MENTAL HEALTH AND INTEGRATION OF REFUGEES AND ASYLUM SEEKERS IN TURKEY: SYRIANS AND AFGHANS

BY

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Gülşah Kurt Aktaş

DISSERTATION ABSTRACT

There is an unprecedented increase in the number of global forced displacements. More than 100 million people are forcibly displaced due to ongoing conflict and violence. Among them, 27.1 million fled and sought refuge in other countries. Turkey currently hosts 4 million refugees and asylum seekers as the major hosting country. Syrians and Afghans are the largest refugee groups in the country. Refugees and asylum seekers are at increased risk of developing mental health problems due to conflict and displacement-related experiences. The present dissertation aimed to examine the different aspects of and the interplay between mental health problems and integration among Syrian and Afghan displaced communities in Turkey. In Chapter 2, I examined the role of conflict-related traumatic experiences in cultural integration outcomes among Syrian refugees. The results showed the adverse impact of exposure to potentially traumatic incidents in the home country or en route to the destination country on maintaining Syrian culture and adopting Turkish culture. Conflict-related traumatic experiences seemed to deplete their emotion-focused coping strategies, which were conducive to cultural integration. Findings highlight the necessity of providing trauma-informed, emotion-focused psychosocial interventions to foster the integration of Syrian refugees. Chapter 3 focused on the mental health impacts of COVID-19 among Syrian refugees. The results showed that the COVID-19-related resource loss and perceived discrimination adversely impacted the participants' mental health. However, social support was a protective factor in the face of pandemic-related resource loss. These findings reveal the precarious conditions of Syrian refugees during the pandemic. In Chapter 4, I examined the prevalence of common mental health problems and associated risk factors among Syrian and Afghan refugees in Turkey. Compared to Syrians, Afghans were at heightened risk of developing mental health problems. They also reported a higher level of conflict and displacement-related stressors. Exposure to conflict-related traumatic experiences and post-

displacement stressors (socio-economic and structural) were the significant risk factors for mental health for both groups. Several risk factors related to socio-demographic characteristics (e.g., age, gender, education) were identified. These results draw attention to the increased vulnerabilities of Afghan refugees and asylum-seekers in Turkey, possibly related to their entrenched migration history and legal status. Finally, Chapter 5 investigated the role of conflict and displacement-related stressors on socio-cultural integration among Afghan refugees. Experiencing conflict-related traumatic experiences was a significant risk factor for socio-cultural integration, while post-displacement stressors did not directly predict socio-cultural integration. However, mental health problems played a significant role in explaining the relationship between conflict and displacement-related stressors and integration outcomes. These results provide the first empirical evidence for one of the most overlooked aspects of integration among one of the least studied asylum-seeking communities. Findings reveal the crucial role of mental health in integration and the need to provide psychosocial support to promote the integration process. Overall, the present dissertation contributed to the literature, practice, and policy in several ways. The findings highlight the intricated relationship between mental health and integration, the role of a wide range of stressors for mental health and integration, the adverse social, economic, and psychological impacts of the COVID-19 pandemic, and lastly, the similarities and differences between the two major asylum-seeking communities in Turkey in terms of conflict-related stressors and mental health problems.

Keywords: Syrians, Afghans, mental health, integration, Turkey

TEZ ÖZETİ

Zorla yerinden edilmelerin sayısında eşi benzer görülmemiş bir artış vardır. Devam eden çatışma ve şiddet sebebiyle, 100 milyondan fazla insan zorla yerinden edilmiştir. Bunların arasında, 27.1 milyonu başka ülkelere sığanarak mülteci olarak yaşamaktadır. Türkiye, şu anda 4 milyon mülteci ve sığınmacıya ev sahipliği yaparak en çok mülteci barındıran ülke konumundadır. Suriyeliler ve Afganlar, Türkiye'de yaşayan en kalabalık mülteci gruplarını oluşturmaktadır. Mülteciler ve sığınmacılar, çatışma ve yerinden edilmeyle ilgili deneyimler nedeniyle ruh sağlığı problemleri gösterme riski altındadır. Bu tez, Türkiye'de yaşayan Suriyeli ve Afghan mültecilerin ruh sağlığı ve entegrasyonun farklı yönlerini ve birbirleri arasındaki ilişkiyi incelemeyi amaçlamıştır. Bölüm 2'de, Suriyeli mülteciler araasında çatışmayla ilgili travmatik deneyimlerin kültürel entegrasyonu üzerindeki rolünü inceledim. Sonuçlar, menşei ülkede veya varış ülkesine giderken travmatik deneyimlere maruz kalmanın Suriye kültürünün korunması ve Türk kültürünün benimsenmesi üzerindeki olumsuz etkileri göstermiştir. Çatışmayla ilgili travmatik deneyimler, kültürel entegrasyona yardımcı olan duygu odaklı başa çıkma stratejilerini olumsuz etkilemektedir. Bulgular, Suriyeli mültecilerin entegrasyonunu teşvik etmek için travma ve duygu odaklı psikososyal müdahale programlarının gerekliliğini vurgulamaktadır. Bölüm 3, COVID-19'un Suriyeli mültecilerin ruh sağlığı üzerideki etkilerine odaklanmaktadır. Sonuçlar, COVID-19 ile ilgili kaynak kaybının ve algılanan ayrımclığın katılımcıların ruh sağlığını olumsuz etkilediğini göstermektedir. Ancak, sosyal destek, pandemiden kaynaklanan kaynak kaybı karşısında koruyucu bir faktör olarak bulunmuştur. Bu bulgular, pandemi sırasında Suriyeli mültecilerin içinde olduğu zor durumu ortaya koymaktadır. 4. Bölümde, Türkiye'deki Suriyeli ve Afgan mülteciler arasında ruh sağlığı problemlerinin yaygınlığını ve ilişkili faktörleri inceledim. Suriyelilere kıyasla, Afganların ruh sağlığı problemleri yaşama riski daha yüksek olarak bulunmuştur. Ayrıca, Afganlar daha yüksek düzeyde çatışma ve yerinden edilmeyle ilgili

stres yaşadıklarını belirtmiştir. Çatışmayla ilgili travmatik deneyimlere maruz kalma ve yerinden edilme sonrası yaşanan stresörler (sosyo-ekonomik ve yapısal), her iki grup için de ruh sağlığı için önmeki risk olarak bulunmuştur. Çeşitli sosyodemografik faktörlerin (yaş, cinsiyet, eğitim gibi) ruh sağlığı için risk oluşturduğu tespit edilmiştir. Bu sonuçlar, Türkiye'deki Afgan mülteci ve sığınmacıların karmaşık göç geçmişleri ve yasal statüleriyle ilgili olarak artan kırılgınlıklarına dikkat çekmektedir. Son olarak, Bölüm 5, çatışma ve yerinden edilmeyle ilgili stres faktörlerinin Afganların sosyo-kültürel entegrasyonu üzerindeki rolünü incelemiştir. Çatışmayla ilgili travmatik deneyim yaşamanın sosyo-kültürel entegrasyon için önemli bir risk faktörü olduğu tespit edilmişken yerinden edilme sonrası yaşanan stresörlerin sosyo-kültürel entegrasyonu doğrudan yormadığı görülmüştür. Bununla birlikte, ruh sağlığı sorunları, çatışma ve yerinden edilme ilgili stresörler ve entegrasyon arasındaki ilişkiyi açıklamada önemli bir rol oynamıştır. Bu sonuçlar, en az çalışma yapılan sığınmacı gruplardan biri olan Afganlar arasında, entegrasyonun en çok gözden kaçan yönlerine ışık tutan ilk ampirik kanıtı oluşturmaktadır. Bulgular, ruh sağlığının entegrasyon üzerindeki önemli rolünü göstermekte ve entegrasyon süreçlerini teşvik etmek için psikososyal destek sağlanmasına yönelik ihtiyacı ortaya koymaktadır. Genel olarak, bu tez, literatür, uygulama ve politika açısından çeşitli katkılar sunmaktadır. Bulgular, ruh sağlığı ve entegrasyon arasındaki karmaşık ilişkiyi, ruh sağlığı ve entegrayon için çeşitli stresörlerin rolünü, COVID-19'un olumsuz sosyal, ekonomik, ve psikolojik etkilerini ve son olarak, Türkiye'deki iki ana sığınmacı topluluğu arasındaki çatışma kaynaklı stresörler ve ruh sağlığı açısından benzerlik ve farklılıkları göstermektedir.

Anahtar kelimeler: Suriyeliler, Afganlar, ruh sağlığı, entegrasyon, Türkiye

DEDICATION

To all people who want to live a peaceful life

To all freedom birds

To myself

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The most difficult and wonderful chapter of my entire life has come to an end. The greatest life lessons I have ever received, the most desperate and joyful moments I have had… Here I am. Writing these sentences and cherishing the four full years of life…I am grateful for every single up and down that brought me today. I could not be here without the presence of wonderful people in my life.

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CHAPTER 1

GENERAL INTRODUCTION

Sen şimdi yalnız saçımın akında,

İnfarktında yüreğimin,

Alnımın çizgilerindesin memleketim

…

Nazım Hikmet Ran

There has been an unprecedented increase in the number of forcibly displaced people over the last decade. Violence, persecution, economic and political upheavals in the Middle East and recently in Europe have led to an unceasing population exodus. As of 2022, more than 100 million people have been forcibly displaced. Of them, 27.1 million have sought refuge in neighbouring and Western countries. 53.2 are displaced in their home countries, while 4.6 are asylum seekers waiting for their status to be determined (United Nations High Commissioner for Refugees, 2022). According to the United Nations Refugee Convention (1951), refugee is defined as "*someone who is unable to or unwilling to return to their country of origin owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion*". The majority of the world's refugees originate from Syria, Venezuela, Ukraine, and Afghanistan (UNHCR, 2022). Since the onset of the Syrian conflict in 2011, Turkey has played a major role in the refugee settlement. With 4 million registered asylum seekers and refugees, Turkey has become the uncontested refugee hosting country. Of these 4 million, Syrians are the largest contributing group, with 3.7 million, followed by Afghans, Iraqis, and Iranians (UNHCR, 2022). Due to the withdrawal of foreign troops and Taliban takeover of the country in 2021, the number of Afghans fleeing their country has dramatically increased. Faced with extreme poverty, starvation, and violence, Afghans have sought refuge in Iran and Pakistan as they used to do over the past 40 years (UNHCR, 2022a). However, Turkey has also witnessed an increase in the number of Afghans coming to Turkey as irregular immigrants since the summer of 2021 (Presidency of Migration Management, 2022b).

Turkey's asylum-seeking regulations and legislations are governed by the 2013 Law on Foreigners and International Protection (LFIP) (Presidency of Migration Management, 2013). As a part of the 1950 Geneva Convention, refugee status is only granted to those escaping violence and persecution in European countries. For those coming from non-

European countries, “conditional refugee status” allowing them to stay in Turkey until being resettled in a third country, or “subsidiary protection status” for others who are not qualified as either refugee or conditional refugee can be granted. The only exception to this regulation is Syrians migrating to Turkey due to the civil unrest in their country. Syrians are given temporary protection status, which gives them access to basic services such as education, employment, and health services though does not guarantee it in practice. Therefore, asylum-seeking regulations are discriminatory based on country of origin regardless of the similar risk level of violence and persecution that asylum-seeking individuals have faced. This glimpse of Turkey’s asylum-seeking procedures is necessary to comprehend the unique vulnerabilities of different asylum-seeking groups and, therefore, the gap that the present dissertation aims to fill.

Conflict and displacement lead people to experience excruciating hardships in their home countries, en route to the destination country, and after settling in a new country (Miller & Rasmussen, 2017). They face constellations of traumatic incidents such as captivation, torture, abuse, physical injury, being close the death, loss of loved ones, and many more (Acarturk et al., 2018; Steel et al., 2009). Meta-analytic evidence shows that experiencing such incidents increases vulnerability to developing mental health problems (Steel et al., 2009). A dose-response relationship was found between the number of conflict-related or driven traumatic experiences and the level of mental health problems (Steel et al., 2009). In addition to the traumatic experiences, refugees encounter a wide range of social, economic, and structural difficulties following their resettlement (Li et al., 2016). Due to their proximity and pervasiveness, post-displacement stressors are significant and potent determinants of mental health problems and functional impairment among refugees, above and beyond traumatic experiences (Hou et al., 2020a). Given a multitude of conflict and displacement-related stressors, mental health problems are highly prevalent among refugee communities. A

recent meta-analysis among asylum-seekers and refugees reported the estimated prevalence of depression, posttraumatic stress disorder (PTSD), and anxiety as 31.5%, 31.46%, and 11%, respectively (Blackmore et al., 2020). Even higher prevalence rates are obtained in low- and middle-income countries where most refugees currently reside (Patanè et al., 2022). Compared to the general population, with an estimated prevalence of 4.4% for depression and 3.6% for anxiety disorders (World Health Organization, 2017), refugees are at least three to four times higher risk of developing mental health problems. High prevalence rates are also observed among Syrian and Afghan asylum seekers and refugees in neighbouring and Western countries (Alemi et al., 2014; Hendrickx et al., 2019; Divkolaye & Burkle, 2017; Nguyen et al., 2022), putting at least one third at risk of developing mental health problems. Although Afghans are one of the largest and most entrenched asylum-seeking groups in Turkey, less is known about their mental health conditions. No study, to date, also has compared mental health problems and associated risk factors of Syrian and Afghan refugees in Turkey.

Despite the higher risk for mental health problems, the utilization of mental health services is strikingly low among refugees due to several structural (e.g., treatment cost and language barrier) and personal barriers (e.g., fear of stigmatization and trust problems), which indicates major mental health treatment gap (Byrow et al., 2020; Satinsky et al., 2019). Cumulative evidence shows that mental health problems are likely to be intact and chronic even a decade following the resettlement unless necessary and adequate treatment is provided (e.g., Bogic et al., 2015). Mental health problems might have an adverse spillover effect on interpersonal relationships, manifested through marital discord, impaired parenting, and child emotional and behavioural problems (Bryant et al., 2018; Rees et al., 2018). Further, despite the longer duration of residency in the host country, mental health problems might hinder the successful integration of refugees into the host country (Bakker et al., 2014; Schick et al.,

2016). In the long run, refugee non-integration is likely to result in economic loss and disputes with the host community members (Esses et al., 2017; A. Kancs & Lecca, 2018). Given abundant research on identifying risk and protective factors for mental health, scant attention has been paid to refugee integration.

Refugee integration is a hotly debated concept. Robinson (1998) very well-articulated the controversial nature of integration by saying that "Integration is a chaotic concept: a word used by many but understood differently by most." Although the integration has received great attention from different disciplines such as sociology, politics, and psychology (e.g., Ager & Strang, 2008; Penninx & Garcés-Mascareñas, 2016; Waters & Jiménez, 2005), controversies around its definition remain largely unresolved. Nonetheless, it seems that consensus on its multidimensional nature unfolding over time and including both host and refugee communities has achieved (Ager & Strang, 2008; Harder et al., 2018). As manifested in various indicators such as economic, political, social, and cultural aspects, integration can be summarized under two general categories: socio-economic integration referring to participation in social institutions of the host country (e.g., education, housing, employment, and political sphere) and socio-cultural integration referring to social contacts and cultural adaptation process (Pennix, 2005). To date, research has predominantly drawn the reciprocal relationship between mental health and the socio-economic dimension of refugee integration (e.g., Bakker et al., 2014, 2017; O'Donnell et al., 2020). On the other hand, the socio-cultural dimension is relatively underexplored. As an indicator of socio-cultural integration, social capital with both host communities (social bridges) and ethnic communities (social bonds) helps individuals to obtain a wide range of resources pertaining to successful participation and adaptation in the host society (Ager & Strang, 2008; Putnam, 2000). Another indicator of socio-cultural integration is cultural adaptation characterized by acculturation. Acculturation is a dynamic cultural integration process requiring constant oscillation between two cultural

orientations- the adoption of the destination culture and maintenance of heritage culture due to contact with a new culture (Berry, 1997). Both orientations are conducive to successful adaptation as they provide skills, knowledge, and resources necessary to navigate the host setting (Ward & Geeraert, 2016a). Thus far, there is no study investigating the socio-cultural integration process of Syrian and Afghan refugees by considering the role of conflict and displacement-related stressors.

The present dissertation aims to provide a comprehensive picture of mental health and integration outcomes among two major refugee and asylum-seeking groups in Turkey, namely Syrians and Afghans. In line with this aim, four studies included in this dissertation shed light on the different aspects of mental health and integration among these refugees. **Chapter 2** focuses on the cultural integration process among Syrian refugees in Mardin, Turkey. Considering the forcedness and traumatic nature of refugee migration (Allen et al., 2006), this chapter aims to investigate the impact of conflict-related traumatic experiences- as primary determinants of cultural integration- on cultural orientations and psychological distress among Syrian refugees. As traumatic experiences are likely to deplete coping resources (Hobfoll, 2001), the role of coping strategies in the relationship between traumatic experiences, cultural orientations, and psychological distress is further examined. Coping strategies seem to be an important intervening factor in facilitating cultural integration. This chapter aims to inform the literature on the determinants and mechanisms of cultural integration among Syrian refugees. **Chapter 3** investigates the impacts of COVID-19 related stressors-resource loss and perceived discrimination- on mental health among Syrian refugees in Turkey. Drawing on Conservation of Resources Theory (COR) (Hobfoll, 2001), COVID-19 is conceptualized as a significant threat to the loss of one's resources, adversely impacting mental health. Further, as a pathogenic threat, COVID-19 is likely to mobilize a wide range of behavioural and psychological coping strategies to avoid infection. These strategies might

result in discrimination and stigmatization toward outgroup members (Schaller & Park, 2011), which is associated with deteriorated mental health (Schmitt et al., 2014). However, social support might mitigate the negative impacts of stressors among refugees (Wachter et al., 2021). Therefore, this chapter examines the stress-buffering role of social support against the adverse impacts of COVID-19-related stressors on mental health among Syrian refugees. This chapter aims to provide initial knowledge on the psychological impacts of COVID-19 and potential protective factors for mental health among refugees. **Chapter 4** aims to compare mental health problems and associated risk factors among Syrian and Afghan refugees in Turkey. Drawing on the Socioecological Model of Refugee Distress (Miller & Rasmussen, 2017), this chapter investigates the predicting role of conflict-related traumatic experiences and socio-economic and structural post-displacement stressors for common mental health problems- depression, anxiety, and posttraumatic stress disorder. Focusing on mental health problems among Afghans for the first time, the chapter aims to give us a comparative picture of mental health conditions and associated risk factors among the two largest refugee groups in Turkey. **Chapter 5** investigates socio-cultural integration outcomes among Afghan refugees in Turkey, considering their broad socio-ecological context. This chapter examines the role of conflict-related traumatic experiences and post-displacement stressors on social capital (social bridges and social bonds) and cultural orientations (adoption of destination culture and maintenance of heritage culture) as two aspects of socio-cultural integration. Building on the resource-based model of refugee adaptation (Ryan et al., 2008), it also focuses on the importance of mental health as a crucial resource for socio-cultural integration.

CHAPTER 2

TRAUMATIC EXPERIENCES, ACCULTURATION, AND PSYCHOLOGICAL DISTRESS AMONG SYRIAN REFUGEES IN TURKEY: THE MEDIATING ROLE OF COPING STRATEGIES

Kurt, G., Acar, I., Ikkursun, Z., Yurtbakan, T., Acar, B., & Acarturk, C. (2021). Traumatic experiences, acculturation, and psychological distress among Syrian refugees in Turkey: The mediating role of coping strategies. International Journal of Intercultural Relations, 81, 214-225.

Abstract

Turkey hosts the largest number of refugees in the world. So far, many studies investigated the mental health problems among Syrian refugees in Turkey and other hosting countries. However, little attention has been paid to the acculturation process of Syrian refugees in Turkey. A cross-sectional study was conducted with 409 Syrian refugees in Mardin, Turkey. Results showed that traumatic experiences depleted problem-focused, emotion-focused, and maladaptive coping strategies. Emotion-focused coping strategies mediated the relationship between traumatic experiences and maintenance of the heritage culture and adoption of the destination culture. To conclude, our findings underscore the importance of traumatic experiences and emotion-focused coping strategies for integration of Syrian refugees in Turkey. Psychosocial interventions enhancing emotion-focused coping capacities might mitigate the adverse impact of traumatic experiences on integration. We discussed the strengths and limitations of the study considering the current literature.

Keywords: Traumatic experiences, coping, psychological distress, acculturation, Syrian refugees

1. Introduction

More than two decades ago, Berry (1997) stated that "immigration and acculturation are a risk, but the risk is not a destiny" (p.27). Unfortunately, considering the recent flow of refugees, immigration is an even riskier and more contentious issue in today's world (Silove et al., 2017). As of the end of 2019, the violence, persecution, and conflict had led 79.5 million to leave their country of origin. That is, 1 in every 100 people in the world are now forcibly displaced. Among them, over 13 million are Syrians who have been either internally or externally displaced due to the ongoing conflict in Syria since 2011. 5.6 million have sought refuge in other countries, especially Turkey, Lebanon, and Jordan (United Nations High Commissioner for Refugees, 2020a). Currently, there are 3.6 million Syrian in Turkey, which hosts the largest number of refugees in the world (United Nations High Commissioner for Refugees, 2020b).

Due to the unprecedented upsurge in these numbers, refugees have become the center of political agenda as well as a priority for global health. Refugees are at higher risk of having mental health problems than the general population (Fazel et al., 2005; Porter & Haslam, 2005). The recent estimate of the World Health Organization (WHO) for mental health disorders is 22% at any point in time among conflict-affected populations including refugees (Charlson et al., 2019a). In a similar vein, the high prevalence rates ranging from 11% to 83% for various mental health problems have been reported among Syrians in the neighboring and Western countries (Acarturk et al., 2018; Alpak et al., 2015; Fuhr et al., 2019; Hendrickx et al., 2019; Poole et al., 2018; Tinghög et al., 2017). Mental health problems among refugees are likely to persist even several years after the initial settlement (Bogic et al., 2015). They are also associated with functional impairment and low quality of life (Leiler et al., 2019; Tay et al., 2019). Due to the elevated risk of mental health problems among refugees, scholars exerted greater effort in identifying risk factors such as conflict-

related traumatic experiences and displacement-related stressors. In this endeavor, the acculturation process of refugees has received relatively less attention. At the moment that they decide to leave their country, refugees start going through the acculturation process which requires constant negotiation between the adoption of the destination culture and maintenance of the heritage culture (Berry, 1997). This process determines the successful psychological and social adjustment of refugees in the destination country (Arends-Tóth & van de Vijver, 2003). In the present study, we aim to uncover the acculturation process of Syrian refugees in Turkey by focusing on refugee experiences such as conflict-related traumatic experiences, coping strategies, acculturation orientations, and psychological distress.

1.1. Acculturation Process

Acculturation is a cultural adaptation process which brings changes in values, behaviors, and identities as a result of intercultural contact (Berry, 1997). Arends-Tóth and van de Vijver (2006) framed the acculturation process as the interaction of acculturation conditions, acculturation orientations, and acculturation outcomes. Acculturation conditions refer to contextual and societal characteristics of the destination and receiving countries such as immigration policies and acculturation preferences of majority members (Bourhis et al., 1997) and personal characteristics of immigrants such as motivation to migrate and personality (Berry, 1997). These conditions have a direct influence on acculturation orientations and outcomes of immigrants (Arends-Tóth & van de Vijver, 2006). According to Berry's bidimensional acculturation framework (Berry, 1997, 2003), there are two orientations guiding attitudes and behaviors in acculturation process: maintenance of the heritage culture (to what extent one wishes to maintain own heritage culture's values, traditions, and behaviors) and adoption of the destination culture (to what extent one wishes to contact with and participate in the destination culture). Combining these two orientations

yields four acculturation strategies: integration (maintaining the heritage culture and adapting the elements of the destination culture), assimilation (adopting the destination culture over the heritage culture), separation (rejecting the destination culture and maintaining the heritage culture), and marginalization (rejecting both the destination and the heritage culture). Contextual acculturation conditions like the endorsement of pluralistic policies and majority's preferences for integration are associated with the maintenance of the heritage culture and adoption of the destination culture as well as better adjustment outcomes of immigrants (Brown & Zagefka, 2011; Esses et al., 2017; Yagmur & Van de Vijver, 2012). Similarly, personal characteristics such as coping resources and open-mindedness are related to better adjustment outcomes (Ward & Geeraert, 2016b).

