

CHILDREN’S RESILIENCE, EMOTION REGULATION, SOCIAL
COMPETENCE, AND PROBLEM BEHAVIORS IN AN AT-RISK COMMUNITY
IN TURKEY

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DECLARATION OF ORIGINALITY

I, Yasemin Fırat, certify that

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ABSTRACT

Children's Resilience, Emotion Regulation, Social Competence, and Problem Behaviors in an At-risk Community in Turkey

The first aim of the study was to have data about problem behaviors of children who live in an at-risk community and a deprived environment in Eastern Turkey. Another aim was to have data about children's resilience, emotion regulation, social competence level and traumatic experiences. The last aim of the study was to see if there was a relationship between children's problem areas, resilience, emotion regulation and social competence and children's traumatic experiences. Ninety-five children living in an Eastern city of Turkey participated in the study. The results showed that children who were more negatively affected from trauma, which was related to violence exposure, had higher levels of emotional symptoms, conduct problems, hyperactivity, peer problems, anger aggression, anxiety withdrawal and emotion lability/negativity problems. The study also found that children who had better emotional ties and support from their parents, hence considered resilient, had lower emotion lability/negativity and anger aggression problems. The study found significant positive correlations between emotional symptoms, conduct problems, hyperactivity, peer problems, anger aggression and emotion lability/negativity. The study showed significant positive correlation between prosocial competence, social competence and emotion regulation. Finally, the study found significant negative relationships between problem areas and competence areas of children. The study contributed to the literature by assessing children's problem behaviors, traumatic experiences related to violence exposure and resilience, emotion regulation, social competence level in an at-risk community in eastern Turkey.

ÖZET

Türkiye’de Riskli Bir Topluluktaki Çocukların Dirençlilik, Duygu Düzenleme, Sosyal Yetkinlik, ve Problem Davranışları

Bu çalışmada Türkiye’nin doğusunda geri kalmış ve çeşitli risk faktörleri barındıran bir bölgede yaşayan çocukların problem davranışlarını saptamak amaçlanmıştır. Bu çalışmadaki ikinci amaç ise bu çocukların dirençlilik, duygu düzenleme ve sosyal başarı seviyelerinin ölçülmesidir. Araştırmanın üçüncü amacı çocukların ne gibi travmatik olaylar yaşadıklarını saptamaktır. Son olarak araştırma çocukların problem davranışlarının, dirençlilik, duygu düzenleme, sosyal başarı ve çocukların yaşadıkları travmatik olaylar arasında ilişki olup olmadığını bulmayı amaçlamıştır. Araştırmaya Türkiye’ nin doğusundaki bir ilde yaşayan doksan beş çocuk katılmıştır. Araştırmanın sonucunda travmadan daha olumsuz etkilenen çocukların daha çok duygusal semptom, davranış bozukluğu, hiperaktivite, yaşlılarıyla problem yaşama, kızgınlık ve saldırganlık, kaygı, ani olumsuz duygu değişimi problemleri yaşadıkları ortaya çıkmıştır. Çalışma dirençli çocukların daha az kızgınlık saldırganlık ve ani olumsuz duygu değişimi problemi yaşadığını göstermiştir. Çalışma duygusal semptom, davranış bozukluğu, hiperaktivite, kızgınlık saldırganlık ve ani olumsuz duygu değişimi arasında anlamlı pozitif bir ilişki ortaya çıkarmıştır. Buna ek olarak, çalışmada olumlu sosyal davranış yetkinliği, sosyal yetkinlik ve duygu düzenleme arasında anlamlı olumlu bir ilişki bulunmuştur. Son olarak, çalışma çocukların problem alanlarıyla, yetkinlik alanları arasında anlamlı olumsuz bir ilişki bulmuştur.

Çalışma Türkiye' nin doğusunda risk ortamında yaşayan çocukların problem davranışlarını, yaşadığı şiddete bağlı travma deneyimlerini ve bundan nasıl etkilendiklerini, dirençlilik, duygu düzenleme, sosyal yetkinlik seviyelerini belirlemesi ve aralarındaki ilişkileri incelemesiyle literatüre katkı sağlamaktadır.

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CHAPTER 1

INTRODUCTION

There are numerous life threatening incidents people face in today's world both natural and human-made. Big natural disasters are influencing the world's population every year and cause a lot of damages to societies, resulting in with millions of victims and loss of material goods (Câmpeanu & Balan, 2014). While natural disasters are unpredictable, human induced disasters like wars, violence acts, political violence, bomb attacks are also affecting the lives of children directly and very negatively.

Wars are one of the severest human induced disaster and “in the last 3, 421 years of recorded history only 268 of it have seen no war” (Durant, 1968 as cited in Shaw, 2003). Despite all the advances in today's world, there are still ongoing wars, various forms of community violence, terror attacks including bombings and armed attacks, in different parts of the world. According to “Unicef Report, 2016-Assisting Refugee Children” 250 million children are living in countries which affected by such kinds of conflicts.

Population in Turkey, especially on the East side of Turkey, has been facing violence which can be counted as a human induced disaster for a long time. Specifically, Turkey has lived through comprehensive and severe conflict with terrorism for almost forty years, and this struggle costed Turkey for more than \$ 100 billion and 35.000 people's lives since 1984 (Gok, 2010). Terrorism which is a severe kind of community violence, has shown regional differences in Turkey. During the time period between 1999 and 2008, violence acts were highest in

Eastern Anatolia and Southeastern Anatolia Regions (Gok, 2010). Even though over the years there were periods when violence decreased, the people in the area has been facing violence acts including bombings, and armed conflicts (Drakos & Kutun, 2003).

Muş where data collection for the study took place is one of the provinces of Eastern Anatolian Region. The rate of urbanization, per capita income, industrialization, employment and population growth are under Turkey's general average rate in this city (Turkish Statistical Institute, 2013). So, it can be stated that Muş economically and industrially falls behind Turkey's general average (Turkish Statistical Institute, 2013). Moreover, when the indicators of civilization such as the number of hospitals, doctors, schools and the number of classrooms per thousand people are examined, it would not be surprising that Muş is placed below than Turkey's average (Turkish Statistical Institute, 2013). These statistics about the region are revealed that the people in the area has been dealing with poor living conditions, poverty, lack of industry, unemployment, and numerous other negative social and economic conditions. Muş is one of the districts where many different kinds of violence took place, some of the news about the incidents in Muş could be seen in Appendix A.

Each year millions of children have been exposed to violence worldwide (David, 2009). In a study which was conducted with 123 early adolescents in a middle school which was in an urban district with common laborers in America, it was found that every one of three juveniles has witnessed domestic violence and the number of juveniles who have witnessed community violence is even bigger (Allwood & Bell, 2008). In addition, according to a survey result which were filled

out by the police in New Orleans, Louisiana 75% children were exposed to violence (Osofsky, Hammer, Freeman, & Rovaris, 2004 as cited in David, 2009).

Furthermore, Kilpatrick, Saunders and Smith (2003) conducted a study which had a broader sample size with a broader age range. They (2003) carried out a national study with youth who were between the ages 12 and 17 and the sample size was 4,023. In that study, almost 50% of the boys and more than 33% of girls reported that they have witnessed at least one community violence incident throughout their lives (Kilpatrick, Saunders, & Smith, 2003). In a study which was conducted in Turkey, Ozgur, Yorukoglu, Baysan Arabacı (2011) found that 10.3% of the students in their sample were exposed to violence. There were 360 high school students who were living in Aydın, Turkey. More than half of the students (51.4%) who were exposed to violence, experienced this violence from other students in the school. Moreover, in the same study 21.6% of the students who were exposed to violence were reported that they were beaten by their family members.

Children and adolescents are more at the peril of having trauma related to community violence exposure at their homes, schools and neighborhoods (Deane, 2014). Especially, serious number of children are victims of violence and a lot of children witness violence by seeing and hearing other people like strangers, family members or friends (Ulschmid, 2001), this fact is one of the reasons why young children and adolescents are more at risk of having trauma which is related to violence exposure. In a study conducted with 103 parents and children who were aged between 9 and 10, different types of violence and co-existence of different types of violence were examined (Margolin, Vickerman, Ramos, Serrano, Gordis, Iturralde, Spies, 2009). Violence exposure was investigated during three years with

annual assessments. The study revealed that 21% of children were exposed to marital physical aggression, 41% of children were exposed to mother-to-children aggression, 29% of children were exposed to father-to-children aggression, 10% of children were exposed to children totally (Margolin et al., 2009). Moreover, during three-year period, children told that they had exposed to violence at least once. This means that 59% of the children were exposed to marital physical aggression, 82% of children were exposed to mother-to-youth aggression, 72% of children were exposed to father-to-youth aggression, and 50% of children were exposed to community violence (Margolin et al., 2009).

Exposure to violence causes substantial stress and health problems for children, adolescents and adults (Overstreet and Mazda, 2003; Dunlap, 2010). It was pointed out that violence exposure is associated with internalizing and externalizing problems (Mckelvey, Whiteside-Mansell, Bradley, Casey, Connors-Burrow, & Barrett, 2011). Neal (2003), carried out a study which examined the link between trauma related health problems and externalizing, internalizing problems and violence exposure. There were 65 participants who were aged between 13 and 18, and it has been found that youth who reported trauma related health problems more, had higher externalizing and internalizing problems in self-reports (Neal, 2003). In a research, of which participants consisted of 391 low-SES adolescents aged 12 and 17, studied the moderating effects of school atmosphere, activities which are outside the regular curriculum, positive family interactions between violence exposure and internalizing and externalizing problems (Hardaway, McLoyd, Wood, 2012). The researchers found that there were positive correlations between violence exposure and internalizing, externalizing problems.

Children's general well-being and whether and how they reach important developmental milestones are continuing issues for research in order to support children who are directly affected (Inka, Sandra, Meagan, & David, 2008).

Although, previous research has pointed out that exposure to violence has adverse effects on children's social and behavioral outcomes, there are few number of research which have examined how young children's functioning are affected by violence exposure (Wojciechowski, 2008). It is extremely essential to understand the outcomes of community violence exposure since it has negative effects on cognitive, behavioral, social and emotional functioning (Sharma, 2014). Since there is very few research about the relationship between violence exposure and externalizing and internalizing problems (Deane, 2014), community violence should be taken into consideration in terms of its effects on internalizing externalizing problems, and their relationships to social competence, emotion regulation and resilience.

There are a number of concepts which were used in the study, the definitions of the concepts vary but certain definitions were used in the present study.

Community violence defined as witnessing, seeing or hearing violence in children's environment which may cause different problems in children (Kliewer and Sullivan, 2008). Specifically, in this study community violence is witnessing, seeing or hearing blast bombs, gun shots, people were being killed and it was measured with traumatic events screening inventory and story completion tasks.

Emotion regulation is to ability to live, express and feel positive and negative emotion conditions (Cole, Martin & Dennis, 2004). It was measured by Emotion Regulation Checklist. Resilience is another concept in the study and it is the ability to preserve competencies although dealing negative effects of community-violence

exposure. In this study, the quality of the relationships between the parents and children conceptualized as resilience. It will be measured by Resilience Questionnaire. Internalizing problems are the group of disorders which are anxious/depressed, withdrawn/depressed and somatic complaints. In this study internalizing problems were emotional symptoms, anxiety withdrawal, and emotional lability/negativity. Internalizing problems were measured by The Strengths and Difficulties Questionnaire, Emotion Regulation Checklist, Social Competence and Behavior Evaluation Scale (SCBE-30). On the other hand, externalizing problems are the syndromes that are rule-breaking behavior and aggressive behavior. In this study, externalizing problems were conduct problems, hyperactivity, peer problems, and anger aggression. Externalizing problems were measured by The Strengths and Difficulties Questionnaire Social Competence and Behavior Evaluation Scale (SCBE-30). Family factors are a number of factors related to family which are families' socioeconomic status, their occupations, the number of siblings, the quality of relationship between family and the child are defined as family factors. Social competence is another concept and it necessitates the skills to control and balance emotions, understand other's feelings, pay attention to social-cognitive cues and adapt them (Margolin & Gordis, 2000)

CHAPTER 2

LITERATURE REVIEW

2.1 Theoretical background

Bronfenbrenner's ecological theory (1979) places a lot of importance on the environment surrounding the child. The environment around the child is divided into different systems based on their direct or indirect influence to the child. There are four different systems around the child according to ecological theory. Microsystem includes the agents which directly affect the child found in families, schools and in peer groups including parents, teachers and friends who has direct interaction with the child. The next system is called mesosystem and contains the relationships and connections between microsystem such as relationships between home and school, or between peer groups and family. Exosystem is the third system around the child covering neighbors, mass media, local politics, and social services. What exosystem contains will probably have people with in the child's microsystem or mesosystem. So exosystem indirectly affect children by having direct effects on the agents in the mesosystem and microsystem such as family, school, neighbors, etc. The last, and the broader system is macro system in the human ecology theory and includes ideologies, beliefs and attitudes of the culture and affects the child indirectly. Thus according to this theory, the child is affected by everything around her and the development of the child occurs within the nested system of a child's ecology.

As in the Bronfenbrenner's ecological theory (1979), the environment has a crucial role in the development of children. Community violence which happens in

the surrounding environment of the child influences the child directly within the microsystem as well as via the other systems. Thus, based on ecological theory, community violence would have significant impacts on children's social, emotional development and general well-being. Many areas of children's development including social emotional wellbeing, competence, emotion regulation, levels of stress and anxiety are all affected.

Cicchetti and Lynch (1993) used Bronfenbrenner's ecological/transactional viewpoint and suggested a model explain how community violence effects children's development. In this model, the union of outcomes from culture, community, family and prior development combine in order to impact developmental issues in children. Furthermore, contributing and offsetting factors come together with violence and exist at each level of the environment. Firstly, these factors resolve whether violence is going to exist at specific level of the model. Moreover, outcomes in a specific level can affect the results of enclosed levels of the model. In bigger levels such as macrosystem or exosystem factors which can increase the effectiveness of community violence extend the probability of community violence on the other hand offsetting factors diminish the currency of community violence. The incidents in the macrosystem and exosystem again effect the incidents in microsystem. In microsystem, contributing and offsetting factors decide existence of violence in the family context have the most significant role in children's development (Cicchetti & Lynch, 1993)

To sum up, according to Cicchetti & Lynch's model (1993), community violence not only effects children at each level of the ecology but also community violence in a specific level (microsystem, exosystem or macrosystem) can impact

the results in surrounding levels and the factors interact each other and indirectly effects the children again.

Cicchetti and Lynch (1993) have pointed out the significance of the interactions between the systems (macrosystem, exosystem and microsystem) and intercourses of the outcomes in different systems and its' role on the effect on community violence exposure on children's development. Moreover, Cicchetti and Lynch's (1993) asserted that adversities in children's development are related to positive protecting and negative risk determinants in different systems around the children.

At this point, defining "risk" and "protective" factors are very crucial according to Luthar, Cicchetti and Becker (2000) in resilience research. Many resilience researchers define risk that is severe danger which may hinder typical growth of children (Masten, 2001). In earlier studies, low socio-economic situation, violence exposure, below birth weight from the normal rate, and continuous sickness are some of the main cases of childhood 'risks' (Luthar, Cicchetti and Becker, 2000). Moreover, "protective" factors are usually characterized as determinants which may help a person to escape or diminish the adverse impacts of risks (Luthar, Cicchetti and Becker 2000).

In the present study community violence is the main risk factor and a significant element of the children's macrosystem in the province data are collected. Even though violence is within the general macrosystem of the environment, it is expected that the other systems within the children's ecology are directly affected by violence in the community. Specifically, the characteristics of the parent-child relationships that will affect children's resilience, and child outcomes are all thought

to be related to violence. Additionally, families' socio economic statuses, particularly parents' occupational and education level, the number of siblings, whether children have their own rooms or not, children' social competence are all possible risk and protective factors that are also included in the study (Figure 1).

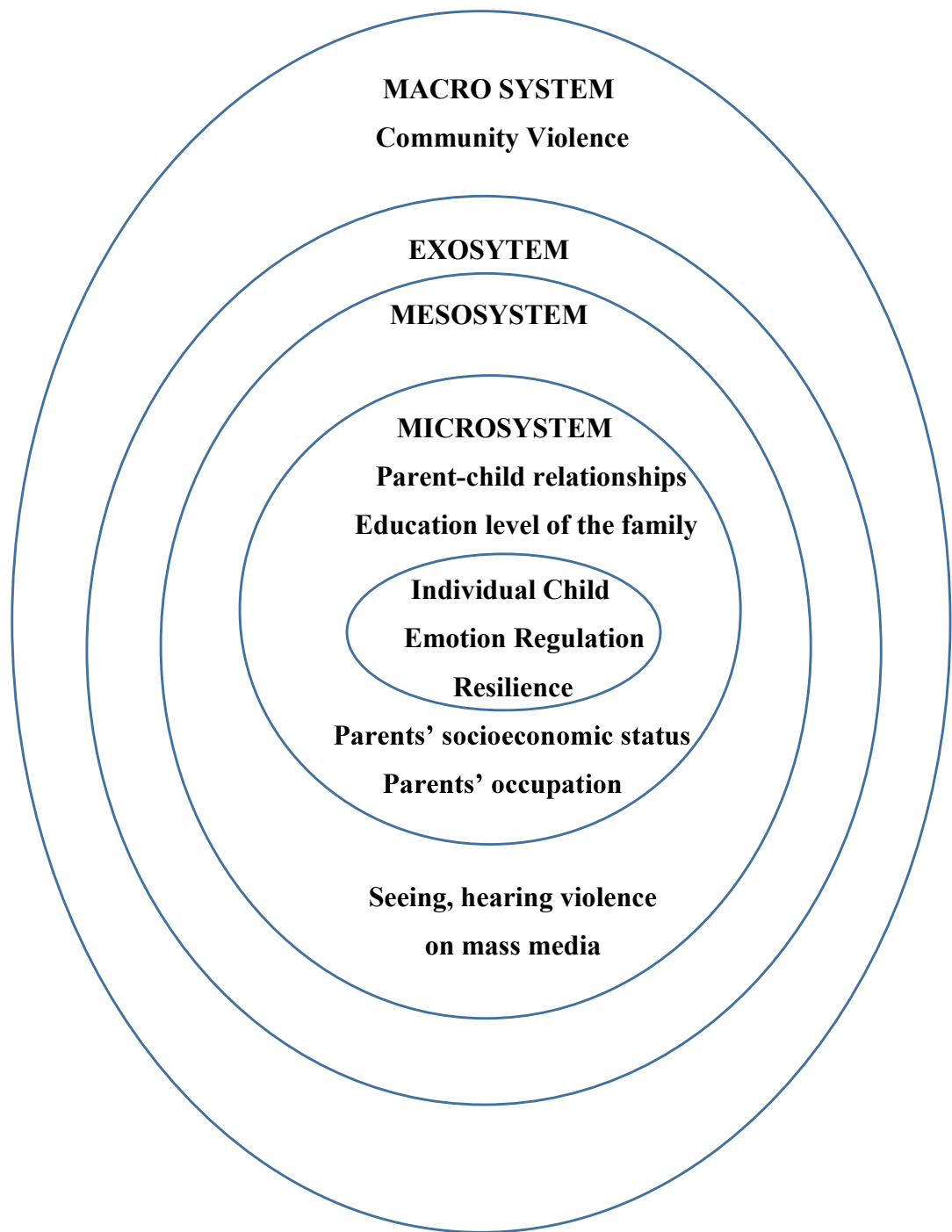


Figure 1. Protective and risk factors in the present study using Bronfenbrenner's ecological systems theory

2.2 Effects of violence exposure

Exposure to violence causes significant trauma and health threatening consequences for all members of a society including adults, adolescents and children (Dunlap, 2010). Violence exposure has psychobiological results and these results could damage children's development paths by causing post-traumatic stress disorder (PTSD), cognitive issues and problems with peers (Margolin and Gordis, 2000). Moreover, depression, decreased academic performance, PTSD, problems with peer relations are some of the possible negative effects of community violence exposure (Reyes, 2010).

It was found that being exposed to community violence is linked to high levels of internalizing and externalizing behavior problems (Hardaway, Mcloyd, Wood, 2012) and low levels of the ability of self-control and cooperation (Oravec, Koblinsky, & Randolph, 2008). Neal (2003) has found in previous children and trauma researches that there is a significant link between witnessing traumatic incidents in youth and high probability of externalizing and internalizing behavior problems. Moreover, community violence exposed children have high tendency to show certain attitude problems such as anxiety, withdrawal and aggression (Dunlap, 2010). In another study, Gorman-Smith and Tolan (1998) conducted a research including 245 inner-city African-American and Latino participants (in 5th and 7th grades) and the results revealed that there is a relationship between witnessing community violence and high reports of depression and anxiety (McKelvey, Whiteside-Mansell, Bradley, Casey, Conners-Burrow, & Barrett, 2011).

