solution, the eigenvalue was 6.47 and the explained variance was 17.98 %. The item loadings ranged from .82 to -.01, with the Item # 19, Item # 17, and Item # 33 receiving the lowest loadings.

As can be followed from Table 2.7, the results generally revealed good psychometric properties of HTQ-R-I. In the single factor solution, although the general item loading ranges were acceptable, the Item # 19, Item # 17 and Item # 33 failed to contribute to the single factor. Taking into consideration the frequency distribution of these items, the Item # 19 (‘Other forced separation from family members’) ($n = 103$, 92.8 %) and Item # 17 (‘Forced to hide’) ($n = 101$, 91 %) were the most frequently experienced events and Item # 33 (‘Disappearance or kidnapping of spouse’) ($n = 101$, 91 %) was among the most frequently heard events. Therefore it is suggested that, while utilizing from the total HTQR-I score, these items should be treated with caution.

When the 4-factor solution is examined, some flaws can be observed. For instance, there are some items that received high cross-loadings, indicating that they might have implied similar meanings with the other factor that they were not expected to be loaded. Item # 20 (‘Forced to find and bury bodies’), Item # 23 (‘Prevented from

burying someone’) and Item # 9 (‘Other types of sexual abuse or sexual humiliation’) in the ‘Detention and Human right abuses’ domain were understood as also indicating other domains by Syrian participants. Taking into account the meanings of these items, they were decided to belong to the ‘Detention and Human right abuses’ domain. Besides cross-loaded items, although Item # 35 (‘Disappearance or kidnapping of other family member or friend’) has a representation of ‘Forced separation and Loss of loved ones’ domain in terms of meaning, it was loaded to ‘Detention and Human right abuses’ domain. This might signal that this item was understood as forced detention and a violation of human right during war leading to chaotic and arbitrary environment instead of traumatic loss of a loved one. This might also point that the participants interpreted the traumatic events that happened to their “other family member or friend” as a human right violation rather than a traumatic loss of a close one. Furthermore, Item # 3 (‘Ill health without access to medical care’) could have been expected to load on the ‘Exposure to conflict and social upheaval’ domain but it revealed a high loading with the ‘Detention and Human right abuses’ domain, which is in line with the study of Steel et al (1999).

Table 2.7 Varimax Rotated Factor Loadings of the HTQR-I Items (4-Factor Solution)

ITEM #	I	II	III	IV
<u>I. Detention and Human right abuses</u>				
Item # 26	.72	.27	.19	.27
Item # 25	.69	.08	.08	.33
Item # 21	.64	-.02	.33	.12
Item # 11	.63	-.17	.09	.05
Item # 28	.58	.08	-.06	-.19
Item # 14	.55	.05	.08	-.02
Item # 13	.52	-.12	.25	.05
Item # 27	.51	.22	.17	.20
Item # 29	.50	.00	.14	-.23
Item # 24	.48	.19	.29	.40
Item # 8	.44	.00	-.15	.06
Item # 3	.44	.18	-.18	.11
Item # 35	.30	-.10	.18	.12
Item # 20	.35	.40	.37	.33
Item # 23	.44	.26	.45	.11
Item # 9	.29	-.01	-.20	.55
<u>II. Exposure to conflict and Social upheaval</u>				
Item # 1	.16	.76	.25	-.08
Item # 17	-.22	.74	-.02	-.03

Table 2.7 Varimax Rotated Factor Loadings of the HTQR-I Items (4-Factor Solution) (Cont'd)

ITEM #	I	II	III	IV
Item # 4	.15	.66	.33	-.18
Item # 5	.13	.56	-.25	.14
Item # 6	-.03	.53	.02	.14
Item # 2	.04	.53	-.23	.17
Item # 15	.03	.24	.11	.05
<u>III. Physical injury</u>				
Item # 12	-.05	.01	.60	.02
Item # 36	.12	.25	.55	-.09
Item # 22	.09	-.02	.50	.10
Item # 10	.31	.12	.45	.00
Item # 7	.29	-.23	.43	.39
<u>IV. Forced separation and Loss of loved ones</u>				
Item # 32	-.02	-.09	.31	.64
Item # 18	-.01	.08	.19	.51
Item # 30	.17	.17	-.00	.46
Item # 19	-.02	.16	-.25	.38
Item # 31	.23	-.08	.15	.38
Item # 33	-.10	.10	-.11	.26
Eigenvalue	4.73	3.19	2.65	2.46
Explained Variance (%)	13.90	9.39	7.78	7.23

Note. Upon the obligation retained by the author of the scale, the items were not manifested.

Table 2.8 Varimax Rotated Factor Loadings of the HTQR-I Items (Single Solution)

ITEM #	Single Factor
Item # 26	.82
Item # 25	.72
Item # 24	.69
Item # 21	.68
Item # 20	.67
Item # 23	.65
Item # 27	.61
Item # 11	.50
Item # 13	.48
Item # 10	.47
Item # 14	.47
Item # 7	.45
Item # 1	.43
Item # 28	.40
Item # 4	.39
Item # 3	.38
Item # 29	.38

Table 2.8 (Cont'd)

ITEM #	Single Factor
Item # 36	.36
Item # 31	.35
Item # 30	.33
Item # 9	.33
Item # 35	.32
Item # 8	.31
Item # 22	.31
Item # 32	.30
Item # 16	.27
Item # 18	.27
Item # 12	.22
Item # 5	.21
Item # 34	.19
Item # 6	.18
Item # 15	.16
Item # 2	.16
Item # 19	.06
Item # 17	.03
Item # 33	-.01
Eigenvalue	6.47
Explained Variance (%)	17.98

2.2.1.1.2 Reliability of HTQR-I

The internal consistency coefficients and the ranges for the item-total correlations for the HTQR-I sub-scales, as well as the total score are provided in Table 2.9. As can be followed from Table 2.9, the sub-scales, as well as the single factor revealed internal reliability coefficients within acceptable limits, ranging between .45 and .83. The item-total correlation coefficients for the HTQR-I sub-scales and the single factor ranged between .03 and .72.

Table 2.9 Reliability Information Regarding HTQR-I

	Internal Consistency Coefficients	Item-Total Correlation Range
Detention & human right abuses	.83	.27-.67
Exposure to conflict & social upheaval	.67	.15-.64
Physical injury	.54	.28-.36
Forced separation & loss of loved ones	.45	.09-.32
Single Factor (36 items)	.83	.03-.72

2.2.1.2 Psychometric Properties of PMLD

2.2.1.2.1 Factor Structure of PMLD

Based on the results of previous studies (Carswell et al., 2009; Steel et al., 1999), initially varimax rotated principle components analysis with 5-factor solution was applied for PMLD. The results revealed that Item # 3 ('fears of being sent home') had zero variance because all participants responded "not at all" to this item. As mentioned in the Introduction Chapter, there are no forced returns or limits on duration of stay due to the open-border regime applied by Turkish Government to Syrian citizens during the internal conflicts in Syria. Therefore, unlike other asylum seekers and refugees, in the present study Syrian participants reported that they had no fear of being sent and had complete confidence in Turkey (For detail, see the Section 1.2.1). Because this item was not in conformity with the sample characteristic, it disrupted the factor structure so it was removed from the factor analysis and a 5-factor solution was applied again. Accordingly, the following five factors emerged: 1) Difficulties in accessing to health care, 2) Welfare and financial difficulties, 3) Worries about family and future, 4) Residency determination, 5) Loss of culture and support. Accordingly, the eigenvalues of the factors (difficulties in accessing to health care, welfare and financial difficulties, worries about family and future, residency determination, loss of culture and support) were 7.97, 4.44, 3.28, 2.29 and 1.93 and they explained 25.70, 14.32, 10.59, 7.38 and 6.23 % of the total variance, respectively. Considering item loadings; there were 5 items representing "Difficulties accessing to health care" with item loadings ranging from .83 to .91, 9 items representing "Welfare and financial difficulties" with item loadings ranging from .32 to .79, 6 items representing "Worries about family and future" with item loadings ranging from .72 to .85, and 5 items representing "Residency determination" with item loadings ranging from .42 to .93, 6 items representing "Loss of culture and support" with item loadings ranging from .33 to .70. Considering the single factor solution, the eigenvalue was 7.97 and the explained variance was 25.70 %. The item loadings ranged from .09 to .79.

When the factor structure of PMLD is examined in detail, some differences were observed specific to the present sample. Item # 2 ('no permission to work') in the 'Welfare and financial difficulties' domain in the current study represented

‘residency determination’ domain in the previous studies (Carswell et al., 2009; Steel et al., 1999). As discussed above regarding Item # 3, unlike other asylum seekers, this situation was understood as just a financial problem rather than a residence determination problem by Syrian participants because they were temporarily protected by Turkish government within open-border regime. Another noteworthy result was that Item # 14 (‘communication difficulties’) signalled a meaning concerning ‘Welfare and Financial Difficulties’ for Syrian participants.

All analyses were conducted with the additional items based on previous field observations and the personal communications with the field workers (For the scale, see the Section 2.1.2.3).

Table 2.10 Varimax Rotated Factor Loadings of the PMLD Items (5-Factor Solution)

ITEM #	I	II	III	IV	V	Single Factor
<u>I. Difficulties in accessing to health care</u>						
Item # 6- Poor access to long-term medical care	.91	.21	.01	.12	.01	.68
Item # 5- Poor access to emergency medical care	.90	.05	.03	.01	-.02	.54
Item # 4- Worries about not getting health treatment	.90	.20	-.05	.13	.02	.67
Item # 32- Poor access to dentistry care	.89	.09	-.05	.05	-.02	.55
Item # 7- Poor access to counselling services	.83	.13	.14	.01	.08	.62
<u>II. Welfare and financial difficulties</u>						
Item # 17- Not being able to find work	.27	.79	.06	-.01	-.11	.59
Item # 18- Bad job conditions	-.13	.75	.03	-.02	.10	.40
Item # 2- No permission to work	.26	.73	.12	.10	-.13	.59
Item # 19- Poverty	.25	.69	.11	.06	.33	.72
Item # 9- Little help with welfare from charities	.52	.55	-.11	.32	.25	.79
Item # 8- Little government by help welfare	.52	.55	-.11	.32	.24	.79
Item # 14- Communication difficulties	.04	.50	.17	.03	.19	.44
Item # 25- Poor access to NFIs	.06	.49	.19	.12	.39	.56
Item # 24- Poor access to food items	.11	.32	.13	-.05	.05	.29
<u>III. Worries about family and future</u>						
Item # 27- Being far away home	.01	.10	.85	.15	.15	.40

Table 2.10 Varimax Rotated Factor Loadings of the PMLD Items (Cont'd)

ITEM #	I	II	III	IV	V	Single Factor
Item # 12-Worries about family back at home	-.08	-.01	.83	-.10	.06	.17
Item # 11-Separation from family	.09	.07	.82	-.19	.03	.26
Item # 16-Uncertainty about the time of return	-.01	.14	.77	.11	.16	.38
Item # 13-Unable to return home in emergency	-.01	.10	.76	-.13	.12	.26
Item # 28-Uncertainty about future	.06	.30	.72	.20	.16	.53
<u>IV.Residency determination</u>						
Item # 31-Conflict with immigration officials	-.04	.02	-.04	.93	.05	.33
Item # 1- Interviews by immigration	.04	.02	-.02	.92	-.03	.35
Item # 10-Delays in processing your application	.11	.02	.04	.85	-.06	.36
Item # 29-Behaviors and attitudes of camp workers	.21	.05	-.01	.67	.19	.45
Item # 23-Insufficient/lack of shelter	.03	.39	-.01	.42	.29	.50
<u>V.Loss of culture and support</u>						
Item # 15-Discrimination	-.00	-.25	.04	-.09	.70	.10
Item # 20-Loneliness and boredom	.11	.29	.21	.25	.69	.63
Item # 26-Lack of privacy	-.09	.31	.20	.16	.68	.49
Item # 22- Poor access to the foods you like	.37	.13	.03	-.07	.67	.52
Item # 21-Isolation	.11	.27	.15	.34	.65	.62
Item # 30-Poor access to education	-.14	.06	.12	-.05	.33	.09
Eigenvalue	7.97	4.44	3.28	2.29	1.93	7.97
Explained Variance (%)	25.70	14.32	10.59	7.38	6.23	25.70

2.2.1.2.2 Reliability of PMLD

The internal consistency coefficients and the ranges for the item-total correlations for the PMLD components, as well as the total score are presented in Table 2.11. As can be followed from Table 2.11, the components and the single factor revealed internal reliability coefficients within acceptable limits, ranging between .70 and .94. The item-total correlation coefficients for the PMLD components and the single factor ranged between .00 (Item # 3) and .90.

Table 2.11 Reliability Information Regarding PMLD

	Internal Consistency Coefficients	Item-Total Correlation Range
Difficulties in accessing to health care	.94	.78 - .90
Welfare and financial difficulties	.84	.29 - .70
Worries about family and future	.89	.67 - .79
Residency determination	.70	.35 - .76
Loss of culture and support	.76	.23 - .79
Single Factor (32 items)	.89	.00 - .66

2.2.2 Descriptive Information of the Measurements

Means, standard deviations, ranges, and internal consistency coefficients of the scales and their sub-sections and sub-domains were provided in Table 2.12.

Table 2.12 Descriptive information regarding the measurements of the study

Variables	Mean	SD	Min-Max	Alpha Coefficient
HTQR-I	1.52	.24	.97 - 2.12	.83
Human right abuses	.97	.35	.44 - 2.19	.83
Exposure to conflict	2.51	.42	1 - 3	.67
Physical injury	1.68	.36	.8 - 2.8	.54
Loss of loved ones	1.69	.31	.67 - 2.33	.45
HTQR-IV	1.58	.34	1.05 - 2.72	.83
PTSD	1.85	.44	1.19 - 2.97	.83
Re-experiencing	2.34	.65	1.25 - 4.07	.73
Avoidance and numbing	1.51	.37	1 - 2.57	.57
Psychological arousal	2.18	.69	1 - 4.10	.60
Perception of Functioning	1.46	.31	1 - 2.37	.87
Skills and Talents	1.58	.55	1 - 3.5	.58
Physical Impairment	1.62	.62	1 - 4.00	.85
Intellectual Functioning	1.22	.25	1 - 2.12	.36
Emotional Functioning	1.60	.53	1 - 3.51	.71
Social Relationships	1.51	.40	1 - 3.17	.74
Spiritual / Existential Concerns	1.63	.44	1 - 2.75	.31
PMLD	2.07	.44	1.03 - 3.09	.89
Accessing health care	1.22	.51	1 - 4	.94
Financial difficulties	1.83	.70	1 - 3.44	.84
Worries about fam. and future	4.29	.86	1 - 5	.89
Residency determination	1.37	.51	1 - 3.80	.70
Loss of culture and support	1.65	.71	1 - 3.83	.76
HSCL-25	1.79	.46	1 - 3.15	.92
Depression	1.71	.48	1 - 3.29	.88
Anxiety	1.63	.43	1 - 3.40	.83

Note. HTQR-I = Harvard Trauma Questionnaire Part I (Traumatic events), HTQR-IV = Harvard Trauma Questionnaire Part IV (Trauma Symptoms), PMLD = Post-Migration Living Difficulties, HSCL-25 = Hopkins Symptom Checklist.

2.2.3 Correlations among the Variables

Correlation analyses were performed in order to understand the relations between the variables of the study.

Table 2.13 Pearson's Correlations among Socio-Demographic Characteristics

Var.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
1	1																											
2	.23*	1																										
3	-.04	-.04	1																									
4	.16	.14	-.10	1																								
5	.17	-.33***	.01	-.13	1																							
6	.62***	.27**	.03	.04	.32***	1																						
7	.08	-.09	.17	.01	.05	.21*	1																					
8	-.05	.04	.26**	.03	-.06	.10	.13	1																				
9	-.27**	.15	-.20*	.09	-.04	-.08	-.18	.22*	1																			
10	.62***	.21*	.08	.09	.14	.87***	.19	.04	-.23*	1																		
11	-.06	.30*	-.32**	.11	-.00	.22	-.04	-.05	.25*	a	1																	
12	.01	.04	.26**	.05	-.22*	.11	.27**	-.03	-.20	.19	-.16	1																
13	-.10	.05	-.10	.24**	-.17	-.14	.02	-.02	-.16	-.13	.52***	-.06	1															
14	.10	.03	-.13	.19*	.16	-.04	.03	.03	.16	-.09	-.07	-.21*	-.15	1														
15	.08	.39***	-.15	-.16	-.28**	.06	.10	.04	-.03	.02	.11	-.01	.01	-.00	1													
16	.20*	.26**	-.15	.05	.04	.12	-.13	-.04	.13	.05	.37**	-.18	.17	.03	.43***	1												
17	-.04	-.05	.99***	-.08	.00	.02	.21*	.26**	-.20*	.08	-.33**	.30***	-.11	-.14	-.15	-.17	1											
18	-.12	-.22*	-.29**	-.21*	.26**	.00	.03	-.09	.09	-.05	-.04	-.11	-.18	.04	.06	-.03	-.28**	1										
19	.19*	-.14	-.14	-.10	.23*	.12	.04	-.15	-.04	.12	.01	.06	-.18	.08	.13	-.03	-.12	.51***	1									
20	.10	.12	.10	-.06	-.02	.02	-.10	-.15	-.11	.12	-.14	.20*	-.11	-.02	.12	.24*	.11	-.07	-.04	1								
21	.37***	.18	.01	.20*	-.06	.41***	.10	.04	-.15	.38***	.19	.03	.15	.08	.12	.14	.01	-.25**	.07	-.04	1							
22	.08	.05	-.14	.19*	-.22*	-.03	-.04	-.09	-.01	-.06	.25*	-.01	.25**	.15	-.08	.14	-.14	-.13	-.16	.16	.34***	1						
23	.40***	.23*	.13	.22*	-.05	.35***	.18	.10	.01	.32***	.17	.23*	.10	-.09	.06	.20*	.15	-.42***	-.10	.14	.39***	.11	1					
24	-.14	-.15	.03	.04	.14	-.13	-.24*	.01	.06	-.13	-.24*	-.06	-.08	.18	-.18	-.13	.03	.07	.11	-.09	-.04	-.04	-.03	1				
25	.00	-.27**	.16	.18	.01	-.05	.14	.03	.05	-.08	-.10	.07	.00	.10	-.03	.13	.17	.06	.10	-.10	.00	-.09	.08	a	1			
26	-.16	-.08	-.12	-.07	-.10	-.15	-.04	.01	.22*	-.11	.18	-.05	-.04	.13	-.02	.10	-.11	.11	.05	.16	-.11	.17	-.13	a	-.07	1		
27	-.17	.02	.07	.05	-.18	-.19	-.04	.08	.00	-.16	-.03	.11	.05	-.01	.05	-.09	.08	.03	.07	.02	-.19	-.06	-.01	.11	-.07	-.05	1	
28	-.16	.03	-.17	-.22*	-.08	-.22*	.06	-.02	.01	-.24*	.19	-.20*	.08	.08	.07	-.16	-.18	-.02	-.11	.05	-.08	.11	-.11	-.25**	-.18	.05	-.14	1

*p < .05, ** p < .01, *** p < .001.

Note 1. 1 = Gender, 2 = Age, 3 = Ethnicity, 4 = Marital Status, 5 = Education Level, 6 = Occupation Level, 7 = Income Source, 8 = Current Work, 9 = Previous Work, 10 = Change in Employment Status, 11 = Unemployment Time, 12 = Income Level, 13 = Time Spent in Turkey, 14 = Previous Stay, 15 = Number of Households, 16 = Household Type, 17 = Turkish Proficiency, 18 = Considering Return, 19 = Planning to Return, 20 = People previously known, 21 = Making Friendship, 22 = Social Support from Ethnicity, 23 = Social Support from Host Community, 24 = Family Members Left Behind, 25 = Communication with Family Members Behind, 26 = Family Members Left Behind in Danger, 27 = Nuclear Family Members Currently Fighting, 28 = Dead / Lost Nuclear Family Member.

Note 2. The correlation coefficients that are equal to or higher than .20 were printed in bold.

Note 3. a = cannot be computed because at least one of the variables is constant.

Table 2.14 Pearson's Correlations between Socio-Demographic Characteristics and Pre- and Post-Migration Risk Factors

Variables	HTQ-I	HRA	CSU	PI	FSL	PMLD	AHC	WFD	WFF	RD	LCS
Gender	.34***	.31**	-.03	.40***	.14	-.21*	-.21*	-.05	-.38***	.11	-.11
Age	.09	.10	.07	.07	-.05	-.28**	-.11	-.14	-.31**	.11	-.35***
Ethnicity	-.16	-.13	-.17	-.22*	-.03	-.26**	-.06	-.23*	-.24*	-.18	-.08
Marital Status	.00	.06	.04	.14	-.12	-.25**	-.03	-.12	-.16	-.22*	-.32**
Education	.21*	.24*	-.06	.07	.11	.29**	.02	.26**	.21*	.00	.32**
Occupation level at Home	.32***	.34***	-.14	.29**	.06	-.16	-.15	-.04	-.28**	.09	-.08
Source of Income	-.11	-.08	-.42***	-.05	-.01	-.02	.05	.07	-.23*	.05	.06
Current Work	-.13	-.07	-.26**	-.10	-.00	-.12	-.02	-.11	-.06	-.21*	-.03
Previous Work	-.03	.01	.00	-.05	-.04	.08	.06	-.01	.24*	-.07	-.02
Change in Employment Status	.24*	.26**	-.16	.25**	.02	-.19*	-.08	-.06	-.37***	.13	-.12
Unemployment time	.05	.10	.07	.10	-.02	.16	.14	.27*	-.04	.23	-.05
Income level	-.17	-.09	-.28**	-.09	-.11	-.31***	-.02	-.39***	-.25**	-.13	-.05
Time spent in Turkey	-.10	.01	.15	-.07	-.13	-.05	.07	.16	-.08	-.16	-.25**
Previous stay in Turkey	-.09	-.06	-.02	-.03	-.07	-.02	.13	-.01	-.11	.03	-.01
Number of Households	.04	-.06	.07	.09	.02	.10	.13	.14	-.16	.45***	-.02
Household types	.11	.08	.14	.18	-.13	-.01	.05	.09	-.14	.23*	-.17
Turkish Proficiency	-.18	-.15	-.22*	-.23*	-.03	-.28**	-.07	-.26	-.25	-.19	-.08
Considering return	.03	-.03	-.10	.04	.10	.46***	.07	.18	.57***	.24*	.37***
Planning to return	.12	.11	-.14	.12	.05	.13	-.12	.01	.17	.16	.18
People previously known	.12	-.00	.10	.09	.07	-.20*	-.14	-.21*	-.14	.09	-.17
Making Friendship	.27**	.32***	.05	.30**	.02	-.33***	-.24*	-.15	-.30***	-.00	-.38***
Social support from ethnicity	.29**	.26**	.29**	.14	.21*	-.26**	-.22*	-.21*	-.05	-.01	-.34***
Social support from host society	.11	.14	-.14	.18	-.12	-.49***	-.16	-.25**	-.52***	-.19*	-.41***
Family members left behind	-.13	-.06	-.01	-.09	-.14	.01	-.19*	-.14	.46***	-.32***	-.03
Communication with members left behind	-.15	-.20*	-.16	.06	-.10	-.01	.01	-.03	-.04	-.08	.09
Family members left behind in danger	-.15	-.19	.08	-.17	.00	.16	.05	.02	.37***	.07	.01
Nuclear family member fighting	-.19*	-.20*	.14	-.15	-.19*	-.17	-.07	-.19*	.02	-.22*	-.13
Dead/lost nuclear family member	.14	.08	.05	-.03	.38***	.21*	.03	.23*	.01	.21*	.19*

* $p < .05$, ** $p < .01$, *** $p < .001$.

Note 1. HTQ-I = Harvard Trauma Questionnaire Part I-Trauma Events, HRA = Detention and Human Right Abuses, CSU = Exposure to Conflict and Social Upheaval, PI = Physical Injury, FSL = Forced Separation and Loss of Loved Ones, PMLD = Post-Migration Living Difficulties, AHC = Difficulties in Accessing to Health Care, WFD = Welfare and Financial Difficulties, WFF = Worries about Family and Future, RD = Residential Difficulties, LCS = Loss of Culture and Support.

Note 2. The correlation coefficients that are equal to or higher than .20 were printed in bold.

Table 2.15 Pearson's Correlations between Socio-Demographic Characteristics and Mental Health Outcomes

Variables	HTQ-IV	PTSD	RE	AN	PA	FUNCT	ST	PI	IF	EF	SR	SC	HSCL-25	DEP	ANX
Gender	-.36***	-.59***	-.49***	-.60***	-.50***	-.24*	-.27**	-.17	-.00	-.24*	-.17	-.15	-.43***	-.39***	-.50***
Age	-.35***	-.37***	-.26**	-.24*	-.44***	-.29**	-.30**	.04	-.24*	-.22	-.22*	-.39***	-.33***	-.31**	-.41***
Ethnicity	-.09	-.07	-.12	.11	-.18	-.08	-.05	-.04	-.07	-.09	-.05	-.14	-.14	-.12	-.06
Marital Status	-.26**	-.25**	-.20*	-.25**	-.21*	-.24*	-.24*	-.14	-.08	-.15	-.20*	-.20	-.26**	-.31**	-.21*
Education	-.01	-.10	-.01	-.16	-.09	.03	.06	-.10	.23*	.01	.03	.04	-.03	-.02	-.03
Occupation level at Home	-.29**	-.45***	-.32***	-.44***	-.43***	-.20*	-.21**	-.11	-.09	-.20*	-.11	-.26**	-.37***	-.34***	-.34***
Source of Income	-.05	-.06	-.10	-.01	-.05	-.05	-.04	-.12	-.11	.00	-.00	-.09	-.14	-.10	-.12
Current Work	-.10	-.05	-.10	.00	-.04	-.11	-.04	-.08	-.07	-.09	-.07	-.17	-.11	-.08	-.07
Previous Work	-.08	.08	.10	.03	.09	-.13	.00	-.06	-.10	-.07	-.19*	-.11	.01	-.03	.13
Change in Employment Status	-.30**	-.46***	-.40***	-.41***	-.46***	-.22*	-.28**	-.16	-.02	-.24**	-.08	-.26**	-.42***	-.35***	-.42***
Unemployment time	-.00	.05	.09	-.07	.12	.02	.03	.22	.01	.05	-.08	-.01	-.01	-.02	-.09
Income level	.04	.01	-.06	.18	-.08	-.00	-.09	-.13	-.19*	.03	.17	-.06	-.12	-.15	-.03
Time spent in Turkey	.00	.01	-.02	-.02	.05	.02	-.04	.13	.05	.06	-.04	.08	.03	-.03	-.09
Previous stay in Turkey	.07	.06	-.00	.15	.00	.03	-.05	-.01	-.05	-.07	.12	.07	-.06	-.05	-.04
Number of Households	-.10	-.13	-.13	-.07	-.13	-.08	-.09	.03	-.08	-.09	-.07	-.08	-.08	-.05	-.13
Household types	-.49***	-.41***	-.34***	-.33***	-.38***	-.48***	-.43***	-.22*	-.01	-.44***	-.44***	-.32***	-.37***	-.40***	-.45***
Turkish Proficiency	-.09	-.08	-.12	.11	-.18	-.08	-.06	-.06	-.09	-.04	-.15	-.15	-.15	-.13	-.06
Considering return	.30***	.31***	.36***	.14	.30***	.29**	.28**	.22*	.14	.23*	.17	.29**	.36***	.35***	.34***
Planning to return	.16	.06	.11	-.05	.07	.19*	.09	.14	-.04	.12	.15	.19*	.12	.12	.21*
People previously known	-.13	-.18	-.09	-.22*	-.16	-.13	-.15	-.30***	.02	.00	.01	-.12	-.13	-.13	-.17
Making Friendship	-.35***	-.33***	-.19*	-.35***	-.28**	-.32***	-.32***	-.13	-.17	-.23*	-.23*	-.35***	-.35***	-.39***	-.29**
Social support from ethnicity	-.13	-.03	.11	-.15	.03	-.15	-.05	-.05	-.07	-.01	-.14	-.13	.01	-.09	-.07
Social support from host society	-.51***	-.50***	-.43***	-.43***	-.45***	-.47***	-.47***	-.21*	-.25**	-.40***	-.42***	-.41***	-.58***	-.57***	-.45***
Family members left behind	-.05	-.06	-.01	-.05	-.12	-.06	-.13	-.08	-.11	-.06	-.01	-.02	-.07	-.11	.04
Communication with members left behind	.06	.13	.07	.18	.06	.04	-.01	.16	.01	-.04	-.10	.12	-.00	.00	.05
Family members left behind in danger	-.01	.09	-.01	.09	.16	-.06	.08	-.24*	.02	.06	-.03	-.04	.17	.12	.15
Nuclear family member fighting	.00	.05	.05	.01	.08	.00	-.06	.04	-.02	.09	-.04	-.05	.01	-.02	.09
Dead/lost nuclear family member	.40***	.35***	.34***	.24*	.38***	.40***	.33***	.21*	.07	.43***	.33***	.34***	.41***	.47***	.24*

* $p < .05$, ** $p < .01$, *** $p < .001$.

Note 1. HTQ-IV = Harvard Trauma Questionnaire Part IV-Trauma Symptoms, PTSD = Post-Traumatic Stress Disorder, RE = Re-experiencing Traumatic Events, AN = Avoidance and Numbing, PA = Psychological Arousal, FUNCT = Self-Perception of Psychosocial Functioning, ST = Skills and Talents, PI = Physical Impairments, IF = Intellectual Functioning, EF = Emotional Functioning, SR = Social Relationships, SC = Spiritual and Existential Concerns, HSCL-25 = Hopkins Symptom Checklist, DEP = Depression, ANX = Anxiety.

Note 2. The correlation coefficients that are equal to or higher than .20 were printed in bold.

Table 2.16 Pearson's Correlations between Pre- and Post-Migration Factors

Variables	HTQ-I	HRA	CSU	PI	FSL
PMLD	-.01	-.02	.02	.02	.09
AHC	-.19	-.11	-.11	-.10	-.04
WFD	.06	.08	.11	.09	.02
WFF	-.07	-.02	.12	-.12	.03
RD	.22*	.06	.03	.23*	.17
LCS	-.03	-.11	-.19*	.00	.16

* $p < .05$.

Note 1. HTQ-I = Harvard Trauma Questionnaire Part I-Trauma Events, HRA = Detention and Human Right Abuses, CSU = Exposure to Conflict and Social Upheaval, PI = Physical Injury, FSL = Forced Separation and Loss of Loved Ones, PMLD = Post-Migration Living Difficulties, AHC = Difficulties Accessing to Health Care, WFD = Welfare and Financial Difficulties, WFF = Worries about Family and Future, RD = Residential Difficulties, LCS = Loss of Culture and Support.

Note 2. The correlation coefficients that are equal to or higher than .20 were printed in bold.

Table 2.17 Pearson's Correlations between Pre- and Post-Migration Factors and Mental Health Outcomes

Variables	HTQ-I	HRA	CSU	PI	FSL	PMLD	AHC	WFD	WFF	RD	LCS
HTQ-IV	-.06	-.11	-.09	-.07	.23*	.41***	.08	.18	.32***	.15	.57***
PTSD	-.06	-.11	.00	-.11	.16	.36***	.07	.11	.38***	.11	.47***
RE	.12	.01	.15	.01	.26**	.19*	-.08	-.04	.37***	.04	.27**
AN	-.22*	-.17	-.14	-.22*	.01	.33***	.17	.11	.25**	.11	.46***
PA	-.06	-.13	.03	-.08	.18	.38***	.10	.17	.37***	.14	.41***
FUNCT	-.06	.09	-.11	-.07	.21*	.40***	.08	.21*	.27**	.15	.55***
ST	-.10	-.13	-.07	-.21*	.19	.40***	.17	.20*	.32***	.09	.49***
PI	-.05	-.04	-.05	-.04	.00	.15	.08	.11	.02	.12	.17
IF	.06	.10	.07	-.02	.07	.35***	.22*	.29**	.18	.11	.30**
EF	-.02	-.00	.02	-.02	.20*	.31***	-.04	.15	.29**	.07	.43***
SR	-.02	-.06	-.13	-.04	.25**	.25**	-.04	.05	.17	.14	.48***
SC	-.04	-.13	-.06	.00	.23*	.45***	.13	.26**	.33***	.17	.52***
HSCL-25	-.06	-.10	.01	-.12	.21*	.43***	.06	.17	.47***	.21*	.44***
DEP	-.08	-.14	-.09	-.11	.25**	.52***	.14	.27**	.41***	.26**	.58***
ANX	-.15	-.16	-.06	-.18	.05	.31***	.03	.06	.46***	.09	.32***

* $p < .05$, ** $p < .01$, *** $p < .001$.

Note 1. HTQ-I = Harvard Trauma Questionnaire Part I-Trauma Events, HRA = Detention and Human Right Abuses, CSU = Exposure to Conflict and Social Upheaval, PI = Physical Injury, FSL = Forced Separation and Loss of Loved Ones, PMLD = Post-Migration Living Difficulties, AHC = Difficulties Accessing to Health Care, WFD = Welfare and Financial Difficulties, WFF = Worries about Family and Future, RD = Residential Difficulties, LCS = Loss of Culture and Support, HTQ-IV = Harvard Trauma Questionnaire Part IV-Trauma Symptoms, PTSD = Post-Traumatic Stress Disorder, RE = Re-experiencing Traumatic Events, AN = Avoidance and Numbing, PA = Psychological Arousal, FUNCT = Self-Perception of Psychosocial Functioning, ST = Skills and Talents, PI = Physical Impairments, IF = Intellectual Functioning, EF = Emotional Functioning, SR = Social Relationships, SC = Spiritual and Existential Concerns, HSCL-25 = Hopkins Symptom Checklist, DEP = Depression, ANX = Anxiety.

Note 2. The correlation coefficients that are equal to or higher than .20 were printed in bold.

2.2.4 Pre-Migration Traumatic Events

Participants reported exposure to a high number of traumatic events as measured by the HTQR-I, with experience of 9 of the 36 traumatic events being reported by over half of the participants (see Table 2.18). As can be followed from Table 2.18, directly experienced the most common traumatic events reported by over half of the participants included combat situation ($\underline{n} = 108, 97.3\%$), forced evacuation under dangerous conditions ($\underline{n} = 104, 93.7\%$), forced separation from family members ($\underline{n} = 103, 92.8\%$), and forced to hide ($\underline{n} = 101, 91\%$). This revealed that participants mostly experienced the events belonging to the ‘Exposure to Conflict and Social Upheaval’ component. The most frequently witnessed events consisted of serious physical injury from combat situation or landmine ($\underline{n} = 93, 83.8\%$), beating to the body ($\underline{n} = 67, 60.4\%$) and imprisonment ($\underline{n} = 63, 56.8\%$). Over half of the participants reported that they heard 18 of the 36 traumatic events. Some examples of mostly heard events were disappearance or kidnapping of child ($\underline{n} = 108, 97.3\%$), rape ($\underline{n} = 105, 94.6\%$) and disappearance or kidnapping of spouse ($\underline{n} = 101, 91\%$). Of those 36, the mean number of traumatic events directly experienced was 8.43 ($\underline{SD} = 2.61, \text{range} = 1 - 18$). Moreover, the average level of exposure of trauma events was 1.52 ($\underline{SD} = .24, \text{range} = .97 - 2.12$).

Table 2.18 Traumatic Events Reported by Over Half of the Participants

Traumatic Events	\underline{n}	%
Combat situation (e.g. shelling and grenade attacks)	108	97.3
Forced evacuation under dangerous conditions	104	93.7
Forced separation from family members	103	92.8
Forced to hide	101	91
Confiscation or destruction of personal property	83	74.8
Lack of food or water	78	70.3
Lack of shelter	68	61.3
Serious physical injury of family member or friend due to combat situation or landmine	65	58.6
Murder, or death due to violence, of other family member or friend	58	52.3

2.2.5 Post-migration Living Difficulties

Of the 32 post-migration problems investigated via the Post-Migration Living Difficulties Questionnaire, six were reported as being ‘serious’ or ‘very serious’ by more than 50% of the participants, with the most frequently reported problems reflecting ‘Worries about Family and Future’ component, such as worries about the

family at home ($n = 105, 94.6\%$) and separation from family ($n = 98, 88.3\%$) (see Table 2.19). Following worries about family and future, the problem groups of ‘Financial difficulties’ and ‘Loss of culture and support’ had the highest mean scores (for the descriptive information of the components, see the Section 2.2.2). When the data were examined more closely, it could be observed that none of the participants claimed that conflict with immigration officials and difficulty in accessing to basic food items caused serious concerns. Furthermore, all the participants stated that they had no fears of being sent home at all (Item # 3) (for the detailed information, see the Section 2.2.1.2.1).

Table 2.19 Post-Migration Living Difficulties Reported as Serious or Very Serious by Over Half of the Participants

Post-Migration Living Difficulties	n	%
Worries about the family at home	105	94.6
Separation from family	98	88.3
Uncertainty about the time of return to home	97	87.4
Being far away from the home	96	86.5
Uncertainty about the future	95	85.5
Unable to return home in emergency	88	79.3

2.2.6 Mental Health Outcomes

37 participants (33.3%) met caseness for PTSD and 42 participants (37.8%) reached caseness for major depressive disorder using the respective cut-offs from the HTQR-IV and HSCL-25 suggested by Mollica et al., 2004.

For the total scales, 16 respondents (14.4%) scored above the cut-off for trauma symptoms (HTQR-IV) and 54 respondents (48.6%) scored above the cut-off for the emotional distress (HSCL-25).

2.2.7 Relationship between Pre-Migration Demographic Factors and Pre-Migration Traumatic Events

In order to find out whether there were group differences in general demographic variables with respect to pre-migration traumatic events, a series of independent samples t-tests and one-way analyses of variance were performed (see Table 2.21 and Table 2.22). Prior to the analyses (i.e., t-tests, ANOVAs, MANOVAs), continuous variables (i.e., age) were recoded as categorical variables through tertiary

split. Besides, to avoid small cell numbers, a number of variables that included more than two categories (i.e., marital status, education level, occupation level at home) were collapsed into two or three categories (for descriptive information regarding the categories, see Table 2.20). When merging the occupation level groups, four students and one retired participant were treated as missing variables.

Table 2.20 Descriptive Information of the Variable Categories

Variable	Categories	N	Mean	SD	Range
Age	Young	36	25.06	3.90	16 - 30
	Middle	38	36.39	3.20	31 - 41
	Old	37	51.11	7.40	42 - 73
Marital status	Unmarried	24			
	Married	87			
Education level	Primary & less	46			
	Secondary	32			
	High school & more	33			
Occupation level	Unemployed	39			
	Lower level skilled	49			
	Higher level skilled & more	18			

Results suggested that in terms of the general demographic characteristics, a significant gender difference was found on the HTQR-I, [$t(109) = -3.72, p \leq .001$] showing that male participants ($M = 1.61$) had been exposed to more traumatic events than female participants ($M = 1.45$).

Table 2.21 Summary of T-Test Results for Pre-Migration Demographic Characteristics on the HTQR-I

IV	Groups	HTQR-I	$t(109)$
Gender	Female	1.45	-3.72*
	Male	1.61	
Ethnicity	Syrian-Arab	1.54	1.67
	Syrian-Turkmen	1.44	
Marital Status	Unmarried	1.52	0.01
	Married	1.52	

* $p < .001$

Note 1. HTQR-I = Harvard Trauma Questionnaire Part I-Trauma Events

Note 2. For all t scores, $df = 109$.

ANOVAs results revealed that different age groups reported significant differences on HTQR-I, $F(2, 108) = 3.41, p < .05$. Accordingly, middle aged participants ($M = 1.58$) had been exposed to more traumatic events prior to migration as compared to young participants ($M = 1.44$) whereas old aged participants ($M = 1.54$) did not reveal any significant difference from young and middle aged participants. Regarding the occupation levels at home, a significant difference was found on HTQR-I, [$F(2, 103) = 5.75, p < .01$] indicating that participants with skilled or higher occupations ($M = 1.66$) had been exposed to more traumatic events than unemployed participants ($M = 1.44$) while participants with unskilled occupations ($M = 1.54$) did not significantly differ from the others.

Table 2.22 Results of ANOVAs for Pre-Migration Demographic Characteristics on the HTQR-I

IV	Groups	HTQR-I	F (2, 108)
Age			3.41*
	Young	1.44_a	
	Middle	1.58_b	
	Old	1.54_{ab}	
Education Level			2.56
	Primary or less	1.47	
	Secondary	1.54	
	High or more	1.59	
Occupation Level at home			F (2, 103)
	Unemployed	1.44_a	5.75**
	Unskilled	1.54_{ab}	
	Skilled or higher	1.66_b	

* $p < .05$, ** $p < .001$

Note 1. HTQR-I = Harvard Trauma Questionnaire Part I-Trauma Events

Note 2. The mean scores that do not share a same subscript on the same column are significantly different from each other.

To examine the group differences in terms of the pre-migration demographic characteristics on the categories of pre-migration traumatic events, a series of MANOVAs were conducted where the factors of HTQR-I (i.e., detention/human right abuses, exposure to conflict and social upheaval, physical injury, forced separation /loss of loved ones) served as dependent variables (see Table 2.22). Results suggested that there was a significant group main effect in terms of gender on the factors of HTQR-I, [Multivariate $F(4, 106) = 6.46, p < .001, \eta^2 = .20$, Wilks' Lambda = .80.] Accordingly, when the univariate analyses with Bonferroni correction ($p = .05 / 4 = .013$) were examined, a significant result was obtained for

Human Right Abuses, [$F(1, 109) = 11.15, p < .013, \eta^2 = .09$], indicating that male participants ($M = 1.09$) had been exposed to more human right abuses and detention than female participants ($M = .88$). Univariate results further revealed a significant difference with respect to physical injury, [$F(1, 109) = 20.86, p < .013, \eta^2 = .16$], showing that male participants ($M = 1.84$) had higher levels of exposure of physical injury than female participants ($M = 1.55$). A significant main effect was also observed for the occupation level at home, [Multivariate $F(8, 200) = 3.06, p < .01, \eta^2 = .11, \text{Wilks' Lambda} = .79$]. The univariate analyses revealed a significant result for Human Right Abuses, [$F(2, 103) = 6.88, p < .013, \eta^2 = .12$]. According to the post-hoc analyses, participants having skilled or higher occupation levels at home ($M = 1.20$) had been exposed to more human right abuses compared to unemployed participants ($M = .85$) whereas those having unskilled occupation level ($M = 1.00$) did not differ from other participants. Univariate analyses also yielded a significant result for physical injury, [$F(2, 103) = 4.66, p < .013, \eta^2 = .08$]. That is, participants with skilled or higher occupation level ($M = 1.83$) had been exposed to more physical injury in comparison to unemployed participants ($M = 1.55$) though those with unskilled occupation level ($M = 1.72$) did not differ from other participants. Table 2.23 displays the results of MANOVAs on HTQR-I factors.

Table 2.23 Results of MANOVAs for Pre-Migration Demographic Characteristics on HTQR-I Factors

IV	Groups	HRA	CSU	PI	FSL	Multivariate df	Multivariate F	Univariate df	Univariate F	η^2	Wilks' Lambda
Gender	Female	.88	2.52	1.55	1.65	4, 106	6.46***	1, 109	11.15 for HRA, 20.86 for PI	.20	.80
	Male	1.09	2.50	1.84	1.73						
Age	Young	.86	2.38	1.60	1.65	8, 210	1.86			.07	.87
	Middle	1.04	2.67	1.73	1.75						
	Old	1.02	2.47	1.69	1.66						
Ethnicity	Syrian-Arab	.99	2.54	1.71	1.69	4, 106	1.95			.07	.93
	Syrian-Turkmen	.88	2.36	1.51	1.67						
Marital Status	Unmarried	.93	2.48	1.58	1.76	4, 106	1.25			.05	.96
	Married	.98	2.52	1.70	1.67						
Education Level	Primary or less	.86	2.55	1.65	1.67	8, 210	1.55			.06	.89
	Secondary	1.04	2.47	1.69	1.65						
	High or more	1.06	2.49	1.70	1.75						
Occupation Level at home	Unemployed	.85_a	2.60	1.55_a	1.68	8, 200	3.06**	2, 103	6.88 for HRA, 4.66 for PI	.11	.79
	Unskilled	1.00_{ab}	2.46	1.72_{ab}	1.68						
	Skilled or higher	1.20_b	2.44	1.83_b	1.75						

** $p < .01$, *** $p < .001$

Note 1. HRA = Detention and Human Right Abuses, CSU = Exposure to Conflict and Social Upheaval, PI = Physical Injury, FSL = Forced Separation and Loss of Loved Ones.

Note 2. The mean scores that do not share the same subscript on the same column for each scale are significantly different from each other.

2.2.8 Relationship between Pre-Migration Demographic Factors and Post-Migration Factors

In order to investigate the group differences in general demographic variables in terms of post-migration factors, independent samples t-tests and one-way analyses of variance were conducted (see Table 2.24 and Table 2.25). Concerning gender, a significant result was obtained for PMLD Total score, [$t(109) = 2.24, p < .05$] yielding that female participants ($M = 2.15$) reported more post-migration stress than male participants ($M = 1.96$). A significant result was found on the “planning to return” for gender, $t(109) = -2.01, p < .05$. Accordingly, male participants ($M = 2.10$) stated more that they made plans about the return than female participants ($M = 1.69$). A significant gender difference was obtained on the “social support from host community”, [$t(109) = -4.56, p \leq .001$] yielding that male participants ($M = 3.49$) received more social support from Turkish people than female participants ($M = 2.65$).

Regarding the ethnicity, a significant result was found on the PMLD, $t(109) = 2.82, p < .01$. Accordingly, Syrian Arab participants ($M = 2.12$) stated more post-migration stress than Syrian Turkmen participants ($M = 1.82$). A significant ethnicity difference was also found on the “considering return”, [$t(109) = 3.20, p < .01$] showing that Syrian Arab participants ($M = 4.09$) considered returning to Syria more than Syrian Turkmen participants ($M = 3.15$).

A significant marital status difference was found on the PMLD, [$t(109) = 2.73, p < .01$] revealing that unmarried participants ($M = 2.28$) reported more post-migration stress than married participants ($M = 2.01$). A significant marital status difference was also found on the “considering return”, [$t(109) = 2.27, p < .05$] showing that unmarried participants ($M = 4.42$) thought more about the return to Syria than married participants ($M = 3.78$). Lastly, a significant finding was found on the levels of perceived social support from ethnicity and host community for marital status, [$t(109) = -1.99, p < .05, t(109) = -2.33, p < .05$, respectively] suggesting that married participants ($M = 3.07, M = 3.14$, respectively) reported more that they received social support from their ethnicity and Turkish people than unmarried participants ($M = 2.54, M = 2.58$, respectively).

Table 2.24 Summary of T-Test Results for Pre-Migration Demographic Characteristics on Post-Migration Factors

DVs	Gender		Ethnicity			Marital Status			
	Female	Male	t (109)	Arab	Turkmen	t (109)	Married	Unmarried	t (109)
PMLD	2.15	1.96	2.24*	2.12	1.82	2.82**	2.01	2.28	2.73**
Considering return	4.05	3.76	1.24	4.09	3.15	3.20**	3.78	4.42	2.27*
Planning to return	1.69	2.10	-2.01*	1.95	1.55	1.49	1.82	2.08	1.07
SS from ethnicity	2.87	3.06	-.86	3.03	2.60	1.52	3.07	2.54	-1.99*
SS from host com.	2.65	3.49	-4.56***	2.96	3.30	-1.33	3.14	2.58	-2.33*

*p < .05, **p < .01, ***p ≤ .001

Note 1. PMLD = Post-Migration Stress, SS = Social Support

Note 2. For all t scores, df = 109.

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Table 2.25 Summary of ANOVAs for Pre-Migration Demographic Characteristics on Post-Migration Factors

DVs	Age			Education level			Occupation Level					
	Young	Middle	Old	F (2, 108)	Primary School or less	Secondary School	High school or more	F (2, 108)	Unemployed	Unskilled	Skilled or higher	F (2, 103)
PMLD	2.23_a	2.13_a	1.83_b	9.32***	1.96_a	2.00_a	2.28_b	6.04**	2.16	1.98	2.01	2.10
Cons. Return	4.31	3.79	3.68	2.77	3.59_a	3.94_{ab}	4.36_b	4.00*	4.03	3.71	4.17	1.16
Plan. Return	2.00	1.92	1.70	.74	1.52_a	2.16_b	2.09_{ab}	4.47*	1.77	1.90	2.17	.82
SS-ethnicity	2.69	2.84	3.32	3.06	3.20	3.00	2.58	2.86	3.03	2.90	2.94	.13
SS-host	2.64_a	3.03_{ab}	3.38_b	4.81**	3.04	3.09	2.91	.27	2.56_a	3.20_b	3.56_b	7.69***

*p < .05, **p ≤ .01, ***p ≤ .001

Note 1. PMLD = Post-Migration Stress, Cons. Return = Considering Return, Plan. Return = Planning to Return, SS-ethnicity = Social Support from Ethnicity, SS-host = Social Support from Host Community

Note 2. The mean scores that do not share a same subscript on the same raw are significantly different from each other.

ANOVA results showed that in terms of age groups, a significant finding was obtained on PMLD, [$F(2, 108) = 9.32, p \leq .001$] indicating that young ($M = 2.23$) and middle aged participants ($M = 2.13$) stated more post-migration stress than old aged participants ($M = 1.83$). Lastly, where the social support from host community was the dependent variable, a significant difference was found for the age groups, $F(2, 108) = 4.81, p \leq .01$. Accordingly, old aged participants ($M = 3.38$) reported more that they received social support from Turkish people than young participants ($M = 2.64$) while middle aged participants ($M = 3.03$) did not reveal any significant difference from young and old aged participants.

Further findings revealed that participants with different education levels reported significant differences on PMLD, $F(2, 108) = 6.04, p < .01$. Accordingly, participants who completed high school or more ($M = 2.28$) had more post-migration stress compared to participants who completed secondary school ($M = 2.00$) and primary school or less ($M = 1.96$). A significant difference was also found on “considering return” for different education backgrounds, [$F(2, 108) = 4.00, p < .05$] suggesting that participants with a high school degree or more ($M = 4.36$) considered more returning to Syria in comparison to participants with a primary school degree or less ($M = 3.59$) while participants with a secondary school degree ($M = 3.94$) did not differ significantly from participants with other education levels. Moreover, a significant result was observed on “planning to return” for different education backgrounds, $F(2, 108) = 4.47, p < .05$. Accordingly, participants with a secondary school degree ($M = 2.16$) had plans about the return more than participants with a primary school degree or less ($M = 1.52$) whereas participants with a high school degree or more ($M = 2.09$) did not reveal any significant difference from participants with other education levels.

Moreover, for occupation levels at home, a significant finding was obtained on social support from host society, $F(2, 103) = 7.69, p < .001$. Accordingly, unemployed participants ($M = 2.56$) had less social support from host society than those with unskilled occupations ($M = 3.20$) and those with skilled or higher occupations ($M = 3.56$). A significant difference was also found on “considering return” for occupation level groups, $F(2, 108) = 3.40, p < .05$. Accordingly, participants with skilled or higher occupations ($M = 4.21$) considered returning to home more than those with unskilled occupations ($M = 3.47$) while unemployed participants ($M = 4.03$) did not

differ significantly from those with other occupation levels. Lastly, occupation level groups differed significantly on the perceived levels of social support from host community, $F(2, 108) = 6.78, p < .01$. Accordingly, participants with skilled or higher occupations ($M = 3.33$) and those with unskilled occupations ($M = 3.26$) reported more that they received social support from host community in comparison to unemployed participants ($M = 2.56$).

Results were provided in Table 2.25.

A series of MANOVAs were performed in order to find out whether there were group differences regarding pre-migration demographic characteristics on PMLD factors consisting of difficulties accessing to health care, welfare and financial difficulties, worries about family and future, residency determination, loss of culture and support which served as the dependent variables (see Table 2.26). Results revealed that there was a significant gender main effect, [Multivariate $F(5, 105) = 5.87, p < .001, \eta^2 = .22, \text{Wilks' Lambda} = .78$]. When the univariate analyses with Bonferroni correction ($p = .05 / 5 = .01$) were examined, a significant result was obtained on worries about family and future, [$F(1, 109) = 18.03, p < .01, \eta^2 = .14$] indicating that female participants ($M = 4.58$) had more worries about their families and future than male participants ($M = 3.93$).

MANOVA analyses provided a significant age main effect, [Multivariate $F(10, 208) = 4.37, p < .001, \eta^2 = .17, \text{Wilks' Lambda} = .68$]. Univariate analyses revealed a significant difference on welfare and financial difficulties [$F(2, 108) = 6.19, p < .01, \eta^2 = .10$], suggesting that middle aged participants ($M = 2.07$) had more welfare and financial difficulties compared to old aged participants ($M = 1.54$) whereas young age group ($M = 1.89$) did not significantly differ from other age groups. Univariate analyses further yielded significant differences on worries about family and future, [$F(2, 108) = 6.46, p < .01, \eta^2 = .11$], and on loss of culture and support, [$F(2, 108) = 9.33, p < .01, \eta^2 = .15$]. Post-hoc analyses suggested that young participants ($M = 4.64, M = 2.00$, respectively) reported more worries about their families and future and loss of their culture and support in comparison to old participants ($M = 3.95, M = 1.33$, respectively) while middle age group ($M = 4.29, M = 1.64$, respectively) did not provide any significant difference from other age groups.

Moreover, in terms of ethnicity, a significant main effect was found, [Multivariate $F(5, 105) = 2.81, p < .05, \eta^2 = .12, \text{Wilks' Lambda} = .88$]. Accordingly, significant differences were found on welfare and financial difficulties, [$F(1, 109) = 6.23, p \leq .01, \eta^2 = .05$], and worries about family and future, [$F(1, 109) = 6.75, p \leq .01, \eta^2 = .06$]. That is, Syrian-Arab participants ($M = 1.91, M = 4.39$, respectively) reported more problems related to welfare and financial difficulties and had more worries about family and future than Syrian-Turkmen participants ($M = 1.49, M = 3.85$, respectively).

Concerning marital status, a significant main effect was obtained on PMLD factors, [Multivariate $F(5, 105) = 2.97, p < .05, \eta^2 = .12, \text{Wilks' Lambda} = .88$]. Univariate analyses revealed a significant result only on loss of culture and support, [$F(1, 109) = 12.60, p < .01, \eta^2 = .10$] indicating that unmarried participants ($M = 2.08$) stated higher levels of culture and support loss than married participants ($M = 1.53$).