In addition to being influenced by acculturation conditions, acculturation orientations act as a bridge between the conditions and outcomes (Arends-Tóth & van de Vijver, 2006). Because these orientations provide various resources such as social support, skills, and knowledge necessary in the acculturation process, they predict psychological and social adjustment outcomes such as mental health, life satisfaction, and social competence (Sam & Berry, 2010; Ward & Geeraert, 2016b). These outcomes constitute the acculturation outcomes proposed by Arends- Tóth and van de Vijver (2006). The extant studies showed that orientations towards both the heritage and the destination culture predict better psychological (e.g., lower anxiety, depression, and higher well-being) and social (e.g., higher academic achievement and lower behavioral problems) outcomes considering the available resources from two cultures as opposed to assimilation or separation (Beiser & Hou, 2017; Bobowik et al., 2017; Nguyen & Benet-Martínez, 2013; Ramos et al., 2015). In the meta-analysis of 83 studies, Nguyen and Benet-Martínez (2013) found that this relationship is robust across different immigrating groups and destination countries, but stronger for those with Latino, European, and Asian background and in the United States. This difference might

be explained by the relatively limited focus on other immigrant groups and contexts in the literature (Safdar & van de Vijver, 2019). On the other hand, marginalization is associated with worse adjustment outcomes due to the lack of resources provided by cultures (Sam & Berry, 2010).

The acculturation literature has been dominated by the studies on voluntary immigrants. However, the acculturation process of refugees is different from that of the main immigrant groups. Allen et al. (2006) adapted the acculturation framework by considering the unique features of refugees. According to this conceptualization, two important features differentiate refugees from voluntary immigrants. The first such feature is the involuntary nature of refugee immigration. Refugees are forcibly displaced and not able to return to their home countries due to fear of persecution (United Nations General Assembly, 1951). They mostly reside in low- and middle-income countries which lack substantial economic and social resources (UNHCR, 2020a). On the other hand, hoping for a better social and/or economic life, voluntary immigrants choose to migrate to other, mostly high income, countries (International Organization for Migration, 2020). They are more prepared for the life in a new setting than refugees are (Safdar & van de Vijver, 2019). The second one is conflict-related traumatic experiences. Refugees experience many traumatic events such as captivation, torture, physical injury, witnessing death or injury of loved ones at their countries, or en route to the destination countries (Miller & Rasmussen, 2010, 2017). Such experiences constitute the main acculturation condition for refugees. These experiences have pervasive impacts on acculturation and adjustment outcomes (Allen et al., 2012). The existing studies generally support the dose-response relationship between traumatic experiences and psychological adjustment outcomes among conflict-affected people (Steel et al., 2009). That is, the higher the potentially traumatic events they had, the greater symptoms of post-traumatic stress disorder and depression they reported. Moreover, traumatic

experiences also hinder refugees' adaptation to a new culture. Those who experienced more traumatic events are more likely to encounter difficulties in the acculturation process (Kartal et al., 2018; Knipscheer & Kleper, 2006). On the other hand, these experiences induces changes in refugees' personal characteristics such as coping strategies (James Allen et al., 2012). Traumatic experiences are likely to deplete one's adaptive coping resources (Hobfoll, 2001; Lindencrona et al., 2008), which are necessary for successful adjustment during the acculturation process (Allen et al., 2012). Therefore, coping resources deserve special attention in the acculturation process of refugees.

1.2. Coping Strategies

Coping is defined as "constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person" (Lazarus & Folkman, 1984, p.141). Among many conceptualizations of coping, adaptive and maladaptive strategies emerged as frequently used higher-order categories encompassing a variety of strategies (Skinner et al., 2003). As for adaptive strategies, two distinct coping strategies are proposed: problem-focused (either managing or altering stressors directly) such as active coping and planning and emotion-focused (managing emotions associated with stressors) such as positive reframing and acceptance (Lazarus & Folkman, 1984, p.141). On the other hand, maladaptive coping strategies such as denial, substance use, and disengagement focus on avoidance from and/or not taking actions related to stressors or associated emotions (Carver et al., 1989). In both general and refugee population, problem and emotion-focused strategies are associated with better health outcomes (Aikawa & Kleyman, 2019; Aldao et al., 2010; Hansen & Ghafoori, 2017; Poudel-Tandukar et al., 2020; Seguin & Roberts, 2017), while maladaptive coping strategies predict negative health outcomes such as pain, depression, anxiety, and PTSD (Dempster et al., 2015; Thompson et al., 2010; Wolfe & Ray, 2015; Woltin et al., 2018).

Coping strategies play a critical role in the acculturation process (Berry, 1997, 2006). While adapting to a new culture, individuals need to cope with a wide range of stressors such as social isolation and language difficulties. How one copes with such stressors helps to determine one's acculturation orientation (Berry, 1997). In line with the abovementioned findings, orientation towards heritage and destination culture are positively associated with adaptive coping strategies but negatively associated with maladaptive coping strategies (Roesch et al., 2006; G. M. Schmitt, 2001; Yakhnich & Ben-Zur, 2008). These results were obtained from voluntary immigrants, not from refugees. However, coping strategies are considered among important acculturation conditions for refugees and influenced by traumatic experiences to a great extent (James Allen et al., 2012). To our knowledge, there is no study systematically investigating coping strategies and acculturation orientations among refugees.

1.3. Syrian Refugees' Acculturation Process

In 2011, the protests against the Syrian regime have rapidly and dramatically turned into an international crisis which forced millions of people to leave their homes (UNHCR, 2020a). The Syrian situation is considered as one of the worst humanitarian and refugee crises of our age (UNHCR, 2016). Turkey has declared an open-door policy and granted temporary protection status which allows Syrians to access to basic services and rights in Turkey. Since Turkey only grants refugee status to those from European countries, temporary protection status does not allow Syrians to be issued as refugees (Directorate General of Migration Management, 2014). However, for the ease of speaking, we name Syrians with temporary protection status as Syrian refugees in the rest of this paper. Over 98 per cent of Syrians live in the cities as dispersed around Turkey (UNHCR, 2020b) which accelerates the tension and conflict between majority and refugee community over the years (Erdogan,

2020). Therefore, this situation necessitates the comprehensive investigation of the acculturation process of Syrian refugees in Turkey.

As other refugee groups, Syrian refugees have experienced several traumatic events. Experiencing war at first-hand, separation from and/or loss of family members, witnessing assault or violence are the most common types of traumatic experiences reported by Syrian refugees (Acarturk et al., 2018; Alpak et al., 2015; Tinghög et al., 2017). Higher traumatic experiences are associated with increased risk for the symptoms of depression, anxiety, and PTSD among Syrian refugees in Turkey (Acarturk et al., 2018, 2021; Alpak et al., 2015) and other destination countries (Acarturk et al., 2018, 2021; Hendrickx et al., 2019; Tinghög et al., 2017). Their plight is not confined to conflict and its sequelae. The conflict puts them in exile where they encounter many stressors in adapting to life in the destination countries such as accommodation problems (Acarturk et al., 2018), economic problems (Euteneuer & Schäfer, 2018), family conflict (Tinghög et al., 2017), communication difficulties (Hassan et al., 2015), social isolation and discrimination (Çelebi et al., 2017). Although research about the acculturation process of Syrian refugees is its nascent stage, some studies provide valuable insights into this process. Syrians resettled in Belgium reported strong willingness to participate in the destination culture as well as maintain the heritage culture (Roblain et al., 2017). Among those in Germany, El Khoury (2019) investigated the sociocultural (e.g., interpersonal communication, work/academic performance, community involvement) and mental health (e.g., anxiety and depression symptoms). It was found that experiencing difficulties in adapting to a new life was associated with increased mental health problems among Syrian refugees. Language difficulty was the main barrier for the sociocultural adjustment. Integration as orientations towards German and Syrian culture was associated with positive sociocultural adjustment and mental health. In another study, orientation

towards only German culture was associated with higher self-reported health and lower depression symptoms among Syrian refugees (Green et al., 2019).

Studies conducted with Syrian refugees in Turkey have yielded somewhat similar results. Orientations towards both Syrian and Turkish culture positively predicted well-being of Syrians (Bagci & Canpolat, 2020). Safak-Ayvazoglu and Kunuroglu (2019) examined the acculturation process of Syrian university students. Though changing across life domains, the most preferred acculturation strategy was integration. The majority reported high life satisfaction in Turkey. Yet, lack of social support, language barrier, discrimination, and missing and worrying about Syria were related to psychological distress such as depression, hopelessness, and traumatic stress symptoms. In a similar vein, other studies showed that discrimination, economic problems, and uncertainty about future are important risk factors for Syrians to successfully adapt to Turkish culture while social support and psychological resources are protective against adjustment problems and return intentions (Kunuroglu & Tok, 2020a, 2020b; Safak-Ayvazoglu et al., 2021). Furthermore, in a study among Syrian adolescents, Karataş et al., (2020) highlighted the importance of intergroup perspective in the Syrians' acculturation process. Syrians' perceptions of both ingroup members' acculturation orientations and outgroup members' acculturation preferences significantly predicted their own orientation to maintain Syrian culture and adopt to Turkish culture.

Although the abovementioned studies inform us about different acculturation conditions and adjustment outcomes, they did not take traumatic experiences-the main acculturation condition for refugees- into account. As traumatic experiences have adverse direct and indirect impacts on the acculturation process, it is of critical importance to consider their role in the acculturation process of Syrian refugees. To address the gap in the literature, we aimed to uncover the relationship between traumatic experiences, coping strategies, acculturation orientations, and psychological distress among Syrian refugees in Turkey.

Drawing upon the conceptualization of Allen et al. (2006) and the existing research (Kartal et al., 2018; Roesch et al., 2006; G. M. Schmitt, 2001; Yakhnich & Ben-Zur, 2008), we hypothesized that higher exposure to traumatic experiences would be associated with higher psychological distress and lower orientations towards both the heritage and destination culture. This relationship would be explained by coping strategies, such that traumatic experiences would be associated with lower use of adaptive but higher use of maladaptive coping strategies which would lead to lower orientations towards both cultures and higher psychological distress. Further, we posited that exposure to traumatic experiences would negatively predict orientations towards both cultures which would be linked to higher psychological distress.

2. Method

2.1. Participants

The present sample consisted of 409 Syrian refugees (71% female) whose ages range from 18 to 65 with a mean of 32.39 (*SD* = 10.27). The average length of stay in Turkey was 49.06 (*SD* = 30.28) months, and the number of years of education was 8.27 (*SD* = 3.87). Participants (94.13%) were mainly primary or secondary school graduates. The majority (82.4%) was married and under subsidiary protection (72.7%). 84% of participants had 2 children on average (*SD* = 2.02). Regarding employment, of males, 49% were unemployed and 39% were employed. 66% of females were housewives. Employed participants mainly worked at constructions and coffees/restaurants. 58% of participants reported that they had experienced 9 or more traumatic incidents in Syria or during the flight to Turkey. The most frequently reported traumatic incidents were serious injury (60.9%), brainwashing (60.9%) and imprisonment (60.6%) while lack of food or water (47.7%) was the least reported incident.

2.2. Measures

2.2.1. Harvard Trauma Questionnaire (HTQ)

Potentially traumatic events were assessed with Part One of the Harvard Trauma Questionnaire (Mollica et al., 1992). This questionnaire includes 17 items consisting of specific traumatic events such as “lack of shelter”, “combat situation”, and “unnatural death of family or friend”. Each item was rated as either 0 (no – absent) or 1 (yes – present), which the total score ranged between 0 and 17. This questionnaire was validated and used in populations affected by adverse events (Liddell et al., 2019; Shoeb et al., 2007) including Syrians (Rizkalla & Segal, 2018). Considering the items were rated on a categorical scale, we calculated the internal consistency by using the Omega (Hancock & An, 2020). Omega (ω) was .93 for the current study.

2.2.2. Brief COPE Inventory

Coping strategies were assessed using the Brief COPE Inventory (Carver, 1997). This scale includes 28 items asking how often specific coping strategies were used to cope with difficult events and problems. Each item was rated on a 5 point-Likert scale (0 = I have not been doing this at all to, 4 = I have been doing this a lot). We averaged items to create target subscales where higher scores indicated higher levels of the construct. Items were divided into three main coping strategies which are problem-focused (e.g., active coping and planning, sample items: “I've been taking action to try to make the situation better”, “I've been trying to come up with a strategy about what to do”), emotion-focused (e.g., acceptance, positive reframing, and emotional support, sample items: “I’ve been learning to live with it”, “I've been looking for something good in what is happening”), and maladaptive (e.g., denial, venting, substance/drug use, sample items: I've been saying to myself "this isn't real”, “I've been saying things to let my unpleasant feelings escape”) coping strategies (Carver et al., 1989). This questionnaire was used with conflict-affected populations (Kellezi et al., 2009).

For this study, it was translated and back-translated by bilingual speakers according to the WHO guidelines (WHO, 2016). We utilized the confirmatory factor analysis (CFA) to test originally structured three dimensions of the inventory- problem-focused, emotion-focused, and maladaptive. We removed the items that were not significantly loaded to the target construct (2 items from maladaptive dimension) and had standardized loading values lower than .40 (6 items from the maladaptive dimension) (Ford et al., 1986). These two approaches helped us to have theoretically and statistically sound higher-order latent factor of the Brief COPE inventory. The final model fit the data well, $\chi^2(146) = 579.367$ ($p < 0.001$), CFI = .91, RMSEA= 0.086 (90 % CI = 0.078~0.093), SRMR= 0.047. All the items significantly loaded to the latent factors. Standardized loadings ranged from 0.42 to 0.85, indicating acceptable loading values. Internal consistency (Cronbach's Alpha) values were .91 for problem-focused coping, .92 for emotion-focused coping, and .72 for maladaptive coping in the current study.

2.2.3. The Vancouver Index of Acculturation (VIA)

The Vancouver Index of Acculturation (VIA) (Ryder et al., 2000) was used to measure acculturation orientations in private and public domains of life. It includes questions tapping into social relations, values, cultural practices, and adherence to cultural norms. It has 20 items, of which 10 are for maintenance of the heritage culture (*a* = .98) (sample item: "I often participate in my heritage cultural traditions") and 10 are for adoption of the destination culture (*a* = .96) (sample item: "I often participate in mainstream Turkish cultural traditions"). Items are rated on a 9-point Likert-type scale, ranging from 1 = Strongly disagree to 9 = Strongly agree. This questionnaire was used for populations from different cultural backgrounds (Zhang et al., 2010). For the present study, it was translated into Arabic and then back-translated to English by bilingual speakers according to the WHO guidelines (WHO, 2016). We utilized the confirmatory factor analysis (CFA) to test originally structured two dimensions of the acculturation- maintenance of heritage culture and adoption of

destination culture. The model fit the data well, $\chi 2(166) = 582.360$ ($p < 0.001$), CFI = .90, RMSEA= 0.079 (90 % CI = 0.070~0.085), SRMR= 0.070. All the items significantly loaded on the latent factors. Standardized loadings ranged from 0.73 to 0.98, indicating acceptable loading values. We allowed two items' residuals covary in the CFA model as it was conceptually meaningful (conveyed similar meanings) and statistically improved the model fit.

2.2.4. General Health Questionnaire-12 (GHQ-12)

The General Health Questionnaire-12 (GHQ-12) (Goldberg & Williams, 1988) was used to assess psychological distress. This questionnaire includes 12 items consisting of various aspects of psychological health such as concentration difficulties, being capable of making decisions, and enjoying daily activities. The GHQ-12 is either scored on a 4 (0-1-2-3) point scale which the total score ranges between 0 and 36 or scored bi-modally (0-0-1-1) which the total score ranges between 0 and 12. In the present study, the bi-modal scoring was used. Scoring 3 or above indicates high psychological distress (Goldberg et al., 1997). This questionnaire was validated and used in different populations (Jenkins et al., 2013; Minhas & Mubbashar, 1996) including an Arabic speaking population (El-Rufaie & Daradkeh, 1996). Cronbach's alpha for the psychological distress was .70 in this study.

2.3. Procedure

We conducted a cross-sectional study which was reviewed and approved by the ethics committee of the university (Institutional Review Board Protocol 25/09) in accordance with the Declaration of Helsinki of 1975. The data collection took place between July 2019 and March 2020 in Mardin, Turkey. Mardin is a city located in the Southeast of Turkey, where 10.58% of the local population are Syrian refugees (Directorate General of Migration Management, 2020). Participants were recruited via social media advertisements asking people to participate in a scientific study which investigated the adaptation process of Syrians

in Turkey. Potential participants reached out to the researchers through telephone and were given a date for the interview which was conducted in a physical health center. Those who were Syrian refugees speaking Arabic and aged 18 years or above were included in the present study. To overcome language and cultural barriers, face-to-face interviews were conducted by Arabic speaking interviewers. They were trained by an Arabic speaking psychiatrist about the aims, privacy, and safety of the participants and the study measurements. Each interview took place in private rooms to ensure the privacy of participants and lasted around 20 minutes. To compensate their time and effort, each participant was given 4.5 US dollars.

3. Results

3.1. Statistical Analysis

We tested normality assumptions for each construct by using skewness (|3|) and kurtosis (|8|) criteria (Kline, 2005). Missing data for the focal variables ranged from 0.40% to 3.92%. In addition, missingness for the covariates ranged from 6.36% to 13.69% (See Table 1 for details). Little's MCAR test, χ^2 (118) = 116.613, p = 0.519, suggested that data were missing completely at random. We accounted for missing data by using full information maximum likelihood estimation with robust standard errors (FIML) to prevent sample size reduction and subsequent loss of statistical power (Enders, 2010). We present standardized coefficients in the structural equation models to report effect sizes (Durlak, 2009).

We used path analysis with maximum likelihood estimator in the context of structural equation modeling to test our hypothesized model (Kline, 2011). In this model, we utilized manifest variables rather than latent factors based on previous conceptualizations and empirical studies (e.g., Karataş et al., 2020; LeMaster et al., 2018) as each of the coping and acculturation dimension could contribute uniquely to the psychological distress of the refugees. We utilized the top-down model building where we included all possible covariates

in the model and then removed the nonsignificant ones as one at a time by considering the model fit improvement (Wang & Wang, 2012). In the model, age, sex, education level, and length of stay in Turkey were considered as covariates. In the mediation models, we tested the significance of the indirect effects by using the bootstrapping technique (1000 resampling) with 99% confidence intervals (MacKinnon et al., 2007). We utilized a 99% bias-corrected bootstrap method, as it provides parsimonious results (MacKinnon et al., 2004). Following model fit indices were used to test model accuracy: comparative fit index (CFI) > .90, root mean square error of approximation (RMSEA) < .08 with 90% CI, and standardized root mean square residual (SRMR) < .08 (Brown, 2006; Kline, 2011; MacCallum et al., 1996).

Table 1.

Descriptive statistics and bivariate correlations among study variables

Variable	1	2	3	4	5	6	7	8	9	10	11
1. Psychological distress	-										
2. Adoption of the destination culture	-.12*	-									
3. Maintenance of the heritage culture	-.11*	.82**	-								
4. Problem-focused coping	-.03	.38**	.49**	-							
5. Emotion-focused coping	-.03	.41**	.53**	.82**	-						
6. Maladaptive coping	.01	.28**	.39**	.80**	.79**	-					
7. Traumatic experiences	.03	-.21**	-.24**	-.34**	-.39**	-.26**	-				
8. Age	-.02	.07	.01	-.03	-.09	-.12*	.07	-			
9. Length of stay (in months)	-.01	-.05	-.04	.09	.08	.12*	-.17**	.06	-		
10. Education	-.01	-.04	-.04	.03	.04	.01	-.03	-.22**	-.11	-	
11. Sex (1= Female, 0 = Male)	.12*	-.16**	-.13**	-.01	-.01	.01	.05	-.07	.02	-.06	-
N	397	407	407	406	406	406	393	383	275	353	
M	6.23	6.74	7.17	3.03	3.02	2.71	9.82	32.39	49.06	8.27	
SD	2.13	2.04	2.12	0.91	0.83	0.81	5.93	10.27	30.39	3.86	
Range	2-12	1-9	1-9	1-4	1-4	1-4	0-17	18-.65	0-110	0-19	
Skewness	.37	-.91	-1.05	-.88	-1.05	-.403	-.27	.82	-.25	.06	
Kurtosis	-.52	.12	.16	-.35	.07	-.62	-1.31	.29	-1.17	.09	

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

3.2. Preliminary Analyses

As shown in Table 1, participants' sex was positively correlated with psychological distress, favoring females, and negatively correlated with adoption of the destination culture and maintenance of the heritage culture, favoring males. Age was negatively correlated with maladaptive coping strategies. Further, traumatic experiences negatively correlated with length of stay, problem-focused, emotion-focused, maladaptive coping strategies, adoption of the destination culture and maintenance of the heritage culture. Psychological distress was negatively correlated with both adoption of the destination culture and maintenance of the heritage culture.

3.3. Direct and Indirect Associations

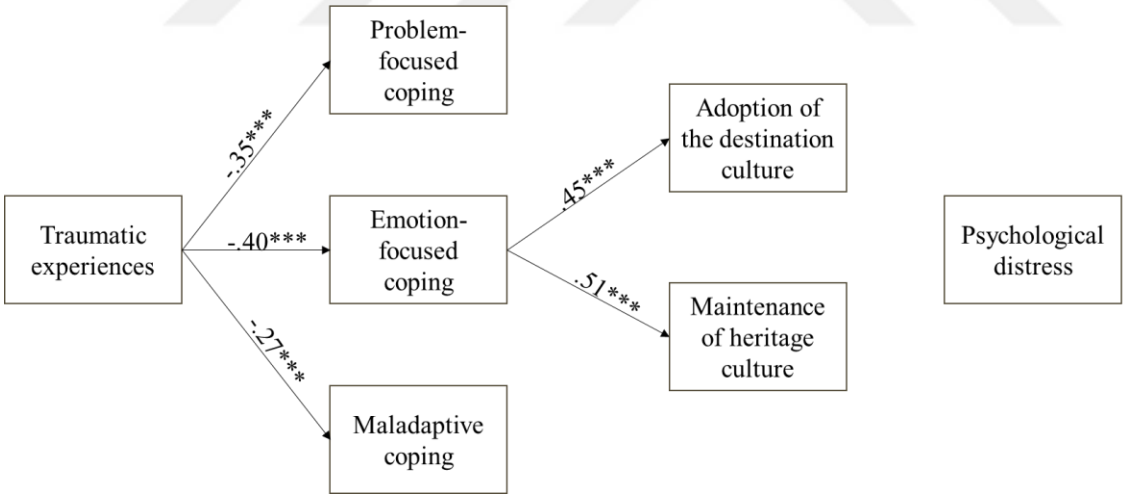
The final structural model using manifest variables fit the data well, χ^2 (4, N = 409) = 4.268, p =.370, CFI = 1.00, TLI= .999, RMSEA = .013 [90% CI: .000–.077], SRMR=. 015, AIC (Akaike Information Criterion) = 9509.785, BIC (Bayesian Information Criterion) = 9670.334. In the final model, there was a direct effect from traumatic experiences to problem-focused (β = -.35, p < .001), emotion-focused (β = -.40, p < .001) and maladaptive coping strategies (β = -.27, p < .001). In addition, there was a direct effect from emotion-focused coping strategies to adoption of the destination culture (β = .45, p < .001) and maintenance of the heritage culture (β = .51, p < .001). None of the variables were directly related to psychological distress.

We tested the mediating role of coping strategies in the associations between traumatic experiences and acculturation orientations and psychological distress. Further, we examined whether the acculturation orientations mediated the association between traumatic experiences and psychological distress. Emotion-focused coping strategies significantly mediated the association between traumatic experiences and adoption of the destination culture (β = -.179, [95% CI: -.296 / -.098] and maintenance of the heritage culture (β = -.201,

[95% CI: -.313 / -.113], respectively. Participants who showed higher levels of traumatic experiences tended to have lower levels of emotion-focused coping strategies and, in turn, lower levels of emotion-focused coping strategies predicted lower levels of adoption of the destination culture and maintenance of the heritage culture.

However, we did not find significant indirect effects of traumatic experiences via problem-focused and maladaptive coping strategies on acculturation orientations. Further, none of the coping strategies significantly mediated the relationship between traumatic experiences and psychological distress. Moreover, we did not find a significant indirect effect of traumatic experiences on psychological distress via acculturation orientations. See Figure 1 for significant paths and Table S1 (Supplementary Material) for complete direct and indirect paths from the tested model.

Figure 1. The path model with standardized coefficients.



Note. *** $p < .001$. Only significant paths are depicted for brevity. Participants' sex as a covariate was controlled for adoption of the destination culture (B = -.70, β = -.16, p <.01) and maintenance of the heritage culture (B = -.59, β = -.13, p <.01), favoring males.