In another research conducted with 53, low-income, African American school-age children who were fifth graders and were living in a housing project,

Osofsky, Weweres, Hann, and Fick, (1993) found an association between community violence exposure and anxiety, depression and aggressive behaviors. Similarly, school-aged children who witnessed violence show problems and symptoms that are found among people who experience post-traumatic stress disorder (Grethel, 2004). Specifically, studies have revealed that school-aged children who are exposed to violence stated more levels of problems such as nightmares, anxiety, fears of leaving their homes and numbing of affect that are all associated with posttraumatic stress disorder PTSD (Grethel, 2004).

2.3. The relationship between violence exposure and internalizing and externalizing problems

Internalizing behaviors show children's internal distress like emotional problems such as anxiety, depression; on the other hand, externalizing behaviors include external problems like fighting with others are aggressive, rule breaking attitudes and ADHD (Oldehinkel, Hartman, De Winter, Veenstra, & Ormel, 2004). Peer problems, anxiety withdrawal, emotional symptoms are some of the behavior problems which could be counted as internalizing problems. In addition, hyperactivity, anger aggression and conduct problems are examples of externalizing problems.

There is a significant relationship between being exposed to violence and internalizing and externalizing problems (Reyes, 2010; Hardaway, Mcloyd, Wood, 2012). Furthermore, exposure to community violence may cause high externalizing and internalizing problems and this can harm improvement of children's developmental achievements (Reyes, 2010). Fowler, Tompsett, Braciszewski,

Jacques-Tiura, Baltes, (2009) implemented meta-analytic research techniques in order to find out the impact of community violence exposure on PTSD, externalizing problems and internalizing problems. The researchers looked into 516 different studies and they studied with 116 samples, which came from 110 researches and 39,667 children and adolescents. Fowler, Tompsett, Braciszewski, Jacques-Tiura, Baltes, (2009) found that the most severe impact of exposure to community violence was on posttraumatic stress disorder (PTSD) and externalizing problems and the least effect on internalizing problems.

Wojciechowski (2008) conducted a study with preschool children and the sample included 282 children who were 3, 4,5 years old. The data in this study contained the observation of children, the interview with the parents and children's teachers' assessments. Wojciechowski (2008) found that there was a positive correlation between exposure to violence and problem behaviors and aggression. In another study, the relationship between community violence exposure and aggression and mediating and moderating effect of emotions and emotion regulation were examined with 116 participants who were children aged between 13 and 16 years (Rubin, 2000). Rubin (2000) found that there was a significant positive relation between aggression and community violence exposure in girls.

It has been pointed out that children who are exposed to great degree of community violence have conflicts in their relations with peers (Lynch, 2003). Moreover, bad peer relations cause children who are exposed to violence become more susceptible to adverse effects of community violence (Reyes, 2010). Georgsson, Almqvist, and Broberg, (2011) studied the effect of intimate partner violence on children using self-reports of children. There were 41 children who were

witnessed or victim of intimate partner violence, aged between 7 and 19, there was also a control group in the study. Strength and Difficulties Questionnaire was used in order to measure internalizing and externalizing problems. Georgsson, Almqvist, and Broberg, (2011) found that the children's scores of emotional symptoms and peer problems scales almost two times more than the children's scores in the control group.

In a study, the link between violence victimization, witnessing violence and attention-deficit/hyperactivity disorder (ADHD) symptoms was investigated (Lewis, Elliott, Toomey, Cuccaro, Tortolero Emery, Schwebel, Visser, McLaughlin, Banspach, Schuster, 2015). There were 4,745 5th graders in the sample, the information about violence victimization and witnessing violence were obtained from children, the information about ADHD symptoms acquired from parents of the children. It was found that violence victimization and witnessing violence are related with ADHD symptoms (Lewis, Elliott, Toomey, Cuccaro, Tortolero Emery, Schwebel, Visser, McLaughlin, Banspach, Schuster, 2015). The purpose of the study was to examine the association between violence exposures (no exposure, witness or victim only, and both witness and victim) and attention-deficit/hyperactivity disorder (ADHD) symptoms, as well as the potential moderating role of gender. Data from 4,745 5th graders and their primary caregivers were drawn from the Healthy Passages study of adolescent health. Parent respondents completed the DISC Predictive Scales for ADHD, and youth provided information about exposure to violence. Results indicated that youth who reported both witnessing and victimization had more parent-reported ADHD symptoms and were more likely to meet predictive criteria for ADHD. Among those with both exposures, girls

exhibited a steeper increase in ADHD symptoms and higher probability of meeting predictive criteria than did boys. Findings indicate that being both victim-of and witness-to violence is significantly associated with ADHD symptoms particularly among girls.

2.4. The relationship between violence exposure and social competence

Violence can cause certain negative outcomes some of these outcomes are main effects that include anxiety, depression, or PTSD symptoms. Then, these main effects cause derivative negative events by damaging children's development period and effect children's social abilities (Margolin and Gordis, 2000).

There are many researches examining stress is associated with lower social competence in young children (David, 2009). For instance, negative correlations between child stress and social competence is found indicating that higher the stressors and stress among children, the lower the children's social competence level is (Brophy-Herb, et al., 2007). Moreover, community violence was founded to be an important risk parameter for preschooler's social competence (Oravec, Kobinsky, & Randolph, 2008).

Wojciechowski (2008) found that being exposed to violence influences children's social competence and problem behaviors indirectly, by increasing the depression levels of the parents. In a study it was found that reasonable correlation between community violence exposure and adverse social results in children's peer group in the school environment (Schwartz and Proctor 2000).

Exposure to violence affects not only adolescents and children but also infants and toddlers negatively. In a study which was conducted with children who

were between 12 months and 42 months old, the effect of disadvantaged neighborhood, socially disadvantaged family environment and violence exposure on infants and toddlers' social and emotional outcomes (Thomas, 2009). Parent report data from a community sample with 1279 were used and it was found that violence exposure and socially disadvantaged environment both anticipate the social and emotional outcomes of the children (Thomas, 2009).

2.5 Social competence and emotion regulation

Children's early interactions and the role of the environment in children's social development are one of the very important parameters and that is underlined by a number of research (Rispoli et al. 2013). The development of children is affected by the quality of the environment beyond their immediate family (Kaiser, Cai, Hancock & Foster, 2002). Contextual determinants which are home, family and community environment have vital effect on children's social and emotional development according to ecological, transactional, and developmental theories (Duong, 2014). In a study, which was conducted with more than 6000 children who were 3., 4., and 5. graders from almost 100 schools (Duong, 2014). It has been founded that contributory home, family and community environment virtually affected children's social and emotional competence profiles (Duong, 2014). Moreover, in the same study positive correlation was found between socio-demographic, community risks and social emotional profiles.

While positive characteristics of the family and the environment are beneficial for social competence, poverty, being exposed to danger or any negative life events hinder the development of social competence (Ackerman, Brown, &

Izard, 2004). Specifically, parents' marital status, socio-economic status of the family, stressful life events experienced in the family, support of the family, and the quality of parent-child relationships are significant indicators of children's social and emotional competence (Mitchell, 2003). In addition, social competence and emotion regulation could be affected directly from protective or risk factors. Family's sociodemographic status which could be a protective or risk factor according to its level has a significant effect on children's development especially children's social and emotional competence. It could be said that the more contextual risk factors related with the socio-demographic status of the family, the lower social and emotional competence of the children will be (Foster, Lambert, Abbott-Shim, McCarty, & Franze, 2005).

It was found out that a children's early social and emotional competence is a predecessor for future school achievement, not only socially but also academically (Barnett, 1995). Furthermore, according to Whitebread, social competence has two significant roles in young children's life. The first one is having a happy and successful life as a student. The second one is having the ability to apprehend other's point of view, ideas, thoughts and feelings which are necessary skills make life easier for a child (2012).

Another research has revealed that young children's primitive social and emotional abilities are essential for school adaptation which indicates that higher social and emotional abilities lead children to have higher school success (Rhoades, Warren, Domitrovich, & Greenberg, 2010). In a three-years longitudinal study (Welsh, Parke, Widaman, O'Neil, 2001), the link between social competence and school success was investigated with a sample of 163 school aged children from first

grade through third grade. The findings of the study pointed out that positive social behaviors are precisely associated with later school success repeatedly, however negative social behaviors are directly related to low level of academic competence (Welsh, Parke, Widaman, O'Neil, 2001).

2.6. Resilience

Not every child who has stressful life experiences, has anxiety and depression problems (Fox, 2010). For instance, Kitzmann, Gaylord, Holt, and Kenny, (2003) used a meta-analytic technique and they investigated 118 different studies which were related to children who were victimized or witnessed interparental violence. The researchers found out that even though 37% of children witnessed or directly victimized family violence were at least as mentally healthy as or even better than children who were not victimized or witnessed interparental violence (Kitzmann, Gaylord, Holt, and Kenny, 2003).

Children who are able to preserve their competencies despite living in disadvantaged environments are called resilient children (Fagbemi, 2000). There are two different definitions for resilience; first one is that resilience is a personal trait and the second definition is that resilience is the ability to adjust to negative conditions and to have advances in development in spite of negative conditions (Masten, 2018). Besides, Luthar and Cicchetti (2000) underlines the active mechanisms in which children achieve positive adjustments even though serious negative circumstances. However, in the current study, resilience was conceptualized as a personal trait and a resource for children that is acquired via experiencing high quality relationship with the parents. It is assumed that when

children receive supporting and a loving care from their parents, they will be more resilient to handle challenges that they experience in their lives as suggested by attachment theories (see Bowlby 1969-1982, 1988).

There are some factors that help to improve resilience in children and they are family and social support, shared ideology, religion, and a sense of community (Shaw, 2003). Besides, researchers have pointed out some possible protective factors such as positive parenting practices, emotional availability and supportive parent-child relationship (David, 2009). Stable, secure, emotional relationship with at least one parent, having a parent who can model supportive coping mechanisms and physical closeness between the child and the family are all factors associated with resilience in children (Fremont, 2005). Moreover, parents who have positive coping mechanisms are more likely to have children who have positive emotional reactions to negative events (Bat-Zion and Levy-Shiff, 1993, as cited in Fremont, 2005).

Parental support is a significant protecting factor for children who are living in deprived communities (Reese, Vera, Simon, Ikeda, 2000). Specifically, in the relationship between mother and child, mother's attitudes toward her child's negative emotions such as anger, distress could be a significant protecting factor and moderate the relationship between violence and child's adjustment (Dunlap, 2010) especially when she is accepting and containing the child's negative feelings.

2.7. The relationship between violence exposure and emotion regulation and resilience

In addition to obvious symptoms related with posttraumatic stress disorder, violence exposure is associated with poor emotion regulation, psychosocial maladjustment

and pessimistic expectations for the future (Boxer et al., 2003, 2008 as cited in Houlberg, Hery, Morris, 2012). Although being exposed to trauma is associated with emotion dysregulation, in other words, having difficulties in regulating their emotions (Schwartz & Proctor, 2000), children who are high in emotion regulation are found to be at a better advantage recovering after experiencing trauma (Katz & Gurtovenko, 2015). In a study conducted with mothers who experienced intimate partner violence and their children, 6 to 12 years old, Katz and Gurtovenko (2015) investigated the moderating effects of child emotion regulation on the relationship between mothers' PTSD symptoms and child depression and child PTSD. The findings of the study revealed that child emotion regulation as well as mother emotion regulation altered the effects of maternal PTSD on child well-being.

In a study, conducted with 56 mothers and their children who were between 4 and 6 years old, mothers and their children were exposed to interparental violence and the researchers assessed resilience through measuring emotion regulation and prosocial skills (Howell, Graham-Bermann, Czyz, Lilly, 2010). The researchers found that the harshness of violence exposure played a crucial role predicting resilience outcomes of children. In other words, the children who were exposed more violence, had weaker in showing prosocial skills and emotion regulation (Howell, Graham-Bermann, Czyz, Lilly, 2010). Moreover, in the same study effective parenting, lower levels of exposure to violence, better mother's mental health condition anticipated higher levels of emotion regulation and prosocial skills.

CHAPTER 3

CONCEPTUAL MODEL AND PURPOSE OF THE STUDY

There are many researches examining violence exposure in school-aged children or adolescents however, there are very few research that look into violence exposure in preschool children (Shahinfar, Fox, & Leavitt, 2000). Furthermore, young children who are exposed to violence are at a higher risk for having behavior problems, social concerns and anxiety (Lewis-O'Connor, Sharps, Humphreys, Gary, & Campbell, 2006 as cited in David, 2009). Although this study does not intend to compare children based on the degree of violence exposure, it aimed at assessing the developmental outcomes based on risk and protective factors of people exposed to high level of violence. Therefore, the main purpose of this study to identify and assess the factors that are playing protective roles such as emotional regulation and resilience of young children who live in the areas of Turkey where violence and poor living conditions exist. The conceptual model of the current study could be seen in Figure 2.

Violence does not peril only children's security but also affects their psychosocial development as they are more sensitive to the impacts of violence and experience high levels of depression and anxiety as well as other adverse effects (Margolin and Gordis 2000). Intervention programs may be essential for at-risk populations like violence-exposed children. This study intended to investigate the children's well-being in terms of their competence areas such as social competence, prosocial competence, emotion regulation, resilience and also problem areas such as

anger aggression, anxiety withdrawal, emotional problems, conduct problems, hyperactivity levels and peer problems.

Understanding what violence-exposed children go through is going to help professionals and provide them with significant knowledge about the needs of violence-exposed children to overcome adverse effects (Grethel, 2004). Moreover, such research will be beneficial to develop better intervention programs living in similar conditions (Grethel, 2004). Intervention programs are essential for at-risk populations in order for them to cope with specific problems they are facing. However, in order to intervene properly and to design intervention that works it is important identify the specific problems, assess the needs and the areas to focus on for improvement. In addition, little is known about children's well-being experiencing disaster conditions in developing countries (Inka et al., 2008), thus, this present research is designed to shed light on the understanding children's experiences in developing countries where violence has been experienced for a prolonged period of time and for some children at a day to day basis.

In this study certain questions are going to be answered and they are
Research Question 1. What kind of traumatic incidents were reported by parents of children who live in an at risk community and environment?

Research Question 2. What are the levels of children's emotional symptoms, conduct problems, hyperactivity, peer problems, prosocial competence, social competence, anxiety withdrawal, anger aggression, emotion regulation, and emotion lability/negativity level in an at risk community and environment?

Research Question 3. Are there any significant relationships between children's

emotional symptoms, conduct problems, hyperactivity, peer problems, prosocial competence, social competence, anxiety withdrawal, anger aggression, emotion regulation, and emotion lability/negativity scores?

Research Question 4. Are there any significant differences in children's emotional symptoms, conduct problem, hyperactivity, peer problems, anger aggression, anxiety withdrawal, and emotion lability/negativity scores between high and low resilience level of children?

Research Question 5. What are the children's trauma scores based on story completion task?

Research Question 6. Are there any significant relationships between children's trauma scores and children's emotional symptoms, conduct problems, hyperactivity, peer problems, anxiety withdrawal, anger aggression, emotion regulation, and emotion lability/negativity scores?

Research Question 7. Are there any significant relationships between children's trauma scores and children's social competence, prosocial competence and emotion regulation scores?

Research Question 8. Are there any significant differences in children's emotional symptoms, conduct problems, hyperactivity, peer problems, anger aggression, anxiety withdrawal, and emotion lability/negativity scores based on story completion task?

Research Question 9. Are there any significant differences in children's social competence, prosocial competence, emotion regulation, and resilience scores based on story completion task?

Research Question 10. Are there any significant differences in children's emotional symptoms, conduct problem, hyperactivity, peer problems, anger aggression, anxiety withdrawal, and emotion lability/negativity scores based on traumatic events screening inventory?

Research Question 11. Are there any significant differences in children's emotional symptoms, conduct problems, hyperactivity, peer problems, prosocial competence, social competence, anxiety withdrawal, anger aggression, emotion regulation, and emotion lability/negativity scores according to gender of the children?

Research Question 12. Are there any significant differences in children's emotional symptoms, conduct problems, hyperactivity, peer problems, prosocial competence, social competence, anxiety withdrawal, anger aggression, emotion regulation, and emotion lability/negativity scores according to age of the children?

Research Question 13. Are there any significant differences in children's emotional symptoms, conduct problems, hyperactivity, peer problems, prosocial competence, social competence, anxiety withdrawal, anger aggression, emotion regulation, and emotion lability/negativity scores according to hometown of the children?

Research Question 14. Are there any significant differences in children's emotional symptoms, conduct problems, hyperactivity, peer problems, prosocial competence, social competence, anxiety withdrawal, anger aggression, emotion regulation, and emotion lability/negativity scores based on parents' socioeconomic statuses?

Research Question 15. Are there any significant differences in children's emotional symptoms, conduct problems, hyperactivity, peer problems, prosocial competence, social competence, anxiety withdrawal, anger aggression, emotion regulation, and emotion lability/negativity scores according to fathers' education level?

Research Question 16. Are there any significant differences in children's emotional symptoms, conduct problems, hyperactivity, peer problems, prosocial competence, social competence, anxiety withdrawal, anger aggression, emotion regulation, and emotion lability/negativity scores according to mothers' education level.

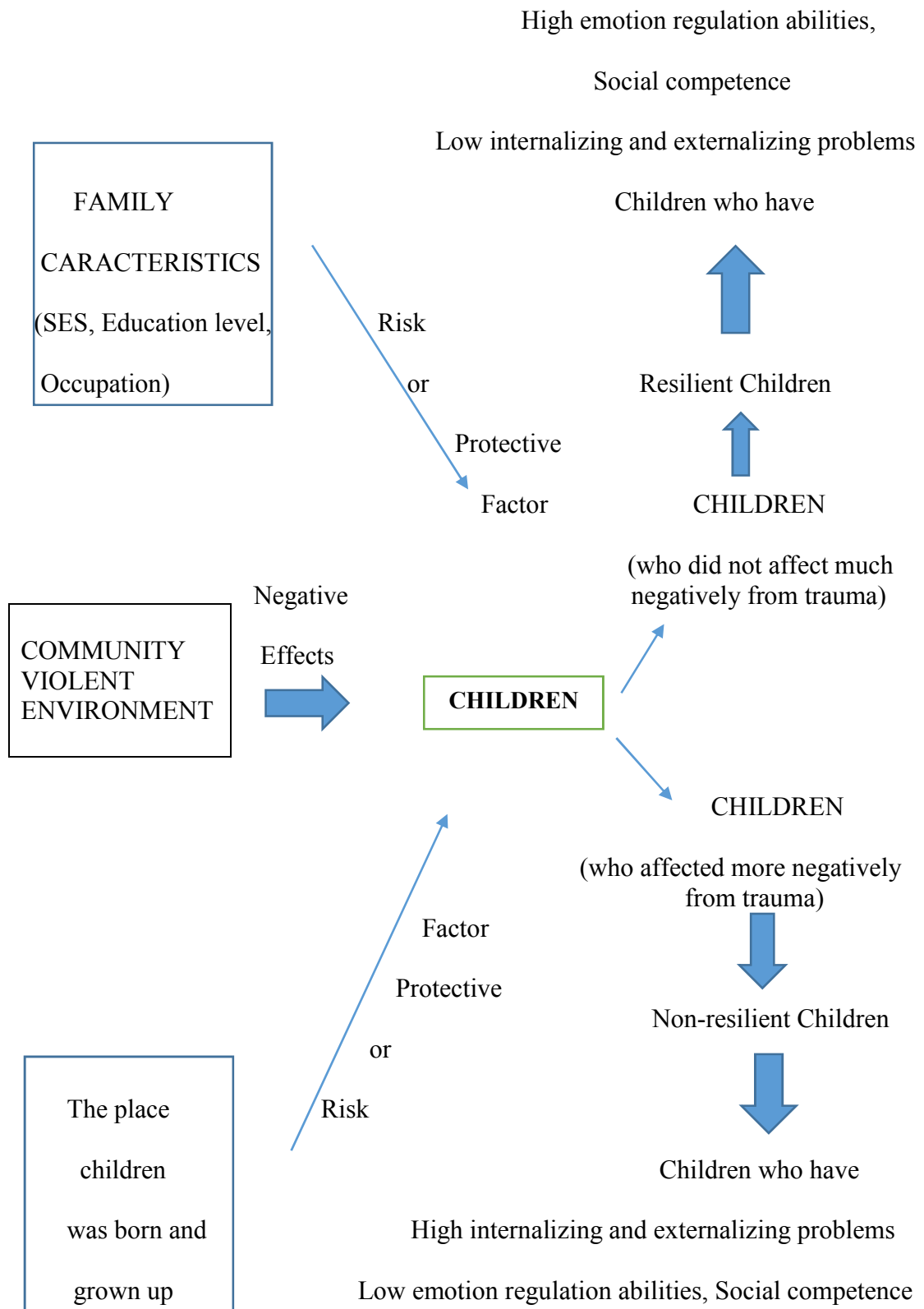


Figure 2. The conceptual model of the study

CHAPTER 4

METHOD

4.1. Sample

The sample for this study included children aged between four and eight years old, who live in the district. One hundred and fifty consent forms (see Appendix B) for parents were distributed, one hundred and thirty parents gave consent for the study and filled out the traumatic events screening inventory. From those preschools, and primary schools there were a total of ninety-five children participated in the study. These schools had approximately five hundred children between the ages of four and eight, so almost twenty percent of the total children participated in the study.