Regarding education level, a significant main effect was obtained, [Multivariate $F(10, 208) = 2.43, p < .01, \eta^2 = .11, \text{Wilks' Lambda} = .80$]. Accordingly, a significant difference was found on welfare and financial difficulties, [$F(2, 108) = 6.36, p < .01, \eta^2 = .11$] suggesting that participants completing high school or more ($M = 2.18$) reported more welfare and financial difficulties than those completing secondary school ($M = 1.65$) and those completing primary school and less ($M = 1.72$). Univariate results further showed a significant difference on loss of culture and support, [$F(2, 108) = 6.35, p < .01, \eta^2 = .11$] indicating that participants completing high school or more ($M = 1.98$) stated more loss of culture and support than those completing primary school and less ($M = 1.44$) whereas those completing secondary school ($M = 1.61$) did not significantly differ from participants having other education levels.

Furthermore, MANOVA analyses resulted that there was a significant main effect for occupation level at home, [Multivariate $F(10, 198) = 2.59, p < .01, \eta^2 = .12, \text{Wilks' Lambda} = .78$]. Univariate analyses showed that there was a significant difference only on welfare and financial difficulties, [$F(2, 103) = 8.89, p < .01, \eta^2 = .15$] indicating that unemployed participants in Syria ($M = 4.70$) reported more welfare and financial difficulties compared to participants with unskilled occupations ($M = 3.97$) and participants having skilled or higher occupations in Syria ($M = 4.18$).

Table 2.26 Results of MANOVAs for Pre-Migration Demographic Characteristics on PMLD Factors

IV	Groups	AHC	WFD	WFF	RD	LCS	Multivariate df	Multivariate F	Univariate df	Univariate F	η^2	Wilks' Lambda
Gender	Female	1.31	1.86	4.58	1.32	1.72	5, 105	5.87***	1, 109	18.03 for WFF	.22	.78
	Male	1.10	1.80	3.93	1.43	1.56						
Age	Young	1.36	1.89_{ab}	4.64_a	1.36	2.00_a	10, 208	4.37***	2, 108	6.19 for WFD, 6.46 for WFF, 9.33 for LCS	.17	.68
	Middle	1.22	2.07_a	4.29_{ab}	1.39	1.64_{ab}						
	Old	1.09	1.54_b	3.95_b	1.35	1.33_b						
Ethnicity	Syrian-Arab	1.23	1.91	4.39	1.41	1.68	5, 105	2.81*	1, 109	6.23* for WFD, 6.75* for WFF	.12	.88
	Syrian-Turkmen	1.16	1.49	3.85	1.17	1.53						
Marital Status	Unmarried	1.25	1.99	4.56	1.58	2.08	5, 105	2.97*	1, 109	12.60 for LCS	.12	.88
	Married	1.21	1.79	4.22	1.31	1.53						
Education Level	Primary or less	1.23	1.72_a	4.09	1.40	1.44_a	10, 208	2.43**	2, 108	6.36 for WFD, 6.35 for LCS	.11	.80
	Secondary	1.16	1.65_a	4.37	1.28	1.61_{ab}						
	High or more	1.26	2.18_b	4.51	1.41	1.98_b						
Occupation Level At Home	Unemployed	1.29	1.88	4.70_a	1.28	1.70	10, 198	2.59**	2, 103	8.89 for WFF	.12	.78
	Unskilled	1.25	1.76	3.97_b	1.44	1.53						
	Skilled and higher	1.03	1.85	4.18_b	1.36	1.59						

* $p < .05$, ** $p < .01$, *** $p \leq .001$

Note 1. AHC = Difficulties in Accessing to Health Care, WFD = Welfare and Financial Difficulties, WFF = Worries about Family and Future, RD = Residency Determination, LCS = Loss of Culture and Support.

Note 2. The mean scores that do not share the same subscript on the same column for each scale are significantly different from each other.

2.2.9 Relationship between Pre-Migration Demographic Factors and Mental Health Outcomes

In order to examine whether there were group differences in general demographic variables with respect to mental health outcomes (i.e., post-traumatic stress, self-perception of psychosocial functioning, anxiety and depression), a number of independent samples t-tests and one-way analyses of variance were performed (see Table 2.27 and Table 2.28).

According to the t-test results, a significant gender difference was found on the HTQ-IV, [$t(109) = 4.01, p \leq .001$] indicating that female participants ($M = 1.69$) had higher levels of post-traumatic stress than male participants ($M = 1.45$). Concerning gender, a significant result was obtained on PTSD, $t(109) = 7.62, p \leq .001$. Accordingly, female participants ($M = 2.08$) had higher scores of PTSD than male participants ($M = 1.56$). A significant result was obtained on the perception of functioning for gender, $t(109) = 2.60, p < .05$. Accordingly, female participants ($M = 1.53$) had more deterioration of perceived functioning than male participants ($M = 1.38$). A significant gender difference was obtained on the HSCL-25 Total score, [$t(109) = 4.99, p \leq .001$] showing that female participants ($M = 1.96$) reported more emotional distress than male participants ($M = 1.56$). A significant gender difference was also found on the anxiety and depression scores, [$t(109) = 5.97, p \leq .001, t(109) = 4.37, p \leq .001$, respectively] revealing that female participants had more anxiety and depression symptoms ($M = 1.82, M = 1.87$, respectively) than male participants ($M = 1.39, M = 1.50$, respectively).

Concerning marital status, a significant result was obtained on the HTQ-IV, $t(109) = 2.77, p < .01$. Accordingly, unmarried participants ($M = 1.75$) had higher levels of trauma symptoms than married participants ($M = 1.54$). Moreover, a significant marital status difference was found on the PTSD [$t(109) = 2.67, p < .01$] showing that unmarried participants ($M = 2.05$) had higher levels of PTSD score than married participants ($M = 1.79$). In terms of the marital status, a significant result was obtained on the perceived functioning, $t(109) = 2.59, p < .05$. Accordingly, unmarried participants ($M = 1.60$) perceived more deterioration in their psychosocial functioning than married participants ($M = 1.42$). A significant finding was also obtained in HSCL-25 Total Score for marital status, [$t(109) = 2.84, p < .01$] showing

that unmarried participants ($\underline{M} = 2.01$) had more emotional distress than married participants ($\underline{M} = 1.72$). A significant finding was obtained in anxiety and depression levels for married and unmarried participants, [$t(109) = 2.24, p < .05, t(109) = 3.38, p \leq .001$, respectively] suggesting that unmarried participants ($\underline{M} = 1.80, \underline{M} = 1.58$, respectively) had more symptoms of anxiety and depression than married participants ($\underline{M} = 1.99, \underline{M} = 1.63$, respectively).

Results were summarized in Table 2.27.

As can be followed from Table 2.28, ANOVA results yielded that in terms of age groups, a significant difference was found on HTQ-IV, [$F(2, 108) = 10.42, p \leq .001$] suggesting that young ($\underline{M} = 1.75$) and middle aged participants ($\underline{M} = 1.59$) reported more trauma symptoms than old aged participants ($\underline{M} = 1.41$). A significant difference was also obtained on the levels of PTSD score for age groups, [$F(2, 108) = 10.49, p \leq .001$] revealing that young participants ($\underline{M} = 2.07$) had higher levels of PTSD score than old aged participants ($\underline{M} = 1.64$) while middle aged participants ($\underline{M} = 1.85$) did not significantly differ from other age groups. For age groups, a significant result was found on the perceived functioning score, $F(2, 108) = 7.38, p \leq .001$. Accordingly, young participants ($\underline{M} = 1.59$) perceived more deterioration in their psychosocial functioning in comparison to old aged participants ($\underline{M} = 1.33$) while middle aged participants ($\underline{M} = 1.46$) did not significantly differ from other age groups. A significant finding was obtained on HSCL-25 score for different age groups, [$F(2, 108) = 8.49, p \leq .001$] yielding that young participants ($\underline{M} = 2.00$) had more emotional distress than old aged participants ($\underline{M} = 1.58$) while middle aged participants ($\underline{M} = 1.78$) did not reveal any significant difference from other age groups. A significant difference was found on anxiety score for age groups, $F(2, 108) = 13.24, p \leq .001$. Accordingly, young participants ($\underline{M} = 1.87$) reported more anxiety symptoms compared to middle ($\underline{M} = 1.60$) and old aged participants ($\underline{M} = 1.41$) while middle and old aged participants did not reveal any significant difference from each other. For different ages, a significant result was observed on the depression levels, [$F(2, 108) = 8.78, p \leq .001$] showing that young participants ($\underline{M} = 1.94$) had higher levels of depression than old aged participants ($\underline{M} = 1.50$) whereas middle aged participants ($\underline{M} = 1.70$) did not significantly differ from other age groups.

Regarding the occupation levels at home, a significant finding was obtained on HTQ-IV, [$F(2, 103) = 5.47, p < .01$] showing that unemployed participants ($M = 1.71$) reported more trauma symptoms than participants with skilled or higher occupations ($M = 1.46$) while participants with unskilled occupations ($M = 1.52$) did not differ significantly from participants with other occupational levels. Furthermore, a significant result was found on PTSD score, [$F(2, 103) = 16.68, p < .001$] showing that unemployed participants ($M = 2.12$) had higher levels of PTSD score in comparison to participants with unskilled occupations ($M = 1.70$) and those with skilled or higher occupations ($M = 1.65$). Besides, a significant difference was found on HSCL-25, [$F(2, 103) = 11.42, p < .001$] yielding that unemployed participants ($M = 2.03$) had more emotional distress than those with unskilled occupations ($M = 1.63$) and those with skilled or higher occupations ($M = 1.63$). For the occupation levels, a significant result was found on the anxiety and depression scores, [$F(2, 103) = 11.74, p < .001, F(2, 103) = 8.59, p < .001$, respectively] revealing that unemployed participants ($M = 1.87, M = 1.93$, respectively) reported symptoms of anxiety and depression more than those with unskilled occupations ($M = 1.46, M = 1.58$, respectively) and those with skilled or higher occupations ($M = 1.55, M = 1.54$, respectively).

Table 2.27 Summary of T-Test Results for Pre-Migration Demographic Characteristics on Mental Health Outcomes

DV	Gender		Ethnicity			Marital Status			
	female	Male	t	Arab	Turkmen	t	Married	Unmarried	t
HTQ-IV	1.69	1.45	4.01***	1.60	1.52	0.89	1.54	1.75	2.77**
PTSD	2.08	1.56	7.62***	1.86	1.78	0.77	1.79	2.05	2.67**
FUNCT	1.53	1.38	2.60*	1.47	1.41	0.82	1.42	1.60	2.59*
HSCL-25	1.96	1.56	4.99***	1.81	1.65	1.42	1.72	2.01	2.84**
ANX	1.82	1.39	5.97***	1.64	1.58	0.57	1.58	1.80	2.24*
DEP	1.87	1.50	4.37***	1.74	1.58	1.28	1.63	1.99	3.38***

* $p < .05$, ** $p < .01$, *** $p \leq .001$

Note 1. HTQ-IV = Post-traumatic Symptoms Total Score, PTSD = HTQ-IV DSM-IV PTSD Score, FUNCT = HTQ-IV Self-Perception of Psychosocial Functioning Score, ANX = HSCL-25 Anxiety Score, DEP = HSCL-25 Depression Score.

Note 2. For all t scores, $df = 109$.

Table 2.28 Summary of ANOVAs for Pre-Migration Demographic Characteristics on Mental Health Outcomes

DVs	Age			Education level			Occupation Level					
	Young	middle	Old	F (2 , 108)	Primary School or less	Secondary School	High school or more	F (2 , 108)	Unemployed	Unskilled	Skilled or higher	F (2 , 103)
HTQ-IV	1.75_a	1.59_a	1.41_b	10.42***	1.60	1.56	1.59	.13	1.71_a	1.52_{ab}	1.46_b	5.47**
PTSD	2.07_a	1.85_{ab}	1.64_b	10.49***	1.91	1.78	1.82	.91	2.12_a	1.70_b	1.65_b	16.68***
FUNCT	1.59_a	1.46_{ab}	1.33_b	7.38***	1.46	1.44	1.48	.14	1.55	1.41	1.39	2.64
HSCL-25	2.00_a	1.78_{ab}	1.58_b	8.49***	1.81	1.74	1.79	.23	2.03_a	1.63_b	1.63_b	11.42***
ANX	1.87_a	1.60_b	1.41_b	13.24***	1.66	1.58	1.63	.27	1.87_a	1.46_b	1.55_b	11.74***
DEP	1.94_a	1.70_{ab}	1.50_b	8.78***	1.74	1.65	1.72	.31	1.93_a	1.58_b	1.54_b	8.59***

* $p < .05$, ** $p \leq .01$, *** $p \leq .001$

Note 1. HTQ-IV = Post-traumatic Symptoms Total Score, PTSD = HTQ-IV DSM-IV PTSD Score, FUNCT = HTQ-IV Self-Perception of Psychosocial Functioning Score, ANX = HSCL-25 Anxiety Score, DEP = HSCL-25 Depression Score.

Note 2. The mean scores that do not share a same subscript on the same raw are significantly different from each other.

A series of MANOVAs were performed in order to find out whether there were group differences for general demographic characteristics on PTSD factors including re-experiencing traumatic events, avoidance and numbing, psychological arousal which served as the dependent variables (see Table 2.29).

The results yielded a significant gender main effect on PTSD factors, [Multivariate $F(3, 107) = 23.77, p < .001, \eta^2 = .40, \text{Wilks' Lambda} = .60$]. Univariate analyses with Bonferroni correction ($p = .05 / 3 = .016$) revealed that there were significant gender differences on re-experiencing [$F(1, 109) = 34.15, p < .016, \eta^2 = .24$], avoidance and numbing [$F(1, 109) = 62.26, p < .016, \eta^2 = .36$], and psychological arousal [$F(1, 109) = 35.75, p < .016, \eta^2 = .25$]. Accordingly, female participants ($M = 2.62, M = 1.71, M = 2.48$, respectively) reported more re-experiencing traumatic events, avoidance and psychological arousal than male participants ($M = 1.98, M = 1.27, M = 1.80$, respectively).

A significant age main effect was observed on the PTSD factors, [Multivariate $F(6, 212) = 5.51, p < .001, \eta^2 = .14, \text{Wilks' Lambda} = .75$]. Accordingly, the univariate analyses revealed a significant result for avoidance and numbing [$F(2, 108) = 5.77, p < .016, \eta^2 = .10$], indicating that young participants ($M = 1.67$) stated more avoidance and numbing than old aged participants ($M = 1.39$) while middle aged participants ($M = 1.49$) did not show any difference from other age groups. Univariate analyses also showed that group differences were observed for the psychological arousal [$F(2, 108) = 15.12, p < .016, \eta^2 = .22$], suggesting that young ($M = 2.55$) and middle aged participants ($M = 2.23$) had more psychological arousal than old aged participants ($M = 1.77$).

Moreover, a significant main effect was observed for ethnicity, [Multivariate $F(3, 107) = 4.28, p < .01, \eta^2 = .11, \text{Wilks' Lambda} = .89$]. However, there was no significant group difference on the PTSD factors.

MANOVA results also provided a significant main effect for occupation level at home, [Multivariate $F(6, 202) = 7.40, p < .001, \eta^2 = .18, \text{Wilks' Lambda} = .67$]. Univariate analyses revealed that groups significantly differed on re-experiencing traumatic events, [$F(2, 103) = 13.02, p < .016, \eta^2 = .20$] indicating that participants who had been unemployed at home ($M = 2.70$) re-experienced traumatic events more

than those having unskilled occupations ($\underline{M} = 2.07$) and those with skilled or higher occupations ($\underline{M} = 2.28$). A significant group difference was also observed on avoidance and numbing, [$F(2, 103) = 13.19, p < .016, \eta^2 = .20$] showing that unemployed participants ($\underline{M} = 1.71$) had higher levels of avoidance and numbing than those having unskilled occupations ($\underline{M} = 1.43$) and those with skilled or higher occupations ($\underline{M} = 1.28$). Univariate analyses yielded a significant result on psychological arousal, [$F(2, 103) = 15.18, p < .016, \eta^2 = .23$] revealing that unemployed participants ($\underline{M} = 2.61$) reported higher levels of arousal compared to those with unskilled occupation level ($\underline{M} = 1.95$) and those with skilled or higher occupation level ($\underline{M} = 1.88$).

The differences between the groups of general demographics were examined on the basis of their self-perception of psychosocial functioning scores through separate MANOVAs, where the components of perceived functioning (i.e., skills and talents, physical impairments, intellectual functioning, emotional functioning, social relationships, and spiritual/existential concerns) served as dependent variables (see Table 2.30).

As can be followed in Table 2.30, MANOVA results yielded a significant group main effect for age, [Multivariate $F(12, 206) = 3.23, p < .001, \eta^2 = .16, \text{Wilks' Lambda} = .71$]. Univariate analyses with Bonferroni correction ($p = .05 / 6 = .008$) revealed that there was a significant age difference on skills and talents, [$F(2, 108) = 8.16, p < .008, \eta^2 = .13$] suggesting that young participants ($\underline{M} = 1.84$) perceived more deterioration in their skills and talents than old participants ($\underline{M} = 1.36$) while middle aged participants ($\underline{M} = 1.56$) did not significantly differ from young and old participants. Univariate analyses also provided a significant result on spiritual and existential concerns, [$F(2, 108) = 11.89, p < .008, \eta^2 = .18$] indicating that young ($\underline{M} = 1.82$) and middle aged participants ($\underline{M} = 1.69$) bothered about spiritual and existential concerns more than old aged participants ($\underline{M} = 1.38$). Besides, a significant group main effect was found for occupation level at home, [Multivariate $F(12, 196) = 2.34, p < .01, \eta^2 = .13, \text{Wilks' Lambda} = .77$]. Univariate analyses revealed that there was a significant difference on skills and talents in terms of occupation levels in Syria, [$F(2, 103) = 5.19, p < .008, \eta^2 = .09$] indicating that participants who had been unemployed in Syria ($\underline{M} = 1.77$) perceived more

deterioration in their skills and talents than participants who had unskilled occupations ($\underline{M} = 1.41$) while participants who had skilled or managerial occupations ($\underline{M} = 1.54$) did not significantly differ from other groups.

Table 2.29 Results of MANOVAs for Pre-Migration Demographic Characteristics on PTSD Factors

IV	Groups	RE	AN	PA	Multivariate df	Multivariate F	Univariate Df	Univariate F	η^2	Wilks' Lambda
Gender	Female	2.62	1.71	2.48	3, 107	23.77***	1, 109	34.15 for RE, 62.26 for AN, 35.75 for PA	.40	.60
	Male	1.98	1.27	1.80						
Age	Young	2.55	1.67_a	2.55_a	6, 212	5.51***	2, 108	5.77 for AN, 15.12 for PA	.14	.75
	Middle	2.30	1.49_{ab}	2.23_a						
	Old	2.16	1.39_b	1.77_b						
Ethnicity	Syrian-Arab	2.37	1.50	2.24	3, 107	4.28**			.11	.89
	Syrian-Turkmen	2.17	1.59	1.92						
Marital Status	Unmarried	2.58	1.68	2.46	3, 107	2.55			.07	.93
	Married	2.27	1.47	2.10						
Education Level	Primary or less	2.37	1.61	2.25	6, 212	1.58			.04	.92
	Secondary	2.27	1.40	2.15						
	High or more	2.36	1.49	2.11						
Occupation Level at home	Unemployed	2.70_a	1.71_a	2.61_a	6, 202	7.40***	2, 103	13.02 for RE, 13.19 for AN, 15.18 for PA	.18	.67
	Unskilled	2.07_b	1.43_b	1.95_b						
	Skilled and higher	2.28_b	1.28_b	1.88_b						

** $p < .01$, *** $p < .001$

Note 1. RE = Re-experiencing Traumatic Events, AN = Avoidance and Numbing, PA = Psychological Arousal

Note 2. The mean scores that do not share the same subscript on the same column for each scale are significantly different from each other.

Table 2.30 Results of MANOVAs for Pre-Migration Demographic Characteristics on Perceived Psychosocial Functioning Factors

IV	Groups	ST	PI	IF	EF	SR	SC	Multivariate df	Multivariate F	Univariate df	Univariate F	η^2	Wilks' Lambda
Gender	Female	1.71	1.71	1.22	1.71	1.57	1.69	6, 104	2.09			.11	.89
	Male	1.41	1.50	1.21	1.46	1.43	1.55						
Age	Young	1.84_a	1.70	1.30	1.72	1.63	1.82_a	12, 206	3.23***	2, 108	8.16 for ST, 11.89 for SC	.16	.71
	Middle	1.56_{ab}	1.53	1.22	1.66	1.51	1.69_a						
	Old	1.36_b	1.63	1.13	1.44	1.38	1.38_b						
Ethnicity	Syrian-Arab	1.59	1.63	1.22	1.63	1.52	1.66	6, 104	.51			.03	.97
	Syrian-Turkmen	1.52	1.56	1.18	1.50	1.46	1.50						
Marital Status	Unmarried	1.83	1.78	1.26	1.75	1.66	1.80	6, 104	1.35			.07	.93
	Married	1.51	1.57	1.20	1.56	1.46	1.58						
Education Level	Primary or less	1.55	1.72	1.15	1.61	1.50	1.61	12, 206	.88			.05	.90
	Secondary	1.58	1.51	1.24	1.57	1.50	1.64						
	High or more	1.63	1.58	1.29	1.63	1.53	1.65						
Occupation Level at Home	Unemployed	1.77_a	1.73	1.21	1.77	1.55	1.76	12, 196	2.34**	2, 103	5.19 for ST	.13	.77
	Unskilled	1.41_b	1.49	1.22	1.50	1.51	1.59						
	Skilled and higher	1.54_{ab}	1.62	1.13	1.53	1.41	1.44						

*** $p \leq .001$

Note 1. ST = Skills and Talents, PI = Physical Impairments, IF = Intellectual Functioning, EF = Emotional Functioning, SR = Social Relationships, SC = Spiritual/existential Concerns.

Note 2. The mean scores that do not share the same subscript on the same column for each scale are significantly different from each other.

2.2.10 Relationship between Post-Migration Socio-demographic Factors and Post-Migration Factors

In order to examine the group differences in post-migration socio-demographic variables with respect to post-migration factors, a number of independent samples t-tests and one-way analyses of variance were conducted (see Table 2.32 and Table 2.33). Prior to the analyses (i.e., t-tests, ANOVAs, MANOVAs), continuous variables (i.e., length of unemployment, length of stay in Turkey, number of households, Turkish proficiency) were made categorical variables through median split. Also, to avoid small cell numbers, a number of variables that included more than two categories (i.e., income source, household type) were collapsed into two or three categories by merging similar categories (for descriptive information regarding the categories, see Table 2.31). Moreover, change in employment status was not included in the analyses to prevent its confounding effect because the participants who did not report a change in their employment status between pre- and post-migration consisted of all unemployed participants in Syria.

Table 2.31 Descriptive Information of the Variable Categories

Variable	Categories	N	Mean	SD	Range
Length of unemployment	Short	35	7.14	2.03	3 - 10
	Long	33	14.52	3.76	11 - 24
Length of stay in Turkey	Short	63	6.86	1.51	5 - 9
	Long	48	12.35	2.51	10 - 24
Number of households	Low	65	5.78	1.19	2 - 7
	High	46	9.52	1.79	8 - 15
Turkish proficiency	No	88			
	Yes	23			
Income source	Only camp assistance	89			
	Camp assistance & other	22			
Household type	Female-headed	12			
	Nuclear	29			
	Extended	70			

In terms of the work experiences of the participants, concerning the unemployment time, a significant difference was found on PMLD, $t(109) = -2.33, p < .05$. Accordingly, participants who did not work for a long time ($M = 2.13$) reported more post-migration stress than participants who did not work for a short time ($M = 1.93$). A significant result was also obtained on social support from ethnicity, [$t(109) = -2.15, p < .05$] showing that participants who did not work for a long time ($M = 3.12$)

stated more that they received social support from Syrian people than participants who did not work for a short time ($\underline{M} = 1.66$).

Regarding the post-migration stay and migration adaptation characteristics, a significant difference was found on “considering return” and “planning to return” for time spent in Turkey, [$t(109) = 2.90, p < .01, t(109) = 2.54, p < .05$, respectively]. Accordingly, participants who had stayed in Turkey for a short time ($\underline{M} = 4.21, \underline{M} = 2.10$, respectively) thought and made a plan about returning to Syria than participants who had stayed for a long time ($\underline{M} = 3.54, \underline{M} = 1.58$, respectively). In terms of the Turkish proficiency, a significant difference was found on PMLD, [$t(109) = 3.21, p < .01$], suggesting that participants who was not proficient in Turkish ($\underline{M} = 2.13$) had more post-migration stress than participants proficient in Turkish ($\underline{M} = 1.81$). A significant finding was obtained on “considering return” for Turkish proficiency, [$t(109) = 2.55, p < .05$], indicating that participants who was not proficient in Turkish ($\underline{M} = 4.07$) considered more returning to Syria than participants proficient in Turkish ($\underline{M} = 3.35$).

Among social network characteristics, concerning the people previously known by the participants, a significant difference was found on PMLD, $t(109) = 2.16, p < .05$. Accordingly, participants who had not previously known some persons in Turkey ($\underline{M} = 2.31$) reported more post-migration stress than participants who had known some persons previously ($\underline{M} = 2.03$). Regarding the making friendships in Turkey, a significant result was obtained on PMLD, [$t(109) = 3.68, p \leq .001$] showing that participants who did not make friends ($\underline{M} = 2.26$) reported more post-migration stress than participants who made friends ($\underline{M} = 1.96$). Besides, in terms of making friends, a significant difference was found on “considering return”, $t(109) = 2.67, p < .01$. Accordingly, participants who did not make friends in Turkey ($\underline{M} = 4.33$) considered more returning to Syria than participants who made friends ($\underline{M} = 3.69$). Also, significant differences were found on social support both from ethnicity and host community for friendship, [$t(109) = -3.82, p \leq .001, t(109) = -4.41, p \leq .001$, respectively] indicating that participants who made friends ($\underline{M} = 3.25, \underline{M} = 3.32$, respectively) received more social support both from Syrian and Turkish people than participants who did not make friends ($\underline{M} = 2.43, \underline{M} = 2.48$, respectively).

Concerning the familial situation in Syria, no significant differences were found on the dependent variables for family member left behind and communication with family member left behind. In terms of the dead/lost from nuclear family, a significant result was found on PMLD for dead/lost from nuclear family, [$t(109) = -2.19, p < .05$] showing that participants having dead/lost family member ($M = 2.31$) had more post-migration stress than participants who did not have ($M = 2.03$).

Results were presented in Table 2.32.

As can be seen in Table 2.33, ANOVA findings revealed that there were no significant differences between income source groups on the dependent variables. On the other hand, a significant result was found on PMLD for monthly income level, [$F(2, 108) = 14.38, p \leq .001$] revealing that participants with very low income level ($M = 2.17$) and those with middle level ($M = 2.16$) reported more post-migration stress than participants with low income level ($M = 1.67$). A significant result was also obtained on “considering return” for monthly income level, $F(2, 108) = 3.43, p < .05$. However, there was no significant difference among the groups. Moreover, a significant result was obtained on “planning to return”, $F(2, 108) = 3.86, p < .05$. Accordingly, participants with middle income level ($M = 3.00$) made plans about the return more than participants with low income level ($M = 1.57$) and those with very low income level ($M = 1.89$). A significant result was found on social support from ethnicity for monthly income level, [$F(2, 108) = 6.99, p \leq .001$] indicating that participants with very low income level ($M = 2.88$) and those with low level ($M = 3.52$) had more social support from Syrian people than participants with middle income level ($M = 1.60$). For monthly income level, a significant difference was obtained on the levels of social support from host community, $F(2, 108) = 5.78, p < .01$. However, no significant difference was found among the participants with different income levels.

With respect to household types, a significant finding was obtained on the perceived social support from host community, [$F(2, 108) = 4.75, p < .05$] showing that participants living in female-headed families ($M = 2.17$) had lower social support from Turkish people than those living in nuclear families ($M = 3.17$) and those in extended families ($M = 3.10$).

ANOVA results also showed that there were no significant differences among participants staying in different camps on post-migration stress levels, considering and planning to return and social support from the host community (see Table 2.33). A significant finding was obtained on social support from ethnic community [$F(2, 108) = 3.36, p < .05$]. However, post-hoc analyses did not reveal significant differences among camp groups.

Table 2.32 Summary of T-Test Results for Post-Migration Socio-Demographic Characteristics on Post-Migration Factors

A. DVs	Unemployment time			Time in Turkey		
	short	long	T	short	long	t
PMLD	1.93	2.13	-2.33*	2.10	2.02	1.06
Considering return	4.13	3.81	1.31	4.21	3.54	2.90**
Planning to return	2.08	1.77	1.45	2.10	1.58	2.54*
SS from ethnicity	2.63	3.12	-2.15*	2.79	3.17	-1.69
SS from host com.	3.13	2.96	.82	2.97	3.08	-.57

B. DVs	Turkish proficiency			Person previously known			Making friendship		
	yes	no	T	yes	no	t	Yes	no	t
PMLD	1.81	2.13	3.21**	2.03	2.31	2.16*	1.96	2.26	3.68***
Considering return	3.35	4.07	2.55*	3.89	4.15	.73	3.69	4.33	2.67**
Planning to return	1.70	1.92	.89	1.86	2.00	.45	1.93	1.78	-.72
SS from ethnicity	2.65	3.03	1.41	3.02	2.46	-1.64	3.25	2.43	-3.82***
SS from host com.	3.39	2.92	-1.93	3.07	2.62	-1.48	3.32	2.48	-4.41***

C. DVs	Family left behind			Communication with family behind			Death/lost from nuclear family			Family member currently fighting		
	yes	no	t	Yes	no	t	yes	no	T	yes	no	t
PMLD	2.07	2.06	-.05	2.06	2.08	.12	2.31	2.03	-2.19*	1.96	2.12	1.83
Considering return	3.94	3.57	-.77	3.98	3.79	-.60	3.85	3.93	.23	3.97	3.89	-.32
Planning to return	1.90	1.43	-1.13	1.95	1.68	-.96	1.54	1.92	1.19	1.97	1.82	-.68
SS from ethnicity	2.94	3.14	.44	2.89	3.16	.88	3.31	2.91	-1.17	2.86	3.00	.58
SS from host com.	3.01	3.14	.32	3.05	2.84	-.76	2.69	3.06	1.19	3.00	3.03	.13

* $p < .05$, ** $p < .01$, *** $p < .001$

Note 1. PMLD = Post-Migration Stress, SS = Social Support

Note 2. For all t scores, $df = 109$

Table 2.33 Summary of ANOVAs for Post-Migration Socio-Demographic Characteristics on Post-Migration Factors

DV _s	Source of Income			F (2 , 108)
	Only Camp Assistance	Working Family Member	Money Savings	
PMLD	2.07	2.06	2.01	.07
Considering return	3.88	3.88	4.67	1.16
Planning to return	1.82	1.81	2.83	2.58
SS from ethnicity	3.00	3.00	2.17	1.47
SS from host com.	2.94	3.56	2.67	2.78
DV _s	Monthly Income Level			F (2 , 108)
	Very low	Low	Middle	
PMLD	2.17_a	1.67_b	2.16_a	14.38***
Considering return	4.05	3.35	4.40	3.43*
Planning to return	1.89_a	1.57_a	3.00_b	3.86*
SS from ethnicity	2.88_a	3.52_a	1.60_b	6.99***
SS from host com.	2.84	3.65	3.00	5.78**
DV _s	Household Type			F (2 , 108)
	Female-headed	Nuclear	Extended	
PMLD	2.22	1.95	2.09	1.83
Considering return	4.25	3.72	3.94	.80
Planning to return	2.25	1.66	1.90	1.35
SS from ethnicity	2.67	2.76	3.09	1.23
SS from host com.	2.17_a	3.17_b	3.10_b	4.75*

* $p < .05$, ** $p < .01$, *** $p \leq .001$

Note 1. PMLD = Post-Migration Stress, SS = Social Support

Note 2. The mean scores that do not share a same subscript on the same raw are significantly different from each other

Table 2.33 Summary of ANOVAs for Post-Migration Socio-Demographic Characteristics on Post-Migration Factors (Cont'd)

DVs	Camps			F (2, 108)
	Kilis	Yayladağ-2	Altınözü	
PMLD	2.10	1.88	2.01	1.50
Considering return	4.07	3.33	3.46	2.98
Planning to return	1.97	1.50	1.62	1.41
SS-ethnicity	2.83	3.08	3.69	3.36*
SS-host	2.95	2.92	3.54	1.83

* $p < .05$

Note. PMLD = Post-Migration Stress, SS-ethnicity = Social Support from Ethnicity, SS-host = Social Support from Host Community

A series of MANOVAs were performed in order to find out whether there were group differences regarding post-migration socio-demographic characteristics on PMLD factors consisting of difficulties accessing to health care, welfare and financial difficulties, worries about family and future, residency determination, loss of culture and support which served as the dependent variables (see Table 2.34).

Results showed that there were no significant main effects on PMLD factors in terms of the camps. A significant group main effect was observed for income source in Turkey, [Multivariate $F(10, 208) = 3.41, p < .001, \eta^2 = .14, \text{Wilks' Lambda} = .74$]. When the univariate analyses with Bonferroni correction ($p = .05 / 5 = .01$) were examined, a significant result was found on loss of culture and support, [$F(2, 108) = 4.21, p \leq .01, \eta^2 = .07$] suggesting that participants having money savings in addition to the camp assistance ($M = 2.44$) reported more problems related to loss of culture and support compared to those who stated a family member worked ($M = 1.60$) and those getting only camp assistance ($M = 1.61$). Moreover, MANOVA analyses yielded a significant main effect for monthly income level, [Multivariate $F(10, 208) = 6.34, p < .001, \eta^2 = .23, \text{Wilks' Lambda} = .59$]. Univariate analyses showed that there was a significant difference on welfare and financial difficulties, [$F(2, 108) = 11.44, p < .01, \eta^2 = .18$] indicating that participants who stated their income levels as very low ($M = 2.00$) had more welfare and financial difficulties than those who stated their income levels as low ($M = 1.32$) while middle income level group ($M = 1.38$) did not significantly from other groups. Univariate analyses also provided a significant result on worries about family and future, [$F(2, 108) = 8.25, p < .01, \eta^2 =$

.13]. However, monthly income level groups did not significantly differ from each other. Moreover, a significant result was obtained on loss of culture and support, [$F(2, 108) = 9.75, p < .01, \eta^2 = .15$] indicating that participants who stated their income levels as middle ($M = 2.47$) reported more loss of culture and support compared to those who stated their income levels as low ($M = 1.20$) and very low ($M = 1.73$).

Concerning the post-migration stay, a significant main effect was found on PMLD factors in terms of the time spent in Turkey, [Multivariate $F(5, 105) = 3.88, p < .01, \eta^2 = .16$, Wilks' Lambda = .84]. Univariate analyses provided that there was a significant difference only on loss of culture and support, [$F(1, 109) = 7.97, p < .01, \eta^2 = .07$] indicating that participants who had been staying for a shorter time ($M = 1.81$) reported more loss of culture and support than those who had been staying for a longer time ($M = 1.44$). Regarding the living arrangements in Turkey, a significant main effect was found for number of household, [Multivariate $F(5, 105) = 5.77, p < .001, \eta^2 = .22$, Wilks' Lambda = .79]. Univariate analyses provided a significant difference only on residential difficulties, [$F(1, 109) = 19.39, p < .01, \eta^2 = .15$] suggesting that participants staying in a household having a high number of members ($M = 1.60$) stated more residential difficulties than those staying in a household having a low number of members ($M = 1.20$). Moreover, a significant main effect was obtained for household type, [Multivariate $F(10, 208) = 3.22, p < .001, \eta^2 = .13$, Wilks' Lambda = .75]. Accordingly, significant differences were found on worries about family and future, [$F(2, 108) = 4.53, p \leq .01, \eta^2 = .08$] and loss of culture and support, [$F(2, 108) = 4.76, p < .01, \eta^2 = .08$]. Post-hoc comparisons showed that participants living in female-headed households ($M = 4.93, M = 2.21$, respectively) reported more worries about family and future and loss of culture and support in comparison to those living with nuclear ($M = 4.07, M = 1.50$, respectively) and with extended families ($M = 4.28, M = 1.62$, respectively).

Furthermore, in terms of migration adaptation characteristics, a significant main effect was found for Turkish proficiency, [Multivariate $F(5, 105) = 4.41, p < .001, \eta^2 = .17$, Wilks' Lambda = .83]. Univariate analyses revealed significant differences on welfare and financial difficulties, [$F(1, 109) = 10.53, p < .01, \eta^2 = .09$] and worries about family and future [$F(1, 109) = 8.21, p < .01, \eta^2 = .07$]. Accordingly, participants who did not know Turkish ($M = 1.94, M = 4.41$, respectively) had more

problems related to welfare and financial difficulties and more worries about their families and future in comparison to those who knew Turkish ($\underline{M} = 1.43$, $\underline{M} = 3.85$, respectively).

In terms of social network, a significant main effect was obtained for friendship in Turkey, [Multivariate $\underline{F} (5, 105) = 6.90$, $\underline{p} < .001$, $\eta^2 = .25$, Wilks' Lambda = .75]. A significant difference was found on difficulties in accessing to health care, [$\underline{F} (1, 109) = 6.45$, $\underline{p} \leq .01$, $\eta^2 = .06$], indicating that participants who did make friends ($\underline{M} = 1.38$) in Turkey had more difficulties in accessing to health care than those who made friends ($\underline{M} = 1.13$). Significant differences were also found on worries about family and future, [$\underline{F} (1, 109) = 10.86$, $\underline{p} < .01$, $\eta^2 = .09$], and loss of culture and support, [$\underline{F} (1, 109) = 17.90$, $\underline{p} < .01$, $\eta^2 = .14$]. Accordingly, participants who did not make friends in Turkey ($\underline{M} = 4.64$) reported more worries about family and future than those who made friends ($\underline{M} = 4.10$). Similarly participants who did not make friends in Turkey ($\underline{M} = 2.00$) reported more loss of culture and support compared to those who made friends ($\underline{M} = 1.45$).

Concerning familial situation in Syria, a significant main effect was observed for family members left behind, [Multivariate $\underline{F} (5, 105) = 12.31$, $\underline{p} < .001$, $\eta^2 = .37$, Wilks' Lambda = .63]. Univariate analyses provided that there was a significant difference on worries about family and future, [$\underline{F} (1, 109) = 29.59$, $\underline{p} < .01$, $\eta^2 = .21$] indicating that participants having family members in Syria ($\underline{M} = 4.40$) had more worries about their families and future than those having no family members in Syria ($\underline{M} = 2.76$). A significant result was also obtained on residential difficulties, [$\underline{F} (1, 109) = 12.44$, $\underline{p} < .01$, $\eta^2 = .10$] suggesting that participants who did not have family members in Syria ($\underline{M} = 2.00$) reported more residential difficulties than those who left family members in Syria ($\underline{M} = 1.33$).

Table 2.34 Results of MANOVAs for Post-Migration Socio-Demographic Characteristics on PMLD Factors

IV	Groups	AHC	WFD	WFF	RD	LCS	Multivariate df	Multivariate F	Univariate df	Univariate F	η^2	Wilks' Lambda
Camps							10, 208	0.67			.03	0.94
	Kilis	1.27	1.89	4.32	1.40	1.66						
	Yayladağ-2	1.00	1.57	4.04	1.20	1.61						
	Altınözü	1.09	1.70	4.36	1.32	1.62						
Income Source in Turkey							10, 208	3.41***	2, 108	4.21 for LCS	.14	.74
	Camp assistance	1.22	1.83	4.39	1.36	1.61_a						
	Working fam. mem.	1.33	2.03	3.84	1.44	1.60_a						
	Money savings	1.00	1.37	4.11	1.30	2.44_b						
Unemployment Time							5, 105	1.43			.06	.94
	Short	1.13	1.63	4.13	1.26	1.57						
	Long	1.27	1.94	4.38	1.42	1.69						
Monthly Income							10, 208	6.34***	2, 108	11.44 for WFD, 8.25 for WFF, 9.75 for LCS	.23	.59
	Very low	1.25	2.00_a	4.46	1.41	1.73_a						
	Low	1.03	1.32_b	3.68	1.23	1.20_a						
	Middle	1.60	1.38_{ab}	4.40	1.28	2.47_b						
Time in Turkey							5, 105	3.88**	1, 109	7.97 for LCS	.16	.84
	Short	1.19	1.78	4.36	1.46	1.81						
	Long	1.26	1.90	4.20	1.24	1.44						
Number of Household							5, 105	5.77***	1, 109	19.39 for RD	.22	.79
	Low	1.18	1.77	4.41	1.20	1.68						
	High	1.27	1.92	4.13	1.60	1.61						
Household Type							10, 208	3.22***	2, 108	4.53 for WFF, 4.76 for LCS	.13	.75
	Female headed	1.07	1.78	4.93_a	1.17	2.21_a						
	Nuclear	1.28	1.72	4.07_b	1.21	1.50_b						
	Extended	1.22	1.89	4.28_b	1.47	1.62_b						
Turkish Proficiency							5, 105	4.41***	1, 109	10.53 for WFD, 8.21 for WFF	.17	.83
	Yes	1.14	1.43	3.85	1.18	1.58						
	No	1.24	1.94	4.41	1.42	1.67						

Table 2.34 Results of MANOVAs for Post-Migration Socio-Demographic Characteristics on PMLD Factors (Cont'd)

IV	Groups	AHC	WFD	WFF	RD	LCS	Multivariate df	Multivariate F	Univariate df	Univariate F	η^2	Wilks' Lambda
People Previously Known	Yes No	1.19 1.42	1.78 2.23	4.25 4.62	1.38 1.25	1.61 1.97	5, 105	2.25			.10	.90
Friendship	Yes No	1.13 1.38	1.76 1.97	4.10 4.64	1.37 1.37	1.45 2.00	5, 105	6.90***	1, 109	6.45 for AHC, 10.86 for WFF, 17.90 for LCS	.25	.75
Family members at home	Yes No	1.19 1.60	1.81 2.21	4.40 2.76	1.33 2.00	1.65 1.74	5, 105	12.31***	1, 109	29.59 for WFF, 12.44 for RD	.37	.63
Communication	Yes No	1.20 1.18	1.80 1.85	4.38 4.46	1.31 1.40	1.67 1.52	5, 98	.64			.03	.97

* $p < .05$, ** $p < .01$, *** $p \leq .001$

Note 1. AHC = Difficulties Accessing to Health Care, WFD = Welfare and Financial Difficulties, WFF = Worries about Family and Future, RD = Residency Determination, LCS = Loss of Culture and Support.

Note 2. The mean scores that do not share the same subscript on the same column for each scale are significantly different from each other.

2.2.11 Relationship between Post-Migration Socio-demographic Factors and Mental Health Outcomes

In order to examine the group differences in post-migration socio-demographic variables in terms of mental health outcomes, a number of independent samples t-tests and one-way analyses of variance were employed (see Table 2.35 and Table 2.36, respectively).

Independent samples t-tests yielded that regarding the work experiences of the participants, a significant finding was obtained on PTSD score for unemployment time, [$t(109) = -3.02, p \leq .01$] suggesting that participants who did not work for a long time ($M = 1.94$) reported more PTSD symptoms than participants who did not work for a short time ($M = 1.68$). Moreover, a significant result was found on HSCL-25, [$t(109) = -2.15, p < .05$] revealing that participants with a long unemployment time ($M = 1.85$) had more emotional distress than participants with a short unemployment time ($M = 1.66$).

Regarding the post-migration stay, migration adaptation and social network characteristics, no significant differences were found on the dependent variables for time spent in Turkey, Turkish proficiency and people previously known. However, a significant result was obtained on HTQ-IV for making friendships in Turkey, $t(109) = 3.86, p \leq .001$. Accordingly, participants who did not make friends ($M = 1.74$) reported more post-traumatic stress than participants who made friends ($M = 1.50$). A significant friendship difference was obtained on PTSD, [$t(109) = 3.65, p \leq .001$] revealing that participants who did not make friends in Turkey ($M = 2.04$) had more PTSD symptoms than participants who made friends ($M = 1.74$). Furthermore, a significant friendship difference was found on the perceived functioning, [$t(109) = 3.50, p \leq .001$] yielding that participants who did not make friends in Turkey ($M = 1.59$) perceived more deterioration in their psychosocial functioning than participants who made friends ($M = 1.39$). Moreover, a significant finding was obtained on HSCL-25 for making friends, $t(109) = 3.87, p \leq .001$. Accordingly, participants who did not make friends ($M = 2.00$) reported more emotional distress than participants who made friends ($M = 1.67$). A significant friendship difference was found in anxiety and depression levels, [$t(109) = 3.13, p < .01, t(109) = 4.40, p \leq .001$, respectively] suggesting that participants who did not make friends ($M = 1.79, M =$

1.96, respectively) had more symptoms of anxiety and depression than participants who made friends ($\underline{M} = 1.53$, $\underline{M} = 1.57$, respectively).

Concerning the familial situation in Syria, no significant differences were found on the dependent variables in terms whether they had family members left behind, communication with family members left behind and a nuclear family member currently fighting in the war. In terms of the dead/lost from nuclear family, a significant difference was found on HTQ-IV, $t(109) = -4.58$, $p < .001$. Accordingly, participants whose family member died or got lost ($\underline{M} = 1.96$) reported more post-traumatic stress than participants who did not have a dead or lost family member ($\underline{M} = 1.54$). A significant difference was also found on PTSD score for dead/lost from nuclear family, [$t(109) = -3.93$, $p < .001$] indicating that participants having dead/lost family member ($\underline{M} = 2.27$) had more PTSD symptoms than participants who did not have ($\underline{M} = 1.79$). A significant finding was also obtained on the perceived functioning, [$t(109) = -4.53$, $p < .001$] yielding that participants having dead/lost family member ($\underline{M} = 1.80$) perceived more deterioration in their psychosocial functioning than participants who did not have ($\underline{M} = 1.41$). Besides, for dead/lost from nuclear family, a significant result was found on HSCL-25, [$t(109) = -4.62$, $p < .001$] revealing that participants having dead/lost family member ($\underline{M} = 2.29$) had more emotional distress than participants who did not have ($\underline{M} = 1.72$). Lastly, a significant difference was found in anxiety and depression levels, [$t(109) = -2.56$, $p < .05$, $t(109) = -5.48$, $p < .001$, respectively] suggesting that participants having dead/lost family member ($\underline{M} = 1.91$, $\underline{M} = 2.32$, respectively) had more symptoms of anxiety and depression than participants who did not have ($\underline{M} = 1.59$, $\underline{M} = 1.63$, respectively).

Results were summarized in the Table 2.35.

As can be followed from the Table 2.36, the results of ANOVAs yielded that in terms of the source of income in Turkey, a significant difference was found on HTQ-IV Total Score, [$F(2, 108) = 6.42$, $p < .01$] indicating that participants who had money savings in addition to camp assistance ($\underline{M} = 2.01$) reported more trauma symptoms than those who had a family member working next to the camp assistance ($\underline{M} = 1.46$) and those who only received camp assistance ($\underline{M} = 1.58$). A significant result was also obtained on self-perception of psychosocial functioning, [$F(2, 108) =$

5.82, $p < .01$] suggesting that participants who had money savings in addition to camp assistance ($M = 1.84$) perceived more deterioration in their functioning compared to those who had a family member working next to the camp assistance ($M = 1.35$) and those who only received camp assistance ($M = 1.45$).

In terms of the monthly income level, a significant difference was found on HTQ-IV, [$F(2, 108) = 9.17, p \leq .001$] indicating that participants with middle income level ($M = 2.06$) reported more post-traumatic stress compared to participants with low income level ($M = 1.41$) and those with very low income level ($M = 1.60$). A significant difference was found on the perceived functioning for monthly income level, $F(2, 108) = 8.48, p \leq .001$. Accordingly, participants with middle income level ($M = 1.85$) perceived more deterioration on their psychosocial functioning in comparison to participants with low income level ($M = 1.29$) and those with very low income level ($M = 1.48$). For the monthly income level, a significant difference was found on HSCL-25, $F(2, 108) = 3.72, p < .05$. On the other hand, groups did not differ significantly from each other. A significant finding was also obtained in depression level for monthly income level, [$F(2, 108) = 6.59, p < .01$] suggesting that participants with middle income level ($M = 1.96$) reported higher levels of depression than participants with low income level ($M = 1.41$) while participants with very low income level ($M = 1.78$) did not reveal any difference from those with middle and low income levels.

Concerning the household types, a significant difference was found on HTQ-IV, [$F(2, 108) = 35.94, p < .001$] indicating that participants living in female-headed families ($M = 2.20$) had higher levels of post-traumatic stress than those living in nuclear families ($M = 1.51$) and those in extended families ($M = 1.51$). Moreover, a significant difference was found on PTSD score and perception of functioning, [$F(2, 108) = 32.04, p < .001, F(2, 108) = 31.29, p < .001$, respectively] revealing that participants living in female-headed families ($M = 2.60, M = 2.00$, respectively) reported higher levels of PTSD score and more deterioration in the perceived psychosocial functioning than those living in nuclear families ($M = 1.69, M = 1.40$, respectively) and those in extended families ($M = 1.79, M = 1.39$, respectively). Furthermore, a significant result was obtained on HSCL-25, [$F(2, 108) = 23.14, p < .001$] showing that participants living in female-headed families ($M = 2.49$) had higher emotional distress than those living in nuclear families ($M = 1.64$) and those

in extended families ($\underline{M} = 1.73$). Lastly, a significant difference was found on the symptoms anxiety and depression for household types, [$\underline{F} (2, 108) = 28.51, p < .001, \underline{F} (2, 108) = 25.03, p < .001$, respectively] yielding that participants living in female-headed families ($\underline{M} = 2.35, \underline{M} = 2.48$, respectively) had more the symptoms of anxiety and depression compared to those living in nuclear families ($\underline{M} = 1.53, \underline{M} = 1.57$, respectively) and those in extended families ($\underline{M} = 1.54, \underline{M} = 1.63$, respectively).

Table 2.35 Summary of T-Test Results for Post-Migration Socio-Demographic Characteristics on Mental Health Outcomes

A. DVs	Unemployment time			Time in Turkey		
	short	long	t	short	long	t
HTQ-IV	1.51	1.62	-1.61	1.59	1.57	.28
PTSD	1.68	1.94	-3.02**	1.86	1.84	.24
FUNCT	1.41	1.48	-1.13	1.47	1.45	.27
HSCL-25	1.66	1.85	-2.15*	1.78	1.80	-.23
ANX	1.52	1.68	-1.93	1.65	1.59	.72
DEP	1.61	1.76	-1.62	1.72	1.69	.37

B. DVs	Turkish proficiency			Person previously known			Making friendship		
	yes	no	t	yes	no	t	Yes	no	t
HTQ-IV	1.53	1.60	0.87	1.57	1.71	1.39	1.50	1.74	3.86***
PTSD	1.78	1.87	0.82	1.82	2.06	1.89	1.74	2.04	3.65***
FUNCT	1.41	1.47	0.91	1.45	1.57	1.36	1.39	1.59	3.50***
HSCL-25	1.64	1.82	1.78	1.76	1.94	1.31	1.67	2.00	3.87***
ANX	1.57	1.64	0.69	1.60	1.83	1.84	1.53	1.79	3.13**
DEP	1.57	1.74	1.53	1.69	1.88	1.40	1.57	1.96	4.40***

C. DVs	Family left behind			Communication with family behind			Death/lost from nuclear family			Family member currently fighting		
	yes	no	t	yes	no	t	yes	no	T	yes	no	t
HTQ-IV	1.58	1.65	0.49	1.59	1.54	-.57	1.96	1.54	-4.58***	1.58	1.58	.01
PTSD	1.84	1.95	0.65	1.87	1.72	-1.32	2.27	1.79	-3.93***	1.88	1.83	-.48
FUNCT	1.46	1.54	0.66	1.46	1.43	-.36	1.80	1.41	-4.53***	1.46	1.46	.01
HSCL-25	1.78	1.91	.74	1.78	1.78	.03	2.29	1.72	-4.62***	1.79	1.78	-.15
ANX	1.63	1.56	-.44	1.64	1.59	-.49	1.91	1.59	-2.56*	1.68	1.60	-.93
DEP	1.70	1.91	1.12	1.70	1.69	-.02	2.32	1.63	-5.48***	1.69	1.72	.25

*p < .05, **p < .01, ***p ≤ .001

Note 1. HTQ-IV = Post-traumatic Symptoms Total Score, PTSD = HTQ-IV DSM-IV PTSD Score, FUNCT = HTQ-IV Self-Perception of Psychosocial Functioning Score, ANX = HSCL-25 Anxiety Score, DEP = Depression Score.

Note 2. For all t scores, df = 109.

Table 2.36 Summary of ANOVAs for Post-Migration Socio-Demographic Characteristics on Mental Health Outcomes

DV _s	Source of Income			F (2 , 108)
	Only Camp Assistance	Working Family Member	Money Savings	
HTQ-IV	1.58_a	1.46_a	2.01_b	6.42**
PTSD	1.85	1.73	2.17	2.28
FUNCT	1.45_a	1.35_a	1.84_b	5.82**
HSCL-25	1.81	1.59	1.95	1.90
ANX	1.64	1.47	1.79	1.59
DEP	1.72	1.55	1.94	1.60
DV _s	Monthly Income Level			F (2 , 108)
	Very low	Low	Middle	
HTQ-IV	1.60_a	1.41_a	2.06_b	9.17***
PTSD	1.87	1.71	2.21	3.04
FUNCT	1.48_a	1.29_a	1.85_b	8.48***
HSCL-25	1.84	1.56	1.95	3.72*
ANX	1.65	1.50	1.84	1.81
DEP	1.78_{ab}	1.41_a	1.96_b	6.59**
DV _s	Household Type			F (2 , 108)
	Female-headed	Nuclear	Extended	
HTQ-IV	2.20_a	1.51_b	1.51_b	35.94***
PTSD	2.60_a	1.69_b	1.79_b	32.04***
FUNCT	2.00_a	1.40_b	1.39_b	31.29***
HSCL-25	2.49_a	1.64_b	1.73_b	23.14***
ANX	2.35_a	1.53_b	1.54_b	28.51***
DEP	2.48_a	1.57_b	1.63_b	25.03***

* $p < .05$, ** $p < .01$, *** $p \leq .001$

Note 1. HTQ-IV = Post-traumatic Symptoms Total Score, PTSD = HTQ-IV DSM-IV PTSD Score, FUNCT = HTQ-IV Self-Perception of Psychosocial Functioning Score, ANX = HSCL-25 Anxiety Score, DEP = Depression Score.