4. Discussion

In the present study, we investigated the relationship between traumatic experiences, coping strategies, acculturation orientations, and psychological distress among Syrian refugees in Mardin, Turkey. We assumed that traumatic experiences would be associated with acculturation orientations and psychological distress. The relationship between traumatic experiences and psychological distress and acculturation orientations would be mediated by coping strategies. We further posited that acculturation orientations would play a significant role in the relationship between traumatic experiences and psychological distress.

4.1. Traumatic Experiences, Acculturation Orientations and Psychological Distress

In our sample, more than half of the participants (58%) reported 9 or more traumatic experiences in their countries or during the journey to Turkey. Participants had considerably high psychological distress. Considering the high average length of stay in Turkey among participants, this finding is very much in line with the literature indicating that refugees suffer from psychological problems even years after arrival in the new country (Bogic et al., 2015b). In contrast to our expectations and prior literature, we did not find a significant relationship between traumatic experiences and psychological distress. This finding might be related to our distress measurement. General Health Questionnaire (GHQ) measures overall general distress. The targeted measurements for specific psychological problems such as depression and PTSD might better capture the relationship between traumatic experiences and psychological problems (e.g., Acarturk et al., 2021). On the other hand, we found that traumatic experiences were significantly associated with lower orientations towards Syrian and Turkish culture. Traumatic experiences are likely to hinder the maintenance of the heritage culture as well as the adoption of the destination culture. In a recent study among Bosnian refugees in Austria and Australia, Kartal et al. (2018) found that those with higher traumatic experiences reported higher acculturative stress which was associated with a lower

orientation towards the heritage and destination culture. Another study among newly arrived Iraqi refugees to the US showed that traumatic experiences were associated with adoption difficulties in the destination culture at one year after the initial settlement (LeMaster et al., 2018).

4.2. Coping Strategies as a Mediator between Traumatic Experiences, Acculturation Orientations, and Psychological Distress

Our assumptions regarding the role of coping strategies in the relationship between traumatic experiences and psychological distress and acculturation orientations were partially supported. In line with our initial assumption, we found that traumatic experiences were significantly and negatively associated with the problem- and emotion-focused coping strategies. Surprisingly, traumatic experiences negatively predicted maladaptive coping strategies too. These findings show us that traumatic experiences deplete one's coping reservoir irrespective of being adaptive or maladaptive. This is actually in line with the notion that any form of coping strategies are necessary for successful adaptation and negatively influenced by adverse events (Cheng et al., 2014). Further, our main understanding of coping strategies is based mostly on Western values. However, culture plays an essential role in determining coping strategies as either adaptive or maladaptive (Kuo, 2011). The strategies defined as maladaptive in the present study may be adaptive for Syrian participants. Therefore, like problem and emotion-focused strategies, those strategies might have been negatively affected by traumatic experiences.

We did not a mediating role of any coping strategies in the relationship between traumatic experiences and psychological distress. Our null findings are incongruent with prior literature. The existing studies generally support the protective role of problem-focused coping strategies against psychological problems among different refugee groups (Getnet et al., 2019; Huijts et al., 2012; Posselt et al., 2019; Poudel-Tandukar et al., 2020). On the other

hand, the literature about the utility of emotion-focused copings strategies for refugee mental health is a bit controversial. Some studies showed that traumatic experiences catalyzed the use of emotion-focused coping strategies which predicted higher distress among refugees (Araya et al., 2007; Hussain & Bhushan, 2011) while others found that emotion-focused coping mitigated the lingering effect of traumatic experiences on mental health (Getnet et al., 2019). Moreover, maladaptive coping strategies were associated with both higher self-reported physical and mental health problems and cortisol level (Matheson et al., 2008). It is important to note that we used Western-based and non-validated scale to measure coping among Syrian refugees. Thus, it is quite likely that we may have overlooked the culture-specific ways of coping and thereby not captured the broader range of coping strategies including both culturally specific and non-specific strategies among Syrian refugees. Besides, in their systematic review, Seguin and Roberts (2017) underscored the importance of context while evaluating the utility of coping strategies among conflict-affected populations including refugees. That is, although a specific coping strategy might be beneficial in one context among one group of refugees, it might have the opposite or no impact in another context for another group of refugees. Therefore, our contradictory findings of the coping strategies should be interpreted accordingly.

Our results indicate that only emotion-focused coping strategies significantly mediated the relationships of traumatic experiences with maintenance of Syrian culture and adoption of Turkish culture. It appears that emotion-focused coping strategies play a salient role in the acculturation process of Syrian refugees. Traumatic experiences appear to deplete Syrians' emotion-focused coping resources, thereby hampering their integration. It is surprising not to find the significant role of problem-focused coping because extant studies suggest its utility in facilitating integration to the destination culture (Berry, 2006; Kosic, 2004; Kuo, 2014). This might be caused by the cultural similarity between people in Syria

and Mardin. Mardin is next to the Turkey-Syria border, where the majority of the local community are Muslim and speak Arabic (Erkinay, 2012). Therefore, Syrians do not encounter language barriers or religious-based discrimination that hinders adoption to a new setting and thereby requires active coping to overcome (Ager & Strang, 2008; Safak-Ayvazoglu et al., 2020; Safak-Ayvazoglu & Kunuroglu, 2019; Sam & Berry, 2010). Had this study been conducted in other cities in Turkey or Western countries, we might have found a significant role of problem-focused strategies in the adoption of the destination culture. Another reason might be the legal status of Syrians in Turkey. Turkey does not grant refugee status to Syrians (Directorate General of Migration Management, 2014). This policy might create many structural barriers which are likely to be beyond one's ability to manage or change the situation. Thus, trying to actively cope with the stressors may not work. However, managing the emotions elicited by the stressors might facilitate both participation in and adoption of the new setting and maintenance of the heritage culture.

4.3. Acculturation Orientations as the Mediator between Traumatic Experiences and Psychological Distress

Contrary to our expectations and literature, acculturation orientations did not mediate the relationship between traumatic experiences and psychological distress. Previous studies show that acculturation orientations are important predictors of various mental and physical outcomes among refugees (Bagci & Canpolat, 2020; Chen, Hall, et al., 2017; Kartal et al., 2018; Nakash et al., 2015). Our inconsistent results might be explained by the domain specificity of acculturation, referring to the differences in acculturation orientations across life domains (Arends-Tóth & Van de Vijver, 2003). However, in our study, we did not measure acculturation across different domains. Studies showed that immigrants are likely to prefer separation in private domains of life (e.g., family and religion) but integration in public domains (e.g., work and economy) (Arends-Tóth & Van de Vijver, 2003; Navas et al., 2007).

A recent study among Syrian refugees in Turkey also yielded similar results (Safak-Ayvazoglu & Kunuroglu, 2019). Thus, it might be possible to capture the significant role of acculturation orientations on psychological distress if the domain specificity is considered. Another reason for our results might be context again. Since the acculturation process takes place in a culturally very similar context, the cultural encounter does not create much difference and stress (Berry, 1997). Furthermore, the majority's acculturation preferences and Syrians' acculturation orientations might be alike due to the cultural similarity. The convergence between preferences and orientations may buffer against personal and relational distress (Bourhis et al., 1997). Hence, in Mardin, acculturation orientations may not have as significant impacts on psychological distress as in the culturally dissimilar contexts.

4.4. Strengths and Limitations

Since 2011, Turkey has become the major destination country for Syrian refugees (UNHCR, 2020a). Several studies have been conducted to understand mental health problems among Syrian refugees in Turkey (Acarturk et al., 2018; Alpak et al., 2015; Cantekin & Gencoz, 2017). However, although 10 years have passed after the initial settlement of Syrians in Turkey, there is a paucity of research investigating their acculturation experiences. Thus, to our knowledge, the present study is one of the first studies comprehensively investigating the relationship between traumatic experiences, coping strategies, acculturation, and psychological distress. Therefore, our findings contribute to the refugee acculturation literature in several ways. First, we highlighted the traumatic experiences as important and distinctive refugee acculturation condition among Syrian refugees in Turkey. So far, studies mainly focused on post-displacement related factors in the acculturation process of refugees including Syrians. However, our findings suggest that experiencing conflict-related traumatic events hinders integration by adversely impacting coping resources. Thus, traumatic

experiences should be considered as an integral part of the conceptualization of refugee acculturation and investigated in future studies.

Further, we elucidated the possible mechanism between traumatic experiences and acculturation orientations through coping strategies. These findings provide valuable information for future studies to utilize or design psychosocial interventions enhancing emotion-focused coping to facilitate the integration of Syrian refugees. For instance, Self-Help Plus (SH+) developed by WHO (Selten et al., 2016) is a psychosocial intervention aimed at promoting emotional coping capacity. Its effectiveness to reduce psychological distress has been tested among different refugees and asylum seekers including Syrians in Turkey (Purgato et al., 2019). Future studies might test if SH+ or similar interventions facilitate the integration of Syrian refugees. Considering the serious economic (d'Artis Kancs & Lecca, 2018) and the societal cost of refugee non-integration (Esses et al., 2017), testing the effectiveness of such interventions gains more importance.

Indeed, there are important limitations in the present study. First, the study is cross-sectional, which limits our ability to draw causal conclusions. To discern the directionality between acculturation orientations and psychological distress, longitudinal studies are warranted. Such studies might be beneficial to capture the dynamic nature of acculturation as well. Acculturation is a process that unfolds in a socio-political context (Ward & Geeraert, 2016b). Thus, the ever-changing nature of the post-displacement setting might re-shape the acculturation experiences of refugees. Because Syrian refugees are hard to reach, we used non-random sampling, which restricts the generalizability of our findings. Our sample included only those with temporary protection status. Therefore, our findings cannot be generalized to those without protection status.

We did not measure displacement-related stressors such as discrimination, isolation, unemployment, and accommodation. Such stressors are important determinants of both

mental health and integration of refugees (Acarturk et al., 2018; Çelebi et al., 2017; Giacco et al., 2018; Kartal et al., 2018a; Tinghög et al., 2017; von Haumeder et al., 2019). Future studies may include these stressors to offer a more complete picture of mental health and acculturation of Syrian refugees. Further, in this study, we focused on psychological distress as the only index of psychosocial adjustment. We did not include other indicators of psychological adjustment such as life satisfaction and sociocultural adjustment outcomes such as social competence. To gain a better understanding of the acculturation process, different indicators of both psychological and sociocultural adjustment should be included. Although our acculturation measurement touches upon both cultural preferences and behaviors, it is important to note that acculturation preferences and behaviors are not the same. The measurement of behaviors is a more proxy indicator of acculturation orientations (Ward & Kus, 2012). Future studies might consider only behavioral acculturation indicators. Another limitation is about using symptom level measurement for psychological distress. In a recent systematic review and meta-analysis, Charlson et al. (2019) found that symptom level measurements estimate the severity of mental health problems 1.5 to 2 times higher than the diagnostic tools. Thus, we might have overestimated psychological distress among Syrian refugees in our sample. To overcome this bias, future studies might use diagnostic tools to accurately detect mental health problems. Further, the measurement of coping strategies that we used is not validated for Syrian refugees. Considering the caveats by Seguin and Roberts (2017), this measurement may not be enough to capture the unique ways of coping among Syrian refugees. Hence, qualitative studies can provide in-depth knowledge about the coping strategies of Syrian refugees and thereby allow to tailor psychosocial interventions.

Lastly, considering high illiteracy rates among Syrians and cultural sensitivity, native Arabic speaking interviewers collected data via face-to-face interviews. This method might suggest two concerns. First, although we ensured participants about confidentiality, face-to-

face interviews might cause participants to feel uncomfortable and even answer questions in a socially desirable way. Second, interviewers' position referring to their views, beliefs, and values might have interfered the data collection process. As cultural insiders-native Arabic speaking interviewers in our study- share similar values and beliefs, they can easily build a trusting relationship with participants and provide better insights about the questions (Manohar et al., 2019). However, sharing similar values and beliefs might cause them to conduct the interviews in a biased way. In the interviewer training, we tried to address this issue. In any case, these issues need to be considered in future studies.

5. Conclusion

Our findings indicate that traumatic experiences are associated with a lower level of orientations to Syrian and Turkish culture among Syrian refugees in Turkey. Coping strategies, especially emotion-focused coping, play a significant role in explaining this relationship. That is, traumatic experiences deplete emotion-focused coping resources which predict lower maintenance of Syrian culture and lower adoption of Turkish culture. Overall, these findings point out the necessity of coping focused psychosocial interventions to enhance the integration of Syrian refugees in Turkey.

Supplementary Material

Table S1.

Direct and Indirect Effects from Traumatic Experiences to Psychological Distress

			99% CI [a]	
	B (SE)	*β*	*LLCI*	*ULCI*
Direct Paths				
ADC → PD	-.07 (.09)	-.07	-.30	.15
MHC → PD	-.06 (.09)	-.06	-.30	.17
PFC → PD	-.16 (.33)	-.07	-.44	.29
EFC → PD	.08 (.34)	.03	-.30	.38
MC → PD	.22 (.22)	.08	-.14	.31
TE → PD	.01 (.01)	.01	-.12	.14
PFC → ADC	.14 (.28)	.06	-.26	.38
EFC → ADC	1.09 (.30)***	.45	.13	.76
MC → ADC	-.34 (.17)[†]	-.13	-.33	.04
TE → ADC	-.01 (.01)	-.04	-.17	.08
PFC → MHC	.24 (.27)	.10	-.20	.40
EFC → MHC	1.28 (.28) ***	.51	.21	.77
MC → MHC	-.25 (.15)	-.09	-.25	.05
TE→ MHC	-.01 (.01)	-.02	-.14	.11
TE → PFC	-.05 (.01)***	-.35	-.46	-.20
TE→ EFC	-.05 (.01)***	-.40	-.51	-.26
TE→ MC	-.03 (.01)***	-.27	-.38	-.13
Indirect Paths				
TE→ PFC → ADC	-.01	-.02	-.14	.09
TE→ EFC → ADC	-.06**	-.18	-.33	-.05
TE→ MC → ADC	.01	.03	-.01	.10
TE→ PFC → MHC	-.01	-.03	-.15	.07
TE→ EFC → MHC	-.07***	-.20	-.35	-.08
TE→ MC → MHC	.01	.02	-.01	.07
TE→ PFC → PD	.01	.02	-.10	.17
TE→ EFC → PD	-.01	-.01	-.16	.12
TE→ MC → PD	-.01	-.02	-.09	.03
TE→ PFC → ADC → PD	.01	.01	-.01	.03
TE→ EFC → ADC → PD	.01	.01	-.02	.07
TE→ MC → ADC → PD	-.01	-.01	-.02	.01
TE→ PFC → MHC → PD	.01	.01	-.01	.03
TE→ EFC → MHC → PD	.01	.01	-.03	.07
TE→ MC → MHC → PD	-.01	-.01	-.01	.01

Note. * $p < .05$; ** $p < .01$; *** $p < .001$. [†] $p = .05$. PD: Psychological distress. ADC: Adoption of the destination culture. MHC: Maintenance of the heritage culture. PFC: Problem-focused coping. EFC: Emotion-focused coping. MC: Maladaptive coping [a] Confidence intervals of standardized results are reported. LLCI: Lower Level Confidence Interval. ULCI: Upper Level Confidence Interval.

CHAPTER 3

THE PSYCHOLOGICAL IMPACTS OF COVID-19 RELATED STRESSORS ON SYRIAN REFUGEES IN TURKEY: THE ROLE OF RESOURCE LOSS, DISCRIMINATION, AND SOCIAL SUPPORT

Kurt, G., Ilkkursun, Z., Javanbakht, A., Uygun, E., Karaoglan-Kahilogullari, A., & Acarturk, C. (2021). The psychological impacts of COVID-19 related stressors on Syrian refugees in Turkey: The role of resource loss, discrimination, and social support. *International Journal of Intercultural Relations*, 85, 130-140.

Abstract

COVID-19 does not leave behind refugees. They are disproportionately affected during the current pandemic. The present study aimed to investigate the psychological impacts of COVID-19 related stressors -resource loss and perceived discrimination during the COVID-19 pandemic- on Syrian refugees in Turkey. Further, the buffering role of perceived social support against the detrimental impacts of such stressors was examined. An online cross-sectional study was conducted between September-October 2020. A sample of 345 Syrian refugees in Turkey completed the questions about demographic characteristics, resource loss and perceived discrimination during the pandemic, perceived social support, and depressive and anxiety symptoms. A high level of depressive and anxiety symptoms was reported in our sample. Resource loss and perceived discrimination during the pandemic significantly and positively predicted depressive and anxiety symptoms. Perceived social support acted as a buffer against the detrimental effect of resource loss on mental health. For those with higher perceived social support, resource loss during the pandemic did not significantly predict depressive and anxiety symptoms. The results indicate the detrimental role of COVID-19 related stressors on refugee mental health. Social support is an important protective factor for mental health amidst the pandemic. Our findings highlight the importance of considering the precarious conditions of refugees in all COVID-19 responses and communications.

Keywords: COVID-19, refugees, mental health, resource loss, discrimination, social support

1. Introduction

As of 31 March 2021, nearly 130 million have been infected with and 3 million died due to the novel coronavirus SARS-CoV-2 (COVID-19) globally (World Health Organization, 2021). To curb the spread of COVID-19, all countries have taken certain measures such as imposing travel restrictions and lockdowns which caused profound changes in our lives (Bavel et al., 2020). Considering the difficulty in controlling the spread of the virus, the United Nations' pledge of leaving no one behind to achieve sustainable development goals could not be more vital for global health because COVID-19 does not leave behind the most vulnerable groups including refugees (Lancet, 2020; United Nations, 2019).

According to the UN High Commissioner for Refugees, there are 26 million refugees who fled from their countries due to conflict, violence, and persecution (United Nations High Commissioner for Refugees, 2020a). Among them, approximately 6 million are Syrians who sought refuge in neighboring and Western countries. Currently, Turkey hosts the largest number of refugees with 3.6 million Syrians (UNHCR, 2020b). Refugees are especially at great risk of infection and mortality during the pandemic (Kluge et al., 2020) because they mostly live in low- and middle-income countries with limited social and economic resources (UNHCR, 2020a). In such countries, COVID-19 puts an extra burden on already insufficient health care and economic infrastructure (Fouad et al., 2021; Lancet, 2020). Further, refugees are exposed to potentially traumatic events such as torture, injury, and captivation before arriving to host countries (Steel et al., 2009), all of which might affect person's physical and mental health leaving the person more vulnerable to disease. Once settled in, they also encounter ongoing displacement-related stressors such as impoverishment, social isolation, and discrimination (Miller & Rasmussen, 2017, 2010). Due to traumatic events and

displacement-related stressors, refugees are at higher risk of having mental health problems than the general population (Porter & Haslam, 2005). The recent estimates of WHO for depression, PTSD, and anxiety are 10.8%, 15.3%, and 21.7% among conflict-affected populations including refugees (Charlson et al., 2019). Unfortunately, COVID-19 poses another daunting challenge for refugees (Rees & Fisher, 2020). Most of them live in precarious conditions such as overcrowded camps or shared houses which makes compliance to COVID-19 precautions (e.g., social distancing, hygiene, etc.) hardly possible (Kluge et al., 2020). Refugees also face serious economic hardships such as losing their job and income and legal barriers such as problems in issuance or renewal of residency status (Brickhill-Atkinson & Hauck, 2020). They have limited access to necessary information and health care services related to COVID-19 (Junior et al., 2020). Although refugees are less likely to transmit communicable diseases to host communities (WHO, 2018), they might become the target of discrimination and stigmatization during the current pandemic (Alemi et al., 2020). Taken together, it is imperative to assume that COVID-19 both exacerbates the risk of mental health problems and worsens the existing ones among refugees.

There are a limited number of studies investigating the psychological impacts of COVID-19 on refugee populations. Among them, a qualitative study with refugees in Uganda showed that COVID-19 brought significant changes in social and work life. It was also associated with fear, panic, and feeling of helplessness (Logie et al., 2021). In a longitudinal study with Yazidi refugees in Iraq, Kizilhan and Noll-Hussong (2020) showed that the prevalence of post-traumatic stress disorder (PTSD), depressive and anxiety disorders significantly increased during the COVID-19 compared to before the COVID-19 period. In another study, COVID-19 related traumatic stress predicted both the symptoms of PTSD and depression and deficits in working memory and inhibitory control among Syrian refugees in Turkey (Kira et al., 2021). Furthermore, given the limitation in making inferences for the

general population, a study among hemodialysis patients showed that Syrian refugees had higher depressive symptoms than host community participants during the COVID-19 pandemic (Sevinc et al., 2021).

Although the aforementioned studies inform us about the adverse impacts of COVID-19 on mental health among refugees, they did not comprehensively examine the relationship between the stressors caused by COVID-19 and mental health. Since refugees are among the most vulnerable groups during the pandemic, there is an urgent need to uncover the impacts of COVID-19 related stressors on their mental health and identify the most important stressors for targeted interventions. Therefore, in the present study, we aimed to investigate the role of resource loss and perceived discrimination during COVID-19 on the mental health of Syrian refugees in Turkey.

According to the Conservation of Resources Theory (Hobfoll, 1989, 2001), there are different types of resources such as personal, social, and material which are fundamental for wellbeing and optimal human functioning. Psychological distress occurs if such resources are lost or are threatened to be lost. Several studies showed that in response to the events or circumstances leading to loss of resources or threatening resources, individuals are likely to report higher symptoms of PTSD, depression, and anxiety (Hobfoll et al., 2006; Hou et al., 2010; Zwiebach et al., 2010) and lower well-being (Topa et al., 2017). Having acknowledged the personal, social, and material repercussions (Bavel et al., 2020), COVID-19 can be considered as a risk factor for resource loss and thereby mental health. Current findings corroborate this by showing that refugees in Turkey face loss of their already limited resources such as job, income, and obtaining basic needs during the pandemic (Ustubici & Karadag, 2020). Therefore, we hypothesized that COVID-19 related resource loss would

predict higher psychological distress -higher level of depressive and anxiety symptoms- among Syrian refugees in Turkey.

In addition to resource loss during the pandemic, stigmatization and discrimination towards refugees and immigrants are rather alarming (Alemi et al., 2020). A large body of research shows that perceived discrimination is detrimental for both mental and physical health (Panza et al., 2019; Schmitt et al., 2014 for reviews). Similar findings were obtained about perceived discrimination among refugees and immigrants during the pandemic too. A study conducted with Asian originated refugees in the United States showed that one-third of the participants experienced at least one type of discrimination during the pandemic such as feeling that other people were afraid of them and as if they had been treated with less respect than others. Experiencing discrimination was associated with increased stress (Zhang et al., 2021). In a similar vein, Asian immigrants reported higher discrimination which was related to higher depressive symptoms and lower life satisfaction (Litam & Oh, 2020). Although the existing studies might point out racial discrimination due to erroneously blaming Asians for spreading the coronavirus (Zhang et al., 2021), discrimination towards other refugee and immigrant groups are also likely to happen amidst the current pandemic. Behavioral immune system theory suggests that pathogenic threats active a set of behavioral and psychological mechanisms to avoid diseases (Schaller & Park, 2011). Activation of such mechanisms results in ingroup favoritism (Murray & Schaller, 2012; Navarrete & Fessler, 2006) and negative attitudes and behaviors towards outgroup members including immigrants (Faulkner et al., 2004). Given that COVID-19 is a serious pathogenic threat, it is not unexpected to see that discrimination towards refugees and immigrants increases and adversely affects mental health. Therefore, we hypothesized that perceived discrimination during the COVID-19 would predict higher psychological distress among Syrian refugees in Turkey.