There were fifty (52.6 %) females and forty-five (47.4 %) males, and 24 (25.3 %) children were eight years old, 17 (17.9 %) children were seven years old, 36 (37.9 %) children were six years old, and 18 (18.9 %) children were five years old in current study. The age of children was normally distributed, with skewness of -0.04 ($SE = 0.29$) and kurtosis of -1.44, ($SE = 0.57$).

The families of children were asked to rate their socio-economic levels on a 5 point Likert type scale where 1 stands for very poor and 5 stands for very good.

According to the income rates of the parents two of them were very poor, five (5.3 %) of them were poor, sixteen (16.8 %) of them were average, fifty-five (57.9 %) of them were good and eight (8.4 %) of them were very good.

Thirty-three of the fathers (34.7 %) had graduated from high schools, twenty-nine of the fathers (30.5 %) had graduated from university, five of the fathers

(5.3 %) had graduated from middle school, and ten of the fathers (10.5 %) had graduated from primary school. Two of the fathers were disabled, and one of the fathers were not working, one of the fathers did not have a regular job. Five of the fathers were military officer (one of them was lieutenant), five of the fathers were police officer (one of them captain), three of the fathers were doctors (specialist), nine of the parents were teachers, two of the fathers were judge, eight of the fathers were government employee, one of the fathers were principal and twenty-four of the fathers (25.3 %) were tradesman in the study.

The education level of the mothers is different from the fathers. Eleven of the mothers did not know how to read and write, twenty-eight of the mothers had graduated from primary school, three of the mothers had graduated from middle school, twenty-nine of the mothers had graduated from high school and eleven of the mothers had graduated from university.

There was a question about the birth place of the children and the birth place affirms whether the child is from Muş or outside of Muş. Sixty-five of the children (68.4 %) were born in Muş and twenty-four of the children (25.3 %) were born outside of Muş.

4.2. Instruments

Seven different types of instruments were used in order to assess children's internalizing, externalizing problems, emotion regulation, resilience, and social competence.

4.2.1 Demographic questionnaire

One of the instrument is demographic questionnaire in order to get general information about the family and children (see Appendix C and D). The questions are like the job of the parents, education level of the family, the number of siblings, etc. The parents' socioeconomic status was normally distributed, with skewness of -0.65 ($SE = 0.29$) and kurtosis of 0.97, ($SE = 0.57$). The father's education level was normally distributed, with skewness of -1.05 ($SE = 0.29$) and kurtosis of 0.25, ($SE = 0.57$). The mother's education level was normally distributed, with skewness of -0.27 ($SE = 0.29$) and kurtosis of -1.31, ($SE = 0.57$).

4.2.2 The strength and difficulties questionnaire

The Strength and Difficulties Questionnaire (SDQ) is a tool which has twenty-five items divided into five scales (see Appendix E and F). The first 4 scales intend to assess emotional symptoms, behavioral problems, hyperactivity, and peer relationship problems. The fifth scale intend to assess prosocial behaviors. Each of the 25 items is rated as being Not true (0), Somewhat true (1), or Certainly true (2), and each of the SDQ scales consists of five items, thus total scores could be between 0 and 10. Four of the SDQ scales represent problem scores which are added to obtain a total difficulties score. The Turkish adaptation, validity and reliability of the SDQ were made by Guvenir, Ozbek, Baykara, Arkar, Şentürk, İncekaş (2008). The Emotional Symptoms subscale consisted of 5 items ($\alpha = .75$), the Conduct Problems subscale consisted of 5 items and the Cronbach Alpha for the 3 items was .73, the Hyperactivity subscale consisted of 5 items ($\alpha = .69$), the Peer Problems subscale consisted of 4 items ($\alpha = .66$), the Prosocial competence subscale consisted of 5

items ($\alpha = .83$). The emotional symptoms score of children were normally distributed, with skewness of 1.18 ($SE = 0.29$) and kurtosis of 0.19, ($SE = 0.57$). The conduct problems score of children were normally distributed after log transformation, with skewness of 1.08 ($SE = 0.25$) and kurtosis of -0.19, ($SE = 0.50$). The hyperactivity score of children were normally distributed, with skewness of 0.95 ($SE = 0.29$) and kurtosis of 0.77, ($SE = 0.57$). The peer problems score of children were normally distributed after log transformation, with skewness of 1.17 ($SE = 0.25$) and kurtosis of -0.12, ($SE = 0.50$). The prosocial competence score of children were normally distributed, with skewness of -1.25 ($SE = 0.29$) and kurtosis of 0.44, ($SE = 0.57$).

4.2.3 Emotion regulation checklist

The other instrument was the Turkish version of the Emotion Regulation Checklist (see Appendix G and H). This instrument was developed by Shields and Cicchetti in 1997. Emotion Regulation Checklist translated into Turkish and back translated to English by Batum and Yagmurlu. This instrument's aim is to measure courses which are related to expression of proper emotion, the power and tendency to change in emotions. There were 24 items in the checklist and they are in 4-point Likert scale form; 1 stands for never, 2 stands for sometimes, 3 stands for often, 4 stands for always. This instrument has two subscales; one of them is Emotion Regulation (ER) and the other one is Emotion Lability/Negativity. The subscale of Emotion Regulation shows the skills of emotional self-awareness, empathy and expressing emotions. The other subscale which is Emotional Lability/Negativity shows the absence of controlling emotions, anger and mood adaptation. This questionnaire was

filled out by the teachers of the children. The Emotion Lability/Negativity subscale consisted of 14 items ($\alpha = .88$), the Emotion Regulation subscale consisted of 9 items ($\alpha = .74$). The emotion regulation score of children were normally distributed, with skewness of -0.55 ($SE = 0.29$) and kurtosis of -0.44, ($SE = 0.57$). The emotion lability/negativity score of children were normally distributed after log transformation, with skewness of 1.48 ($SE = 0.25$) and kurtosis of 2.53, ($SE = 0.50$).

4.2.4 Resilience questionnaire

Resilience questionnaire was developed by the early childhood service providers, pediatricians, psychologists, and health advocates of Southern Kennebec Healthy Start, Augusta, Maine, in 2006, and updated in 2013. Mark Rains and Kate McClinn, came up with the 14 statements. This instrument was arranged by the researcher for young children. The fourteen questions in the instruments intended to assess children's resilience (see Appendix I and J). The format of the questions is like "some children think that their mother love them and some children think that their mother do not love them. When you think about your mother, do you think your mother loves you? The answer could be yes or no and the researcher asks again less or more to attain 4 point scores ranging from 1, not at all to 4, always true. Cronbach's alpha score for the 13 resilience items was .72. The resilience scores of children were normally distributed, with skewness of -0.47 ($SE = 0.24$) and kurtosis of -0.43, ($SE = 0.49$).

4.2.5 Traumatic events screening inventory

Traumatic events screening inventory (Ippen, Ford, Racusin, Acker, Bosquet, Rogers, Ellis, Schiffman, Ribbe, Cone, Lukovitz, & Edwards, 2002) was simplified by the researcher, there are twenty-five questions and their answers are in yes, no, unsure form (see Appendix K and L). This inventory was completed by the parents of the children. The parents of the children were asked to fill out a questionnaire in which they were asked whether their children had been exposed to a large variety of violent events. Cronbach's alpha for the twenty-three items in the traumatic events screening inventory was .60.

4.2.6 Social competence and behavior evaluation scale (SCBE-30)

Social competence was measured by a teacher report on the Social Competence and Behavioral Evaluation (SCBE-30; LaFreniere & Dumas, 1996). However, in this study the Turkish version of the SCBE-30, which was translated into Turkish by clinical child psychologists, graduate clinical psychology students and undergraduate students, were used. The SCBE-30 has three parts; social competence, anxiety withdrawal, and anger aggression. In this study, social competence part will be used in order to obtain social competence score of the children. The Turkish form of the SCBE-30 has 30 items which are short and in simple sentences (see Appendix M and N). It is a rating scale, there are numbers 1 to 6; 1 means never, 2-3 mean sometimes, 4-5 mean often and 6 means always. The Anger Aggression subscale consisted of 10 items ($\alpha = .84$), the Social Competence subscale consisted of 10 items ($\alpha = .89$), The Anxiety Withdrawal subscale consisted of 10 items ($\alpha = .89$). The anger aggression score of children were normally

distributed after log transformation, with skewness of 0.76 ($SE = 0.25$) and kurtosis of 0.10, ($SE = 0.50$). The social competence score of children were normally distributed, with skewness of -0.91 ($SE = 0.29$) and kurtosis of 0.18, ($SE = 0.57$). The anxiety withdrawal score of children were normally distributed after log transformation, with skewness of 1.21 ($SE = 0.24$) and kurtosis of 1.08, ($SE = 0.49$).

4.2.7 Story completion task

Story completion was a projective technique used to examine the effects of trauma exposure. How much children were affected from community violence exposure was measured with incomplete stories (see Appendix O). Three incomplete stories used in another study in order to identify the effects of the 1999 Turkish earthquake on young children (Oncu and Metindogan, 2010) in this study. Although the short and incomplete stories were originally designed to examine the effects of an earthquake, words and descriptions used in the stories were similar to violence exposure. These themes were to remind children the incidents and feelings which are related to community violence exposure. For instance, afraid of being hurt, fear, and desperation because of inexpugnable negative event such as an awful storm, big train coming towards or a very large vehicle approaching. None of the stories explicitly contained violence or harm and children were supposed to complete the stories based on their free associations. Animals, and plants used in the stories as main characters and these were a cat, an ant, a tree. Each story was written in a language appropriate for children who were between the ages four and eight. The researcher told the story to each child separately. After that certain questions were

asked what happened to the main character, how the story ended and what the main character could do while the event was happening.

4.3 Procedure

This study was carried out in Bulanık which is one of the counties of Muş. Data were collected in May and June 2016 in two different public primary school and one public preschool which are Gazi İlkokulu, Turnalar Anaokulu, and Turgut Özal İlkokulu. In order to collect data from public preschools and primary schools required permissions were taken from the Ministry of Education, and ethic committee of Boğaziçi University. Children of the parents who gave their written consents were included in the study. Parents received the trauma screening inventory via the teachers and completed questionnaires were collected back by the teachers in sealed envelopes. Meanwhile teachers completed The Strengths and Difficulties Questionnaire, The Social Competence and Behavior Evaluation Scale, and the Emotional Regulation Checklist for each child whose parents consented their participation in the study.

The researcher completed the interviews with the children in a quiet room at their schools after receiving their oral consent. First the resilience questionnaire was completed and then the story completion task. In the story completion part, the stories were read to each child separately. The researcher told the child “Now I’m going to tell you some stories one at a time but these stories are a little bit different because they are not finished you need to finish to story for me. Please listen carefully, stop, and say if you do not understand the story so that I can tell it again. There are not any wrong or right answers and you can complete stories however you

want. When I finish each of these stories, I am going to ask you some questions about them “What happened then, what happened to the tree/ant/cat, what happened in the end, what should the tree/ant/cat do?” The answers of the children were recorded. All of the three questionnaires which were filled out by the teachers of the children were collected. Basic demographic information about the children was obtained from the children’s teachers.

4.4 Design

Both quantitative and qualitative research methods were used in this study. Although story completion task was used for a qualitative analysis, it was also used for the quantitative analysis after coding children’s responses. Two different types of coding were used, one that is coding children’s answers for each category and the other one is coding children’s answers for each story.

4.4.1 Coding children’s answers for each category

In this part, children’s answers in the story completion task for each question were divided into four different categories. The categories were emerged and formed based on the answers of the children and the categories were labeled as very negative, negative, positive and very positive. For a very negative answer the child got 1 point, for a negative answer the child got 2 points, for a positive answer the child got three points, for a very positive answer the child got 4 points. After scoring children’s answers for each of the tree questions (1. What happened next? 2. What happened to the tree/ant/kitten? 3. What happened at the end of the story?), the scores of children for those three questions were added together. At the end, there

was a total score for the tree story, there was a total score for the ant story and there was another total score for the kitten story. For each story, the tree, the ant and the kitten stories, the same grouping categories were used. Answers like these “the tree fell, the roots of tree fell down, the tree got drown, the tree was broken, the tree was cut off, the branches of the tree were broken” were coded as very negative answers for the first questions of the tree. Answers like these “tree was sad, tree was afraid of, the leaves of the tree fell, the tree started to shake” were coded as negative answers. Answers like these “the wind finished, the storm stopped, the tree was in its own place, the roots of the tree did not come off” were coded as positive answers. Finally, the answers like “the tree lived happily ever after, the tree was solid and strong, the tree trusted itself and it felt safe” were coded as very positive answers. The coding process was completed for each question of each story. At the end, a total score was computed by adding the points children got for each questions for each story category. In other words, there were three different scores for three different stories.

4.4.2 Coding children’s answers for each story

Each story was examined separately. According to the answers of the questions (1. Then what happened, 2. What happened to the tree/ant/kitten? 3. What happened at the end of the story?) three different categories were made. In the first category, the child gave negative answers for all of the three questions. Children’s answers were like the tree/ant/kitten died or were killed this child got 2 point. In the second category, the child gave a negative answer for the first question or second question but the child ended the story positively and the child got 1 point. For instance, the

child said tree/ant/kitten was upset or afraid too much for answers of first and second question. However, at the end, the child said the tree/ant/kitten happily lived ever after. In the third and last category, the child gave positive answers for all of the three questions like nothing bad happened to the tree/ant/kitten lived happily ever after, this child got 0 point. These categories were assumed to reflect the degree of how much the children were affected by trauma. Since there were only four children who got 0 points which means there were only four children who gave positive answers to all of the three questions, the categories 1 and 0 were combined into one category. At the end there were only two categories, if children got 1 point which meant that children were affected less negatively from trauma, if children got 2 points it meant children were affected more negatively from trauma. After obtaining two categories, independent sample *t*-tests analyses were used in order to compare these two group's scores of emotional symptoms, conduct problems, hyperactivity, peer problems, prosocial competence, social competence, anxiety withdrawal, emotion regulation, anger aggression, emotion lability/negativity, and resilience.

CHAPTER 5

RESULTS

There were one hundred and thirty parents who gave consent and filled out traumatic events screening inventory from three different public school and the researcher interviewed with ninety-five children from those schools. The data about children filled by eleven preschool teachers and eight primary school teachers. Fifty-three children were preschoolers, eighteen children were first graders, twenty-three children were second graders.

5.1 Descriptive analyses

5.1.1 Findings about community violence exposure and traumatic events

The first research question of the study was: What kind of traumatic incidents were reported by parents of children who live in an at risk community and environment? Total of ninety-five parents completed traumatic events screening inventory questionnaire. Results of traumatic events screening inventory indicated that 63.2 % of the children ($n = 60$) had seen attacks that were associated with terrorism on television. 25.3 % ($n = 24$) of children had lost someone close in their family.

When the parents were asked if their children had serious medical conditions or had been taken to emergency rooms at hospitals, twenty-two point one percent ($n = 21$) of them agreed with the statement. Additional 12.6 % ($n = 12$) children had been separated for more than two and three days from their primary care givers. Another 10.5 % ($n = 10$) of children had serious life-threatening

accidents in their lives. 9.5 % ($n = 9$) of children had been attacked by a dog or other animal.

Eight point four percent of children had seen or heard outside of the family fighting, hitting, pushing and attacking each other. Furthermore, 7.4 % ($n = 7$) of children had been lived other stressful situations. 5.3 % ($n = 5$) of children had seen or heard about people in their family physically fighting, hitting, slapping, kicking or pushing each other or using gun, knife or any other weapon.

Four point two percent of children had been directly exposed to war, armed conflict or terrorism. 4.2 % ($n = 4$) of children had been repeatedly told s/he was no good, yelled at in a scary way, or had someone threaten to abandon, leave or send him/her away. 3.2 % ($n = 3$) of children had seen or heard people in their family threaten to harm seriously each other. 2.1 % ($n = 2$) of the children had been victimized by physical assault such as hitting, getting throttled, and biting. Similarly, 2.1 % ($n = 2$) of the children were mugged or witnessed someone close to them were being mugged. 1.1 % ($n = 1$) of children had gone through a period when s/he lacked appropriate care (like not having enough to eat or drink, lacking shelter, being left alone when s/he was too young to care for herself/himself). Nearly 1 % ($n = 1$) of the children was threatened with serious harm. 1.1 % ($n = 1$) of children had known or seen someone arrested in their family.

5.1.2 Findings about problem behaviors and prosocial competence

Another research question of the study was: What are the levels of children's emotional symptoms, conduct problems, hyperactivity, peer problems, prosocial competence, social competence, anxiety withdrawal, anger aggression, emotion

regulation, emotion lability/negativity level in an at risk community and environment? In order to answer this question descriptive analyses were conducted. The means and the standard deviations of emotional symptoms, conduct problems, hyperactivity, peer problems and prosocial competence are displayed in Table 1. The findings indicated that teachers rated the prosocial competence of their children to be highest and all the other areas that indicated problem behaviors seem to be rated low. The overall score was obtained by summing up emotional symptoms, conduct problems, hyperactivity, peer problems scores.

Table 1. Descriptive statistics of problem behaviors and prosocial competence

	N	Minimum	Maximum	Mean	Std. Deviation
Emotional Symptoms	95	0	8	1.27	1.89
Conduct Problems	94	0	6	0.93	1.38
Hyperactivity	95	0	9	2.81	2.35
Peer Problems	92	0	6	1.48	1.42
Prosocial competence	95	4	10	8.57	1.86
Total SDQ Score	91	0	21	6.31	4.64

5.2 Findings about social competence, prosocial competence, emotion regulation, resilience and problem behaviors

The means and the standard deviations of anger aggression, social competence, and anxiety withdrawal rated by teachers of the children in Table 2. The findings indicated that teachers rated the social competence of their children to be highest and

anger aggression, anxiety withdrawal that indicated problem behaviors seem to be rated low.

Table 2. Descriptive Statistics of Anger Aggression, Social Competence and Anxiety Withdrawal

	N	Minimum	Maximum	Mean	Std. Deviation
Anger Aggression	94	10	42	16.93	6.80
Social Competence	94	24	60	50.37	8.79
Anxiety Withdrawal	94	10	52	16.31	8.12

The means and the standard deviations of emotion regulation and emotion lability/negativity are displayed in Table 3.

Table 3. The Means and Standard Deviations of Emotion Regulation and Emotion Lability/Negativity

	N	Minimum	Maximum	Mean	Std. Deviation
Emotion Regulation	94	18	32	26.15	3.19
Emotion Lability/Negativity	93	16	50	25.98	7.35

5.2.1 The correlational analyses between emotional symptoms, conduct problems, hyperactivity, peer problems, prosocial competence, anger aggression, social competence and anxiety withdrawal

Pearson correlation was conducted in order to assess the relationships between children's emotional symptoms, conduct problems, hyperactivity, peer problems, prosocial competence, social competence, anxiety withdrawal, anger aggression, emotion regulation, emotion lability/negativity scores. The results of the current study showed that problem areas and competence areas were negatively correlated. Furthermore, some of the problem behaviors were positively correlated in its own problem areas category. Hyperactivity was positively correlated with emotional symptoms, conduct problems, peer problems, anger aggression, and anxiety withdrawal. Hyperactivity was negatively correlated with prosocial competence and social competence. See table 4.