Note 2. The mean scores that do not share a same subscript on the same raw are significantly different from each other.

A series of MANOVAs were performed in order to investigate whether there were group differences regarding post-migration socio-demographic characteristics on PTSD factors consisting of re-experiencing traumatic events, avoidance and numbing, psychological arousal which served as the dependent variables (see Table 2.37).

Results showed that in terms of the length of unemployment, a significant main effect was obtained, [Multivariate $F(3, 107) = 4.30, p < .01, \eta^2 = .11$, Wilks' Lambda = .89]. Univariate analyses with Bonferroni correction ($p = .05 / 3 = .016$) provided a significant result on psychological arousal [$F(1, 109) = 12.98, p < .016, \eta^2 = .11$]. Accordingly, participants who were unemployed for longer time ($M = 2.34$) had higher levels of arousal than those who were unemployed for shorter time ($M = 1.87$).

Furthermore, results suggested a significant group main effect for monthly income level, [Multivariate $F(6, 212) = 2.95, p < .01, \eta^2 = .08$, Wilks' Lambda = .85]. Univariate analyses yielded a significant group difference on avoidance and numbing, [$F(2, 108) = 4.56, p < .016, \eta^2 = .08$] indicating that participants having middle income level ($M = 1.98$) had higher levels of avoidance and numbing than those having low ($M = 1.48$) and very low income levels ($M = 1.49$).

Regarding the household type, a significant main effect was found on PTSD factors, [Multivariate $F(6, 212) = 10.44, p < .001, \eta^2 = .23$, Wilks' Lambda = .60]. Univariate analyses revealed significant group differences on re-experiencing [$F(2, 108) = 24.68, p < .016, \eta^2 = .31$], avoidance [$F(2, 108) = 18.15, p < .016, \eta^2 = .25$] and arousal [$F(2, 108) = 28.76, p < .016, \eta^2 = .35$]. According to the post-hoc analyses, participants living in female-headed families ($M = 3.19, M = 1.95, M = 3.17$, respectively) had higher levels of re-experiencing traumas, avoidance and numbing, psychological arousal than those with nuclear ($M = 1.99, M = 1.34, M = 1.82$, respectively) and extended families ($M = 2.06, M = 1.35, M = 1.87$, respectively).

In terms of the social network, MANOVA results revealed a significant main effect for friendship on PTSD components, [Multivariate $F(3, 107) = 5.47, p < .01, \eta^2 = .13$, Wilks' Lambda = .87]. Univariate analyses showed significant differences on

avoidance and numbing, [$F(1, 109) = 14.79, p < .016, \eta^2 = .12$] and on psychological arousal, [$F(1, 109) = 9.47, p < .016, \eta^2 = .08$]. Accordingly, participants having no friends in Turkey ($M = 1.68, M = 2.44$, respectively) had higher levels of avoidance and arousal compared to those having friends ($M = 1.42, M = 2.03$, respectively)

Results of MANOVAs were summarized in Table 2.37.

The differences between the groups of post-migration socio-demographics were examined on the basis of the self-perception of psychosocial functioning scores through separate MANOVAs, where the components of perceived functioning (i.e., skills and talents, physical impairments, intellectual functioning, emotional functioning, social relationships, and spiritual/existential concerns) served as dependent variables (see Table 2.38).

MANOVA analysis provided a significant main effect for the income source in Turkey, [Multivariate $F(12, 206) = 2.98, p < .001, \eta^2 = .15$, Wilks' Lambda = .73]. Univariate analyses with Bonferroni correction ($p = .05 / 6 = .008$) revealed that a significant difference was obtained only on social relationships, [$F(2, 108) = 13.40, p < .008, \eta^2 = .20$] suggesting that participants having money savings in addition to camp assistance ($M = 2.23$) had more deterioration (problems) in social relationships in comparison to participants who stated that a family member worked ($M = 1.37$) and those who got only camp assistance ($M = 1.48$).

Concerning their monthly income level, a significant main effect was found on perceived functioning components, [Multivariate $F(12, 206) = 3.88, p < .001, \eta^2 = .18$, Wilks' Lambda = .67]. Univariate analyses showed a significant result on social relationships, [$F(2, 108) = 16.94, p < .008, \eta^2 = .24$]. According to the post-hoc comparisons, participants with middle income level ($M = 2.34$) perceived more problems in their social relationships compared to those who stated their income level as low ($M = 1.32$) and very low ($M = 1.51$). Univariate analyses further revealed a significant finding on spiritual and existential concerns, [$F(2, 108) = 5.55, p < .008, \eta^2 = .09$] indicating that participants with middle income level ($M = 1.99$) bothered in spiritual and existential concerns more than those with low income level ($M = 1.41$) whereas very low income level group ($M = 1.67$) did not show any significant difference from other income level groups.

MANOVA results yielded a significant group main effect for household type, [Multivariate $F(12, 206) = 7.50, p < .001, \eta^2 = .30, \text{Wilks' Lambda} = .48$]. Univariate analyses yielded that there was a significant difference on skills and talents, [$F(2, 108) = 25.72, p < .008, \eta^2 = .32$] indicating that participants living in female-headed households ($M = 2.33$) perceived more deterioration in skills and talents than those staying with nuclear families ($M = 1.38$) and those with extended families ($M = 1.30$). Univariate analyses further showed that there was a significant difference on physical impairment, [$F(2, 108) = 5.80, p < .008, \eta^2 = .10$] suggesting that participants living in female-headed households ($M = 2.00$) had more problems related to physical impairment than those staying with nuclear families ($M = 1.45$) and extended families ($M = 1.35$). Through univariate analyses, significant differences were also found on emotional functioning, [$F(2, 108) = 40.94, p < .008, \eta^2 = .43$], social relationships, [$F(2, 108) = 25.17, p < .008, \eta^2 = .32$], and spiritual and existential concerns, [$F(2, 108) = 15.60, p < .008, \eta^2 = .22$]. According to the post-hoc comparisons, participants living in female-headed households ($M = 2.44, M = 2.03, M = 2.10$, respectively) perceived more deterioration in their emotional functioning, social relationships, and spiritual concerns compared to those staying with nuclear families ($M = 1.34, M = 1.40, M = 1.46$, respectively) and those staying with extended families ($M = 1.35, M = 1.29, M = 1.44$, respectively).

Regarding their social network in Turkey, MANOVA analyses provided significant main effects for previously knowing people, [Multivariate $F(6, 104) = 2.71, p < .05, \eta^2 = .14, \text{Wilks' Lambda} = .87$]. Univariate analyses revealed a significant difference only on physical impairment, [$F(1, 109) = 10.63, p < .008, \eta^2 = .09$] suggesting that participants who did not have persons they knew previously ($M = 2.12$) reported more physical impairment than those having persons they knew previously ($M = 1.55$).

Moreover, a significant main effect was obtained for making friendships, [Multivariate $F(6, 104) = 2.95, p < .05, \eta^2 = .15, \text{Wilks' Lambda} = .86$]. According to the univariate analyses, significant differences were found on skills and talents, [$F(1, 109) = 12.04, p < .008, \eta^2 = .10$] and spiritual and existential concerns, [$F(1, 109) = 15.51, p < .008, \eta^2 = .13$]. Accordingly, that participants who did not have persons they knew previously ($M = 1.81, M = 1.83$, respectively) perceived more problems

related to their skills and talents and spiritual and existential concerns in comparison to those having persons they knew previously ($\underline{M} = 1.45$, $\underline{M} = 1.51$ respectively).

The results were provided in the Table 2.38.

Table 2.37 Results of MANOVAs for Post-Migration Socio-Demographic Characteristics on PTSD Factors

IV	Groups	RE	AN	PA	Multivariate df	Multivariate F	Univariate df	Univariate F	η^2	Wilks' Lambda
Income Source in Turkey	Camp assistance	2.35	1.51	2.18	6, 212	1.02			.03	.95
	Working fam. mem.	2.09	1.46	2.04						
	Money savings	2.77	1.75	2.53						
Unemployment Time	Short	2.13	1.43	1.87	3, 107	4.30**	1, 109	12.98 for PA	.11	.89
	Long	2.44	1.56	2.34						
Monthly Income	Very low	2.38	1.49_a	2.24	6, 212	2.95**	2, 108	4.56 for AN	.08	.85
	Low	2.16	1.48_a	1.89						
	Middle	2.51	1.98_b	2.52						
Time in Turkey	Short	2.37	1.52	2.17	3, 107	.27			.01	.99
	Long	2.30	1.50	2.19						
Number of Household	Low	2.18	1.43	2.04	3, 107	.23			.01	.99
	High	2.14	1.39	1.93						
Household Type	Female headed	3.19_a	1.95_a	3.17_a	6, 212	10.44***	2, 108	24.68 for RE, 18.15 for AN, 28.76 for PA	.23	.60
	Nuclear	1.99_b	1.34_b	1.82_b						
	Extended	2.06_b	1.35_b	1.87_b						

Table 2.37 Results of MANOVAs for Post-Migration Socio-Demographic Characteristics on PTSD Factors (Cont'd)

IV	Groups	RE	AN	PA	Multivariate df	Multivariate F	Univariate df	Univariate F	η^2	Wilks' Lambda
People Previously Known	Yes	2.32	1.48	2.14	3, 107	2.08			.06	.95
	No	2.49	1.73	2.48						
Friendship					3, 107	5.47**	1, 109	14.79 for AN, 9.47 for PA	.13	.87
	Yes	2.25	1.42	2.03						
	No	2.50	1.68	2.44						
Family members at home	Yes	2.33	1.51	2.16	3, 107	.91			.03	.98
	No	2.37	1.58	2.50						
Communication	Yes	2.36	1.54	2.18	3, 100	1.34			.04	.96
	No	2.24	1.37	2.08						

** $p < .01$, *** $p < .001$

Note 1. RE = Re-experiencing Traumatic Events, AN = Avoidance and Numbing, PA = Psychological Arousal

Note 2. The mean scores that do not share the same subscript on the same column for each scale are significantly different from each other.

Table 2.38 Results of MANOVAs for Post-Migration Socio-Demographic Characteristics on Perceived Psychosocial Functioning Factors

IV	Groups	ST	PI	IF	EF	SR	SC	Multivariate df	Multivariate F	Univariate df	Univariate F	η^2	Wilks' Lambda
Income Source in Turkey	Camp assistance	1.59	1.64	1.23	1.58	1.48_a	1.64	12, 206	2.98***	2, 108	13.40 for SR	.15	.73
	Working fam.	1.51	1.41	1.15	1.50	1.37_a	1.47						
	Money savings	1.68	1.77	1.21	2.17	2.23_b	1.95						
Unemployment Time	Short	1.46	1.53	1.21	1.48	1.49	1.57	6, 104	1.06			.06	.94
	Long	1.64	1.66	1.22	1.67	1.51	1.66						
Monthly Income	Very low	1.63	1.67	1.25	1.63	1.51_a	1.67_{ab}	12, 206	3.88***	2, 108	16.94 for SR, 5.55 for SC	.18	.67
	Low	1.38	1.44	1.11	1.41	1.32_a	1.41_a						
	Middle	1.76	1.53	1.16	2.15	2.34_b	1.99_b						
Time in Turkey	Short	1.59	1.63	1.21	1.58	1.52	1.61	6, 104	.56			.03	.97
	Long	1.56	1.60	1.22	1.63	1.49	1.66						
Number of Household	Low	1.45	1.35	1.16	1.48	1.42	1.53	6, 104	1.15			.06	.94
	High	1.40	1.59	1.14	1.45	1.37	1.49						
Household Type	Female headed	2.33_a	2.00_a	1.22	2.44_a	2.03_a	2.10_a	12, 206	7.50***	2, 108	25.72 for ST, 5.80 for PI, 40.94 for EF, 25.17 for SR, 15.60 for SC	.30	.48
	Nuclear	1.38_b	1.45_b	1.14	1.34_b	1.40_b	1.46_b						
	Extended	1.30_b	1.35_b	1.14	1.35_b	1.29_b	1.44_b						

Table 2.38 Results of MANOVAs for Post-Migration Socio-Demographic Characteristics on Perceived Functioning Factors (Cont'd)

IV	Groups	ST	PI	IF	EF	SR	SC	Multivariate df	Multivariate F	Univariate df	Univariate F	η^2	Wilks' Lambda
People Previously Known	Yes	1.55	1.55	1.22	1.60	1.51	1.61	6, 104	2.71*	1, 109	10.63 for PI	.14	.87
	No	1.80	2.12	1.20	1.60	1.50	1.78						
Friendship	Yes	1.45	1.55	1.18	1.52	1.44	1.51	6, 104	2.95*	1, 109	12.04 for ST, 15.51 for SC	.15	.86
	No	1.81	1.73	1.27	1.76	1.63	1.83						
Family members at home	Yes	1.56	1.60	1.21	1.60	1.50	1.63	6, 104	.55			.03	.97
	No	1.84	1.80	1.33	1.72	1.52	1.66						
Communication	Yes	1.56	1.65	1.21	1.59	1.48	1.65	6, 97	1.83			.10	.90
	No	1.57	1.39	1.20	1.64	1.59	1.52						

* $p < .05$, *** $p \leq .001$

Note 1. ST = Skills and Talents, PI = Physical Impairments, IF = Intellectual Functioning, EF = Emotional Functioning, SR = Social Relationships, SC = Spiritual/existential Concerns.

Note 2. The mean scores that do not share the same subscript on the same column for each scale are significantly different from each other.

2.2.12 Differences on Post-migration Stress and Post-migration Difficulties According to Considering and Planning the Return

In order to examine the group differences in considering and planning the return in terms of post-migration stress, one-way analyses of variance were conducted. Prior to the analyses, the variables (i.e., considering return, planning to return) were made categorical through median split (for descriptive information regarding the categories, see Table 2.39).

Table 2.39 Descriptive Information of the Variable Categories

Variable	Categories	N	Mean	SD	Range
Considering return	Less	62	3.06	1.04	1 - 4
	More	49	5	0	5 - 5
Planning to return	Less	90	1.41	.49	1 - 2
	More	21	3.86	.48	3 - 5

A significant finding was obtained on PMLD, [$F(1, 109) = 7.38, p < .01$] suggesting that participants who considered return more ($M = 2.19$) stated more post-migration stress than those who considered return less ($M = 1.97$). However, there was no significant difference in planning to return for PMLD.

Table 2.40 Results of ANOVAs for Considering and Planning Return on Post-Migration Stress

IV	Groups	PMLD	F (1, 109)
Consider the Return			7.38**
	More	2.19	
	Less	1.97	
Planning to Return			1.53
	More	2.17	
	Less	2.04	

** $p < .01$

Note. PMLD = Post-Migration Stress

MANOVAs were conducted to examine the group differences regarding considering and planning the return on PMLD factors consisting of difficulties accessing to health care, welfare and financial difficulties, worries about family and future, residency determination, loss of culture and support which served as the dependent variables (see Table 2.41). Results yielded that a significant group main effect was observed for considering the return, [Multivariate $F(5, 105) = 3.62, p < .01, \eta^2 = .15$, Wilks' Lambda = .85]. When the univariate analyses with Bonferroni correction ($p =$

.05 / 5 = .01) were examined, a significant result was found on worries about family and future, [$F(1, 109) = 11.24, p < .01, \eta^2 = .09$] suggesting that participants who considered return more ($M = 4.59$) had more worries about family and future compared to those who considered less ($M = 4.06$). Moreover, univariate analyses revealed a significant difference on loss of culture and support, [$F(1, 109) = 8.14, p < .01, \eta^2 = .07$] suggesting that participants who considered return more ($M = 1.86$) reported more loss of culture and support in comparison to those who considered less ($M = 1.49$).

2.2.13 Differences on Mental Health According to Considering and Planning the Return

In order to examine the group differences in considering and planning the return in terms of the mental health outcomes, one-way analyses of variance were conducted.

In terms of considering return to Syria, as can be followed from Table 2.42, ANOVA results yielded a significant difference on the scores of HTQ-IV, [$F(1, 109) = 6.94, p < .01$] suggesting that participants who considered return to Syria more ($M = 1.68$) reported more trauma symptoms than participants who considered return to Syria less ($M = 1.51$). A significant difference was also found on the levels of PTSD for considering return, [$F(1, 109) = 7.05, p < .01$] indicating that participants who considered return to Syria more ($M = 1.97$) had higher levels of post-traumatic symptoms than participants who considered return to Syria less ($M = 1.75$). For considering return, a significant finding was obtained on perceived psychosocial functioning, [$F(1, 109) = 6.29, p < .05$]. Accordingly, participants who considered return to a great extent ($M = 1.54$) perceived more deterioration in their psychosocial functioning than participants who considered return less ($M = 1.40$). Moreover, a significant result was obtained on the HSCL-25 score for considering return, [$F(1, 109) = 5.21, p < .05$] yielding that participants who considered return to Syria more ($M = 1.89$) had more emotional distress than those who considered return to Syria less ($M = 1.70$). Furthermore, a significant difference was found on the levels of anxiety, [$F(1, 109) = 7.63, p < .01$] indicating that participants who considered return to Syria more ($M = 1.75$) reported more anxiety symptoms than those who considered return to Syria less ($M = 1.53$). Lastly, for considering return to Syria, a significant difference was found on the depression score, [$F(1, 109) = 6.68, p < .05$]

revealing that participants who considered return to a large extent ($\underline{M} = 1.84$) had higher levels of depression than those who considered return to Syria less ($\underline{M} = 1.61$).

Table 2.41 Results of MANOVAs for Considering and Planning Return on PMLD Factors

IV	Groups	AHC	WFD	WFF	RD	LCS	Multivariate df	Multivariate F	Univariate df	Univariate F	η^2	Wilks' Lambda
Consider the Return	More	1.22	1.88	4.59	1.47	1.86	5, 105	3.62**	1, 109	11.24 for WFF, 8.14 for LCS	.15	.85
	Less	1.22	1.79	4.06	1.29	1.49						
Planning to Return	More	1.09	1.84	4.60	1.52	1.89	5, 105	1.95			.09	.92
	Less	1.25	1.83	4.22	1.33	1.60						

** $p < .01$.

Note 1. AHC = Difficulties Accessing to Health Care, WFD = Welfare and Financial Difficulties, WFF = Worries about Family and Future, RD = Residency Determination, LCS = Loss of Culture and Support.

Concerning planning to return to Syria, a significant difference was found on perceived psychosocial functioning, [$F(1, 109) = 3.99, p < .05$]. Accordingly, participants who plan to return more ($M = 1.58$) perceived more deterioration in their psychosocial functioning than those who plan to return less ($M = 1.43$). Moreover, a significant result was obtained on the levels of anxiety, [$F(1, 109) = 4.80, p < .05$] indicating that participants who plan to return to Syria more ($M = 1.81$) had higher levels of anxiety than those who plan to return to Syria less ($M = 1.58$). Results were provided in Table 2.42.

Table 2.42 Results of ANOVAs for Considering and Planning Return on Mental Health Outcomes

DVs	Considering return to Syria			Planning to return to Syria		
	Less	More	F (1, 109)	Less	More	F (1, 109)
HTQ-IV	1.51	1.68	6.94**	1.56	1.70	3.29
PTSD	1.75	1.97	7.05**	1.83	1.91	.51
FUNCT	1.40	1.54	6.29*	1.43	1.58	3.99*
HSCL-25	1.70	1.89	5.21*	1.76	1.91	1.96
ANX	1.53	1.75	7.63**	1.58	1.81	4.80*
DEP	1.61	1.84	6.68*	1.68	1.83	1.68

* $p < .05$, ** $p < .01$

Note 1, HTQ-IV = Post-traumatic Symptoms Total Score, PTSD = HTQ-IV DSM-IV PTSD Score, FUNCT = HTQ-IV Self-Perception of Psychosocial Functioning Score, ANX = Anxiety Score, DEP = Depression Score.

2.2.14 Differences on Post-migration Stress and Post-Migration Difficulties According to Social Support from Ethnic and Host Community

In order to examine the group differences in social support from ethnicity and host community in terms of post-migration stress, one-way analyses of variance were conducted (see Table 2. 44). Prior to the analyses, the variables (i.e., social support from ethnic community, social support from host community) were made categorical through median split (for descriptive information regarding the categories, see Table 2.43).

Table 2.43 Descriptive Information of the Variable Categories

Variable	Categories	N	Mean	SD	Range
Social support from ethnic community	Less	68	2.21	.82	1 - 3
	More	43	4.14	.35	4 - 5
Social support from host community	Less	75	2.41	.64	1 - 3
	More	36	4.28	.45	4 - 5

Results showed that a significant difference was obtained on PMLD for social support from ethnicity, [$F(1, 109) = 8.73, p < .01$] suggesting that participants who had less social support from ethnic community ($M = 2.16$) reported more post-migration stress than those who had more social support from ethnic community ($M = 1.92$). Also, with respect to social support from host community, a significant difference was found on PMLD, [$F(1, 109) = 28.92, p < .001$] indicating that participants who had less social support from Turkish community ($M = 2.21$) reported more post-migration stress than those who had more social support from Turkish community ($M = 1.78$).

Table 2.44 Results of ANOVAs for Social Support from Ethnic and Host Community on Post-Migration Stress

IV	Groups	Post-Migration Stress	F (1, 109)
SS from Ethnicity	More	1.92	8.73**
	Less	2.16	
SS from Host Com.	More	1.78	28.92***
	Less	2.21	

** $p < .01$, *** $p < .001$

Note 1. SS = Social Support

MANOVAs were performed to examine the group differences regarding social support from ethnicity and host community on PMLD factors consisting of difficulties accessing to health care, welfare and financial difficulties, worries about family and future, residency determination, loss of culture and support which served as the dependent variables (see Table 2.45). Results yielded that a significant group main effect was observed for social support from ethnic group, [Multivariate $F(5, 105) = 2.68, p < .05, \eta^2 = .11$, Wilks' Lambda = .89]. When the univariate analyses with Bonferroni correction ($p = .05 / 5 = .01$) were examined, a significant result was found on loss of culture and support, [$F(1, 109) = 10.63, p < .01, \eta^2 = .09$] suggesting that participants who had less social support from Syrian people ($M = 1.82$) reported more loss of culture and support compared to those who had more support ($M = 1.39$).

Furthermore, a significant group main effect was found for social support from host community, [Multivariate $F(5, 105) = 8.35, p < .001, \eta^2 = .28$, Wilks' Lambda = .72]. Univariate analyses with Bonferroni correction showed a significant result on

welfare and financial difficulties, [$F(1, 109) = 8.43, p < .01, \eta^2 = .07$] indicating that participants who had less social support from Turkish people ($M = 1.96$) had more welfare and financial difficulties than those who had more support ($M = 1.56$). Also, univariate analyses yielded a significant result on worries about family and future, [$F(1, 109) = 29.84, p < .01, \eta^2 = .22$] suggesting that participants who had less social support from Turkish people ($M = 4.57$) had more worries about family and future than those who had more support ($M = 3.72$). Lastly, univariate analyses yielded a significant result on loss of culture and support, [$F(1, 109) = 17.04, p < .01, \eta^2 = .14$] indicating that participants who had less social support from Turkish people ($M = 1.83$) had more loss of culture and support than those who had more support ($M = 1.28$).

2.2.15 Differences on Mental Health According to Social Support from the Ethnic Community and the Host Community

In order to examine the group differences in social support from the ethnic community and the host community with respect to mental health outcomes, one-way analyses of variance were conducted.

Results were presented in the Table 2.46.

ANOVA results showed that participants who perceived different levels of social support from ethnic community reported significant differences on perceived psychosocial functioning, [$F(1, 109) = 4.00, p < .05$]. Accordingly, participants who had less social support from their ethnic community ($M = 1.51$) perceived more deterioration in their psychosocial functioning than those who had more social support from ethnic community ($M = 1.39$). Furthermore, a significant difference was obtained on PMLD, [$F(1, 109) = 8.73, p < .01$] suggesting that participants who had less social support from ethnic community ($M = 2.16$) reported more post-migration stress than those who had more social support from ethnic community ($M = 1.92$).

Concerning the social support from the host community, a significant difference was found on the scores of HTQ-IV, [$F(1, 109) = 25.20, p < .001$] suggesting that participants who had less social support from Turkish community ($M = 1.69$) reported more trauma symptoms compared to those who had more social support

from Turkish community ($\underline{M} = 1.37$). A significant result was also obtained on the levels of PTSD, [$F(1, 109) = 22.78, p < .001$] indicating that participants who had less social support from Turkish community ($\underline{M} = 1.97$) reported more posttraumatic symptoms than those who had more social support from Turkish community ($\underline{M} = 1.59$).

Table 2.45 Results of MANOVAs for Social Support from Ethnic and Host Community on PMLD Factors

IV	Groups	AHC	WFD	WFF	RD	LCS	Multivariate df	Multivariate F	Univariate df	Univariate F	η^2	Wilks' Lambda
SS from Ethnic Community	More	1.13	1.65	4.13	1.34	1.39	5, 105	2.68*	1, 109	10.63 for LCS	.11	.89
	Less	1.28	1.95	4.40	1.38	1.82						
SS from Host Community	More	1.17	1.56	3.72	1.19	1.28	5, 105	8.35***	1, 109	29.84 for WFF, 8.43 for RD, 17.04 for LCS	.28	.72
	Less	1.25	1.96	4.57	1.45	1.83						

* $p < .05$, *** $p \leq .001$

Note 1. AHC = Difficulties Accessing to Health Care, WFD = Welfare and Financial Difficulties, WFF = Worries about Family and Future, RD = Residency Determination, LCS = Loss of Culture and Support, SS = Social Support.

Moreover, a significant difference was observed on perceived psychosocial functioning for social support from Turkish people [$F(1, 109) = 21.25, p < .001$] revealing that participants who had less social support from Turkish community ($M = 1.55$) perceived more deterioration in their functioning than those who had more social support from Turkish community ($M = 1.28$). Furthermore, Anova results yielded a significant difference on HSCL-25, [$F(1, 109) = 42.95, p < .001$] suggesting that participants who had less social support from Turkish community ($M = 1.95$) had more emotional distress than those who had more social support from Turkish community ($M = 1.44$). A significant result was observed on the levels of anxiety, [$F(1, 109) = 16.44, p < .001$]. Accordingly, participants who had less social support from Turkish community ($M = 1.73$) reported more anxiety symptoms than those who had more social support from Turkish community ($M = 1.40$). Lastly, a significant difference was obtained on the levels of depression, [$F(1, 109) = 40.43, p < .001$]. Accordingly, participants who had less social support from Turkish community ($M = 1.88$) had higher levels of depression compared to those who had more social support from Turkish community ($M = 1.35$).

Table 2.46 Results of ANOVAs for Social Support from Ethnic and Host Community on Mental Health Outcomes

DVs	Social Support from Ethnic Community			Social Support from Host Community		
	Less	More	F (1, 109)	Less	More	F (1, 109)
HTQ-IV	1.63	1.51	3.87	1.69	1.37	25.20***
PTSD	1.90	1.76	2.82	1.97	1.59	22.78***
FUNCT	1.51	1.39	4.00*	1.55	1.28	21.25***
HSCL-25	1.83	1.71	1.69	1.95	1.44	42.95***
ANX	1.69	1.53	3.50	1.73	1.40	16.44***
DEP	1.78	1.60	3.41	1.88	1.35	40.43***

* $p < .05$, *** $p < .001$

Note 1. HTQ-IV = Post-traumatic Symptoms Total Score, PTSD = HTQ-IV DSM-IV PTSD Score, FUNCT = HTQ-IV Self-Perception of Psychosocial Functioning Score, ANX = Anxiety Score, DEP = Depression Score.

2.2.16 Four Sets of Hierarchical Linear Regressions

Four sets of hierarchical regression analyses were conducted to reveal the predictors of the mental health outcomes. Hierarchical regression analyses were performed to assess the relative contribution of pre-migration traumatic events and post-migration living difficulties to the levels of mental health symptoms. In order to investigate the associated factors with mental health outcomes, (i) Post-Traumatic Stress Disorder (ii) Self-Perception of Psychosocial Functioning (iii) Depression (iv) Anxiety, separate hierarchical regression analyses were employed via the stepwise method. For each dependent variable, variables were entered into the equation in three steps, which reflect the chronological nature of the refugee experience. In the first step, critical demographic variables were entered in order to control for the variance accounted for by these control variables. The general demographic variables (i.e., gender, age, marital status, occupation level at home) related to the pre-migration environment that revealed a zero-order correlation coefficient of at least .20 with the dependent variable were selected for the regression analysis. Prior to the analyses, to avoid small cell numbers, the demographic variables including marital status and occupation level at home were collapsed into two categories. In the second step, pre-migration traumatic events (i.e., detention and human right abuses, exposure to conflict and social upheaval, physical injury, forced separation and loss of loved ones) were entered into the equation. In the third step, post-migration living difficulties (i.e., difficulties in accessing to health care, welfare and financial difficulties, worries about family and future, residential difficulties, loss of culture and support) were entered into the equation.

2.2.16.1 Factors Associated with Symptoms of Post-Traumatic Stress Disorder

As can be followed from Table 2.47, hierarchical regression analysis yielded that among the control measures, initially gender entered into the equation, and explained 33 % of the variance, [$F(1, 104) = 50.80, p < .001$]. A significant negative association was obtained between gender and PTSD ($\beta = -.57, \beta = -.57, t[104] = -7.13, p < .001$), indicating that female participants reported more post-traumatic stress. Following gender, age entered into the equation and the explained variance increased to 39 %, [$F_{\text{change}}(1, 103) = 9.66, p < .01$]. A significant negative association was observed between age and post-traumatic stress ($\beta = -.29, \beta = -.25,$

$t [103] = -3.11, p < .01$), suggesting that after controlling for the variance accounted for by gender, younger participants revealed more post-traumatic stress.

Among the pre-migration traumatic events, only “forced separation and loss of loved ones” entered into the equation, and the explained variance increased to 44 %, [$F_{\text{change}} (1, 102) = 9.39, p < .01$]. A significant positive association was observed between “forced separation and loss of loved ones” and post-traumatic stress ($\beta = .29, \beta = .23, t [102] = 3.06, p < .01$), indicating that after controlling for the variance accounted for by demographic characteristics including gender and age, forced separation and loss of loved ones increased post-traumatic stress scores.

In terms of the post-migration risk factors, “loss of culture and support” entered into the equation, and the explained variance increased to 54 %, [$F_{\text{change}} (1, 101) = 21.50, p < .001$]. A significant positive association was found between “loss of culture and support” and post-traumatic stress ($\beta = .42, \beta = .33, t [101] = 4.64, p < .001$), revealing that after controlling for the variance accounted for by gender, age, and forced separation and loss of loved ones, participants who had more loss of culture and support tended to report more post-traumatic stress.

Table 2.47 Factors Associated with Symptoms of Post-Traumatic Stress Disorder

IV	df	F_{change}	B	$t_{(\text{within set})}$	β	R^2
A.PTSD						
1.Control Measures						
Gender	1, 104	50.80***	-.57	-7.13***	-.57	.33
Age	1, 103	9.66**	-.25	-3.11**	-.29	.39
2.Pre-migration Traumatic Events						
Forced Separation and Loss	1, 102	9.39**	.23	3.06**	.29	.44
3.Post-Migration Factors						
Loss of Culture and Support	1, 101	21.50***	.33	4.64***	.42	.54

* $p < .05$, ** $p < .01$, *** $p < .001$

2.2.16.2 Factors Associated with Self-Perception of Psychosocial Functioning

Hierarchical regression analysis showed that among the control measures, initially age was found to be significantly associated with the perception of functioning, and this variable explained 8 % of the variance, [$F (1, 104) = 8.71, p < .01$] (see Table 2.48). A significant negative association was obtained between age and the perception of functioning ($\beta = -.28, \beta = -.28, t [104] = -2.95, p < .01$), indicating that younger participants were more likely to report deterioration in their psychosocial

functioning. Following age, marital status entered into the equation and the explained variance increased to 13 %, [$F_{\text{change}}(1, 103) = 8.98, p < .01$]. A significant negative association was found between marital status and the perception of functioning ($\beta = -.22, t [103] = -2.36, p < .05$), suggesting that after controlling for the variance accounted for by age, unmarried participants tended to have worse perceived psychosocial functioning .

The stepwise regression equation did not provide significant associations with the pre-migration traumatic events in terms of the perception of functioning.

Concerning the post-migration risk factors, “loss of culture and support” entered into the equation, and the explained variance increased to 33 %, [$F_{\text{change}}(1, 102) = 31.56, p < .001$]. A significant positive association was found between “loss of culture and support” and perception of functioning ($\beta = .46, t [102] = 5.62, p < .001$), yielding that after controlling for the variance accounted for by age and marital status, participants having more loss of culture and support tended to report more deterioration of psychosocial functioning.

Table 2.48 Factors Associated with Self-perception of Psychosocial Functioning

IV	df	F _{change}	B	t _(within set)	β	R ²
Self-Perception of Functioning						
1. Control Measures						
Age	1, 104	8.71**	-.28	-2.95**	-.28	.08
Marital Status	1, 103	5.57*	-.22	-2.36*	-.22	.13
2. Pre-Migration Traumatic Events						
-						
3. Post-Migration Factors						
Loss of Culture and Support	1, 102	31.56***	.48	5.62***	.46	.33

* $p < .05$, ** $p < .01$, *** $p < .001$

2.2.16.3 Factors Associated with the Symptoms of Depression

As can be followed from Table 2.49, hierarchical regression analysis yielded that among the control measures, initially gender entered into the equation, and explained 13 % of the variance, [$F(1, 104) = 15.41, p < .001$]. A significant negative association was obtained between gender and depression ($\beta = -.36, t [104] = -3.93, p < .001$), indicating that female participants tended to report higher levels of depression. Following gender, marital status entered into the equation and the explained variance increased to 18 %, [$F_{\text{change}}(1, 103) = 6.68, p < .05$]. A significant

negative association was found between marital status and the symptoms of depression ($\beta = -.25$, $\beta = -.23$, $t [103] = -2.58$, $p < .05$), suggesting that after controlling for the variance accounted for by gender, unmarried participants were more likely to have the highest levels of depression. In terms of the demographic variables, following gender and marital status, age entered into the equation and the explained variance increased to 23 %, [$F_{\text{change}} (1, 102) = 6.10$, $p < .05$]. A significant negative association was observed between age and the symptoms of depression ($\beta = -.24$, $\beta = -.22$, $t [102] = -2.47$, $p < .05$), revealing that after controlling for the variance accounted for by gender and marital status, younger participants were more likely to have higher levels of depression.

Among the pre-migration traumatic events, only “forced separation and loss of loved ones” entered into the equation, and the explained variance increased to 30 %, [$F_{\text{change}} (1, 101) = 9.58$, $p < .01$]. A significant positive association was observed between “forced separation and loss of loved ones” and ($\beta = .29$, $\beta = .27$, $t [101] = 3.10$, $p < .01$), indicating that after controlling for the variance accounted for by demographic characteristics including gender, marital status and age, “forced separation and loss of loved ones” increased the levels of depression.

Regarding the post-migration risk factors, “loss of culture and support” entered into the equation, and the explained variance increased to 47 %, [$F_{\text{change}} (1, 100) = 32.52$, $p < .001$]. A significant positive association was obtained between “loss of culture and support” and the levels of depression ($\beta = .50$, $\beta = .45$, $t [100] = 5.70$, $p < .001$), showing that after controlling for the variance accounted for by gender, marital status, age, and “forced separation and loss of loved ones”, participants having more loss of culture and support tended to report higher levels of depression.

Table 2.49 Factors Associated with the Symptoms of Depression

IV	df	F _{change}	B	t _(within set)	β	R ²
Depression						
1. Control Measures						
Gender	1, 104	15.41***	-.36	-3.93***	-.36	.13
Marital Status	1, 103	6.68*	-.23	-2.58*	-.25	.18
Age	1, 102	6.10*	-.22	-2.47*	-.24	.23
2. Pre-Migration Traumatic Events						
Forced Separation and Loss	1, 101	9.58**	.27	3.10**	.29	.30
3. Post-Migration Factors						
Loss of Culture and Support	1, 100	32.52***	.45	5.70***	.50	.47

* $p < .05$, ** $p < .01$, *** $p < .001$

2.2.16.4 Factors Associated with the Symptoms of Anxiety

As can be followed from Table 2.50, hierarchical regression analysis revealed that among the control measures, initially gender entered into the equation, and explained 24 % of the variance, [$F(1, 104) = 32.54, p < .001$]. A significant negative association was found between gender and anxiety ($\beta = -.49, t[104] = -5.70, p < .001$), indicating that female participants tended to report higher levels of anxiety. Following gender, age entered into the equation and the explained variance increased to 35 %, [$F_{\text{change}}(1, 103) = 17.25, p < .001$]. A significant negative association was observed between age and the symptoms of depression ($\beta = -.38, t[103] = -4.15, p < .001$), suggesting that after controlling for the variance accounted for by gender, younger participants were more likely to have higher levels of anxiety.

In the second step, none of the pre-migration traumatic events had a significant association with the symptoms of anxiety.

Among the post-migration risk factors, worries about family and future entered into the equation, and the explained variance increased to 40 %, [$F_{\text{change}}(1, 102) = 9.37, p < .01$]. A significant positive association was obtained between worries about family and future and the levels of anxiety ($\beta = .29, t[102] = 3.06, p < .01$), showing that after controlling for the variance accounted for by gender and age, participants having more worries about family and future tended to have higher levels of anxiety. In terms of the post-migration environment, loss of culture and support was found to be significantly associated with the symptoms of anxiety, and this variable explained 43 % of the variance, [$F(1, 101) = 4.59, p < .05$]. A significant positive association was observed between loss of culture and support and anxiety ($\beta = .21, t[101] = 2.14, p < .05$), revealing that after controlling for the variance accounted for by gender, age and worries about family and future, participants with more loss of culture and support had higher levels of the anxiety symptoms.

Table 2.50 Factors Associated with the Symptoms of Anxiety

	IV	df	F _{change}	β	t _(within set)	pr	R ²
Anxiety							
1. Control Measures							
Gender		1, 104	32.54***	-.49	-5.70***	-.49	.24
Age		1, 103	17.25***	-.34	-4.15***	-.38	.35
2. Pre-migration Traumatic Events							
-							
3. Post-Migration Factors							
Worries about Family, Future		1, 102	9.37**	.26	3.06**	.29	.40
Loss of Culture and Support		1, 101	4.59*	.17	2.14*	.21	.43

*p < .05, **p < .01, ***p < .001

2.2.17 Moderational Regression Analyses to Predict Mental Health Outcomes

A series of moderated regression analyses were conducted in order to understand the interaction between pre-migration traumatic events and post-migration living difficulties on the dependent variables, i.e. PTSD, perception of psychosocial functioning, anxiety and depression. The pre-migration traumatic events were treated as independent variables in each multiple regression equation, where the post-migration conditions were moderator variables, and the PTSD, perception of psychosocial functioning, anxiety and depression were the dependent variables. Prior to the moderated regression analyses, all independent and moderational variables which are continuous were standardized via centring. Interaction terms were investigated for each dependent variable separately. For each dependent variable, in the first step of the analysis, centred HTQR-I Factors (i.e., detention and human right abuses, exposure to conflict and social upheaval, physical injury, forced separation and loss of loved ones) and centred PMLD Factors (i.e., difficulties accessing to health care, welfare and financial difficulties, worries about family and future, residency determination, loss of culture and support) were entered into the equation and in the second step, twenty interactions between centred HTQR-I and centred PMLD factors were entered into the equation. The interaction terms that emerged as significant in the initial regression were computed separately in a reduced model that included only the two main effects and the interaction. Following subsequent multiple regression equations, slope analyses were conducted separately for each significant interaction relations that remained significant in the reduced model.

In terms of PTSD, the interaction of detention/human rights abuses (HRA) and residential difficulties (RD) ($\beta = .40$, $t(81) = 2.48$, $p < .05$), the interaction of forced separation and loss of loved ones (FSL) and loss of culture and support (LCS) ($\beta = .40$, $t(81) = 2.91$, $p < .01$), the interaction of physical injury (PI) and welfare and financial difficulties (WFD) ($\beta = -.24$, $t(81) = -2.03$, $p < .05$) revealed significant relations with post-traumatic stress. In the reduced models, the interaction of HRA and RD did not turn out to be significant while the interaction of FSL and LCS ($\beta = .50$, $p < .05$) (see Table 2.49.A) and the interaction of PI and WFD ($\beta = -.39$, $p < .05$) (see Table 2.51.B) remained significant to predict post-traumatic stress.

Table 2.51 Moderational Regression Analyses to Predict PTSD Symptoms

Predictors of PTSD	B	SE	β	t	R ²	df
A.						
1) Pre-Migration					.23***	2,108
FSL	.13	.12	.09	1.09		
Post-Migration						
LCS	.28	.05	.45	5.30***		
2) Interaction terms					.27*	3,107
FSL x LCS	.50	.20	.21	2.49*		
B.						
1) Pre-Migration					.03	2,108
PI	-.14	.12	-.12	-1.22		
Post-Migration						
WFD	.07	.06	.12	1.24		
2) Interaction terms					.06*	3,107
PI x WFD	-.39	.20	-.19	-1.98*		

* $p < .05$, ** $p < .001$

Note. FSL = Forced Separation and Loss of Loved Ones, LCS = Loss of Culture and Support, PI = Physical Injury, WFD = Welfare and Financial Difficulties.

In order to examine the meaning of interaction, slope analyses were conducted (Holmbeck, 2002). Two post hoc regression analyses were performed to investigate whether the simple regression slopes of post-traumatic stress on FSL were statistically significant for high LCS and low LCS conditions as well as to investigate whether the simple regression slopes of post-traumatic stress on PI were statistically significant for high WFD and low WFD conditions. For this purpose, the conditional moderator variables and their new interactions were calculated. Concerning the first interaction of FSL and LCS, two post-hoc regression analyses were performed with simultaneous entry for High and Low LCS conditions. For High LCS condition, centred FSL, high LCS, and their interaction and for Low LCS condition, centred

FSL, low LCS, and their interaction were entered respectively. The results of the post-hoc regression analysis demonstrated that FSL is significant only for high LCS condition ($\beta = .39$, $t(107) = 2.68$, $p < .01$), but not for the low LCS condition ($\beta = -.11$, $t(107) = -.97$, ns). The simple regression slopes for the high and low levels of LCS (i.e. 1 SD above and below the mean) were presented in Figure 3. When we examined the first interaction graph, the results demonstrated that the asylum seekers who lived more forced separation and loss of loved ones significantly reported more PTSD symptoms if they experienced more loss of culture and support.

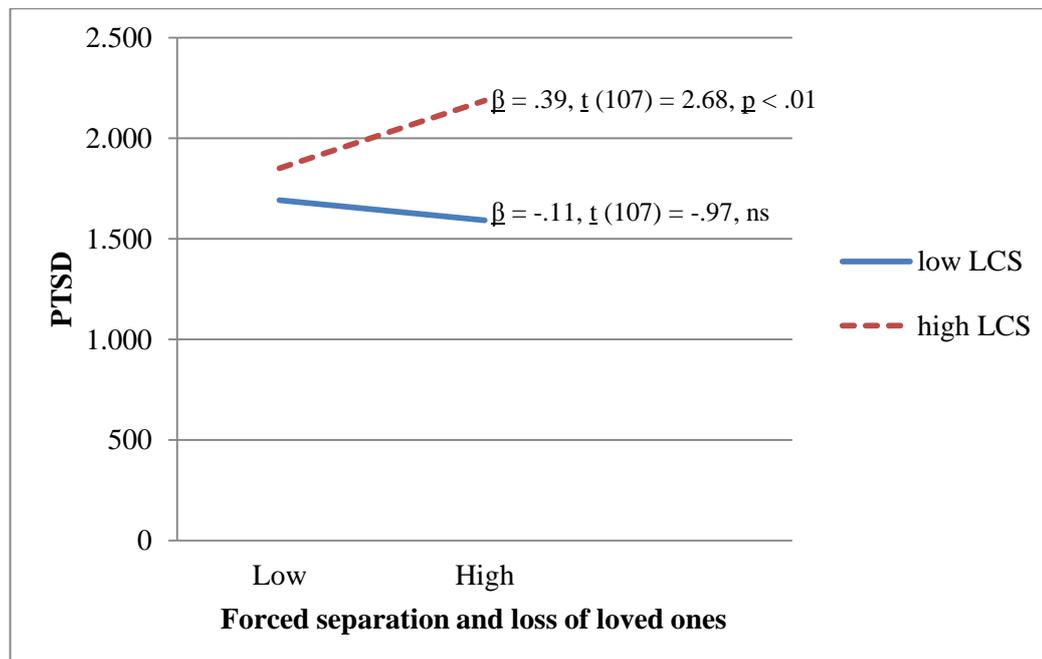


Figure 3. The Interaction Plot of FSL and LCS for PTSD Symptoms

For the second interaction of PI and WFD, two post-hoc regression analyses were performed for high and low WFD conditions. In the first analysis, centred PI, high WFD and their interaction, in the second analysis, centred PI, low WFD and their interaction were entered at one step respectively. The results of the analyses revealed that low WFD condition did not alter the relationship between PI and PTSD ($\beta = .13$, $t(107) = .83$, ns) whereas high WFD condition altered the relationship between PI and PTSD ($\beta = -.32$, $t(107) = -2.30$, $p < .05$). The simple regression slopes for the high and low levels of WFD (i.e. 1 SD above and below the mean) were shown in Figure 4. The interaction graph for post-traumatic stress showed that the asylum seekers who experienced less physical injury of themselves and/or close ones significantly reported more PTSD symptoms if they had more welfare and financial

difficulties. Moreover, although the figure does not show a significant interaction for low WFD condition, it would be said that it shows a tendency in which, if the asylum seekers had less welfare and financial difficulties, more physical injury contributed to the higher levels post-traumatic stress.

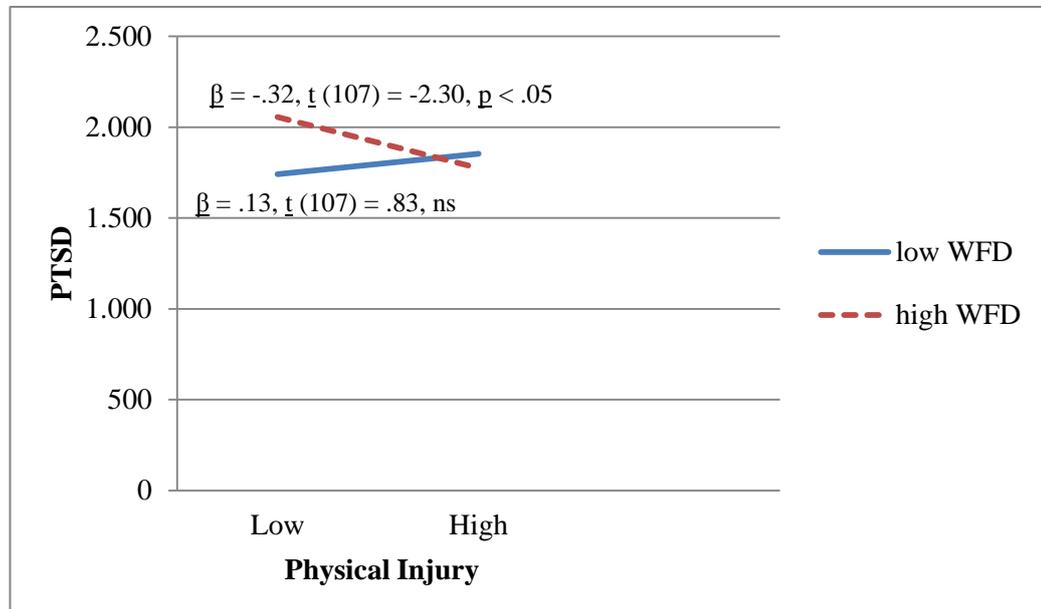


Figure 4. The Interaction Plot of PI and WFD for PTSD Symptoms

Regarding the perception of psychosocial functioning, a moderated regression analysis was conducted in order to see the interaction effects of pre-migration traumatic events and post-migration difficulties to predict perception of functioning. However, none of the interaction terms revealed a significant relation with perception of functioning.

Concerning the symptoms of anxiety, the interaction of forced separation and loss of loved ones (FSL) and loss of culture and support (LCS) ($\beta = .38, p < .05$), the interaction of physical injury (PI) and welfare and financial difficulties (WFD) ($\beta = -.26, p < .05$) were found to be significantly associated with anxiety. In the reduced models, the interaction of FSL and LCS did not turn out to be significant while the interaction of PI and WFD (see Table 2.52) remained significant to predict anxiety ($\beta = -.23, p < .05$).

Table 2.52 Moderational Regression Analysis to Predict Anxiety

Predictors of Anxiety	Beta	SE	β	t	R ²	df
1) Pre-Migration					.04	2,108
PI	-.23	.11	-.19	-1.99*		
Post-Migration						
WFD	.05	.06	.07	.77		
2) Interaction terms					.09*	3,107
PI x WFD	-.47	.19	-.23	-2.46*		

* $p < .05$

Note. PI = Physical Injury, WFD = Welfare and Financial Difficulties.

The slope of each regression line was tested to see whether they were statistically significant. A post-hoc regression analysis was performed to examine whether the simple regression slopes of anxiety on PI were statistically significant for high WFD and low WFD conditions. For this purpose, the conditional moderator variables and their new interactions were calculated. For the interaction of PI and WFD, two post-hoc regression analyses were performed for high and low WFD conditions. In the first analysis, centred PI, high WFD and their interaction, in the second analysis, centred PI, low WFD and their interaction were entered at one step respectively. The results of the analyses revealed that PI is only significant for the high WFD condition ($\beta = -.44$, $t(107) = -3.19$, $p < .01$), but not for the low WFD condition ($\beta = .11$, $t(107) = .72$, ns). The simple regression slopes for the high and low levels of WFD (i.e. 1 SD above and below the mean) were depicted in Figure 5. Accordingly, the asylum seekers who experienced less physical injury of themselves and/or close ones significantly reported more anxiety symptoms if they had more welfare and financial difficulties. Furthermore, although the figure do not show a significant interaction for low WFD condition, it would be said that it shows a tendency in which, if the asylum seekers had less welfare and financial difficulties, more physical injury contributed to the higher levels anxiety.

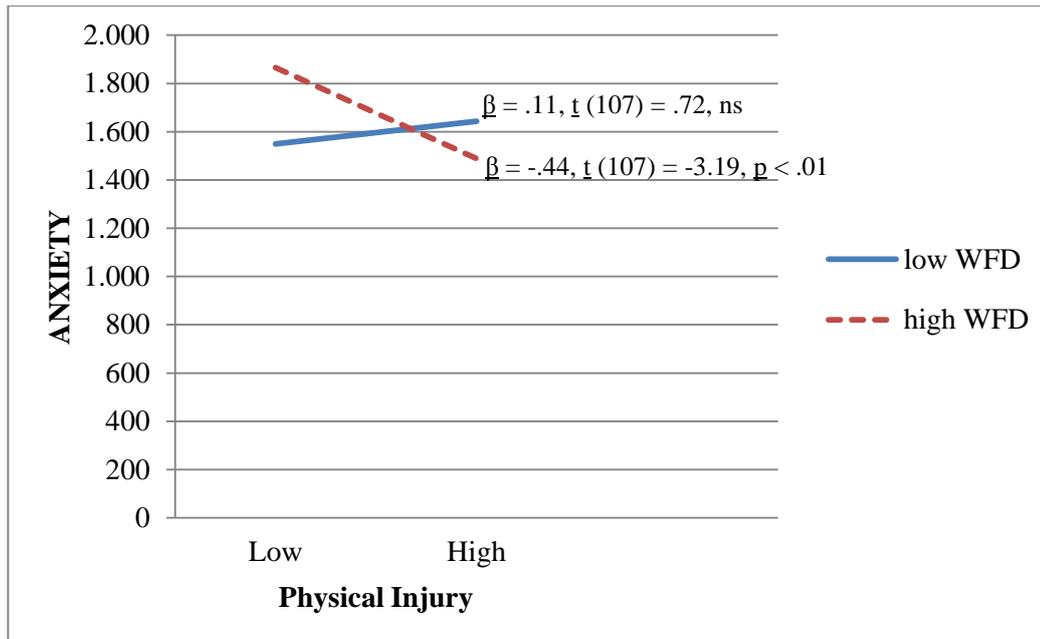


Figure 5. The Interaction Plot of PI and WFD for Anxiety Symptoms

In terms of depression symptoms, initial moderated regression analysis yielded that the interaction between forced separation and loss of loved ones (FSL) and difficulties in accessing to health care (AHC) ($\beta = .24, p < .05$) was found to be significantly associated with depression. However, in the reduced model, the interaction of FSL and AHC did not turn out to be significant to predict the symptoms of depression.

CHAPTER 3

THE QUALITATIVE STUDY

3.1 Method

3.1.1 Participants

Data was collected from 29 registered Syrian asylum seekers living in three different camps in Kilis and Hatay provinces including one containerized camp ($n = 23$, 79.3 %), one tented camp ($n = 3$, 10.3 %) and one camp where asylum seekers stay in an old building ($n = 3$, 10.3 %).

3.1.1.1 General Characteristics

Participants included 18 female (62.1 %) and 11 male (37.9 %) asylum seekers and the ages of the participants ranged between 16 and 70 ($M = 36.38$, $SD = 1.45$). 21 participants (72.4 %) were Syrian-Arab whereas the rest of those ($n = 8$, 27.6 %) were Syrian-Turkmen. In terms of their marital status, majority of the participants ($n = 20$, 69 %) were married while the rest of those were single ($n = 6$, 20.7 %) or widowed ($n = 3$, 10.3 %). Regarding the education levels of the participants, 2 participants (6.9 %) were illiterate, 1 participant (3.4 %) was literate although s/he did not complete primary school. 10 participants (34.5 %) completed a primary school degree, 7 participants (24.1 %) had a secondary or high school degree, 2 participants (6.9 %) completed a university degree. One of the participants was walking disabled because of a health problem and one of the participants was not able to walk because of the injury happened during the war and his broken bone was set. The general demographic characteristics of the participants are presented in Table 3.1.