Due to the high prevalence of mental health problems among refugees, the extant studies tend to focus on the identification of risk factors. However, it is crucial to be cognizant that many do not develop mental health problems. Refugees are, in fact, resilient referring to either being shielded against the adversities or finding equilibrium more rapidly despite the challenges (Bonanno, 2004). Thus, to facilitate the adjustment of refugees, it is of critical importance to investigate resilience promoting factors. According to the socio-ecological model of resilience, resilience is conceptualized as a dynamic and multifaceted process through which individuals restore or maintain psychological well-being to the extent that they access psychological, social, cultural, and physical resources. Compared to traditional person-centered conceptualizations, the socio-ecological model defines resilience as the interplay between personal and contextual characteristics rather than a solely personal trait (Ungar, 2008, 2011). A growing number of studies show the utility of this model to elucidate the refugee resilience process (e.g., Schlechter et al., 2021; von Haumeder et al., 2019; Spatrisano et al., 2020). Among many resilience promoting factors, social support appears to be among the most important ones for refugee mental health (Wachter et al., 2021). According to the stress-buffering model (Cohen & Wills, 1985), social support provides necessary social resources such as instrumental support, practical support, and companionship to individuals to cope with the stressors so that they become protected against the detrimental effects of stressful life events. Two distinct mechanisms are suggested to delineate the process behind this protection or buffering effect. One is via alleviating stress appraisal response whereby individuals perceive the stressful situation more benign and feel capable of coping with it. The other is via reducing stress reaction so that individuals become physiologically and psychologically less reactive to stressful situations (Cohen & Wills, 1985). Since social support is conducive to the acquisition of other resources such as material goods, information, and guidance, it can be considered as one of the key facilitative factors of

well-being in the resilience process of refugees (Spatrisano et al., 2020). A systematic review (Siriwardhana et al., 2014) indicated that social support was an important protective factor against psychological distress. It was associated with increased resilience and lower symptoms of PTSD, depression, and anxiety among conflict-affected populations including refugees. In a more recent systematic review among refugees and asylum seekers, it was found that social support from family, friends, organizations, and the local community was conducive to well-being (Posselt et al., 2019). Considering resilience among refugees, we investigated whether social support act as a buffer against psychological distress during the pandemic, especially given restrictions that the pandemic has imposed on peoples' social lives. We assumed that social support would moderate the relationship between resource loss and perceived discrimination during the pandemic and psychological distress, such that resource loss and perceived discrimination would positively predict depressive and anxiety symptoms if social support is low.

2. Method

2.1. Participants and procedure

The current sample consisted of 345 participants (165 female, 180 male) with an average age of 33.40 (*SD* =9.11). Participants were mostly university (45%) or high school graduates (24%). Most of the participants were married (74%) and under temporary protection status (75%). The average length of stay in Turkey was 6.5 years (*SD* = 1.19). Over half of the participants (54%) were unemployed. 25% were working from office while 10% were working from home. The majority of the participants' monthly household income (73%) was between 185 US dollars to 615 US dollars.

Almost one-third of the participants (27%) had chronic diseases such as respiratory illnesses and high blood pressure. 8% reported having a previously diagnosed psychiatric

problem. 30% were smokers. 18% received financial or in-kind support from several organizations due to COVID-19. More than half of the participants adhered to the COVID-19 measures imposed by the government (58%) and followed the news about COVID-19 (63%). 14% had been infected with COVID-19. 43% knew someone infected with COVID-19 and 34% lost someone due to COVID-19 (mainly friends, neighbors, and second-degree relatives), which indicated a high rate of exposure to COVID related stress and loss in their community.

An online cross-sectional study which was reviewed and approved by the university's ethics committees (2020.200.IRB3.080) was conducted between September and October 2020. Participants were recruited through social media advertisements on Facebook. In the advertisements, we specified the following inclusion criteria for the participation: 1) being 18 years or older, 2) migrating to Turkey due to the ongoing conflict in Syria since 2011, 3) being literate in the Arabic language. Those who did not meet these criteria were excluded from the study. They were asked to answer a series of questions about demographic characteristics, COVID-19 related factors, resource loss, perceived discrimination, social support, anxiety, and depressive symptoms, respectively. Only those who migrated to Turkey due to the conflict in Syria were included in the study. Completion of the survey took approximately 20 minutes. To compensate for their time and effort, each participant was given an equal chance to win a grocery check of 6 US dollars upon their completion of the study.

2.2. Measures

2.2.1. The conservation of resources evaluation (modified version)

Resource loss during the COVID-19 pandemic was assessed by the modified version of The Conservation of Resources Evaluation (COR-Evaluation) (Hobfoll & Lilly, 1993).

Participants were asked to indicate the resource loss since the start of COVID-19. It has 15 items (e.g., personal health, stable employment, adequate food, and hope) rated on a 3-point Likert scale (0 = no decrease, 2 = decreased a lot). Higher scores indicate higher resource loss since the start of COVID-19. The scale was translated from English into Arabic and then back-translated into English by bilingual speakers. The Cronbach's alpha was 0.81 in the present study.

2.2.2. Everyday discrimination scale (short version)

Perceived discrimination during the COVID-19 pandemic was assessed by the Everyday Discrimination Scale-Short version (Sternthal et al., 2011) which includes 5 items rated on a 5-point Likert scale (1 = never, 5 = always). Items were re-worded to refer to the discrimination experiences since the outbreak (e.g., "People act as if they are afraid of you since coronavirus outbreak"). It was previously used with Syrian refugees in Turkey (Çelebi et al., 2017). Higher scores indicate higher perceived discrimination since the COVID-19 outbreak. In the present study, Cronbach's alpha of 0.84 was reported.

2.2.3. Multidimensional scale of perceived social support (MSPSS)

The multidimensional scale of perceived social support (MSPSS) was used to assess perceived social support from different sources (family, friends, and significant others) (Zimet et al., 1988). It was previously used in the Arabic population (Dambi et al., 2018). It has 12 items rated on a 7-point Likert scale ranging from 1 (very strongly disagree) to 7 (very strongly agree). Higher scores indicate higher perceived social support. The internal consistency was 0.90 in the present study.

2.2.4. Patient health questionnaire-9 (PHQ-9)

The Patient Health Questionnaire-9 (PHQ-9) was used to assess depressive symptoms (Kroenke et al., 2001). 9 items (e.g., little interest or pleasure in doing things, feeling down, depressed, or hopeless) are rated on a 4-point Likert scale (0 = not at all, 3 = nearly every

day). Higher scores indicate a higher level of depressive symptoms. The severity of the symptoms is determined based on the following criteria: a total score of 0-4 no depressive symptoms, 5-9 mild depressive symptoms, 10-14 moderate depressive symptoms, 15-19 moderate to severe depressive symptoms, and 20-27 severe depressive symptoms. A total of score 10 and above is considered probable depression (Kroenke et al., 2010). The Arabic version of the scale has been validated (Sawaya et al., 2016) and widely used in conflict-affected populations including Syrians (Georgiadou et al., 2018; Nesterko et al., 2019). The Cronbach's alpha was 0.91 in the present study.

2.2.5. Generalized anxiety scale (GAD-7)

To assess anxiety symptoms, the Generalized Anxiety Scale (GAD-7) was used (Spitzer et al., 2006). It has 7 items (e.g., feeling nervous, anxious or on edge, worry too much about different things) rated on a 4-point Likert scale (0 = not at all, 3 = nearly every day). Higher scores indicate higher anxiety symptoms. A total score of 5, 10, and 15 represent the mild, moderate, and severe level of anxiety, respectively. Scoring 10 and above is considered as having a probable generalized anxiety disorder (Kroenke et al., 2010). The Arabic version of the scale with good psychometric properties is available (Sawaya et al., 2016). The scale has been used in conflict-affected populations including Syrians as well (Georgiadou et al., 2018). In the present study, Cronbach's alpha was 0.91.

3. Data analysis

The normality assumptions for each construct were tested by using skewness (|3|) and kurtosis (|8|) criteria (Kline, 2005). Preliminary analyses were conducted in SPSS Version 26. To estimate the parameters for the hypothesized relationships, path analysis with maximum likelihood estimator in the context of structural equation modeling was conducted in Mplus 8.5 (Muthén & Muthén, 1998-2021). Compared to multiple regression, path analysis takes

into account variances and covariances of variables and thereby provide us with more accurate estimations for the hypothesized relationships between the variables. Therefore, this approach allows us to capture and test the complexity of the hypothesized model especially when there are several predictor and outcome variables in the model (Kline, 2015).The missing data were accounted for by using full information maximum likelihood estimation with robust standard errors (FIML) to prevent sample size reduction, thereby loss of power (Enders, 2010). In the model, age, sex (coded as 0 = male, 1 = female), education (0 = below bachelors' degree, 1 = bachelors' degree and above), marital status (dummy coded as 0 = unmarried, 1 = married), employment (dummy coded as 0 = unemployed, 1 = employed), and income (dummy coded as 0 = 240 US dollar and below, 1= above 240 dollars) were considered as covariates. Nonsignificant paths were removed one at a time to preserve model parsimony (Wang & Wang, 2012). All the variables were centered to prevent multicollinearity before hypothesis testing. To test the moderating role of social support, interaction terms (social support*resource loss and social support*perceived discrimination) were computed (Aiken & West, 1991). The moderating role of social support was inspected at -1 SD and +1 SD values of social support. Standardized path coefficients were reported.

4. Results

4.1.Preliminary analyses

Little' MCAR test suggested that the data were missing at random (χ^2/df = 1.38, p = .190) with the ratio of missingness of focal variables ranging from 0% to 15%. Bivariate correlations and descriptive statistics were presented in Table 1. Depressive and anxiety symptoms were positively correlated with resource loss and perceived discrimination, but negatively correlated with education and social support. Age was positively associated with social support. Income was negatively correlated with anxiety symptoms. Of the participants,

52.9% and 42.9% scored above the cut-off value of probable depression and anxiety, respectively.

Table 1.
Descriptive statistics and bivariate correlations among study variables

Variable	1	2	3	4	5	6	7	8	9	10	11
1. Depressive symptoms	-										
2. Anxiety symptoms	.758**	-									
3. Resource loss	.221**	.165**	-								
4. Perceived discrimination	.301**	.286**	.125*	-							
5. Social support	-.277**	-.247**	-.111*	-.089	-						
6. Age	-.029	-.033	.086	-.111	.136*	-					
7. Sex (0 = male, 1 = female)	-.043	-.066	-.100	-.095	.018	-.108	-				
8. Education (0 = below bachelor's degree, 1 = bachelor's degree and above)	-.169**	-.153**	.047	-.042	.116*	.087	-.130	-			
9. Marital status (0 = not married, 1 = married)	-.036	.036	.059	.006	.128*	.390**	-.058	.068	-		
10. Employment (0 = unemployed, 1 = employed)	-.191**	-.176**	-.065	-.109	.073	.055	-.235**	-.232**	-.069	-	
11. Income (0 = 240 US dollars and below, 1 = above 240 US dollars)	-.077	-.143**	.106	-.060	.187**	.142*	-.074	-.301**	-.001	.169**	-
N	344	343	345	293	332	273					
M	1.24	1.37	1.56	2.05	4.39	33.40					
SD	.78	.87	.33	.86	1.30	9.11					
Range	0-3	0-3	.33-2	1-5	1-7	18-69					
Skewness	.506	.390	-1.07	1.09	-.377	.541					
Kurtosis	-.588	-.842	1.13	1.43	-.502	.336					

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

4.2. Hypothesis Testing

The results showed that resource loss and perceived discrimination during the COVID-19 significantly and positively predicted both depressive (β = .179, p =.001, β = .223, p = .000) and anxiety symptoms (β = .151, p = .005, β = .211, p = .000). On the other hand, social support significantly and negatively predicted depressive (β = -.233, p = .000) and anxiety symptoms (β = -.231, p = .000). The interaction between social support and resource loss was significant both for depressive (β = -.119, p = .021) and anxiety symptoms (β = -.121, p =.022). When social support was low (-1 SD below the mean), resource loss significantly predicted both depressive (β = .298, p =.000, [95% CI: .151, .446]) and anxiety symptoms (β = .272, p =.000, [95% CI: .122, .422]). However, when social support was high (1 SD above the mean), the effect of resource loss on those symptoms was not significant (β = .060, p =.405 for depressive symptoms, β = .031, p =.677 for anxiety symptoms). On the other hand, the interaction between social support and perceived discrimination was not significant either for depressive (β = .056, p = .257) or anxiety symptoms (β = .080, p = .111) (see Table 2 for all path coefficients and Figure 1-4 for interaction effects).

Table 2.
Standardized path coefficients.

		95% CI	
	β (SE)	LLCI	ULCI
Paths			
RS → DEP	.179** (.053)	.076	.283
RS → ANX	.151** (.054)	.046	.257
PD → DEP	.223*** (.053)	.119	.327
PD → ANX	.211*** (.054)	.105	.317
SS → DEP	-.233*** (.052)	-.336	-.131
SS → ANX	-.231*** (.053)	-.336	-.127
INT1→ DEP	-.119* (.052)	-.220	.-.018
INT1 → ANX	-.121* (.053)	-.223	-.018
INT2→ DEP	.056 (.049)	-.041	.153
INT2→ ANX	.080 (.050)	-.018	.179

Note. * $p < .05$; ** $p < .01$; ***$p < .001$. RS: Resource loss during the COVID-19. PD: Perceived discrimination during the COVID-19. SS: Social support.
DEP: Depressive symptoms. ANX: Anxiety symptoms. INT1: Interaction term between resource loss and social support. INT2: Interaction term between perceived discrimination and social support
LLCI: Lower-Level Confidence Interval. ULCI: Upper-Level Confidence Interval.

Figure 1. Interaction plot of resource loss with social support on depressive symptoms

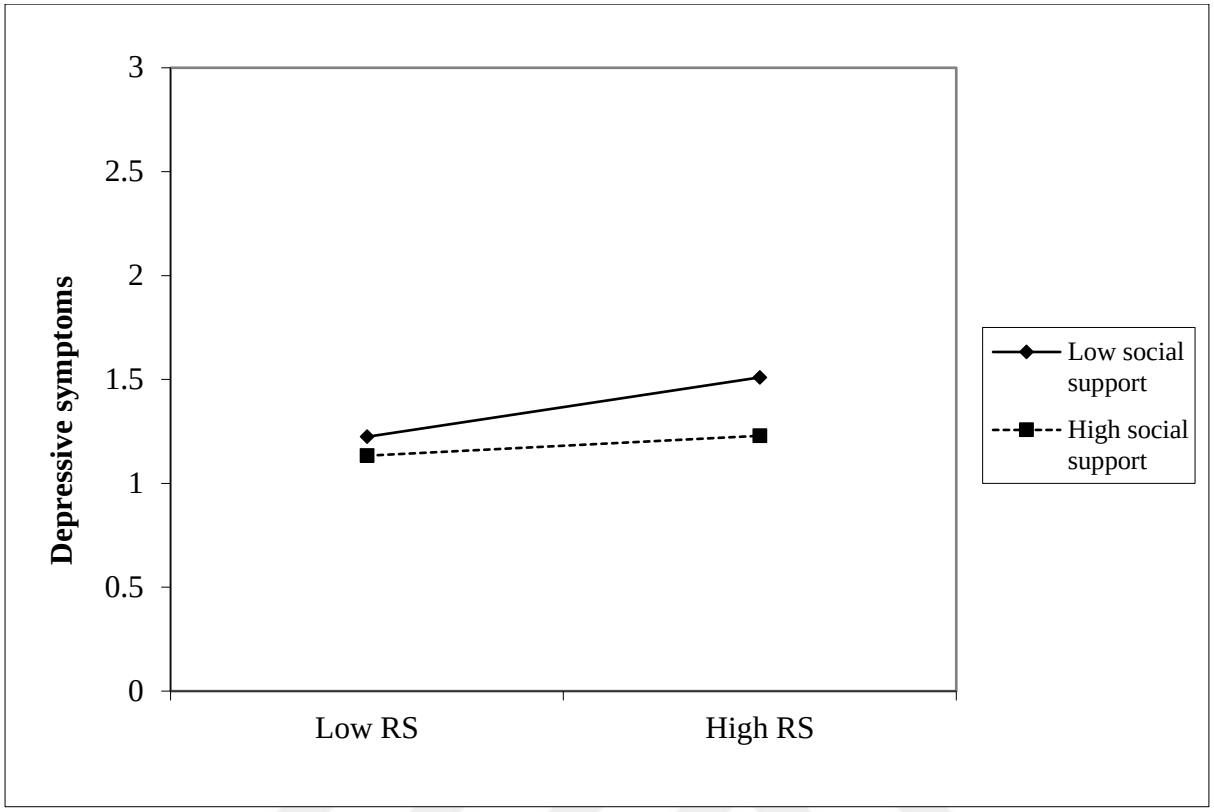


Figure 2. Interaction plot of resource loss with social support on anxiety symptoms

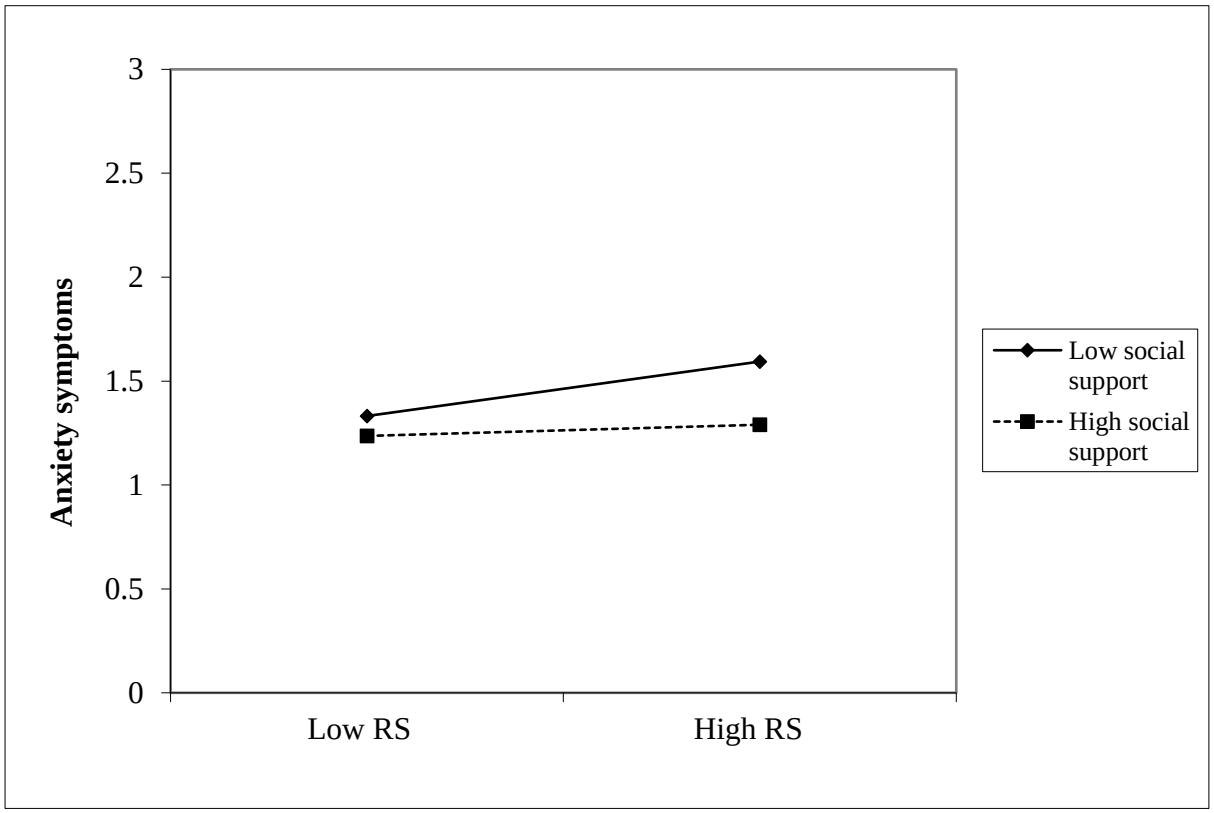


Figure 3. Interaction plot of perceived discrimination with social support on depressive symptoms

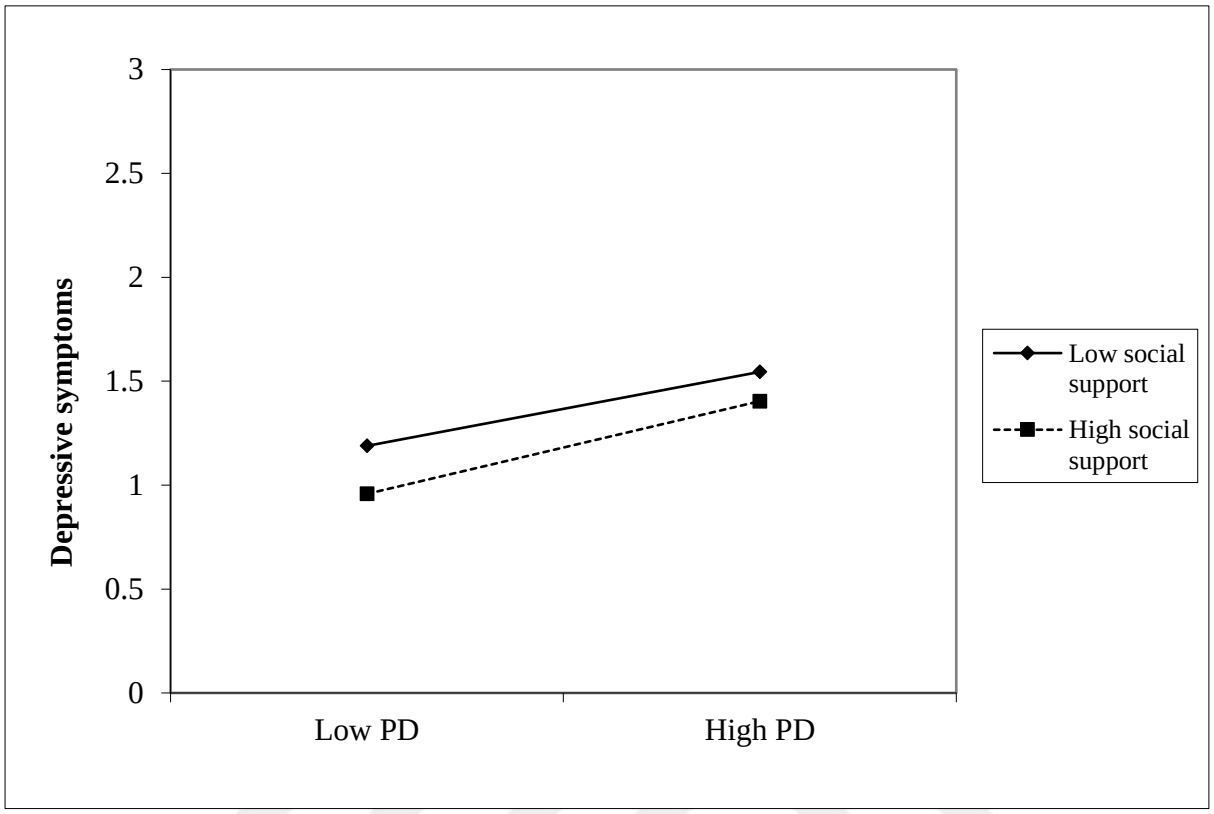
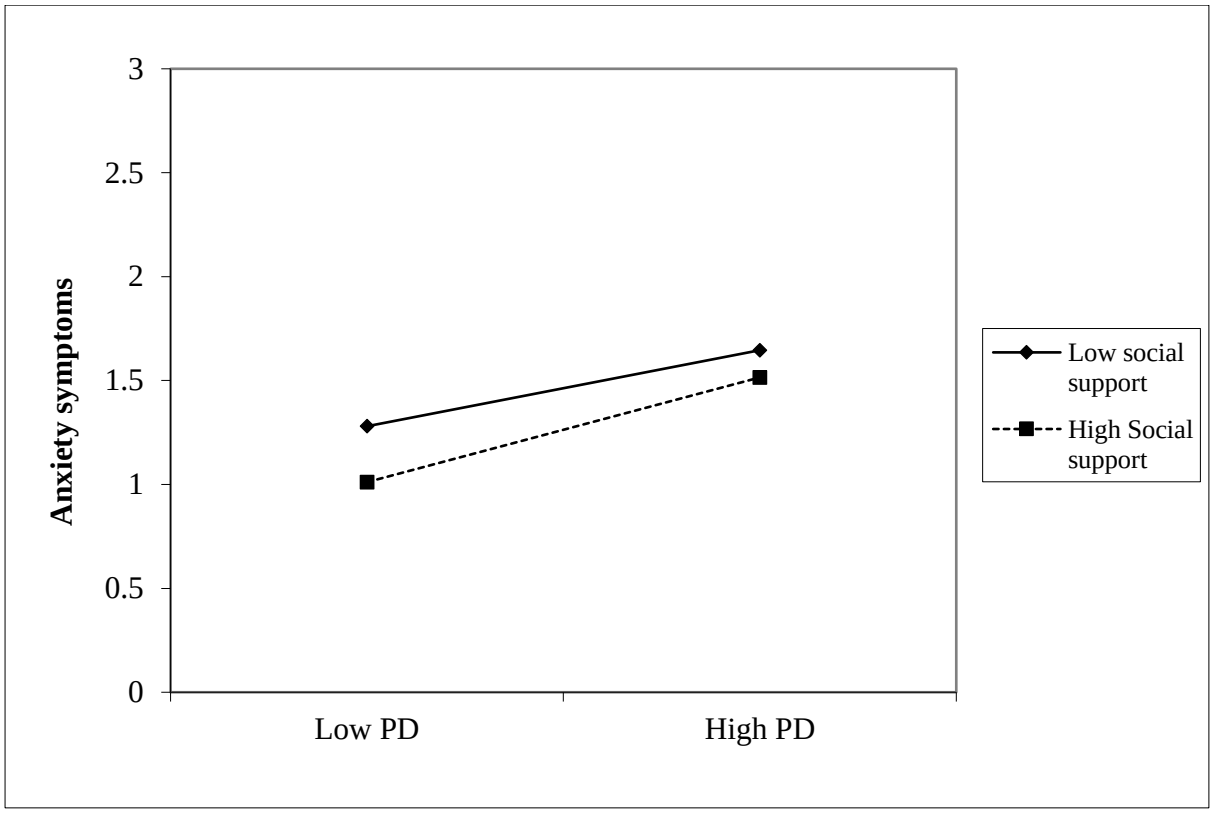


Figure 4. Interaction plot of perceived discrimination with social support on anxiety symptoms



5. Discussion

In the present study, we investigated the relationship between COVID-19 related stressors and mental health among Syrian refugees in Turkey. We also examined the buffering role of social support against the detrimental impacts of such stressors. To the best of our knowledge, this is one of the very few studies examining the psychological impacts of COVID-19 on refugees as one of the most vulnerable groups. We found a high level of depressive and anxiety symptoms in our sample. Nearly half of the participants met the criteria for probable depression (52.9%) and anxiety (42.9%), which is higher than the previously reported prevalence rates among Syrian refugees in Turkey (Acarturk et al., 2018, 2021) and other hosting countries (Javanbakht et al., 2019; Poole et al., 2018; Tinghög et al., 2017). Lower education level and unemployment were found to be risk factors to mental health problems as in the other studies (Porter & Haslam, 2005; von Haumeder et al., 2019).