Table 4. The Correlational Analyses between Emotional Symptoms, Conduct Problems, Hyperactivity, Peer Problems, Prosocial Competence, Anger and Aggression, Social

	1.	2.	3.	4.	5.	6.	7.	8.
1. Emotional Symptoms	1							
2. Conduct problems	-.03	1						
3. Hyperactivity	.30**	.38**	1					
4. Peer problems	.22*	.23*	.34**	1				
5. Prosocial competence	.06	-.54**	-.32**	-.48**	1			
6. Anger	.10	.73**	.48**	.21*	-.44**	1		
Aggression							1	
7. Social Competence	-.16	-.53**	-.50**	-.47**	.79**	-.51**		
8. Anxiety	.78**	-.09	.32**	.35**	-.09	.09	-.24*	1
Withdrawal								

** Correlation is significant at the 0.01 level (2-tailed)

* Correlation is significant at the 0.05 level (2-tailed)

The correlational analyses between emotion regulation, emotion lability/negativity, between emotional symptoms, conduct problems, hyperactivity, peer problems, and prosocial competence

The findings of the correlational analyses between problem behaviors, social and prosocial competence, emotional regulation and emotion lability/negativity are displayed in Table 5.

Table 5. The Correlations between the Problem Behaviors, Prosocial Competence, Social Competence and Emotion Regulation

	Emotion Regulation	Emotion Lability/Negativity
Emotional Symptoms	-.41**	.22*
Conduct Problems	-.15	.69**
Hyperactivity	-.19	.62**
Peer Problems	-.46**	.29*
Prosocial Competence	.50**	-.49**
Anger Aggression	-.07	.84**
Social Competence	.57**	-.62**
Anxiety Withdrawal	-.55**	.16

** Correlation is significant at the 0.01 level (2-tailed)

* Correlation is significant at the 0.05 level (2-tailed)

The results showed that there were significant positive correlations between the children's competence areas which were social competence, emotion regulation and prosocial competence. For instance, prosocial competence and emotion regulation were significantly positively correlated $r = .50, p < .01$. Social

competence and emotion regulation were significantly positively correlated $r = .57$, $p < .01$. Moreover, social competence and prosocial competence were significantly positively correlated $r = .79$, $p < .01$.

As expected, the results also showed that there were negative correlations between competence areas and problem areas. Emotional symptoms and emotion regulation were significantly negatively correlated $r = -.41$, $p < .01$. Peer problems and emotion regulation were significantly negatively correlated $r = -.46$, $p < .01$. Prosocial competence and lability/negativity were significantly negatively correlated $r = -.49$, $p < .01$. Also, there were significant negative correlations between social competence and emotion lability/negativity $r = -.62$, $p < .01$.

5.3 The findings about resilience

In order to examine whether there were differences in children's emotion lability/negativity scores between high and low resilience level of children, independent sample *t*-tests analyses were conducted. In order to group children's resilience scores high and low, mean score of resilience questionnaire was used. There was a significant difference in the scores of emotion lability/negativity when resilience is high ($M = 24.62$, $SD = 5.47$) and when the resilience is low ($M = 27.80$, $SD = 8.85$); $t(90) = -2.11$, $p = 0.03$, $d = -0.43$, $r = -0.21$. Cohen's effect size value ($d = -0.43$) suggested a moderate practical significance. These results suggest that resilient children have lower emotion lability/negativity problems. According to independent sample *t*-tests results, there was a significant difference in the children's anger aggression scores when resilience is high ($M = 15.36$, $SD = 5.04$) and when the resilience is low ($M = 18.90$, $SD = 8.06$); $t(91) = -2.57$, $p = 0.01$, $d = -0.52$, $r = -0.25$.

Cohen's effect size value ($d = -0.52$) suggested a moderate practical significance. These results revealed that resilient children have lower anger aggression problems. However, in the current study there were not significant differences in emotional symptoms, conduct problems, hyperactivity, peer problems, prosocial competence, social competence, anxiety withdrawal, emotion regulation when resilience high or low based on independent sample t -tests results.

5.4 Analyses based on story completion task

Another research question of the study was: What are the children's trauma scores based on story completion task? The means and the standard deviations of children's trauma scores based on story completion task were displayed in Table 6.

Table 6. The Children's Trauma Scores Based on the Story Completion Task

	N	Mean	Minimum	Maximum	Std. Deviation
The Tree Story	91	8.83	4	16	2.99
The Ant Story	95	10.13	6	16	2.73
The Kitten Story	95	10.07	5	15	2.29

5.4.1 Correlational analyses based on story completion task (according to coding children's answers one by one for each category)

The third research question was: Are there any significant relationships between children's trauma scores and children's emotional symptoms, conduct problems,

hyperactivity, peer problems, anxiety withdrawal, anger aggression, emotion lability/negativity, resilience scores?

Pearson correlation was conducted in order to find out significant relations between children's trauma scores and children's emotional symptoms, conduct problems, hyperactivity, peer problems, anxiety withdrawal, anger aggression, emotion lability/negativity, resilience scores. The results showed that there was a significant negative correlation between children's answers and peer problems of children $r = -.24, p < .05$. This result indicated that children who gave more positive answers had lower peer problems. There were not significant correlations between children's trauma scores and children's emotional symptoms, conduct problems, hyperactivity, anxiety withdrawal, anger aggression, emotion lability/negativity, scores of children.

In order to answer the research question about the relationships between children's trauma scores and children's social competence, prosocial competence and emotion regulation scores Pearson correlation was conducted. The results showed that there was a significant positive correlation between children's positive answers and social competence $r = .21, p < .05$. This result suggested that children who gave more positive answers had higher social competence level. The results also showed a significant positive correlation between children's positive answers and resilience levels of the children $r = .24, p < .05$. This result suggested that children who gave more positive answers had higher resilience level.

5.4.2 The differences between children's emotional symptoms, conduct problems, hyperactivity, peer problems, prosocial competence, social competence, anxiety withdrawal, emotion regulation, anger aggression, emotion lability/negativity, resilience scores based on story completion task

Children's responses to the tree story were coded to indicate a negative or a positive response as they seem to bring about responses that triggered more trauma related responses. The following analyses used such coding

Independent samples *t*-tests analyses were conducted to compare the children's emotional symptoms, conduct problems, hyperactivity, peer problems, anxiety withdrawal, anger aggression, emotion lability/negativity, resilience based on story completion task.

According to independent sample *t*-tests analyses' results there were significant difference in children's emotional symptoms, conduct problems, hyperactivity, peer problems, prosocial competence, social competence, anxiety withdrawal, anger aggression, emotion lability/negativity based on story completion task.

Specifically, the results showed that there was a significant difference in children's emotional symptoms scores for lower trauma scores ($M = 1.00$, $SD = 1.50$) and higher trauma scores ($M = 1.47$, $SD = 2.18$) conditions; $t(91) = -1.22$, $p = 0.05$ $d = -0.25$, $r = -0.12$. Cohen's effect size value ($d = -0.25$) suggested a small to moderate practical significance. Based on these results if children had higher trauma scores, the children's emotional symptoms scores were higher.

There was a significant difference in children's conduct problems scores for lower trauma scores ($M = 0.71$, $SD = 1.12$) and higher trauma scores ($M = 1.14$, SD

= 1.60) conditions; $t(90) = -1.51, p = 0.01, d = -0.31, r = -0.15$. Cohen's effect size value ($d = -0.31$) suggested a small to moderate practical significance. Specifically, according to these results if children had higher trauma scores, the children had more conduct problems.

The results showed that there was a significant difference in the children's hyperactivity scores for lower trauma scores ($M = 2.26, SD = 1.98$) and higher trauma scores ($M = 3.35, SD = 2.57$) conditions; $t(91) = -2.27, p = 0.01, d = -0.47, r = -0.23$. Cohen's effect size value ($d = -0.47$) suggested a moderate practical significance. According to these results if children had higher trauma scores, the children's hyperactivity level was higher.

The results indicated that there was a significant difference in the scores of peer problems subscale of the children for lower trauma scores ($M = 0.38, SD = 0.81$) and higher trauma scores ($M = 0.87, SD = 1.20$) conditions; $t(89) = -2.23, p = 0.00, d = -0.47, r = -0.23$. Cohen's effect size value ($d = -0.47$) suggested a moderate practical significance. Based on these results children who had higher trauma scores, had more peer problems.

Analyses of the current study revealed that there was a significant difference in children's anger aggression scores for lower trauma scores ($M = 15.63, SD = 6.09$) and higher trauma scores ($M = 18.14, SD = 7.29$) conditions; $t(90) = -1.78, p = 0.04, d = -0.37, r = -0.18$. Cohen's effect size value ($d = -0.37$) suggested a small to moderate practical significance. This result pointed out that children who had higher trauma score, had more anger aggression problems.

The results of the study showed that there was a significant difference in children's anxiety withdrawal scores for lower trauma scores ($M = 15.06, SD = 5.01$)

and higher trauma scores ($M = 17.39$, $SD = 10.10$) conditions; $t(90) = -1.38$, $p = 0.00$, $d = -0.29$, $r = -0.14$. Cohen's effect size value ($d = -0.29$) suggested a small to moderate practical significance. The results indicated that children who had higher trauma scores gave had more anxiety withdrawal problems.

The results of the current study demonstrated that there was a significant difference in children's emotion lability/negativity scores for lower trauma scores ($M = 20.22$, $SD = 6.21$) and higher trauma scores ($M = 22.12$, $SD = 7.27$) conditions; $t(89) = -1.33$, $p = 0.02$, $d = -0.28$, $r = -0.13$. Cohen's effect size value ($d = -0.28$) suggested a small to moderate practical significance. The results showed that children who had higher trauma scores, the children had more emotion lability/negativity problems.

Another research question of the study was: Are there any significant differences in children's social competence, prosocial competence and emotion regulation, resilience scores based on story completion task? Independent samples t -tests was conducted to compare children's social competence, prosocial competence and emotion regulation scores based on story completion part. The results showed that there was a significant difference in social competence scores of the children for lower trauma scores ($M = 52.88$, $SD = 6.91$) and higher trauma scores ($M = 47.72$, $SD = 9.65$) conditions; $t(90) = 2.92$, $p = 0.01$, $d = 0.61$, $r = 0.29$. Cohen's effect size value ($d = 0.61$) suggested a moderate to high practical significance. These results proposed that children who had lower trauma score had higher level of social competence.

The results showed that there was a significant difference in the scores of prosocial competence of the children for lower trauma scores ($M = 8.97$, $SD = 1.55$)

and higher trauma scores ($M = 8.14$, $SD = 2.06$) conditions; $t(91) = 2.18$, $p = 0.00$, $d = 0.45$, $r = 0.22$. Cohen's effect size value ($d = 0.45$) suggested a moderate practical significance. These results suggest that children who had lower trauma scores had higher prosocial competence scores. There was not significant difference in children's emotion regulation scores based on story completion task ($p > .05$). The results showed that there was a significant difference in children's resilience scores for lower trauma scores ($M = 46.71$, $SD = 6.21$) and higher trauma scores ($M = 43.64$, $SD = 5.74$) conditions; $t(91) = 2.61$, $p = 0.01$, $d = 0.51$, $r = 0.24$. Cohen's effect size value ($d = 0.51$) suggested a moderate practical significance. According to these results, children who had lower trauma scores had higher resilience scores.

Another research question of the study which was going to be answered was: Are there any significant differences in children's emotional symptoms, conduct problem, hyperactivity, peer problems, anger aggression, anxiety withdrawal emotion lability/negativity scores based on traumatic events screening inventory?

Independent samples t -tests was conducted to compare children's emotional symptoms, conduct problem, hyperactivity, peer problems, anger aggression, anxiety withdrawal emotion lability/negativity scores based on traumatic events screening inventory. The cut point was found according to mean scores of traumatic events screening inventory in order to have two different categories. The results showed that there was a significant difference in children's conduct problems scores for higher trauma incident score ($M = 0.61$, $SD = 0.93$) and lower trauma incident score ($M = 1.00$, $SD = 1.58$) conditions; $t(87) = -1.43$, $p = 0.00$, $d = -0.30$, $r = -0.14$. Cohen's effect size value ($d = -0.30$) suggested a small to moderate practical

significance. This result of the study suggested that children who had higher scores from trauma screening inventory had lower conduct problems.

Analyses of the current study revealed that there was a significant difference in children's anger aggression scores for higher trauma incident score ($M = 15.29$, $SD = 5.07$) and lower trauma incident score ($M = 18.68$, $SD = 8.40$) conditions; $t(87) = -2.34$, $p = 0.00$, $d = -0.48$, $r = -0.23$. Cohen's effect size value ($d = -0.48$) suggested a moderate practical significance. This result of the study suggested that children who had higher scores from trauma screening inventory had lower anger aggression scores.

The results of the current study showed that there was a significant difference in children's emotion lability/negativity scores for higher trauma incident score ($M = 20.12$, $SD = 5.84$) and lower trauma incident score ($M = 22.57$, $SD = 7.89$) conditions; $t(86) = -1.69$, $p = 0.05$, $d = -0.35$, $r = -0.17$. Cohen's effect size value ($d = -0.35$) suggested a small to moderate practical significance. This result of the study indicated that children who had higher scores from trauma screening inventory had lower emotion lability/negativity scores.

5. 5 Analyses based on demographic data

5.5.1 Gender

Another research question of the present study was: Are there significant differences in children's emotional symptoms, conduct problems, hyperactivity, peer problems, prosocial competence, social competence, anxiety withdrawal, anger aggression,

emotion regulation, emotion lability/negativity scores according to gender of the children?

Independent samples *t*-tests were conducted in order to see differences based on gender. The results showed that the boys had more conduct problems ($M = 1.29$, $SD = 1.48$), than girls ($M = 0.62$, $SD = 1.22$), $t(92) = -2.41$, $p = 0.01$, $d = 0.49$, $r = 0.23$. Cohen's effect size value ($d = 0.49$) suggested a moderate practical significance. In addition, the boys had more anger aggression problems ($M = 19.11$, $SD = 7.46$), than girls ($M = 14.93$, $SD = 5.48$), $t(92) = -3.10$, $p = 0.00$, $d = 0.63$, $r = 0.30$. Cohen's effect size value ($d = 0.63$) suggested a moderate to high practical significance. Furthermore, the results indicated that the boys had more emotion lability/negativity difficulties ($M = 28.09$, $SD = 8.01$), than girls ($M = 24.10$, $SD = 6.21$), $t(91) = -2.69$, $p = 0.00$, $d = 0.55$, $r = 0.26$. Cohen's effect size value ($d = 0.55$) suggested a moderate to high practical significance.

5.5.2 Trauma and the children's demographic backgrounds

Another research question of the study was: Are there significant differences in children's emotional symptoms, conduct problems, hyperactivity, peer problems, prosocial competence, social competence, anxiety withdrawal, anger aggression, emotion regulation, emotion lability/negativity scores according to age of the children? Positive and negative correlations were found between age and conduct problems, prosocial competence, anger aggression, social competence, lability/negativity, the number of trauma experiences (see Table 7). The age of children was normally distributed, with skewness of -0.04 ($SE = 0.29$) and kurtosis of -1.44, ($SE = 0.57$).

Table 7. Correlation Between Age and Conduct Problems, Prosocial Competence, Anger Aggression, Social Competence, Lability/Negativity, The Number of Trauma Experiences

Problem Behaviors/ Competence Areas	Age
1. Conduct Problems	-0.31**
2. Prosocial Competence	0.32**
3. Anger Aggression	-0.25*
4. Social Competence	0.44*
5. Emotion Lability/Negativity	-0.30**
6. The Number of Trauma Experiences	0.21*

** Correlation is significant at the 0.01 level (2-tailed)

* Correlation is significant at the 0.05 level (2-tailed)

These results pointed out that young children had more conduct problems, anger aggression problems, emotion lability/negativity problems. Likewise, older children's prosocial competence and social competence level were greater than young children. Furthermore, the number of trauma experiences were positively correlated with the age of the children.

5.5.3 Hometown of the children

The thirteenth research question of the present study was: Are there significant differences in children's emotional symptoms, conduct problems, hyperactivity, peer problems, prosocial competence, social competence, anxiety withdrawal, anger aggression, emotion regulation, emotion lability/negativity scores according to hometown of the children? Independent samples *t*-tests were employed in order to reveal the effect of hometown (whether the children were born and raised in

Bulanık, Muş or outside of Bulanık, Muş) on children's competence and problem areas and resilience level. The results showed that hometown of the children had significant effect on income of the parents, educational level of the father, educational level of the mother, conduct problems, hyperactivity, problem behaviors, prosocial competence, social competence, anxiety withdrawal.

The children's parents who were raised in Bulanık, Muş had significantly lower income levels ($M = 3.58$, $SD = 0.85$), than children's parents who were raised outside of Bulanık, Muş ($M = 4.08$, $SD = 0.51$), $t(83) = -2.64$, $p = 0.00$, $d = -0.71$, $r = -0.33$. Cohen's effect size value ($d = -0.71$) suggested a moderate to high practical significance. The children's fathers' education levels who were raised in Bulanık, Muş had significantly lower ($M = 2.69$, $SD = 0.97$), than children's fathers' education levels who were raised outside of Bulanık, Muş ($M = 3.86$, $SD = 0.34$), $t(74) = -5.60$, $p = 0.00$, $d = -1.60$, $r = -0.62$. Cohen's effect size value ($d = -1.60$) suggested a very high practical significance. The children's mothers' education levels who were raised in Bulanık, Muş had significantly lower ($M = 1.53$, $SD = 1.21$), than children's mothers' education levels who were raised outside of Bulanık, Muş ($M = 3.26$, $SD = 0.68$), $t(79) = -6.39$, $p = 0.00$, $d = -1.76$, $r = -0.66$. Cohen's effect size value ($d = -1.76$) suggested a very high practical significance.

The results of the current study pointed out that the children who were raised in Bulanık, Muş had significantly higher hyperactivity problems ($M = 3.27$, $SD = 2.33$), than children who were raised outside of Bulanık, Muş ($M = 1.56$, $SD = 1.47$), $t(87) = 3.28$, $p = 0.01$, $d = 0.87$, $r = 0.40$. Cohen's effect size value ($d = 0.87$) suggested a high practical significance. In addition, the results showed that the children who were raised in Bulanık, Muş had significantly more conduct problems

($M = 1.07$, $SD = 1.51$), than children who were raised outside of Bulanık, Muş ($M = 0.52$, $SD = 0.94$), $t(86) = 1.64$, $p = 0.04$, $d = 0.43$, $r = 0.21$. Cohen's effect size value ($d = 0.43$) suggested a moderate practical significance.

The results indicated that the children who were raised in Bulanık, Muş had significantly higher anxiety withdrawal difficulties ($M = 17.09$, $SD = 9.19$), than children who were raised outside of Bulanık, Muş ($M = 14.47$, $SD = 4.03$), $t(86) = 1.31$, $p = 0.01$, $d = 0.36$, $r = 0.18$. Cohen's effect size value ($d = 0.36$) suggested a small to moderate practical significance. Furthermore, the results revealed that the children who were raised in Bulanık, Muş showed significantly more emotional, hyperactivity, conduct, peer problems ($M = 7.11$, $SD = 4.39$), than children who were raised outside of Bulanık, Muş ($M = 4.13$, $SD = 3.32$), $t(83) = 2.95$, $p = 0.00$, $d = 0.76$, $r = 0.35$. Cohen's effect size value ($d = 0.76$) suggested a moderate to high practical significance.

The results of this study identified that the children who were raised in Bulanık, Muş had significantly lower prosocial competence ($M = 8.34$, $SD = 1.96$), than children who were raised outside of Bulanık, Muş ($M = 9.21$, $SD = 1.38$), $t(87) = -1.95$, $p = 0.00$, $d = -0.51$, $r = -0.24$. Cohen's effect size value ($d = -0.51$) suggested a moderate practical significance. These results indicated that the children who were raised in Bulanık, Muş had significantly lower social competence ($M = 49.64$, $SD = 9.49$), than children who were raised outside of Bulanık, Muş ($M = 52.78$, $SD = 6.59$), $t(86) = -1.46$, $p = 0.03$, $d = -0.38$, $r = -0.18$. Cohen's effect size value ($d = -0.38$) suggested a small to moderate practical significance.

5.5.4 Parents' socioeconomic status

In order to assess significant differences in children's emotional symptoms, conduct problems, hyperactivity, peer problems, prosocial competence, social competence, anxiety withdrawal, anger aggression, emotion regulation, emotion lability/negativity scores based on parents' socioeconomic status independent samples *t*-tests were conducted. The results of the current study showed that there were significant differences in children's hyperactivity, trauma and total problem behaviors scores based on parents' socioeconomic status. The parents' socioeconomic status was normally distributed, with skewness of -0.65 ($SE = 0.29$) and kurtosis of 0.97, ($SE = 0.57$). The results pointed out that children whose parents had higher socioeconomic status had lower hyperactivity scores ($M = 2.68$, $SD = 2.03$) than children whose parents had lower socioeconomic status ($M = 3.17$, $SD = 2.79$), $t(84) = -0.89$, $p = 0.04$, $d = -0.20$, $r = -0.09$. Cohen's effect size value ($d = -0.20$) suggested a small practical significance.