Table 3.1 General Demographic Characteristics of the Participants

Variable	F	%	Mean	SD	Range
Gender					
Female	18	62.1			
Male	11	37.9			
Age			36.38	1.45	16-70
Ethnicity					
Syrian Arab	21	72.4			
Syrian Turkmen	8	27.6			
Marital status					
Single	6	20.7			
Married	20	69			
Widowed	3	10.3			
Education level					
Illiterate	2	6.9			
Literate	1	3.4			
Primary school	10	34.5			
Secondary school	7	24.1			
High school	7	24.1			
University	2	6.9			

3.1.1.2 Work Experiences

Regarding the occupation levels in Syria, 9 of the participants (31 %) had been unemployed and all of them were women. 2 of the participants (6.9 %) had been working in professional occupations like French teacher, 5 of the participants (17.2 %) had been working in managerial jobs and these participants stated that they had engaged in trade. 3 participants (10.3 %) had been working in higher level skilled labours whereas 9 participants (31 %) had been working in lower level skilled jobs. Only 1 participant (3.4 %) had been university student in Syria.

In terms of their income types in Turkey, majority ($n = 19$, 65.5 %) were receiving only camp assistance. In addition to this assistance, 5 participants (17.2 %) stated that a family member or he/she was working in a paid employment or for the goods. Furthermore, 2 participants (6.9 %) were sometimes receiving money from their family members staying and working in Syria. 3 participants (10.3 %) had money in savings.

Regarding the current work in Turkey, most of the participants ($n = 28$, 96.6 %) were not working in a paid employment or for the goods while only one participant (3.4 %) was working in the camp services and sometimes receiving in kind assistance. For the previous work since arrival in Turkey, 3 participants (10.3 %) had worked while 26 participants (89.7 %) had not worked in Turkey before.

69 % of the participants ($n = 20$) reported that their occupation level in Turkey changed compared to the pre-migration level while 31 % of the participants ($n = 9$) reported that it did not change. The participants who did not report a change in occupational level between pre- and post-migration were the unemployed participants. A mean time spent being a non-employed among the participants who had been the employees in Syria was 11.45 months ($SD = 5.84$, range = 3 - 24).

When they were asked about their evaluation of the monthly income level, 69 % of the participants ($n = 20$) indicated very low, 20.7 % of the participants ($n = 6$) indicated low, and 10.3 % of the participants ($n = 3$) indicated medium level of income. Furthermore, when asked about if a change occurred in their monthly income level, all of the participants noted that their monthly income level decreased.

The detailed information regarding the occupation experiences of the participants can be followed from Table 3.2.

Table 3.2 Work Experiences of the Participants

Variable	F	%	Mean	SD	Range
Occupation Level in Home Country					
Professional	2	6.9			
Managerial	5	17.2			
Higher level skilled	3	10.3			
Lower level skilled	9	31			
Student	1	3.4			
Not employed	9	31			
Source of Income					
Only camp assistance	19	65.5			
Work of a family member in Turkey	5	17.2			
Inside the camp	3	10.3			
Out of the camp	2	6.9			
Work of a family member in Syria	2	6.9			
Money in savings	3	10.3			

Table 3.2 Work Experiences of the Participants (Cont'd)

Variable	F	%	Mean	SD	Range
Current work in Turkey					
No	28	96.6			
Other	1	3.4			
Previous work in Turkey					
Yes	3	10.3			
No	26	89.7			
Change in Occupation Level					
Yes	20	69			
No	9	31			
Length of unemployment (months)			11.45	5.84	3-24
Monthly income level					
Very low	20	69			
Low	6	20.7			
Medium	3	10.3			

3.1.1.3 Post-Migration Stay and Living Arrangements

The length of time spent in Turkey since migration ranged between 5 and 24 months (\underline{M} = 8.21, \underline{SD} = 3.87). Majority of the participants (\underline{n} = 20, 69 %) were accommodated directly to the camp where they were staying when the interview was conducted while the rest of the participants had stayed in other places in Turkey (For the details, see Table 3.2). Among the participants who stayed in other places previously in Turkey, the mean time spent in those places was 22.38 days (\underline{SD} = 69.26, range = 1 – 365).

The number of household of their containers / tents was ranged between 2 and 15 members (\underline{M} = 7.66, \underline{SD} = 3.00). In terms of the household types, 13 of the participants (44.8 %) were staying with their extended families in their containers / tents while 11 of the participants (37.9 %) were living with their nuclear families. 1 woman (3.4 %) was living with their children, whereas 4 participants (13.8 %) were women with or without children, who were staying with their mothers or sisters.

Table 3.3 Post-Migration Stay and Family Arrangements

Variable	F	%	Mean	SD	Range
Time in Turkey (months)			8.21	3.87	5-24
Previous stay before current camp					
Other camp	4	13.8			
Rented house	1	3.4			
Relatives' house	3	10.3			
Other camp and relatives' house	1	3.4			
Directly to the camp	20	69			
Length of time in previous stay (days)			22.38	69.26	0-365
Number of Household			7.66	3.00	2-15
Household Types					
Extended family	13	44.8			
Nuclear family	11	37.9			
Female-headed household with children	1	3.4			
Female-headed household with mom / sister	4	13.8			

3.1.1.4 Migration Adaptation Characteristics

Participants stated to have a mean of Turkish proficiency as 1.90 ($SD = 1.35$, range = 1 - 4). The participants ($n = 8$, 27.6 %) who had the command of Turkish quite a bit were all Syrian-Turkmen.

When the participants were asked about if they consider returning to Syria, most of the participants stated that they definitely considered returning to their own country ($n = 17$, 58.6 %). When they were asked about if they had a plan to return to Syria, nearly half of the participants noted that they did not have any plan at all to return to their homes ($n = 14$, 48.3 %) (For the details, see Table 3.4).

Table 3.4 Migration Adaptation Characteristics

Variable	F	%	Mean	SD	Range
Turkish Proficiency			1.90	1.35	1-4
Not at all	19	65.5			
A little	2	6.9			
Quite a bit	8	27.6			

Table 3.4 Migration Adaptation Characteristics (Cont'd)

Variable	F	%	Mean	SD	Range
Considering return			3.93	1.56	1-5
Not at all	5	17.2			
A little	1	3.4			
Moderately	2	6.9			
Quite a bit	4	13.8			
Definitely	17	58.6			
Planning to return			2.10	1.35	1-5
Not at all	14	48.3			
A little	7	24.1			
Quite a bit	7	24.1			
Completely	1	3.4			

3.1.1.5 Social network and support in Turkey

In terms of their social network, most of the participants ($n = 22$, 75.9 %) reported that there were persons in the camp like relative, friend, worker etc. the participants knew previously. In terms of making friends since arrival to Turkey, 69 % of the participants ($n = 20$) stated that they had made friends while 31 % of the participants ($n = 9$) had not made friends in the camp where they were living.

When they were asked to rate the social support they received from their own ethnic community in Turkey, the mean of this kind of perceived social support was 2.38 ($SD = 1.35$, range = 1 - 5). Majority of the participants reported that they received no or a little social support from their ethnic community ($n = 18$, 62.1%) (For the detailed information see Table 3.5).

Regarding the social support from Turkish community, the mean number of perceived social support was 3.38 ($SD = 1.29$, range = 1 - 5). Majority of the participants reported that they received moderate or higher levels of social support from Turkish community ($n = 22$, 75.8%) (For the detailed information see Table 3.5).

Table 3.5 Social Network and Support of the Participants

Variable	F	%	Mean	SD	Range
People previously known					
Yes	22	75.9			
No	7	24.1			

Table 3.5 Social Network and Support of the Participants (Cont'd)

Variable	F	%	Mean	SD	Range
Friendship since arrival to Turkey					
Yes	20	69			
No	9	31			
Social support from ethnic community			2.38	1.35	1-5
Not at all	10	34.5			
A little	8	27.6			
Moderately	3	10.3			
Quite a bit	6	20.7			
Extremely	2	6.9			
Social support from host community			3.38	1.29	1-5
Not at all	3	10.3			
A little	4	13.8			
Moderately	8	27.6			
Quite a bit	7	24.1			
Extremely	7	24.1			

3.1.1.6 Familial Situation in Syria

Regarding the familial situation in Syria, 27 participants (93.1 %) indicated that there were family members and relatives in Syria they left behind while only 2 participants (6.9 %) indicated that there were not. Of the participants who had family members or relatives back home, 79.3 % ($n = 23$) stated that they could communicate with them whereas 13.8 % ($n = 4$) stated that they could not. Of the 27 participants, 25 participants (86.2 %) reported that they thought their families or relatives in Syria were in danger while only 2 participants (6.9 %) reported that they did not think so.

When the participants were asked whether there was a member from their nuclear family who was currently fighting in the war, 11 participants (37.9 %) indicated that they had whereas 18 participants (62.1 %) indicated that they had not. (For the details, see Table 3.6).

When the participants were asked whether any of their nuclear family member died or got lost during the war, 3 participants (10.3 %) stated death or lost of their husband and/or brother whereas 26 participants (89.7 %) stated no death or lost of a nuclear family member (For the details, see Table 3.6).

Table 3.6 Familial Situation in Syria of the Participants

Variable	F	%
Family members left behind in Syria		
Yes	27	93.1
No	2	6.9
Communication with family left behind		
Yes	23	79.3
No	4	13.8
Family members left behind in danger		
Yes	25	86.2
No	2	6.9
Nuclear family member currently fighting in war		
More than one brother	3	10.3
More than one son	2	6.9
Brother	3	10.3
Son	1	3.4
Husband	2	6.9
None	18	62.1
Dead/lost from nuclear family member		
Husband	1	3.4
Brother	1	3.4
Husband and brother	1	3.4
None	26	89.7

3.1.2 Interview

A semi-structured interview protocol was developed for this study. This protocol consisted of questions mainly focusing on their experiences during three phases of migration (i.e., pre-migration environment, transition period, and post-migration environment), the effects of their adverse experiences (e.g., physical, psychological, social etc.) and their resources that help them to cope with their adverse experiences. The questions followed a chronological order from pre- to post-migration and each question was asked for each period.

As participants only tended to describe the stressors they experienced in each period, they were specifically prompted to outline the strengths and resources they brought to bear on the situation that enhanced their coping. Main questions of the interview were as follows:

1. What were the main factors/events that forced you to migrate?
2. What were/are the effects of these factors/events?(emotional/physical/social)
3. How did/do you cope with these factors/events? What helped/helps you overcome these events?
4. What kind of difficulties/events did you experience during the migration?
5. What were/are the effects of these experiences?
6. How did/do you cope with these difficulties? What helped/helps you overcome these experiences?
7. What kind of difficulties/conditions have you experienced after migration?
8. What are the effects of these experiences?
9. How do you cope with these difficulties? What helped/helps you overcome these experiences/adapt to the changes in your life?

3.1.3 Procedure

The procedure of the qualitative study is the same as that of the quantitative study (For the procedure, see Section 2.1.3). Furthermore, the conditions specific to the qualitative study were given below in detail.

The interview took approximately one hour ($M = 54.66$, $SD = 10.17$, range = 40 – 80 minutes) and was administered through the use of the interpreters working in the camp, who speak Turkish and Arabic. For Syrian Arab participants, the interpreters did in vivo translations to the questions and the answers. For Syrian Turkmen participants who were sufficiently fluent to be interviewed in Turkish, interviews were conducted in Turkish by the researcher and the interpreters were available during the administration.

With permission from the camp managements and the participants, the interviews were audio-recorded. Since one camp manager did not give consent to audio-recording, the answers of the interviews ($n = 3$) conducted in that camp were handwritten by the researcher. Apart from the interviews in this camp, one interview was recorded by hand written notes by the researcher due to the participant's preference.

3.1.4 Data Analyses

All interviews were transcribed, and entered into MAXQDAplus 10, a computer program that assists in the analyses of qualitative data (MAXQDA, 2011). Qualitative data were analyzed via thematic content analysis (Braun & Clarke, 2006).

Thematic analysis involves the searching across a data set to find repeated patterns of meaning. Thematic analysis includes six phases: first, data are transcribed, read and re-read by the researcher to gain familiarity; second, relevant text segments from the transcripts are condensed into brief words or phrases known as codes; third, basic themes are derived from exploring the various issues discussed within the coded segments; fourth, if the themes work in relation to coded extracts and the entire data set is checked and a thematic map is generated; fifth, each theme is clearly defined and named; sixth, analysis is finalized and a scholarly report is produced (Braun & Clarke, 2006). This analysis involves a constant moving back and forward throughout the phases. Therefore, a systematic and iterative process was followed to code and interpret the data.

It is stated that ideally, the analytic process consists of a progression from description to interpretation (Patton, 1990). This means that the data have simply been organized to show patterns in semantic content, and summarized, afterwards there is an attempt to theorize the significance of the patterns and their broader meanings and implications, often in relation to previous literature. Therefore, in the present study, initial codes were generated in an inductive way from the raw data. In-vivo coding was generally used to prioritize the participants' voices because a "bottom-up" process would provide to enhance and deepen understanding of the asylum seekers' cultures, worldviews and psychological reality. Codes were collated into the themes (and sub-themes) according to the relevant empirical and theoretical literature in a deductive way. The expressions of the participants regarding the lowest level category (theme or sub-theme) were coded once in the current study.

Overall, qualitative analysis was conducted in accordance with three main topics (i.e., their (adverse) experiences, the effects of their experiences and their coping resources) in three phases of migration (pre-migration, transition and post-migration). The effects of the traumatic events experienced before migration and the

coping resources to deal with those events did not belong solely to the pre-migration environment. That is, some of the effects of and the resources to cope with the events before migration were prevalent during the post-migration environment. These effects and coping resources were analysed and coded under the heading of pre-migration. They were discussed in detail in the Discussion section.

3.2 Results

3.2.1 Pre-Migration Period

3.2.1.1 Pre-Migration Experiences

As can be seen in Table 3.7, the results indicated that pre-migration experiences of the participants were divided into nine thematic blocks as follows: Detention and Human Right Abuses, Warlike Conditions, Difficulty of Fulfilling Basic Physical Needs, Witnessed Violence to Others, Being Sought by the Security Forces, Worries/Concerns about Family, Sectarian Discrimination, Physical Injury, Loss of Loved Ones. Main thematic blocks, the thematic units, the themes and the sub-themes were listed on the basis of frequencies of responses by participants in a descending order.

Table 3.7 Pre-Migration Experiences

Thematic Blocks, Units, Codes	#	Frequency	Percentage
Detention & Human Right Abuses	62	24	82.76
1. Forced confinement & coercion	30	16	55.17
being questioned by the security forces	11	9	31.03
investigation of the house	6	6	20.69
patrols on the streets	4	4	13.79
being questioned at police station	1	1	3.45
kidnapped / raped women & children	6	6	20.69
slandering / pretext for punishment	6	6	20.69
slander/ pretext for others	3	3	10.34
being slandered	3	3	10.34
blocked roads / checkpoints	3	3	10.34
being threatened / swear	2	2	6.90
being used as a human shield	1	1	3.45
being forced into spying	1	1	3.45
2. Imprisonment	22	18	62.07
imprisonment of family members/relatives	12	12	41.38
arbitrary arrests/disappearances	8	8	27.59
imprisonment of oneself	2	2	6.90

Table 3.7 Pre-Migration Experiences (Cont'd)

Thematic Blocks, Units, Codes	#	Frequency	Percentage
3. Torture	10	9	31.03
torture of family members/relatives	8	8	27.59
torture of oneself	2	2	6.90
Warlike conditions	41	24	82.76
1. being exposed to combat situation	22	22	75.86
2. burning, razing, looting of homes & shops	15	13	44.83
of themselves	8	8	27.59
of others	7	7	24.14
3. unequal war conditions among parts	2	2	6.90
4. group burial/cremation	1	1	3.45
5. destruction of historical sites	1	1	3.45
Difficulty of fulfilling basic physical needs	39	21	72.41
1. lack of food, water, electricity	12	12	41.38
2. health problems/no access to health care	9	9	31.03
3. expensiveness	7	7	24.14
4. employment problems	6	6	20.69
5. no security of life	5	5	17.24
Witnessed violence to others	29	17	58.62
1. murder / killings / death due to violence	15	15	51.72
2. deliberate physical harm / torture	7	7	24.14
3. serious physical injury from combat situation	3	3	10.34
4. rape / sexual abuse / sexual humiliation	3	3	10.34
5. shooting of animals	1	1	3.45
Being sought by the security forces	16	15	51.72
1. family members are opponents	8	8	27.59
2. active role in the war	4	4	13.79
3. war deserter	4	4	13.79
Worries/concerns about family	15	15	51.72
Sectarian discrimination	14	10	34.48
1. social injustice	7	7	24.14
2. oppression	7	7	24.14
Physical injury	14	11	37.93
1. beatings to oneself	5	5	17.24
2. beatings to family members	4	4	13.79
3. physical injury of family members	4	4	13.79
4. physical injury of oneself	1	1	3.45
Loss of loved ones	11	9	31.03
1. death of family members/relatives from conflict	5	5	17.24
2. death of relatives from torture	4	4	13.79
3. death of friends from conflict	2	2	6.90
Total	241		

Note: # represents how many times each theme was mentioned during the interviews, Frequency represents how many interviewees mentioned each theme, and Percentage represents what percentage of interviewees mentioned the theme.

A thematic map was created with nine thematic blocks revealing pre-migration events. The map included the thematic blocks and the thematic units which are grouped in those blocks (see Figure 6). Percentages shown in the figure represented the ratio of the frequency of codes under each pre-migration event to the total frequency of codes which was 241.

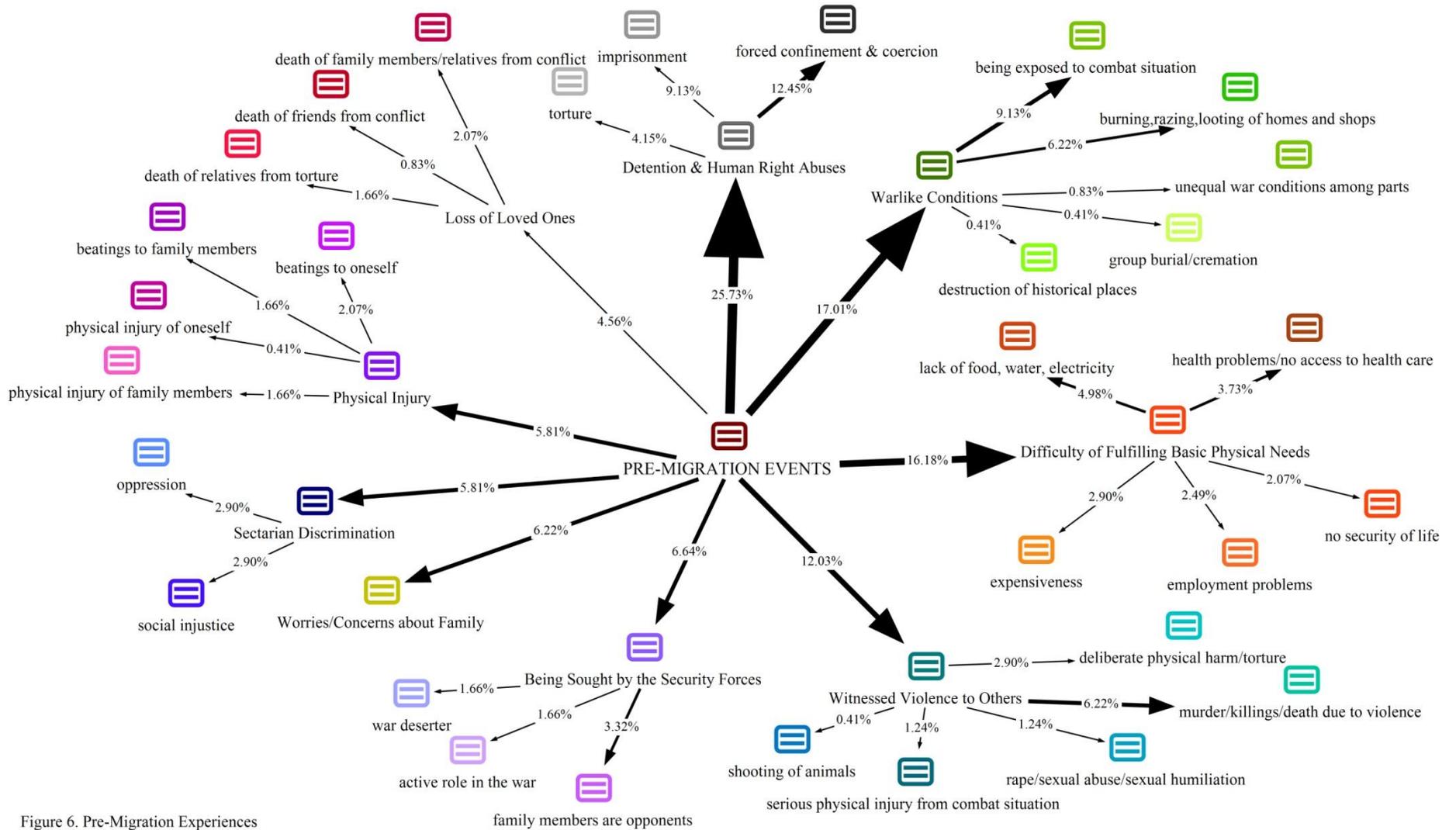


Figure 6. Pre-Migration Experiences

The analysis of the qualitative data resulted that the first thematic block with the highest response frequency among pre-migration events was “Detention and Human Right Abuses”. As can be seen from the Figure 6, one quarter of the codes concerning the pre-migration experiences were grouped under this block ($n = 24$, 82.76%). “Detention and Human Right Abuses” included three thematic units, namely “forced confinement and coercion”, “imprisonment” and “torture”.

“Forced confinement and coercion” unit included 12.45 % of the pre-migration event responses ($n = 16$, 55.17 %) and indicated themes which were “being questioned by the security forces” ($n = 9$, 31.03 %), “kidnapped / raped women & children” ($n = 6$, 20.69 %), “slandering / pretext for punishment” ($n = 6$, 20.69 %), “blocked roads / checkpoints” ($n = 3$, 10.34 %), “being threatened / swear” ($n = 2$, 6.90 %), “being used as a human shield” ($n = 1$, 3.45 %) and “being forced into spying” ($n = 1$, 3.45 %). The second thematic unit, “imprisonment”, included 9.13 % of the responses ($n = 18$, 62.07 %) and revealed the themes of “imprisonment of family members / relatives” ($n = 12$, 41.38 %), “arbitrary arrests / disappearances” ($n = 8$, 27.59 %) and “imprisonment of oneself” ($n = 2$, 6.90 %). The third unit emerged as “torture” was mentioned by 9 out of 29 participants (31.03%) and consisted of 4.15 % responses of pre-migration events. 8 participants (27.59 %) stated that “their family members and/or relatives” were tortured while 2 participants (6.90 %) said that they were “exposed to torture”. As can be seen from Table 3.7, one participant mentioned both of themes.

As the second thematic block, 17.01 % of the responses were coded under the “Warlike Conditions” ($n = 24$, 82.76 %), marking the prevailing circumstances before migration. “Being exposed to combat situation” was the most pronounced theme, with the 9.13 % of the responses ($n = 22$, 75.86 %). The events including shelling, airstrikes, armed conflicts, grenade attacks, artillery shootings, snipers, and military operations to the villages by tanks mentioned by the participants were coded under the theme. For the second theme named as “burning, razing, looting of homes & shops”, 13 participants (44.83%) with the 6.22 % of the responses stated that homes of others and/or themselves and shops around the environment were burned, razed or looted. In terms of the third theme, 2 participants (6.90 %) mentioned that there was “unequal war conditions among parts” indicating the weakness of one part

in terms of the equipment as opposed to the other. Also, “group burial or cremation” by the state and “destruction of historical sites” due to the conflicts and shelling were coded under “Warlike Conditions” block ($n = 1$, 3.45 %).

The third thematic block named as “Difficulty of Fulfilling Basic Physical Needs” consisted of 16.18 % of the pre-migration experiences ($n = 21$, 72.41 %). “Lack of food, water and electricity” with the 4.98 % of the codes about pre-migration events was the most pronounced theme under this block ($n = 12$, 41.38 %). Nearly half of the participants mentioned that they suffered from food and bread shortage and frequent power cuts. Due to the armed conflicts on the streets leading to the insecurity they could not go out to get food. Also, deliberate prevention of supplying to the villages or of access to the food via checkpoints, they stated that after a while they consumed their stocks and could not get food in Syria. Because of power cuts, they could not even cook and bakeries either were not open or were destroyed. As the second theme, participants stated “health problems and/or no access to health care” including 3.73 % of the codes related to pre-migration experiences ($n = 9$, 31.03 %). Participants mentioned that because most of the doctors fled the country, most of the hospitals were razed, and the roads were blocked, they had difficulties in accessing to health care and medication. As the third theme, “expensiveness” was mentioned, consisting of 2.90 % of the pre-migration event codes ($n = 7$, 24.14 %). Participants stated that due to the lack of foodstuff and other supplies, available ones became more expensive since the onset of the war. As the fourth theme, “employment problems” emerged under the block including 2.49 % of the codes ($n = 6$, 20.69 %). Participants said that their workplaces or shops either were destroyed or closed down because of war conditions; they could not earn money so they could not get foodstuff or other supplies. 17.24 % of the participants ($n = 5$) mentioned that there was “no security of life” in Syria so they fled the country and this statement was created as a theme under the block consisting of 2.07 % of the pre-migration experience codes.

More than half of the participants ($n = 17$, 58.62 %) mentioned “Witnessed Violence to Others” which formed the fourth thematic block of pre-migration events including 12.03 % of the codes. The first theme was “murder / killings / death due to violence” with the highest response rate (6.22%). 15 participants (51.72%) stated that they

witnessed killings or death of civilians including children and women due to violence and conflicts. The second theme, witnessing “deliberate physical harm or torture” to others, was pronounced by 7 participants (24.14%) and consisted of 2.90 % of the codes. The third theme, witnessing “serious physical injury from combat situation” or shelling was mentioned by 3 participants (10.34%). “Rape / sexual abuse / sexual humiliation” witnessed in the prison or on the streets formed as the fifth theme under “Witnessed violence to others” was pronounced by 3 participants (10.34%). One participant (3.45%) mentioned that he witnessed “shooting of animals” which was the last theme of the block.

The fifth thematic block, “Being sought by the security forces” was pronounced by 51.72 % of the participants ($n = 15$), including 6.64% of the codes of pre-migration experiences. The first theme under this block was named as “family members are opponents” and mentioned by 8 participants (27.59%). The participants stated that because of the opponent acts or attitudes of their family members their names were on “the list” and hence the participants were under threat too. The second theme was named as “active role in the war”. 4 participants (13.79%) reported that because they fought, participated in the protests or worked with families and children in a charity organisation as a volunteer, they were being sought by the security forces. Also, 4 participants (13.79%) said that they were “war deserter” so they were being sought by the security forces.

The sixth thematic block was “Worries/concerns about family” mentioned by 15 out of 29 participants (51.72%), including 6.22 % of the codes concerning pre-migration experiences. There were no themes grouped under this block. The participants stated here that they fled from their country because they worried over their close ones, especially children, and did not want them to get harm or die.

The seventh block, namely “Sectarian Discrimination” with the 5.81% of the response rate was mentioned by 10 participants (34.48%). This block consisted of two themes which were “social injustice” and “oppression” ($n = 7$, 24.14 %, for each). The first one included the statements of injustice, inequality, lawlessness and precarity and the latter one included those of being exposed to oppression due to their sects.

The eighth thematic block, “Physical injury”, including 5.81 % of the codes for the pre-migration events, was mentioned by 37.93 % of the participants ($n = 11$). The block consisted of four themes; namely, “beatings to oneself” by security forces, “beatings to family members” by security forces, “physical injury of family members” due to combat situation or conflicts, “physical injury of oneself” due to combat situation ($n = 5$, 17.24 %, $n = 4$, 13.79 %, $n = 4$, 13.79 %, $n = 1$, 3.45 %, respectively).

The last thematic block under pre-migration experiences was named as “Loss of Loved Ones” consisting of 4.56 % of the codes. 9 participants (31.03%) stating that they lost their close ones since the onset of the war were grouped under this block. Three themes were created, namely “death of family members/relatives from conflict”, “death of relatives from torture”, “death of friends from conflict” ($n = 5$, 17.24 %, $n = 4$, 13.79 %, $n = 2$, 6.90 %, respectively).

3.2.1.2 The Effects of Pre-Migration Experiences

As can be followed from Table 3.8, the results indicated that the effects of pre-migration experiences were divided into four thematic blocks including Psychological Health, Social Environment and Functioning, Material Loss and Physical Health.

Table 3.8 Effects of Pre-Migration Experiences

Thematic Blocks, Units, Codes	#	Frequency	Percentage
Psychological Health	109	28	96.55
1. Post-traumatic stress reactions	60	24	82.76
Psychological arousal	20	14	48.28
being easily/suddenly startled	9	9	31.03
sleep problems	8	8	27.59
outbursts of anger	3	3	10.34
Fear	16	16	55.17
Avoidance & numbing	13	6	20.69
engaging in activities to distract themselves	7	4	13.79
having a chat with others in the camp	2	2	6.90
walking in/out of the camp	2	2	6.90
taking tranquilizer	1	1	3.45
playing games on the phone	1	1	3.45
listening to high volume music with headphone	1	1	3.45

Table 3.8 Effects of Pre-Migration Experiences (Cont'd)

Thematic Blocks, Units, Codes	#	Frequency	Percentage
unable to experience emotions	3	3	10.34
unable to move	2	2	6.90
wanting to forget/repressing thought	1	1	3.45
Re-experiencing traumatic events	11	9	31.03
intrusive memories	4	4	13.79
flashbacks	4	4	13.79
recurrent nightmares	3	3	10.34
2. Depressive reactions	31	18	62.07
Sorrow	11	9	31.03
sorrow over loss of family members	4	4	13.79
sorrow over children's lives	3	3	10.34
crying	7	7	24.14
feeling down	3	3	10.34
feeling worthless/inferior	2	2	6.90
being overwhelmed by responsibilities	2	2	6.90
hopelessness	2	2	6.90
not eating	1	1	3.45
social withdrawal	1	1	3.45
self-blame	1	1	3.45
feeling like a betrayer/guilty	1	1	3.45
3. Anxiety reactions	10	8	27.59
worries about future	2	2	6.90
rumination	2	2	6.90
fatigue	2	2	6.90
continuous headaches	2	2	6.90
heart palpitations	1	1	3.45
shortness of breath	1	1	3.45
4. Unspecified	8	8	27.59
Social Environment and Functioning	40	22	75.86
1. being confined to home	10	10	34.48
2. lack of confidence/a feeling of insecurity	9	9	31.03
3. separation among family members	9	9	31.03
4. unpredictable environment	5	5	17.24
5. increase in responsibilities/changing roles	4	4	13.79
6. feeling humiliated/offended	3	3	10.34
Material Loss	19	19	65.52
Physical Health	2	2	6.90
Total	170		

Note: # represents how many times each theme was mentioned during the interviews, Frequency represents how many interviewees mentioned each theme, and Percentage represents what percentage of interviewees mentioned the theme.

Figure 7 presented the thematic map created with four thematic blocks revealing the effects of pre-migration events. Percentages shown in the figure represented the ratio of the frequency of codes under each effect of pre-migration events to the total frequency of codes which was 170.

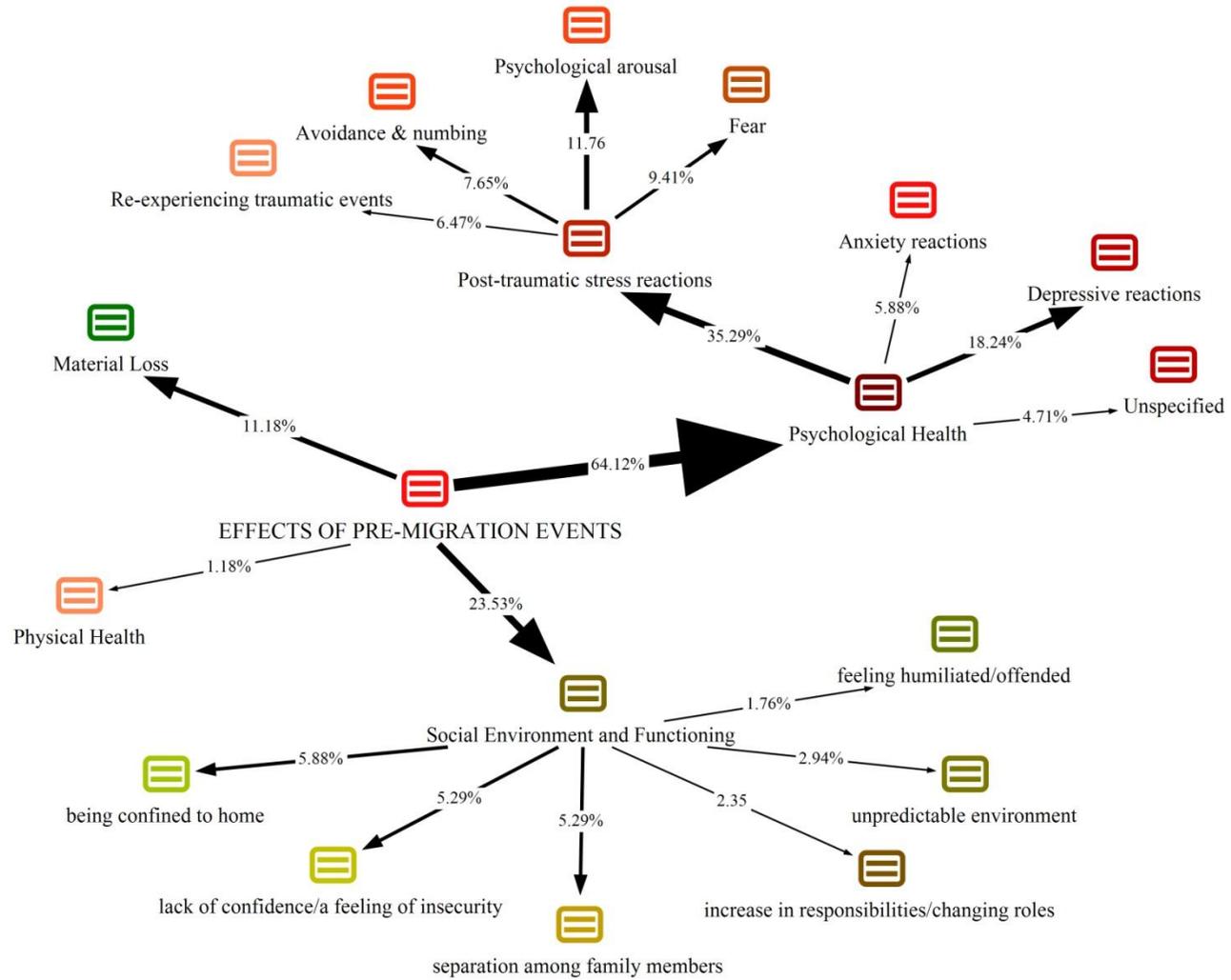


Figure 7. The Effects of Pre-Migration Events

The content analysis resulted that the first thematic block with the highest code frequency, representing the effects of pre-migration events, was “Psychological Health”. As can be followed from the Figure 7, 64.12 % of the codes pertaining to the effects of pre-migration experiences were grouped under this block. Moreover, as can be seen in the Table 3.8, almost all of the interviewees expressed reactions concerning psychological health ($\underline{n} = 28$, 96.55%). “Psychological Health” block included four thematic units, namely “Post-traumatic stress reactions”, “Depressive reactions”, “Anxiety reactions” and “Unspecified”.

“Post-traumatic stress reactions” unit included considerable amount of the codes pertaining to the effects of pre-migration events (35.29%) and 24 out of 29 participants (82.76 %) pronounced the post-traumatic reactions to the pre-migration events. The unit consisted of four themes, namely “psychological arousal”, “fear”, “avoidance and numbing” and “re-experiencing traumatic events”.

The most expressed post-traumatic reaction by the interviewees was “Psychological arousal” (11.76 %) and mentioned by 48.28 % of the participants ($\underline{n} = 14$). Three sub-themes were classified under the “Psychological arousal” theme. Accordingly, participants stated that they were “easily and suddenly startled” at neutral stimulus ($\underline{n} = 9$, 31.03 %), had “sleep problems” like insomnia, difficulty of falling or staying asleep ($\underline{n} = 8$, 27.59 %), and “outbursts of anger” ($\underline{n} = 3$, 10.34 %).

The second theme was named as “Fear” and included 9.41% of the expressions related to the effects of pre-migration events. Slightly more than half of the participants ($\underline{n} = 16$, 55.17 %) mentioned that they felt intense fear and horror in response to the warlike conditions and insecure environment.

The third theme, “Avoidance and numbing” included 7.65 % of the responses ($\underline{n} = 6$, 20.69 %) and in terms of the sub-themes, participants stated that they “engaged in activities to distract themselves” ($\underline{n} = 4$, 13.79 %), were “unable to experience emotions” ($\underline{n} = 3$, 10.34 %), were “unable to move” ($\underline{n} = 2$, 6.90 %), and “wanted to forget and repressed the thoughts” concerning pre-migration experiences ($\underline{n} = 1$, 3.45 %).

The last theme, “Re-experiencing traumatic events”, was mentioned by 9 participants (31.03%) with the 6.47 % of the total codes about the effects of pre-migration events. Three sub-themes were created under this theme, namely “intrusive memories” ($n = 4$, 13.79 %), “flashbacks” ($n = 4$, 13.79 %), and “recurrent nightmares” ($n = 3$, 10.34 %).

As the second thematic unit, 18.24 % of the expressions related to the effects of pre-migration events were categorized under the “Depressive reactions” ($n = 18$, 62.07 %). “Sorrow” was the most pronounced theme ($n = 9$, 31.03 %) for depression symptoms. Moreover, participants mentioned that they were continuously “crying” ($n = 7$, 24.14 %), “felt down” ($n = 3$, 10.34 %), “felt worthless” ($n = 2$, 6.90 %), “were overwhelmed by responsibilities” ($n = 2$, 6.90 %), felt “hopeless” ($n = 2$, 6.90 %), “did not eat” ($n = 1$, 3.45 %), “were withdrawn from others” ($n = 1$, 3.45 %), “blamed themselves” for things ($n = 1$, 3.45 %), “felt like a betrayer/guilty” ($n = 1$, 3.45 %).

The third thematic unit, named as “Anxiety reactions”, included 5.88 % of the codes concerning the effects of pre-migration experiences. More than one fourth of the participants expressed the anxiety reactions ($n = 8$, 27.59 %). In terms of the anxiety reactions, interviewees mentioned “worries about future” ($n = 2$, 6.90 %), “ruminations” ($n = 2$, 6.90 %), “feeling fatigue” ($n = 2$, 6.90 %), “continuous headaches” ($n = 2$, 6.90 %), “heart palpitations” ($n = 1$, 3.45 %), “shortness of breath” ($n = 1$, 3.45 %).

As the last unit, “Unspecified” was created for the expressions of “psychological problems” or feeling “psychologically exhausted” ($n = 8$, 27.59 %), including 4.71% of the codes related to the effects of pre-migration events.

The second thematic block, called as “Social Environment and Functioning”, was mentioned by three out of four participants ($n = 22$, 75.86 %). This block marked secondary prominent representations of the effects of pre-migration events, with the 23.53 % of the expressions. Six themes were emerged under the block. Firstly, the participants stated that they were “confined to home” due to the conflicts outside and insecure environment ($n = 10$, 34.48 %). Also, they mentioned that there was a “lack of confidence” even among the family members and “a feeling of insecurity” ($n = 9$,

31.03 %), and “unpredictable environment” ($n = 5$, 17.24 %). Moreover, interviewees noted that they were “separated from family members” due to the war conditions ($n = 9$, 31.03 %) and they experienced an “increase in their responsibilities and changes in roles” ($n = 4$, 13.79 %). Furthermore, they mentioned that they “felt humiliated or offended” in the face of some pre-migration experiences ($n = 3$, 10.34 %).

The third block, named as “Material Loss”, mentioned by 65.52 % of the participants ($n = 19$) and included 11.18% of the expressions about the effects of pre-migration events. Interviewees stated that they lost their properties and possessions including homes, shops, and farms due to the shelling and looting and earnings, savings and investments.

The last block was called as “Physical Health” and consisted of 1.18 % of the total codes. One participant mentioned that he was shot in his leg during fighting and one participant stated that her physical illness had been deteriorating since the onset of the events (6.90 %).

3.2.1.3 The Resources to Cope with Pre-Migration Experiences

The thematic content analysis revealed eight thematic blocks for the resources that helped the participants cope with the pre-migration events and these were named as Active Survival Strategies in War, Personal Attitudes, Social Support, Religious Belief System, Cognitive Appraisal of the Situation/Oneself, Political Belief System, Downward Comparison, Unclassified.

Table 3.9 Coping Resources for the Pre-Migration Events

Thematic Blocks, Units, Codes	#	Frequency	Percentage
Active survival strategies in war	44	24	82.76
1. fleeing from the country	11	11	37.93
2. getting word of the interventions	9	9	31.03
3. displacement & hiding in fields/other villages/relatives' homes	9	9	31.03
4. not sleeping, talking/hiding at home	8	8	27.59
5. keeping one's head down	4	4	13.79
6. escape plans	2	2	6.90
7. cleaning the village by men	1	1	3.45
Personal attitudes	20	15	51.72
1. patience	6	6	20.69
2. being strong	6	6	20.69
3. hope	4	4	13.79
4. attribution of having no control	2	2	6.90
5. acceptance of experiences	1	1	3.45
6. holding one's head high	1	1	3.45
Social support	20	13	44.83
1. from ethnic community	11	7	24.14
psychological support	9	7	24.14
attachment/solidarity among Syrian community	3	3	10.34
from family	3	3	10.34
from friends/neighbours	3	3	10.34
material support	2	2	6.90
from family	1	1	3.45
from relatives/neighbours	1	1	3.45
2. from host community	9	7	24.14
psychological support	7	6	20.69
psychological support from Turkish community	3	3	10.34
safety and assurance in Turkey	2	2	6.90
open support of the state	2	2	6.90
material support	2	2	6.90
Religious belief system	19	14	48.28
1. belief in God/trust God's justice	9	9	31.03
2. fatalistic thinking	5	5	17.24
3. to pray	3	3	10.34
4. to praise	2	2	6.90
Cognitive appraisal of the situation/oneself	15	12	41.38
1. adaptation/normalisation	6	6	20.69
2. initiation for changes	5	5	17.24
3. appreciation for life	2	2	6.90
4. stop rumination-thinking positive	2	2	6.90
Political belief system	12	8	27.59
1. war against oppression/for rights	5	5	17.24
2. preparedness/willingness for the war	4	4	13.79
3. belief in victory	3	3	10.34

Table 3.9 Coping Resources for the Pre-Migration Events (Cont'd)

Thematic Blocks, Units, Codes	#	Frequency	Percentage
Downward comparison	5	5	17.24
Unclassified	5	5	17.24
Unforgettable	5	5	17.24
Total	140		

Note: # represents how many times each theme was mentioned during the interviews, Frequency represents how many interviewees mentioned each theme, and Percentage represents what percentage of interviewees mentioned the theme.

Figure 8 depicted the thematic map which shows eight thematic blocks yielding the coping resources for the pre-migration events.

The qualitative data analyses yielded that the first thematic block with the highest code frequency, representing the resources to cope with the pre-migration events, was “Active Survival Strategies in War”. As can be followed from the Figure 8, this block indicated prevailing representations related to the topic, including 31.43 % of the codes pertaining to the coping resources for pre-migration experiences. As can be seen in the Table 3.9, 82.76% of the interviewees mentioned that they followed survival strategies to cope with the pre-migration experiences during the war ($\underline{n} = 24$). “Active Survival Strategies in War” block included seven themes (see Table 3.9).

The first theme was “fleeing from the country” including 7.86 % of the codes concerning the resources to cope with the events ($\underline{n} = 11$, 37.93%). Moreover, the participants stated that they were “getting word of the interventions” such as military operations or airstrikes that would occur in their villages and they “displaced and hid in the fields, other secure villages or relatives’ homes” in case of raids to their villages or homes ($\underline{n} = 9$, 31.03 %, for each). Also, “not sleeping, talking / hiding at home” to be on the alert and prevent possible threats was pronounced by the participants ($\underline{n} = 8$, 27.59 %). As another theme, “keeping one’s head down” was created, which was about taking no sides or not objecting to remain of danger ($\underline{n} = 4$, 13.79 %). Participants also stated that they made “escape plans” to be prepared when needed ($\underline{n} = 2$, 6.90 %). Furthermore, one participant (3.45 %) noted that when women and children were hiding in another village, men cleaned their village after an attack to prevent women and children from seeing.

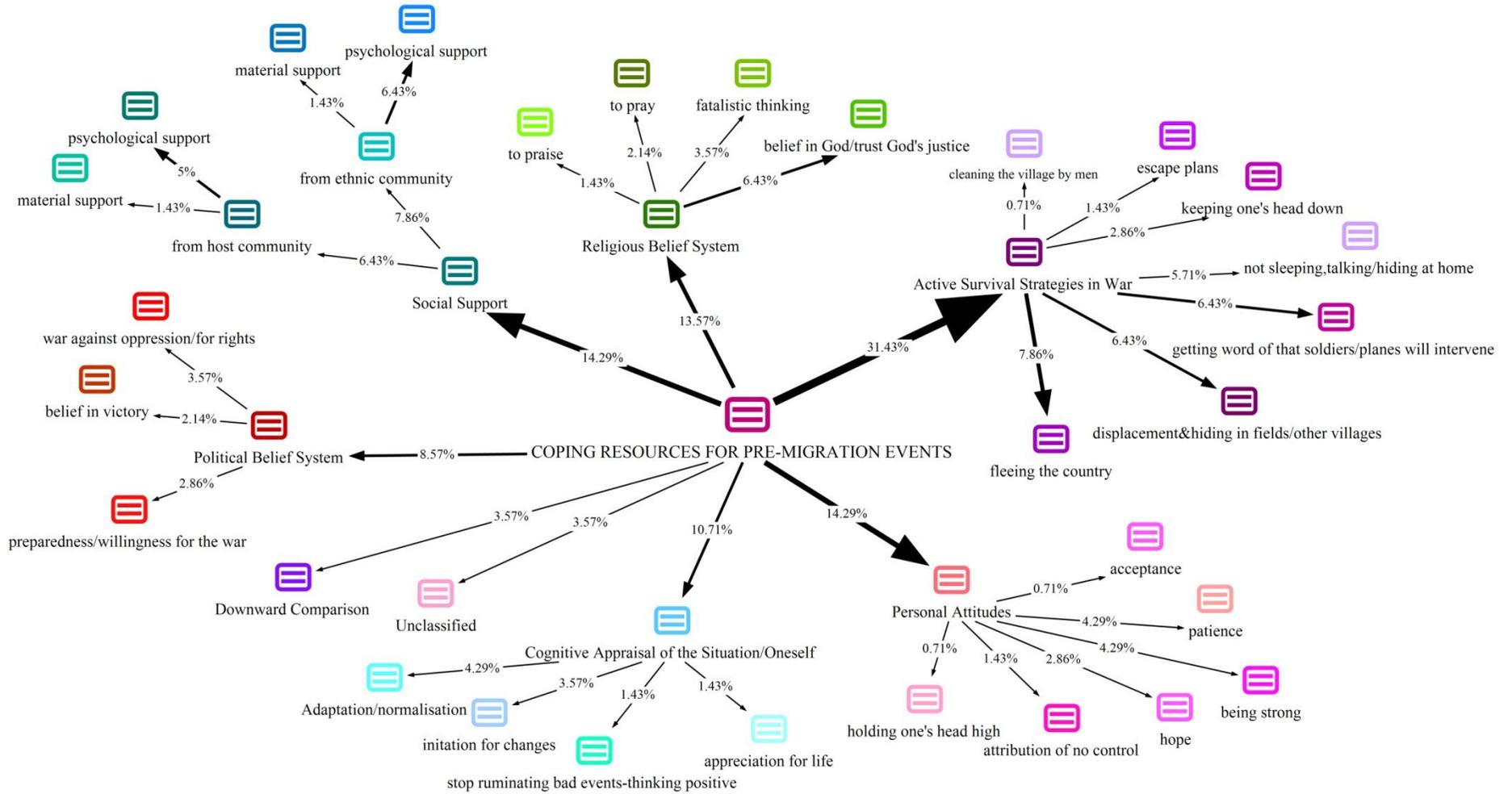


Figure 8. The Resources to Cope with Pre-Migration Events

The second thematic block, namely “Personal Attitudes”, was expressed by slightly more than half of the participants ($\underline{n} = 15$, 51.72 %) and included 14.29 % of the codes pertaining to the coping resources for pre-migration events. The block consisted of six themes (see Table 3.9). The most pronounced personal attitudes by the interviewees were “patience” and “being strong” ($\underline{n} = 6$, 20.69 %, for each). 4 participants (13.79 %) mentioned that they were “hopeful” for the future. “Attribution of having no control” for the events ($\underline{n} = 2$, 6.90 %), “acceptance of experiences” ($\underline{n} = 1$, 3.45%), “holding one’s head high” ($\underline{n} = 1$, 3.45 %) were created as themes under personal attitudes to deal with the pre-migration experiences.

The third thematic block, “Social Support”, was mentioned by 44.83% of the participants ($\underline{n} = 13$), with the 14.29 % of the expressions related to the resources that helped the participants to cope with the pre-migration events. The thematic units of social support were classified into ethnic community and host community.

“From ethnic community” unit consisted of 7.86 % of the coping codes ($\underline{n} = 7$, 24.14%). Social support from ethnic community included “psychological support” and “material support” themes. “Psychological support” from ethnic community was pronounced by 7 participants (24.24%), with the 6.43 % of the codes of coping resources while “material support” from ethnic community was mentioned by 2 participants (6.90%), with the 1.43% of the codes related to the coping resources. Under the “psychological support”, “attachment/solidarity among Syrian community”, psychological support “from family” and “from friends/neighbours” were grouped as sub-themes ($\underline{n} = 3$, 10.34 %, for each). Also, material support “from family” and “from friends/neighbours” as sub-themes, were mentioned by the participants ($\underline{n} = 1$, 3.45 %, for each).

“From host community” unit consisted of 6.43 % of the coping codes ($\underline{n} = 7$, 24.14%). Social support from host community included “psychological support” and “material support” themes. “Psychological support” from host community was pronounced by 6 participants (20.69%), with the 5 % of the codes concerning the resources to cope with pre-migration events whereas “material support” from host community was mentioned by 2 participants (6.90%), with those of 1.43%. “Psychological support from Turkish community” ($\underline{n} = 3$, 10.34 %), “safety and assurance in Turkey” ($\underline{n} = 2$, 6.90 %), “open support of the state” ($\underline{n} = 2$, 6.90 %)

were classified as sub-themes representing psychological support theme.

The fourth thematic block, called as “Religious belief system”, mentioned by slightly less than half of the participants ($\underline{n} = 14$, 48.28 %), including 13.57 % of the expressions related to the resources of coping with pre-migration events. The block consisted of four themes, namely “belief in God/trust God’s justice” ($\underline{n} = 9$, 31.03 %), “fatalistic thinking” ($\underline{n} = 5$, 17.24 %), “to pray” ($\underline{n} = 3$, 10.34 %), “to praise” ($\underline{n} = 2$, 6.90 %).

The fifth block, named as “Cognitive appraisal of the situation/oneself”, pronounced by 41.38 % of the participants ($\underline{n} = 12$), consisting of 10.71 % of the expressions about coping with pre-migration events. Four themes were created under the block, including “adaptation/normalisation” ($\underline{n} = 6$, 20.69 %), seeing the situation as “initiation for changes” ($\underline{n} = 5$, 17.24 %), “appreciation for life” ($\underline{n} = 2$, 6.90 %), “stop rumination-thinking positive” ($\underline{n} = 2$, 6.90 %).

The sixth thematic block, “Political belief system”, included 8.57 % of the representations concerning coping resources for the pre-migration events. Political belief system was mentioned by 27.59 % of the participants ($\underline{n} = 8$). Three themes were categorized for the block. Accordingly, 17.24 % of the participants ($\underline{n} = 5$) stated that they thought that the war outbreake “against oppression and for their rights”, 13.79 % of those ($\underline{n} = 4$) mentioned that they were “prepared and willing for the war” and 10.34 % of those ($\underline{n} = 3$) mentioned that they “believed that victory would occur” in the future.

The seventh block was named as “Downward comparison” and included 3.57% of the codes pertaining to the coping resources for the pre-migration events. 5 out of 29 participants (17.24 %) mentioned that they did not experience loss of close ones or they came to no harm unlike others.

As the last block, “Unclassified” was created for the expressions of “unforgettable”. 17.24 % of the participants ($\underline{n} = 5$) stated that these events were unforgettable, with the 3.57 % of the codes of coping resources.

3.2.1.4 Migration (Transit) Experiences

The thematic analysis revealed two thematic blocks for the migration experiences and these were named as Unsafe Transition and Safe Transition.

Table 3.10 Migration Experiences

Thematic Blocks, Codes	#	Frequency	Percentage
Unsafe transition	28	19	65.52
entering illegally between fences at border	7	7	24.14
hiding from one's own government soldiers	5	5	17.24
questioned by patrolmen on the streets	5	5	17.24
walking around the mountains	5	5	17.24
sleeping at the border	4	4	13.79
witnessing to bombing	1	1	3.45
without husband	1	1	3.45
Safe transition	19	13	44.83
being treated kindly by border officers	4	4	13.79
not waiting at border	4	4	13.79
being taken to border by opponents	3	3	10.34
no problem at all	3	3	10.34
crossing with passport	2	2	6.90
not paying to human smugglers	1	1	3.45
coming within crowds	1	1	3.45
safe road established by Turkish soldiers	1	1	3.45
Total	47	24	

Note: # represents how many times each theme was mentioned during the interviews, Frequency represents how many interviewees mentioned each theme, and Percentage represents what percentage of interviewees mentioned the theme.

Figure 9 depicted the thematic map which shows two thematic blocks yielding the events participants experienced during migration.