The present results corroborated most of our initial assumptions. In line with the basic premises of COR theory (Hobfoll, 2001), we found that resource loss during the COVID-19 significantly predicted higher symptoms of depression and anxiety among Syrian refugees in Turkey. These results are congruent with the previous studies showing the adverse impacts of the loss of resources such as food, sleep, health, optimism, and sense of control on mental health among survivors of human-made and natural disasters, disadvantaged groups including refugees, and those going through significant changes in their lives (Betancourt et al., 2015; Hobfoll et al., 2003, 2006; Smith & Freedy, 2000; Topa et al., 2017; Zwiebach et al., 2010). Yet, the present study goes well beyond the existing ones by showing that due to being actual cause of resource loss, COVID-19 seems to compound the existing vulnerabilities of refugees caused by conflict-related traumatic experiences and post-displacement related stressors and thereby deteriorates well-being. In a survey study investigating the impacts of COVID-19 on

refugees across 48 cities in Turkey, it was found that more than half of the participants had difficulty in accessing basic needs such as food and hygienic materials. The majority were unemployed and unable to afford their rent and bills (Association for Solidarity with Asylum Seekers and Migrants (SGDD-ASAM), 2020). Therefore, several humanitarian organizations expanded their work to respond to the precarious conditions of refugees during the pandemic in Turkey (UNHCR, 2020c). Nevertheless, their responses could not meet the excessive amount of need. In line with the vulnerability criteria applied by UNHCR, those organizations have to prioritize the most vulnerable groups (single parent, single woman, elderly, and LGBTI persons) while allocating their limited resources. Like other underserved populations with low resources, unfortunately, COVID-19 affects refugees disproportionally where they face an exceptional threat to their already insufficient resources. Since initial scarcity of resources precipitates further losses (Hobfoll, 2001), this situation calls an urgent attention. Due to the resource scarcity and current losses, disadvantaged groups like refugees might get in the trap of cycle of resource loss which makes their recovery from the aftermath of the pandemic more difficult. Thus, it becomes vital to intervene resource loss earlier.

We found a protective role for social support for refugee mental health amidst the pandemic. Higher perceived social support predicted a lower level of anxiety and depressive symptoms. Further, among those with lower perceived social support, resource loss during the pandemic significantly predicted psychological distress. On the other hand, for those with higher perceived social support, resource loss was not a significant predictor of psychological distress. Our results support the stress-buffering model asserting that social support immunizes individuals against the adverse impacts of stressful events (Cohen & Wills, 1985). Furthermore, as shown in the previous studies, social support is an indispensable resilience asset for mental health among refugees (Siriwardhana et al., 2014 for a review) including Syrians in Turkey and other countries (Böge et al., 2020; Yildirim et al., 2020). Having

acknowledged the limited capacity and resources of organizations to provide necessary assistance for refugees, this finding is of paramount importance. Humanitarian organizations can consider either implementing psychosocial programs for refugees or including certain elements in their existing programs in a way that refugees can use and enhance their social support system. Furthermore, refugees might be encouraged to benefit from internet-mediated social support which is one of the most feasible options during the pandemic. Using online platforms can help refugees to maintain social relations and thereby promote mental health in the face of adversities (Mancini et al., 2019 for a review). However, the present findings should be interpreted with caution. As stated by the socio-ecological model of resilience, the process of and factors related to resilience are shaped by the social context (Ungar & Liebenberg, 2011). Both the availability and use of social support among refugees depends on the social, cultural, and political atmosphere of both the host and home country (Wachter et al., 2021). Therefore, strategies to promote social support during the pandemic should be carefully tailored according to the specific needs and conditions of the resettlement context of refugees.

Lastly, in line with the cumulative evidence for adverse impacts of perceived discrimination on physical and mental health (Panza et al., 2019; Schmitt et al., 2014), we found that perceived discrimination during the pandemic significantly predicted a higher level of depressive and anxiety symptoms among Syrian refugees in Turkey. To the best of our knowledge, this is one of the first studies to show the impact of discrimination during the pandemic on the mental health of non-Asian refugees. Previous studies found that Asian immigrants and refugees are likely to experience discrimination because they are erroneously blamed for the current pandemic (Litam & Oh, 2020; Zhang et al., 2021). However, our results espoused the behavioral immune system theory suggesting that pathogenic threat triggers negative behaviors and attitudes towards outgroup members (Schaller & Park, 2011).

In a similar vein, a study among Italian participants found that COVID-19 threat and fear was associated with the lower sense of common belonging with disadvantaged groups such as addicts and immigrants as well as other nationalities such as Chinese, French, and Dutch (Fuochi et al., 2021), which might increase prejudice and discrimination (Bavel et al., 2020). These findings offer several caveats about the psychological and social aftermath of the current pandemic. It is necessary to consider the lingering effects of COVID-19 on intergroup relations as well as individuals, especially in countries like Turkey which is one of the major refugee hosting countries. Negative attitudes and behaviors towards Syrian refugees have dramatically increased over years in Turkey (Erdogan, 2018, 2019). Considering that host society' attitudes play a critical role in shaping refugees' displacement related experiences (Hynie, 2018a), COVID-19 poses another roadblock for refugee mental health and harmonious society. However, COVID-19 might offer a unique opportunity to create a sense of humanity and thereby active coordinated effort to combat the pandemic. In a study among Turkish participants, Adam-Troian and Bagci (2021) showed that perceived threat due to COVID-19 predicted positive attitudes towards Syrian refugees such as higher level of helping intention, positive attitudes, and pro-migration policy support. The relationship between COVID-19 related perceived threat and positive outgroup attitudes was explained by the common victimhood in the face of the current pandemic. These findings highlight the possibility of more inclusive intergroup relations during the COVID-19 pandemic caused by the perception of "togetherness" against the common threat. Therefore, to foster this perception, media and political leaders have a great responsibility in including all segments of society in their COVID-19 responses and persuading the public to perceive COVID-19 as a threat to the whole of humanity (Bavel et al., 2020).

Although the present study provides important insights about the psychological impacts of COVID-19 on refugees, it has several limitations. First of all, participants were

recruited via social media advertisements. Since we conducted this study during the pandemic, face-to-face data collection was not a viable option. Yet, collecting data via social media might have been biased our sample in a way to include those with electronic devices (e.g., smartphones and tablets), social media accounts, and higher technology literacy. This limits our ability to draw a comprehensive conclusion about the conditions of Syrian refugees in Turkey. To test the validity of our findings, future studies should try to reach out to those who do not use social media as well. Secondly, it is a cross-sectional study that does not allow us to make causal inferences about the relationship between COVID-19 related stressors and mental health outcomes. Longitudinal studies focusing on the change in COVID-19 related stressors and psychological impacts are warranted. Such studies might be also informative to see long-term impacts of COVID-19 if they are extended to cover after the COVID-19 period. Thirdly, we included the measurements of depressive and anxiety symptoms as the indicators of mental health among refugees. Future studies might focus on different indicators such as well-being and quality of life. Lastly, we only focused on the mental health aspect of refugee experiences during COVID-19. Yet, the adaptation process of refugees might be also hindered during the current pandemic. The relationship between COVID-19 related stressors and the adaptation process requires further investigation.

6. Conclusion

Our findings show that COVID-19 related stressors -resource loss and perceived discrimination during the current pandemic- adversely impact the mental health of refugees. Social support might act as a buffer against mental health problems in response to resource loss during the pandemic. These findings support the notion that COVID-19 does not leave behind the refugees. In stark contrast, they are severely affected. It is important to acknowledge that there is no public health without refugee health. Therefore, in light of the

current findings, humanitarian organizations and government bodies need to arrange their activities to best respond to the needs of refugees during the COVID-19 pandemic.

CHAPTER 4

ESTIMATED PREVALENCE RATES AND ASSOCIATED RISK FACTORS OF MENTAL HEALTH PROBLEMS AMONG SYRIA AND AFGHAN REFUGEES IN TÜRKİYE

Kurt, G., Ventevogel, P., Ekhtiari, M., Ilkkursun, Z., Ersahin, M., Akbiyik, N., & Acarturk, C. Estimated prevalence rates and associated risk factors of mental health problems among Syrian and Afghan refugees in Türkiye (In press). *BJPsych Open*.

Abstract

Türkiye hosts the largest number of refugees, with Syrians and Afghans being among the largest refugee groups in country. There is limited comparative data on the conflict- and displacement-related experiences and the relation to the mental health status of these groups. This study aims to assess the mental health status of Syrians and Afghans in Türkiye, identify risk factors and explore to what extent differences in mental health conditions are related to potentially traumatic events and post-displacement stressors. Two parallel online survey studies were conducted between April and June 2021 among 798 Syrians and 785 Afghans in Türkiye. Data was collected on socio-demographic characteristics, traumatic events (Harvard Trauma Questionnaire), post-displacement related stressors (Post-migration Living Difficulties-Checklist), symptoms of depression, anxiety (The Hopkins Symptoms Checklist-25), and posttraumatic stress disorder (PTSD) (Post-traumatic Stress Disorder Checklist for DSM-5-Short Form). For Syrian and Afghan participants respectively, estimated prevalence for depression was 41.1% and 50.3%, for anxiety 39.6% and 41% and for PTSD 41.6% and 46.5%. In both groups, significant predictors were female gender, exposure to potentially traumatic events, and structural and socio-economic post-displacement stressors. Additional risk factors were older age for Afghans, and higher education for Syrians. Self-reported symptoms of mental health problems are highly prevalent among Syrians and Afghans and associated with a wide range of risk factors. After controlling for conflict and displacement-related experiences, Afghans reported higher anxiety symptoms than Syrians, which is likely related to legal status.

Keywords: Syrians, Afghans, refugees, mental health, traumatic events, post-displacement stressors

1. Introduction

Violence, persecution, economic and political upheavals have led to an unprecedented increase in forced displacement. By mid-2021, the world has 26 million refugees, with Syrians and Afghans among the largest groups (United Nations High Commissioner for Refugees, 2021). In several decades, Türkiye has become an important transit and destination country, currently hosting four million refugees and asylum seekers (İçduygu & Karadağ, 2018). The largest group in Türkiye are Syrians (3.7 million) who sought refuge due to the civil unrest since 2011, but the country also hosts over 125,000 Afghans, who have been fleeing their war torn country for over 40 years (United Nations High Commissioner for Refugees, 2022d). Most Afghans flee to neighbouring countries like Iran and Pakistan (United Nations High Commissioner for Refugees, 2021), Türkiye plays a significant role in the onward movements of Afghan refugees towards the Global North (Eryurt & Koç, 2017; İçduygu & Karadağ, 2018). They are currently the second largest asylum-seeking groups in Türkiye (Presidency of Migration Management, 2022a). The situation in Afghanistan deteriorated dramatically in 2021, resulting in the ousting of the government and a volatile socio-political situation resulting in increasing number of Afghan refugees fleeing to neighbouring countries (United Nations High Commissioner for Refugees, 2022b). The fragile situation will likely lead to new refugee movement of Afghans in the near future, with many Afghans having an increased risk to develop mental health problems (Silove & Ventevogel, 2022). Compared to Syrians, Afghan refugees are relatively understudied. The massive influx of Syrian refugees to neighbouring countries has attracted significant scholarly attention to their mental health and their displacement conditions (Cratsley et al., 2021; Icduygu, 2015), while there has been less of such research on Afghan refugees in the Middle East and Türkiye. (Alemi et al., 2014)

Many Syrians and Afghans have experienced severe potentially traumatic events such as witnessing atrocities, prolonged deprivation, and missing or death of a loved one either in their home country or *en route* to destination countries, all of which negatively affects their mental health and well-being and may undermine their adaptive abilities (Acarturk et al., 2021; Alemi & Stempel, 2018). The effects of accumulated adverse experiences is compounded by factors in the displacement settings, such as ongoing and proximal stressors such as economic, social, and legal difficulties exacerbate the risk of developing mental health problems (Hou et al., 2020a). Both in neighbouring and Western countries, displaced Syrians and Afghans reported a range of displacement related difficulties such as lack of access to labour market and basic services, linguistic and cultural differences, social isolation, discrimination, and long and complex asylum procedures (Acarturk et al., 2021; Alemi et al., 2014, 2017). On top of the existing difficulties, the COVID-19 pandemic pushed them further to the edges (Kurt et al., 2021). Mental health problems are two to three times higher in refugees and conflict affected populations (Charlson et al., 2019b), yet the knowledge on differences between refugee populations is limited (Bogic et al., 2015). There are substantial differences in the legal status of Syrian and Afghan refugees in Türkiye. Syrians have been granted with a 'temporary protection status' which provides them with certain rights that regular asylum seekers do not have, such as access to the labour market, health care services, and education (Presidency of Migration Management, 2013). Afghans have to follow the regular procedures to apply for asylum, as described in the 2013 Law on Foreigners and International Protection (LFIP). However, because of the prolonged and uncertain decision making process, many Afghans do not apply for asylum in Türkiye but live as irregular immigrants (Eryurt & Koç, 2017). These differences in residency status between Afghans and Syrians are likely to lead to more precarious living conditions among Afghans, which can take toll on their mental health. To our knowledge, no study has systematically investigated

and compared the displacement-related experiences and mental health problems between Syrian and Afghan refugees in Türkiye thus far.

The present study aims to address this gap and provide insight into the current mental health conditions among Syrians and Afghans in Türkiye. Given the protracted humanitarian situation in Afghanistan and legal barriers for Afghans in Türkiye, we hypothesized that compared to Syrians, Afghans would report a higher level of potentially traumatic experiences and have more post-displacement stressors, and that this would be associated with higher self-reported common mental health problems.

2. Method

2.1. Study design and participants

We conducted two parallel online survey studies between April and June 2021, using convenience sampling to recruit participants via three local non-governmental organizations and a municipality working with Syrians and Afghans. These organizations advertised the study on their social network sites (Facebook, telegram, WhatsApp, etc.) The inclusion criteria were 1) being 18 years or older, 2) migrating to Türkiye due to the conflict situation in Syria or Afghanistan, 3) being literate in the Arabic or Dari language. Participants filled out the survey over Qualtrics- online survey platform. Written informed consent was obtained from all participants at the beginning of the survey. Those who agreed to participate were invited to complete an online questionnaire in Dari or Arabic. Completion of the questionnaire took around half an hour. Participants were reimbursed with a grocery check of 3.75 US dollars for their time. The authors assert that all procedures contributing to this work comply with the ethical standards of the relevant national and institutional committees on human experimentation and with the Helsinki Declaration of 1975, as revised in 2008. All procedures involving human subjects/patients were approved by the ethics committee of Koc

University, Istanbul, Türkiye with approval number of 2020.423.IRB3.161. We used the existing Arabic and Dari versions of all the scales except for the one measuring post-displacement stressors. Following the WHO guidelines (World Health Organization, 2016), the scale was translated and back translated by different bilingual speakers. Any inconsistencies between the original and back-translated document were resolved by relying on the original version.

The present sample consisted of 798 Syrian (467, 58.5% female) and 785 Afghan refugees (265, 33.8% female) living in Türkiye with an average age of 33 (SD = ± 10.6) and 30 years (SD = ± 9.5), respectively. Most Syrian participants were married (598, 74.9%), had at least one child (654, 82%), and were under temporary protection status (713, 89.3%). Of the Afghan participants, 49.9% (392) were married, 50.3% (395) had at least one child, and 55.2% (433) were asylum seekers. The average length of stay was 69 (SD = ± 26.35) months for Syrians and 36.3 (SD = ± 24.43) months for Afghans. Table 1 summarizes sample characteristics.

Table 1. Sample characteristics (n = 1581).

	Syrian participants (n = 798)	Afghan participants (n = 785)
Gender (female) n (%)	467 (58.5%)	265 (33.8%)
Age M (SD)	33.22 (10.62)	29.60 (9.50)
Marital status n (%)		
Married	598 (74.9%)	392 (49.9%)
Unmarried	116 (14.5%)	349 (44.5%)
Divorced	24 (3%)	27 (3.4%)
Widowed	60 (7.5%)	17 (2.2%)
Children (yes) n (%)	654 (82%)	395 (50.3%)
Income n (%)		
<1000 Turkish liras	266 (33%)	201 (25.6%)
1001-2000 Turkish liras	313 (39.2%)	294 (37.5%)
2001-5000 Turkish liras	160 (20.1%)	139 (17.7%)
Financial aid (yes) n (%)	157 (19.7%)	120 (15.3%)
Legal status n (%)		
Temporary protection status	713 (89.3%)	Not applicable
Asylum seeker	22 (2.8%)	433 (55.2%)
Conditional refugee	16 (2%)	71 (9%)
Residency permit	9 (1.1%)	138 (17.6%)
Turkish nationality	27 (3.4%)	9 (1.1%)
No legal status	11 (1.4%)	134 (17%)
Education level in years M (SD)	9.20 (4.24)	11.35 (4.24)
Length of stay in months M (SD)	69.05 (26.35)	36.32 (24.43)
Number of experiencing potentially traumatic incidents M (SD)	3.86 (3.19)	5.56 (3.70)
Socio-economic displacement stressors M (SD)	1.60 (.85)	2.12 (.83)
Structural stressors M (SD)	1.03 (.96)	2.06 (1.03)

2.2. Measures

2.2.1. Harvard Trauma Questionnaires (HTQ)

Exposure to potentially traumatic events either in the home country or on the way to Türkiye was assessed by Part One of the Harvard Trauma Questionnaire (Mollica et al., 1992), which consists of 17 items (e.g., lack of food or water, imprisonment, serious injury) rated as 0 (no-absent) or 1 (yes-present). The total score ranges from 0 to 17. The questionnaire is one of the most used scales in conflict-affected populations, including Syrian and Afghan refugees (Acarturk et al., 2022; Wind et al., 2017). As the items are rated on a categorical scale, internal consistency was calculated using the Omega (Hayes & Coutts, 2020), which was 0.82 for both Syrians and Afghans.

2.2.2. The Hopkins Symptoms Checklist (HSCL-25)

Symptoms of depression and anxiety were measured by the Hopkins Symptoms Checklist (HSCL-25) (R. Mollica et al., 1987). The scale has 25 items, of which ten items are for anxiety symptoms (e.g., feeling fearful, trembling) and 15 items for depressive symptoms (e.g., feeling low in energy, slowed down, feeling lonely). Participants rate each item on a 4-point Likert scale ranging from 1 (not at all) to 4 (extremely). HSCL-25 was previously used in Syrian and Afghan populations (Acarturk et al., 2021; Wind et al., 2017). Based on a previous study with refugees in Türkiye (Acarturk et al., 2021), mean cut-off scores of ≥ 2 for anxiety and ≥ 2.1 for depression were used to calculate probable anxiety and depression. These cut-off scores are more conservative than conventional cut-off scores (≥1.75, (R. Mollica et al., 1987)) and are less likely to provide overinflated probabilities. CFA results confirmed the originally structured two factors (anxiety and depression subscales) for both Syrians ($\chi^2(274) = 1313.209$, $p < .001$, CFI = .914, RMSEA = 0.069 (90% CI = 0.065-0.073), SRMR = 0.039) and Afghans ($\chi^2(273) = 1323.381$, $p < .001$, CFI = .905, RMSEA = 0.075

(90% CI = 0.071-0.079), SRMR = 0.045). In the present study, the Cronbach's alphas for anxiety and depression were 0.92 and 0.93 for Syrians and 0.92 and 0.94 for Afghans.

2.2.3. The Short Form of the Post-Traumatic Stress Disorder Checklist for DSM-5

PTSD symptoms were assessed using the Short Form of the Post-Traumatic Stress Disorder Checklist (PCL-5) (Price et al., 2016), which is based on the DSM-5 diagnostic criteria for PTSD. The short form consists of four items, measuring symptoms of hyperarousal, intrusion, avoidance, and negative cognition. Participants are asked to indicate to which extent they have experienced these symptoms in the last month on a 5-point Likert scale (from 0 = not at all to 4 = extremely). Higher total scores indicate higher PTSD symptoms. A cut-off score of ≥ 5 was used to indicate probable PTSD as established in previous research (Zuromski et al., 2019). The Arabic and Farsi version of the PCL-5 were validated and used before (Ibrahim et al., 2018; Koch et al., 2019). The Cronbach's alpha was 0.80 for Syrians and 0.83 for Afghans.

2.2.4. Post-Migration Living Difficulties Checklist

Post-migration Living Difficulties Checklist (Schick et al., 2016; Silove, Sinnerbrink, Field, & Steel, 1997) was used to assess to what extent Syrians and Afghans have been experiencing a wide range of post-displacement stressors in the past 12 months. 17 items are rated on a 5-point Likert scale ranging from 0 (not a problem) to 4 (very serious problem). It was widely used in conflict-affected populations, including Syrian refugees (De Graaff et al., 2020). Following the categorization by Li et al. (2016), we utilized the confirmatory factor analysis (CFA) to test three factors resolution of the scale as socioeconomic, social and interpersonal, and asylum process related post-displacement difficulties. However, the model did not fit the data well for both Syrian and Afghan sample. Therefore, we combined socioeconomic and interpersonal dimensions as socio-economic post-displacement

difficulties (12 items) (sample item: discrimination, separation from family, difficulties with employment, difficulties about financial assistance) and also reworded the asylum process related difficulties as structural post-displacement difficulties (5 items) (sample item: unable to return home in emergency, difficulties with asylum procedures, not being recognized as a refugee). Two factors structure of the scale fit the data well for both sample ($\chi^2(111) = 593.636$, $p < .001$, CFI = .909, RMSEA = 0.074 (90% CI = 0.068-0.079), SRMR = 0.056 for Syrian sample, $\chi^2(114) = 502.979$, $p < .001$, CFI = .901, RMSEA = 0.069 (90% CI = 0.063-0.075), SRMR = 0.050 for Afghan sample). The Cronbach's alpha for socio-economic and structural post-displacement related difficulties were 0.87 and 0.78 for Syrians and 0.84 and 0.77 for Afghans.

3. Statistical analyses

Confirmatory factor analyses to test the factor structures of the measures were conducted in Mplus 8.5 (Muthén & Muthén, n.d.). Descriptive analyses and hypothesis testing were conducted in SPSS Version 26 (IBM Corp, 2019). Descriptive statistics were performed to show the socio-demographic characteristics of both the Syrian and Afghan samples. Mean differences on exposure to potentially traumatic events and post-displacement stressors across gender were tested through one-way ANOVA, and across refugee groups were tested through one-way ANCOVA. Normality assumption was checked using normal Q-Q plot and checking skewness (ranging from .99 to -.41) and kurtosis values (ranging from .47 to -.38).