The results of the present study pointed out that children whose parents had higher socioeconomic status had lower problem behaviors scores ($M = 5.88$, $SD = 3.66$) than children whose parents had lower socioeconomic status ($M = 7.38$, $SD = 5.53$), $t(81) = -1.40$, $p = 0.00$, $d = -0.31$, $r = -0.15$. Cohen's effect size value ($d = -0.31$) suggested a small to moderate practical significance. The results revealed that children whose parents had higher socioeconomic status had higher trauma scores ($M = 1.52$, $SD = 0.50$) than children whose parents had lower socioeconomic status ($M = 1.34$, $SD = 0.48$); $t(82) = 1.44$, $p = 0.02$, $d = 0.36$, $r = 0.18$. Cohen's effect size value ($d = 0.36$) suggested a small to moderate practical significance.

5.5.5 Father's education level

Another research question of the study was: Are there any significant differences in children's emotional symptoms, conduct problems, hyperactivity, peer problems, prosocial competence, social competence, anxiety withdrawal, anger aggression, emotion regulation, emotion lability/negativity scores according to father's education level? Independent samples *t*-tests were conducted in order to find differences in children's emotional symptoms, conduct problems, hyperactivity, peer problems, prosocial competence, social competence, anxiety withdrawal, anger aggression, emotion regulation, emotion lability/negativity scores according to father's education level. The results of the current study showed that there were significant differences in children's hyperactivity, prosocial competence, total problem behaviors, social competence, peer problems, emotion regulation scores according to father's education level. The father's education level was normally distributed, with skewness of -1.05 ($SE = 0.29$) and kurtosis of 0.25, ($SE = 0.57$). The results revealed that children whose fathers had higher education level had lower hyperactivity scores ($M = 1.86$, $SD = 1.59$) than children whose fathers had lower education level ($M = 2.91$, $SD = 2.23$), $t(75) = -2.21$, $p = 0.05$, $d = -0.54$, $r = -0.26$. Cohen's effect size value ($d = -0.54$) suggested a moderate practical significance. The results pointed out that children whose fathers had higher education level had higher prosocial competence scores ($M = 9.10$, $SD = 1.58$) than children whose fathers had lower education level ($M = 8.12$, $SD = 2.00$), $t(75) = 2.23$, $p = 0.01$, $d = 0.54$, $r = 0.26$. Cohen's effect size value ($d = 0.54$) suggested a moderate practical significance. The results of the present study showed that

children whose fathers had higher education level had lower total problem behavior scores ($M = 4.6$, $SD = 3.72$) than children whose fathers had lower education level ($M = 6.52$, $SD = 3.80$), $t(73) = -2.04$, $p = 0.04$, $d = -0.51$, $r = -0.24$. Cohen's effect size value ($d = -0.51$) suggested a moderate practical significance. The results indicated that children whose fathers had higher education level had higher social competence scores ($M = 52.51$, $SD = 6.48$) than children whose fathers had lower education level ($M = 49.65$, $SD = 9.52$), $t(74) = 1.42$, $p = 0.01$, $d = 0.35$, $r = 0.17$. Cohen's effect size value ($d = 0.35$) suggested a small to moderate practical significance. The results pointed out that children whose fathers had higher education level had lower peer problem scores ($M = 0.27$, $SD = 0.52$) than children whose fathers had lower education level ($M = 0.75$, $SD = 1.08$), $t(75) = -2.20$, $p = 0.00$, $d = -0.56$, $r = -0.27$. Cohen's effect size value ($d = -0.56$) suggested a moderate practical significance. The results indicated that children whose fathers had higher education level had higher emotion regulation scores ($M = 31.75$, $SD = 3.21$) than children whose fathers had lower education level ($M = 29.23$, $SD = 4.18$), $t(74) = 2.78$, $p = 0.00$, $d = 0.67$, $r = 0.32$. Cohen's effect size value ($d = 0.67$) suggested a moderate to high practical significance.

5.5.6 Mother's education level

The last research question of the study was: Are there any significant differences in children's emotional symptoms, conduct problems, hyperactivity, peer problems, prosocial competence, social competence, anxiety withdrawal, anger aggression, emotion regulation, emotion lability/negativity scores according to mother's education level? Independent samples t -tests were conducted in order to find

differences in children's emotional symptoms, conduct problems, hyperactivity, peer problems, prosocial competence, social competence, anxiety withdrawal, anger aggression, emotion regulation, emotion lability/negativity scores according to mother's education level. The results showed that there were significant differences in children's hyperactivity, anxiety withdrawal, peer problems, emotion lability/negativity scores according to mother's education level. The mother's education level was normally distributed, with skewness of -0.27 ($SE = 0.29$) and kurtosis of -1.31, ($SE = 0.57$). The results indicated that children whose mothers had higher education level had lower hyperactivity scores ($M = 2.22$, $SD = 1.90$) than children whose mothers had lower education level ($M = 3.09$, $SD = 2.41$), $t(80) = -1.80$, $p = 0.05$, $d = -0.40$, $r = -0.19$. Cohen's effect size value ($d = -0.40$) suggested a moderate practical significance. The results showed that children whose mothers had higher education level had lower anxiety withdrawal scores ($M = 15.22$, $SD = 6.16$) than children whose mothers had lower education level ($M = 17.51$, $SD = 8.42$), $t(79) = -1.39$, $p = 0.05$, $d = -0.31$, $r = -0.15$. Cohen's effect size value ($d = -0.31$) suggested a small to moderate practical significance. The results of the present study revealed that children whose mothers had higher education level had lower emotion lability/negativity scores ($M = 20.10$, $SD = 5.06$) than children whose mothers had lower education level ($M = 21.21$, $SD = 7.30$), $t(78) = -0.83$, $p = 0.01$, $d = -0.16$, $r = -0.08$. Cohen's effect size value ($d = -0.16$) suggested a lower than small practical significance.

5.6 Qualitative analyses of children's story completion tasks

There were three different stories that were used before in identifying outcomes of a traumatic event (Oncu, Metindogan, 2010). Each story had four questions and totally there were 12 questions that were going to be analyzed.

Children's responses to the questions first analyzed based on how negative and the positive the answers were.

Analyses of the children's answers indicated that there were four main categories for each story and these were very negative, negative, positive, very positive. Table 8 shows the categories and the themes that emerged for each category.

Categorization of the children answers could be seen in Table 8.

Table 8. The Categorization of the Children's Answers

Category	Main Idea	Children's Answers
Very Negative	Death, severe harm, extreme fear,	the roots of tree fell down, the tree got drown, the tree was broken, the tree was cut off, the ant was ran over, the ant was dead, the vehicle destroyed the forest/home of the ant, the ant got wet and the ant was afraid too much, the kitten was dead, the train ran over the kitten/home of the kitten, the kitten fell from window
Negative	Fear, harm, desperation, sadness,	One of the branches of the tree was broken, the tree was fainted, the ant was afraid of, the ant was sad, the home of the ant was damaged, the ant got wet, the vehicle tried to catch the ant, the kitten could not see, nobody could not do anything, everywhere was in the dark,
Positive	The end of the dangerous situations, not getting harm, going somewhere safe	The storm was over, the roots of the tree did not come off, the tree stayed its own place safely, the vehicle stopped splashing water, the ant moved to another place, the ant took all its food and went somewhere else, the vehicle went away, the train stopped, the lights came back, nothing bad happened, the train went far away from the kitten, the kitten did not die.
Very Positive	Happy endings, recovery, strength, asking and getting help from others	The tree/ant/kitten lived happily ever after, the tree survived the storm, other people helped the tree, the ant and the kitten got well, the ant called all its friend, the ant talked with the driver of the vehicle and told him not to make noise, the ant became a hero, the kitten tried to fix the electricity, the kitten was good, the /ant/kitten fixed the broken things.

In the second stage of the analysis, children's answers were examined based on how they carried out the incomplete story because the questions asked, what happened in general, what happened to the main character in the story and what the main character did and how the overall story ended. In the first category, the child gave negative answers for all of the three questions. Children's answers were like the main character died or were killed. In the second category, the child gave a negative answer for the first question or the second question but the child ended the story positively. For example, the child said the main character in the story was upset or afraid too much for answers of first and second question, but completed the story saying the main character lived happily ever after. In the third and last category, the child gave positive answers for all of the three questions like nothing bad happened to the main character and the main character lived happily ever after. The number of the children who gave positive answers for all questions was very few. Thus, when the children are considered in terms of those who ended the story negatively or positively were examined that it was found that 47.4% of the children who gave positive answers and 50.5% of the children gave negative answers for the stories.

Apart from the categorization, different themes aroused according to children's answers. For instance, fear, desperation, escape, death, hiding at home, moving away were the themes that often recurred when kids anticipated negative outcomes. On the other hand, healing/ recovery, helping others, community support, reaching a solution with negotiation, strength, heroism, happiness were the themes that emerged when children described recovery after the negative event. For example, one of the most common negative answers was "the main character

was very afraid and sad, and the people were afraid that all the animals were running away”. “The main character could not do anything, kitten could not know where to go, the ant could not escape, the tree could not recover, the ant fell into the hole and it could not get out” were answers describing desperation. Escape was another theme which came up based on children’s answers. The examples of children’s responses include: “the ant/the kitten escaped, the ant went to its home right away, the ant went to another forest, the ant/the kitten found a new home, the kitten left the house right away.” Death was the most common theme in the children’s answers especially when they were describing what happens to the main character of the story. The children’s responses included: “the tree/ the ant/ the kitten was dead, the vehicle smashed the ant, the train smashed the kitten, the driver stepped on the ant, the train hit the cat and the kitten died, the kitten fell from the window and died, the train caught the kitten and ate the kitten, the children came and cut the tree, the tree got old and died, the kitten’s house collapsed, the vehicle was broken down and the animals in the forest died, the forest was destroyed and the ant died”. Another common theme was hiding and some of the answers for this theme were “the ant closed its ears, the ant was scared and hid in its home, the kitten hid under the table, the ant hid behind the bear, the ant was safe at its home, the ant stayed at its home until the vehicle was gone”. Moving away was another theme and some of the answers were like these “the ant should move away because it was afraid of, the little ant/ the kitten found another home, the ant took its all food and went somewhere else, the ant took his home to somewhere else, the ant/ the kitten went to move away to a new house, the kitten found a new home and the kitten made fence in front of its house, the kitten

decided to find a new home, the ant found a new home but the vehicle came again the ant moved again, the kitten found a new home and the train could not get there, the kitten found a new and more beautiful home”.

Healing/recovery was the most common theme in the positive answers category, some of the answers for that theme were “the tree got well, the branches of the tree grew back again, there were apples on the tree, the tree had grown and it was okay again, the tree/ the ant/ the kitten was rescued, one day the storm was finished and the tree was good again, the summer had arrived and the leaves of the tree came out again, the tree/ the ant/ the kitten was recovered, the kitten tried to fix the house, the kitten fixed the electricity”. Another theme was helping others and community support and some of the answers for this theme were “a smurf came and it stopped the storm, other trees helped that tree, people came and planted the tree again, when the spring arrived people planted a new tree, everyone helped the tree, the ant called all its friends and other animals, the kitten asked for help from its mother, a butterfly took the ant to the hospital, a human being heard the ant’s voice and helped the ant, a lady bug and a butter fly took the kitten to the hospital”. Another theme which was in the very positive category was strength and heroism and some of the answers for this theme were “the ant and one of its friends chased the vehicle, the ant became hero, the ant thought and made a plan to rescue its friends, the ant chased the bad people, the ant stopped the hunters and then they lived happily ever after, the ant rescued all its friends, the ant should warn its friends, the kitten should fight with the train, the kitten should shoot the train with the gun”. Another theme which was in the very positive category was solution with talking and some of the answers were “the ant told the vehicle to stop making

noise, the ant went to talk to the vehicle and then the vehicle went away, the kitten stopped the train and told the conductor not to go from that way, the ant should talk with the driver of the vehicle”. The last theme was happiness which was in the very positive category. Some of children’s responses were “the tree/ant/kitten lived happily ever after, the tree survived the storm, other people helped the tree, the ant and the kitten got well.”

In addition, the themes, children’s answers were examined based on how specifically the responses resemble the everyday experiences of these children in their community. For example, these children often experience power cuts and when in the third story the power cut was mentioned, many children gave answers which were related to electricity, power cut, and finding a source of light such as candles. Even though in the stories there was no mention of food or food shortage, a large number of children gave answers that indicated lack of food that is often experienced in the region when stores are closed for a number of reasons such as security or protest, from time to time. Children’s responses included answers like the ant/ the kitten took all its food and ran away, or moved away, or hid. Additionally, one of the children’s answers was “there was a bad smell” and the other was “they did not spray the water” and another answer was “the ant fell into a hole”.

These themes which were aroused from children’s answers in the story completion task, showed that these children were feeling a serious amount of fear, desperation and sadness since the majority of the answers were “the tree/ant/kitten was very afraid or very sad”. It can be thought that “these are only small children they do not understand what is going on in the region” however, these answers

about fear, sadness indicated that children were aware of that something which were very scary, bad were happening. The answers like “the ant/kitten closed its ears or hid under the table” were indicators that these children were talking about their own experiences which means that when there were gunshots and bombs blast, children closed their ears and they hid under a furniture in order to not to hear or hide from these scary incidents.

Death was the most common answer in the negative answers of children which means that children in this region see or experience death substantially. Moreover, the answers in the escaping and hiding themes indicated that children were not strangers to these types of responses meaning that the children might have escaped from dangerous situations before. All of these themes and answers in the negative categories expressed that these children experienced or witnessed incidents which including death or severe harm. Besides these incidents made children felt scared, desperate, and wanted to escape and hide.

Recovery was the most common answer in the positive answer category and this fact demonstrated that children had seen many things that were destroyed or harmed in this region. Children who were less affected from trauma gave answers which included recovery. Only children who were less affected from trauma noticed that these destructions and harm were repaired, the “help/community support” theme supports the recovery and amelioration in the region also. However, almost half of the children in this study did not gave positive answers like that. All of these answers showed that children’s responses to these stories were very similar to those who were affected by traumatic incidents

specific to the region even though some of them were affected more severely and some of them were affected less negatively.

CHAPTER 6

DISCUSSION

Living in deprived and at-risk communities where there are different kinds of violence, there is also poverty, lack of education and community resources such as hospitals and schools and all these challenges combine together and create many difficulties in children's development. Like many small provinces in the east part of Turkey, Bulanık, Muş, the place the present study conducted in, has negative life circumstances. Since the environment has a crucial role in the development of children (Bronfenbrenner, 1979), it is excessively crucial to investigate children's developmental outcomes based on risk and protective factors especially in an at-risk community and environment. The present study aimed to identify and describe how young children who live in Turkey in areas where there is violence and are influenced with such living conditions and the factors that are playing protective roles such as emotion regulation and resilience. This master's thesis contributes to the field in many ways. First of all, there is a lack of studies conducted in the eastern part of Turkey aiming to assess children's developmental outcomes. Secondly, in Turkey there are not many studies about children's exposure to community violence. In addition, this study used projective techniques in order to assess how much children negatively affected from trauma because of the community violence in the region. Moreover, this study not only investigated developmental outcomes of children who live in an at-risk community and environment but also did it examine the relations between children's developmental outcomes and trauma exposure.

One of the characteristics which made this study important contributor to the field is that the data in the study were gathered from three different agents, the parents of the children (traumatic events screening inventory were filled out by the parents), the teachers of the children (The Strengths and Difficulties Questionnaire, The Emotion Regulation Checklist, The Social Competence and Behavior Evaluation Scale were filled out by the teachers) , and children themselves (the interview with the researcher during story completion task and resilience questionnaire). These three different sources of data increased the strength of the data obtained. In addition, the positive correlations between children's prosocial competence, social competence, emotion regulation scores and negative correlations between social competence scores and emotion lability/negativity scores or emotional symptoms scores and emotion regulation scores which were the subscales of three different questionnaires showed that the teachers of the children filled out the questionnaires honestly and properly. Another important aspect of the study is that there were data about twelve different developmental outcomes of the children and these are emotional symptoms, conduct problems, hyperactivity, peer problems, anger aggression, anxiety withdrawal, emotion lability/negativity, prosocial competence, social competence, emotion regulation and resilience.

The most remarkable result of the study was to find significant differences in children's developmental outcomes based on story completion part. Specifically, the present study showed that children who were affected more negatively from trauma had higher emotional symptoms scores. Also, the present study revealed that children who were affected more negatively from trauma had higher conduct

problem scores. Moreover, the present study presented that children who were affected more negatively from trauma had higher hyperactivity scores. These results, which were about externalizing problems, supported the findings in other studies in the literature (Neal, 2003; Hardaway, Mcloyd, Wood, 2012; Mckelvey, Whiteside-Mansell, Bradley, Casey, Conners-Burrow, & Barrett, 2011; Wojciechowski, 2008; Reyes, 2010; Fowler, Tompsett, Braciszewski, Jacques-Tiura, Baltes, 2009). This study presented that children who got affected more negatively from trauma had higher peer problems scores. This result supported the findings about peer problems in other relevant studies in the literature (Reyes, 2010; Lynch, 2003; Georgsson, Almqvist, and Broberg, 2011). The present study showed that children who were affected more negatively from trauma had higher anger aggression scores. This result supported the findings about aggression in other relevant studies in the literature (Rubin, 2000; Oldehinkel, Hartman, De Winter, Veenstra, & Ormel, 2004; Wojciechowski, 2008). The present study demonstrated that children who got affected more negatively from trauma had higher anxiety withdrawal scores. This study showed that children who were affected more negatively from trauma had higher emotion lability/negativity scores. The present study showed that children who were more negatively affected from trauma had lower prosocial competence scores. The present study revealed that children who were affected more negatively from trauma had lower social competence score. This result supported the findings about social competence in other studies in the literature (Oravec, Kobinsky, & Randolph, 2008; Wojciechowski 2008; Thomas, 2009). This study pointed out that children who were affected more negatively from trauma had lower resilience scores. These

results showed that living in an at-risk and deprived community has extensive effects on children's development. This result supported the findings about peer problems and violence exposure in children from other relevant studies in the literature (Reyes, 2010; Lynch, 2003; Georgsson, Almqvist, and Broberg, 2011). These results based on story completion task supported the principle that "development should be considered as a whole." This means that if a child was affected from trauma negatively, this child would have many problems in various developmental outcomes. For instance, the children who were more negatively affected from trauma were worse in every problem and competence areas in this study. Besides, even though the sample size was small, effect size values were often moderate, sometimes small indicating that the results had real life applications and findings were showing differences between children based on how much they were affected by trauma.

Results of traumatic events screening inventory indicated that 63.2 % of the children ($n = 60$) had seen attacks that were associated with terrorism on television. 8.4 % ($n = 8$) of child had seen or heard outside of the family fighting, hitting, pushing and attacking each other. Four of the children had been directly exposed to war, armed conflict or terrorism. Although, there were a number of major violence acts happened such as bomb blasts that had exploded in 2015, a school was set on fire, in 2014, a major soldier was murdered in his own car 2015, a car with bomb which was ready to explode was found in 2016, there were the sounds of fireworks and gunshots in many nights in Bulanık, Muş regularly. Even though most of the parents reported that their children did not have seen or heard violence acts or armed conflict in Bulanık, Muş, children who got higher scores

from the trauma screening inventory, had lower conduct problems, anger aggression and emotion lability/negativity scores. This result was unexpected and inconsistent with the current literature. The reason behind this could be that parents might not feel comfortable to share such a negative and personal information about their children with a total stranger therefore not report all the incidents that happened. Those who reported that the children had seen such attacks could also be more aware of the negative effects such incidents could cause and be more prepared to deal with them. And those who do not report the attacks may not be prepared to deal with the negative outcomes children face as they may not fully understand or they may not want to accept the negative influences violent acts would have on children. If we recall, the story based trauma assessment on the other hand, had revealed that higher trauma scores of the children were associated with more problem behaviors. Wilk (2002) found similar inconsistent result that showed parents and child self-reports about community violence exposure were not significantly consistent.