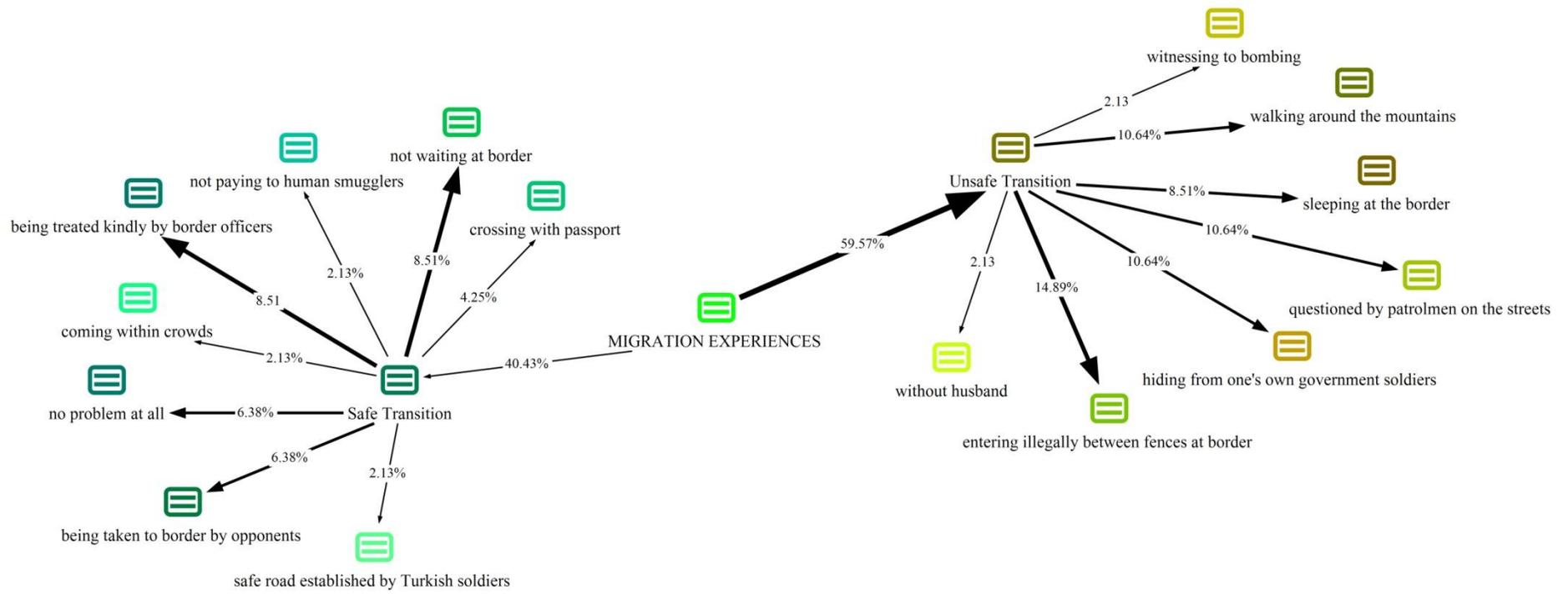


Figure 9. Migration Experiences

The content analysis resulted that the first thematic block with higher code frequency, representing the migration events, was “Unsafe transition”. As can be followed from the Figure 9, 59.57 % of the codes pertaining to the migration experiences were grouped under this block. Moreover, as can be seen in the Table 3.10, 65.52 % of the interviewees expressed the events concerning “unsafe transition” ($n = 19$). “Unsafe transition” block included seven themes of events. Accordingly, participants mentioned that they “entered illegally” to Turkey between fences at the border ($n = 7$, 24.14%). Also, they stated that they “hid from Syrian soldiers”, were “questioned by patrolmen on the streets”, “walked around the mountains” not to be caught ($n = 5$, 17.24%, for each). Moreover, they noted that they “slept at the border” ($n = 4$, 13.79%), “witnessed to bombing” ($n = 1$, 3.45%) and one participant said that “coming without husband” ($n = 1$, 3.45%) was a great difficulty.

The second block, “Safe Transition”, was mentioned by 44.83 % of the interviewees ($n = 13$), with the 40.43% of the expressions about the migration events. Under the block, participants mentioned that they “were being treated kindly by border offices” ($n = 4$, 13.79%), “did not wait at the border” ($n = 4$, 13.79%), “were taken to the border by opponent soldiers” ($n = 3$, 10.34%), “crossed the border with their passport” ($n = 2$, 6.90%), “did not pay to human smugglers” ($n = 1$, 3.45%), “came within crowds” ($n = 1$, 3.45%) and passed through “the safe road established by Turkish soldiers” ($n = 1$, 3.45%). Also, 3 participants (10.34%) noted no problem at all during migration.

3.2.1.5 Effects of Migration (Transit) Experiences

The qualitative data analysis yielded three thematic blocks for the effects of migration experiences and these were called as Psychological Health, Physical Health, and Social Functioning.

Table 3.11 Effects of Migration Experiences

Thematic Blocks, Units, Codes	#	Frequency	Percentage
Psychological health	12	8	27.59
1. Anxiety reactions	7	5	17.24
worries about future/uncertainty	4	4	13.79
Fear	2	2	6.90
feeling stress	1	1	3.45
2. Depressive reactions	4	4	13.79
Sorrow	3	3	10.34
Crying	1	1	3.45
3. Somatic reactions	1	1	3.45
numbing body	1	1	3.45
Physical health	6	5	17.24
being tired	3	3	10.34
being exhausted	2	2	6.90
health problems getting worse	1	1	3.45
Social functioning	1	1	3.45
feeling offended	1	1	3.45
Total	19		

Note: # represents how many times each theme was mentioned during the interviews, Frequency represents how many interviewees mentioned each theme, and Percentage represents what percentage of interviewees mentioned the theme.

Figure 10 depicted the thematic map which shows three thematic blocks revealing the effects of migration events.

The analysis of the data revealed that the first thematic block with the highest code frequency which represented the effects of migration events, was “Psychological Health”. As can be followed from the Figure 10, 63.16 % of the codes pertaining to the effects of migration experiences were grouped under this block. Moreover, as can be seen in the Table 3.11, 27.59 % of the interviewees expressed reactions concerning psychological health ($n = 8$). “Psychological Health” block included three thematic units, namely “Anxiety reactions”, “Depressive reactions”, “Somatic reactions”.

“Anxiety reactions” was mentioned by 17.24 % of the interviewees ($n = 5$), with 36.84% of the expressions related to the effects of migration experiences. Participants stated “worries about future and uncertainty” ($n = 4$, 13.79%), feelings of “fear” ($n = 2$, 6.90%) and “feeling stress” ($n = 1$, 3.45%) under anxiety reactions.

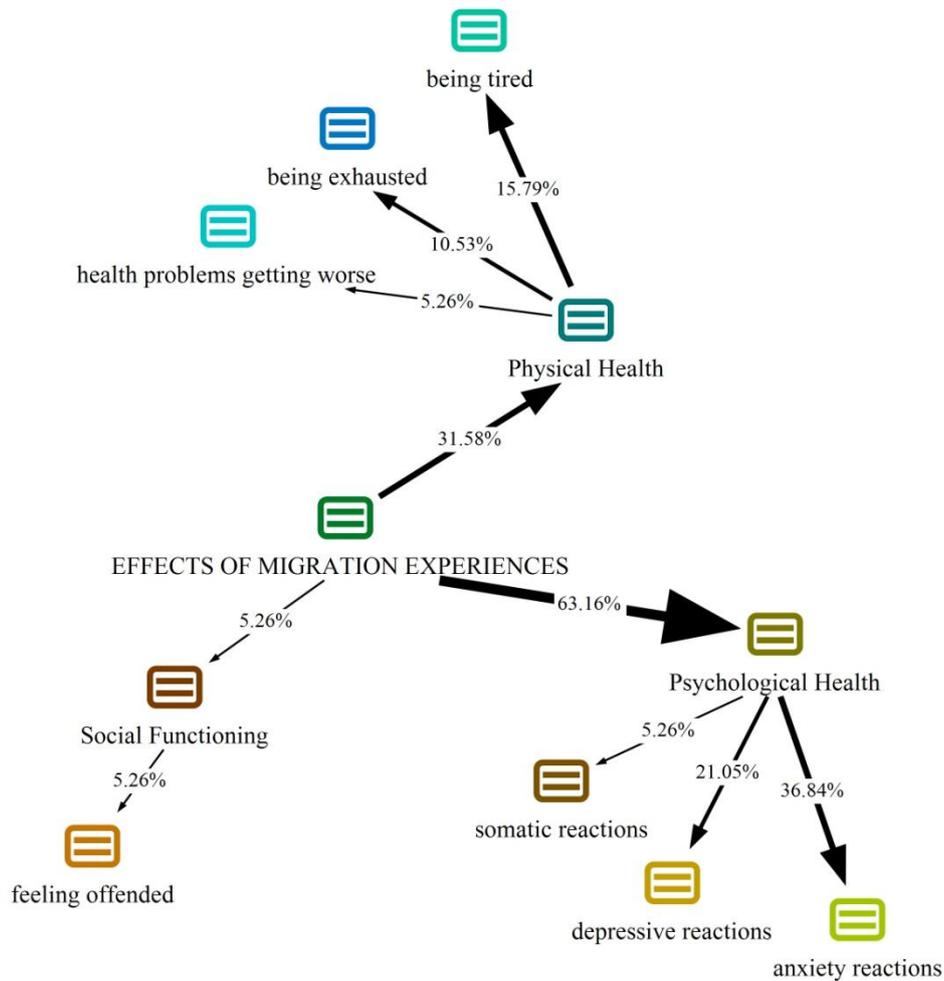


Figure 10. The Effects of Migration Experiences

The second thematic unit, “Depressive reactions”, was mentioned by 13.79 % of the interviewees ($n = 4$), with 21.05 % of the expressions about the effects of migration experiences. Interviewees mentioned “sorrow” ($n = 3$, 10.34%) and “crying” ($n = 1$, 3.45%) in terms of depressive reactions.

As the last unit, “Somatic reaction”, was mentioned by one participant (3.45%) representing 5.26% of the codes. She stated that her body got numb during transition.

3.2.1.6 Resources to Cope with Migration Experiences

The data analysis showed three themes related to the resources to cope with migration experiences, including Psychological Support among Relatives, Resorting to Allah and Luck.

Table 3.12 Coping Resources for Migration Experiences

Thematic Codes	#	Frequency	Percentage
psychological support among relatives	2	2	6.90
resorting to Allah	2	2	6.90
Luck	1	1	3.45
Total	5		

Note: # represents how many times each theme was mentioned during the interviews, Frequency represents how many interviewees mentioned each theme, and Percentage represents what percentage of interviewees mentioned the theme.

Figure 11 depicted the thematic map which shows three themes revealing the resources to cope with the migration experiences.

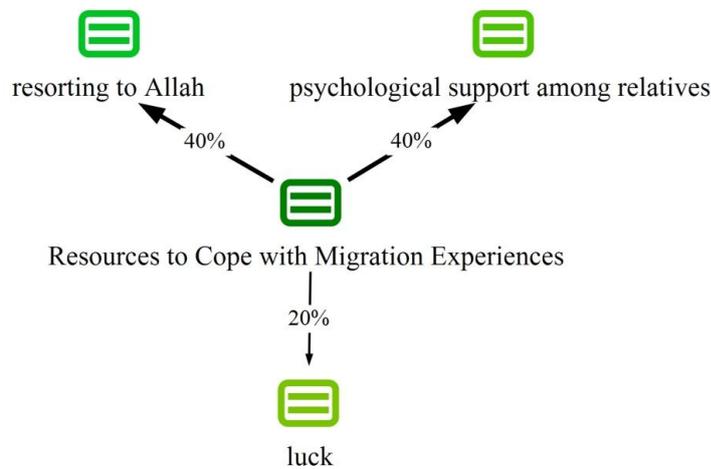


Figure 11. The Resources to Cope with Migration Experiences

The analysis of the qualitative data yielded three themes which represented the resources participants used to cope with migration events. Participants mentioned giving and receiving “psychological support among relatives” on the road ($\underline{n} = 2$, 6.90). Also, they stated that they “resorted to Allah” ($\underline{n} = 2$, 6.90) and that they were not caught totally depended on luck ($\underline{n} = 1$, 3.45).

3.2.1.7 The Post-Migration Conditions

As can be followed from Table 3.13, the results indicated that post-migration conditions expressed by the interviewees were divided into ten thematic blocks, including Camp Conditions, Family Separation and Loss, Identity / Roles / Status Loss, Social Adversities, Adaptational Adversities, Status of Conflict / Circumstances in Syria, Economic Adversities, Health Issues, Education Status, No Problem at all.

Figure 12 presented the thematic map created with ten thematic blocks revealing post-migration conditions. Percentages shown in the figure represented the ratio of the frequency of codes under each effect of post-migration conditions to the total frequency of codes which was 276.

The thematic content analysis resulted that the first thematic block with the highest code frequency for post-migration circumstances, was named as “Camp Conditions”. As can be followed from the Figure 12, 21.74 % of the codes pertaining to the post-migration conditions were grouped under this block. Also, as can be seen in the Table 3.13, 72.41 % of the interviewees expressed difficulties concerning camp conditions ($n = 21$). “Camp Conditions” block included three thematic units, called as “Services”, “Location”, and “Rules”.

“Services” unit marked prevailing representations about the post-migration conditions, with the highest code frequency (15.58%) and 21 out of 29 participants (72.41 %) mentioned the services provided in the post-migration environment. The unit consisted of five themes, namely “insufficiency of assistance”, “insufficient shelter”, “no privacy due to life conditions”, “insufficient care in health centres” and “previous stay in a camp in worse conditions”.

Table 3.13 Post-Migration Conditions

Thematic Blocks, Units, Codes	#	Frequency	Percentage
Camp conditions	60	21	72.41
1. Services	43	21	72.41
insufficiency of assistance	16	14	48.28
unmet non-food item (NFI) needs	10	10	34.48
unmet food item needs	3	3	10.34
delay in registration to camp	2	2	6.90
unable to go out due to disability	1	1	3.45
insufficient shelter	13	13	44.83
no privacy due to life conditions	7	7	24.14
insufficient care in health centres	4	4	13.79
previous stay in a camp in worse conditions	3	3	10.34
2. Location	12	10	34.48
airplanes approaching border	6	6	20.69
hearing bombing/rockets	5	5	17.24
hearing ambulance siren	1	1	3.45
3. Rules	5	5	17.24
no entrance of visitors	3	3	10.34
entry time	2	2	6.90
Family separation & Loss	36	22	75.86
1. worries/concerns about family in Syria	17	17	58.62
2. being separated from husband	3	3	10.34
3. having son fighting in the war	3	3	10.34
4. missing family in Syria	3	3	10.34
5. missing friends left behind	3	3	10.34
6. family members accommodated in other camps	3	3	10.34
7. death of family members in Syria	2	2	6.90
loss of family members & unable to go	1	1	3.45
death of family members due to rockets	1	1	3.45
8. separation from beloved one in Syria	1	1	3.45
9. having nobody in the camp	1	1	3.45
Identity / Roles / Status Loss	36	19	65.52
1. loss of SES	9	9	31.03
2. change in lifestyle	8	8	27.59
3. feeling humiliated by/ashamed of the new situations	4	4	13.79
4. being unused to camp environment	4	4	13.79
5. being burden to others	4	4	13.79
6. unmet needs of children	4	4	13.79
7. negative behaviours of workers	2	2	6.90
8. social pressure	1	1	3.45
Social adversities	28	19	65.52
1. domestic relations	12	10	34.48
communication problems with family abroad	9	9	31.03
fight btw. family members	3	3	10.34

Table 3.13 Post-Migration Conditions (Cont'd)

Thematic Blocks, Units, Codes	#	Frequency	Percentage
2. external relations	9	8	27.59
not going out of the container	5	5	17.24
limited relation with neighbours	4	4	13.79
3. perceived safety	7	5	17.24
abuse of help	4	4	13.79
Threat	1	1	3.45
Molestation	1	1	3.45
Gossip	1	1	3.45
Adaptational adversities	27	19	65.52
1. homesickness	9	9	31.03
2. not knowing Turkish	7	7	24.14
3. uncertainty about future	6	6	20.69
4. going into the unknown environment	3	3	10.34
5. having too much free time	2	2	6.90
Status of conflict/circumstances in Syria	23	15	51.72
1. burning, razing, looting of home	8	8	27.59
2. unable to return home	5	5	17.24
3. ongoing losses of civil people/martyrs in Syria	5	5	17.24
4. hearing/watching the news of Syria	4	4	13.79
5. witnessed to dead/seriously injured people in Syria	1	1	3.45
Economic adversities	22	16	55.17
1. not being able to work	10	10	34.48
2. financial problems	8	8	27.59
3. expensiveness	4	4	13.79
Health issues	21	12	41.38
1. health problems of family members	5	5	17.24
2. health problems of oneself	5	5	17.24
3. taking care of family members	4	4	13.79
4. problems related to treatment issues	4	2	6.90
need of constant/special treatment	2	2	6.90
need of companion	1	1	3.45
no health report from Syria	1	1	3.45
5. surgery due to injury in war	3	3	10.34
Education status	17	14	48.28
1. children going to school	12	12	41.38
2. unable to go to the university	4	1	3.45
not having friends	1	1	3.45
accreditation problem	1	1	3.45
not complete proficiency in Turkish	1	1	3.45
sectarian discrimination	1	1	3.45
3. application to the university in Turkey	1	1	3.45
no problem at all	6	6	20.69
Total	276		

Note: # represents how many times each theme was mentioned during the interviews, Frequency represents how many interviewees mentioned each theme, and Percentage represents what percentage of interviewees mentioned the theme.

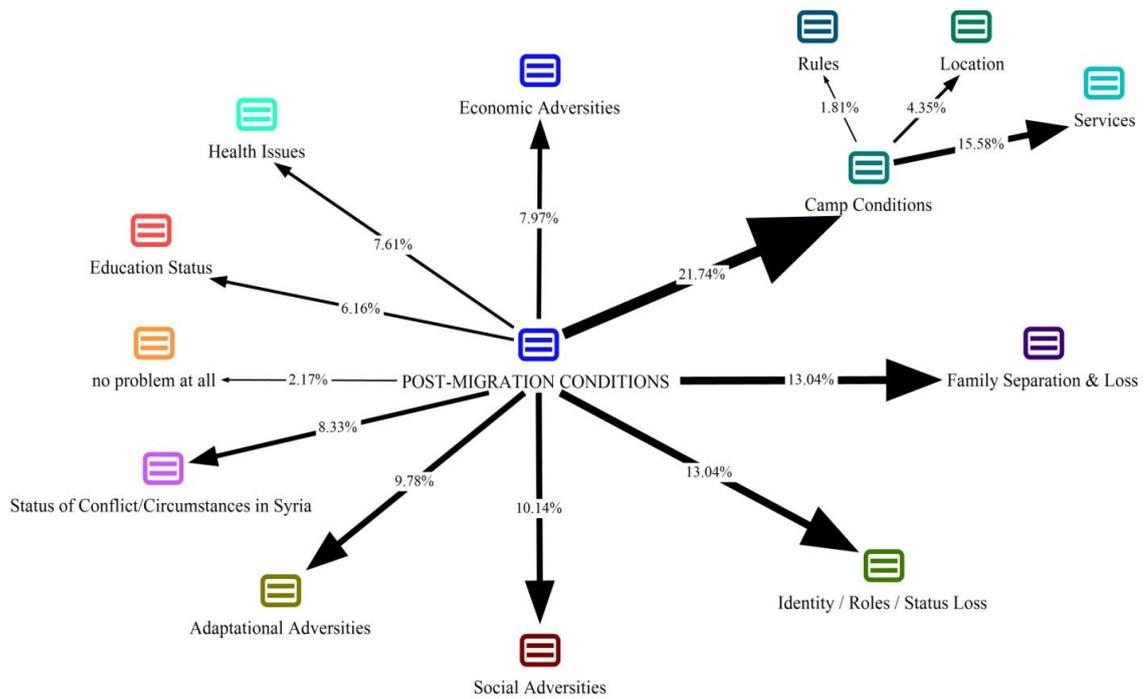


Figure 12. Post-Migration Conditions

The most expressed difficulty about services was “insufficiency of assistance” ($n = 14$, 48.28%). Six sub-themes were classified under the theme. Accordingly, “unmet non-food item needs” ($n = 10$, 34.48 %), “unmet food item needs” ($n = 3$, 10.34 %), “delay in registration to camp” ($n = 2$, 6.90 %), and “unable to go out due to disability” ($n = 1$, 3.45 %) were mentioned by the participants. The second theme was named as “insufficient shelter” and mentioned by 44.83 % of the interviewees ($n = 13$). The participants stated here that the containers / tents were very small and crowded, especially in case of two or more families living together. Also, the participants who did not live in containers mentioned the difficulty of that the toilets and bathrooms were outside and common. As the second theme, 24.14 % of the participants ($n = 7$) mentioned that there was “no privacy due to life conditions” in the camp environment. Another theme, namely “insufficient care in health centres”, was created for the participants noting that there were indifferences of the health workers and long and slow processes in the health centres ($n = 4$, 13.79 %). The last theme of insufficiency of assistance, “previous stay in a camp in worse conditions”, was generated for the participants living in containers who mentioned difficult conditions of tented camps they stayed before for a while ($n = 3$, 10.34 %).

The second thematic unit, named as “Location”, was mentioned by 10 participants (34.48%), with the 4.35 % of the codes pertaining to the post-migration difficulties. Three themes were created under the unit. Participants stated that they saw or heard the “airplanes approaching the border” from Syria ($\underline{n} = 6$, 20.69 %), heard bombing/shelling” in Syria ($\underline{n} = 5$, 17.24 %) and “heard the siren of ambulances” carrying the injured people from Syria to the hospitals in Turkey ($\underline{n} = 1$, 3.45 %).

The last unit, called as “Rules”, was mentioned by 5 participants (17.24%), with the 1.81 % of the codes about the post-migration adversities. Two themes were created under the unit. Under these themes, participants stated that they had difficulties in disallowance of the “entrance of visitors” ($\underline{n} = 3$, 10.34 %), and the regulations about “entry time” to the camps ($\underline{n} = 2$, 6.90 %).

The second thematic block, namely “Family separation & Loss”, was expressed by three out of four participants ($\underline{n} = 22$, 75.86 %) and included 13.04 % of the codes pertaining to the post-migration conditions. The block consisted of nine themes (see Table ...). The most pronounced theme by the interviewees were “worries/concerns about family in Syria” ($\underline{n} = 17$, 58.62 %). Besides, participants pronounced “being separated from husband”, “having son fighting in the war”, “missing family in Syria”, “missing friends left behind”, having “family members accommodated in other camps” ($\underline{n} = 3$, 10.34 %, for each). Also, they stated “death of family members in Syria” ($\underline{n} = 2$, 6.90 %), being “separated from beloved one in Syria” ($\underline{n} = 1$, 3.45 %), and “having nobody in the camp” ($\underline{n} = 1$, 3.45%).

The third block, named as “Identity / Roles / Status Loss”, was mentioned by 65.52 % of the participants ($\underline{n} = 19$) and included 13.04% of the expressions related to the post-migration conditions. The block consisted of eight themes, including “loss of socio-economic status” ($\underline{n} = 9$, 31.03 %), “change in lifestyle” ($\underline{n} = 8$, 27.59 %), “feeling humiliated by/ashamed of the new circumstances” ($\underline{n} = 4$, 13.79 %), “being unused to camp environment” ($\underline{n} = 4$, 13.79 %), “being burden to others” ($\underline{n} = 4$, 13.79 %), “unmet needs of children” ($\underline{n} = 4$, 13.79 %), negative behaviours of workers” ($\underline{n} = 2$, 6.90 %), feeling “social pressure” from others in the camp ($\underline{n} = 1$, 3.45 %).

The fourth thematic block, “Social Adversities”, included 10.14% of the expressions about the post-migration conditions ($n = 19$, 65.52 %). Three units were created under the block, namely “domestic relations” ($n = 10$, 34.48 %), “external relations” ($n = 8$, 27.59 %), and “perceived safety” ($n = 5$, 17.24 %). In terms of domestic relations, participants mentioned “communication problems with family abroad” ($n = 9$, 31.03 %) and “fight between family members” ($n = 3$, 10.34 %). For external relations, participants mentioned “not going out of the container” ($n = 5$, 17.24 %) and “limited relation with neighbours” ($n = 4$, 13.79 %). In terms of perceived safety, participants stated “abuse of help” by other Syrians ($n = 4$, 13.79 %). Additionally, they noted “threat”, “molestation”, and “gossip” ($n = 1$, 3.45 %, for each).

The fifth block, “Adaptational adversities”, was mentioned by 65.52 % of the participants ($n = 19$) with the 9.78% of the codes related to the post-migration conditions. The block consisted of five themes, namely “homesickness” ($n = 9$, 31.03 %), “not knowing Turkish” ($n = 7$, 24.14 %), “uncertainty about future” ($n = 6$, 20.69 %), “going into the unknown environment” ($n = 3$, 10.34 %), and “having too much free time” ($n = 2$, 6.90 %).

The sixth block, named as “Status of conflict/circumstances in Syria”, was expressed by slightly more than half of the participants ($n = 15$, 51.72 %), including 8.33% of the codes pertaining to the post-migration difficulties. Five themes were created for the block. According to these themes, participants pronounced “burning, razing, looting of home” in Syria after they migrated to Turkey ($n = 8$, 27.59 %), “unable to return Syria” ($n = 5$, 17.24 %), “ongoing losses of civil people/martyrs” in Syria ($n = 5$, 17.24 %), “hearing/watching the news of Syria” ($n = 4$, 13.79 %), “witnessed to dead/seriously injured people in Syria” when going to Syria ($n = 1$, 3.45 %).

“Economic adversities” as the seventh block, included 7.97 % of the codes related to the post-migration conditions and was mentioned by more than half of the interviewees ($n = 16$, 55.17 %). Three themes were classified under the block which was “not being able to work” ($n = 10$, 34.48 %), “financial problems” ($n = 8$, 27.59 %), and “expensiveness” ($n = 4$, 13.79 %).

The eighth block, “Health issues”, was mentioned by 41.38 % of the participants ($n = 12$), with the 7.61 % of the expressions concerning the post-migration conditions.

The block had five themes, including “health problems of family members” ($n = 5$, 17.24 %), “health problems of oneself” ($n = 5$, 17.24 %), “taking care of family members” ($n = 4$, 13.79 %), problems related to treatment issues” ($n = 2$, 6.90 %), “surgery due to injury in war” ($n = 3$, 10.34 %). In terms of the problems related to treatment issues, participants mentioned “need of constant/special treatment” for their illness, “need of companion” during treatment, “no health report from Syria” they would bring to Turkey.

“Education status” was created as another block of post-migration conditions and included 6.16% of the codes concerning post-migration conditions. The block was mentioned by 48.28 % of the participants ($n = 14$) and consisted of three themes. In terms of the first theme, 41.38 % of the participants ($n = 12$) mentioned that their children were able to go to the primary, secondary or high school in the camp as a positive issue in the post-migration environment. As the second theme, one participant (3.45 %) stated that she was “unable to go to the university” because of “not having friends” at the university, “accreditation problem”, having “not complete proficiency in Turkish” and “discrimination” she faced at the university. The last theme was created for one participant (3.45 %) mentioning that she “applied to the university in Turkey” to be able to continue her education in the same department.

As the last block, “no problem at all” was created for the participants noting that they had no problem at all in the post-migration and the camp ($n = 6$, 20.69 %). This block consisted of 2.17 % of the expressions about the post-migration conditions.

3.2.1.8 The Effects of Post-Migration Conditions

As can be seen in Table 3.14, the results indicated that the effects of post-migration conditions expressed by the participants were divided into four thematic blocks as follows: Psychological Health, Social / Cultural Environment and Functioning, Positive Experiences and Unclassified. Main thematic blocks, the thematic units and the associated themes and sub-themes were listed on the basis of frequencies of responses by participants in a descending order.

Table 3.14 Effects of Post-migration Conditions

Thematic Blocks, Units, Codes	#	Frequency	Percentage
Psychological Health	137	25	86.21
1. Depressive reactions	51	22	75.86
Sorrow	12	11	37.93
sorrow over material loss/loss of SES	7	7	24.14
sorrow over loss of time	3	3	10.34
sorrow over loss of family members	2	2	6.90
Crying	9	9	31.03
Despair	5	5	17.24
less interest in doing stg.	4	4	13.79
Loneliness	4	4	13.79
not eating	4	4	13.79
not being happy	3	3	10.34
social withdrawal	3	3	10.34
no disclosure about feelings	1	1	3.45
low self-efficacy	1	1	3.45
death thoughts	1	1	3.45
excessive sleeping	1	1	3.45
sitting in the darkness	1	1	3.45
feeling worthless	1	1	3.45
Hopelessness	1	1	3.45
2. Post-traumatic stress reactions	40	19	65.52
Psychological arousal	15	13	44.83
outbursts of anger	9	9	31.03
sleep problems	6	6	20.69
Re-experiencing traumatic events	14	10	34.48
fear/distress due to airplane/bombing noises	7	7	24.14
children's fear of airplane/bombing noises	5	5	17.24
recurrent nightmares	2	2	6.90
Avoidance and numbing	11	8	27.59
engaging in activities to distract themselves	5	5	17.24
substance use	3	3	10.34
taking tranquilizer	1	1	3.45
drinking alcohol	1	1	3.45
smoking water pipe	1	1	3.45
having a chat with others	2	2	6.90
not watching TV	3	3	10.34
repressing the thoughts	2	2	6.90
unable to experience emotions	1	1	
3. Anxiety reactions	39	17	58.62
worries about future	8	8	27.59
feeling distress for conditions in Syria	7	7	24.14
Rumination	6	6	20.69
Trembling	4	4	13.79
feeling fatigue	4	4	13.79

Table 3.14 Effects of Post-migration Conditions (Cont'd)

Thematic Blocks, Units, Codes	#	Frequency	Percentage
feeling suffocated/tightness	3	3	10.34
feeling restless/tense	2	2	6.90
faintness	2	2	6.90
stomach aches	1	1	3.45
shortness of breath	1	1	3.45
safety behaviours	1	1	3.45
making preparations for escape before sleeping	1	1	3.45
4. Dissociative reactions	1	1	3.45
feeling unreal	1	1	3.45
5. Unspecified psychological problems	6	6	20.69
Social/Cultural Environment and Functioning	24	16	55.17
1. feeling trapped / not being free	7	7	24.14
2. boredom	7	7	24.14
3. feeling offended	3	3	10.34
4. distrust/fear of others	3	3	10.34
5. unable to hold funeral rites	2	2	6.90
6. unable to master the environment	1	1	3.45
7. limited relation with others	1	1	3.45
Positive Experiences	21	14	48.28
1. feeling safe / no fear	9	9	31.03
2. increase in intimacy/solidarity & friendship	5	5	17.24
3. feeling relieved	5	5	17.24
4. increase in self-esteem	1	1	3.45
5. meeting different people/life styles	1	1	3.45
Unclassified	9	8	27.59
1. unable to realize the reasons of events	6	6	20.69
2. other emotional functioning effects feeling guilty	3	3	10.34
Total	191		

Note: # represents how many times each theme was mentioned during the interviews, Frequency represents how many interviewees mentioned each theme, and Percentage represents what percentage of interviewees mentioned the theme.

Figure 13 presented the thematic map created with thematic blocks revealing the effects of post-migration conditions. Percentages shown in the figure represented the ratio of the frequency of codes under each effect of post-migration conditions to the total frequency of codes which was 191.

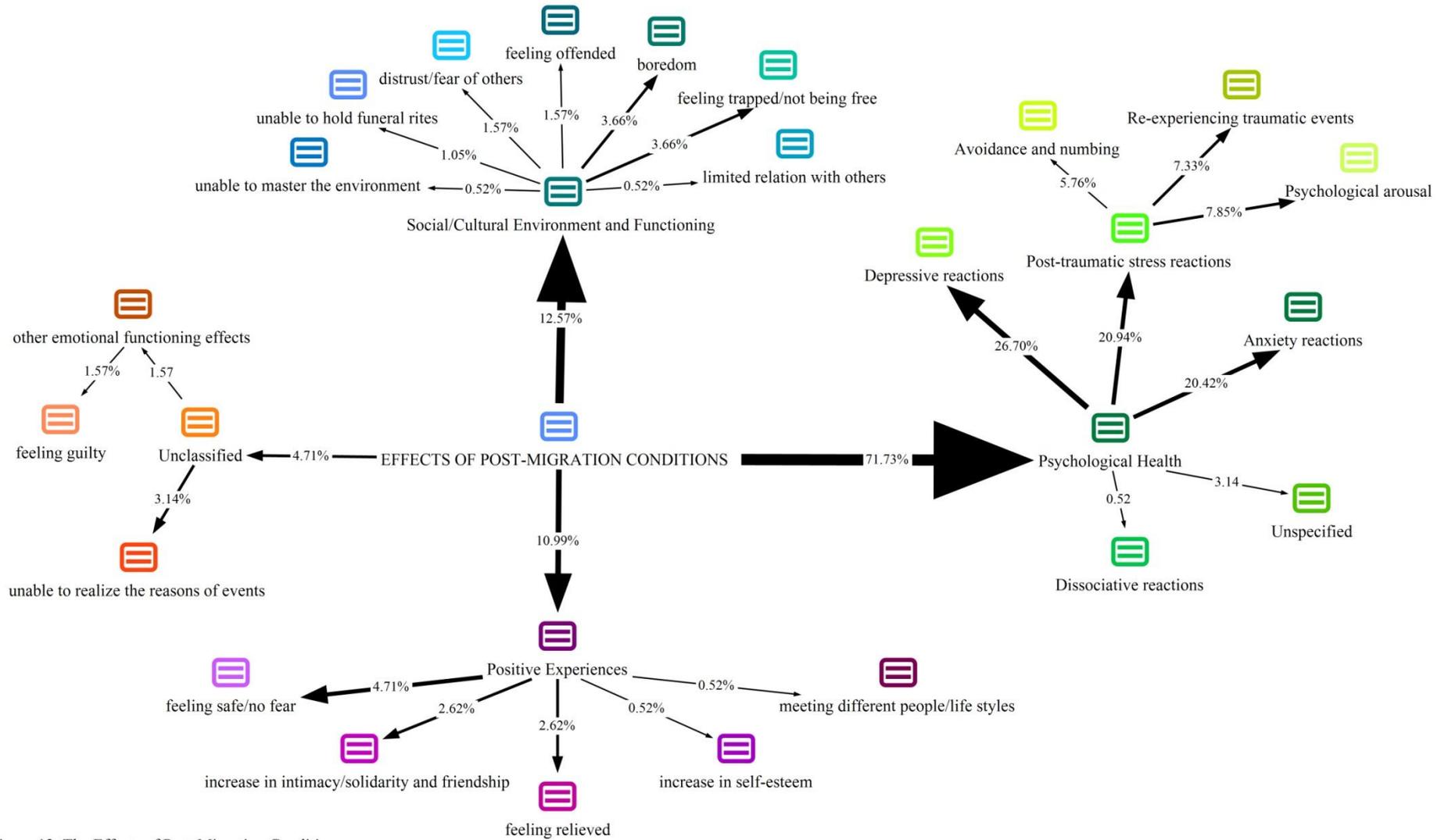


Figure 13. The Effects of Post-Migration Conditions

The content analysis resulted that the first thematic block with the highest code frequency, representing the effects of post-migration events, was “Psychological Health”. As can be followed from the Figure 13, 71.73 % of the codes pertaining to the effects of post-migration conditions were grouped under this block. Moreover, as can be seen in the Table 3.14, 86.21% of the interviewees expressed psychological health reactions to post-migration conditions ($\underline{n} = 25$). “Psychological Health” block included five thematic units, namely “Depressive reactions”, “Post-traumatic stress reactions”, “Anxiety reactions”, “Unspecified” and “Dissociation reactions”.

“Depressive reactions” unit included considerable amount of the codes pertaining to the effects of post-migration events (26.70%) and 22 out of 29 participants (75.86 %) pronounced the depressive reactions to the post-migration conditions. “Sorrow” was the most pronounced theme ($\underline{n} = 11$, 37.93 %) for depression symptoms. Participants mentioned that they felt sorrow over “material loss / loss of SES” ($\underline{n} = 7$, 24.14 %), “loss of time” ($\underline{n} = 3$, 10.34 %), and “loss of family members” ($\underline{n} = 2$, 6.90 %). Moreover, participants stated that they were continuously “crying” ($\underline{n} = 9$, 31.03 %), felt “despair” ($\underline{n} = 5$, 17.24 %), had “less interest in daily activities” ($\underline{n} = 4$, 13.79 %), felt “lonely” ($\underline{n} = 4$, 13.79 %), “did not eat” ($\underline{n} = 4$, 13.79 %), “did not feel happy” ($\underline{n} = 3$, 10.34 %), “were socially withdrawn” ($\underline{n} = 3$, 10.34 %), “did not disclose feelings” ($\underline{n} = 1$, 3.45 %), had “low self-efficacy” ($\underline{n} = 1$, 3.45 %), had “death thoughts” ($\underline{n} = 1$, 3.45 %), “slept excessively” ($\underline{n} = 1$, 3.45 %), “sat in the darkness” ($\underline{n} = 1$, 3.45 %), “felt worthless” ($\underline{n} = 1$, 3.45 %), “felt hopeless” ($\underline{n} = 1$, 3.45 %).

As the second thematic unit, 20.94 % of the expressions related to the effects of post-migration conditions were categorized under the “Post-traumatic stress reactions” ($\underline{n} = 19$, 65.52 %). The unit consisted of three themes, namely “psychological arousal”, “re-experiencing traumatic events” and “avoidance and numbing”.

The most expressed post-traumatic reaction by the interviewees was “Psychological arousal” (7.85 %) and mentioned by 44.83 % of the participants ($\underline{n} = 13$). Three sub-themes were classified under the “Psychological arousal” theme. Accordingly, participants stated that they had “outbursts of anger” ($\underline{n} = 9$, 31.03 %) and “sleep problems” due to their concerns about others in Syria, worries about future and ruminations ($\underline{n} = 6$, 20.69 %).

The second theme, “Re-experiencing traumatic events”, was mentioned by 10 participants (34.48 %) with the 7.33 % of the total codes about the effects of post-migration conditions. Three sub-themes were created under this theme. Accordingly, participants mentioned their “fear and distress due to airplane or bombing noises” ($n = 7$, 24.14 %), their “children's fear of airplane or bombing noises” ($n = 5$, 17.24 %), and their “recurrent nightmares” ($n = 2$, 6.90 %).

The third theme, “Avoidance and numbing” included 5.76 % of the responses ($n = 8$, 27.59 %). In terms of the themes related to the unit, participants stated that they “engaged in activities to distract themselves” such as substance use and having a chat with others ($n = 5$, 17.24 %), “did not watch television” ($n = 3$, 10.34 %), “repressed the thoughts” ($n = 2$, 6.90 %), and were “unable to experience emotions” ($n = 1$, 3.45 %).

The third thematic unit, named as “Anxiety reactions”, included 20.42 % of the codes concerning the effects of post-migration conditions. More than half of the participants expressed the anxiety reactions ($n = 17$, 58.62 %). In terms of the anxiety reactions, interviewees mentioned “worries about future” ($n = 8$, 27.59 %), “feeling distress for conditions in Syria” ($n = 7$, 24.14 %), “ruminations” ($n = 6$, 20.69 %), “trembling” ($n = 4$, 13.79 %), “feeling fatigue” ($n = 4$, 13.79 %), “feeling suffocated/tightness” ($n = 3$, 10.34 %), “feeling restless/tense” ($n = 2$, 6.90 %), “faintness” ($n = 2$, 6.90 %), “stomach aches” ($n = 1$, 3.45 %), “shortness of breath” ($n = 1$, 3.45 %) and “safety behaviours” ($n = 1$, 3.45 %).

As another unit, “Dissociative reactions” was put under “Psychological Health” block. One participant stated that she “felt unreal” and the events were like a dream (3.45 %).

As the last unit, “Unspecified” was created for the expressions of “psychological problems” ($n = 6$, 20.69 %), including 3.14 % of the codes related to the effects of post-migration conditions.

The second thematic block, called as “Social/Cultural Environment and Functioning”, was mentioned by 55.17 % of the participants ($n = 16$). This block marked secondary prominent representations of the effects of post-migration

conditions, with the 12.57 % of the total expressions. Seven themes emerged under the block. Firstly, the participants stated that they had feelings of “trapped and not free” and “boredom” ($\underline{n} = 7$, 24.14 %, for each). Also, they mentioned that they “felt offended” and “distrust and fear of others” ($\underline{n} = 3$, 10.34 %, for each). Moreover, interviewees noted that they were “unable to hold funeral rites” for their loss in Syria after they migrated to Turkey ($\underline{n} = 2$, 6.90 %), “unable to master the environment” ($\underline{n} = 1$, 3.45 %) and had “limited relation with others” ($\underline{n} = 1$, 3.45 %).

The third block, “Positive Experiences”, was mentioned by 48.28% of the participants ($\underline{n} = 14$), with the 10.99 % of the codes related to the effects of post-migration conditions. Five themes were created under the block, including “feeling safe / no fear” ($\underline{n} = 9$, 31.03 %), “increase in intimacy, solidarity and friendship” ($\underline{n} = 5$, 17.24 %), “feeling relieved” ($\underline{n} = 5$, 17.24 %), “increase in self-esteem” ($\underline{n} = 1$, 3.45 %) and “meeting different people and life styles” ($\underline{n} = 1$, 3.45 %).

“Unclassified” was created as the last block, including 4.71 % of the expressions concerning the effects of post-migration circumstances ($\underline{n} = 8$, 27.59 %). This block included the themes of “unable to realize the reasons of events” ($\underline{n} = 6$, 20.69 %) and “feeling guilty” ($\underline{n} = 3$, 10.34 %). The first theme indicated that the participants did not have a plausible account of what they undergo and the second one marked feelings of guilty of the participants because they left their family members in Syria.

3.2.1.9 The Resources to Cope with Post-migration Conditions

The thematic content analysis revealed six thematic blocks for the resources that helped the participants cope with the post-migration conditions and these were named as Social Support, Personal Attitudes, Religious Belief System, Cognitive Appraisal of the Situation / Oneself, Cultural Congruence, Downward Comparison.

Table 3.15 Coping Resources for the Post-Migration Conditions

Thematic Blocks, Units, Codes	#	Frequency	Percentage
Social support	60	21	72.41
1. from host community	37	18	62.07
psychological support	23	15	51.72
longstanding intimate relations with Turkish community	7	7	24.14
safety and assurance in Turkey	6	6	20.69
psychological support from Turkish community	6	6	20.69
kind/helpful attitudes of workers	3	3	10.34
freedom, equality	1	1	3.45
material support	14	13	44.83
every kind of material support	13	13	44.83
material support from Turkish community	1	1	3.45
2. from ethnic community	23	12	41.38
psychological support	16	11	37.93
from neighbours/friends	8	8	27.59
from family/relatives	8	8	27.59
material support	7	5	17.24
from family/relatives	4	4	13.79
from neighbours	2	2	6.90
help to families in Syria	1	1	3.45
Personal attitudes	41	21	72.41
1. motivation to take constructive actions	15	12	41.38
taking part in volunteer charity works	4	4	13.79
previous works	3	3	10.34
pouring oneself into something	2	2	6.90
involvement in productive activity	6	6	20.69
doing others' hair	2	2	6.90
teaching English	1	1	3.45
cleaning the common places	1	1	3.45
knitting in recreational facility	1	1	3.45
being "muhtar"	1	1	3.45
2. patience	8	8	27.59
3. fulfilment of expectations	5	5	17.24
relying on laws & regulations	2	2	6.90
warning others about cleaning	1	1	3.45
demanding from camp management	1	1	3.45
showing respect to be respected	1	1	3.45
4. attribution of having no control/acquiesce	4	4	13.79
5. perceived ability to overcome difficulties	3	3	10.34
6. self-command	3	3	10.34
7. acceptance	2	2	6.90
8. use of knowledge of past experiences	1	1	3.45

Table 3.15 Coping Resources for the Post-Migration Conditions (Cont'd)

Thematic Blocks, Units, Codes	#	Frequency	Percentage
Religious belief system	27	18	62.07
1. belief in God/trust God's justice	8	8	27.59
2. fatalistic thinking	7	7	24.14
3. to praise	7	7	24.14
4. to pray	4	4	13.79
5. regarding the event as "hicret"	1	1	3.45
Cognitive appraisal of the situation / oneself	14	11	37.93
1. adaptation	7	7	24.14
2. initiation for changes	4	4	13.79
3. belief that everything will be like before	2	2	6.90
4. desire to compensate waste of time	1	1	3.45
Cultural congruence	7	7	24.14
Downward comparison	6	6	20.69
Total	155		

Note: # represents how many times each theme was mentioned during the interviews, Frequency represents how many interviewees mentioned each theme, and Percentage represents what percentage of interviewees mentioned the theme.

Figure 14 depicted the thematic map which shows six thematic blocks yielding the resources that helped the participants overcome the post-migration difficulties.

The thematic analyses yielded that the first thematic block with the highest code frequency, representing the resources participants used to cope with the post-migration conditions, was "Social Support". As can be followed from the Figure 14, this block indicated prevailing representations related to the topic, including 38.71 % of the expressions pertaining to the coping resources for post-migration difficulties. As can be seen in the Table 3.15, 72.41 % of the interviewees mentioned that they utilized differential social support resources ($n = 21$). The thematic units of "Social Support" block were classified according to social support "from host community" and social support "from ethnic community" (see Table 3.15).

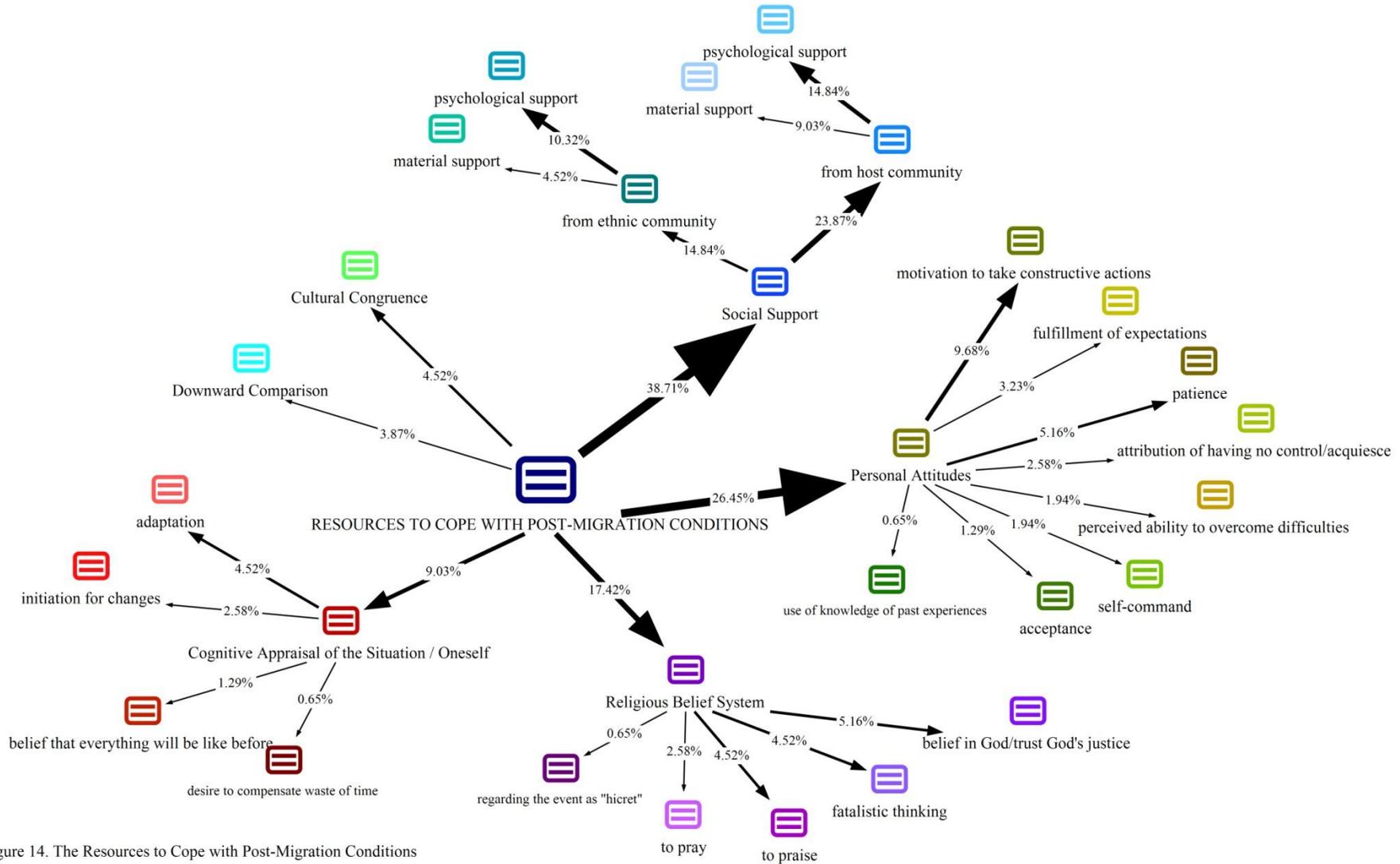


Figure 14. The Resources to Cope with Post-Migration Conditions

“From host community” unit consisted of 23.87 % of the codes about the resources that helped the participants cope with the post-migration circumstances and mentioned by 62.07% of the participants ($\underline{n} = 18$.) Social support “from host community” included “psychological support” and “material support” themes. “Psychological support” from host community was pronounced by slightly more than half of the participants ($\underline{n} = 15$, 51.72 %), with the 14.84 % of the codes concerning the resources to cope with post-migration conditions. The expressions about “Longstanding intimate relations between Syrian and Turkish community” because of kinship or neighbourhood relations ($\underline{n} = 7$, 24.14 %), “safety and assurance in Turkey” ($\underline{n} = 6$, 20.69 %), “psychological support from Turkish community” ($\underline{n} = 6$, 20.69 %), “kind and helpful attitudes of workers” in the camp and “freedom and equality” dominating the relations in Turkey were grouped as sub-themes representing the psychological support from Turkish community. “Material support” from host community as the second theme was mentioned by 44.83 % of the participants ($\underline{n} = 13$), including 9.03% of the codes about coping resources the interviewers used to deal with post-migration difficulties. Participants mentioned that they were provided with “every kind of material support” by Turkish government and the organisations ($\underline{n} = 13$, 44.83%), and “material support from Turkish community” outside the camp ($\underline{n} = 1$, 3.45%).

“From ethnic community” unit consisted of 14.84 % of the coping codes ($\underline{n} = 12$, 41.38 %). Social support “from ethnic community” included “psychological support” and “material support” themes. “Psychological support” from ethnic community was pronounced by 11 participants (37.93 %), with the 10.32 % of the codes related to the coping resources while “material support” from ethnic community was mentioned by 5 participants (17.24%), with the 4.52 % of the codes related to the coping resources. Under the “psychological support” theme, participants mentioned that from “from neighbours and/or friends” and “from family and/or relatives” ($\underline{n} = 8$, 27.59 %, for each). Also, under the “material support” theme, material support “from family and/or relatives” ($\underline{n} = 4$, 13.79 %), “from neighbours” ($\underline{n} = 2$, 6.90 %) and “helping to families in Syria” ($\underline{n} = 1$, 3.45 %) as sub-themes, were mentioned by the participants.

The second thematic block, namely “Personal Attitudes”, was expressed by 72.41 % of the participants ($n = 21$) and included 26.45 % of the codes pertaining to the coping resources for post-migration conditions. The block consisted of eight themes (see Table ...). The most pronounced personal attitude by the interviewees was “motivation to take constructive actions” ($n = 12$, 41.38 %) such as “taking part in volunteer charity works”, “previous works”, “pouring oneself into something”. 8 participants (27.59 %) mentioned that they were “patient”. “Fulfilment of expectations” was created for the participants relying on laws and regulations, warning others, demanding from the camp management and showing respect to cope with the post-migration conditions ($n = 5$, 17.24 %). “Acceptance of having no control/acquiesce” ($n = 4$, 13.79%), “perceived ability to overcome difficulties” ($n = 3$, 10.34%), “self-command”, “acceptance” and “use of knowledge of past experiences” were created as themes under personal attitudes to deal with the post-migration conditions.

The third thematic block, called as “Religious belief system”, mentioned by more than half of the participants ($n = 18$, 62.07 %), including 17.42 % of the expressions related to the resources of coping with post-migration conditions. The block consisted of five themes, namely “belief in God/trust God’s justice” ($n = 8$, 27.59 %), “fatalistic thinking” ($n = 7$, 24.14 %), “to praise” ($n = 7$, 24.14 %), “to pray” ($n = 4$, 13.79 %), “regarding the event as "hicret"” ($n = 1$, 3.45 %).

The fourth block, named as “Cognitive appraisal of the situation/oneself”, pronounced by 37.93 % of the participants ($n = 11$), consisting of 9.03 % of the expressions about coping with post-migration circumstances. Four themes were created under the block, including “adaptation” ($n = 7$, 24.14 %), seeing the situation as “initiation for changes” ($n = 4$, 13.79 %), “belief that everything will be like before” ($n = 2$, 6.90 %), “desire to compensate waste of time” ($n = 1$, 3.45 %).

“Cultural congruence” was created as the fifth block under the resources to cope with the post-migration conditions. The block was mentioned by 24.14 % of the participants, ($n = 7$), including 4.52 % of the codes. Participants mentioned here some commonalities between Syrian and Turkish culture.

The sixth block was named as “Downward comparison” and included 3.87 % of the codes pertaining to the coping resources for the post-migration conditions. 6 out of 29 participants (20.69 %) mentioned that compared to those of Syrian people staying in the camps in other countries or in Syria, their conditions were considerably better.

CHAPTER 4

DISCUSSION

This study aimed to investigate the risk factors, the effects of the risk factors and the protective factors that helped Syrian asylum seekers to cope with the risk factors during three phases of migration, namely pre-migration, migration and post-migration. The findings of the study were discussed under the headings of these aims. In this chapter, the results of both quantitative and qualitative study were merged in order to discuss different and complementary aspects of the research questions as well as to reveal convergence and divergence of the findings. Further, clinical implications of the findings, limitations and strengths of the study and the future directions were stated in the current chapter.

4.1 Findings Related to the Pre-Migration Risk Factors

4.1.1 Traumatic Events

Both qualitative and quantitative studies revealed that Syrian asylum seekers were highly exposed to warlike conditions, social and economic upheaval, and human right violations. However, these exposures were not found as predictors for mental health symptoms in the regression analyses. This would be due to the lack of variance because of possible ceiling effects regarding high exposure among participants. Among pre-migration traumatic events, only forced separation and loss of loved ones was found as a risk factor in predicting mental health symptoms and this will be discussed in the effects of risk factors (see Section 4.4.1).