Three binary mental health disorder variables (depression, anxiety, and PTSD) were calculated based on the cut-off scores in previous studies. The logistic regression was conducted to test the differences between Syrians and Afghans in terms of the prevalence of mental health disorders. To identify the risk factors for mental health disorders, multiple

logistic regression was performed for both Syrians and Afghans. Socio-demographics variables (e.g., age, gender, marital status, income level, education in years, and length of stay) and potentially traumatic events and socio-economic and structural displacement stressors were included in the logistic regression as the potential explanatory variables for three probable mental health disorders. The included predictor variables were checked for multicollinearity and influential outliers using scatterplots.

4. Results

4.1. Exposure to potentially traumatic events and post-displacement related stressors

72.7% (580) of Syrian and 84.6% of Afghan (664) participants reported at least two potentially traumatic events in their home country or en route to Türkiye. In both groups, the most frequently reported potentially traumatic event was "living in a combat situation" (72.7% for Syrians, 66.4% for Afghans), followed by "lack of food or water" (56% for Syrians, 56.1% for Afghans). There was no statistically significant mean difference between females and males in experiencing potentially traumatic events ($F(1, 781) = .013$, $p = .909$) among Syrian participants. In contrast, Afghan males reported a significantly higher number of traumatic events than Afghan females ($F(1, 773) = 4.92$, $p = .027$). Overall, Afghan participants reported a significantly higher number of traumatic events than Syrian participants ($F(1, 1555) = 79.93$, $p < .001$) after being adjusted for gender. There was no statistically significant mean difference between females and males in terms of experiencing displacement stressors ($F(1, 781) = 0.29$, $p = .593$) in the Syrian and Afghan sample ($F(1, 703) = 0.06$, $p = .815$). Overall, Afghan participants reported a significantly higher level of socio-economic and structural displacement stressors than Syrian participants ($F(1, 1485) = 133.36$, $p < .001$, $F(1, 1485) = 352.49$, $p < .001$, respectively), after being adjusted for gender.

4.2. Prevalence of common mental health disorders

The prevalence of probable depression, anxiety and PTSD were 41.1%, 39.6%, and 41.6%, respectively, for Syrians and 50.3%, 42%, and 46.5%, respectively, for Afghans. Among Syrian participants, 56.7% suffered from at least one disorder, 41.0% from at least two disorders, and 26.4% from all three disorders. Among Afghan participants, 67.8% had at least one disorder, 53.7% had more than one disorder, and 37.7% had all three disorders. Even after adjustment for gender, Afghan participants were more likely than Syrians to have probable depression (OR 2.21 [95% CI 1.77-2.75]), anxiety (OR 1.58 [95% CI 1.27-1.96], and PTSD (OR 1.74 [95% CI 1.40-2.17].|After controlling for potentially traumatic events and displacement related stressors, the only significant difference between Afghans and Syrians was the probable rate of anxiety, with Afghans having a higher risk than Syrians (OR 1.54 [95% CI 1.16-2.06].

4.3. Risk factors associated with common mental health disorders

After holding all other variables constant, there was a strong association between gender and mental disorders among Syrian participants. Females were almost twice as likely to have probable depression (OR 2.19 [95% CI 1.48-3.25]), anxiety (OR 1.97 [95% CI 1.33-2.91], and PTSD (OR 1.75 [95% CI 1.19-2.56]). As the education level increased, the probability of having depression (OR 1.05 [95% CI 1.01-1.10]), anxiety (OR 1.06 [95% CI 1.01-1.11]) and PTSD increased, too (OR 1.07 [95% CI 1.02-1.11]). In addition to demographic characteristics, exposure to potentially traumatic events was significantly associated with the increased risk of having mental health disorders (OR 1.14 [95% CI 1.06-1.21] for depression, OR 1.19 [95% CI 1.12-1.28] for anxiety, OR 1.18 [95% CI 1.11-1.27] for PTSD). Further, the higher level of both socio-economic and structural post-displacement stressors was associated with a higher risk of anxiety (OR 1.84 [95% CI 1.35-2.50], OR 1.49 [95% CI 1.16-1.93], respectively) while only socio-economic post-displacement stressors

were significant risk factors for depression (OR 3.29 [95% CI 2.37-4.56]) and PTSD (OR 2.23 [95% CI 1.64-3.04]).

For Afghan participants, the female gender was associated with more than two times higher risk of having mental disorders (OR 2.74 [95% CI 1.73-4.33] for depression, OR 2.69 [95% CI 1.74-4.16] for anxiety, OR 2.25 [95% CI 1.42-3.59] for PTSD). Older age significantly increased the risk of having anxiety (OR 1.03 [95% CI 1.01-1.06]). In terms of residency status, compared to legal status holders, asylum seekers reported a significantly higher level of anxiety (OR 2.07 [95% CI 1.05-4.09]) and PTSD (OR 3.15 [95% CI 1.54-6.41]). Those without legal status had a higher level of depression (OR 2.00 [95% CI 1.12-3.58]) and PTSD (OR 3.23 [95% CI 1.77-5.89]) than those with legal status. Similar to Syrians, potentially traumatic events were associated with a heightened risk of having depression (OR 1.17 [95% CI 1.09-1.26]), anxiety (OR 1.19 [95% CI 1.11-1.27]), and PTSD (OR 1.21 [95% CI 1.12-1.30]). Lastly, both socio-economic and structural post-displacement stressors significantly increased the risk of having anxiety (OR 2.20 [95% CI 1.53-3.18], OR 1.37 [95% CI 1.02-1.82], respectively) and PTSD (OR 2.60 [95% CI 1.78-3.80], OR 1.51 [95% CI 1.12-2.04, respectively], respectively) while only socio-economic post-displacement stressors were associated with depression (OR 2.86 [95% CI 1.96-4.16]). Table 2 and Table 3 shows the results of multiple logistic regression for Syrians and Afghans, respectively.

Table 2. Adjusted odd ratios of rates of depression, anxiety, and PTSD among Syrian participants.

Predictor variables	Depression (n = 663)		Anxiety (n = 663)		PTSD (n = 663)	
	Adjusted OR (95% CI)	p values	Adjusted OR (95% CI)	p values	Adjusted OR (95% CI)	p values
Gender (ref=male)	2.19*** (1.48-3.25)	<.001	1.97*** (1.33-2.91)	<.001	1.75** (1.19-2.56)	.004
Age	.99 (.98-1.01)	.464	1.02 (.99-1.03)	.086	1.00 (.98-1.02)	.928
Marital status (ref= unmarried)	.69 (.45-1.06)	.089	.98 (.63-1.51)	.911	.97 (.63-1.49)	.878
Education level (in years)	1.05* (1.01-1.10)	.025	1.06* (1.01-1.11)	.021	1.07** (1.-1.11)	.007
Income (ref = < 1000 Turkish liras)						
1001-2000 Turkish liras	1.12 (.73-1.71)	.619	.68 (.44-1.04)	0.78	.71 (.47-1.09)	.114
2001-5000 Turkish liras	.67 (.40-1.12)	.131	.73 (.44-1.20)	.214	.69 (.42-1.14)	.144
Length of stay (in months)	1.00 (.99-1.01)	.540	1.00 (.99-1.01)	.283	1.00 (.99-1.01)	.488
Exposure to traumatic incidents	1.14*** (1.06-1.21)	<.001	1.19*** (1.12-1.28)	<.001	1.18*** (1.12-1.27)	<.001
Socio-economic displacement stressors	3.29*** (2.37-4.56)	<.001	1.84***(1.35-2.50)	<.001	2.23*** (1.64-3.04)	<.001
Structural displacement stressors	1.01 (.78-1.30)	.968	1.49**(1.16-1.93)	.002	1.25 (.97-1.62)	.080

*$p < 0.05$, *$p < 0.01$, ***$p < 0.001$.

Table 3. Adjusted odd ratios of rates of depression, anxiety, and PTSD among Afghan participants.

Predictor variables	Depression (n = 584)		Anxiety (n = 584)		PTSD (n = 584)	
	Adjusted OR (95% CI)	p values	Adjusted OR (95% CI)	p values	Adjusted OR (95% CI)	p values
Gender (ref=male)	2.74*** (1.73-4.33)	<.001	2.69*** (1.74-4.16)	<.001	2.25*** (1.42-3.56)	<.001
Age	1.02 (.99-1.05)	.096	1.03* (1.01-1.06)	.011	1.02 (.99-1.05)	.075
Marital status (ref= unmarried)	0.68 (.42-1.05)	.083	1.10 (.71-1.71)	.660	0.89 (.56-1.41)	.623
Education level (in years)	0.99 (.95-1.05)	.958	0.98 (.93-1.03)	.404	0.98 (.93-1.03)	.399
Legal status (ref = legal status holders)						
Asylum seekers	.05 (.88-3.46)	.110	2.07*(1.05-4.09)	.037	3.15** (1.54-5.41)	.002
No legal status holders	2.00* (1.12-3.58)	.019	1.73 (.97-3.07)	.064	3.23*** (1.77-5.89)	<.001
Income (ref = < 1000 Turkish liras)						
1001-2000 Turkish liras	0.78 (.48-1.27)	.316	0.71 (.44-1.13)	.151	0.94 (.57-1.53)	.792
2001-5000 Turkish liras	0.87 (.49-1.56)	.645	0.79 (.45-1.39)	.409	0.93 (.52-1.67)	.806
Length of stay (in months)	1.00 (.99-1.01)	.675	1.00 (.99-1.01)	.823	1.00 (.99-1.01)	.928
Exposure to traumatic incidents	1.17*** (1.09-1.26)	<.001	1.19*** (1.11-1.27)	<.001	1.21*** (1.12-1.29)	<.001
Socio-economic displacement stressors	2.86*** (1.96-4.16)	<.001	2.20*** (1.53-3.18)	<.001	2.60*** (1.78-3.80)	<.001
Structural displacement stressors	1.13 (.84-1.51)	.430	1.37* (1.02-1.82)	.034	1.51** (1.21-2.04)	.007

*$p < 0.05$, *$p < 0.01$, ***$p < 0.001$

5. Discussion

5.1. Main findings and interpretation

The present study aimed to examine and compare the self-reported rates of depression, anxiety, and PTSD among Syrian and Afghan refugees in Türkiye. We found high symptom rates of common mental health problems among both groups. More than half of the participants in both groups (56.72% for Syrians and 67.79% for Afghans) reported at least one mental health problem. The current estimates for Syrians were higher than those reported among Syrian refugees in Türkiye and Western countries (Acarturk et al., 2021; Nguyen et al., 2022). However, they are comparable with the reported estimates in a recent study conducted among Syrian refugees during the pandemic (Kurt et al., 2021). In that study, the prevalence rates of depression and anxiety were 51.9% and 42.9% among the participants. Thus, the observed increase in the prevalence rates might be due to the additional difficulties during the pandemic such as lack of access to hygiene materials, losing job, and being unable to pay rent.

Estimated prevalence rates for Afghans were higher than those reported in Western countries (Gerritsen et al., 2006; Slewa-Younan et al., 2017), but were similar to those reported following the conflict period in Afghanistan and in neighbouring countries. Scholte et al. (2004) and Cardozo et al. (2004) found prevalence rates of depression of 38.5% and 67.7%, anxiety as 51.8% and 72.2%, and PTSD as 20.4% and 42.1% among Afghans in different areas of Afghanistan. A systematic review reported that mental health problems are highly prevalent among Afghan refugees in Iran, with at least one-third suffering from one mental health problem (Hosseini-Divkolaye & Burkle, 2017).

In line with our initial assumption, Afghans reported a higher number of potentially traumatic events and displacement-related stressors. Entrenched war and conflict situation in Afghanistan over 40 years and dangerous migration route from Afghanistan to Türkiye might explain the higher level of potentially traumatic events reported by Afghans than Syrians. A recent in-depth study with 50 Afghans in Istanbul sheds light on the precarious conditions of Afghans before, during, and after migrating to Türkiye. The travel from Afghanistan to Türkiye was often perilous and could take several months (Karadağ, 2021). Although both Syrians and Afghans live in the same displacement context, the degree to which they experience post-displacement difficulties evidently varies. Mental health problems, mainly anxiety, were higher among Afghans than Syrians even after controlling for the effect of traumatic events and displacement related stressors. The disparities in post-displacement experiences and probable anxiety might be explained by legal status. Their temporary protection status opens the doors for Syrians to utilize basic services even if in practice access may still be challenging. Unlike Syrians, many Afghans live as asylum seekers waiting for the decision or as irregular migrants which hampers their access to basic services (Eryurt & Koç, 2017). Within Türkiye many Afghans lived under constant fear for deportation, which prompted them to live their life as invisible as possible in order to stay under the radar of the authorities and obliged them accept the hardest and the most unstable jobs (Karadağ, 2021). The uncertainty of their legal status is likely to create hardships for them and hinder their ability to look forward (Li et al., 2016), which might explain the substantial differences in displacement experiences and mental health conditions among Afghans and Syrians in the present study.

As for the second aim of the study, we investigated the risk factors for mental health problems in both groups. Consistent with the existing evidence, female gender appeared as a significant risk factor for all three mental health problems among Syrians and Afghans

(Acarturk et al., 2021; Alemi et al., 2014). The higher risk for females to develop mental health problems might be explained by gender roles, and experiences of gender based violence including intimate partner violence, and early or forced marriages, and social isolation (Hassan et al., 2016; Omidian & Miller, 2006). Further, we found that higher education level was associated with increased risk of having mental health problems among Syrians only. Since the qualifications in home countries are not easily transferable to the new setting, they are likely to be either unemployed or underemployed (working below the level of education or training that they completed at home countries) (von Haumeder et al., 2019). Therefore, higher education level poses a profound risk for mental health because those with higher education might have more to lose due to conflict and displacement (Porter & Haslam, 2005). On the other hand, older age was associated with higher risk of having anxiety among only Afghans. Previous studies with Afghans also showed that older Afghans have more mental health problems (Scholte et al., 2004; Slewa-Younan et al., 2017). Further, legal status was another important risk factor among Afghan refugees. Compared to legal status holders, asylum seeking applicants and no legal status holders (including those whose applications were rejected and those who did not apply for protection) reported higher level of mental health problems. This is in line with research highlighting the adverse impacts of prolonged and uncertain asylum-seeking process (Hajak et al., 2021; Li et al., 2016). Being an asylum seeker is a potent risk factor for mental health of Afghans in Western countries (Alemi et al., 2014) and in neighbouring countries such as Iran (Hosseini Divkolaye & Burkle, 2017). Even after a long process of asylum-seeking, permanent residency status is not guaranteed to the applicants. In Türkiye, asylum-seeking process is complicated, with the possibility of withdrawal of the residency if their home country becomes safe to return which hinders one's ability to look forward and adapt to the new life (Li et al., 2016). This situation, unfortunately, puts Afghans in an even more vulnerable position.

Our finding showing that exposure to potentially traumatic events increases the risk of having mental health problems dovetails with the large body of research among forcibly displaced communities (Bogic et al., 2015; Steel et al., 2009). As for the post-displacement related stressors, we found that socio-economic displacement stressors (e.g., discrimination, isolation, financial difficulties) were more consistent predictor of mental health problems among Syrians and Afghans. Those having experienced higher level of socio-economic stressors were two to three times more likely to develop mental health problems. Compared with traumatic events, this increased risk might be related to the characteristics of socio-economic stressors that are proximal in time and ubiquitous in daily life (Miller & Rasmussen, 2017). On the other hand, structural displacement stressors were associated with higher risk of anxiety among Syrians and Afghans and higher risk of PTSD among Afghans. Considering the content of structural stressors such as difficulties related to asylum process and being fearful of being sent back to the origin country, it is imperative to assume that these stressors fuel a feeling of uncertainty, which provides the ground for anxiety and related disorders (Gentes & Ruscio, 2011). These findings are of particular importance by showing that stressors encountered in different areas of life affect mental health to a different degree (Hou et al., 2020a).

5.2. Strengths, Limitations, and Implications

To the best of our knowledge, this study is the first study to provide a comparative picture of the hardships of two major refugee groups in Türkiye. Since the initial onset of the Syrian war, there have been several studies investigating the mental health conditions of Syrians in the neighbouring and Western countries (Hendrickx et al., 2019; T. P. Nguyen et al., 2022). Several international collaborations are undertaking studies testing the effectiveness of psychosocial interventions on mental health among Syrians (Acarturk et al.,

2022; Sijbrandij et al., 2017). On the other hand, despite the conflict situation in their country and continuing displacement, Afghans' displacement conditions and mental health received relatively scant attention. With the withdrawal of foreign military forces and Taliban takeover of the country, the humanitarian situation in Afghanistan further deteriorated, putting approximately 25 million people in need. Due to the dire conditions in Afghanistan- conflict situation, natural disasters, COVID-19 pandemic, economic collapse-, almost one million people were displaced inside the country and thousands of them sought refuge in Iran and Pakistan (United Nations High Commissioner for Refugees, 2022a), with the possibility of many more people fleeing the country in the near future. It is likely therefore that more Afghans will find their way towards Türkiye to either stay or pass to European countries. We hope that the findings of the high mental health needs of Afghans in Türkiye will lead to more academic work on this group and lead to improved humanitarian programming.

Our findings reveal the impacts of conflict-related potentially traumatic events and post-displacement stressors, highlighting vulnerable groups among Syrians and Afghans such as females, highly educated, and older individuals. Although resources might be limited to directly working with the traumatic events, especially in low and middle- income countries that are short of mental health resources (World Health Organization, n.d.), efforts might be spent on improving life circumstances for refugees and asylum seekers living in displacement through for example less restrictive asylum policies, better access to education and labour market, and cash-based interventions (Miller & Rasmussen, 2017). Further, our findings suggest that socio-economic stressors might be more proximal and pervasive than structural ones, increasing susceptibility more for mental health problems. We assume therefore that structural barriers or stressors influence mental health via precipitating socio-economic stressors, but this assumption requires further inquiry.

The present study has number of limitations. First of all, due to the pandemic conditions, we conducted online survey study, which might restrict our ability to extrapolate the current findings to Syrians and Afghans in Türkiye in general. Secondly, this study was based on self-report assessment of mental health problems. A recent systematic review and meta-analysis showed that self-report measurements might yield overestimated prevalence rates (Charlson et al., 2019b). Therefore, it is important to be cautious in making inferences about the prevalence rates of mental health problems among Syrians and Afghans in Türkiye. Further, we utilized the most commonly used measures to assess mental health problems among these groups. As such, we might have overlooked idiosyncratic ways of expressions of mental health problems (Ventevogel & Faiz, 2018).

Conclusion

Self-reported mental health problems are highly prevalent among Syrians and Afghans, with more than half of the participants reported at least one mental health problem. Afghans were at greater risk of experiencing conflict-related traumatic events, post-displacement related stressors, and mental health problems than Syrians. Some groups such as females, older and highly educated participants had increased risks. These findings shed light on the displacement-related experiences and mental health conditions of two major refugee groups in Türkiye.

CHAPTER 5

SOCIO-CULTURAL INTEGRATION OF AFGHAN REFUGEES IN TURKEY: THE ROLE OF TRAUMATIC EXPERIENCES, POST-DISPLACEMENT STRESSORS, AND MENTAL HEALTH

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Abstract

Socio-cultural integration of refugees has received scant attention. Turkey hosts the largest number of refugees, including Afghans, as one of the largest asylum-seeking groups in Turkey. The aim of the present study is to investigate the socio-cultural integration outcomes among Afghan refugees in Turkey by considering the role of traumatic experiences, post-displacement stressors, and mental health. A cross-sectional online study was conducted with 785 Afghan refugees in Turkey. Results showed that conflict-related traumatic experiences and post-displacement stressors significantly predicted higher mental health symptoms. Experiencing traumatic incidents significantly predicted higher levels of social bridges, adopting destination culture, and lower level of maintaining heritage culture. Mental health problems played a significant role in the relationship between stressors related to forced displacement and integration outcomes-social bridges and adopting destination culture. These findings highlight the role of mental health as an indispensable resource for socio-cultural integration. Further, conflict and displacement-related stressors are important determinants of socio-cultural integration among Afghan refugees in Turkey.

Keywords:

Mental health, resource model, integration, Afghan refugees, Turkey

1. Introduction

As of July 2022, global displacement hit the highest record, with more than 100 million people (United Nations High Commissioner for Refugees, 2022c). Ongoing conflict, violence, and persecution have forced 27 million people to leave their country of origin and seek refuge in neighbouring and other countries. Syria and Afghanistan are among the largest refugee-originating countries. Since 2014, Turkey has been hosting the largest number of refugees and asylum seekers, with 4 million of whom 3.7 million are Syrians who fled to Turkey due to the civil unrest (UNHCR, 2021). Afghans are the second-largest group living as either asylum seekers or irregular immigrants in Turkey (Presidency of Migration Management, 2022a). As a torn-apart country by foreign and local forces, Afghanistan has an intricate story of forced migration over more than 40 years. After the religious forces seized power in 2021, the humanitarian crisis was further accelerated, putting millions of people in dire instability. Almost a million newly displaced Afghans have been recorded since January 2021 (UNHCR, 2022a), portending the new influx of Afghan refugees in the future, likely to compound their existing vulnerabilities (Silove & Ventevogel, 2022).

Although neighbouring countries like Pakistan and Iran are mainly affected by the ongoing volatile situation in Afghanistan, Turkey has a central role in Afghans' migration history both as a transit and destination country. Since the mid of 1980s, there has been an uprising trend in the number of Afghans coming to Turkey to settle in or pass to the Global North (Eryurt & Koç, 2017; İçduygu & Karadağ, 2018). As a party to the 1950 Geneva Convention, Turkey only grants refugee status to those from European countries. Others fleeing from persecution and violence in their country of origin are subject to regulations set by the 2013 Law on Foreigners and International Protection (LFIP) (Presidency of Migration Management, 2013). That is, asylum-seeking people have to apply for international protection to stay in Turkey until they are replaced in a third country. The only exception to

this rule is for Syrians fleeing from Syria. They are granted a temporary protection status allowing them to stay in Turkey with no fear of deportation and access to basic services such as education, employment, and health. Until 2015, the number of Afghans coming to Turkey did not increase substantially. However, in 2015, Turkey's open-door policy in response to the Syrian crisis led to a significant impetus for Afghans to migrate to Turkey to either stay or transit to European countries (İçduygu & Karadağ, 2018). Due to the accelerating humanitarian situation in 2021, there has been an exponential increase in the number of Afghans coming to Turkey as irregular migrants (Presidency of Migration Management, 2022a). Given the history of Afghan migration movements over years, it is prudent to say that Turkey preserved its unique place as a steppingstone to prosperous countries and a destination country.

Forcibly displaced people have experienced many traumatic incidents such as human rights violations, torture, physical injury, and witnessing the death or injury of loved ones either in their countries or en route to the hosting countries (Miller & Rasmussen, 2017). However, the plight of those people is not only resulted from conflict and its sequela. They encounter many displacement-related stressors such as uncertainty in residency status (Steel et al., 2011), unemployment (Giacco, 2019), social isolation (Li et al., 2016), and discrimination (Çelebi et al., 2017) once they settle in the hosting countries. Given the constellation of stressors before, during, and after migration, refugees are more likely to experience mental health problems and deteriorated functioning than the general population (Patanè et al., 2022). In a recent-meta analysis, the estimated prevalence of depression, anxiety, and posttraumatic stress disorder (PTSD) among refugees and asylum seekers are 31.5%, 31.4%, and 11%, respectively (Blackmore et al., 2020), with even higher rates among those in low-and middle-income countries (LMICs) (Patanè et al., 2022). A similar pattern of mental health problems was also reported among Afghan refugees and asylum seekers living

in neighbouring and high-income countries (Gerritsen et al., 2006; Divkolaye & Burkle, 2017; Slewa-Younan et al., 2017; Walther et al., 2020). Nevertheless, despite their entrenched migration history in Turkey, less is known about the mental health of Afghans. Existing studies provide rich information on Afghans' plight that they have to endure before, during, and after migration, such as precarious post-migration living conditions such as lack of legal status, lack of access to basic services, extreme poverty, and social isolation and associated mental health difficulties (Alemi et al., 2017; Karadağ, 2021). Nevertheless, these studies do not go further beyond depicting what is expected given Afghans' precarious conditions.

Mental health is of particular relevance to the integration process of refugees. Upon their arrival to the host country, refugees are expected to participate actively, contribute to the host society in a meaningful way, and thereby integrate into the host community (Ager & Strang, 2008). Resource-based model of refugee adaptation (Ryan et al., 2008) considers mental health as an indispensable resource facilitating full participation and successful integration. Therefore, experiencing mental health problems might hinder refugees' social and cognitive capacities and skills, which are necessary during the integration process (Nickerson et al., 2019; Schick et al., 2016).