In spite of different reports by the parents about violence exposure, most of the children gave very negative answers to the incomplete stories. Besides the results of the story completion tasks had revealed how negatively children were affected by trauma. In addition, when the total score of the Strengths and Difficulties Questionnaire were examined, it was found that 24 children were close to border line, 13 children were in the border line and 3 of the children were above normal scores and, totally there were 41 children who had almost severe levels of problem behaviors. These numbers were also consistent with the number of the

children who had higher trauma scores (48 children) and lower trauma scores (45 children).

The study found significant positive correlations between emotional symptoms, conduct problems, hyperactivity, peer problems, anger aggression and emotion lability/negativity. In addition, the study showed significant positive correlations between prosocial competence, social competence and emotion regulation. Furthermore, the study found significant negative relationship between emotional symptoms, peer problems, anxiety withdrawal and emotion regulation; social competence, prosocial competence and emotion lability/negativity. The present study also showed that resilient children have lower emotion lability/negativity problems. This study revealed that resilient children meaning that the children who believed that their parents and families were there for them and loved them had lower anger aggression problems as well. Because the children whose social competence, prosocial competence, emotion regulation, and resilience scores were higher had lower scores in every problem behavior so it could be said that social competence, prosocial competence, emotion regulation and resilience could be serving as protective factors for children who are living in at-risk and deprived communities. However, because of a small sample size, it was difficult to conduct more complex statistical modeling analyses to better identify the pathways. Thus, the findings are showing important directions for future studies.

The current study showed that the boys had more conduct problems than girls. A study which was on parental divorce found out a similar result that boys had more conduct problems (Amoto, 2001). Conduct problems are problem

behaviors which includes extreme activeness in a way the result that boys showed more conduct problems supported to literature that boys had more attention deficit and hyperactivity disorders (Alparslan, Kalkavan, 2008). In addition, the current study found that the boys had more anger aggression problems than girls. This finding supported that boys are more likely to have aggression problems in childhood (Chaplin, Aldao, 2013). Furthermore, the present study indicated that the boys had more emotion lability/negativity difficulties than girls.

The present study pointed out that young children had more conduct problems, anger aggression problems, emotion lability/negativity problems than older children. On the other hand, older children's prosocial competence and social competence levels were greater than younger children. Furthermore, the number of trauma experiences were positively correlated with the age of the children. The current study found that young children show more anger aggression problems and Montminy (1988) found similar result as in the current study about children's age and their anger and aggressive impulse. Some studies showed that social skills could be learned (Hamidullah, 2011; Blum, 2015). If social skills could be learned through experience, older children could have learned these social skills and had higher social competence and prosocial competence scores than younger children.

The present study showed that hometown of the children had significant effects on the income of the parents, educational level of the father, educational level of the mother, conduct problems, hyperactivity, problem behaviors, prosocial competence, social competence, anxiety withdrawal. This results could be interpreted as they are natural consequences of living in an at-risk and deprived community. If there is poverty, unemployment, lack of education, different kinds

of violence in a region, it is expected that people who were born and raised in that region could have lower levels of education and lower socioeconomic statuses. The results also show that low level of education, poverty, living in deprived and at-risk community are associated with higher levels of conduct problems, hyperactivity, problem behaviors, prosocial competence, social competence, anxiety withdrawal problems in children according to current study's findings. The children who were born and raised in Muş often times are the children of the local people whereas those born elsewhere come from families who are government workers and stay in the region for a period of time and then leave.

The parents who had higher income levels were the parents who had higher education levels and they were also the state workers who had come to Muş for their employment placements. Educational level of the parents was showing similar trends. The children's fathers' education levels who were raised in Bulanık, Muş had significantly lower than children's fathers' education levels who were raised outside of Bulanık, Muş. In addition, the biggest significant practical difference between the two population was the education level of the fathers and mothers according to Cohen's effect size value. Since there is lack of education in Muş, it is expected that the fathers who were born and raised in Muş had lower education level. The children's mothers' education levels who were raised in Bulanık, Muş were significantly lower than children's mothers' education levels who were raised outside of Bulanık, Muş. Especially, based on Cohen's effect size value ($d = -1.76$) there was a huge gap between the education level of the mothers whose children were born and raised in Bulanık, Muş and mothers whose children were born and raised outside of Muş. Also, this finding was consistent with the

girls' enrollment rate in Muş. According to Turkey Statistical Institute (2017) the rate of middle school enrollment in girls was lowest in Muş (46.7%). The finding of the current study about the education levels of the mothers who were born and raised in Muş supported this fact.

In addition to the differences found between parents based on being from Muş or not, this study pointed out that the children who were raised in Bulanık, Muş had significantly higher hyperactivity and conduct problems, higher anxiety withdrawal difficulties, peer problems and higher overall internalizing and externalizing problem behavior scores than children who were raised outside of Bulanık, Muş. Hyperactivity and conduct problems are externalizing behavior problems and children who are exposed to community violence have higher levels of these externalizing problem behaviors (Reyes, 2010; Fowler, Tompsett, Braciszewski, Jacques-Tiura, Baltes, 2009). Similarly, children who face violence also show high levels of internalizing problem behaviors such as anxiety and withdrawal as indicated by other studies (Fowler, Tompsett, Braciszewski, Jacques-Tiura, Baltes, 2009). Since children who were born and raised in Muş had lived and stayed in Muş for a longer period of time, the children who were born and raised in Muş had been exposed to community violence more so that their hyperactivity and conduct problems levels were higher. Additionally, this study showed that the children who were raised in Bulanık, Muş had significantly lower prosocial competence scores as well

The differences related to hometown may stem from the special characteristics of the population. Two different groups of people were living in Bulanık, Muş. The first group of people were local people who were born and

raised in Muş, and the second group of people were the ones who were not born or raised in Muş. The second group of people were state workers such as doctors, judges, prosecutors, policeman, soldiers, nurses, teachers, and etc. and they came to Muş because of their obligatory service assignments that required them to work in the Easter Turkey for a period of time. These state workers stayed in Muş for a couple of years. For instance, the doctors had to work one year and the policeman and soldiers had to work two or three years, teachers had to work six years based on their obligatory placements. Thus, it could be predictable that there were differences between in children's developmental outcomes of two different types of population in Bulanık, Muş not because they are locals or not, but because there are clear privileges these outsiders had to get better education and better life opportunities.

This study presented that there were differences in children's hyperactivity, trauma and total problem behavior scores based on parents' socioeconomic status. The effects of parental education and overall socioeconomic status of the families on child outcomes are well established in the field (Davis-Kean, 2005). It is often the case that parental education, income and even the parental occupation typically influence the ways in which these parent treat their children and types of parenting behaviors they embrace. Thus, the quality of the relationship between the child and the family is significantly influenced by parents' demographic backgrounds. The results pointed out that children whose parents had higher socioeconomic status had lower problem behaviors scores than children whose parents had lower socioeconomic status. The results also showed that children whose parents had higher socioeconomic status had higher trauma scores

reported by the parents than children whose parents had lower socioeconomic status. This result initially may look surprising yet it may stem from the fact that parents who have higher socioeconomic statuses are typically the state workers who are also outsiders and they may notice such traumatic experiences as unusual whereas the locals may be accustomed to such circumstances.

This study showed that fathers' educational level was an important contributor to children's wellbeing. The fathers whose education levels were higher might have better father child relationship but it is also possible that they have better resources to provide for their children at home. The fathers whose education levels were higher might provide quality experiences and activities and give opportunities to their children to enhance children's developmental outcomes. Since parent support is considered as a significant protecting factor for children who are living in deprived communities (Reese, Vera, Simon, Ikeda, 2000), it could be referred that the fathers whose education levels were higher might support their children's development more.

The mothers' education level also had similar effects. This study showed that children whose mothers had higher education levels had lower hyperactivity, anxiety withdrawal, peer problems, emotion lability/negativity scores than children whose mothers had lower education level. Mothers with higher education might have more positive parenting practices and supportive parent-child relationships. When the relationship between the mother and the child is examined, it can be said that mother's positive attitudes toward her child's negative emotions such as anger, distress could be a significant protecting factor and mediate the relation negative effects of violence and child's adjustment (Dunlap, 2010). It is likely that the

mothers whose education levels were higher might have developed better attitudes toward their children. These findings about parents' socioeconomic status and education level support the notion that parents' socioeconomic status, and education level are protective factors for children who live in an at-risk community.

The findings of the present study revealed that children gave very negative answers at the story completion task. It was startling that children gave so many answers which included death, extreme fear, and sadness, at such a young age considering that what happened was up to the child to complete and there were no elements in the stories directly suggesting death or negative outcomes. Specifically, almost all the children answered very negatively to the first questions of the story completion task which was "what happened next?". Furthermore, nearly half of the children ended the story very negatively and almost the other half of the children used the theme recovery in their answers. These answers about death may stem from that there were so much death related news on TV between 2014-2016 especially soldiers and policeman. Also, based on the finding of traumatic events screening inventory, 63,2 % of children had seen attacks that were associated with terrorism on television. This may also explain the reason why children gave so many answers which included death. Moreover, another reason behind the death in the children's answers could be that some young people in the region went to Syria between 2014 -2016 and some of them were killed and they were buried in Bulanık, Muş. Very large community burial ceremonies were held in the region and the shops were closed on those funeral days. This could also explain why some children in their answers included needs to find food. One of the

reason why children gave so many answers which included fear could be that there were many explosions in the region. The answers like “the ant closed its ears” or “the kitten hid under the table” may come from children’s own experiences. Even after a long time since I moved from Muş, I still get scared enormously when I hear a loud noise. The level and the majority of the fear in the children’s answers indicated that children were living the feeling of fear in the region a lot. Another finding in the study based on story completion task was children’s answers about moving away. This could be explained with that children who gave that answers were state workers’ children because they moved to Muş and the children knew a couple of years they would move to some other place. According to children’s answers hiding at home was another common answer in the story completion task. This answer was quiet understandable since there were often conflicts, loud noises, explosions and gun shots outside of the home. Moreover, there was desperation in children’s answers and this could be stem from the fact that children who lived always in Muş, thought that there no escape from the negative conditions as it has been a part of their lives.

The most interesting findings of the current study was the emphasis on the power cut in children’s answers of the kitten story. This may stem from the frequent power cut in the region. Another interesting findings of the present study was the emphasis on bringing, gathering, taking and hiding food in children’s answers in the ant and kitten story. This might result from the grocery shops, markets being closed when there was terror related protests in the region, sometimes for two or three days. All the shops would be closed and it was almost impossible to find even the basic food items such as bread, egg or milk.

Limitations

One of the limitations of the study was the small sample size. A larger sample that samples children from different parts of the region may give more generalizable results and allow for data to be better distributed. Besides a larger sample could allow for more complex statistical modeling analyses to be conducted to examine the protective and risk factor pathways in order to have better predictive power. It is also possible that the convenience sampling used could have affected the findings. Even though the sample size was relatively small, it was quite large for one researcher and made it more difficult for one researcher to handle the data collection. Additionally, teachers were important sources used to collect data and to reach the parents. The teachers distributed the consent forms and explained the research to the parents and collected the forms back from the parents. Although the researcher had given detailed information about the research to each teacher of the children who were participated in the study, some of the teachers might not explain the research and its aims to parents properly. Additionally, because there is a noticeable breach between the locals and the outsiders, it is possible that the local parents might have had trust issues and reported the traumatic experiences of the children superficially and to not give accurate accounts. Because most violence is terror related in the region, the locals might also fear to be labeled based on their reports. Future research that uses more qualitative and ethnographic methods that have people from the region work as researchers could be beneficial to be able to get more accurate and detailed experiences of the children and their parents living in violence.

Implications and Future Directions

Living in an at-risk community has many negative effects on children, and the current study revealed those negative effects on children's developmental outcomes and problem behaviors with using projective techniques. Children who were more negatively affected from trauma were worse in almost all the competence and problem areas than children who were affected by trauma less as measured by a story completion task. On the other hand, parental reports of trauma were not very accurate. Thus, studies using projective techniques could be utilized more to be able to tap into children's experiences in more detail. Additionally, the results also point in the direction that intervention programs could be developed in order to overcome the negative effects of living in an at-risk community and deprived environments on children's developmental outcomes.

The themes that emerged in the story completion task were more helpful in terms of identifying how children experience violence and what their fears and even hopes are. Thus, intervention programs can target such feelings and experiences. Furthermore, based on the findings of the current study, it is possible to speculate that emotion regulation and resilience that is experienced by family connection and closeness can be protective factors. Intervention programs should be developed which target to enhance children's emotion regulation and resilience. Specifically, as indicated by the findings about resilience interventions can focus on improving parent-child connections, quality of parent-child attachment, family and community support to develop more resilient children in at-risk communities. Additionally, because hyperactivity, peer problems, and emotion lability/negativity

were more frequent problem behaviors in this study, the intervention programs may place more emphasis on these problem behaviors.

In order to understand the challenges that children face in that region there is a greater need for the public awareness. More research should be done in the Eastern Turkey that aims to investigate the negative outcomes of unique regional conditions and how to overcome the negative effects of those conditions on children in the region. Also, there should be more mental health services at hospitals and counseling service at schools in order to help children to overcome negative effects of trauma. Furthermore, the investment on education of the people who live in Eastern Turkey should be increased. In order to overcome negative economic conditions in the region, different policies could be implemented. Although there is land and water, farming in the region is insufficient and land is used ineffectively. Most fruits and vegetables are brought to town from other places. For instance, policies could be implemented to increase investment on agriculture or other related fields to improve economic conditions in the region. This study is unique that it focuses on the unique experiences of the children who live in adverse conditions. However, it could also be beneficial to conduct similar studies and replicate the current study with a larger sample and with a control or a matched group who face some of the adversities such as poverty and lack of education without violence. For instance, a small town or village in Anatolian or Black Sea Region with parents that have similar education levels and poverty rates could be selected. Although this study had some limitations, the current study is a significant contributor to the field because this study showed the negative effects of

living in an at-risk community where there were different kinds of violence and adverse living conditions on children.

APPENDIX A

VIOLENCE NEWS ABOUT MUŞ

(TURKISH)

- Milliyet.com.tr »
- Muş Haberleri »
- Haber

BULANIK'TA ADLİYE LOJMANLARINA YAPILAN SALDIRI *(The attack of the lodgments of courthouse workers in Muş-Bulanık)* İHA

Muş'un Bulanık ilçesindeki adliye lojmanlarına molotof ve ses bombalı terör saldırısıyla ilgili 2 kişi tutuklandı. Şahısların evlerinde yapılan aramalarda ise 11 adet ses bombası ele geçirildi.

Alınan bilgilere göre, adliye lojmanlarına yapılan saldırıyla ilgili Bulanık Emniyet Müdürlüğü Terörle Mücadele Şube Müdürlüğü ekipleri tarafından yapılan çalışmalar kapsamında 2 kişinin kimliği tespit edildi. Kimliği tespit edilen şahısların evlerine özel hareket polisleri tarafından şafak operasyonu yapıldı. Yapılan operasyonda, eyleme katıldıkları iddia edilen Ö.G. ve A.T. isimli şahıslar gözaltına alındı. Şahısların evlerinde yapılan aramalarda ise, patlatılmaya hazır 11 adet ses bombası ele geçirildi.

Polisteki sorgularının ardından adli makamlara çıkartılan Ö.G. ve A.T. isimli şahıslar, tutuklanarak cezaevine konuldu. 15 Eylül 2015 günü Bulanık ilçesinde PKK'nın gençlik yapılanması YDG-H'li teröristler, akşam saatlerinde adliye lojmanlarına molotof ve ses bombası atmış, güvenlik güçlerinin anında karşılık vermesi üzerine, saldırganlar olay yerinden kaçmıştı.

<http://www.milliyet.com.tr/bulanik-ta-adliye-lojmanlarina-yapilan-mus-yerelhaber-976572>.

MUŞ BULANIK'TA BOMBA YÜKLÜ ARAÇ İNFİLAK ETTİ *(Car loaded with bombs exploded in Muş-Bulanık)*

Alınan bilgilere göre olay, sabah saatlerinde Bulanık-Erzurum karayolu üzerindeki Rüstemgedik beldesi yakınlarında meydana geldi. Bomba yüklü olduğu öğrenilen araç, seyir halindeyken infilak etti. Bölgede geniş güvenlik önlemi alınırken, incelemenin sürdürüldüğü belirtildi.

GALİP KILINÇ

<http://www.ih.com.tr/haber-mus-bulanikta-bomba-yuklu-arac-infilak-etti-602080/>

BULANIK'TA YAKILAN 3 OKUL EĞİTİME BAŞLADI

(Three schools which were burnt down started to education in Muş-Bulanık)

Muş'un Bulanık ilçesinde 10 gün önce yüzleri maskeli bir grup tarafından molotofkokteyli atılarak yakılan 3 okul yapılan tadilatın ardından eğitime başladı. 2014-2015 eğitim öğretim yılının açılmasıyla birlikte yüzü kapalı bir grubun molotof bombalarıyla saldırması sonucu 3 okulda yangın çıkmış ve kullanılamaz hale gelmişti. Yaklaşık 2 bin öğrencinin eğitim gördüğü 3 okulda onarım ve tadilat çalışmaları yapıldı. Molotoflarla yakılan, Bulanık ilçesi Yeni Mahallede bulunan 12 derslikli Mehmet Akif İlköğretim Okulu, Şehitlik Mahallesinde bulunan Fatih İlköğretim Okulu ve Kültür Mahallesinde Bulunan 125. Yıl İlköğretim okulu bugün itibarı ile eğitim öğretime açıldı.

Bulanık İlçe Milli Eğitim Müdürü Deniz Edip, Bulanık ilçesinde 10 gün önce akşam saatlerinde yüzleri maskeli bir grup terör örgütü yandaşı tarafından molotofkokteyli atılarak yakılan 3 okulun yapılan tadilattan sonra eğitime başlayan 3 okulda incelemelerde bulundu. Yakılan okulların tadilat çalışmaları ile ilgili bilgilendirmede bulunan Bulanık İlçe Milli Eğitim Müdürü Deniz Edip, "Mehmet Akif Ersoy İlköğretim Okulu 3 gün içerisinde tadilat çalışmaları yapıldı ve eğitime açıldı. 125. Yıl İlköğretim Okulu 5 gün içerisinde idare bölümü, anasınıfı ve 2 derslik onararak eksiklikler giderildi. Kapılar değiştirilerek okul yeniden boyanarak eğitime başladı. Fatih İlköğretim okulumuzda ise çatı katı tamamen değişti, kapı ve pencereler değiştirildi. Elektrik tesisatı baştan sona kadar yenilendi. İdari, anasınıfı ve derslikle onarıldı ve okulun iç ile dışı komple boyanarak eğitim öğretime başladı. 2 okulumuzda 1 haftalık kaybımız oldu. Ancak şuan hiçbir sorun söz konusu değil 3 okulumuzda bugün itibarı ile eğitim öğretime devam etmektedir" dedi.

13 Eylül 2014 tarihinde Bulanık ilçesinde yüzü kapalı yaklaşık 60 kişilik grup molotof bombalarıyla okullara saldırmıştı. Molotofların atıldığı 2 okulda hafif hasar oluşurken bir okul ise büyük çapta hasar görmüştü.

<http://www.milliyet.com.tr/bulanik-ta-yakilan-3-okul-egitime-basladi-mus-yerelhaber-392103/>.

MUŞ'TA 2 CANLI BOMBA YAKALANDI

(Two Suicide bombers were caught up in Muş)

Muş Valiliği'nden yapılan açıklamada, "Muş İl Emniyet Müdürlüğü görevlilerince yapılan operasyonel çalışmalar neticesinde; 4 Haziran 2016 günü PKK/KCK terör örgütünün gençlik yapılanması (YDG-H) içerisinde faaliyetlerde bulunmak amacıyla ilimizde görevlendirildiği tespit edilen 2 terör örgütü mensubu yakalanmıştır" denildi.