Within *warlike conditions*, Syrian asylum seekers experienced indiscriminate airstrikes, bombing, shelling, and armed conflicts. With respect to *detention and human right violations*, they mentioned in detail how social order and their daily lives drastically changed as a result of war conditions such as frequently questioned

by the security forces, presence of checkpoints, slandering, arbitrary arrests and disappearances. Family members or relatives of a number of Syrian asylum seekers were imprisoned; tortured; or currently fighting in the war. Similarly, some of family member or relatives *died* or lost due to the violence or torture. Either an important number of Syrians had *physical injury* or their family members were physically injured. The accounts about their war-related experiences of Syrian asylum seekers were in parallel of the reports related to the situation in Syria of international non-governmental organisations (Human Rights Watch, 2013; Amnesty International, 2013).

Syrian asylum seekers underwent the *devastation of social and economic infrastructures*. They mentioned that their homes were collapsed, possessions were plundered, land and crops were burnt, and livestock was destroyed. It became difficult to access to food because of scarcity, expensiveness or conflicts on the streets as well as health care. However, a 54 year-old male interviewee expressed their reason of leaving their country as follows:

Quote 1.

<i>It's not hunger that brought us here, but death. Nobody leaves their homeland for food.</i>	<i>Bizi buraya getiren açlık değil, bizi buraya ölüm getirdi. Kimse memleketini bırakmaz yemek içmek için.</i>
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They *witnessed violence to others*, death or killings. A 24-year old woman described this situation:

Quote 2.

<i>Sometimes when an airplane hits while passing, you see the body in front of the door</i>	<i>Bazen uçak geçip de vurduğu zaman ölüyü kapının önünde görüveriyorsun</i>
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They heard about or witnessed rape or sexual humiliation. From the interviews, it was also observed that participants were highly exposed to the video-recordings of a number of atrocity and violent events on television channels, internet or mobile phones. Although Criterion A of PTSD in DSM-V states that experiencing repeated or extreme exposure does not apply to exposure through electronic media, TV, movies or pictures, unless the exposure is work-related, some research showed that watching traumatic events or war news on television could be highly predictive of

PTSD symptoms (Naeem, Taj, Khan & Ayub, 2012; Kira, et al., 2008). Avoiding news media or media containing graphic film which lead to heightened distress has been promoted in the immediate mass-trauma interventions (Hobfoll et al., 2007). For instance, a 27-year old woman participant described how the frequency of recurrent thoughts related to the traumatic events had decreased after she had come to Turkey:

Quote 3.

<p><i>When we were in Syria, the scenes were constantly coming to our mind, it doesn't happen here much. For example, now, here we watch Turkish channels, there we constantly watch(ed) Arab channels, they do not come to our mind (here).</i></p>	<p><i>Suriye'deyken sürekli sahneler aklımıza geliyordu, burada fazla olmuyor... Mesela şimdi burada türk kanallarına bakıyoruz orada sürekli arap kanallarına bakıyoruz, gelmiyor aklımıza.</i></p>
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Syrian asylum seekers in the interviews generally identified their *worries and concerns about family* as their “reason” to flee from their countries. They worried over their close ones, mostly for wives and children. One participant said that “I was most afraid that something bad would happen to my children, not to myself. They would have gotten harm or die.” The most heard events that had occurred around their environment were related to disappearance or kidnapping of child and spouse and this finding is in line with their concerns before migration.

In the current study, neither the exposure level to traumatic events nor the number of pre-migration traumatic events experienced were found to have a positive correlation (dose-effect relationship) with mental health outcomes. This finding was contrary to a majority of studies (e.g., Gerritsen et al., 2006; Huijts, 2012; Steel et al, 2002; Bhui et al., 2003) while in line with others (e.g., Carswell et al., 2011; Rasmussen et al., 2010). Carswell et al. (2011) suggested for this result that more resilient individuals would be recruited to some specific events that were related to war and conflict like imprisonment or experience of combat, or a response bias would occur due to the effects of trauma leading to avoidance and minimisation of emotion difficulties following traumatic combat experiences. However, in contrast to the latter explanation, this study showed a negative correlation between exposure to traumatic events and avoidance and numbing. This finding might reflect coping resources the asylum seekers in the present study would utilize against traumatic events. Further, these results might be due to the lower levels of reported traumatic events by this

population compared to those reported by other populations (e.g., Huijts, 2012). Moreover, the measure of traumatic events would ignore considerable variance within traumatic experiences because in the measure of traumatic experiences, a person imprisoned many times would have the same score as a person imprisoned once (Rasmussen et al., 2010) and also the mean scores of exposure would lower down the scores of experienced traumatic events.

4.1.2 Socio-Demographic Characteristics

Age. In the present study, young age was found to be an important risk factor among socio-demographic characteristics rather than old age in contrast to the previous findings (e.g., Porter & Haslam, 2005). Younger asylum seekers were found to have more symptoms of post-traumatic stress, anxiety and depression and more perceived deterioration of psychosocial functioning. This cannot be explained by the suggestion of Steel and colleagues (1999), saying that young adults were more likely to have experienced trauma due to their participation in the war, because in this study younger participants were least likely to be exposed to traumatic events. However, in terms of post-migration living difficulties, younger participants had more worries about family and future and loss of culture and support. This would be explained by the breakdown of social networks, loss of friends, disrupted education, thwarted aspirations and prospective plans of young people that might have led to feelings of loneliness, boredom or isolation. With respect to perceived psychosocial functioning it was also found that young participants had the highest perceived deterioration in skills and talents. Because young participants were more likely higher educated, they would not have been able to use their potentials in the camp environment or not tended to work in unskilled jobs that seemed to be available to asylum seekers outside the camp. For instance, young men would have had more feelings of dependency and frustration while young women would have had more feelings of isolation because of restrained social life.

On the other hand, elderly ones were least likely to experience post-migration stress and other common mental health problems in contrast to the literature (e.g., Bhugra & Gupta, 2011; de Jong, 2002; Pedersen, 2002). This situation might be expounded by the role of some protective factors not going for younger participants. Old-aged participants had more social support from host community than young participants.

Also, they had the least perceived deterioration in skills and talents. For instance, in consistent with the findings, some elderly people were observed to be able to carry out their traditional roles by having a voice in the decision-making processes regarding the Syrian asylum seekers in the camp in a community leader position. Moreover, old asylum seekers were found to have the least spiritual and existential concerns compared to young and middle aged-asylum seekers. It is possible that they would have had more welcoming attitude to the life events due to their life experiences or spirituality.

Besides, middle aged asylum seekers stated post-migration stress similar to that of young ones, but differently, stated more wealth and financial difficulties than young people. It is possible that because they were generally married with children, they might have felt responsible for protecting and taking care of their families. Middle aged asylum seekers also did not differ from older and younger participants in common mental health problems and this would be attributed to protective effects of social support within family context as well as environmental context.

Gender. Findings that female asylum seekers suffered from more mental health problems were in line with the literature regarding female gender as an important risk factor (e.g., Porter & Haslam 2005; Laban et al., 2008; Schweitzer et al, 2006). This finding also runs contrary to the arguments addressing that female gender had a protective effect on post-traumatic stress symptoms through decreasing the risk of direct involvement in the war-related traumatic events (Lindencrona et al., 2008; de Jong et al., 2001). Males in the current study were exposed to more pre-migration traumatic events, especially human right abuses and physical injury. A number of research stated that females were more likely than males to report greater severity of PTSD, although they were less likely to directly experience potential traumatic events (Tolin & Foa, 2008). This situation could be attributed to some extent to underreporting by women of some potentially traumatic events like sexual assault, sexual abuse or other types of sexual humiliation “which may be more likely to contribute to the development of PTSD” (Tolin & Foa, 2008). It is possible that some women would have been reluctant to talk about these kinds of events when interviewed in the presence of interpreters, their neighbours, or families. Rape and other forms of sexual violence become weapons of terror and intimidation during

wars (Mazlumder, 2014; Sideris, 2003). For instance, one woman participant mentioned in the interview that the armed forces used women as a human shield against opponent forces and one time they used her. Sexual violence can be regarded as a taboo subject in their culture. During the interviews, some participants did not want to talk about those kinds of events or some were able to mention when interviewed alone despite the events they talked about were not experienced by themselves. Moreover, it is possible that men in the current study might have minimised their experiences and devalue their psychological effects because of traditional sex roles or other coping factors such as devotion to political aims and willingness or preparedness for the war. This might explain the more exposure to the events the less psychological problems among men.

Further females reported not only more post-traumatic stress symptoms, but also higher levels of post-migration stress, anxiety and depression symptoms and worse psychosocial functioning. Undergoing a series of difficulties during each stage of migration, most of women might become resourceless. Women underwent a drastic role change and new responsibilities emerged they had to take shoulder. This situation is in line with other women asylum seeker groups (Buz, 2007). In parallel, women asylum seekers in the current study had more worries about family and future. For instance one participant with six children whose husband was lost in detention mentioned an increase in her responsibilities and a change in caretaking roles since being separated from her husband. The hardship of children is compounded by their dependence solely on women in post-war conditions (de Jong, 2002) like in the below narrative of 28-year old woman participant whose husband was lost during detention:

Quote 4.

<p><i>These children are big responsibilities. This one (her son) was eight month old baby when his father went....I feel as if I am both their mother and their father...I am worried about, how I will look after, how I will raise these children.</i></p>	<p><i>Bu çocuklar büyük sorumluluk. Bu babası gittiğinde 8 aylıktı.... Ben kendimi onların annesi ve babası hissediyorum....şundan da korkuyorum ben bu çocukları büyütemem bakamam nasıl edicem diyerekten.</i></p>
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Female-Headed Household Type. Although household types were related to the post-migration environment, it was discussed here because the distinctive feature between household types was depended upon the gender issue. Female-headed household type

was found to have considerably higher levels of all mental health symptoms compared to nuclear families and extended families (i.e., post-traumatic stress, anxiety, depression, perceived psychosocial functioning, emotional distress). Displacement seemed to be especially difficult for single, lone or widowed women so they were more prone to mental health problems. The accounts of these women in the interviews also supported the additional adversities they encountered to other than those of all other asylum seekers experienced. Also, widowed or lone women lacked an important source of social support unlike nuclear and extended families. Lack of husband support was found to increase psychological problems in other samples (Boyacıoğlu & Karancı, 1992; Bengi-Arslan et al., 2002). Experiencing the loss of a husband while living as an asylum seeker in a camp situation represents a specific set of challenges for women, particularly if they have children. Not only widows, but also lone women whose husbands were lost during detention, those whose husbands were fighting in the war, single women whose fathers had to work in Syria seemed to face with more social, economic and cultural strains. Because social and cultural systems disrupts, they seemed to be subjected to discriminatory patriarchal and religious norms (Lenette, 2013). Therefore, they tended to become more isolated due to a kind of cultural stigmatisation of “lone woman” and not comfortable in social interactions. This situation made them more socio-culturally and economically disadvantaged due to their fewer interactions with neighbours as well as workers, which in turn resulted in less demand for, access to and usage of services in the camp. This socially and economically disadvantaged condition would lead to more isolation and aloneness again. The below expressions of 29-year-old woman with four children whose husband was a combatant in Syria and who stayed with her sister supports these suggestions:

Quote 5.

<p><i>Because we do not speak the language (Turkish) and since we don't get close to them, and since my husband is not here, we don't have a lot of interactions (with Turks)... We do not generally go out; the neighbors come to us...in fact we rarely exit our home.... We have a lot of requests but we do not raise every one of them, nor go out and talk to the officers about these....Because I don't go out anywhere, we couldn't learn anything.</i></p>	<p><i>Dil bilmediğimiz için fazla da yaklaşmadığımız için kocam da burada olmadığı için fazla girişmeyiz (Türklerle) Bizde genelde çıkmayız komşular gelir ... Biz zaten evden kolay kolay çıkmayız. Çok da talebimiz var ama her talebe de gelmeyiz, çıkmayız görevlilerle görüşmeyiz..... Hiç bir yere gitmediğim için bir şey öğrenemedik.</i></p>
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The finding that female headed household type had significantly less social support from host society than nuclear and extended families was in consistent with the qualitative observations. Also, the finding that male asylum seekers had more social support from host community might reveal the continuation of traditional breadwinner role of men that lead to more comfort in external contacts for males.

It is not to say that alone women were completely withdrawn from Syrian community but they were observed to have relatively limited social support. The finding of no significant difference between household types with respect to social support from ethnic community supported this indication. A 28 year-old lone woman with six children said by showing her neighbours:

Quote 6.

<i>All were good. I didn't suffer. They did not make me feel so (bad). They always helped me. As my husband is not here, I would go mad if I didn't have these well, these healed my soul.</i>	<i>Hepsi iyiydi, sıkıntı çekmedim. Hiç bana öyle bir şey hissettirmediler. Hep yardım ettiler. Kocam da yok ya, bunlar olmasa belki de deli olurum, bunlar benim nefsimi düzeltmişler.</i>
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However, female headed households reported significantly more worries about family and future, and loss of culture and support than nuclear and extended families. These findings might also reveal the importance of social support from host community over the one received from ethnic community in contrast to previous findings (Başoğlu & Şalcıoğlu, 2011). According to one of the Sphere social intervention indicators, isolated persons such as widows and widowers, or others without their families, should be able to access to activities that facilitate inclusion in social networks (Batniji, van Ommeren & Saraceno, 2006).

Loss of economic and social roles coming with loss of husband/father presents a greater risk to women who are less mobile due to their caretaking roles. Women's caretaking roles are strained by having to raise children in unstable environments with few support structures. For instance the burden due to the loss of breadwinner seemed to emerge from pre-migration as described as follows:

Quote 7.

<i>Order disappeared. There was no bread, no water, no electricity. We were not allowed to go out. How do we go out? Formerly my husband was working and earning our livelihood.</i>	<i>Nizam kalmadı. Ekmek yok, su yok, elektrik yok. Dışarı çıkmak yasak. Nasıl çıkacağız? Daha önce eşim vardı çalışıyordu getiriyordu.</i>
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Moreover, loss or lack of husband or father made women more prone to gender-based threats. One young woman with children whose husband fighting in the war and who lived with young sister in the camp mentioned the molestations and threats they were exposed to by Syrian men and gossip by the community in the camp. The community ostracism stick to the widowhood has been stated in other studies (Lenette, 2013). Abusive practices and gender-based violence were reported as common among Syrian women asylum seekers living outside the camps in Turkey (Mazlumder, 2014). Without kinship support networks and institutionalised conflict-resolution mechanisms, women can become more vulnerable to the abusive practices (Sideris, 2003).

Female headed households in the current study was also found to divergently reveal greater deterioration in almost all components of perceived psychosocial functioning (i.e., skills and talents, physical impairments, emotional functioning, social relationships, spiritual and existential concerns). This might be due to that alone women would have had greater loss in all resources; including object resources, condition resources, personal characteristic resources, and energy resources (Hobfoll, 1989). It is also possible that their impaired functioning resulting from debilitating traumatic stress may severely limit one's capacity to cope with stressful life events, which in turn may further undermine expectations of effective control over such events in general and contribute to hopelessness depression (Başoğlu & Şalcıoğlu, 2011).

Marital Status. Similar to young and female asylum seekers, unmarried Syrian asylum seekers reported higher levels of each domain of mental health problems (i.e., post-traumatic stress, depression, anxiety, emotional distress, perceived functioning, and post-migration stress). As mentioned above, just like young and female participants, unmarried asylum seekers would have had greater loss of resources (e.g., status, friends, feelings of autonomous, time, etc.). With respect to social

support systems, married asylum seekers were found to receive more social support from both Syrian and Turkish community whereas unmarried asylum seekers were observed to report more loss of culture and support. Also, unmarried ones considered return to Syria more so they had more difficulties in adjustment to post-migration context. It is possible that while married people would have enjoyed social support both in family context and outside, unmarried people would have felt more isolated and rejected.

Additionally, higher educated people (high school or more) were found to have more post-migration stress, welfare and financial difficulties, loss of culture and support and to consider returning to Syria more. However, in contrast to previous studies (e.g., Carswell et. al., 2009; Porter & Haslam, 2005), there was no significant relationship between mental health outcomes and education level. On the other hand, because occupation level groups were not heterogeneous due to that all unemployed people were women and majority of the employed ones were included in lower level skilled occupation group, noteworthy findings were not obtained.

4.2 Findings Related to the Migration Risk Factors

The transition of the asylum seekers in the current study is relatively safe and easy due to the open-border policy of Turkish government and their migration to neighbouring country compared to other asylum seekers having long and unsafe transitions. However, the difficulties related to the unsafe transitions were expressed more than safe transition narratives. The last reports concerning the current situation of the border issues in Turkey saying that the government started taking measures to limit entry, leading to the emergence of makeshift camps along the Syrian side of the border (Dinçer et al., 2013) so migration experiences have become harder. Consistently, some Syrians in the current study entered Turkey through so-called unofficial crossing points as “illegal”. Also, they mentioned that they hide from Syrian forces on the road and waited at the border for a while. With respect to the safe transition, the most prominent expression was kind treatment of border officers which shows their perception of social support from host community runs in this phase of migration.

4.3 Findings Related to the Post-Migration Risk Factors

4.3.1 Post-Migration Living Difficulties

When asked to mention their post-migration difficulties, although the most frequently expressed difficulties were those pertaining to the camp conditions, the difficulties reported by the highest number of participants was concerning family separation and loss, and further worries/concerns about family in Syria within that. This finding was consistent with the quantitative data showing that the most frequently reported problems were under “worries about family and future” component of the scale (e.g., worries about the family at home, separation from family). Besides, among post-migration conditions, only loss of culture and support was found as a risk factor in predicting each domain of mental health problems. In parallel, loss of culture and support seemed to converge with the themes of many of the thematic blocks (e.g., family separation and loss, identity/roles/status loss, social and adaptational adversities)

Within *family separation and loss* aspect, asylum seekers mentioned their yearning and concerns for their friends and families back home, their feelings of loneliness, not being able to visit families in other camps. Being separated from husband also seemed to bring additional burdens to women.

The most pronounced difficulty was found about a variety of physiological and safety needs (Maslow, 1943). Under these needs, *camp conditions* were mentioned and further services within that. The most prominent adversities were unmet needs of non-food items because of lack of distribution, unable to afford with their card and insufficient shelter because of crowdedness and absence of toilet, kitchen or even a tap under shelter in some camps. Although there was no significant differences between camps with respect to mental health outcomes, asylum seekers mentioned difficulties differing according to the camps in the qualitative interviews. They also mentioned a lack of privacy in the camp environment.

In terms of the location of the camp, Syrians mentioned airplanes approaching the Syrian border of Turkey, hearing the noises of bombing and shelling that sometimes occurred in Syria and hearing the siren of ambulances carrying the injured people

from Syria to the hospitals in Turkey after an attack had happened in Syria, as their difficulties in the post-migration context. This situation creates continuous levels of danger and fear. They also talked about the ban on the entrance of visitors and the entry times to the camp as their difficulties preventing to meet family members in other camps and limiting their sense of freedom leading to unmet belonging and transcendence needs (Maslow, 1943). One 54year old man and 24 year old woman expressed this difficulty as follows respectively:

Quote 8.

<p><i>For instance, my brother will come from outside, we cannot let him/her in, we cannot meet for an hour. And this affects us... This shows us that we are not free anyway... Some laws have effect on us; not being able to exit, to meet, to go. It's hard to bear. We're used to having guests. We always visit each other. If it were your own country, if there were freedom, then these would not happen. All of these are disturbing.</i></p>	<p><i>Mesela kardeşim dışarıdan gelecek, içeri alamıyoruz, görüşemiyoruz bir saat. Bu da bizi etkiliyor... Bu bize zaten tam özgür olmadığımızı gösteriyor....Bazı kanunlar üzerimizde etkili, çıkamama, görememe, gidememe.ağırımıza gidiyor. Biz misafire alışmışız. Hep birbirimizi ziyaret ederiz. Kendi memleketinde olsaydı özgürlük olsaydı bunlar olmazdı. Bunların hepsi rahatsızlık verici.</i></p>
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Quote 9.

<p><i>It has been 1 year and 3 months that I haven't seen my siblings in the other camp. Because we are required to return to the camp on the same day, I cannot go and meet them. I feel loneliness here. I'm always at home with children.</i></p>	<p><i>1 sene 3 ay oldu hala kardeşlerimi görmedim diğer kampta. aynı gün içinde kampa geri dönmek gerektiğinden gidip göremiyorum. Yalnızlık çekiyorum burada. hep çocuklarla evdeyim.</i></p>
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The most important distinctive feature of Syrian asylum seekers is that their migration is among acute refugee movements and they are majority-identified refugees (George, 2010). Unless other asylum seekers with individual applications are able to prove the potential threat of danger in their home country, they are not allowed to remain in the host country or go to a settlement country. Syrian asylum seekers' reason of flight is evident, worldwide known and identified. They are temporarily protected under Turkish government providing no forced returns or limit on duration of stay. Therefore, inconsistent with literature stating the fear of deportation or repatriation (e.g., Ryan et al., 2009) and legal status uncertainty (e.g., Silove et al., 1997) as the most reported problems, they seemed not to experience either of them. In fact, the support of the Turkish state to Syrian asylum seekers was

pronounced even as the coping resource for the pre-migration traumatic events. Factor structure of Post-Migration Living Difficulties scale also yielded zero variance on “fears of being sent home” item. Further, none of the participants claimed that conflict with immigration officials caused serious concern because they might not face as much obstacles as other asylum seekers. It is important to note here that this situation should be evaluated only within the registered asylum seekers living in the camps, not the unregistered ones outside the camps. Although unlike other asylum seekers, Syrians do not experience distress depending upon prolonged feelings of insecurity and uncertainty about future because of their legal status, uncertainty about the time of return to home, and about their future was observed to be highly reported as post-migration stressors by the participants.

This might partially be attributed to the *status of conflict and ongoing circumstances in Syria*. Within this aspect, while Syrian asylum seekers were in Turkey, their homes were bombed, looted or their relatives or other civilian people died and they were not able to go to Syria in case of emergency. This means that more losses continued to happen in addition to previous ones that may increase their feelings of helplessness and hopelessness. It signals another contextual condition like the location of the camp which might affect their mental health. Previous studies showed lack of resolution of conflict which is the reason of migration as an important risk factor for mental health (Hjern & Jeppsson, 2005; Porter & Haslam, 2005; Ringold, 2005).

Syrian asylum seekers also highly mentioned the drawback related to the *identity, roles and status loss*. Asylum seekers need to cope with an unfamiliar cultural environment; with the sense of loss or deprivation of family, homeland, status, possessions, and culture (Eisenbruch, 1991). They feel rejected and confused about their new roles, values and identity, all of which influence their mental health status (de Jong, 2002). Similarly, Syrian asylum seekers in the present study mentioned their loss of socio-economic status, changes in their lifestyles, feeling humiliated by and ashamed of their new situations and identities. Participants described these difficulties as follows:

Quote 10.

<i>We have own lives, had our own lives, we are now in trouble. Even though we receive help, we have own private lives. So we haven't been accustomed to this. Our sleep changed, our lives changed, our country changed, everything with us changed. Our homes were big and large back there, we were very well off. Our lives were very beautiful. We came here, where there are 15 persons in one container.</i>	<i>Bizim kendi yaşantımız var, kendimize ait hayatlarımız vardı, şimdi sıkıntıdayız. Yardım alsak bile kendi özel hayatlarımız var. Onun için daha alışamadık. Uykumuz değişti, hayatımız değişti, ülkemiz değişti. Herşeyimiz değişti. Orada bizim evlerimiz büyüktü genişti çok rahattık. Hayatımız çok güzeldi. Buraya geldik, bir konteynerde 15 kişi.</i>
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Quote 11.

<i>Whenever they do not help me, or say a (bad) word, or they do not care (about me), I feel extremely ashamed. God save you (from this) believe me, being a refugee is also hard. It's hard to bear.</i>	<i>Biraz işini yürütmesinler, bir söz söylesinler, biraz ilgilenmesinler istiyorum ki yer yarılınsın da içine gireyim. İnanın Allah size göstermesin, mülteci olması da zor. Zoruma gidiyor.</i>
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Asylum seekers mentioned that they could not get used to camp environment, feelings of being a burden to others, being helpless in front of the unmet needs of children, humiliation in the face of negative behaviours of workers, and social pressure from others in the camp.

Asylum seekers, mostly women, stated the *social adversities* related to gender-based threats, limited relations with others in the camp, domestic fights and communication problems with family members abroad. Interventions like a tracing service aimed at reuniting communities and families and promoting connectedness with respect to the importance of social support has been mainly stated in the literature (Batniji et al, 2006; Hobfoll et al., 2007).

With respect to *adaptational adversities*, homesickness, uncertainty about future, not knowing Turkish was mostly stated. Asylum seekers considering return to Syria more had significantly more severe psychological problems in each domain (i.e., post-traumatic stress, anxiety, depression, perceived psychosocial functioning, emotional distress, post-migration stress). Also they had more worries about family and future and loss of culture and support. Those Syrian asylum seekers planning to return to Syria more have been found to perceive more deterioration in psychosocial functioning and to have more anxiety symptoms. Additionally, although nearly half

of the participants reported that they definitely considered returning to their own country, they did not plan at all to return to Syria. Most of the participants stated that they wanted to return because “the country is the only”. However, they noted that because there was continuing uncertainty, chaotic environment and life insecurity in Syria, they could not see the future and they had no longer their homes, jobs and fields so they were not able to make any plan about returning. They stated the reason for not being able to make any plan was that it was not under their control.

Asylum seekers also mentioned different aspects of *economic, health and education adversities* in the post-migration context. Among the post-migration conditions, besides a variety of difficulties have been well documented by Syrian asylum seekers, that their children can go to school was mentioned as a positive condition. It has been noted that schools constitute effective settings to provide mental health assistance to their families as well as to their children (Batniji et al., 2006; de Jong, 2002). However, this is not the case for young adults who wanted to continue university education. Although it is facilitated in Turkey, one young woman stated that she gave up continuing to go to the university because of a number of factors like discrimination, not having complete language proficiency, accreditation problems and not having friends. This finding is in line to some extent with other findings stating that young migrants speaking the language of the recipient society would manifest more psychological problems and acculturative stress because of their high involvement in the interactions with the host culture which leads to high exposure to the factors described above such as discriminatory attitudes of local people (Bhugra, 2004).

4.3.2 Socio-Demographic Factors

In the current study, it seemed that despite all participants received the standard camp assistance due to their registration in the camp, asylum seekers reported *different levels of income* depending on working in a job (the participant himself or a family member) or money savings. It might be said that asylum seekers who reported having middle income level were mostly those who had money savings because of their economically advantaged background in Syria. Findings of quantitative analyses supported this view. Asylum seekers who stated middle level income and those who had money savings were found to report higher levels of general trauma

symptoms (HTQ-IV) and more deterioration in perceived psychosocial functioning. Moreover, those who had middle level income were observed to have the highest levels of depression symptoms. On the other hand, very low income group did not differ from low and middle income groups in terms of depression levels. Also, very low and middle income groups were found to have greater post-migration stress than low income group. This could be attributed to that low income group might have included asylum seekers who worked in a job (or family member), or those who regarded the conditions as sufficient depending on various underlying reasons (e.g., praising, religious or political convictions, disadvantaged economic background etc.). The finding that low income group reported the least welfare and financial difficulties and middle income group did not differ from low and very low income groups seemed to support the suggestions mentioned. Additionally, it was found that the middle income group had more spiritual and existential concerns than low income group whereas very low income did not differ from others. Therefore, it is possible that middle income group would have had difficulties in interpretation and consolidation their experiences, and rebuilding a personal narrative integrated with them while low income group would have been more acquiescent to their experiences. Consistently, middle income group was found to reveal more avoidance and numbing concerning traumatic events than others. These findings seemed to be in parallel with previous research stating the higher pre-migration socio-economic status as a risk factor (e.g., Porter and Haslam, 2005; Lindencrona et. al., 2008). Middle income group was also found to plan to return to Syria significantly more than others. Besides, this group again was found to have significantly less social support from ethnic community, more deterioration in social relationships and more loss of culture and support. Similarly, those with money savings reported significantly more deteriorated social relationships and loss of culture and support. Overall, these findings would indicate that middle income group and those with money savings would have come from more socio-economic advantaged circumstances and urban areas of Syria. They might have had more difficulties in adjustment to post-migration camp conditions, had more cultural bereavement with the sense of deprivation of values, skills, support networks, social structures and perceived safety. They might have felt more isolated and alienated and hence less comfort in social interactions with Syrian community, which in turn leads to limiting interactions and this, would turn into a vicious circle.

With respect to the familial situation in Syria, majority of the participants had family members back home and were able to communicate with them. Because this situation signals possible ceiling effect, there was no significant relationship between mental health outcomes and these situations. However, maybe not surprisingly, having family members in Syria was significantly associated with more worries about family and future and less residential difficulties.

In contrast to previous studies (e.g., Laban et al., 2008; Schweitzer et al., 2006; Warfa et al. 2012), length of stay in Turkey was not found to be significantly associated with mental health outcomes. One explanation would be that the range of the duration of stay was not longer as in these studies to compare the groups within that. Another possible explanation would be that these asylum seekers would have been in less stressful conditions and familiar environment in the recipient country rather than those in western countries like Netherlands or Australia. In these countries, refugee groups like Sudanese or Somali individuals would have to deal with more overwhelming conditions, such as acculturative stress, difficulty of learning language or finding a job, in a more culturally incongruent environment. The adverse finding that relatively newcomers to Turkey reported more loss of culture and support than those who stayed longer would support this suggestion. It is possible that asylum seekers would have explored and mastered the environment and received more social support from ethnic and host community over time by overcoming alienation and isolation.

4.4 Findings Related to the Effects of Risk Factors

4.4.1 Mental Health

Prevalence rates. Because there is no study focusing on the study population included in the current study, prevalence rates with respect to post-traumatic symptoms, depression and emotional distress were compared with those of studies using HSCL-25 and HTQ-IV. Among non-help seeking asylum seekers (Gerritsen et al., 2006; Ryan et al., 2009) as well as clinical samples (Carswell, et al., 2011), the levels of the studies were observed similar or relatively higher for both depression and post-traumatic stress than those of the present study. When the mean scores of these scales were compared, they were found lower in the current study than those of

other studies conducted with other groups of asylum seekers (Ichikawa et al., 2006; Steel et al., 1999) and refugees (Huijts et al., 2012). These findings of other studies were interpreted in caution because the studies using these instruments had either small sample sizes or heterogeneous sample (i.e., inclusion of both asylum seekers and refugees coming from different countries). Also, in other studies, because the duration of stay in the host country was longer than the current study, it is possible that the symptoms would have deteriorated in time (e.g., Lien et al., 2010). The number of persons exceeding the cut-off scores was found between the ranges given for different population-based studies on the mental health consequences of wars and conflicts including refugees, IDPs and post-conflict survivors (de Jong, 2002).

Effects of pre-migration risk factors. A number of researchers mentioned that caution must be exercised when attempting to screen for and diagnose *post-traumatic stress disorder* in refugees. Because it is a Western-defined disorder, it has been stated that it may not even be applicable to people in the non-Western world (Bracken et al., 1995). Despite the criticism revolving around the emphasis on PTSD, in the qualitative part of the present study Syrian asylum seekers presented “core symptoms” of post-traumatic stress disorder (American Psychiatric Association, 2000). Summerfield (1999) argued that there is a tendency to ignore indigenous peoples own constructions and interpretations of distress and to impose a foreign concept upon them. In the current study, the reactions of Syrian asylum seekers to different events were investigated not only through the scales based on Western construct but also the semi-structured interviews to recognize their own perceptions and needs. In these interviews, with respect to the pre-migration events mostly including war-related experiences, the most pronounced sphere of influence was Psychological Health and further post-traumatic stress reactions within that. It is important here to note that the expressions pertaining to psychological health were categorized as “reactions” in the study because there was both no intention and diagnostic capabilities of these interviews. The characteristic symptoms of PTSD according to DSM-IV-TR (American Psychiatric Association, 2000) were mentioned by the participants, namely fear, psychological arousal, avoidance and numbing, re-experiencing traumatic events. Criterion A (2) of the manual, which is “the person’s response involved intense fear, helplessness, or horror”, was highly reported by the Syrian asylum seekers. Although this criterion was removed from DSM-V

(American Psychiatric Association, 2013) on the grounds that it proved to have no utility in predicting the onset of PTSD, this generally expressed theme was categorised under post-traumatic stress reactions due to the well description of their fear and horror in response to the war-related events. For instance, a 55-aged Syrian woman described her response to the events with a metaphor as follows:

Quote 12.

<i>Whenever an airplane came, we were psychologically demoralized. Even a child, a baby runs away to its mother's lap and hides when it sees airplane. Even the dirt hides under the table when an airplane comes (laughs).</i>	<i>Uçak geldiğinde psikolojimiz bozuluyordu, çocuk bebek bile uçağı görüdüğünde annesinin kucacağına kaçar kapanır. Pislikler bile uçağı gördüğünde tezgahın altına saklanır (güler).</i>
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Moreover, within post-traumatic stress reactions, Syrian asylum seekers mentioned psychological arousal the most and within that, exaggerated startle responses at neutral stimulus (e.g., car horn, dropping a lighter from one's own hands) and outbursts of anger were described as still continuing effects of pre-migration events. Most of the participants experienced sleep disturbances before migration.

They also mentioned avoidance of thoughts, feelings and people associated with the events, feelings of numbness and restricted emotions, and recurrent, intrusive and disturbing thoughts, memories and dreams of the events. Almost all these reactions to pre-migration events maintained their effectiveness in the post-migration. A 40 year-old disabled woman asylum seeker described the intrusive memories of the events as follows:

Quote 13.

<i>These events are always present in front of my eyes. Especially for anyone in a condition like mine, it's like a tape recording running continually...they are always on our mind.</i>	<i>Zaten bu olaylar bizim gözümüzün önünden gitmiyor ki. Benim halimdeki olan için hele çalışan bant gibi durmayan bant gibi ...sürekli aklımızda.</i>
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Depressive reactions to pre-migration events were pronounced as much as half of post-traumatic stress reactions. Syrian asylum seekers mentioned a variety of emotional (e.g., feeling down), behavioural (e.g., crying) and social (e.g., social withdrawal) reactions and negative self-perceptions (e.g., feeling worthless). The most expressed depressive reaction was sorrow over their loss of family members

and losses of their children. *Anxiety reactions*, generally including worries about future and somatic symptoms like feeling fatigue and headaches, were less mentioned for traumatic events.

Effects of migration risk factors. During relatively short transition periods of Syrian asylum seekers, the pronounced reactions were mostly concerning psychological health and hence depressive and anxiety reactions within that. They mentioned their worries about future, uncertainty and sorrow over their homeland, and loved ones they left behind. A 22-year old female participant described like as follows:

Quote 14.

<p><i>It is only that we had luggage, that's why it was hard. But if you ask of feelings...I was sorry, I knew that I couldn't go to Latakia any more. There was no time to see my friends for the last time, to bid farewell. I left all behind. Where am I going? I was very sad when I think about this.</i></p>	<p><i>Sadece yükümüz vardı, ondan biraz zordu. Ama hissetmeyi sorarsan...Üzüldüm, biliyordum Laskiye 'ye gidemem artık. Arkadaşlarımı son kez görmeye, vedalaşmaya zaman kalmadı. Onlar hep arkada kaldı. Ben nereye gidiyorum? Bunu düşününce çok üzüldüm.</i></p>
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Effects of post-migration risk factors. When the effects of post-migration conditions were evaluated, the expressions related to psychological health of Syrian asylum seekers were observed to take the lead. However, depressive and anxiety reactions were found to be pronounced more than those in response to pre-migration events. In terms of *depressive reactions*, Syrian asylum seekers mentioned a variety of emotional (e.g., despair), behavioural (e.g., stop eating) and social (e.g., social withdrawal) reactions and negative self-perceptions (e.g., low self-efficacy). The most expressed depressive reaction was sorrow over a variety of losses, including material loss, loss of socio-economic status, loss of time and loss of family members.

Quote 15.

<p><i>We are very sorry for ourselves, having in mind where we used to be and where we are now. One is grand and happy in his/her own home. People are helping us. When we were in Syria, we used to do charity. The house we lived in had 7 rooms, everyone had their own room.</i></p>	<p><i>biz bize çok üzülüyoruz, neredeydik nerede olduk diye. İnsan kendi evinde büyük olur , mutlu olur. İnsanlar bize yardım ediyor. Biz suriyedeyken biz insanlara dağıtırdık. Yaşadığımız ev 7 odalıydı, herkesin odası ayrıydı.</i></p>
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In terms of *anxiety reactions*, worries about future, feeling distress for continuing conditions in Syria, and ruminations were the most pronounced themes. All these expressions reflect Syrian asylum seekers' worries about their own future, their homeland, and their people back in Syria, regardless of their proximity.

Moreover, with respect to *post-traumatic stress reactions*, re-experiencing reactions of pre-migration traumatic events provided crucial insights. That is, Syrian asylum seekers mentioned both their and children's intense feelings of fear and distress due to the airplanes approaching the border close to the camp and the noises of bombings that occurred at the right other side of the Syrian border of Turkey. Belief about the complete dangerousness of the world is held to be a primary dysfunctional cognition that mediates the development of PTSD (Foa & Rothbaum, 1998; as cited in Brewin & Holmes, 2003). Ehlers and Clark (2000) argued that trauma related memories are easily and involuntarily triggered by a wide range of reminders and often subjectively feel as if they are happening "right now" even if safety is restored. If actual safety is not restored, reminders will be omnipresent and contribute to an ongoing sense of exaggerated threat, preventing a return to a psychological sense of safety. Participants described how they reacted as follows:

Quote 16.

<i>Whenever an airplane comes we feel uneasy. Are we to run away or are we to stay? We think hiding somewhere but we can't run away.</i>	<i>Uçak geldiğinde tedirgin oluyoruz. Kaçsak mı yerimiz de kalsak, bir yere saklanmayı düşünüyoruz ama kaçamıyoruz</i>
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Quote 17.

<i>when I hear the sound of the bomb, as it seen heard from here, when I hear it, I put my hands on my ears and lie down, cannot move because of the sound. I'm frightened by them.</i>	<i>bomba sesi duyunca, buradan da duyuluyor ya. Bomba sesini duyunca kulağı tutup yatıveriyorum sestem. kıpırdamıyorum. Onlardan korkuyorum.</i>
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Furthermore, within post-traumatic stress reactions, Syrian participants mentioned psychological arousal like outbursts of anger, intolerance to the daily hassles and avoidance by substance use or repressing the thoughts, and emotional numbing. Participants' active attempts at thought suppression, distraction, avoidance of trauma reminders, use of alcohol or medication to control anxiety, and adoption of safety

behaviours to prevent or minimize trauma-related negative outcomes were stated to cause PTSD to persist in the literature (Brewin & Holmes, 2003).

In situations that involve multiple stressor events like war violence, combat, political persecution and torture, future occurrences of the traumatic stressors may reinforce the learned helplessness effects of the initial event and may lead to more certain helplessness and even hopelessness (Başoğlu & Şalcıoğlu, 2011). Several other factors may contribute to depression by increasing certainty about helplessness and hopelessness. These include uncontrollable stressor effects of various PTSD symptoms, such as re-experiencing the events as mentioned above, intrusive thoughts, flashbacks, nightmares etc. (Alloy et al., 1990; as cited in Başoğlu & Şalcıoğlu, 2011), and additional uncontrollable life stressors in the post-migration environment, such as financial problems, separation from close ones. Accordingly, taking into consideration of the current status of conflict in Syria, re-experiencing the events due to their physical proximity to Syria, post-migration difficulties, together with the past losses (e.g., loss of SES, possessions and close ones), participants may be likely to develop hopelessness depression because they may be certain about their inability to control outcomes of future stressor events (helplessness) and the occurrence of negative outcomes. This is important because co-morbidity of PTSD and depression is associated with much higher levels of disability in a refugee population and such co-morbidity related disability may persist for years after exposure to war trauma (Silove, 2005). On the other hand, when their resources that helped them to cope either with traumatic events or post-migration conditions as well as the social, cultural and political factors specific to the context are evaluated, the severity of psychological symptoms might always not be the case like mentioned above.

Relationship between pre-migration and post-migration risk factors. When the relative contribution of pre-migration traumatic events and post-migration living conditions towards mental health outcomes is evaluated, after controlling the effects of demographic variables, only forced separation and loss of loved ones among the pre-migration traumatic events significantly predicted post-traumatic stress and depression symptoms. This finding is consistent with a variety of previous studies (e.g., Gorst-Unsworth & Goldenberg, 1998; Laban, et al., 2004; Schweitzer et al.,

2006; Savic, et al., 2013). On the other hand, other pre-migration events including exposure to conflict and social upheaval, detention and human right abuses or physical injury did not predict PTSD symptoms. Apart from these, none of the pre-migration traumatic events predict anxiety symptoms and the perceived psychosocial functioning at all. Although loss of loved ones was a significant predictor of depression and post-traumatic stress symptoms in the present study, loss of culture and support from the post-migration difficulties was of greater importance in predicting mental health in each symptom domain examined, with greater variance. This finding is in line with previous studies (e.g., Carswell, 2009; Silove et al., 1998). In addition, the interaction effects of pre-migration traumatic events and post-migration living difficulties revealed that asylum seekers with forced separation and loss of loved ones, who experienced loss of culture and support, were at increased risk to post-traumatic stress symptoms. Both hierarchical and moderated regression analyses as well as qualitative findings suggested that post-migration difficulties are more impactful determinants of mental health outcomes than pre-migration events. It is not to say that the findings concerning the relative weight of post-migration difficulties diminishes the severity of the human right abuses and warlike conditions experienced by Syrian asylum seekers. These were the precipitating factors forcing them into the conditions under which they experienced post-migration difficulties. It would also be suggested that mobilisation of some resources and protective factors would have an effect on these experiences. The determinants, which were found as risk factors in the quantitative analyses when their absence were taken notice of, were observed as protective factors in the qualitative analyses when their presence were accounted; namely culture and social support.

Unlike other findings of hierarchical regression models, those predicting anxiety symptoms also identified worries about family and future in the post-migration context as a significant predictor in addition to loss of culture and support. This finding, together with regression model for depression, seems to support the suggestion of that the extent of certainty about the occurrence of future negative outcomes and helplessness are the two critical factors in anxiety and depression (Başoğlu & Şalcıoğlu, 2011). While uncertainty about helplessness with respect to future threats is associated with anxiety, loss events are more likely to lead to hopelessness and depression. Overall, hierarchical regression models showed that the

effects of past traumatic events and current living difficulties have differential impact on different areas of mental health functioning.

The interaction of physical injury and welfare and financial difficulties for post-traumatic stress and anxiety symptom showed that the asylum seekers who experienced less physical injury (themselves and/or others) significantly reported more post-traumatic stress and anxiety symptoms if they had more welfare and financial difficulties. Among those who had more financial difficulties, more physical injury led to lower levels of post-traumatic stress and anxiety symptoms. This interaction finding can be attributed to the possible attempts of understating psychological effects by Syrian asylum seekers, who might have been more involved in the war and experienced more physical injury. Taking into consideration of that men were more likely to be exposed to traumatic events and especially physical injury and detention and human right abuses like torture and imprisonment, their ideological commitment to a political cause may have protected their mental health status by providing a sense of meaning for and control over the events they underwent even if they had more financial difficulties. For instance, other studies suggested that making sense of PTSD symptoms would inhibit the recognition of symptoms as a serious mental health condition in traumatic injury survivors (Wong, Kennedy, Marshall, & Gaillot, 2011). Also, this finding would be supported by work on torture victims. It was indicated that political activists were not as traumatized by the experience as were nonactivists, even though they may be more severely tortured (Başoğlu et al., 1997; as cited in Başoğlu & Şalcıoğlu, 2011). This suggests that whereas torture is consonant with the expectations of activists, for nonactivists, it is a violation of implicit beliefs that torture is either not employed or is reserved for enemies of the state (Brewin & Holmes, 2003). Similarly, in the present study, physical injury as well as welfare and financial difficulties might have been congruent with the expectations of and attributed as force of circumstances by ideologically committed asylum seekers whereas disrupted economic conditions might have been more traumatising for those who were not ideologically committed. The sentences of a 20 year-old male participant who had been shot in the leg during fighting while he had attempted to pull his wounded friend aside seemed to support the suggestion.

Quote 18.

<i>When in Syria, the only thing we cared, thought about was work, food, shelter; now we understood the value of life, or the world. Life, we understood, was composed not only of eating, sleeping... Where did this war of ours come from? Because there is no justice; we know that our rights have been grasped... We do not lose hope; if we lose hope, then we can be counted dead. Our future will be good.</i>	<i>Suriyedeiken tek bildiğimiz düşündüğümüz iş, yiyecek, yatma, şimdi hayatın, dünyanın kıymetini bildik. Tek hayat işten yeme içme yatma değilmiş. ... Bizim bu savaş nereden çıktı? Adalet olmadığı için, bizim haklarımızın çalındığını biliyoruz. ... Umudu yitirmeyiz, umudu yitirirsek biz ölü sayılırız. Geleceğimiz güzel olacak.</i>
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Moreover, although it is not significant, it might be interpreted that there is a tendency in which, if the asylum seekers had less welfare and financial difficulties, more physical injury contributed to the higher levels post-traumatic stress and anxiety symptoms. It is possible that they might have had better financial conditions in the post-migration context because of money savings. Among them, even if the findings provided a non-significant interaction, there was a tendency in which more physical injury (themselves or others) contributed to stress.

4.4.2 Social and Cultural Environment and Social Functioning

Pre-migration risk factors. Following psychological health, Syrian asylum seekers mostly stated how the social environment and their social functioning were affected by the war-related events. One male participant, 34-year-old, summarised the changes in the relations and the surroundings:

Quote 19.

<i>We wouldn't go out of home. We would shut the door, sit down. The wall transmits the sound, nobody is home, we wouldn't talk about the events. One would hear, we were afraid, we were alone at home but still we were afraid of talking. Husband and wife couldn't trust in each other. We wouldn't be able to talk about our problems. Thinking that she would espionage, zero confidence. We anyway never felt safe. It turned into a place where you wouldn't know what would happen at any time. You never know from where the danger would come. Whenever you hear the noise of a car, you get up and listen. You look through the window, who came to where.</i>	<i>Evden çıkamazdık. Biz kapıyı örteriz otururuz, bu duvar sesi var ha, evde kimse yok, olaylarla ilgili konuşamazdık. Duyan olur icabında, korkardık, yalnız olurduk evde yine konuşmaya korkardık. İnsan kendi karısına kocasına güvenemezdi. Dertleşemezdik. İhbar eder diye güven sıfırdı. Zaten biz kendimizi emniyette hissetmedik hiç. her an ne olacağı belli olmayan bir yer oldu. Tehlikenin nerden geleceği bilinmez. araba sesi duydun mu kalkıp dinliyorsun, pencereden bakıyorsun nereye geldi diye, kim geldi diye.</i>
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Persistent fear due to unstable and insecure social environment resulting from generalized violence, “culture of fear”, may interact with the chronic sequential war traumas and with the daily difficulties of living in a refugee camp (de Jong, 2002). On an individual level, this may lead to a continuous traumatic stress syndrome showing some similarities with ICD-10 category of complex PTSD or enduring personality change after catastrophic experience. On a societal level, the prevailing fear and suspicion effects mutual support structures, personal commitments, belief in justice, and belief in democratization and human rights.

Syrians also mentioned their separation from their family members, increase in their responsibilities, intense changes in their roles as a result of war-related events. Also they mentioned how they felt humiliated and offended in the face of some pre-migration events like being beaten or sworn to, which is in line with other studies (Giacaman, Abu-Rmeileh, Hussein, Saab & Boyce, 2007).

Post-migration risk factors. With respect to the social and cultural environment and social functioning effects of post-migration conditions, Syrian asylum seekers stated that the camp environment resembled a prison because of the cameras continuously monitoring them, the camp identity cards they had to show while entering the camp, rules about the entry and exit times, not being able to freely go out, limitations about their visitors or crowdedness of the shelters and hence they felt trapped, isolated and not free.

Mostly male asylum seekers felt boredom because of not being able to work was consistent with previous findings (e.g., Warfa et al., 2012; Schweitzer et al., 2006). Quantitative analyses also showed that when unemployment time got longer, more post-traumatic stress symptoms, emotional distress and post-migration stress were manifested. Among men, their sense of self-worth and identity which stick to the breadwinner role to some extent seemed to be hurt. The finding that male asylum seekers planned to return to Syria more might be due to this situation.

Quote 20.

<i>We are as if a burden to others. We are diligent people. I was working when I was my daughter's age. Sometimes I would leave home at 7 am and arrive at 12 pm. In order not to depend on any one,</i>	<i>Biz yani başkalarının yükü gibi oluyoruz. Biz çalışkan insanlarız. Ben kızım yaşındayken çalışırdım. Ben bazen evden 7de çıkardım gece 12de gelirdim. Kimseye muhtaç olmamak için, onurlu yaşamak</i>
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<p><i>to live in honour. For one who is accustomed to work, it is hard to come and sit here without doing anything. We are bored. Whereas I used to work and provide to the poor; now, I turned poor and others come and provide me.</i></p>	<p><i>için. İşe alışmış insan gelsin burada otursun işsiz güçsüz zordur. Sıkılıyoruz.Benim çalışıp para kazanıp fakarlara vermem nerededir, ben fakara oldum başkasının getirip vermesi nerededir.</i></p>
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Also, increase in duration of unemployment was significantly associated with more social support from ethnicity. This would be because of that unemployed men would have met in mosques and other public places or go out during the day and their friendships within Syrian community enhances in time. However, not being able to work for a long time was found to be significantly related to more psychological arousal symptoms of post-traumatic stress. It would be worthy of notice by considering the qualitative findings that among psychological arousal symptoms, outbursts of anger, feelings of irritability, intolerance, and sleep problems would be directed toward family members because women as well as children can become vulnerable to the abusive practices of male partners (Sideris, 2003).

On the other hand, some women also stated boredom because of “not having anything to do” like working, farming, household chores since their daily activities were limited and the social fabric changed. Thomas (2011) suggested that inability to legally work means the inability to use well-developed skills or to develop a new skill-set, and this creates frustration. These aspects of social environment and social functioning converged with “loss of culture and support” items of the PMLD scale to some extent (e.g., loneliness and boredom, lack of privacy, isolation). Bearing in mind the regression findings indicating that loss of culture and support has a significant predictor role for each domain of mental health symptoms, these accounts of Syrians together with the identity/roles/status loss theme gain importance in understanding of the relevant reasons of problems embedded in the social and cultural environment. This suggestion is also supported by other expressions within this aspect. That is, they reported feelings of being offended because of these new conditions described above. Moreover, especially women talked about their distrust and fear of others due to problems related to perceived safety mentioned in the risk factors, and they limited relation with others and hence became unable to master the environment.

Quote 21.

<i>It is now people that scare me, not the missiles and tank any more. When I went to the shop, they (young men) harrassed me. I was really frightened then of young people here.</i>	<i>Artık şu an kuldan korkmaya başladım. Füzededen tanktan korkmuyorum artık. Markete gittim orada bana ulaştılar ya o zaman çok korktum, buradaki gençlerden.</i>
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They also mentioned they were not able to hold funeral rites for their losses in Syria because they were not able to go to Syria or group burial or cremation in Syria. The focus on maintaining or re-establishing cultural and religious events including grieving rituals conducted by relevant spiritual and religious practitioners has been supported by the literature (Batniji et al., 2006)

4.4.3 Material Loss

Most of them stated their material losses as an important effect of the warlike conditions, including money, possessions, properties, earnings, savings and investments. A 40-year-old male participant described his material loss below:

Quote 22.

<i>I had a house in Syria, I had my shop, my farm; now I cannot believe all this. While the salary of someone working for the government in the municipality there was 10 000 syrian pound, my salary was 60 000. We came here and all was gone.</i>	<i>Suriye 'de evim vardı, dükkanım çiftliğim vardı herşeyim vardı, şimdi ben bunlara inanamıyorum. Oradaki belediyede hükümette çalışanın geliri 10 bin süriken benim gelirim 60 bin süriydi. Buraya geldik hepsi gitti.</i>
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4.4.4 Positive Experiences

Half of the Syrian asylum seekers also mentioned some positive experiences after they came to Turkey during the interviews. Most of them stated that following the “culture of fear” prevailing in Syria mentioned above, they felt safe and no fear in Turkey and felt relieved after coming to Turkey. It was suggested that the quality of the recovery environment contributes substantially to the outcome of early PTSD reactions (Silove, 2005). Attention to issues of security and safety are crucial, especially in the case of shattered assumptions about safety, trust and justice (Foa et al., 1999; Horowitz, 1986; Janoff-Bulman, 1992). The coping process is promoted through a relative sense of security and stable environment (de Jong, 2011). One important observation related to this was that some participants described that when

coming to Turkey first, they had some symptoms of PTSD such as hyper-arousal but then these symptoms vanished and they recovered in Turkey.

Moreover, they expressed an increase in intimacy and solidarity among Syrians as well as family members and friendships. They mentioned an increase in feelings of confidence each other. This situation could be attributed to the importance of safe and secure environment providing a basis for them to come close to each other within Syrian community. A 28-year-old woman described as follows:

Quote 23.

<i>I got to know more and more people here. They are many. Here you get more and more friends. And this is a good thing. This is what we gained here. People are more close to one another. They got to know one another better.</i>	<i>Hep burda daha çok fazla kişilerden biliştim yani. Daha çok oldu. Arkadaşların çoğalıyor burada. Bu da güzel bir şey. Bunu kazandık buraya gelmekle. Millet daha yakın oldu birbirine. Birbirlerini daha fazla iyi tanımaya başladılar.</i>
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Schaffer and Moos (1998) suggested that individuals who have been confronted with life-threatening experiences frequently report enhanced social resources, such as strengthened family relationships, increased empathy for others, new support networks and more frequent usage of social resources such as family members and friends. Tedeschi and Calhoun (2004) also noted the domain of interpersonal relationships across which post-traumatic growth occur. This domain includes improved relationships and new possibilities, valuing friends and family members more, which are stated by trauma survivors. With respect to meaningful relationships as a positive experience following traumatic events, these accounts of family and community bonding was consistent with the scarce literature on post-traumatic growth in refugees (Hussain & Bhushan, 2013). One 50-year-old male participant mentioned community bonding resulting from safe environment, common history, shared struggle as follows:

Quote 24.