Despite unresolved controversies around how to define and measure integration, it is ultimately what host countries expect from refugees (Ager & Strang, 2008) because refusing or being unable to integrate into society is related to profound societal and economic repercussions (Esses et al., 2017; d'Artis Kancs & Lecca, 2018). Integration is often conceived as a dynamic, multidimensional, and two-way process unfolding over time and evident with participation in different areas of life such as social, cultural, and economic domains (Ager & Strang, 2008). One dimension of integration is socio-cultural integration, defined by the combination of social capital that refugee communities maintain or develop

after the resettlement and cultural adaptation (Pennix, 2005). According to the Social Capital Theory (Putnam, 2000), social relationships and networks provide crucial social capital to people whereby they can obtain resources, access emotional and instrumental support, and maintain healthy functioning. There are different types of social capital: social bonds (contact with own ethnic community members) and social bridges (contact with host community members), each is necessary for refugees to build a new, fulfilling life in the host country (Ager & Strang, 2008). On the other hand, cultural adaptation is often investigated during the acculturation process, which changes people's values, norms, behaviours, and identities when they encounter a new culture. During intercultural contact, people might prefer maintaining their heritage culture and adopting the host community culture to a different degree (Berry, 1997). Both social capital and cultural adaptation as the indicators of socio-cultural integration are closely associated with better mental health and functioning outcomes among refugee communities (Chen, Ling, et al., 2017; Niemi et al., 2019; Tartakovsky & Saranga, 2022). Further, unique stressors related to being a refugee pose significant risk factors for acquiring or maintaining social relationships and cultural adaptation. Even after resettling in a new country, experiencing traumatic incidents in the home country or en route to the new country is likely to disrupt the adaptation process of refugees (Kurt et al., 2021), which might result in difficulty in forming relationships with the host community and maintain existing social ties with own ethnic community (Tartakovsky & Saranga, 2022). Post-displacement stressors such as negative perception of the host country, discrimination, and language barrier also negatively impact refugees' integration (Esses et al., 2017). Integration outcomes among Afghan refugees have been subject to scientific inquiry, yet the studies predominantly investigated the economic aspect of integration and those living in high-income countries (Bakker et al., 2014; Stempel & Alemi, 2021; Walther et al., 2020). Social and cultural

dimensions have received little attention so far, with a scant focus on conflict and displacement-related experiences (Nasrat, 2020; Vergani et al., 2021).

Although the relationship between mental health and integration among refugees is now well-established, there is a dearth of studies examining this relationship by considering the potential impacts of traumatic experiences and post-displacement stressors. Overlooking stressors particularly related to conflict and displacement leads to an incomplete picture of the refugee integration process. Further, evidence on mental health and integration of Afghan refugees is very much limited, albeit needed in a given socio-political atmosphere. We, therefore, aimed to investigate the socio-cultural integration outcomes among Afghan refugees in Turkey by considering the unique role of traumatic experiences and post-displacement stressors. Drawing from the resource-based model of refugee adaptation (Ryan et al., 2008), we also examined the role of mental health as an important mediator in the relationship between traumatic experiences and post-displacement stressors and socio-cultural integration. We posited that traumatic experiences and post-displacement stressors would be positively associated with mental health symptoms and negatively with socio-cultural integration outcomes, namely social bridges, social bonds, heritage culture maintenance, and destination culture adoption. The relationship between the traumatic experiences and post-displacement stressors and socio-cultural integration would be significantly explained by mental health. That is, traumatic experiences and post-displacement stressors would predict a higher level of mental health problems, which in turn predict a lower level of socio-cultural integration- lower level of social bridges, social bonds, heritage culture maintenance, and destination culture adoption.

2. Method

2.1. Participants

The current sample consisted of 785 Afghans (33.8% female) who sought refuge in Turkey due to the unrest in Afghanistan. The average age of the participants was 29.60 (9.50), ranging from 18 to 67. Among the participants, half were married (49.9%), had at least one child (50.3%), and were asylum seekers (55.2%). The average duration of stay in Turkey was 36.32 months (24.43), and the average number of years of education was 11.35 years (4.24). Most participants' monthly household income (80%) was under 300 US dollars. The most frequently reported traumatic incidents were "living in a combat situation (66.4%)" and "lack of food or water (56.1%)" while "brainwashing (5.4%)" and "rape or sexual abuse (6.6)" were the least reported incidents. The details are given in Table 1.

Table 1. Sample characteristics (n = 785).

Gender (female) n (%)	265 (33.8%)
Age M (SD)	29.60 (9.50)
Marital status n (%)	
Married	392 (49.9%)
Unmarried	349 (44.5%)
Divorced	27 (3.4%)
Widowed	17 (2.2%)
Children (yes) n (%)	395 (50.3%)
Income n (%)	
<1000 Turkish liras	201 (25.6%)
1001-2000 Turkish liras	294 (37.5%)
2001-5000 Turkish liras	139 (17.7%)
Financial aid (yes) n (%)	120 (15.3%)
Legal status n (%)	
Asylum seeker	433 (55.2%)
Conditional refugee	71 (9%)
Residency permit	138 (17.6%)
Turkish nationality	9 (1.1%)
No legal status	134 (17%)
Education level in years M (SD)	11.35 (4.24)
Length of stay in months M (SD)	36.32 (24.43)
Number of experiencing potentially traumatic incidents M (SD)	5.56 (3.70)
Post migration living difficulties M (SD)	2.12 (.83)

2.2. Procedure

A cross-sectional, web-based survey study was conducted between April and June 2021. We recruited participants in collaboration with a country-wide operating non-governmental organization and a municipality providing services to Afghan refugees in Turkey. These organizations disseminated the study announcement via different channels (e.g., social media accounts and beneficiary networks). Participants who were above 18 years, were literate in the Dari language, had Afghan origin, and fled to Turkey due to political and economic unrest in Afghanistan were invited to fill out the survey, including a series of questions about sociodemographic characteristics, potentially traumatic incidents, post-migration living difficulties, mental health symptoms, and integration. Those not meeting these inclusion criteria were excluded from the study. Before participating in the survey, participants were presented with written informed consent explaining the purpose and scope of the study. Completion of the survey lasted approximately half an hour. Participants were given a grocery check of 3.75 US dollars to compensate for their time and effort. Given the sensitive nature of the questions in the survey, participants were provided with the contact details of bilingual research assistants and psychosocial support services so that they could reach out if they wanted to. The study was reviewed and approved by the university's ethics committee [2020.423.IRB3.161.].

2.3. Measures

2.3.1. Potentially traumatic incidents

Part One of the Harvard Trauma Questionnaire (HTQ) (Mollica et al., 1992) was used to measure the potentially traumatic incidents that the participants have experienced before, during, and or after migrating to Turkey. The instrument includes 17 items (e.g., "lack of food or water," "combat situation," "imprisonment)," each rated on a 0 (no- absent) to 1 (yes-present) scale. Sum scores are calculated as ranging from 0 to 17. Higher scores indicate a

higher number of potentially traumatic incidents experienced by the participants. We used the validated Dari version (Wind et al., 2017). As the items are answered on a categorical scale, internal consistency was evaluated by calculating Omega, which was 0.82 in the present study.

2.3.2. Post-displacement stressors

Post-Migration Living Difficulties Checklist (Schick et al., 2016; Silove, Sinnerbrink, Field, Manicavasagar, et al., 1997) is a 17-item scale that measures the wide range of challenges such as social, economic, and legal stressors that participants have been experiencing in the last 12 months. Items are rated on a 5-point Likert Scale, ranging from 0 (not a problem) to 4 (very serious problem). Higher scores indicate a higher level of post-displacement stressors experienced in the last 12 months. Following the WHO guidelines for rigorous adaptation (World Health Organization, 2016), the scale was translated and back-translated by bilingual researchers in the present study. Any inconsistencies between the original and back-translated document were resolved by relying on the original version. The Cronbach's alpha for this study was 0.89.

2.3.3. Mental health symptoms

Mental health symptoms as an indicator of psychological resources were evaluated using Hopkins Symptom Checklist (HSCL-25, Mollica et al., 1987) with 25 items focusing on symptoms of anxiety and depression. Participants are asked to indicate how much they are bothered or distressed by the given symptoms (e.g., feeling fearful and trembling for anxiety symptoms and feeling low in energy, slowed down, and feeling lonely for depressive symptoms) in the last week, including today. Each item is rated on a 4-point Likert Scale (1 = not at all, 4 = extremely), which higher scores indicate a higher level of mental health symptoms. The scale was previously used with the Afghan displaced community (Wind et al., 2017). The Cronbach's alpha for the scale was 0.96, 0.92 for anxiety, and 0.94 for depression

subscales. In the present study, we used the overall mean score of the scale as an indicator of mental health symptoms.

2.3.4. Integration outcomes

2.3.4.1.Social integration

Following the conceptualization by (Ager & Strang, 2008) on different domains of integration, we focused on assessing social bonds (contact with co-ethnic group members) and social bridges (contact with the host community) as the indicators of social integration. We used four items to measure quantity (frequency of contact) and quality of contact (valence of contact) with the co-ethnic group and host community members (Barlow et al., 2012). The items are "How frequently do you contact people from your ethnic group/Turkish people?" and "How frequently do you have positive contact with people from your ethnic group/Turkish people?". These items were translated and back-translated by bilingual researchers. We combined the items for quality and quantity of contact with own ethnic group as *social bonds* and with Turkish people as *social bridges*. Then, we ran confirmatory factor analysis (CFA) to test our initial conceptualization of these two dimensions. Allowing two factors covary, the model was just identified with factor loadings ranging from 0.75 to 0.95, indicating acceptable loadings. The Cronbach's alpha was 0.84 for social bonds and 0.76 for social bridges.

2.3.4.2.Cultural integration

As indicators of cultural integration, acculturation orientations as maintenance of heritage culture and adoption of destination culture were measured by the Vancouver Index of Acculturation (VIA) (Ryder et al., 2000). Participants are asked to rate on a 9-point Likert scale (1 = strongly disagree, 9 = strongly agree) to what extent they agree to maintain the values and norms of their heritage culture and embrace the culture of the destination country in different domains of life such as private and public domains. It has 20 items mirroring each

other, with the only difference about the heritage or destination culture. Example items are "I often participate in my heritage cultural traditions" and "I often participate in mainstream cultural traditions." Items were translated and back-translated by bilingual researchers. The scale has often been used for culturally diverse communities to understand their integration process in the resettlement context (e.g., Testa et al., 2019; Zhang et al., 2010). Higher scores indicate greater endorsement of the respective culture's values, norms, and practices. CFA was conducted to test the original two factors structure of the scale. The final model fit the data well ($\chi 2(168) = 469.776$, $p < .001$, CFI = 0.911, RMSEA = 0.052 (90% CI = 0.047-0.058), SRMR = 0.053) with factors loading ranging from 0.49 to 0.73, indicating acceptable loading values. The Cronbach's alpha for maintenance of heritage culture was 0.83, and 0.81 for the adoption of destination culture.

3. Data Analysis

Normality assumption for each construct was tested by using (|3|) and kurtosis (|8|) criteria (Kline, 2005). Missing data for the variables ranged from 0% to 19.24% (see Table 2 for details). Little's MCAR test indicated that data were missing completely at random, $\chi 2 (192) = 223.405$, $p = .060$.

Descriptive and bivariate correlations were performed using SPSS Statistics 28.0 (IBM Corp, 2021). Confirmatory factor analysis (CFA) and structural equation modeling (SEM) were conducted to estimate the parameters for the hypothesized model with Mplus Software 8 (Muthén & Muthén, 1998-2021). Compared to other approaches, this one allows us to have more accurate estimates of the relationship between the variables in the model (Bollen, 1989, 1993). To prevent sample size reduction and subsequent loss of power, full information maximum likelihood estimation (FIML) was employed to handle missing data at random (Enders, 2010).

We utilized the two-step approach in our analysis. First, we conducted a confirmatory factor analysis to test whether the indicators adequately reflected the proposed latent factors for cultural and social integration constructs (see details in the Measures section). In our model, we included cultural and social integration as latent variables and potentially traumatic incidents, post-displacement stressors, and mental health symptoms as manifest variables. In the second step, we tested the structural equation model by using top-down model building where we included all the relevant covariates (age, sex, education, marital status, income, legal status, and length of stay) and then removed non-significant paths one at a time to preserve model parsimony (Wang & Wang, 2012). The significance of indirect effects was tested using the bootstrapping technique (1000 resampling) with 95% confidence intervals (MacKinnon et al., 2007). Standardized coefficients were presented in the final model. Following model fit indices were used to evaluate the overall goodness of model fit: chi-square goodness of fit test, comparative fit index (CFI) > .90, root mean square error of approximation (RMSEA) < .08 with 90% CI, and standardized root mean square residual (SRMR) < .08 (Brown, 2006; Kline, 2011; MacCallum et al., 1996).

Table 2. Descriptive statistics and bivariate correlations among study variables.

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1. Social bridges	-														
2. Social bonds	.237**	-													
3. Maintaining heritage culture	.040	.348**	-												
4. Adopting to host culture	.491**	.057	.232**	-											
5. Mental health symptoms	-.182**	-.093*	-.098*	-.193**	-										
6. Post-displacement stressors	-.074	-.094*	-.053	-.068	.600**	-									
7. Traumatic experiences	.068	-.059	-.124**	.013	.499**	.553**	-								
8. Age	-.169**	-.025	.011	-.107**	.104**	-.043	.014	-							
9. Income	.224**	.084*	.061	.071	-.118*	-.018	-.024	-.076	-						
10. Education	.155**	.011	.068	.151**	-.045	.078*	.064	-.115**	.082*	-					
11. Length of stay	.013	.004	.003	-.004	-.026	-.041	.007	-.032	.077	-.014	-				
12. Sex (0 = male, 1 = female)	-.242**	.002	.007	-.186**	.238**	.002	-.080*	.099**	-.255**	-.185**	-.032	-			
13. Marital status (0 = not married, 1 = married)	-.097*	.010	.023	-.056	-.002	-.055	-.050	.441**	.012	-.048	-.001	.133**	-		
14. Legal status 1 (legal status vs. asylum seeking)	-.085*	-.045	-.076	-.072	.123**	.050	.052	-.001	-.126**	-.039	-.013	.067	.004	-	
15. Legal status 2 (legal status vs. non-legal status)	.076	-.023	.057	-.109**	-.051	.178**	.127**	-.111**	.160**	.007	.005	-.162**	-.094**	-.503**	-
N	650	650	653	653	687	712	785	769	641	766					
M	3.53	3.05	5.29	5.36	2.19	2.11	5.56	29.60	3.36	11.35					
SD	1.00	1.03	.83	.79	.73	.83	3.70	9.50	1.51	4.24					

Range	1-5	1-5	2-7	2-7	1-4	0-4	0-17	18-67	1-10	0-21
Skewness	-.362	-.089	-.632	-.559	.285	-.414	.481	1.52	.207	-1.059
Kurtosis	-.446	-.476	.132	.146	-.865	-.367	-.383	2.326	.518	1.020

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

4. Results

4.1. Descriptive statistics

Table 2 presents the descriptive statistics and bivariate correlations. Experiencing potentially traumatic incidents was negatively correlated with the maintenance of heritage culture and positively correlated with mental health symptoms. Post-displacement stressors were negatively correlated with social bonds and positively correlated with mental health symptoms. Higher mental health problems were negatively correlated with socio-cultural integration outcomes- social bridges, social bonds, heritage culture maintenance, and destination culture adoption. The female gender and older age were negatively correlated with social bridges and adoption of the destination culture and positively correlated with mental health symptoms. Higher education and income level were positively correlated with social bridges, and higher income was positively correlated with social bonds. Income level was also negatively correlated with mental health symptoms. Compared to holding a legal status, asylum-seeking was negatively correlated with social bridges and positively correlated with mental health symptoms. Having no legal status was negatively associated with the adoption of the destination culture compared to holding a legal status.

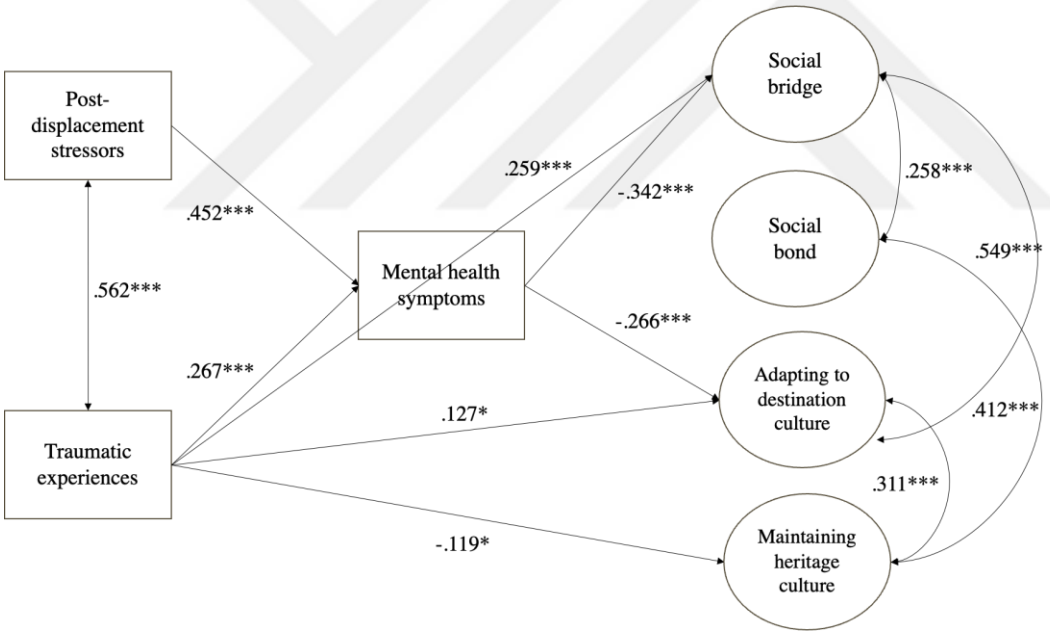
4.2. Model testing

The model fit the data well, ($\chi 2(356) = 829.104$, $p < .001$, CFI = 0.908, RMSEA = 0.042 (90% CI = 0.038-0.046), SRMR = 0.052. Experiencing potentially traumatic experiences ($\beta = 0.267$, $p < .001$) and post-displacement stressors ($\beta = 0.452$ $p < .001$) significantly and positively predicted mental health symptoms. There was a negative direct effect from potentially traumatic experiences to maintenance of heritage culture ($\beta = -0.119$ $p < .05$), but positive direct effect to adoption of destination culture ($\beta = 0.127$ $p < .05$) and social bridges ($\beta = 0.259$, $p < .001$). Mental health symptoms significantly and negatively

predicted social bridges and adoption of destination culture (β = -0.342, p < .001, β = -0.266, p < .001, respectively).

The indirect effects of potentially traumatic experiences and post-displacement stressors on adoption of destination culture via mental health symptoms were significant (β = -0.071, 95% CI: [-0.112 - -0.038], β = -0.120, 95% CI: [-0.175 - -0.067], respectively). That is, traumatic experiences and displacement stressors significantly and positively predicted a higher level of mental health symptoms, negatively predicting the adoption of the destination culture. Further, mental health symptom significantly mediated the relationship of traumatic experiences with social bridges (β = -0.091, 95% CI: [-0.136 - -0.055]) and of post-displacement stressors with social bridges (β = -0.155, 95% CI: [-0.208 - -0.097]). Similar to the adoption of destination culture, traumatic experiences and post-displacement stressors were significantly associated with higher mental health symptoms, significantly predicting a lower level of adoption of destination culture. None of the other proposed indirect effects were significant. Significant paths are depicted in Figure 1, and Table 3 includes the direct and indirect effects of the tested model.

Figure 1. Structural Equation Model with standardized coefficients.



Note. χ^2 (356) = 829.104, $p < .001$, CFI = .908, RMSEA = .042 (90% CI=.038-.046), SRMR = .052. Only the significant paths are depicted for the sake of simplicity. Controlled for age, sex, education, length of stay, marital status, legal status, income.

Table 3. Direct and indirect effects.

		95% CI	
	β (SE)	*LLCI*	*ULCI*
Direct Paths			
TE → MS	.267 (.039)***	.189	.339
PMLD → MS	.452 (.035)***	.384	.522
TE → MHC	-.119 (.055)*	-.225	-.005
TE → ADC	.127 (.059)*	.015	.241
PMLD → MHC	.057 (.057)	-.065	.162
PMLD → ADC	.001 (.065)	-.127	.123
TE → SBridge	.259 (.058)***	.135	.372
TE → SBond	.014 (.058)	-.100	.129
PMLD → SBridge	-.027 (.066)	-.151	.100
PMLD → SBond	-.059 (.060)	-.179	.052
MS → MHC	-.081 (.057)	-.186	.031
MS → ADC	-.266 (.058)***	-.378	-.150
MS → SBridge	-.342 (.057)***	-.450	-.228
MS → SBond	-.093 (.057)	-.209	.019
Indirect Paths			
TE→ MS → MHC	-.022 (.015)	-.051	.009
TE→ MS → ADC	-.071 (.019)***	-.112	-.038
TE→ MS → SBridge	-.091 (.021)***	-.136	-.055
TE→ MS → SBond	-.025 (.016)	-.059	.005
PMLD→ MS → MHC	-.037 (.026)	-.087	.014
PMLD → MS → ADC	-.120 (.028)***	-.175	-.067
PMLD → MS → SBridge	-.155 (.028)***	-.208	-.097
PMLD → MS → SBond	-.042 (.026)	-.094	.008

Note. * $p < .05$; ** $p < .01$; *** $p < .001$. TE: Traumatic experiences, PMLD: Post-displacement stressors, MS: Mental health symptoms, . MHC: Maintenance of the heritage culture, ADC: Adoption of the destination culture, Sbridge: Social bridges, Sbond: Social bonds. [a] Confidence intervals of standardized results are reported. LLCI: Lower Level Confidence Interval. ULCI: Upper Level Confidence Interval.

5. Discussion

In the present study, we investigated the role of conflict and displacement-related stressors in mental health and socio-cultural integration among Afghan refugees in Turkey. We further tested the mediating role of mental health in the relationship between those stressors and socio-cultural integration. To the best of our knowledge, this study is the first to investigate socio-cultural integration among Afghan refugees and delineate its relationship with a wide range of stressors and mental health among refugee communities.

We found that both experiencing potentially traumatic experiences and post-displacement stressors significantly predicted higher mental health symptoms among Afghan participants. This result is in line with the extant studies showing that conflict-related traumatic experiences and post-displacement stressors pose a significant threat to the well-being and functioning of refugee communities (Acarturk et al., 2021; Kartal et al., 2018; Kurt et al., 2021; Steel et al., 2009). In contrast to our initial expectation, exposure to potentially traumatic incidents either in Afghanistan or en route to Turkey predicted a higher level of social bridges- including quantity and quality of contact with the Turkish community and a higher level of adoption of Turkish culture. This result is striking because prior research consistently showed that traumatic experiences hamper the integration process of refugees and thereby impair their capacity to develop a relationship with host community members (e.g., Kartal et al., 2018; Kurt et al., 2021). In a recent study with Eritrean refugees in Israel, traumatic experiences even predicted a higher level of negative contact with host community members (Tartakovsky & Saranga, 2022). Further, we found that traumatic experiences were negatively associated with the maintenance of heritage culture, supporting existing findings (e.g., Kurt et al., 2021). Our somewhat divergent findings might be elucidated by the notion that stressful life events mobilize a range of coping strategies to help one to deal with associated psychological distress, which ultimately determines the aftermath sequela of

potentially traumatic experiences (Lazarus & Folkman, 1984). As such, those who experienced a higher level of traumatic experiences might have chosen to integrate into the host society as a coping strategy to deal with negative feelings. As a desirable coping strategy, social contact with the host community members and adopting destination culture might appear as a way of dealing with psychological distress in the face of conflict related traumatic experiences. Concurrently, our participants might have engaged in avoidance coping strategy and eschewed from their heritage culture as it is very much likely to reinvigorate those excruciating traumatic memories (Huijts et al., 2012). Indeed, this speculation warrants empirical evidence to delineate the exact mechanism behind the observed relationship. Yet, meta-analytic evidence attests that flexibility in using different coping strategies provides advantage in terms of psychological adjustment after the stressful life events (Cheng et al., 2014). Further, after experiencing traumatic events related to their group, individuals might choose to maintain or disengage from their group, depending on whether group identification provides resources to combat stressors (Muldoon et al., 2019). While maintaining heritage culture may not help Afghans to cope with stressors, adopting Turkish culture might provide necessary resources to adjust to a new life.