<http://www.milliyet.com.tr/mus-ta-2-canli-bomba-yakalandi-gundem-2258585/>

MUŞ'TA HAIN PUSU: BİNBAŞI ŞEHİT

(The cruel ambush in Muş: A major was martyred)

Muş'un Malazgirt ilçesinde İlçe Jandarma Komutanı Binbaşı Arslan Kulaksız, eşi ile birlikte evine giderken silahlı saldırıya uğradı. Binbaşı Kulaksız şehit oldu, eşi Sibel Kulaksız ise kolundan yaralandı. Olay, dün saat 19.00 sıralarında Malazgirt ilçe merkezinde meydana geldi. Malazgirt İlçe Jandarma komutanı Binbaşı Arslan Kulaksız, beraberinde eşi ile birlikte arkadaşlarını ziyaret ettikten sonra kendi kullandığı otomobili ile evine dönmek üzere hareket etti. Binbaşı Kulaksız'ın kullandığı otomobile, ilçe merkezindeki Alay caddesinden geçerken pusu kuran teröristlerce otomatik silahlarla ateş açıldı. Saldırıda Binbaşı Kulaksız ağır yaralanırken, eşi ise hafif yaralandı. Saldırganlar olay yerinden kaçarken kulaksız çifti ambulanslarla Malazgirt Devlet Hastanesi'ne kaldırıldı. Binbaşı Kulaksız için Muş'tan iki skorsky helikopterle Malazgirt'e doktor gönderildi. Ameliyatta bir kaç kez kalbi duran Kulaksız yapılan tüm müdahalelere karşın saat 22.30'da şehit oldu. Çarpraz ateş açıldı. Binbaşı Kulaksız'ın kullandığı otomobile, takip eden 2 araçtan çarpraz ateş açıldığı belirlendi. Güvenlik önlemlerinin üst düzeye çıkartıldığı ilçede kaçan teröristlerin yakalanması için geniş çaplı operasyon başlatıldı. Cumhurbaşkanı Erdoğan, Sibel Kulaksız ile bir telefon görüşmesi yaptığı, başsağlığı ve kendisine geçmiş olsun dileklerini ilettiği öğrenildi. Genelkurmay Başkanlığı'ndan yapılan açıklamada, "Hunharca, adice ve kallesçe gerçekleştirilen bu saldırıyı şiddetle kınıyor, şehidimize Allah'tan rahmet, şehidimizin değerli ailesine ve Türk Silahlı Kuvvetleri mensuplarımıza başsağlığı ve sabırlar diliyoruz."

<http://www.milliyet.com.tr/mus-ta-hain-pusu-binbasi-sehit-gundem-2093614/>

BULANIK'TA SU GERGINLIĞI

(Tension because of water in Muş-Bulanık)

Muş'un Bulanık ilçesine bağlı Altınoluk köyündeki su kaynağında etüt yapmak için gelen mühendisleri koruyan jandarma ekipleriyle köylüler arasında gerginlik çıktı.

Bulanık ilçesine bağlı Samanyolu, Şatırlar, Şehit Tahir, Adıvar ve Yazbaşı köylerinin su sorununu gidermek için Altınoluk köyündeki kaynaktaki etüt çalışması için gelen İl Özel İdaresi mühendisleri ile jandarma ekipleri, köyün girişinde kurulan barikatlarla karşılaştı. Köylüler, güvenlik güçlerine taş atarak köye girmemelerini istedi. Kısa süren gerginliğin ardından güvenlik güçleri köyden ayrıldı

<http://www.milliyet.com.tr/bulanik-ta-su-gerginligi-mus-yerelhaber-701962/>

**MUŞ BULANIK'TA ESNAF İŞYERİNE SALDIRAN PKK TERÖR
ÖRGÜTÜ YANDAŞLARINA ATEŞ AÇTI**
(Tradesman shot members of PKK who attacked his shop in Muş-Bulanık)

<https://www.youtube.com/watch?v=FIFl8XLgr9E>.

MUŞ'TA MERA KAVGASI: 4 ÖLÜ, 8 YARALI
(Fight about forage in Muş: 4 people were dead; 8 people were injured)

Muş'ta iki aile arasında mera anlaşmazlığı yüzünden çıkan kavgada 4 kişi hayatını kaybetti, 8 kişi yaralandı.

Alınan bilgilere göre olay, merkeze bağlı Aşağı Yongalı köyünde meydana geldi. Gün ve Ağkan aileleri arasında mera yüzünden çıkan tartışma kavgaya dönüştü. Silahların da kullanıldığı kavgada Yücel, Fevzi, Nevzat, Servet, Halit, Gülten ve Yücel Gün ile Kasım, Sadık, Sinan ve Abdulhalik Ağkan ve ismi öğrenilemeyen bir kişi yaralandı. Olay yerine çağrılan ambulanslarla kentteki hastanelere kaldırılan yaralılarından Sadık Ağkan ile Yücel, Fevzi ve Nevzat Gün yapılan tüm müdahalelere rağmen kurtarılamadı. Güvenlik güçleri köy ve hastanelerde yoğun güvenlik önlemi alırken, olayla ilgili soruşturmanın devam ettiği bildirildi.

http://www.cumhuriyet.com.tr/video/video_haber/772809/Mus_ta_mera_kavgasi_olu__8_yarali.html.

APPENDIX B

CONSENT FORMS OF THE PARENTS

(TURKISH)

Araştırmayı destekleyen kurum: Boğaziçi Üniversitesi

Araştırmacının adı: Türkiye'nin Doğusunda Risk Ortamında Yaşayan Çocukların Problem Davranışlarının Dirençlilik ve Duygu Düzenlemeleriyle Olan İlişkisi

Proje Yürütücüsü: Yrd. Doç. Ayşegül Metindoğan

E-mail adresi: ametindogan@boun.edu.tr

Araştırmacının adı: Yasemin Fırat

E-mail adresi: f.zyasemin@gmail.com

Telefonu: 0551 133 13 78

Proje konusu: Bilindiği üzere, maalesef dünyamızda ve ülkemizde şiddet olayları son zamanlarda artış göstermiştir. Özellikle ülkemizin doğu illerinde artan şiddet olayları endişe vericidir. Bu bağlamda, bölgenin karakteristik özelliklerinden dolayı toplumsal şiddete maruz kalan çocukların içe dönük, dışa dönük problem davranışlarının duygu düzenleme ve dayanıklılık seviyelerinin ölçülmesi amaçlanmaktadır. Ayrıca elde edilen çocukların bu alanlardaki seviyelerinin bir birleriyle ilişkilerine bakılarak anlamlı bir sonuca ulaşılması amaçlanmaktadır.

Onam: Toplumsal şiddet ve bazı etkileri üzerine yapmak istediğimiz araştırmaya katılmaya sizi davet ediyoruz. Bu çalışma kapsamında toplumsal şiddete maruz kalmış çocukların içe dönük ve dışa dönük problem davranışları geliştirip geliştirmediğini, duygu düzenleme ve dayanıklılık seviyelerini ve bunların bir biri arasındaki ilişkiyi bulmayı umuyoruz.

Araştırmaya katılmayı kabul ettiğiniz takdirde sizlerden, çocuğunuzla ilgili Travmatik Durumları Tarama Ölçeğini doldurmanızı rica ediyoruz. İsmi ve bu bilgiler tamamen gizli tutulacaktır.

Bu formu imzalamadan önce, çalışmayla ilgili sorularınız varsa lütfen sorun. Daha sonra sorunuz olursa, proje yürütücüsüne sorabilirsiniz. Araştırmayla ilgili haklarınız konusunda yerel etik kurullarına da danışabilirsiniz.

Bana anlatılanları ve yukarıda yazılanları anladım. Bu formun bir örneğini aldım / almak istemiyorum (bu durumda araştırmacı bu kopyayı saklar).

Çalışmaya katılmayı kabul ediyorum.

Katılımcı Adı-Soyadı:.....

İmzası:.....

Tarih (gün/ay/yıl):...../...../.....

Katılımcının Velisinin Adı-Soyadı:.....

İmzası:.....

Tarih (gün/ay/yıl):...../...../.....

APPENDIX C

DEMOGRAPHIC INFORMATION FORM ABOUT PARENTS

Student Information

1. Name/Surname:
2. Birth Place:
3. Date of Birth:
4. The School:
5. The Class:
6. Special case:

General Information

1. Whom does s/he live with?
2. Does s/he own the house or it is rented?
3. Does s/he have his/her own room?
4. Which type of heating does the house have?
5. How s/he get to school?
6. Does s/he work outside?
7. Are there any people living in the house other than the family?
8. Family income situation (very good, good, medium, low, very bad)
9. Any accident
10. Any surgery
11. Any prothesis
12. Any illness
13. Any chronic illness
14. Any permanent medicine
15. Number of siblings

Custodian Information

1. Who is the custodian?
2. Name and Surname of the Custodian

Father Information

1. Name/Surname
2. Education Level
3. Occupation
4. Alive/Dead
5. Married/Divorced
6. Chronic Illness
7. Any disabilities

Mother Information

1. Name/Surname
2. Occupation
3. Illiterate or not
4. Education level
5. Alive/Dead
6. Married/Divorced
7. Chronic Illness
8. Any disabilities

Sibling Information

1. Name/Surname
2. Occupation
3. Education Level
4. Any chronic illness

APPENDIX D

DEMOGRAPHIC INFORMATION FORM ABOUT PARENTS

(TURKISH)

Öğrenci Bilgileri

1. Adı Soyadı:
2. Doğum Yeri:
3. Doğum Tarihi:
4. Okulu:
5. Sınıfı:
6. Özel Durum

Genel Bilgiler

1. Kiminle Oturuyor?
2. Evi kira mı?
3. Kendi odası var mı?
4. Ev ne ile ısıtılıyor?
5. Okula nasıl geliyor?
6. Bir işte çalışıyor mu?
7. Aile dışında kalın var mı?
8. Aile gelir durumu (Çok İyi, İyi, Orta, Düşük, Çok Kötü)
9. Geçirdiği Kaza
10. Geçirdiği Ameliyat
11. Kullandığı Protez
12. Geçirdiği Hastalık
13. Sürekli Hastalığı
14. Sürekli Kullandığı İlaç
15. Kardeş Sayısı

Veli Bilgileri

1. Velisi Kim?
2. Veli Adı Soyadı

Baba Bilgileri

1. Adı Soyadı
2. Öğrenim Durumu
3. Mesleği
4. Sağ/Ölü
5. Birlikte/Ayrı

6. Sürekli Hastalığı
7. Engel Durumu

Anne Bilgileri

1. Adı Soyadı:
2. Mesleği:
3. Okuma yazma biliyor mu?
4. En son bitirdiği okul:
5. Sağ/Ölü:
6. Birlikte/Ayrı:
7. Sürekli Hastalığı:
8. Engel Durumu:

Kardeş Bilgileri

1. Adı Soyadı
2. Mesleği
3. Öğrenim Durumu
4. Sürekli Hastalığı

APPENDIX E

STRENGTHS AND DIFFICULTIES QUESTIONNAIRE

For each item, please mark the number “0” for Not True, “1” for Somewhat True or “2” for Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of the child's behavior over the last six months or this school year.

Child's name

Male/Female.... Date of birth.....

Not True 0 Somewhat True 1 Certainly True 2

Considerate of other people's feelings 0 1 2

Restless, overactive, cannot stay still for long 0 1 2

Often complains of headaches, stomach-aches or sickness 0 1 2

Shares readily with other children, for example toys, treats, pencils 0 1 2

Often loses temper 0 1 2

Rather solitary, prefers to play alone 0 1 2

Generally well behaved, usually does what adults request 0 1 2

Many worries or often seems worried 0 1 2

Helpful if someone is hurt, upset or feeling ill 0 1 2

Constantly fidgeting or squirming 0 1 2

Has at least one good friend 0 1 2

Often fights with other children or bullies them 0 1 2

Often unhappy, depressed or tearful 0 1 2

Generally liked by other children 0 1 2

Easily distracted, concentration wanders 0 1 2

Nervous or clingy in new situations, easily loses confidence 0 1 2

Kind to younger children 0 1 2

Often lies or cheats 0 1 2

Picked on or bullied by other children 0 1 2

Often offers to help others (parents, teachers, other children) 0 1 2

Thinks things out before acting 0 1 2

Steals from home, school or elsewhere 0 1 2

Gets along better with adults than with other children 0 1 2

Many fears, easily scared 0 1 2

Good attention span, sees work through to the end 0 1 2

Signature

Thank you very much for your help

Parent / Teacher / Other (Please specify):

Date

© Robert Goodman, 2005

APPENDIX F

STRENGTHS AND DIFFICULTIES QUESTIONNAIRE

(TURKISH)

Her cümle için, Doğru Değil için “0”, Kısmen Doğru için “1”, Tamamen Doğru için “2” rakamlarından birini işaretleyiniz. Kesinlikle emin olamasanız ya da size anlamsız görünse de elinizden geldiğince tüm cümleleri yanıtlamanız bize yardımcı olacaktır. Lütfen yanıtlarınızı öğrencinin son 6 ay içindeki davranışlarını göz önüne alarak veriniz.

Öğrencinin Adı:

Kız / Erkek Doğum Tarihi:

Doğru Değil 0 Kısmen Doğru 1 Kesinlikle Doğru 2

Diğer insanların duygularını önemser. 0 1 2

Huzursuz, aşırı hareketli, uzun süre kıpırdamadan duramaz. 0 1 2

Sıkça baş ağrısı, karın ağrısı ve bulantıdan yakınır. 0 1 2

Diğer çocuklarla kolayca paylaşır. (yiyecek, oyuncak, kalem v.s.) 0 1 2

Sıkça öfke nöbetleri olur yada aşırı sinirlidir. 0 1 2

Daha çok tek başınadır, yalnız oynama eğilimindedir. 0 1 2

Genellikle söz dinler, erişkinlerin isteklerini yapar. 0 1 2

Birçok kaygısı vardır. Sıkça endişeli görünür. 0 1 2

Eğer birisi incinmiş, morali bozulmuş yada kendini

kötü hissediyor ise ona yardımcı olur. 0 1 2

Sürekli elleri ayakları kıpır kıpırdır yada oturduğu yerde kıpırdanıp durur. 0 1 2

En az bir yakın arkadaşı vardır. 0 1 2

Sıkça diğer çocuklarla kavga eder yada onlarla alay eder. 0 1 2

Sıkça mutsuz, kederli yada ağlamaklıdır. 0 1 2

Genellikle diğer çocuklar tarafından sevilir. 0 1 2

Dikkati kolayca dağılır. Yoğunlaşmakta güçlük çeker. 0 1 2

Yeni ortamlarda gergin ya da huysuzdur. Kendine güvenini kolayca

kaybeder. 0 1 2

Kendinden küçükler iyi davranır. 0 1 2

Sıkça yalan söyler yada hile yapar. 0 1 2

Diğer çocuklar ona takarlar yada onunla alay ederler. 0 1 2

Sıkça başkalarına (anne baba, öğretmen, diğer çocuklar) yardım etmeye istekli
olur. 0 1 2

Bir şeyi yapmadan önce düşünür. 0 1 2

Ev, okul yada başka yerlerden çalar. 0 1 2

Erişkinlerle çocuklardan daha iyi geçinir. 0 1 2

Pek çok korkusu var. Kolayca ürker. 0 1 2

Başladığı işi bitirir, dikkat süresi iyidir. 0 1 2

İmza: Tarih:

Sınıf öğretmeni / Rehberlik öğretmeni / Müdür Yard. / Diğer (lütfen belirtiniz):

Yardımanız için teşekkür ederiz © Robert Goodman, 2005

APPENDIX G

EMOTION REGULATION CHECKLIST

There are statements which are emotional conditions and behaviors of children in the list below. Please score the behaviors of the child that you observe in the questionnaire, considering the numbers as the frequency of the child's behaviors.

I observe this behavior...

Never/Rarely	1	Sometimes	2	Often	3	Nearly all the time	4
1. Is a cheerful child						1	2 3 4
2. Exhibits wide mood swings (child's emotional state is difficult to anticipate because s/he moves quickly from positive to negative moods)						1	2 3 4
3. Responds positively to neutral or friendly approaches by adults.						1	2 3 4
4. Transitions well from one activity to another; does not become anxious, angry, distressed or overly excited when moving from one activity to another.						1	2 3 4
5. Can recover quickly from episodes of upset or distress (eg. does not pout or remain sullen, anxious or sad after emotionally distressing events)						1	2 3 4
6. Is easily frustrated.						1	2 3 4
7. Responds positively to neutral or friendly approaches by peers.						1	2 3 4
8. Is prone to angry outbursts / tantrums easily						1	2 3 4
9. Is able to delay gratification (wait for good things)						1	2 3 4
10. Takes pleasure in the distress of others (eg. laughs when another person gets hurt or punished; enjoy teasing others)						1	2 3 4

11. Can modulate excitement in emotionally arousing situations (eg. does not get ‘carried away’ in high-energy situations, or overly excited in inappropriate contexts.	1	2	3	4
12. Is whiny or clingy with adults.	1	2	3	4
13. Is prone to disruptive outbursts of energy and exuberance	1	2	3	4
14. Responds angrily to limit-setting by adults.	1	2	3	4
15. Can say when s/he is feeling sad, angry or mad, fearful or afraid.	1	2	3	4
16. Seems sad or listless.	1	2	3	4
17. Is overly exuberant when attempting to engage other in play.	1	2	3	4
18. Displays flat affect (expression is vacant and inexpressive; child seems emotionally absent)	1	2	3	4
19. Responds negatively to neutral or friendly approaches by peers (eg. may speak in an angry tone of voice or respond fearfully)	1	2	3	4
20. Is impulsive.	1	2	3	4
21. Is empathic towards others; shows concern when others are upset or distressed.	1	2	3	4
22. Displays exuberance that others find intrusive or disruptive.	1	2	3	4
23. Displays appropriate negative emotions (anger, fear, frustration, distress) in response to hostile, aggressive or intrusive acts by peers.	1	2	3	4
24. Displays negative emotions when attempting to engage others in play.	1	2	3	4

APPENDIX H

EMOTION REGULATION CHECKLIST

(TURKISH)

Aşağıdaki listede bir çocuğun duygusal durumu ile ilgili ifadeler yer almaktadır. Verilen numaralandırma sistemini göz önünde bulundurarak aşağıdaki davranışları öğrencinizde ne kadar sıklıkla gözlemlediğinizi işaretleyiniz:

Bu davranışı:

Hiçbir zaman/Nadiren 1 Bazen 2 Sık Sık 3 Neredeyse her zaman 4

gözlemliyorum.