<i>Here we talk and discuss everything more comfortably with our Syrian citizens. There is solidarity. We were isolated there, we have felt like a community here. There is no fear here, shoulder to shoulder, we feel safe here.</i>	<i>Burada Suriyeli vatandaşlarımızla daha rahat herşeyi konuşuyoruz, tartışıyoruz. Dayanışma var. Orada yalnızlaştırılmıştık. burada toplum gibi hissettik. Burada korku yok, omuz omuza, güvende burada.</i>
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Moreover, it was stated that it was good to know different people and lifestyles in Turkey because it provided different point of views. Also increase in self-esteem after coming to Turkey was mentioned due to the psychological support from host community and safe environment in Turkey.

Two post-migration effects were kept unclassified in the qualitative part of the present study although both of them can be grouped under post-traumatic stress reaction. First one was about the expressions of not being able to realize the reasons of events. These expressions correspond to the questions of “why me?”, “why these events happened to me?”. They seemed not to be able to build a personal narrative and not having a plausible account of what they underwent. These accounts seem to be crucial because of their difficulty in making sense of the experiences. It was stated that this inability to find an acceptable explanation for trauma might mediate traumatic stress responses (Winje, 1998). A woman participant without husband expressed as follows:

Quote 25.

<i>I think about why my children are in this situation, why this happened to me at such a young age.</i>	<i>Niye benim çocuklarım böyle kaldılar, niye benim başıma genç yaşında bu geldi diye düşünüyorum.</i>
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The second one was feeling guilty which would represent a kind of “survival guilt” (Niederland, 1964; as cited in Ayalon, Perry, Arean, Horowitz, 2007). It has been acknowledged that many survivors of severely traumatic events experience some form of guilt (van der Kolk et al., 1996). This generally occurs when a person perceives himself to have done wrong by surviving a traumatic event when others could not. In the present study, some participants had self-accusations concerning their leaving family members they left back in Syria by coming to Turkey.

Quote 26.

<i>I feel sometimes guilty. How? Everyone from my family stays there, only I came here. I sometimes think going back. I think about how I left them and came. Yet my husband didn't want me to go back there, he wanted me to stay here.</i>	<i>Ben bazen suçlu hissediyorum, nasıl? herkes orada kaldı benim ailemden bir tek ben geldim. Bazen düşünüyorum tekrar geri dönmeyi. Nasıl ben onları bıraktım da geldim diye. Yalnız kocam istemedi oraya geri dönmemi burada kalmamı istedi.</i>
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4.5 Findings Related to the Protective Factors - Coping Resources

4.5.1 Active survival strategies

During the war conditions in Syria, Syrian asylum seekers had to apply a variety of strategies either individually (e.g., keeping one's head down) or collectively (e.g., getting word of the interventions) in order to survive. The most pronounced response to cope with the life-threatening events in Syria was fleeing from the country. This response as well as others can be regarded as flight responses which are essentially avoidance processes aimed at self-protection (Bolles, 1970). Appraisal of controllability of a threatening event determines whether a person engages in fight or flight responses. Because armed conflicts, generalized violence and human right abuses were perceived as uncontrollable, they led to flight responses of Syrian asylum seekers.

4.5.2 Social Support

Social support for pre-migration traumatic events, when compared to that for post-migration conditions, seemed to be less expressed by asylum seekers. Also, social support from ethnic community was more expressed for pre-migration events while social support from host community was more mentioned for post-migration conditions. However, psychological support was always expressed the most for both phases of migration and for both support resources (ethnic and host community). Consistent with this, separation and loss of loved ones and loss of culture and support were the prominent predictors of mental health outcomes. Social support expressed for ethnic community generally included both the reciprocal processes of giving and receiving support.

Pre-migration risk factors. For pre-migration experiences, asylum seekers mentioned the attachment and solidarity in Syrian community and psychological support from family by “bunching up” while they were in Syria.

Quote 27.

We have a custom. Our villagers and we are like a family. We are very attached to each other so we helped each other.

Bizde bir adet vardır. Köylümüzle hepimiz bir aile sayılırız. Birbirimize çok bağlıyız. O yüzden destek olurduk birbirimize.

Also, they mentioned psychological support from friends and neighbours in the camp that helped them to cope with pre-migration traumatic events. The least expression of material support from ethnic community in the pre-migration context was in line with previous research (e.g., Schweitzer et al., 2007) and might be related to the collective exposure of war conditions and hence scarcity of food, electricity and material losses. Moreover, they described psychological support from host community as a resource that assist them to cope with traumatic events, which was Turkish community's interest, help and open support of the state to Syria and safety and assurance in Turkey.

Quote 28.

<p><i>After coming here, the Turks are helping, but you know what is their greatest help? To help keep one's morale high. By God, I speak seriously, this was their greatest help. That they care about you, we didn't see this care in Syria. We didn't get used to it. We think we are something (laughs)... And this increases (self) confidence.</i></p>	<p><i>buraya geldikten sonra Türkler yardım ediyor ama , biliyor musun en büyük yardımları ne? Adama moral vermek. Valla ciddi diyorum, en büyük yardımları bu oldu bize. İşte seninle ilgileniyorlar falan, biz bu ilgiyi görmedik Suriye'de. Alışmadık. Kendimizi bir şey zannediyoruz. (gülüyor)...Bu da (kendine) güveni artırıyor.</i></p>
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Post-migration risk factors. With respect to the post-migration conditions, Syrian asylum seekers mentioned material support from families, relatives and neighbours. Within that, for example, their children worked and contributed to relatives staying outside the camp. Especially in the case of unregistered families or during delay in their registration, they provide each other food, non-food items, and even a tent between containers. Moreover, they expressed receiving emotional support from their families, relatives, and neighbours.

It was observed from their expressions that women had more social interactions within the family context or only few neighbours/friends of their own ethnic origin (Turkmen or Arab). One Turkmen woman participant described as follows:

Quote 29.

<p><i>Indeed I like company very much, well, I go to my (elder) brothers', to my in-laws'. They are here. I have no one else. I like Arabs but, well, I don't visit a lot. I wasn't like this in Syria. I would visit a lot but here I cannot go.</i></p>	<p><i>Valla ben arkadaşlık etmeyi çok severim ama işte abimgile giderim, kaynımgile giderim. Onlar burada. Başka kimsem yok. Arapları severim ama işte fazla gidip gelmiyorum. Ben Suriye'de böyle değildim. Çok gidip gelirdim ama işte burda gidemiyorum.</i></p>
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In terms of material support from host community that helped them to cope with post-migration conditions, all kinds of material support they received was highly mentioned.

Quote 30.

<i>When we came here, everything was ready. Container, mattress, blanket, food, and beverage, everything was ready. There is over, not less. Man tells the truth for Allah on fridays.</i>	<i>Buraya geldik her sey hazır. Konteyner, yatak, battaniye, yemek içmek herşey hazır. Fazla var eksik yoktur. Cuma günü Allah için herşeyi söyler adam.</i>
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With respect to psychological support from host community, asylum seekers mentioned longstanding intimate relationships with Turkish community resulting from neighbourhood and kinship relationships between two communities. Especially in the villages of both sides close to the border, there have been ancestral relations; people have relatives on the other side of the border and visit each other. Also, they have been conducting trade relations with each other. Bhugra (2004) stated that if there are open and friendly relations between two societies and there is enough knowledge on both sides about each society, then it is likely that the process of migration may be easier. Also, they disclosed the psychological support resulting from safety and assurance provided in the camps, kind, helpful, and respectful attitudes of Turkish community and workers, freedom and equality. These results are in line with the findings of the field survey of Güçer and colleagues (2013). It has been stated that hospitality and the welcoming attitude of the recipient society are important in the process of adaptation (Bhugra, 2004).

Quote 31.

<i>Well, they (Turks) say that you are our guests. Even saying so is enough. It meets some losses.</i>	<i>Hani diyorlarki siz misafirsiniz onu söylemeleri bile yeter. Bazı kaybettiklerini karşılıyor.</i>
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Relationship between social support and mental health. Social support has been largely stated to be a protective factor against traumatic stress (Hobfoll et al., 2007; Van Ommeren et al., 2005) and other mental health outcomes. Consistent with this statement, in the present study, less social support from Turkish community was found as one of the most important factor associated with worse outcomes in each domain of psychological problem (i.e., post-traumatic stress, anxiety, depression,

perceived psychosocial functioning, emotional distress, post-migration stress). On the other hand, less social support from Syrian community was merely associated with deterioration of psychosocial functioning and post-migration stress. It was found that asylum seekers receiving less social support from their own ethnic community had more loss of culture and support. However, those receiving less support from Turkish community had more welfare and financial difficulties, worries about family and future as well as loss of culture and support. From these findings, it might be said that meaning of social support from ethnic community was only identified with psychological and emotional support while meaning of social support from host community was mostly linked with material and instrumental support as well as psychological support by Syrian asylum seekers. This suggestion is in line with other studies (e.g. Khawaja et al., 2008) and also with the suggestions mentioned above. By taking into consideration the finding related to the effect of social support from host community on mental health outcomes mentioned above, it contrasts with other studies which found no association between lack of social support reflecting emergency relief operations and post-traumatic stress disorder (Başoğlu & Şalcıoğlu, 2011, p.15).

In terms of their social network in the post-migration environment, not knowing person previously such as relative, friend or worker was found to have no significant relationship with mental health outcomes except for post-migration stress whereas not making friends since arrival to Turkey had significantly associated with higher levels of all psychological problems (i.e., post-traumatic stress, anxiety, depression, perceived psychosocial functioning, emotional distress, post-migration stress). Not making friendship was also found to yield more difficulties accessing to health care, worries about family and future, loss of culture and support. Persons previously known, including probably mostly relatives would on one hand ease the adaptation process to some extent by providing a sense of unity but on the other hand keep the social interactions within a limited context. However making friendship rather than previously knowing person might make asylum seekers socially active, might enable them to receive instrumental, informational and material support as well as psychological support as stated by other studies (Pahud et al., 2009). Moreover, not making friends revealed more perceived deterioration in skills and talents and more spiritual and existential concerns. This finding would reflect that new opportunities

would be promoted through new social networks for instance in finding jobs, building social relationships in an unfamiliar environment would increase sense of belonging and sense of mastery, and sharing the feelings, thoughts and experiences would increase solidarity, sense of commonness or understanding and meaning making of one's own experiences. Consistent with this suggestion, asylum seekers who did not make friends were found to consider return to Syria more. It is important here to note an observation that one of the commonly reported reasons for not making friends, especially by women, was that there were many Syrian people whom they already knew from their villages and neighbourhood in Syria. They stated that they already had relatives or friends so there was no need to get to know new persons. However, the findings showed the importance of having new social interactions because it promotes mental wellbeing. Therefore, by taking into consideration that women's social lives were restricted within domestic context, which means persons previously known, new culturally appropriate spheres should be both available and accessible to encourage their social involvement. Additionally, asylum seekers who had more physical injury (of themselves or family members) reported not having a person they knew previously. This might mean that close exposure to warlike conditions leading to physical injury would have resulted in more breakdowns of social networks and more losses of close ones.

4.5.3 Personal Attitudes

Personal attitudes to traumatic experiences and post-migration conditions expressed by Syrian asylum seekers were mostly in line with other studies (Schweitzer, 2007; Pahud et al., 2009). In the present study, for both phase of migration, it was observed that the attitudes such as being patient or hopeful, and acceptance were more likely helpful to develop emotion-focused coping strategy. Most of the expressions seemed to reflect passive coping with a sense of acquiesce, obligation and attribution of external locus of control.

Besides, with respect to the belief in their own inner strength, some asylum seekers stated that they could cope with difficulties because they were strong and could face any challenge. Therefore, being strong seemed to be a more dispositional sense of perceived control over their lives to reveal more effort over their negative conditions,

suggesting a problem-focused coping approach (Sümer, Karancı, Berument, & Güneş, 2005).

Quote 32.

<i>You will not drop any fear in your heart. You will show your strength. Whomever. When you work, talk, in any case you will show your strong side. You will strengthen your strong side, not your weak one.</i>	<i>Yüreğine korku düşürmücen. Sen o kuvveti göstericen. Kim olursa olsun. Çalışırken, konuşurken, ne olursa olsun kuvvetli tarafını göstericen, kuvvetli tarafını kuvvetlendiricen, zayıf tarafı değil.</i>
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For the post-migration conditions, among those who perceived that they had ability to overcome difficulties, one participant employed problem focused strategy by utilizing this belief and the knowledge of her past experience, and started to involve in some community activities. This signals the self-efficacy belief (Bandura, 1997), which should be promoted through interventions following traumatic events (Hobfoll et al., 2007; Sümer, et al., 2005). In parallel, asylum seekers had motivations to take constructive actions and some became involved in productive activities. Some asylum seekers engaged themselves in various community works (e.g., taking part in aid works), participated in various activities (e.g., teaching English) and worked in some jobs. All of them gave them a sense of meaning as well as achievement, which is in line with some studies (e.g., Hussain & Bhushan, 2013). According to one of the Sphere social intervention indicators, adults and adolescents should be able to participate in concrete, purposeful, common interest activities, such as emergency relief activities (Batniji, et al., 2006). Loss of responsibility seems potentially to lead to loss of belonging and sense of worth and identity seems to be negatively affected. Therefore, interventions and community responses that allow persons to work towards a purpose, and to assume responsibility re-establish sense of belonging, self-worth and esteem needs, prevent frustration from an inability to manifest their skills and provide development of new skills. Active participation in decision-making processes and implementations (e.g., becoming “muhtar”), recreational activities (e.g., knitting), volunteer groups also reinforce social support, sense of self-efficacy (Sümer et al., 2005) as well as collective efficacy (Benight, 2004), and lead to strong positive effect on mental health (de Jong, 2011). One woman participant stated how she dealt with the stressors and the debilitating effects of the stressors by regaining a sense of control over them and a sense of mastery as follows:

Quote 33.

<i>You have to make yourself busy. The more you sit at home, the more you think, the more you miss Syria. The more you tire yourself. But when you busy yourself, by going to courses, by learning how to sew, by working, you forget yourself. You busy yourself with your work, you busy yourself with your children. My sister-in-law goes to a course for example. That's how she feels good.</i>	<i>Kendini meşgul edeceksin. Ne kadar çok evde oturursan o kadar çok düşünüyorsun, Suriyeyi o kadar fazla özliyorsun. O kadar fazla yoruluyorsun. Kendini meşgul ettin mi, kurslara falan gittin mi, nakış falan öğrendin mi, çalıştın mı, meşgul ettin mi kendini unutuyorsun. İşinle meşgul oluyorsun, çocuklarınla meşgul oluyorsun. Benim yengem kursa gider mesela. Öyle rahat ediyor.</i>
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Furthermore, asylum seekers in the present study mentioned how they fulfilled the expectations or made them to be fulfilled by adapting problem-focused coping. Relying on regulations, showing respect and demanding from camp management or warning others were among the examples. A positive social recovery environment could be expressed through cohesiveness, the presence of a social order, clarity of and respect for roles, which in turn promotes resilience by enhancing control, stability and sense of belonging (de Jong, 2011).

4.5.4 Cognitive appraisal

The nature of the trauma and its impact cannot be accounted for without reference to the subjective meaning of the events. This in turn cannot be understood without reference to the cultural context in which the individuals lived and in which the events occurred (Bracken et al., 1995). A 38-year-old male participant expressed how they had been immunised against the traumatic events and hence their stress as follows:

Quote 34.

<i>We know these situations since when we drink milk from baby bottle. It does not seem strange to us. We have been used to eighty year oppression.</i>	<i>Biberonla içtiğimiz süten yetişiriz, biliriz bu durumları, tuhaf gelmiyor. 80 yıllık zulme alışmışız.</i>
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Cognitive theories suggest that traumatic stress responses may be mediated by violation of beliefs that the world is a just and orderly place (Janoff-Bulman, 1992) and idiosyncratic negative appraisals of the traumatic event leading to a sense of current threat characterizes persistent post-traumatic stress disorder (Ehlers & Clark, 2000). As mentioned above by the participant, some Syrian participants claimed that

they were accustomed to violent, unjust, unsafe, unpredictable and insecure environment. This kind of normalisation might mean the immunisation against traumatic events through repeated confrontations with fear and distress (Başoğlu & Şalcıoğlu, 2011). It may increase the predictability of extreme events, which in turn psychological preparedness and a sense of control over the effects. Hence, they might not have reframed the event in a way that leads to a sense of current threat. Reframing the personal evaluation of pre-migration traumatic experiences and post-migration difficulties to allow adaptation is in line previous studies (Khawaja et al., 2008). As with the pre-migration period, participants also reported that they became accustomed to living with their difficulties in the post-migration context.

It has been stated that cognitive appraisal of the cause of, responsibility for, and future implications of the trauma provide different outcomes in negative emotions (Brewin & Holmes, 2003). According to the stress model of Lazarus and Folkman (1984), primary appraisal refers to whether the individuals estimated their experience as a strain or as a challenge, while secondary appraisal refers to the individual's estimation of their own resources to cope and master the stress in which they may consider themselves helpless or in control. Some asylum seekers claimed that they appraise the situation as an initiation that would provide constructive changes and future developments in their country and lives. By regarding the situation as a challenge, they thought going into action on it with a sense of hope like described as follows:

Quote 35.

<p><i>Now, I think that we can see this gathering of this people as a gain, as an advantage. I left it all behind now. I don't bother myself any more. In our place, in the villages, the schools are not good, they don't teach well, as for health there is nothing. I mean, our nation, being Turcoman, are somewhat left behind. The majority, I mean. And we thought about changing this, I mean we think about us having a better future. They are gone. These thoughts give power to you for your future. They give power. So that I must do something.</i></p>	<p><i>Şimdi bu milletin toplanmasını bir fayda bir avantaj olarak görebiliriz diye düşünüyorum. Artık onların hepsini arkada koydum. Düşünmüyorum artık. Bizim orada köylüklerde yani okulları iyi değil, iyi öğretmiyorlar, sağlık yanından yoktur bir şeyi. Yani bizim millet Türkmen olarak biraz geride kalmış. Çoğu kısmı yani. Bunu değiştirmek için düşündük de geleceğimizin daha iyi olmasını düşünüyoruz yani. Onlar gitti. Bu düşünceler, geleceğin için, bir kuvvet veriyor sana. Güç veriyor sana. Bir iş yapmalıyım diye.</i></p>
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Change in outlook, aspirations for the future and feelings of responsibility might play a protective role for the mental health.

Quote 36.

<i>Now what we will repair are my thoughts. There, Friday is the vacation day. I would even pass the Friday vacation working. Now my thoughts changed a little bit. About private life... There are some good things here... Everything is in order. With us, it is always in a rush. We would only thing about work and money income. This is wrong too. We learned this.</i>	<i>Şimdi tamir edeceğimiz şey düşüncelerim. Orada Cuma günü tatil. Cuma tatili bile çalışmayla geçirirdim. Şimdi biraz düşüncelerim değişti. Özel hayata dair. ...Burada bazı güzel şeyler var. Herşeyin düzeni var. Bizde her şey acele acele... Sadece iş ve para geliri bunu düşünüyorduk. Bu da yanlış. Bunu öğrendik.</i>
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4.5.5 Political Belief System

Similarly, political conviction seemed to be an important protective factor. Primary appraisal of the relevance or harmfulness of the events might be determined in the political context of a victimized or struggling community. One participant expressed the legitimacy of the war like as follows:

Quote 37.

<i>An uprising would start against the oppression. We wanted this happening. Because we are struggling against the oppression.</i>	<i>İçerideki zulme karşı artık ayaklanma başlayacaktı. Biz bunu istedik. Çünkü biz zulme karşı mücadele ediyoruz.</i>
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Secondary appraisal of available individual and collective resources might be influenced by collective history, individual's own experiences, social norms and values.

Quote 38.

<i>My consolation is that this happening is to win solidarity, peace, democracy and liberty.....we have realized that we have already been late for struggle.</i>	<i>Tesellim dayanışma, barış ve demokrasi, hürriyeti kazanmak için bunların olması.Geç bile kaldığımızı farkediyoruz mücadele için.</i>
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Punamaki (2000) suggested that although traumatic experience of violence and loss increase the risk of mental health problems among civilians, the human capacity to deal with hardships in the Middle East has different implications. Also, the significance of beliefs has been illustrated by the fact that although threat to life

consistently emerges as a powerful predictor, the subjective perception of threat is often a more influential predictor of distress and even of failure to respond to treatment than more 'objective' indicators (Brewin & Holmes, 2003). Asylum seekers' strong belief in their ability to control and influence the war cause and the political destiny might be understood as ideological commitment. Coping with traumatic experiences would be facilitated by ideological assurance about having some prospects for the future, a sense of purpose and social-political cohesion (Punamaki, 2000). Hobsbawm (2000) mentioned that Russian Jews in Israel, unlike the other Jews, arrived in Israel without any sense of inferiority, unaffected by the Holocaust syndrome by thinking that they fought and defeated Hitler. Less loss of control and distress, and preparedness in relation to the overall war experience because of the commitment to a political cause may lead to greater resilience (Başoğlu & Şalcıoğlu, 2011). In the current study, taking into consideration of high frequency of loss, torture, imprisonment, physical injury and having family members currently fighting in the war, it is possible that political commitment would have facilitated the meaning making of the traumatic events.

Some Syrian asylum seekers were observed to regard their deceased people as martyrs; which is also related to the feature of religiosity as well as ideological commitment. This view may alleviate their loss by believing that the death of an individual is divinely ordained and free the individual from a burden of guilt of the loss (Shoeb, 2011). This might be a reason for that the expressions pertaining to survivor's guilt was not frequently observed. It has also been suggested that the sense of martyrdom may complicate mourning process for deceased family members (de Jong, 2002).

4.5.6 Religious Belief System

Another commonly observed attempt to cope with the pre-migration events was to resort to religious beliefs. The expression like "There is no escape from death, if death is fated to happen, it will happen" were common among asylum seekers.

Quote 39.

<i>We were sleeping in our village. We heard an airplane noise. We got up, performed ablution, salaah, recited the kalima shahadah and then went to sleep back (laughs). If we die, we can't escape.</i>	<i>Köyümüzde yatıyorduk. Uçak sesi duyduk. Kalkıp abdestimizi aldık, namazımızı kıldık, şahadet getirdik, geri yattık (güler). Öleceksek kaçamayız.</i>
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It was suggested that the rates of PTSD of war-affected populations in the Middle East were neither high nor universal reflect the region's cultural background (Shoeb et al., 2007). Religions like Islam do not hold out the promise to their followers that they will be able to control their destiny and teach that life is entirely determined by fate and that one has to submit oneself to the Allah's will (McFarlane & van der Kolk, 1996). Therefore, it might be that the critical issues of meaning making and control over traumatic events resolve with the help of religious beliefs.

From the expressions of asylum seekers in the present study, it was understood that religious practices including praying and praising to God provided emotion focused coping like in other studies (e.g., Pahud et al., 2009). As mentioned in the political belief system, religious belief had a significant role in how the appraisal of asylum seekers changed the meaning of the adverse events like as follows:

Quote 40.

<i>We see this as an exam of God for us. Because this is an exam, God will know how much we are patient, how much we are not patient.</i>	<i>Biz bunu bize Allahın bir imtihanı olarak görüyoruz. Bu da bir imtihan olduğu için Allah da bilecek ne kadar sabırlıyız ne kadar sabırsızız.</i>
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Fatalistic thinking was observed providing attribution of external locus of control and an acceptable explanation for the events. Moreover, submitting to the Allah's will and trusting his justice and control were observed providing sense of hope for the future.

Quote 41.

<i>God will ease our burden somewhat. God sends a suffering but helps at the same time. I always call to my mind whether they are dead or whether they survived; then, I say, God has willed so. A God-believer overcomes whatever suffering comes. Being Muslims, we do not fear humans, but we fear only God.</i>	<i>Allah biraz yükümüzü hafıfletecek. Allah bir müsibet verir bir yandan da yardım eder. Bazen aklıma getiririm kendilerini acaba öldüler mi kaldılar mı, ondan sonra derim Allah yazmış böyle. Allah'a inanan hangi müsibet gelirse o müsibetin üstesinden gelir. Müslüman olarak insanlardan korkmayız yalnız allahtan korkarız.</i>
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Also some mentioned that believing in God gave them strength to cope with the events and solved all psychological problems.

Quote 42.

<p><i>The faith being strong, clears away however much psychological problems you have. Since we will return to God, as you know. Human being is strong because they have clung to the rope of God. S/he keeps strong. His/her soul, as well, that is, his psychological makeup keeps strong.</i></p>	<p><i>İmanın güçlü olması ne kadar psikolojik sorunun varsa hepsini alır götürür. Çünkü sonumuz allaha döneceğiz ya. İnsan güçlüdür, çünkü allahın ipine tutuşmuşlar. Güçlü kalır. Nefsi de yani psikolojisi de güçlü kalır.,</i></p>
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4.5.7 Cultural Congruence

As another distinctive resource that helped Syrian asylum seekers to cope with post-migration conditions was cultural congruence. Bhugra (2004b; 2005) suggested that if the post-migration environment shows relatively low levels of differences between two cultures in terms of language and cultural values, and if there is low geographical distance, this may well contribute to an element of protection. Consistent with his suggestion, loss of culture and support was also found as only factor among post-migration difficulties predicting mental health problems. One participant described cultural congruence as follows:

Quote 43.

<p><i>Anyway Turkey and Syria are neighbours. Our only problem is language. Turkish citizen is respectful and understanding to Syrians. Our only difference is language. Some things related to lives are the same with those Syrian people.</i></p>	<p><i>Zaten türkiye ile suriye komşu. Tek sıkıntımız dil oldu. Türk vatandaşı suriyelilere saygılı, anlayışlı. Tek farkımız dil. Bazı şeyler suriye halkı ile aynı, yaşam olarak.</i></p>
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Because asylum seekers in the present study stayed in the camp, including translators if necessary, with those generally from the same ethnic origin, the protective effect of cultural congruence and cultural identity would not be considered as important. However, it may not be the case by examining the quantitative data with the help of their expressions. Syrian Arab participants were found to have more post-migration stress and to consider return to Syria more. Consistently, not being proficient in Turkish was found to yield more post-migration stress and considering return. This

can be partly attributed to that Syrian Turkmen asylum seekers seemed to adjust more to the post-migration environment. Because they can speak the same language with the host community, they can more interact easily with the workers inside the camp or Turkish community outside the camp. The knowledge of language help migrants acculturate, deal with new relationships and create new possibilities of social network. Relationships offer the individual a sense of place and social meaning thereby helping them to locate themselves in the new place (Bhugra, 2004a).

Quote 44.

<i>Maybe because we are Turcoman, we get on well with Turks. Maybe because of that, we don't have difficulties so much. When Turks show interest too, we have gotten used to here.</i>	<i>Belki biz Türkmenik diye. Biz Türkmenik diye türklerle fazla anlaştık. O yüzden belki. Öyle fazla zorlanmıyoruz. Türkler de ilgilenince alıştık buraya.</i>
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Syrian Arab participants and not knowing Turkish were observed to have more welfare and financial difficulties. Fluency of Turkish language would also facilitate the job opportunities or involvement in the productive works in the camp. The “communication difficulties” item was found as reflecting ‘Welfare and Financial Difficulties’ in the factor analysis of PMLD and this finding supported this view, contrary to the previous research stating the item one of the adaptational stressors in the new environment (Silove, 1999).

Quote 45.

<i>I don't know Turkish. If I only knew. I would find a job.</i>	<i>Türkçe bilmiyorum. Keşke bilseydim. İş bulurdum.</i>
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Besides, significantly higher levels of worries about family and future reported by Syrian Arab participants might reveal their higher levels of cultural bereavement. They seemed to have greater loss of homeland, primary support systems like family and friends, customs and values.

On the other hand, it is noteworthy to say that Arabic is also known among local people in some villages and districts of Turkey where some camps has been established, which would also increases the social involvement of Syrian Arab asylum seekers.

It should be noted here that this kind of low geographical distance on the one hand seemed to facilitate adaptation and prevented feelings of alienation to some extent, on the other hand threatened safety and kept the stress level continuously high. Some studies found unexpectedly that greater geographical and cultural distance from natural surroundings yielded better mental health outcomes (Porter & Haslam, 2005; Gülşen et al., 2010) and this finding seemed to be in line with the latter suggestion.

4.5.8 Downward Comparison

Another expressed coping resource was observed as downward social comparison. In their accounts, individuals compared themselves to those whom they see as worse off and thanked God, which reflected emotion-focused coping. This finding is in parallel with other qualitative studies (e.g. Schweitzer et al., 2007). Downward comparison was stated for both pre-migration traumatic events and post-migration conditions by participants like as follows respectively:

Quote 46.

<i>Thanks God, none of my siblings died. Otherwise, for other men, his brother dies, father dies, his brother gone, his eye gone, his hand gone, that is, this man will sit down and think such happened because of the war. No, this cannot be.</i>	<i>Allaha şükür kardeşlerim, kimse ölmedi. Bes başka adam kardeşi ölmüş, babası ölmüş, kardeşi gitti, gözü gitti, eli gitti, yani bu adam oturacak düşünecek bu savaştan böyle oldu. Yok olamaz.</i>
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Quote 47.

<i>Our situation, in any case, is nothing when compared to others. For instance, children die of cold in tents in Jordan. There are other camps on the other side of the border, their situation is very difficult. We are quite well of compared to them.</i>	<i>Biz yine başkalarının yanında hiçbirşeyiz. Mesela Ürdün'de çadırda soğuktan ölüyor çocuklar. Sınırın diğer tarafında yine kamp var, oradakilerin durumu çok zor. Onlara göre biz çok iyiyiz.</i>
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4.6 Implications of the Findings

The present study has crucial implications concerning mental health of asylum seekers for mental health professionals, humanitarian aid service planners and providers, and policy-makers.

With respect to clinical implications, loss was found as a defining characteristic of the experiences of Syrian asylum seekers; loss of family members, friends, homes, possessions, economic roles, social status, respect, language, familiar environment, cultural values, prospective plans, self-identity, time. Asylum seekers accumulate numerous losses during each phase of migration and rather than direct exposure to the war experiences, war-related resource loss seems to be important determinant of mental health. As outlined in the Conservation of Resources (COR) stress model (Hobfoll, 1989), findings of the present study suggested that loss of resources would diminish coping capacity and led to emotional distress and higher levels of resource loss was associated with higher levels of psychological problems. For instance, post-traumatic stress symptoms of those who experienced loss of close ones are compounded by loss of culture and support. Therefore, as in the model, the replacement or refilling of resources would enhance coping capacity and reduce feelings of distress.

Mental health and psychosocial support (MHPSS) intervention development targeting post-migration stressors which play roles in the development or perpetuation of different mental health outcomes as well as pre-migration traumatic events, and concentrating on the resources to promote resiliency may be required. Because, post-migration factors appeared to be strongly related with mental health symptoms, the initial and mid-term phases of the interventions focusing more on strengthening social support, fostering community involvement in decisions and implementations, and creating opportunities for social and cultural practices, skill acquisition, development and manifestation can affect the alleviation of the psychological symptoms. It has been proposed an integrative, sequenced approach to intervention in which post-migration difficulties, ongoing trauma and stress in the post-migration setting are first addressed, and specialized interventions are then provided for individuals whose distress does not abate with the repair of the social ecology (IASC, 2007; Miller & Rasmussen, 2010; Nickerson, Bryant, Silove, & Steel, 2011). Differential risk factors-psychological response associations have implications for treatment with respect to determining primary intervention areas, and differential interactions between risk factors are also important to make sense of the individual and collective responses of asylum seekers.

As can be drawn inferences from the findings, at-risk groups including woman, young and unmarried asylum seekers should be specifically paid attention by mental health professionals as well humanitarian aid service planners and providers. Especially for single women without fathers and widowed or lone women with children, structural measures should be taken, gender awareness should be raised in the camp, their support systems need to be strengthened, accessibility to as well as availability of the services need to be provided, skills training or recreational and vocational activities should be conducted to increase their self-sufficiency and self-efficacy (Benjamin, 2003; Inter-Agency Standing Committee, 2005).

Although PTSD as a mental health condition is certainly based on Western concepts, the fact that its symptoms have been found in refugees from different countries (e.g., Fazel et al., 2005; Steel et al., 2009) lends support to the universal nature of the condition in most, if not all, cultures. Supporting this argument, there is a consistency between indigenous explanations of Syrian asylum seekers in the interviews and psychiatric classifications of mental health symptoms in the DSM-IV (American Psychiatric Association, 2000), with respect to mental health outcomes in the current study, especially for post-traumatic stress disorder. It seems it would be a mistake for mental health professionals to conclude that PTSD is not a valid and measurable construct in refugees and asylum seekers (McDonald & Sand, 2010). Yet still, the psychological reactions should be evaluated in caution by taking into consideration the social, political and cultural realities specific to context (Watters, 2001). Personal and cultural meanings of traumatic events and coping resources need to be understood in order to conduct effective MHPSS interventions. These realities that played a pivotal role in the experiences of asylum seekers were also examined in the present study. Within this perspective, it can be suggested that the most fundamental principle is that recovery over time is intrinsically linked to reconstruction of social and economic networks, cultural institutions and respect for human rights.

More holistic and multi-sectoral approach is needed to design MHPSS interventions. For instance the current study supported how some of humanitarian aid responses (e.g., proximity to the border) maintain and exacerbate the psychological symptoms of asylum seekers while some of those (e.g., social support from host community) alleviate. Therefore protection from and prevention of risk factors affecting

psychological health of asylum seekers necessitates being coordinated and collaborated among sectors. Moreover, appropriate program and policy development aimed at improving life conditions and strengthening support systems of asylum seekers can have benefits in the alleviation of psychological distress.

4.7 Limitations of the Present Study

One of the limitations of the present study is that it did not include a *follow-up study* due to the infeasibility concerning residential moves and disappearances of asylum seekers as well as time and budget constraints. It has been debated over that psychological reactions, especially post-traumatic stress symptoms, in refugees and asylum seekers can spontaneously resolve, fluctuate and persist (Silove, 2005), or increase over time (Laban et al., 2004), but the present study cannot provide evidence for the prognosis of the symptoms. Also *cross-sectional design* of the current study cannot determine the direction of the causality of the associations found. Moreover, although the length of time spent in Turkey was not as long as in other studies (e.g., Steel et al., 1999), due to the retrospective nature of the study, past events reported by respondents may have been affected by *recall error* or *bias*. Both quantitative and qualitative studies are likely to be incomplete in its assessment of the *possible variables*, especially in the pre-migration period, that would determine levels of psychological symptoms. For instance, important risk factors such as mental health history, personality, skills deficit (Bhugra & Gupta, 2011) were not evaluated. As another limitation, *convenience sampling technique* might have limited to some extent the generalization of the findings because it is not strictly random. However, this technique is recommended for studies aimed to explore relatively unknown populations and in the cases of expecting a reluctance of participants to cooperate (Knipscheer & Kleber, 2006). Additionally, although the present study included some of the instruments that had either been developed for or adapted and tested in cross-cultural refugee research (HTQ-R and HSCL-25), the *validity* and *reliability* of these instruments have not been tested yet in the population included in the present study, which is a common problem in understudied populations. Another limitation is about the *generalizability* issue. The findings of the present study cannot be generalized either to all Syrian asylum seekers including those staying outside the camps or other asylum seekers in Turkey having different

countries of origin. However, the inferences of the study would provide information for the interventions and policies aimed at planning for them. Furthermore, the reliance on in vivo Turkish-Arabic *translation* may have introduced trans-cultural error into the response items and loss to some extent in the information given in interviews.

4.8 Strengths of the Present Study

This study represents the first attempt to investigate risk and protective factors and gauge their influences in each phases of forced migration in adult Syrian asylum seekers staying in camps, Turkey.

The most important strength of the present study is the use of the mixed method research design. With respect to the qualitative interviews, the present study provided a crucial opportunity to gain more insight into the experiences, which were not available among the items of the scales, of Syrian asylum seekers in the camps. It was especially intended to examine their coping resources by qualitative method to help us understand how they make meaning of their experiences without limiting it by imposing a priori assumptions. The collected abundant qualitative data strengthened the findings of the quantitative study by providing more comprehensive information about such an unknown population and therefore compensated for some methodological limitations.

Focusing on stressors, effects and their coping resources in each phase of migration provided a more holistic understanding concerning the experiences of Syrian asylum seekers. Together with the qualitative interviews, previous field observations enabled to interpret the quantitative data by the help of more fruitful contextual information. Also, the PMLD scale with the additional items based upon the field observations in the current study provided, even if not so much, higher Cronbach's alpha value than the original one. These inferences can reveal the importance of context specific information relying on social, cultural and political factors in the assessment, collecting and interpreting data in the cross-cultural refugee research. Moreover, another strength of the study is that the sample consisted of a homogenous group unlike other studies consisted of heterogeneous groups such as inclusion of both asylum seekers and refugees or of persons from different country of origins.

Furthermore, present study included the instruments that had been developed for and widely used in refugee research, which in turn make the study comparable with others.

4.9 Future Directions

For future research, a longitudinal design would assist in identifying how and according to which factors mental health of asylum seekers change over time. In addition, research with other sample groups of asylum seekers including those with individual applications and coming from other countries like Iraq and Afghanistan should be conducted. Because world public interest has been focused on Syrian asylum seekers for a while and their numbers have been substantially increasing in neighbourhood countries, other asylum seekers would be relatively neglected. However, these groups also encounter a variety of traumatic experiences as well as living difficulties in the post-migration environment that may lead to various psychological, social, economic and physical adversities. Because neither asylum seekers nor refugees are homogenous groups, they have different needs and perceptions. Also again research with Syrian living outside the camps would face different kinds of difficulties that would lend to differences in psychological problems.

Although it was not aimed to investigate the post-traumatic growth in the present study, Syrian asylum seekers mentioned during the interviews some positive experiences following the migration that would give some signals related to this kind of change. Therefore, examining post-traumatic growth in war refugees and asylum seekers by qualitative research would provide more insight into the adaptation process in response to complex traumatic encounters, and hence development of the interventions fostering human strengths and positive posttraumatic transformations and focusing on psychological wellbeing.

Because the questionnaires that can be used in research, even if appropriately translated and back-translated, are generally based on constructs of mental disorder, they may not be identical to notions of the culture of asylum seekers, and there may be cultural differences in expressing mental health complaints. Therefore, future research should give asylum seekers the opportunity to mention symptoms that were

not included in the measurement scales to identify culture-specific symptoms of anxiety, depression and post-traumatic stress.

Culturally competent approach both in research and in intervention development (Davis, Kennedy, & Austin, 2000; Eisenbruch, de Jong, & van de Put, 2004) is a key issue in the post-conflict environments. “Parachuting” in (Wessells, 2009) the post-conflict environment as a researcher or a mental health worker and lack of knowledge about the culture, sociohistoric context, and current situation may cause harm through the inappropriate management of contextual issues (Shah, 2011). For instance cultural taboos and values, personal and collective appraisals to the events, their meaning systems and idiosyncratic reactions are important to know for design of research as well as specialized MHPSS interventions. Within this perspective, it has been stated to provide a collaborative work among the actors in this field that research needs to be more sensitive to questions and concerns arising from humanitarian interventions, and practitioners need to take research findings into account in designing interventions (Tol et al., 2012). Moreover, interdisciplinary research could lead to more holistic approaches to health care that take local perceptions of health and illness, ways of healing, capacities, desires, and needs into consideration (Kienzler, 2008).

Finally, as stated by other researchers (Gülşen et al., 2010; Knipscheer et al., 2009), initiatives that decrease trauma exposure may ultimately have a greater impact in terms of reducing psychological problems than treating their problems and maladaptive coping strategies or preventing post-migration risk factors that contribute to their psychological problems.

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APPENDIX A

BİLGİLENDİRİLMİŞ ONAY FORMU

Bu çalışma Orta Doğu Teknik Üniversitesi'ne bağlı Prof. Dr. Tülin Gençöz'ün danışmanlığı altında Uzman Psikolog Duygu Cantekin tarafından yürütülen doktora tez çalışmasıdır. Çalışma, Türkiye'ye sığınan sığınmacıların göç öncesi ve göç sonrası yaşantılarını, deneyimlerini ve duygularını anlamak amacıyla yapılmaktadır.

Çalışmaya katılım tamamen gönüllülük temelinde olmalıdır. Çalışmaya katılmamayı tercih edebilirsiniz. Bu çalışma kapsamında sizinle yapılacak görüşmede, duygusal açıdan sizi üzen konular hakkında konuşmanız istenebilir. Size yöneltilen sorulardan ötürü kendinizi fazlasıyla rahatsız hissederseniz soruları cevaplamamayı seçebilir ya da istediğiniz an araştırmaya katılmamayı tercih edip bırakabilirsiniz. Görüşme sonrasında gerekirse görüşmeyi yapan uzman psikologdan ya da kampta bulunan sağlık merkezinden psikolojik destek alabilirsiniz. Bu tür bir desteğe ihtiyaç duyulduğu takdirde görüşmeyi yapan araştırmacı psikolog tarafından gerekli yönlendirme yapılacaktır.

Bu görüşme yaklaşık olarak 40 dakika sürecektir. Tüm görüşme tercüman yardımıyla gerçekleştirilecektir. Çalışmada sizden kimlik belirleyici bilgiler istenmemektedir. Bu yüzden kimliğinizle ilgili hiçbir bilgi vermenize gerek yoktur. Görüşmede ilk olarak size genel kişisel bilgileriniz sorulacaktır. Sonrasında size sorulacak soruları yaşadıklarınıza, düşüncelerinize, hislerinize göre sizden cevaplamanız istenecektir. Son olarak bazı anketler uygulanacaktır. Bu anketlerin nasıl yapılacağı açıklandıktan sonra, bu anketlerin maddeleri size sorulacak ve vereceğiniz yanıtlar tercüman aracılığıyla görüşmeyi yapan araştırmacı tarafından doldurulacaktır.

Eğer onayınız olursa, yapılacak görüşme sırasında ses kaydı alınacaktır. Ancak buna onay vermezseniz görüşmeyi yapacak olan araştırmacı tarafından cevaplarınız sadece kağıda not edilecektir. Cevaplarınız saklı tutulacak, bütün cevaplar grup olarak araştırma amacıyla değerlendirilecek ve bilimsel yayınlarda kullanılacaktır.

Gösterdiğiniz ilgi, yardım ve işbirliği için şimdiden teşekkür ederim.

İZİN ONAYI

Bu çalışmaya tamamen gönüllü olarak katılıyorum ve istediğim zaman yarıda kesip çıkabileceğimi biliyorum. Verdiğim bilgilerin bilimsel amaçlı yayınlarda kullanılmasını kabul ediyorum.

Tarih ----/----/-----

İmza

Proje yürütücüsünün ya da bilgilendirilmiş onayı alan kişinin imzası:

APPENDIX B

1. Cinsiyet: Kadın Erkek
2. Yaş: _____
3. Medeni Durum: Bekar Evli Dul Boşanmış Birlikte yaşıyor
Diğer: _____
4. Uyuşu: _____
5. Dini: _____
6. Eğitim Durumu:
Okur-yazar değil Okur-yazar İlkokul Ortaokul Lise
Üniversite Yüksek lisans Doktora _____ sınıf
7. Meslek: _____
8. Şu anda ücret veya mal karşılığı bir işte çalışıyor mu?
Çalışıyor Çalışmıyor Diğer: _____
9. Göç öncesine göre çalışma durumunda bir değişiklik oldu mu?
Hayır Evet (belirtiniz): _____
10. Çalışmıyor ise, ne kadar zamandır çalışmıyor? (Ay olarak belirtiniz) _____ ay
11. Haneye giren gelir kaynağı nedir? _____
12. Haneye giren geliri değerlendirdiğinde aylık toplam geliri ne düzeyde?
Çok düşük Düşük Orta Orta üstü Yüksek
13. Göç sonrasında aylık gelirinde bir değişiklik oldu mu?
Hayır Artış oldu Azalma oldu
14. Ne kadar süredir Türkiye’de bulunuyor? _____ yıl _____ ay _____ gün
Türkiye’de bulunduğu süre içinde nerelerde, ne kadar süre yaşamış?

15. Türkçeye ne kadar hakimsiniz?
Hiç hakim değilim 1 2 3 4 5 Tamamen hakimim
16. Kendi ülkenize dönmeyi düşünüyor musunuz?
Hiç düşünmüyorum 1 2 3 4 5 Kesinlikle düşünüyorum
17. Kendi ülkenize dönmek için plan yaptınız mı?
Hiç plan yapmadım 1 2 3 4 5 Tamamen planladım

18. Hanede birlikte yaşadığı kişi sayısı nedir ve kimlerdir?

19. Şu an yaşadığı yerde daha önceden tanıdığı kişiler (akraba, arkadaş, yetkili vb.) var mı? Yok: Var (belirtiniz): _____

20. Şu an yaşadığı yerde arkadaş edinmiş mi?

Hayır: Evet: _____

21. Şu an geride bıraktığı aile üyesi var mı? Hayır: Evet:

Evet ise ailesinden haber alıyor mu? Hayır: Evet : (belirtiniz) _____

22. Geride tehlikede olduğunu düşündüğü aile bireyleri/arkadaşları var mı?

Yok: Var : (belirtiniz) _____

23. Şu an savaşta olan aile üyeniz var mı?

Hayır: Evet : (belirtiniz) _____

24. Savaş nedeniyle ölen veya kaybolan aile üyeniz var mı?

Hayır: Evet : (belirtiniz) _____

25. Çevreden gelen sosyal desteği değerlendirdiğinde;

Kendi etnik grubumdan

Hiç destek görmüyorum 1 2 3 4 5 Tamamen görüyorum

Türk toplumundan

Hiç destek görmüyorum 1 2 3 4 5 Tamamen görüyorum

APPENDIX C

YÖNERGE

Aşağıda ülkesinden ayrılıp başka bir yere göç eden insanların karşılaştığı bazı zorluklar, problemler listelenmiştir. Lütfen her bir maddeyi dikkatlice okuyunuz. Bu zorlukların sizin hayatınızda ne kadar sıkıntı yarattığını belirtiniz.

		Hiç	Biraz	Oldukça	Çok fazla
1	Göçle ilgili yetkililerle yapılan görüşmeler				
2	Çalışma izni olmaması				
3	Ülkesine geri gönderilme korkusu				
4	Sağlık hizmeti alamama endişesi				
5	Acil sağlık hizmetine erişmede güçlük				
6	Uzun süreli sağlık hizmetine erişmede güçlük				
7	Danışmanlık hizmetine erişmede güçlük				
8	Hükümetin sağladığı yardımın yetersizliği				
9	Yardım kuruluşlarının sağladığı yardımın yetersizliği				
10	Kampa yerleştirilmede gecikme yaşanması				
11	Aileden ayrılma				
12	Ülkesinde kalan aile bireyleriyle ilgili kaygılanma				
13	Acil durumda-gerektiğinde-ülkesine geri dönememe				
14	İletişim problemleri				
15	Ayrımcılık				
16	Ülkesine ne zaman döneceğinin belirsiz olması				
17	İş bulamama				
18	Kötü çalışma koşulları				
19	Fakirlik				
20	Yalnızlık ve sıkılma				
21	Tecrit – izole olma				
22	Sevdiği yiyeceklere ulaşmada güçlük				
23	Barınma eksikliği, yetersizliği				
24	Temel gıdaya erişmede güçlük				
25	Gıda dışı ihtiyaçlara erişmede güçlük				

26	Mahremiyet yoksunluđu				
27	Ülkesinden, evinden uzak olma				
28	Gelecekle ilgili belirsizlik				
29	Kampta çalışanların davranışları, tutumları				
30	Eđitime erişmede güçlük				
31	Göç yetkilileriyle çatışma, anlaşmazlık				
32	Dış tedavisine erişmede güçlük				

APPENDIX D

Yaptığımız görüşmeye baęlı olarak neler hissediyorsunuz?

Yaptığımız görüşme hakkında neler düşünüyorsunuz?

APPENDIX E

CURRICULUM VITAE

Personal Information

Surname, Name: Cantekin, Duygu

Date and Place of Birth: 31.08.1983 / İzmir

Cell phone: +90 535 627 74 72

E-mail: duygu.cantekin@gmail.com

Work Experience

- 02.2012–01.2014 Clinical Psychologist,
Turkish Red Crescent, Disaster Management Directorate
- 10.2012–02.2013 Operation Executive, Syrian Operation E-Voucher Program
United Nations World Food Program - Turkish Red Crescent

Education

- 2008 – 2014 Middle East Technical University, METU, Ankara
Ph.D. in Clinical Psychology
CGPA: 3.69 / 4.00
- 02.2011 - 08.2011 University of Groningen, the Netherlands
Visiting scholar in Psychology
- 2006 - 2008 Middle East Technical University, Ankara
M.S. in Clinical Psychology
CGPA: 3.71 / 4.00
Thesis Title: A Replication and Extension of Written
Expressive Disclosure Paradigm: A Longitudinal Study
- 2001 - 2006 Middle East Technical University, Ankara
B.S. in Psychology
CGPA: 3.54 / 4.00

Certificate Programs

17.04.11 – 23.04.11 Forced Migration Course, Barcelona, Spain

Organisations:

The Centre for International Humanitarian Cooperation

The Institute of International Humanitarian Affairs, Fordham University

The Barcelona International Peace Resource Centre

A professional training programme on the framework and fundamentals of migration, legal tools, drivers, responses, and solutions, and the psychosocial implications of forced migration.

25.09.11 – 2.10.11 Mental Health in Complex Emergencies Course, Nairobi, Kenya

Organisations:

The Centre for International Humanitarian Cooperation

The Institute of International Humanitarian Affairs, Fordham University

HealthNet TPO

A professional training programme for mental health and programme staff who set up or run mental health or psychosocial programs in a humanitarian context in conflict, post-conflict and post-disaster areas.

02.09.12 – 06.09.12 Minimum Initial Service Package (MISP) for Sexual and Reproductive Health (SRH) in Humanitarian Settings, Training of Trainers, Cairo, Egypt

Organisation: United Nations Population Fund (UNFPA)

A professional course for potential SRH coordinators that aimed to enable participants to advocate SRH in crises; apply core concepts and techniques provided in the MISP; produce an action plan to integrate SRH into national emergency preparedness plans; and to demonstrate ability to effectively conduct echo trainings on the MISP at the national level.

05.03.12 - 09.03.12 Disaster Preparedness and Response, Ankara, Turkey

Organisation: Turkish Red Crescent

A professional training programme that aimed to ensure participants to gain knowledge and skills in disaster preparedness and response.

Responsibilities:

- The supervised practicum training in clinical assessment and psychotherapeutic interventions
- Following therapeutic processes under the supervision
- Applying and evaluating a wide range of psychological tests

Work Projects

04.2013 - 07.2013 Humanitarian Service Model in Reception and Detention Centres for Asylum Seekers and Refugees
Turkish Red Crescent & the Directorate General of Migration Management

Research Projects

02.2011 - 08.2011 Acculturation attitudes and their predictors among Turkish migrants living in the Netherlands
University of Groningen, the Netherlands

09.2005 - 05.2006 The relationship among alexithymia, psychological symptoms, hopelessness and suicide probability in cancer patients
METU, Department of Psychology & GMMA, Department of Oncology, Ankara

Conferences

6 – 8.09.2006 14th National Psychology Congress, Hacettepe University, Ankara
Poster Presentation on “The relationship among alexithymia, Psychological symptoms, hopelessness and suicide probability in cancer patients”

4 – 8.07.2011 The 12th European Congress of Psychology, Istanbul, Turkey
Oral presentation on “*The Effects of Pre-Migration Traumatic Events and Post-Migration Stressors on Mental Health of Refugees and Asylum Seekers*”

4 – 5.05.2011 COST Action IS0603 (Health and Social Care for Migrants and Ethnic Minorities in Europe - HOME) Final Conference,
Alice Salomon Hochschule Berlin (University of Applied Sciences)

Publications

Savur, E., Gozden, M., Cantekin, D., Yuksel, S., Altinel, G., Sayılan, G., İleri, S. (2012). *Afetlerde Psikososyal Hizmetler Birliği Almanacağı*. Ankara: Türkiye Kızılay Derneği.

Gozden, M., Oztan, N., Aker., T. (Eds.). (2012). *Afetlerde Psikososyal Hizmetler Birliği Psikososyal Uygulamalar Eğitim Kitabı*. Ankara: Türkiye Kızılay Derneği.

Özet, A., Gençöz F., Ulu, S., Borazan, E., Cantekin, D. (2006). The Effects of Psychological Symptoms and Perceived Social Support on Suicidal Tendencies in Cancer Patients. *Annals of Oncology*, 17(9), 282 – 283.

Scholarships

2006 - 2008 National Scholarship Programme for MSc Students,
The Scientific and Technological Research Council of Turkey

2008 – 2012 National Scholarship Programme for PhD Students,
The Scientific and Technological Research Council of Turkey

Languages

- Turkish (Native)
- English (Advanced)
- Spanish (Beginner)

Computer Skills

- Statistical Package for Social Sciences (SPSS)
- MAXQDA (Qualitative Data Analysis Software)
- Linear Structural Relations (LISREL)
- Microsoft Office Package (i.e. MS Word, MS Excel, MS PowerPoint)

Memberships

The Union of Psychosocial Services in Disasters

APPENDIX F

TEZ FOTOKOPİSİ İZİN FORMU

Fen Bilimleri Enstitüsü	<input type="checkbox"/>
Sosyal Bilimler Enstitüsü	<input checked="" type="checkbox"/>
Uygulamalı Matematik Enstitüsü	<input type="checkbox"/>
Enformatik Enstitüsü	<input type="checkbox"/>
Deniz Bilimleri Enstitüsü	<input type="checkbox"/>

YAZARIN

Soyadı : Cantekin

Adı : Duygu

Bölümü : Psikoloji

TEZİN ADI (İngilizce) : Mental Health of Syrian Asylum Seekers Residing in Camps: Risk and Protective Factors with a Mixed-Methods Study

TEZİN TÜRÜ : Yüksek Lisans Doktora

1. Tezimin tamamından kaynak gösterilmek şartıyla fotokopi alınabilir.
2. Tezimin içindekiler sayfası, özet, indeks sayfalarından ve/veya bir bölümünden kaynak gösterilmek şartıyla fotokopi alınabilir.
3. Tezimden bir (1) yıl süreyle fotokopi alınamaz.