Despite the profound impact of traumatic experiences on socio-cultural integration outcomes, we could not find the significant direct effect of post-displacement stressors on any integration outcomes. This finding supports the assertation that traumatic experiences are the main determinants of the cultural integration process for refugees (Allen et al., 2006) and also points out its validity for social integration.

In relation to the role of mental health as a resource for integration, we found a significant indirect effect of traumatic experiences and post-displacement stressors on social bridges and adoption via mental health symptoms. That is, those stressful experiences deteriorate refugees' mental health, which hinders their integration into the host society. On

the other hand, we could not find the significant mediating role of mental health on social bonds and heritage culture maintenance. These findings suggest that mental health impedes one from attaining new resources, such as learning a new language and navigating in a new setting which is essential for integrating into the host society (Ryan et al., 2008). However, to maintain social ties with ethnic group members or preserve heritage culture, such resources requiring energy, skills, and capacity may not be necessary. Thus, mental health might be an important asset more for the aspect of integration including the formation of new social relationships and learning about a new culture.

We also reported significant associations of some sociodemographic characteristics with mental health and integration outcomes. Our findings showing that the female gender is a risk factor for mental health and integration are congruent with the bulk of research conducted among refugee communities (Alemi et al., 2014; Giacco, 2019; Omidian & Miller, 2006; Tekin & Tekin, 2016). Female gender might be associated with additional stressors related to traditional gender roles restricting their participation in society, gender-based violence, and social isolation (Alemi et al., 2014; Jarallah & Baxter, 2019; Omidian & Miller, 2006), putting them at higher risk of experiencing mental health problems and integration difficulties than their male counterparts. Further, in line with the previous research (Tulin & Smith, 2020; Yağmur & van de Vijver, 2012), older age, lower education level, and income were associated with worse integration outcomes. Additionally, lower income was associated with increased mental health problems, supporting the existing findings on income level as a significant risk factor (Giacco, 2019). Compared to holding a legal status, asylum seeking or having no legal status was associated with mental health problems and integration difficulties in our sample. Uncertainty around asylum-seeking and insecure residency status tend to have prolonged adverse impacts on the psychological adjustment of refugees because of compounded living difficulties such as unstable housing and employment (Nickerson et al.,

2011). Given Turkey's differential migration policy based on the country of origin, this finding highlights the importance of legal status for those fleeing from violence and persecution as it provides certainty and safety about their resettlement and access to basic services that are conducive to mental health and integration (Li et al., 2016; Posselt et al., 2019; Steel et al., 2011). Our findings on sociodemographic characteristics can provide a roadmap to the policymakers and practitioners in identifying those at greater risk for mental health and integration problems to tailor the intervention and prevention strategies and allocate limited resources based on the potential risk.

Compared to the large body of research on the mental health of refugees, evidence on the refugee integration process is sparse. Although research portraying the relationship between mental health and integration among refugee communities has been increasing, little is still known about the role of stressors related to forced displacement in this relationship. Hence, the present study expands on previous literature showing that conflict-related traumatic experiences and post-displacement stressors play a pivotal role in the integration process. Having acknowledged the cumulative evidence on post-displacement stressors as a more potent risk factor for mental health (Hou et al., 2020, see for a meta-analysis), our findings related to the impact of conflict-related traumatic experiences on the relationship with host community and adoption of destination culture point out the possibility of opposite pattern for refugee integration.

Previous studies predominantly focused on the economic aspect of refugee integration (Bakker et al., 2014, 2017; O'Donnell et al., 2020) in Western countries. With the present study, we provide evidence on social and cultural aspects of integration which are inseparable aspects of the refugee integration process (Ager & Strang, 2008). Given that most of the world's refugees live in low- and middle-income countries (UNHCR, 2022), our findings shed light on the mental health and integration of one of the largest displaced communities in

the major refugee hosting country. The humanitarian situation in Afghanistan is far from resolution at the moment and millions of people devoid of basic rights and services. In the light of recent movements to Turkey and neighbouring countries, it is likely that many more

are to flee from Afghanistan in near future. Thus, by providing initial picture on mental health and integration of Afghans, the current study might provide impetus for future studies to extend the findings and explore uncovered aspects of mental health and integration among Afghans.

As contested and chaotic as the concept is, successful integration of refugees into the host society is the desired outcome (Ager & Strang, 2008). Otherwise, hosting countries might suffer from unsettling tension and conflict between host and refugee communities, which disrupt social harmony profoundly (Esses et al., 2017). Refugee non-integration might also result in high economic expenditure due to ongoing dependency on aid and assistance (d'Artis Kancs & Lecca, 2018). Delineating the link between mental health and socio-cultural integration, the present study highlights the role of mental health as a potential intervening mechanism to promote integration. Despite the high prevalence of mental health problems among refugees, many do not utilize healthcare services due to several personal and contextual barriers (Byrow et al., 2020). If left untreated, mental health problems are likely to become chronic (Bogic et al., 2015). A growing body of evidence shows that psychosocial interventions might be effective in preventing and treating mental health problems among refugees (Turrini et al., 2019, see for a meta-analysis). Of such interventions, Self-Help Plus (SH+), developed by World Health Organization (WHO) was found to be effective in preventing the onset of any mental health disorders among Syrian refugees in Turkey (Acarturk et al., 2022). In terms of treatment of mental health problems, Problem-management Plus (PM+), a transdiagnostic psychosocial intervention developed by WHO, was effective in reducing general psychological distress and fostering skills to cope with

post-displacement stressors among Afghan refugees in Austria (Knefel et al., 2022). Considering the shortage of mental health professionals and inadequate mental health services in LMICs (Rathod et al., 2017), these interventions can be delivered by non-mental health professionals in a group format reaching more people at one sitting with a relatively lower cost. As most Afghans lack opportunities to use health care services due to their legal status in Turkey (Eryurt & Koç, 2017), future initiatives to provide such psychosocial interventions are urgently needed.

The present study has a number of limitations. First of all, the cross-sectional design of the study does not allow us to make any causal inferences about the relationship between the study variables. Although our hypothesized model is based on theoretical considerations, the directions of the relationships might be different. Thus, longitudinal studies investigating the hypothesized relationship are warranted. Such studies might also inform us about the change of integration outcomes over time. Secondly, we only focused on the socio-cultural dimension of integration, yet it is a multidimensional construct, including economic and political aspects (Ager & Strang, 2008). In order to provide a complete picture of integration, a comprehensive investigation including other dimensions is required. Further, the present study only included the perspective of refugees. However, integration is a two-way process, including refugee and host community members (Ager & Strang, 2008). Host community members' attitudes and preferences toward refugee integration are important determinants of refugees' integration outcomes (Esses et al., 2017). Therefore, future studies might consider investigating the impact of perceived or actual preferences of the host community related to refugee integration. Lastly, our results should be interpreted with caution because of using convenience sampling to recruit participants.

CHAPTER 6

GENERAL DISCUSSION

The aim of the present dissertation was to investigate the mental health and integration outcomes among two major refugee and asylum-seeking communities in Turkey, namely Syrians and Afghans. With four chapters included in this dissertation, I provided a comprehensive overview of relatively understudied aspects of mental health and integration among refugees in the broader socio-ecological context. By the end of 2021, one in every 78 people is now forcibly displaced from their homes due to persistent economic, social, political, and climate instabilities (UNHCR, 2022). Due to the dramatically deteriorating humanitarian situations, forcibly displaced people have become the center of political discussions and the priority of global health initiatives. In light of current developments in the world, it would not be wrong to assume that there will be many more massive population movements in the future. Therefore, the findings of this dissertation are of great relevance for research and practice in many ways. I summarized and discussed the key findings and implications in the following section. Then, I suggested several lines of research for future studies.

Summary and discussions of the main findings

Chapter 2 investigated the acculturation process among Syrian refugees in Turkey. Acculturation refers to the cultural integration process which unfolds in socio-ecological contexts, entails constant negotiation between adopting destination culture and maintaining heritage culture, and determines a wide range of psychological outcomes such as mental health (Ward & Geeraert, 2016b). Acculturation conditions, referring to the contextual, social, and personal factors, set the stage for cultural processes and shape cultural orientations (Arends-Tóth & van de Vijver, 2006). During the acculturation process, coping strategies play an important role as they help to deal with a wide range of adaptation-related stressors (Berry, 2006). Existing evidence shows that adaptive coping strategies- problem and emotion-focused coping strategies- generally predict better cultural adaption and mental

health outcomes (Seguin & Roberts, 2017). On the other hand, maladaptive coping strategies are associated with deteriorated mental health and functioning (Woltin et al., 2018; Yakhnich & Ben-Zur, 2008). As the literature on acculturation is mainly centered around voluntary migration, little is known about the acculturation process among forcibly displaced communities, defined as the intricated relationship between acculturation conditions, cultural orientations, and psychological outcomes. The findings of this chapter showed that conflict-related traumatic experiences represented the main acculturation condition for refugees, which significantly impaired coping strategies regardless of their adaptiveness. Emotion-focused coping strategies played an explanatory role in the relationship between traumatic experiences and cultural orientations, such as experiencing conflict-related traumatic experiences predicted a lower level of emotion-focused coping strategies, which in turn were associated with a lower level of orientation to the destination as well as heritage culture (Kurt et al., 2021a). In contrast to the theoretically driven assumptions and extant studies, psychological distress was not significantly related to traumatic experiences, coping strategies, or cultural orientations. One of the possible explanations for this full finding might be the choice of psychological distress measurement, as the one used in this chapter intends to use the overall distress level. More targeted measures such as those measuring anxiety and depression symptoms might have captured the proposed relationships (Acarturk et al., 2021). Overall, these findings provide an initial knowledge of the cultural integration of refugees by showing the saliency of conflict-related traumatic experiences even ten years after the initial settlement. Further, emotion-focused coping strategies appeared as a potential intervention mechanism to facilitate cultural integration. Considering the social and economic ramifications of integration (Esses et al., 2017; d'Artis Kancs & Lecca, 2018), this finding is particularly relevant to highlight the necessity of providing psychosocial interventions to develop or improve skills and strategies that help refugees to cope with traumatic stress.

In Chapter 3, I investigated the adverse impacts of COVID-19-related stressors on the mental health of Syrian refugees in Turkey. COVID-19 disproportionally affected refugees and put them in an even worse situation than before (Rees & Fisher, 2020). As most of them live in precarious conditions such as overcrowded houses and lack of access the hygiene materials, they are at higher risk of infection and mortality than the general population (Kluge et al., 2020). Studies also show that COVID-19 begets additional economic and structural hardships for refugees, such as job loss and difficulty renewing residency (Brickhill-Atkinson & Hauck, 2021). The adverse impact of COVID-19 is not only restrained by these challenges. As a pathogenic threat to avoid, COVID-19 might activate behavioural and psychological responses, including ingroup favoritism and outgroup derogation (Adam-Troian & Bagci, 2021; Schaller & Park, 2011). Thus, refugees might be subject to discrimination and stigmatization during the current pandemic. For the first time during COVID-19, this chapter provided information about COVID-19-related adversities and associated mental health outcomes-anxiety and depression symptoms- among Syrian refugees. In line with the initial assumption about the compounded impacts of COVID-19, higher prevalence estimates of anxiety and depression were observed than the previous studies among Syrian refugees in Turkey and other hosting countries (e.g., Acarturk et al., 2021; Javanbakht et al., 2019; Tinghög et al., 2017). COVID-19-related resource loss such as loss of financial, health, and personal resources was associated with higher anxiety and depression symptoms, but only among those with less perceived social support. Perceived discrimination during the pandemic was a risk factor for mental health (Kurt et al., 2021b). As COVID-19 is erroneously labeled as Chinese virus, Asian people, including immigrants and refugees from those countries have been stigmatized for spreading the virus at the early stage of the pandemic (Litam & Oh, 2020; Zhang et al., 2021). However, this chapter informs the literature showing that discrimination might be targeted at any outgroup members and

provides the first empirical evidence of perceived discrimination among refugees from the non-Asian background during the pandemic. The current findings show that COVID-19 compounds refugees' existing difficulties and makes them more vulnerable to developing mental health problems. However, social support might protect them against COVID-19 stressors, supporting cumulative evidence on the stress-buffering role of social support (Siriwardhana et al., 2014). It is urgently needed to include the needs of refugees in all COVID-19-related responses and prepare future emergency actions considering their potential risk.

Chapter 4 examined the estimated prevalence of common mental health problems-depression, anxiety, and posttraumatic stress disorder- and associated risk factors among Syrian and Afghan refugees and asylum seekers in Turkey. Further, this chapter compared the estimated prevalence rates and risk factors between these two groups. Compared to Syrian refugee movements, Afghans have a more entrenched history of forced displacement, characterized by perilous and long migration routes. Yet, despite a large body of work on Syrian refugees, Afghans received very little attention from scholars in the global mental health field. Turkey hosts the highest number of refugees and asylum-seekers, with Syrians and Afghans being the largest refugee groups in Turkey (UNHCR, 2022). Syrians are entitled to have temporary protection status, which allows them to access basic services, though it does not guarantee it. On the other hand, Afghans have to follow the regular asylum-seeking application procedures based on the 2013 Law on Foreigners and International Protection (LFIP) (Presidency of Migration Management, 2013). Unfortunately, the asylum-seeking procedure in Turkey is often complicated with uncertainties related to the decision-making process, which hinders one's ability to foresee the future and resettle successfully (Li et al., 2016b). Thus, the majority of Afghans live as irregular immigrants in Turkey (Eryurt & Koç, 2017). The findings of this chapter showed that more than half of both groups had at least one

mental health problem. Compared to Syrians, Afghans reported a higher level of conflict-related traumatic experiences, socio-economic and structural post-displacement stressors, and mental health problems. These findings draw our attention to the potential differences due to the prolonged conflict in Afghanistan and the legal status between Syrians and Afghans. In addition to highlighting the vulnerable groups such as females, highly educated and older ones, experiencing conflict-related traumatic experiences put both groups at higher risk of mental health problems. For the first time in the literature, I tested the relative contributions of socio-economic and structural displacement-related stressors to mental health problems. Socio-economic stressors were a more consistent predictor of mental health problems. On the other hand, structural stressors were associated with anxiety for both groups and PTSD for Afghans, suggesting that these stressors lead to uncertainty that precipitates the development of anxiety and related disorders (Gentes & Ruscio, 2011). Legal status seemed to be the important determinant of mental health only for Afghans, as asylum-seekers and non-legal status holders had worse mental health. This chapter provides the first empirical evidence on the prevalence of mental health problems and risk factors among Afghans and comparison of mental health problems between Syrians and Afghans in Turkey. As the first of its kind, this chapter has the potential to provide the groundwork on which future studies might base. Given the long history of Afghan migration to Turkey, there is a paucity of research investigating the integration of Afghan refugees in Turkey. Therefore, **Chapter 5** focused on the socio-cultural integration of Afghan refugees in relation to conflict and displacement-related factors. Socio-cultural integration encompasses two aspects: social capital, referring to the contact with the host community (social bridges) and with the own ethnic community (social bonds), and cultural adaptation, referring to cultural orientations as adoption of destination culture and maintenance of heritage culture (Pennix, 2005). The chapter also investigated the role of mental health as a potential link between conflict and displacement-

related factors and integration outcomes. This chapter sheds light on the neglected aspect of integration among refugees. The findings showed that conflict-related traumatic experiences acted as a promotive factor for adapting to the host country as they were associated with a higher level of social bridges and adoption of destination culture. In the face of traumatic experiences, Afghan refugees might choose to integrate into the host society as a coping strategy.

On the other hand, consistent with the previous research (Kurt et al., 2021a), experiencing traumatic incidents was a significant risk factor for maintaining heritage culture. As heritage culture might be a reminder of traumatic experiences, refugees might have become estranged from their culture as a way to cope with trauma-related distress. However, post-displacement stressors were not directly associated with any outcomes of socio-cultural integration. These results are also in line with the findings of Chapter 2. Both suggest that conflict-related traumatic experiences are the main determinants of refugee socio-cultural integration (Allen et al., 2006). Whether the same assumption holds for other dimensions of integration opens for future investigations. Further, the results also showed that mental health could play a significant role in delineating the relationship between conflict and displacement-related stressors and integrating to host community. That is, conflict-related traumatic experiences and post-displacement stressors adversely impaired mental health which then hampers the integration of refugees. This finding highlights the necessity of intervening in mental health problems among Afghans as early as possible to promote integration. Considering the difficulty in obtaining legal status in Turkey, Afghans generally lack the rights to use basic services including healthcare services. Therefore, it becomes the responsibility of humanitarian actors and organizations to provide Afghans opportunities to benefit from psychosocial services. This chapter also highlights the heightened risk associated with some socio-demographic factors such as female gender, older age, lower

education and income, and lack of legal status for poor socio-cultural integration. These findings are of particular relevance to identify and allocate resources to promote the integration of those at greater risk.

The present dissertation contributes to research and practice in many ways. First, the findings reveal the high prevalence of mental health problems among Syrians and Afghans even years after the initial settlement, indicating the chronicity of mental health problems among them. In the long run, mental health problems impact individuals and impair their integration process. As, from the host countries' perspective, active participation and integration into the community are desired (Ager & Strang, 2008), these findings highlight the necessity of intervening in mental health difficulties as early as possible. Interagency Standing Committee (IASC) Guidelines for Mental Health and Psychosocial Support in Emergency Settings (2007) introduced a stepped-care approach including multiple layers of psychological support and functional referral in the delivery of psychosocial interventions. The layers of this approach are 1) providing basic needs and essential services to everyone in the displacement context, 2) providing community and family support to those whose social life is disrupted, 3) providing focused but no-specialized psychosocial support to those showing psychological distress, and 4) providing specialized psychosocial interventions to those showing a significant level of psychological distress. Based on the initial needs assessment, individuals are referred to the service they need. The majority of refugees live in low- and middle-income countries that lack adequate resources to provide specialized care (United Nations High Commissioner for Refugees, 2022). The stepped-care approach provides a roadmap for these countries to allocate the limited resources to meet the varying needs of forcibly displaced individuals and communities. The main refugee hosting countries like Turkey might utilize this approach in addressing the psychosocial needs of Syrian and Afghan refugees.

Further, it is not possible to consider the refugee and asylum-seeking groups as homogenous in the same resettlement context. As shown in Chapter 4, different refugee communities might have their unique vulnerabilities, making them more susceptible to mental health problems than the other. These specific vulnerabilities might be related to the differences in the severity of the humanitarian situation in their home country, perilousness of migration route, and legal status in the host country. As is the case for Afghans, lack of permanent legal status might be the main risk factor for asylum-seeking people to maintain their well-being and integrate into the host society. Uncertainty around asylum-seeking and insecure residency status tend to create excruciating hardships and adversely impact the mental health and integration of those fleeing violence and persecution (Nickerson et al., 2011). Therefore, as the first set of actions to break this vicious cycle, it is important to improve asylum seeking process and ensure the legal status granted to those asylum-seeking people. Although the findings imply that the lack of legal status can explain higher mental health problems among Afghans, it does not refute the vulnerabilities of Syrian refugees and the prevalence of mental health problems. They might have a more secure residency status than Afghans, but still their temporary protection status leads to insurmountable uncertainty in their lives as it connotes "*temporality*" of their presence in Turkey for the unforeseeable future. Thus, our findings reveal the necessity of improvements in Turkey's asylum-seeking procedures so that those people might have the proper ground to rebuild their lives. Furthermore, our findings related to the adverse impacts of COVID-19 stressors are of particular relevance to show that the post-resettlement context is ever-changing, with significant impacts on the mental health status of refugees. Especially during outbreaks and emergencies, refugees might become more vulnerable to experience hardships and mental health problems. Thus, their potential vulnerabilities should be reflected in national responses to those emergencies. Lastly, Chapter 2 and Chapter 5 touched on one of the most neglected aspects of refugee integration among

Syrians and Afghans. Although the literature has moved away from a trauma-focused approach to refugee mental health (Miller & Rasmussen, 2017), our findings showed that conflict-related traumatic experiences are the main determinants of socio-cultural integration. They are still salient and potent in shaping refugees' post-displacement experiences via two potential mechanisms- impairing coping strategies and mental health. These findings highlight the importance of providing trauma-informed coping-based psychosocial interventions to facilitate integration.

Future directions

Although the present dissertation provides initial knowledge about the relatively understudied aspects of mental health and integration among refugees and asylum-seekers, several lines of research warrant further investigations. I presented some of them based on the limitations of this dissertation.

First of all, all the four chapters in this dissertation include studies based on cross-sectional investigation, which restricts our ability to make causal inferences. Although our hypothesized relationships are theoretically structured, the observed relationships between the study variables might be in the opposite way. To discern the directionality issue, longitudinal studies are needed. Such studies might also be useful in capturing the dynamic interplay between mental health and integration in an ever-changing post-displacement setting. Further, the convenience sampling method was used to recruit the participants in all four studies. Thus, the generalizability of the results is limited. Depending on the financial and human resources, future studies benefit from using random sampling to strengthen the rigor and generalizability of the findings.

Secondly, congruent with the existing literature, this dissertation only considered the absence or lower level of mental health problems as the indicator of mental health. Often neglected, mental health is a multidimensional phenomenon including the presence of

positive aspects such as quality of life and life satisfaction. Its conceptualization and manifestations can significantly vary across social and cultural settings (Galderisi et al., 2015). Future studies might focus on such positive aspects of mental health among refugees to provide a more comprehensive picture of their mental health. Further, although most of the measures used in this dissertation are culturally validated, we might have missed some culturally important aspects of mental health and integration. Thus, the present findings should be interpreted with caution. While using universal scales might allow scholars to compare the different study findings, including measures tapping into cultural aspects of mental health and integration might help to uncover some aspects, otherwise not accessible such as idioms of stress (Ventevogel & Faiz, 2018). For instance, a study among Afghans in Kabul (Alemi et al., 2018) found that some risk factors are only associated with cultural idioms of distress. Further investigation of culturally salient mental health symptoms is warranted.

Due to the higher prevalence of mental health problems among refugees, scholars have extensively focused on investigating the factors related to mental ill-health. Yet, it is important to acknowledge that many refugees and asylum-seekers do not develop mental health problems. They can be resilient, indicating the state of either being shielded against the adversities or finding equilibrium more rapidly (Bonanno, 2004). Surprisingly, more effort has been exerted to identify risk factors than protective ones. Therefore, future studies might elucidate the resilience process among refugees and its relation to integration outcomes. Thirdly, this dissertation only included the socio-ecological factors from the perspectives of refugees and asylum-seekers while investigating mental health and integration outcomes. However, attitudes and behaviours of host community members are among the main determinants of the post-displacement context (Esses et al., 2017). Although perceived attitudes and behaviours of the host community are found to be significant in determining

mental health and integration (Esses et al., 2017; Hynie, 2018b), it is necessary to go one step backward and investigate the factors predicting attitudes and behaviours of host community members towards refugees, determining the receptiveness of resettlement context (Esses et al., 2017). As such, targeted interventions and policies can be developed to improve the resettlement context, which can either facilitate or hinder the adaptation process of refugees. Fourth, the inclusion and participation of refugee and asylum-seeking communities in all aspects of research are urgently needed in future endeavours. In the four chapters of this dissertation, interpretations of the findings only depend on our understanding of refugee mental health and integration, as the authors with no refugee background. Although we argue that our interpretations are empirically and theoretically informed, they are not guaranteed to reflect the actual experiences of refugee communities. The reality of their plight might be beyond our imagination, or we might underestimate their strength and power in coping with the difficulties. In either case, we might have been doomed to do research just for the sake of our scientific curiosity. However, to strengthen the rigor of our scientific endeavours and promote the ethical conduct of research with refugees, future studies need to embrace a participatory research approach that actively involves community members as equal partners in all stages of research. This approach allows to identify the complex needs of refugee communities, give them voice over their own story, and build a trusting relationship between academics and refugees (Ellis et al., 2007). Although the number of studies using the participatory approach is increasing, some research areas lack the meaningful involvement of refugee communities, such as analysis and interpretation of research findings (Filler et al., 2021).

Lastly, the present dissertation provides the first empirical evidence on the mental health and integration of Afghan refugees in Turkey and highlights their relative vulnerabilities compared to Syrians. Afghans have received limited attention despite their

unceasing suffering and protracted migration history. My sincerest hope is that the current findings spark the attention of scholars to investigate uncovered areas of the mental health needs of Afghans in Turkey and of all national and international actors to work towards improving the post-displacement context where forcibly displaced people, regardless of their legal status, can access basic services to maintain well-being and adapt to the host society.

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