TEZİN KÜTÜPHANEYE TESLİM TARİHİ:

APPENDIX G

TURKISH SUMMARY

Giriş

Göç yollarının kavşağında bir ülke olarak Türkiye, çok fazla sayıda sığınmacı ve mülteci almaktadır. Türkiye, Mültecilerin Statüsüne İlişkin 1951 Cenevre Sözleşmesine “coğrafi sınırlama” ile taraf olmuş, bu nedenle Avrupa ülkelerinden gelmeyen sığınmacılara kalıcı bir iltica hakkı yerine (mültecilik statüsü), geçici bir sığınma hakkı sağlamaktadır. Suriye Arap Cumhuriyeti’ndeki iç çatışmalar nedeniyle Türkiye’ye göç hareketi 29 Nisan 2011’de başlamış ve kriz, o zamandan beri Türkiye’ye önemli sayıda sığınmacının gelmesine neden olmuştur. Türkiye Hükümeti Suriyeliler için “geçici koruma” düzenlemesi getirmiştir. Bu, sınırların açık kalması, zorunlu dönüşün veya kalış süresinde sınırın olmaması ve kamplarda yardım sağlanması anlamına gelmektedir (Dinçer, Federici, Ferris, Karaca, Kirişçi ve Çarmıklı, 2013). Başbakanlık Afet ve Acil Durum Yönetimi Başkanlığı’nın raporuna göre (AFAD, 2013), Türkiye’nin güneydoğu bölgesindeki 10 ilde kurulmuş olan 20 kampta kayıtlı Suriyelilerin sayısı 200.386’ya ulaşmış olup, Türkiye’de kamp dışında yaşayanların tahmini toplam sayısı 400.000’dir. Çatışmaların başlamasından beri Suriye, dünyanın başta gelen zorunlu göç ülkesi olmuştur. Türkiye’deki Suriyeli sığınmacıların sayısı artarak devam etmekte ve bu, yardım konusunda büyüyen ihtiyaçlara neden olmaktadır.

Genel olarak, sığınmacı ve mülteciler, geçmişten gelen, mevcut olan ve gelecekle ilgili farklı birçok stres etkeniyle karşı karşıya kalır. Savaş, açlık, ölüm, afet gibi zorunlu göç hareketini hazırlayan olaylar, uzun ve güvenli olmayan yolculukların olduğu yerdeğiştirme süreci ve belirsizlik, işsizlik, ayrımcılık gibi problemlerin yaşandığı göç sonrası yerleşme süreci sığınmacı ve mültecilerin ruh sağlığına büyük zararlar verebilir (de Jong, 2002).

Batı toplumlarında yaşayan yetişkin mülteci ve sığınmacılar üzerine yapılan arařtırmalarda ruh sađlıđı problemlerinin, özellikle travma sonrası stres bozukluđu (TSSB), depresyon ve anksiyete belirtilerinin yüksek prevalansta olduđu bulunmuřtur (Fazel, Wheeler ve Danesh, 2005; Ryan ve ark., 2009). Ayrıca, bu alıřmalarda gözlenen prevalans oranları batı toplumlarında yaşayan genel popölasyonlarınkine göre oldukça yüksektir. Bazı alıřmalar, sığınmacıların mültecilere göre daha kötü bir ruh sađlıđına sahip olduđunu göstermiřtir (Gerritsen ve ark., 2006; Toar, O'Brien ve Fahey, 2009). Türkiye'de bulunan sığınmacıların sađlık problemlerini tıbbi kayıtları inceleyerek arařtıran bir alıřmada, sığınmacıların % 12'sinde travma sonrası stress bozukluđu gözlenmiřtir (Yaman, Kut, Yaman, Ungan, 2002).

Bazı arařtırmacılar, yoğun řiddet ve savař ortamlarında geliştirilen duygusal reaksiyonların normal olduđunu, psikopatolojik olması gerekmediđini belirtmiřtir (de Jong, 2011; Summerfield, 1999). Bazı alıřmalar mültecilerde travma sonrası stres bozukluđunun uzun yıllar kalıcılıđını gösterirken (Huijts, Kleijn, Emmerik, Noordhof ve Smith, 2012), diđerleri mültecilerin uzun dönem ruh sađlıđı problemi geliřtirmedeđi ve kendiliđinden toparlanma gösterdiđini belirtmiřtir (Rosner, Powell ve Butollo, 2003). Savař ve řiddete karřı reaksiyonların normalliđine rađmen uzun süreli stres ve üzüntü durumunun fiziksel ve ruhsal problemlere yol aabileceđine dikkat edilmeli (de Jong, 2011) ve risk faktörleri dikkatle tanımlanmalıdır.

Mültecilerde, sosyal sınıf ve kültürel kimliđi ne olursa olsun, ruhsal bozuklukların geliřiminde etkili risk faktörlerinden en belirginini silahlı atıřmalar, iřkence, ölüm, kayıp veya bu olayların korkusuna iliřkin travmatik yařantılardır (de Jong, 2002). Gö öncesi travmatik yařantıların sayısının sığınmacı ve mültecilerin fiziksel ve ruhsal sađlıđı ile pozitif iliřkili olduđu (Rieder ve Elbert, 2013) ve en fazla deneyimlenen travmatik yařantıların aile üyelerinden zorunlu ayrılma, iřkence, aileden birini veya arkadařın dođal olmayan ölümü, füze saldırıları ve bombalamalar, yiyecek, su ve barınma eksikliđi olduđu belirtilmiřtir (Gerritsen ve ark., 2006; Ichikawa, Nakahara ve Wakai, 2006).

Kadın cinsiyetinin yaygın ruhsal bozukluklarda (depreson, anksiyete, TSSB) yüksek prevalans oranlarına sahip olduđu ve en yüksek risk faktörlerinden biri olduđu ifade edilirken (Gerritsen ve ark., 2006; Laban ve ark., 2008), bařka arařtırmalar

erkeklerin daha fazla psikolojik belirtilere sahip olduğunu (Rasmussen ve ark., 2010) ya da cinsiyetler arası bir fark olmadığını göstermiştir (Steel ve ark., 2002). Benzer şekilde, mülteci ve sığınmacılarda yaş, göç öncesi yüksek sosyo-ekonomik statü, medeni durum ve hane koşulları ile ruh sağlığı problemlerinin riski arasındaki ilişki de literatürde tartışmalı olarak sunulmuştur (örn., Porter ve Haslam, 2005; Steel ve ark., 1999; Bhugra, 2004).

Mültecilerin ruh sağlığı araştırmasında travma odaklı yaklaşımın hakim olmasına güçlü bir eleştiri getirilmekte ve mülteci deneyiminin zaman içinde farklı bağlamlarda farklı olaylarla devamlılık göstermesine ve bunun etkilerine yeterince odaklanılmadığı ifade edilmektedir (Ryan, Dooley ve Benson, 2008). Göç sonrası yaşam koşullarının zorluğu sığınmacıları ruh sağlığı açısından daha riskli bir yere koymaktadır.

Sığınmacıların ruh sağlığı sonuçlarıyla ilişkili göç sonrası faktörleri inceleyen çalışmalar başlıca stres kaynaklarını eve gönderilme korkusu, mültecilik başvurusu sürecindeki gecikmeler, ikamet izni almak konusundaki belirsizlik, yasal statü belirsizlikleri, işsizlik veya çalışma konusundaki engeller, geride kalan aile bireyleriyle ilgili endişeler, sosyal destek azlığı, statü kaybı, dil problemleri, yalnızlık ve sıkılma olarak göstermiştir (örn., Gerritsen ve ark., 2006; Laban ve ark., 2005; Lien ve ark., 2010; Warfa ve ark., 2012). Ayrıca kültürel kimlik ve kültürel uyumsuzluğun sığınmacı ve mülteciler için incinebilirlik faktörü olabileceği belirtilmiştir (Knipscheer ve ark., 2006; Bhugra, 2004b).

Bazı araştırmalar göç öncesi travmanın ruh sağlığını en güçlü etkileyen faktör olduğunu söylerken (Lindencrona ve ark., 2008), başka araştırmalar göç sonrası sosyal ve ekonomik zorlukların ruh sağlığı için daha önemli risk faktörleri olduğunu göstermiştir (Toar ve ark., 2009). Sonuç olarak bu bulgular, göç dönemleri boyunca biriken yaşantıların ve çeşitli stres etkenlerinin ruh sağlığı problemlerinin gelişimi ve devam etmesi ile nasıl ilişkili olduğunu inceleyen araştırmalara büyük gereksinim olduğunu göstermiştir.

Mülteci ve sığınmacılarla ilgili literatürün özellikle, ruh sağlığını etkileyen olumsuz faktörler üzerinde yoğunlaştığı ve mülteci ve sığınmacıların olumlu uyumunu ve psikososyal iyilik halini nelerin oluşturduğunu anlamada yetersiz kaldığı

belirtmiştir (Ahearn, 2000). Mültecilerin büyük bir kesiminin oldukça yoğun bir travmaya maruz kalmasına rağmen uzun süreli ruh sağlığı problemleri yaşamadığı (Schweitzer ve ark., 2006) ve aşırı olaylara maruz kalan çoğunun oldukça dayanıklı olduğu bulunmuştur (Hutchinson ve Dorsett, 2012). Mültecilerin travmatik ve stresli deneyimlere uzun dönemde psikolojik uyum göstermesi baş etme kaynaklarının varlığına, harekete geçirilmesine ve güçlendirilmesine bağlı olabilir.

Sosyal destek ve sosyal ağların kullanılması mülteci ve sığınmacıların dayanıklılığını inşa eden en önemli faktörler olduğu belirtilmiştir. Sosyal destek genellikle almak ve vermek şeklinde karşılıklı süreçleri kapsamaktadır. Duygusal ve pratik destek sağlayan aile, arkadaşlar ve komşular ile (Thomas ve ark., 2011), duygusal, maddi ve ekonomik destek sağlayan ev sahibi toplumun (Pahud ve ark., 2009) göç dönemleri boyunca mültecilerin baş etmesini ve dayanıklılığını destekleyen önemli birer etken olduğu bulunmuştur. Ayrıca, dini inançlar (Hutchinson ve Dorsett, 2012) ve ideolojik bağlılık (Punamäki, 2000) gibi inanç sistemlerinin travmatik yaşantılarla baş etmede önemli birer kaynak olduğundan bahsedilmektedir. Güçlü olmak, durumu kabullenmek, geçmiş deneyimlerden yararlanmak, iyimserlik gibi kişisel kaynakların da mültecilerin baş etmesine katkıda bulunduğu ifade edilmiştir (Pahud ve ark., 2009; Sossou ve ark., 2008). Ek olarak, sosyal karşılaştırmanın mülteci literatüründe koruyucu veya risk faktörü olarak etkisi üzerine tartışmalı sonuçlar yer alırken (Schweitzer ve ark., 2007; Hooberman ve ark., 2010), olayların yorumlanmasındaki bilişsel süreçlerin (Khawaja ve ark., 2008) mültecilerin travmatik yaşantılarla baş etmesine yardım ettiği belirtilmiştir.

Çalışmanın amaçları

Türkiye büyük insan hareketlerinden etkilenen bir ülke olmasına rağmen sığınmacı ve mültecilerle ilgili çok az araştırma yapılmıştır ve bunlar da zorunlu iç göç yapanlar veya çocuk ve ergen sığınmacılar üzerinedir (Gün ve Bayraktar, 2008; Erden ve Gürdil, 2009). Bildiğimiz kadarıyla Türkiye’de yaşayan yetişkin sığınmacıların ruh sağlığı üzerine bir çalışma henüz yapılmamıştır. İç çatışmalar nedeniyle ülkelerinden kaçan Suriyeli sığınmacılar Türkiye’deki sığınmacıların sürekli büyüyen bir kesimini oluşturduğu için çalışmanın birincil amacı, Türkiye’deki Suriyeli sığınmacıların ruh sağlığını etkileyen muhtemel risk faktörlerini araştırmaktır. Bu nedenle, sosyo-demografik özelliklerin etkisi ve göç

öncesi travmatik yaşantılarla göç sonrası yaşam zorluklarının ruh sağlığı sonuçlarına karşılaştırmalı katkısı değerlendirilmiştir. Ayrıca, Suriyeli sığınmacıların ruh sağlığında koruyucu faktör olarak rol oynayan ve göç öncesi, sırası ve sonrasındaki zorluklarla baş etmelerinde kendilerine yardımcı olan kişisel, sosyo-kültürel ve çevresel kaynaklar araştırılmıştır.

Sığınmacılar farklı göç evrelerinde farklı stres faktörleriyle karşılaştıkları için ve bunların doğası, anlamı ve etkisi farklı evrelerdeki kaynaklara ve zorluklara göre değiştiği için bu çalışmada göçün üç evresi de incelenmiştir. Bununla birlikte, genellikle tercih edilen niceliksel metodlar olası varsayımlara dayandığı ve bu varsayımlar da az çalışılmış alanlarda yetersiz kalabildiği için ve bağlamsal bir anlayış olmadan çatışma ve insan hakları ihlallerinden kaçan insanlara yardım etmek ve kaynaklarını harekete geçirmek zorlaşacağı için niceliksel ve niteliksel yöntem birlikte kullanılmıştır. Son olarak, mülteci araştırmasında travmaya odaklılığa getirilen eleştiri nedeniyle Suriyeli sığınmacıların zorlu deneyimlerle baş etmesinde yardımcı olan kaynakların belirlenmesi amaçlanmıştır.

Yöntem

Bu çalışmada, karma yöntemli araştırma dizaynı (concurrent design) kullanılmıştır (Creswell ve Zhang, 2009). Buna göre araştırmacı, aynı anda farklı araçlarla hem niteliksel hem niceliksel veriyi toplamakta, ayrı analiz etmekte ve sonuçları yorumlarken birleştirmektedir. Burada amaç, araştırma konusu üzerinde farklı fakat kapsamlı ve tamamlayıcı veri elde etmektir (Creswell ve Clark, 2011).

Orta Doğu Teknik Üniversitesi İnsan Araştırmaları Etik Kurulu'ndan araştırma prosedürlerine dair etik onay alınmıştır. Üç farklı kampta kalan 111 sığınmacıdan niceliksel veri, 29 sığınmacıdan ise niteliksel veri toplanmıştır. Katılımcılar uygun örneklem yoluyla çalışmaya alınmıştır. Suriyeli sığınmacılar ile güçlü ilişkileri olan kamp yöneticileri, alanda çalışan insani yardım çalışanları, kamptaki Suriyeli topluluk tarafından seçilmiş muhtarlar ve toplum liderleri potansiyel katılımcıları belirlemiş ve çalışmaya katılmaları için davet etmiştir.

Katılımcılara, içinde bilgilendirilmiş onam formu, sosyo-demografik form, yarı-yapılandırılmış görüşme, Harvard Travma Ölçeği Bölüm I ve IV (HTQ-I/IV)

(Mollica ve ark., 2004), Göç-sonrası Yaşam Zorlukları Ölçeği (PMLD) (Silove ve ark., 1997) ve Hopkins Semptom Listesi-25'in (HSCL-25) (Mollica ve ark., 2004) bulunduğu bir görüşme paketi uygulanmıştır. Sosyo-demografik formda katılımcıların genel demografik bilgileri, çalışma deneyimleri, göç-sonrası yerleşim ve yaşam düzenlemeleri, göç sonrası uyum özellikleri, sosyal ağ ve destekleri, ve Suriye'deki ailevi durumları hakkında bilgi toplanmıştır. Göç öncesi travmatik yaşantılar için HTQ-I, travma sonrası stres bozukluğu ve algılanan psikososyal işlevsellik için HTQ-IV, göç sonrası yaşam zorlukları için PMLD, depresyon ve anksiyete için HSCL-25 kullanılmıştır. İlk üç ölçek mülteci ve sığınmacılar için özel olarak geliştirilmiş ve hepsi mülteci araştırmasında dünya çapında en yaygın kullanılan ölçeklerdir. Katılımcılara ölçeklerin yönergeleri okunmuş ve likert tipi ölçeklerin nasıl cevaplandırılacağı açıklanmıştır. Katılımcıların yanıtlarına göre araştırmacı ölçek üzerine not etmiştir.

Niteliksel araştırma için yarı-yapılandırılmış görüşme protokolü geliştirilmiştir. Bu protokol, katılımcıların göçün üç evresindeki (göç-öncesi, sırası ve sonrası) deneyimlerine, zorlu yaşantıların etkilerine, ve bu zorlu yaşantılarla baş etmelerinde kendilerine yardımcı olan kaynaklarına odaklanmaktadır. Konunun hassaslığından ve katılımcıların görüşme nedeniyle sıkıntı duyabilme ihtimalinden dolayı yönlendirme prosedürleri devreye sokulmuştur.

Görüşmeler ortalama 1 saat sürmüştür. Suriyeli Arap katılımcılar için kampta çalışan ve Türkçe ve Arapça konuşan tercümanlar soruları ve cevapları görüşme sırasında çevirirken, görüşme yapılabilecek düzeyde Türkçe bilen Suriyeli Türkmen katılımcılar için görüşmeler direk araştırmacı tarafından yapılmış ancak yine de tercümanlar görüşmede bulunmuşlardır. Kamp yöneticileri ve katılımcıların izni alınarak görüşmeler ses kaydına alınmıştır. İzin verilmeyen görüşmelerde cevaplar araştırmacı tarafından not edilmiştir.

Veri analizi

Niceliksel veri analizi, SPSS 16.0 istatistik programı kullanılarak yapılmıştır. Temel analizler öncesinde, HTQ-I ve PMLD ölçekleri için faktör analizi uygulanmıştır. Tüm sosyo-demografik değişkenlerin, göç öncesi travmatik yaşantılara, göç sonrası yaşam zorluklarına ve ruh sağlığı sonuçlarına göre grup farklılıklarını incelemek için

bir dizi bağımsız iki grup arası farkların t testi, varyans analizleri, çoklu varyans analizleri yapılmıştır. Ruh sağlığı sonuçlarının yordayıcılarını göstermek için dört set hiyerarşik regresyon analizi gerçekleştirilmiştir. Ruh sağlığı sonuçları üzerinde, göç öncesi travmatik yaşantılar ve göç sonrası yaşam zorlukları arasındaki etkileşim etkilerini anlamak için bir dizi düzenleyici regresyon analizleri uygulanmıştır.

Niteliksel veri analizi, MAXQDAplus 10 isimli bilgisayar programı yardımıyla yapılmıştır. Tüm görüşmelerin yazılı kopyası çıkarılmış ve bu programa yüklenmiştir. Niteliksel veride tematik içerik analizi uygulanmıştır (Braun & Clarke, 2006). Ayrıca, ilk kodlar ham veriden tümevarımsal bir yolla çıkarılmış, daha sonra bu kodlardan ilgili ampirik ve teorik literatüre göre tündengelim yoluyla tema ve alt-temalar oluşturulmuştur.

Sonuçlar ve Tartışma

Temel analizlerden önce yapılan faktör analizlerinde, HTQ-I için Mollica ve arkadaşlarının önerdiği şekilde (2004) 8 faktörlü çözüm uygulanmış ancak sonuçlar çoğu maddenin diğer faktörlere çarpaz yüklenmesiyle 8 faktörü gösterememiştir. Steel ve arkadaşlarının (1999) 17 maddelik HTQ ölçeği için 3 faktör önermesinden yola çıkılarak, şimdiki çalışmada ölçeğin 36 travma maddesi bulunan versiyonu kullanıldığından 4 faktörlük çözüm uygulanmış ve bu faktörler bulunmuştur: 1) Tutukluluk ve İnsan hakları ihlalleri, 2) Çatışma ve sosyal kargaşaya maruz kalma, 3) Fiziksel yaralanma, 4) Sevdiklerin kaybı ve zorunlu ayrılma.

Önceki çalışmaların sonuçlarına dayanarak (Carswell ve ark., 2009; Steel ve ark., 1999), PMLD için öncelikle 5 faktörlü analiz uygulandı. Bu sonuçlarda tüm katılımcılar “hiç” sıkıntı yaratmadığını belirttiği için madde 3 (eve gönderilme korkusu), sıfır varyans gösterdi. Girişte de bahsedildiği üzere, hükümetin çatışma boyunca uyguladığı açık-sınır politikasından dolayı zorunlu dönüş veya kalış süresi sınırlı olmadığı için Suriyeli sığınmacılar diğerlerinden farklı olarak böyle bir korkuları olmadığını belirtmişlerdir. Bu madde örneklemin özelliğiyle uyumlu olmadığından faktör yapısını bozmuştur. Bu nedenle bu madde çıkarılarak tekrar 5 faktörlü çözüm uygulanmış ve bu faktörler ortaya çıkmıştır: 1) Sağlık hizmetlerine erişimde güçlük, 2) Refah ve ekonomik zorlukları, 3) Aile ve gelecekle ilgili endişeler, 4) İkamet özellikleri, 5) Kültür ve destek kaybı.

Risk Faktörleri

Hem niteliksel hem de niceliksel analizler Suriyeli sığınmacıların savaş surumlarına, sosyal karışıklığa ve ekonomik bozulmaya, insan hakları ihlallerine oldukça fazla maruz kaldığını göstermiştir. Ancak bu maruziyetler regresyon analizlerinde ruh sağlığı sonuçlarını yordamamıştır. Göç öncesi travmatik yaşantılar arasından sadece sevdiklerin kaybı ve zorunlu ayrılmanın ruh sağlığı sonuçlarını yordadığı görülmüştür. Bunun nedeni, katılımcıların yüksek maruziyetinden dolayı muhtemel tavan etkisi oluşmuş ve bu da varyans eksikliğine neden olmuş olabilir. Ayrıca, diğer çalışmaların aksine (örn., Gerritsen ve ark., 2006; Huijts, 2012) travmatik yaşantılar ile ruh sağlığı sonuçları arasında pozitif bir korelasyon bulunmamıştır. Bu bulguların nedeni, çalışmada yer alan sığınmacıların travmatik yaşantılara karşı kullandığı baş etme kaynaklarının rolü olabilir. Ayrıca bu çalışmadaki katılımcılar diğer çalışmalardakine göre daha az sayıda travmatik olay belirtmiştir (örn., Huijts, 2012).

Şimdiki çalışmada Suriyeli sığınmacıların göç yolu hükümetin uyguladığı açık sınır politikasından ve komşu ülkeye göç etmelerinden dolayı diğer sığınmacılara göre daha güvenli ve kolay olmakla birlikte katılımcılar güvensiz geçiş temasından daha sık bahsetmiştir. Suriyeliler resmi olmayan geçiş noktalarından “kaçak” olarak geldiklerini, Suriyeli güvenlik güçlerinden saklandıklarını belirtmişlerdir. Güvenli geçiş için bahsedilen sınır memurlarının nazik davranışları sosyal destek algılarını işaret etmektedir.

Göç sonrası zorluklarla ilgili niceliksel veriye göre, en fazla bahsedilen zorluklar kamp koşullarıyla ilgili olmasına rağmen en fazla sayıda katılımcı tarafından bahsedilen zorluklar ise aileden ayrılma ve kayıp ile ilgili olan tematik blok ve onun altında da Suriye’de kalan aileyle ilgili endişe temasıdır. Bu bulgu PMLD ölçeğinde aile ve gelecekle ilgili endişeler faktöründeki problemlerin en sık belirtilen problemler olmasıyla uyumludur. Bunun yanı sıra, göç sonrası koşullar arasından sadece kültür ve destek kaybı tüm ruh sağlığı problemlerini yordayıcı bir risk faktörü olarak bulunmuştur. Paralel olarak, kültür ve destek kaybı birçok temayla birleşmektedir (örn., aileden ayrılma ve kayıp, kimlik/roller/statü kaybı, sosyal zorluklar ve uyum zorlukları).

Genel demografik özelliklerin etkisine bakıldığında, önceki çalışmaların aksine (örn., Porter and Haslam, 2005) yaşlılardan ziyade, genç olmak önemli bir risk faktörü olarak bulunmuştur. Genç sığınmacıların daha fazla post-travmatik stres, anksiyete ve depresyon belirtileri ve daha bozulmuş bir psikososyal işlev algısı olduğu görülmüştür. Bu bulgu, Steel ve arkadaşlarının (1999) açıkladığı gibi, genç yetişkinlerin savaşa katılımları nedeniyle daha çok travma yaşamış olma ihtimalinin güçlülüğüyle açıklanamaz çünkü bu çalışmada gençlerin travmatik yaşantılara daha az maruz kaldığı bulunmuştur. Ayrıca genç katılımcılar göç sonrasında aile ve gelecekle ilgili daha fazla endişeye ve daha yüksek oranda kültür ve destek kaybına sahiptirler. Bu bulgular, sosyal ağların çökmesi, arkadaş kaybı, eğitimin kesilmesi, aksaması, geleceğe dönük planların ve arzuların engellenmesi ile açıklanabilir. Beceriler ve yetenekler alt ölçeğinde en yüksek bozulma algısına sahip olan gençler, aynı zamanda daha eğitilmiş de olduklarından kamp ortamında potansiyellerini kullanamıyor veya kamp dışında mevcut görünen vasıfsız işlerde çalışmaya eğilimli olmuyor olabilirler. Tüm bunlar, bağımlılık ve engellenmişlik hislerine, yalnızlık, izolasyon ve sıkılmaya neden olabilir. Bunun dışında, orta yaşlı grubun gençlere göre daha fazla refah ve ekonomik sıkıntılara sahip olduğunu belirtmesi, genellikle evli ve çocuklu olduklarından aileleri koruma ve bakma konusunda sorumlu hissetmelerinden kaynaklanabilir.

Bu çalışmadaki kadın sığınmacıların tüm ruh sağlığı problemlerinde (TSSB, depresyon, anksiyete, algılanan psikososyal işlevsellik) daha fazla sıkıntı çektiğinin bulunması kadın cinsiyetinin önemli bir risk faktörü olduğunu ortaya koyan diğer araştırmaları (örn., Porter ve Haslam 2005; Laban ve ark., 2008) destekleyicidir. Bu bulgu, kadın cinsiyetinin savaşla ilgili travmatik yaşantılarda doğrudan bulunma riskini düşürdüğü için travma sonrası stres belirtileri açısından koruyucu bir faktör olduğunu söyleyen araştırmaların karşındadır (Lindencrona et al., 2008). Erkek sığınmacıların travmatik olaylara, özellikle insan hakları ihlalleri ve fiziksel yaralanmaya daha çok maruz kaldığı bulunmuştur. Bu durum, kadınların bir TSSB geliştirmeye katkıda bulunma ihtimali daha yüksek cinsel saldırı, cinsel istismar veya cinsel aşağılama gibi potansiyel travmatik olayları (Tolin ve Foa, 2008) eksik beyan etmesiyle açıklanabilir. Kadınlar görüşmede başkalarının yanında bu olaylardan konuşma konusunda isteksiz davranmış olabilir ya da erkekler geleneksel cinsiyet

rolleri veya politik amaçlara bağıllık gibi başetme faktörlerinden dolayı yaşadıklarını küçültmüş ve psikolojik etkilerin değerini azaltmış olabilir.

Benzer şekilde kadının aile reisi olduğu hane tipinin (kocasını hala savaşta olan, ölmüş ya da kayıp olan, çocuklu ve yalnız yaşayan ya da kızkardeşiyle yaşayan veya babası Suriye’de kalan ve annesiyle yaşayan genç kadınlar) tüm ruh sağlığı problemlerinde çekirdek ve geniş ailelere göre daha fazla belirtiyeye sahip olduğu bulunmuştur. Dul veya bekar kadınların eş desteğinin olmayışı onları sosyal, ekonomik ve kültürel baskılarla daha çok karşı karşıya bırakmakta ve ayrımcı ataerkil ve dini normlara daha çok maruz bırakmaktadır (Lenette, 2013). “Yalnız kadın” damgasıyla, daha çok tecrit halinde yaşayıp sosyal etkileşimlerinde rahat olmayabilirler. Daha az sosyal etkileşimde olmak, kamptaki hizmetlerin daha az talebi, erişimi ve kullanımına neden olabilir, bu da yalnız ve dul kadınları sosyal ve ekonomik olarak daha dezavantajlı bir duruma götürebilir. Bu dezavantajlı durum ise daha fazla tecrit ve yalnızlığa yol açabilir. Kadının aile reisi olduğu hanenin çekirdek ve geniş ailelere göre ev sahibi toplumdaki gelen sosyal desteğe daha az sahip olduğunu gösteren bulgu bu argümanı ve niteliksel verileri destekler niteliktedir. Ayrıca yine destekleyici başka bulgu, erkek sığınmacıların bu desteğe daha fazla sahip olduğunun bulunması da erkeklerin dış çevreyle ilişkilerde daha rahat olmasına neden olan geleneksel aile reisi rolünü göstermektedir. Bunların dışında, kadının aile reisi olduğu hanelerin aile ve gelecekle ilgili daha fazla kaygıya, daha fazla kültür ve destek kaybına ve algılanan psikososyal işlevselliğinin her faktöründe daha fazla bozulmaya sahip olduğu bulunmuştur. Kadınların ruh sağlığı sonuçları ve aile ve gelecekle ilgili daha fazla kaygılara sahip olmasıyla birlikte değerlendirildiğinde, genel olarak kadınların, özellikle de yalnız ve dul kadınların, her göç evresindeki farklı zorluklarla daha kaynaksız kaldığı, eş veya baba kaybıyla gelen ekonomik ve sosyal rollerin kaybının büyük bir rol değişimi ve yeni sorumluluklara neden olduğu, ve yukarıda sayılan nedenlerin yanısıra bakım sağlama rollerinden dolayı da daha hareketsiz kalan kadınları daha fazla riske attığı söylenebilir. Bunların dışında, niteliksel veriler sınırlı da olsa, başka çalışmalarda da işaret edilen (Sideris, 2003) eş veya baba yokluğunun kadın sığınmacıları cinsiyet temelli tehditlere daha açık hale getirdiğini göstermektedir.

Genç ve kadın sığınmacılara benzer şekilde, evli olmayan Suriyeli sığınmacıların da ruh sağlığı problemlerinin her alanında daha fazla belirti gösterdiği bulunmuştur. Sosyal destek sistemlerinde de evliler hem Suriye hem de Türk toplumundan daha fazla sosyal destek görürken, evli olmayanlar daha fazla kültür ve destek kaybı yaşadıklarını belirtmiştir. Bu bulgular, evli olmayanların daha fazla kaynak kaybı yaşadığını (örn., statü, arkadaş, otonom, zaman), evli olanlar hem aile ortamında hem de dış çevrede daha rahat destek bulurken, evli olmayanların daha izole ve dışlanmış hissedebileceğini işaret etmektedir.

Kampta kayıtlı yaşayan tüm sığınmacılar standart kamp yardımı almasına rağmen sığınmacılar kendi ya da aile üyesinin bir işte çalışıp çalışmamasına veya para birikimi olmasına göre farklı gelir düzeyleri belirtmişlerdir. Orta gelir düzeyinde olduğunu belirten katılımcıların genellikle Suriye'deki sosyo-ekonomik olarak avantajlı koşullarından dolayı para birikimine sahip oldukları söylenebilir. Orta gelir düzeyindekilerin daha fazla depresyon ve travma sonrası stres semptomlarına sahip olduğu ve psikososyal işlevselliklerinde daha fazla bozulma algıladıkları bulunmuştur. Bu grubun, daha fazla manevi ve varoluşsal kaygılara sahip olduğunun ve travmatik yaşantılarla ilgili daha fazla kaçınma gösterdiklerinin bulunması yaşadıklarını yorumlama ve kendi hayatlarına entegre etme konusunda zorluk çektiklerine işaret edebilir. Ayrıca bu grubun Suriye toplumundan daha az sosyal destek gördükleri, sosyal ilişkilerde daha fazla bozulma algıladıkları ve daha fazla kültür ve destek kaybı yaşadıkları görülmüştür. Bu bulgular, orta gelir düzeyi beyan eden sığınmacıların kamp koşullarına uyum sağlamakta daha fazla zorluk çektiğini, değerlerin, destek sistemlerinin ve sosyal ağların yoksunluğuyla daha fazla kültürel yas yaşadıklarını, daha fazla izole ve yabancılaşmış hissettiklerini göstermekte, bu da göç öncesi sosyo-ekonomik statünün bir risk faktörü olduğunu söyleyen çalışmalara paralellik göstermektedir (örn., Porter ve Haslam, 2005; Lindencrona ve ark, 2008).

Risk Faktörlerinin Etkileri

Travma sonrası stres bozukluğunun Batı-tanımlı bir bozukluk olması ve Batılı olmayan ülkelere uygulanmasında sorun yaratacağı etrafında gelişen tartışmaya rağmen bu çalışmanın niteliksel kısmında Suriyeli sığınmacıların TSSB'nin temel belirtilerinden bahsettiği görülmüştür (Amerikan Psikiyatri Birliği, 2000). Göç öncesi ve göç sonrası yaşantıların etkisiyle ilgili olarak niteliksel veride en çok

bahsedilen Psikolojik Sağlık tematik bloğudur. Göç öncesi yaşantılar için en çok TSSB reaksiyonlarından bahsedilirken göç sonrası koşullar için depresyon ön plana çıkmış ve anksiyete reaksiyonları da göç öncesine göre artmıştır.

TSSB'nin karakteristik belirtileri; aşırı korku, psikolojik uyarılma, kaçınma ve hissizleşme, travmatik yaşantıları tekrar yaşama katılımcılar tarafından bahsedilmiş, göç öncesi yaşantılar için en çok psikolojik uyarılma tematik ünitesinde normal uyaranlara karşı abartılı irkilme tepkisi ve uyku bozukluğu temaları ifade edilmiştir. Göç sonrası koşullarda, göç öncesi travmatik yaşantıları tekrar yaşama reaksiyonları önemli bilgiler vermektedir. Suriyeli sığınmacılar kamp yakınındaki sınıra yaklaşan uçaklar ve sınıra yakın Suriye bölgesindeki bombalama sesleri nedeniyle şiddetli korku ve sıkıntı yaşadıklarını ve "o anda" olayı yaşıyormuş gibi verdikleri tepkileri anlatmışlardır. Ehlers ve Clark (2000) güvenlik yeniden kurulsa bile travmayla ilgili anıların kolaylıkla ve istemsizce bir çok hatırlatıcı tarafından tetikleneceğini, eğer fiili güvenlik yeniden oluşturulmazsa bu hatırlatıcıların her zaman ve her yerde var olacağını ve süregelen abartılı tehdit algısına katkıda bulunacağını ve psikolojik güvenlik algısına dönüşü engelleyeceğini belirtmiştir.

En çok bahsedilen depresif reaksiyonlar maddi, sosyo-ekonomik statü, zaman ve aile üyeleri kayıpları üzerine duyulan üzüntüdür. Anksiyete reaksiyonları ile ilgili en çok bahsedilen temalar ise gelecekle ilgili kaygılar, Suriye'de devam eden koşullar nedeniyle sıkıntı duyma ve ruminasyonlardır.

Geçmiş kayıplarla birlikte, Suriye'deki çatışmanın mevcut durumu, Suriye'ye fiziksel yakınlıktan dolayı olayları tekrar yaşama ve göç sonrası zorluklar beraber ele alındığında katılımcıların umutsuzluk ve depresyon geliştirmeye yatkın olduğu çünkü gelecekteki stres verici olayların sonuçlarını kontrol edemeyeceklerinden (çaresizlik) ve olumsuz olayların olacağından emin oldukları söylenebilir (Başoğlu ve Şalcıoğlu, 2011). Niteliksel veriye göre göç sonrasında depresyon reaksiyonlarının fazlalaşması bu argümanı destekler niteliktedir.

Hiyerarşik regresyon analizlerinde, göç öncesi travmatik yaşantılar ve göç sonrası yaşam zorluklarının ruh sağlığı sonuçlarına görece katkısına bakıldığında, demografik değişkenlerin etkileri kontrol edildikten sonra, göç öncesinden sadece sevdiklerin kaybı ve zorunlu ayrılma anlamlı bir şekilde TSSB ve depresyon

belirtilerini yordamıştır. Bu, önceki çalışmalarla uyumludur (örn., Gorst-Unsworth ve Goldenberg, 1998; Laban ve ark., 2004). Ancak, demografik değişkenlerin ve göç öncesi travmatik yaşantıların etkileri kontrol edildikten sonra, göç sonrası koşullardan kültür ve destek kaybı bütün ruh sağlığı sonuçlarını (TSSB, depresyon, anksiyete, algılanan psikososyal işlevsellik) daha büyük varyansla yordamıştır. Bu da başka çalışmalarla uyumludur (örn., Carswell, 2009; Silove ve ark., 1998). Ek olarak, göç öncesi travmatik yaşantılar ve göç sonrası yaşam zorluklarının etkileşim etkilerine bakıldığında, sevdiklerini kaybeden veya onlardan zorla ayrılan sığınmacılar, kültür ve destek kaybı da yaşadıklarında TSSB belirtileri açısından en riskli grup olmaktadır. Hem hiyerarşik hem de düzenleyici regresyon analizleri niteliksel veriyle birlikte göstermiştir ki, göç sonrası zorluklar, göç öncesi travmatik olaylara göre ruh sağlığı sonuçlarının daha etkili belirleyicisidir.

Regresyon analizlerinde ayrıca, göç öncesi travmaların hiç biri anksiyete belirtilerini yordamazken, göç sonrası bağlamda kültür ve destek kaybına ek olarak aile ve gelecekle ilgili kaygılar anlamlı bir yordayıcı olarak bulunmuştur. Bu sonuç, depresyonla ilgili regresyon modeliyle birlikte düşünüldüğünde, gelecekteki tehditlerle ilgili çaresizlik konusundaki belirsizlik anksiyete ile ilişkiliyken kayıp olayları daha çok umutsuzluk ve depresyonla ilişkilidir (Başoğlu ve Şalcıoğlu, 2011).

Düzenleyici regresyon analizlerinde, daha fazla ekonomik zorluklara sahip olan sığınmacılar arasında daha fazla fiziksel yaralanmaya maruz kalanların daha az travma-sonrası stress ve anksiyete belirtilerine sahip olduğu bulunmuştur. Bu bulgu, savaşta doğrudan yer almış ve yaralanmış (kendisi veya çevresindekiler) olabilecek Suriyeli sığınmacıların psikolojik belirtileri daha az beyan etme ihtimalinden kaynaklanmış olabilir. Erkeklerin travmatik yaşantılara, özellikle fiziksel yaralanma ve işkence ve tutuklanma gibi insan hakları ihlallerine daha çok maruz kaldığı bulgusunu göz önünde bulundurursak, ekonomik zorlukları olsa bile politik bir nedene ideolojik bağlılıkları olanları anlamlandırabilme ve kontrol edebilme hissi vererek ruh sağlığı durumunu koruyor olabilir. Bu argüman, işkence gören aktivistlerle yapılan araştırmalara benzerdir (Brewin ve Holmes, 2003).

Göç öncesi olayların sosyal çevre ve sosyal işlevsellik açısından etkilerine bakıldığında niteliksel veri, genelleşmiş şiddetin neden olduğu stabil ve güvenli olmayan sosyal ortamdan dolayı sürekli bir korku ve genel bir güvensizlik olduğunu,

“korku kültürü” (de Jong, 2002) oluştuğunu göstermektedir. de Jong bunun, bireysel düzeyde karmaşık TSSB’ye benzerlik gösteren sürekli bir travmatik stres sendromuna veya kalıcı bir kişilik değişimine, toplumsal düzeyde ise yaygın korku ve şüphenin ortak destek yapılarını, kişisel bağlılıkları, adalete, demokrasiye ve insan haklarına inancı etkileyeceğini söylemiştir. Suriyeliler, ayrıca, savaşa bağlı olaylar nedeniyle aile bireylerinden ayrılmalarından, sorumluluklarındaki artıştan, güçlü rol değişimlerinden bahsetmişlerdir.

Göç sonrası koşulların sosyal ve kültürel çevre ve sosyal işlevsellik açısından etkilerine bakıldığında ise, Suriyeli sığınmacılar kamp ortamının kameralar, giriş çıkış kuralları, ziyaretçi sınırlamaları ve hanelerdeki kalabalık nedeniyle hapishaneye benzediğini ve kendilerini sıkışmış, izole hissettiklerini ve özgür hissetmediklerini belirtmişlerdir. Ayrıca, çoğunlukla erkeklerin çalışmıyor olmaktan ötürü sıkıldıklarını ifade etmesi başka çalışmalarla paralellik taşır (örn., Warfa ve ark., 2012). Niceliksel veri de, işsizlik süresi uzadıkça TSSB belirtilerinin, duygusal sıkıntının ve göç sonrası stresin arttığını göstermektedir. Erkekler arasında aile reisi rolüne bağlı kendilik değeri ve kimliğinin zarar görmüş olabileceği söylenebilir. Diğer yandan, bazı kadınlar da günlük aktiviteleri sınırlandığı ve sosyal yapı değiştiği için “bir şey yapmamaktan” sıkıldıklarını belirtmiştir. Sosyal işlev ve sosyal çevredeki bu etkiler, kültür ve destek kaybı faktörünün bazı maddeleriyle de çakışmaktadır. Niteliksel veride, savaş koşullarının etkisi olarak maddi kayıp da önemli bir yer tutmuştur.

Sığınmacılar bu olumsuz etkilerin dışında ayrıca Türkiye’ye geldikten sonra olumlu deneyimler de yaşadıklarını belirtmişlerdir. Olumlu deneyimler tematik bloğunun altında sığınmacıların Türkiye’ye geldikten sonra güvende hissettiklerini, rahatladıklarını ve korkmadıklarını ifade etmeleri, toparlanma ortamının kalitesinin erken TSSB reaksiyonlarına önemli katkılarda bulunması (Silove, 2005) ve parçalanmış emniyet, güven ve adalet varsayımları açısından önemlidir (Foa ve ark., 1999). Ayrıca, aile bireyleri, arkadaşlar ve genel olarak Suriyeliler arasında yakınlık ve dayanışmanın, birbirlerine güven duygusunun arttığını dile getirdiler. Bu bulgu başka mülteci çalışmalarındakilerle uyum göstermektedir (Hussain ve Bhushan, 2013). Schaffer ve Moos (1998), hayatı tehdit eden deneyimlerle karşı karşıya kalan

kişilerde, buna benzer şekilde sosyal kaynakların ve ağların geliştiğini, kişiler arası ilişkilerin güçlendiğini belirtmiştir.

Risk Faktörleriyle Başetmede Kullanılan Kaynaklar

Suriye'deki savaş koşulları sırasında Suriyeli sığınmacılar hayatta kalmak için hem bireysel hem de toplu olarak birçok strateji uyguladıklarını belirtmişlerdir. En fazla belirtilen ise ülkeyi terk etmek olmuştur. Bu yanıt, diğerleri gibi, kontrol dışı olduğu düşünülen ve hayatı tehdit eden bir olay karşısında kendini korumayı amaçlayan kaçma tepkisi olarak görülebilir (Bolles, 1970).

Başka bir başetme kaynağı sosyal destek olarak belirtilmiştir. Göç öncesi olaylar için göç sonrasına göre daha az ifade edilmiş ve Suriye toplumundan gelen destek daha çok göç öncesi olaylar için, göç sonrası koşullar için daha çok Türkiye toplumundan gelen destekten bahsedilmiştir. Psikolojik destek maddi desteğe göre her iki toplum ve göç evresi için en fazla bahsedilen olmuştur. Göç öncesi deneyimler için Suriye toplumundaki bağlılık ve dayanışma ve kamptaki arkadaş ve komşulardan gelen duygusal destekten bahsedilirken, göç sonrası koşullar için Türkiye toplumundan gelen her türlü maddi destekten ve iki toplum arasındaki komşuluk ve akrabalık ilişkilerinden kaynaklı uzun yıllara dayanan yakın ilişkilerin sağladığı psikolojik destekten, Türk toplumunun ve çalışanların ilgili ve saygılı tutumlarından ve sağlanan güvenli ortamdan kaynaklı psikolojik destekten bahsetmişlerdir. Niceliksel veriler de göstermiştir ki, Türkiye toplumundan gelen sosyal desteğin azlığı tüm psikolojik problemlerde daha kötü sonuçlarla ve daha fazla ekonomik zorluklarla, aile ve gelecekle ilgili endişelerle, kültür ve destek kaybıyla ilişkilidir. Diğer yandan, Suriye toplumundan gelen sosyal desteğin azlığının daha kötü işlevsellik algısı ve göç sonrası stres, ve sadece daha fazla kültür ve destek kaybıyla ilişkili olduğu görülmüştür. Bu bulgular, sığınmacılar için kendi toplumundan gelen desteğin psikolojik, ev sahibi toplumdan gelen desteğin ise psikolojik olduğu kadar maddi ve araçsal da olduğu ve katkısının önemli olduğu söylenebilir ve diğer çalışmalarla paralellik gösterir (örn., Khawaja ve ark., 2008). Bunların yanı sıra, göç sonrası sosyal ağlar değerlendirildiğinde, sığınmacıların önceden tanıdığı bir kişinin olmaması herhangi bir ruh sağlığı problemiyle anlamlı bir şekilde ilişkili çıkmazken, Türkiye'ye geldiğinden beri arkadaş edinmemesi tüm ruh sağlığı sonuçlarında daha fazla belirtileyle anlamlı bir şekilde ilişkilidir. Önceden

bilinen kişilerin, çoğunlukla akrabalar, uyum sürecini kolaylaştırır da, sosyal etkileşimleri sınırlı bir bağlamda tutabileceği, arkadaşlık kurmanın ise daha fazla sosyal aktiflik sağlayacağı ve diğer araştırmalarda da belirtildiği gibi (Pahud ve ark., 2009) psikolojik, maddi, araçsal ve enformasyonel destek verebileceği söylenebilir.

Suriyeli sığınmacılar tarafından travmatik yaşantılar ve zorluklarla başetmede kullanılan kaynaklardan bir diğerinin kişisel tutumlar olduğundan bahsedilmiştir. Hem göç öncesi hem göç sonrasında, sabırlı, umutlu veya kabullenici olmak gibi özelliklerin daha çok duygusal odaklı baş etme stratejisi geliştirmeye yardımcı olduğu gözlenmiştir. Bunun dışında güçlü olmaktan ve zorlukların üstesinden gelebileceğine inanmaktan da bahsedilmiştir. Bu kişisel tutumlar diğer mülteci çalışmalarındaki bulgulara benzer sonuçlardır (Schweitzer, 2007). Ayrıca, bazı çalışmalarda da görüldüğü gibi (Hussain ve Bhushan, 2013) sığınmacılar baş etmek için yapıcı ve üretici faaliyetlerde bulduklarını belirtmişler, bazı yardım işlerinde, gönüllü aktivitelerde yer aldıklarını ifade etmişlerdir.

Travmanın doğası ve etkisinin, olayların öznel anlamıyla ilişkilendirilmeden açıklanamayacağı ve bunun da olayların olduğu ve bireylerin yaşadığı kültürel bağlamla ilişkilendirilmeden anlaşılamayacağı iddia edilmiştir (Bracken ve ark., 1995). Buna paralel olarak, bazı Suriyeli katılımcılar çocukluklarından beri güvenli olmayan, şiddet dolu, adaletsiz bir ortama alışkın olduklarını, tuhaf gelmediğini belirtmişlerdir. Bu tür bir normalleştirme dışında, sığınmacıların zorlu ve yeni durumları, ülkelerinde ve hayatlarında yapıcı değişimleri ve gelecekteki olumlu gelişmeleri sağlayacak bir başlangıç olarak değerlendirdikleri ve üzerine harekete geçmeyi düşündükleri bir zorluk olarak gördükleri gözlenmiştir. Travmatik yaşantılar ve göç sonrası zorluklar hakkındaki uyumu sağlayacak kişisel değerlendirmeler diğer çalışmalarda da görülmüştür (Khawaja ve ark., 2008).

Benzer bir şekilde, politik inanç tehlikenin öznel algısı ve anlamı olarak önemli bir koruyucu faktör görülmüştür. Olayların gerekliliği veya zarar vericiliği üzerine yapılan değerlendirmeler mücadele eden veya mağdur topluluğun politik şartlarında belirlenebilir. Sığınmacıların savaş amacını ve politik kaderlerini kontrol edebildiklerine, etkileyebildiklerine dair güçlü inançları ideolojik bağlılık olarak anlaşılabilir. Suriyeli sığınmacılar savaşın kendi haklarını savunmak, zulme karşı mücadele etmek, adalet, hürriyet ve demokrasiyi kazanmak için gerekli olduğunu,

haklı olduklarını bildiklerini ve savaşın zaferle sonuçlanacağını belirtmişlerdir. Politik davaya bağlılığın sağladığı olaylara karşı kontrolü elinde tutmak, hazırlıklı olmak ve belli bir hedef sahibi olmak travmatik yaşantılarla baş etmeyi kolaylaştırabilir (Punamaki, 2000; Başoğlu ve Şalcıoğlu, 2011). Ayrıca bazı sığınmacıların savaşta hayatını kaybeden insanları şehit olarak görmeleri, kutsal bir emirle gerçekleştiğine inanarak kişiyi kaybın suçluluk yükünden azat edebileceği söylenebilir (Shoeb, 2011).

Suriyeli sığınmacıların olaylarla başetmelerinde kullandıkları başka bir kaynak dini inanca başvurularıdır. Sığınmacılar kadere olan inançlarından, Allah'ın iradesine sığınıp onun adaletine ve kontrolüne güvendiklerinden, Allah'a inanmanın olaylarla başetmek için kendilerine güç verdiğinden ve tüm psikolojik sorunların ona inanarak çözüldüğünden bahsetmişlerdir. Bu şekilde, kontrol odağını Allah'a atfettikleri, olaylara dini açıdan kabul edilen açıklamalar ve anlamlar getirdikleri söylenebilir.

Suriyeli sığınmacıların özellikle göç sonrasında yararlandıkları bir kaynak ise kültürel uyumdur. Niteliksel veride yaşam tarzı olarak iki toplumun yaşamının benzer olduğunu, bazıları akrabalık ilişkileri olduğunu, Arap katılımcılar tek farkın dil olduğunu, Türkmenler ise Türkmen oldukları için çabuk uyum sağladıklarını düşündüklerini belirtmişlerdir. Eğer göç sonrası ortamda iki kültür arasında dil ve kültürel değerler açısından farklılık ve coğrafi uzaklık az ise, bunun koruyucu bir faktör olacağı belirtilmiştir (Bhugra, 2004b; 2005). Benzer bir şekilde, niceliksel veride Arap katılımcıların ve Türkçe bilmemenin daha çok göç sonrası stres ve daha fazla Suriye'ye dönme düşüncesiyle ilişkili olduğu bulunmuştur. Bu, Türkmenlerin göç sonrası çevreye daha kolay uyum sağladığını gösterebilir. Türkmen katılımcılar ev sahibi ülkeyle aynı dili konuşabildikleri için kampın içinde çalışanlarla ve dışarıda Türk toplumuyla daha kolay etkileşime geçebilir, yeni sosyal ağlar kurabilmelerine olanak sağlayabilir, bu da aidiyet duygusunu arttırabilir.

Hem göç öncesi hem göç sonrası için belirtilen başka bir başetme kaynağı ise aşağı doğru sosyal karşılaştırma olduğu görülmüştür. Sığınmacılar görüşmelerde kendilerini daha kötü durumda gördükleri kişilerle karşılaştırıp Allah'a şükretmişlerdir. Bu kişiler ya Suriye'de kalan diğer Suriyeliler ya da başka ülkelerdeki veya sınırdaki kamplarda daha kötü şartlar altında kalan Suriyelilerdir.

Bu bulgu, başka niteliksel çalışmaların bulgularıyla paralellik göstermektedir (Schweitzer ve ark., 2007).

Çalışmanın önerileri

Sığınmacılar için geliştirilecek ruh sağlığı ve psikososyal destek ilk ve orta dönem müdahale programlarında göç öncesi travmatik yaşantılardan önce farklı ruh sağlığı problemlerinin gelişmesinde veya devam etmesinde rol oynayan göç sonrası stres faktörlerini hedeflemek ve dayanıklılıklarını arttırmak ve baş etmelerini sağlamak için kişisel, kültürel ve çevresel kaynaklara odaklanmak gerekebilir. Belli risk gruplarının ihtiyaçlarına ruh sağlığı uzmanları kadar insani yardım hizmet planlayıcıları ve sağlayıcılarının da özel olarak dikkat etmesi gerekmektedir. Ruh sağlığı ve psikososyal destek müdahalelerin daha bütüncül ve çok sektörlü bir yaklaşımla dizayn edilmesi önerilebilir. Ayrıca, etkili müdahaleler için travmatik yaşantıların ve baş etme kaynaklarının kişisel ve kültürel anlamlarını anlamaya ihtiyaç duyulmaktadır. Bunların dışında, sığınmacıların yaşam koşullarını geliştirmeyi ve destek sistemlerini güçlendirmeyi amaçlayan uygun politikalar ve yasal düzenlemeler psikolojik sıkıntıların azalmasında yararlı olabilir.

Çalışmanın sınırlılıkları

Çalışmanın kesitsel yöntemli olması, izlem çalışması yapılmamış olması, uygun örneklem kullanılması, ölçeklerin Suriye toplumu için geçerlik ve güvenilirlik çalışması yapılmaması ve görüşmelerin simultane çeviriye dayanması çalışmanın sınırlılıklarından sayılabilir.

Çalışmanın güçlü yanları

Bu çalışma, Türkiye’de kalan yetişkin Suriyeli sığınmacıların zorunlu göçün her evresinde karşılaştıkları risk faktörlerini, etkilerini ve koruyucu faktörleri incelemeyi hedefleyen ilk çalışmadır. Çalışmanın en güçlü yanı karma yöntemli araştırma dizaynı kullanmasıdır. Aynı zamanda, alan gözlemlerinin de kullanılması başka bir güçlü yandır. Bunun dışında, göçün her evresine odaklanmak ve risk faktörlerinin yanı sıra baş etme kaynaklarını da araştırmak daha bütüncül ve kapsamlı bir anlayış getirmesine yardımcı olmuştur. Ayrıca örneklemin sadece Suriyeli sığınmacılardan oluşan homojen gruptan oluşması ve araştırmada kullanılan ölçeklerin mülteci

arařtırması için geliřtirilen ve dnya apında kullanılan lekler olması alıřmanın diđer gl yanlarıdır.

Gelecek alıřmalar

Sıđınmacıların zaman iinde ruh sađlıđının nasıl ve hangi faktrlere gre deđiřtiđini anlamak amacıyla izlem alıřmaları yapılması, diđer sıđınmacı gruplarla da bu arařtırmaların yapılması, sıđınmacı ve mltecilerde travma sonrası geliřimin incelenmesi, ve atıřma sonrası ortamlarda yapılacak arařtırmalarda ve geliřtirilecek mdahalelerde kltrel uygunluđa dikkat edilmesi nerilebilir.