- | | | | | |
|--|---|---|---|---|
| 1. Neşeli bir çocuktur. | 1 | 2 | 3 | 4 |
| 2. Duygu hali çok değişkendir (Çocuğun duygu durumunu tahmin etmek zordur çünkü neşeli ve mutluyken kolayca üzgünleşebilir). | 1 | 2 | 3 | 4 |
| 3. Yetişkinlerin arkadaşça ya da sıradan (nötr) yaklaşımlarına olumlu karşılık verir. | 1 | 2 | 3 | 4 |
| 4. Bir faaliyetten diğerine kolayca geçer; kızıp sinirlenmez, endişelenmez (kaygılanmaz), sıkıntı duymaz veya aşırı derecede heyecanlanmaz. | 1 | 2 | 3 | 4 |
| 5. Üzüntüsünü veya sıkıntısını kolayca atlatabilir (örneğin, canını sıkan bir olay sonrasında uzun süre surat asmaz, endişeli veya üzgün durmaz). | 1 | 2 | 3 | 4 |
| 6. Kolaylıkla hayal kırıklığına uğrayıp sinirlenir (huysuzlaşır, öfkelenir). | 1 | 2 | 3 | 4 |
| 7. Yaşıtlarının arkadaşça ya da sıradan (nötr) yaklaşımlarına olumlu karşılık verir. | 1 | 2 | 3 | 4 |
| 8. Öfke patlamalarına, huysuzluk nöbetlerine eğilimlidir. | 1 | 2 | 3 | 4 |
| 9. Hoşuna giden bir şeye ulaşmak için bekleyebilir. (örneğin, şeker almak için sırasını beklemesi gerektiğinde keyfi kaçmaz veya heyecanını kontrol edebilir). | 1 | 2 | 3 | 4 |

10. Başkalarının sıkıntı hissetmesinden keyif duyar (örneğin, biri incindiğinde veya ceza aldığında güler; başkalarıyla alay etmekten zevk alır).	1	2	3	4
11. Heyecanını kontrol edebilir (örneğin, çok hareketli oyunlarda kontrolünü kaybetmez veya uygun olmayan ortamlarda aşırı derecede heyecanlanmaz).	1	2	3	4
12. Mızdır ve yetişkinlerin eteğinin dibinden ayrılmaz.	1	2	3	4
13. Ortılığı karıştırarak çevresine zarar verebilecek enerji patlamaları ve taşkınlıklara eğilimlidir.	1	2	3	4
14. Yetişkinlerin sınır koymalarına sinirlenir.	1	2	3	4
15. Üzüldüğünü, kızıp öfkeli olduğunu veya korktuğunu söyleyebilir.	1	2	3	4
16. Üzgün veya halsiz görünür.	1	2	3	4
17. Oyuna başkalarını katmaya çalışırken aşırı enerjik ve hareketlidir.	1	2	3	4
18. Yüzü ifadesizdir; yüz ifadesinden duyguları anlaşılmaz.	1	2	3	4
19. Yaşıtlarının arkadaşça ya da sıradan (nötr) yaklaşımlarına olumsuz karşılık verir (örneğin kızgın bir ses tonuyla konuşabilir ya da ürkek davranabilir).	1	2	3	4
20. Düşünmeden, ani tepkiler verir.	1	2	3	4
21. Kendini başkalarının yerine koyarak onların duygularını anlar; başkaları üzgün ya da sıkıntılı olduğunda onlara ilgi gösterir.	1	2	3	4
22. Başkalarını rahatsız edecek veya etrafa zarar verebilecek kadar aşırı enerjik, hareketli davranır.	1	2	3	4
23. Yaşıtları ona saldırgan davranır ya da zorla işine karışırsa yerinde olumsuz duygular gösterir (örneğin kızgınlık, korku, öfke, sıkıntı).	1	2	3	4
24. Oyuna başkalarını katmaya çalışırken olumsuz duygular gösterir (örneğin, aşırı heyecan, kızgınlık, üzüntü).	1	2	3	4

APPENDIX I

RESILIENCE QUESTIONNAIRE

Never 1 A little 2 Some 3 A lot 4

1. Some children think that their mothers loved them when they were little (Point the smiley face). Some children think that their mothers did not love them when they were little (Point the sad face).
What do you think about that? (The child points)
Some or a lot? (When the child points the smiley face)
Never or a little? (When the child points the sad face)

1 2 3 4
2. Some children think that their fathers loved them when they were little (Point the smiley face). Some children think that their fathers did not love them when they were little (Point the sad face).
What do you think about that? (The child points)
Some or a lot? (When the child points the smiley face)
Never or a little? (When the child points the sad face)

1 2 3 4
3. When some children were little, other people take care of these small children and they loved these children (Point the smiley face). When some children were little, other people did not take care of these small children and they did not love these children (Point the sad face).
What do you think about that? (The child points)
Some or a lot? (When the child points the smiley face)
Never or a little? (When the child points the sad face)

1 2 3 4
4. In some families, there are people who enjoy playing with the child (Point the smiley face). In some families, there are not any people who enjoy playing with the child (Point the sad face).
How is that in your family (The child points)
Some or a lot? (When the child points the smiley face)
Never or a little? (When the child points the sad face)

1 2 3 4
5. In some families, there are people who are close to child and who help the child feel better when the child is sad or worried (Point the smiley face). In some families, there are not any people who are close to child and who help the child feel better when the child is sad or worried (Point the sad face).
How is that in your family? (The child points)

1 2 3 4

Some or a lot? (When the child points the smiley face)
Never or a little? (When the child points the sad face)

6. Some children think that their neighbors or their friends' parents like them. (Point the smiley face). Some children think that their neighbors or their friends' parents do not like them (Point the sad face).
What do you think about that? (The child points)
Some or a lot? (When the child points the smiley face)
Never or a little? (When the child points the sad face)

7. Some children think that, teachers and elders want to help them (Point the smiley face). Some children think that, teachers and elders do not want to help them. (Point the sad face).
What do you think about that? (The child points)
Some or a lot? (When the child points the smiley face)
Never or a little? (When the child points the sad face)

8. In some families, members of the family ask the children that how they were doing in school (Point the smiley face). In some families, members of the family do not ask the children that how they were doing in school (Point the sad face).
How is that in your family? (The child points)
Some or a lot? (When the child points the smiley face)
Never or a little? (When the child points the sad face)

9. Some children's families talk and make plans in order to have better lives (Point the smiley face). Some children's families do not talk and make plans in order to have better lives (Point the sad face).
How is that in your family? (The child points)
Some or a lot? (When the child points the smiley face)
Never or a little? (When the child points the sad face)

10. In some children's families there are rules in their house and the children are expected to obey them (Point the smiley face). In some children's families there are not rules in their house and the children are not expected to obey them (Point the sad face).
How is that in your family? (The child points)
Some or a lot? (When the child points the smiley face)
Never or a little? (When the child points the sad face)

11. When some children feel bad, they could always find someone they trusted to talk to (Point the smiley face). When some children feel bad, they could not

find someone they trusted to talk to. (Point the sad face).
 What do you think about that? (The child points)
 Some or a lot? (When the child points the smiley face)
 Never or a little? (When the child points the sad face)

12. In some children's lives, there are people who notice that they are capable and could get things done (Point the smiley face). In some children's lives, there Are not people who notice that they are capable and could get things done. (Point the sad face).
 What do you think about that? (The child points)
 Some or a lot? (When the child points the smiley face)
 Never or a little? (When the child points the sad face)

1 2 3 4

13. Some children are independent and a go-getter (Point the smiley face). Some children are not independent and a go-getter (Point the sad face).
 What do you think about that? (The child points)
 Some or a lot? (When the child points the smiley face)
 Never or a little? (When the child points the sad face)

1 2 3 4

14. In some children's lives, there are people that the children could trust them (Point the smiley face). In some children's lives, there are not people that the children could not trust them (Point the sad face).
 What do you think about that? (The child points)
 Some or a lot? (When the child points the smiley face)
 Never or a little? (When the child points the sad face)

1 2 3 4

<http://acestoohigh.com/got-your-ace-score/>

APPENDIX J

RESILIENCE QUESTIONNAIRE

(TURKISH)

- | | Hiç | 1 | Az | 2 | Biraz | 3 | Çok | 4 |
|---|--|---|----|---|-------|---|-----|---------|
| 1 | <p>Bazı çocuklar annelerinin onu sevdiğini düşünür (gülen yüze işaret et), bazı çocuklarsa annelerinin onu sevmediğini düşünür (üzgün yüze işaret et). Sen hangi çocuk gibi düşünüyorsun? (çocuk işaret eder)</p> <p>Az mı çok mu? (gülen yüze işaret ettiğinde)</p> <p>Hiç mi biraz mı? (üzgün yüze işaret ettiğinde)</p> | | | | | | | 1 2 3 4 |
| 2 | <p>Bazı çocuklar babalarının onu sevdiğini düşünür (gülen yüze işaret et), bazı çocuklarsa babalarının onu sevmediğini düşünür (üzgün yüze işaret et). Sen hangi çocuk gibi düşünüyorsun? (çocuk işaret eder)</p> <p>Az mı çok mu? (gülen yüze işaret ettiğinde)</p> <p>Hiç mi biraz mı? (üzgün yüze işaret ettiğinde)</p> | | | | | | | 1 2 3 4 |
| 3 | <p>Bazı çocuklar bebekken anne babalarından başka insanlar da onlara bakar ve onları sever (gülen yüze işaret et). Bazı çocukların ise bebekken anne babalarından başka hiç kimse onlara bakmaz ve sevmez (üzgün yüzü işaret et). Sen bebekken nasılmış? (çocuk işaret eder)</p> <p>Az mı çok mu? (gülen yüze işaret ettiğinde)</p> <p>Hiç mi biraz mı? (üzgün yüze işaret ettiğinde)</p> | | | | | | | 1 2 3 4 |
| 4 | <p>Bazı çocukların ailelerinde onunla oynamaktan hoşlanan birileri vardır (gülen yüze işaret et). Bazı çocukların ailelerinde ise onlarla oynamaktan hoşlanan kimse yoktur (üzgün yüze işaret et). Senin ailende nasıl? (çocuk işaret eder)</p> <p>Az mı çok mu? (gülen yüze işaret ettiğinde)</p> <p>Hiç mi biraz mı? (üzgün yüze işaret ettiğinde)</p> | | | | | | | 1 2 3 4 |
| 5 | <p>Bazı çocuklar üzgün olduğunda ya da endişelendiğinde kendini iyi hissetmesine yardımcı olacak ona yakın birileri vardır (gülen yüze işaret et). Bazı çocuklar üzgün olduğunda ya da endişelendiğinde kendini iyi hissetmesine yardımcı olacak ona yakın hiç kimse yoktur (üzgün yüze işaret et). Sen hangi çocuk gibi hissediyorsun? (çocuk işaret eder)</p> <p>Az mı çok mu? (gülen yüze işaret ettiğinde)</p> <p>Hiç mi biraz mı? (üzgün yüze işaret ettiğinde)</p> | | | | | | | 1 2 3 4 |

- 6 Bazı çocuklar komşularının veya arkadaşlarının ailelerinin onu sevdiğini düşünür (gülen yüze işaret et). Bazı çocukları komşularının veya arkadaşlarının ailelerinin onu sevmediğini düşünür (üzgün yüze işaret et).
Sen hangi çocuk gibi düşünüyorsun? (çocuk işaret eder)
Az mı çok mu? (gülen yüze işaret ettiğinde)
Hiç mi biraz mı? (üzgün yüze işaret ettiğinde) 1 2 3 4
- 7 Bazı çocuklar öğretmenlerinin ve büyüklerinin onlara yardım etmek istediğini düşünür (gülen yüze işaret et). Bazı çocuklar öğretmenlerinin ve büyüklerinin onlara yardım etmek istemediğini düşünür (üzgün yüze işaret et).
Sen hangi çocuk gibi düşünüyorsun? (çocuk işaret eder)
Az mı çok mu? (gülen yüze işaret ettiğinde)
Hiç mi biraz mı? (üzgün yüze işaret ettiğinde) 1 2 3 4
- 8 Bazı çocukların ailelerinden birileri okulunun nasıl gittiğini, okulda ne yaptığını önemser (gülen yüze işaret et). Bazı çocukların ailelerinden hiç kimse okulun nasıl gittiğini okulda ne yaptığını önemsemez (üzgün yüze işaret et).
Senin ailende nasıl? (çocuk işaret eder)
Az mı çok mu? (gülen yüze işaret ettiğinde)
Hiç mi biraz mı? (üzgün yüze işaret ettiğinde) 1 2 3 4
- 9 Bazı çocukların aileleri hayatlarını daha iyi hale getirebilmek için konuşur planlar yaparlar (gülen yüze işaret et). Bazı çocukların aileleri hayatlarını daha iyi hale getirmek için konuşmaz plan yapmazlar (üzgün yüze işaret et).
Senin ailende nasıl, (böyle mi böyle mi)? (çocuk işaret eder)
Az mı çok mu? (gülen yüze işaret ettiğinde)
Hiç mi biraz mı? (üzgün yüze işaret ettiğinde) 1 2 3 4
- 10 Bazı çocukların evinde kurallar vardır ve bu kurallara uymaları gerekir (gülen yüze işaret et).
Bazı çocukların evinde ise kurallar yoktur ve kurallara uymaları gerekmez. (üzgün yüze işaret et)
Senin ailende nasıl? (çocuk işaret eder)
Az mı çok mu? (gülen yüze işaret ettiğinde)
Hiç mi biraz mı? (üzgün yüze işaret ettiğinde) 1 2 3 4
- 11 Bazı çocuklar kendilerini üzgün hissettiklerinde güvenle konuşacak birilerini bulabilirler (gülen yüze işaret et). Bazı çocuklar kendilerini üzgün hissettiklerinde güvenle konuşacak birilerini bulamazlar (üzgün yüze işaret et).
Sen hangi çocuk gibi hissediyorsun? (çocuk işaret eder)
Az mı çok mu? (gülen yüze işaret ettiğinde) 1 2 3 4

Hiç mi biraz mı? (üzgün yüze işaret ettiğinde)

- 12 Bazı çocukların etrafında onun bir şeyleri iyi yapabildiğini fark eden insanlar vardır (gülen yüze işaret et). Bazı çocukların etrafında onun bir şeyleri iyi yapabildiğini fark eden insanlar yoktur (üzgün yüze işaret et).
Sen hangi çocuk gibi düşünüyorsun? (çocuk işaret eder)
Az mı çok mu? (gülen yüze işaret ettiğinde)
Hiç mi biraz mı? (üzgün yüze işaret ettiğinde) 1 2 3 4
- 13 Bazı çocuklar kendi kendilerine birçok işi başarabilirler ve azimlidirler (gülen yüze işaret et). Bazı çocuklar kendi kendilerine bir iş başaramazlar ve azimli değildirler (üzgün yüze işaret et).
Sen hangi çocuk gibi düşünüyorsun? (çocuk işaret eder)
Az mı çok mu? (gülen yüze işaret ettiğinde)
Hiç mi biraz mı? (üzgün yüze işaret ettiğinde) 1 2 3 4
- 14 Bazı çocukların hayatında güvendiği insanlar vardır (gülen yüze işaret et). Bazı çocukların hayatında güvendiği insanlar yoktur (üzgün yüze işaret et).
Sen hangi çocuk gibi düşünüyorsun? (çocuk işaret eder)
Az mı çok mu? (gülen yüze işaret ettiğinde)
Hiç mi biraz mı? (Üzgün yüze işaret ettiğinde) 1 2 3 4

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APPENDIX K

TRAUMATIC EVENTS SCREENING INVENTORY

Children may experience stressful events, which may affect their health and well-being. Please indicate if your child has experienced any of these potentially stressful events by answering the shaded questions. If you have any questions or comments about any of the questions, we would be happy to talk to you about them.

SAMPLE ITEM (instructions are in italics)

A. Has your child ever had a doctor's visit?	Yes	No	Unsure
<i>Mark your answer in the next column.</i>			
1.1 Has your child ever been in a serious accident where someone could have been (or actually was) severely injured or died? (like a serious car or bicycle accident, a fall, a fire, an incident where s/he was burned, an actual or near drowning, or a severe sports injury)	Yes	No	Unsure
1.2 Has your child ever seen a serious accident where someone could have been (or actually was) severely injured or died? (like a serious car or bicycle accident, a fall, a fire, an incident where someone was burned, an actual or near drowning, or a severe sports injury)	Yes	No	Unsure
1.3 Has your child ever been in a natural disaster where someone could have been (or actually was) severely injured or died, or where your family or people in your community lost or had to permanently leave their home (like a tornado, fire, hurricane, or earthquake)?	Yes	No	Unsure
1.4a Has your child ever experienced the severe illness or injury of someone close to him/her?	Yes	No	Unsure
1.4b Has your child ever experienced the death of someone close to him/her?	Yes	No	Unsure
1.5 Has your child ever undergone any serious medical procedures or had a life threatening illness? Or been treated by a paramedic, seen in an emergency room, or hospitalized overnight for a medical procedure?	Yes	No	Unsure

1.6 Has your child ever been separated from you or another person who your child depends on for love or security for more than a few days OR under very stressful circumstances? For example, due to foster care, immigration, war, major illness, or hospitalization.	Yes	No	Unsure
1.7 Has someone close to your child ever attempted suicide or harmed him or herself?	Yes	No	Unsure
2.1 Has someone ever physically assaulted your child , like hitting, pushing, choking, shaking, biting, or burning? Or punished your child and caused physical injury or bruises. Or attacked your child with a gun, knife, or other weapon? (This could be done by someone in the family or by someone not in your child's family).	Yes	No	Unsure
2.2 Has someone ever directly threatened your child with serious physical harm?	Yes	No	Unsure
2.3 Has someone ever mugged or tried to steal from your child? Or has your child been present when a family member, other caregiver, or friend was mugged?	Yes	No	Unsure
2.4 Has anyone ever kidnapped your child? (including a parent or relative) Or has anyone ever kidnapped someone close to your child?	Yes	No	Unsure
2.5 Has your child ever been attacked by a dog or other animal?	Yes	No	Unsure
3.1 Has your child ever seen, heard, or heard about people in your family physically fighting, hitting, slapping, kicking, or pushing each other. Or shooting with a gun or stabbing, or using any other kind of dangerous weapon?	Yes	No	Unsure
3.2 Has your child ever seen or heard people in your family threaten to seriously harm each other?	Yes	No	Unsure
3.3 Has your child ever known or seen that a family member was arrested, jailed, imprisoned, or taken away (like by police, soldiers, or other authorities)?	Yes	No	Unsure
4.1 Has your child ever seen or heard people outside your family fighting, hitting, pushing, or attacking each other? Or seen or heard about violence such as beatings, shootings, or muggings that occurred in settings that are important to your child, such as school,	Yes	No	Unsure

your neighborhood, or the neighborhood of someone important to your child?

4.2 Has your child ever been directly exposed to war, armed conflict, or terrorism?	Yes	No	Unsure
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4.3 Has your child ever seen or heard acts of war or terrorism on the television or radio?	Yes	No	Unsure
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6.1 Has your child ever repeatedly been told s/he was no good, yelled at in a scary way, or had someone threaten to abandon, leave or send him/her away?	Yes	No	Unsure
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6.2 Has your child ever gone through a period when s/he lacked appropriate care (like not having enough to eat or drink, lacking shelter, being left alone when s/he was too young to care for herself/himself)	Yes	No	Unsure
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7.1 Have there been other stressful things that have happened to your child?	Yes	No	Unsure
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APPENDIX L

TRAUMATIC EVENTS SCREENING INVENTORY

(TURKISH)

Çocuklar, sağlıklarını ve durumlarını etkileyebilecek stresli durumlar yaşayabilirler. Eğer çocuğunuz bu olası stresli durumlardan herhangi birini yaşıyorsa koyu yazılmış soruları cevaplayarak bunu belirtiniz. Bu soruların herhangi birisiyle ilgili bir sorunuz ya da yorumunuz olursa, sizinle konuşmaktan zevk duyarız.

ÖRNEK SORU (Yönergeler koyu renkli yazılmıştır)

A. Çocuğunuz hiç doktora gitti mi? Evet Hayır Emin Değilim
Cevabınızı bir sonraki sütundan işaretleyiniz.

1.1. Çocuğunuz hiç birinin ciddi şekilde yaralanmak ya da ölmek üzere olduğu (veya gerçekten yaralandığı ya da öldüğü) ciddi bir kaza **geçirdi mi?** (ciddi bir araba ya da bisiklet kazası, düşme, yangın, bir yerinin yandığı bir olay, boğulma tehlikesi ya da gerçekten boğulma ya da spor yaparken ciddi bir yaralanma gibi) Evet Hayır Emin Değilim

1.2. Çocuğunuz hiç birinin ciddi şekilde yaralanmak ya da ölmek üzere olduğu (veya gerçekten yaralandığı ya da öldüğü) ciddi bir kaza **gördü mü?** (ciddi bir araba ya da bisiklet kazası, düşme, yangın, bir yerinin yandığı bir olay, boğulma tehlikesi ya da gerçekten boğulma ya da spor yaparken ciddi bir yaralanma gibi) Evet Hayır Emin Değilim

1.3. Çocuğunuz hiç birinin ciddi şekilde yaralanmak ya da ölmek üzere olduğu (veya gerçekten yaralandığı ya da öldüğü) ciddi bir doğal afet **yaşadı mı?** (hortum, kasırga, yangın ya da deprem gibi) Evet Hayır Emin Değilim

1.4a. Çocuğunuz hiç bir yakınının ciddi bir hastalığa yakalandığını ya da yaralandığını **yaşadı mı?** Evet Hayır Emin Değilim

1.4b. Çocuğunuz hiç bir **yakınının ölümünü yaşadı mı?** Evet Hayır Emin Değilim

1.5. Çocuğunuz hiç **ciddi tıbbi bir işlem**den **geçti mi** ya dayışamını tehdit eden bir hastalığa yakalandı mı? Ya da acil servisteki paramedikler tarafından tedavi edildimi veya tıbbi bir işlem için Evet Hayır Emin Değilim

gece boyunca hastanede kaldığı oldu mu?

1.6. Çocuğunuz 2-3 günden fazla yada fazlasıyla Evet Hayır Emin Değilim
stresli koşullarda **sizden ya da sevgisine veya**
güvenliğine ihtiyaç duyduğu kişiden uzak kaldı mı?
Örneğin bakıcı, göç, savaş, hastalık ya da hastaneye
yatıştan dolayı).

1.7. Çocuğunuza yakın olan bir kişi hiç Evet Hayır Emin Değilim
intihara teşebbüs etti ya da
kendisine zarar vermeye kalktı mı?

2.1. Çocuğunuz hiç, vurma, itme, boğma, sarsma, Evet Hayır Emin Değilim
ısıрма yada yakma gibi **fiziksel bir saldırıya uğradı mı?**
Ya da birileri onu **cezalendirip fiziksel olarak**
yaralanmasına ve bir yerlerinin morarmasına neden
oldu mu? Ya da **çocuğunuza bir silah, bıçak veya başka**
bir saldırı aracıyla saldırıldı mı? (Bu ailedeki
biri ya da çocuğunuzun ailesinde olmayan biri tarafından
yapılmış olabilir).

2.2. Birilerinin hiç **çocuğunuzu ciddi fiziksel** Evet Hayır Emin Değilim
bir zararla direkt tehdit ettiği oldu mu?

2.3. Çocuğunuz hiç **kapkaç ya da soyguna** Evet Hayır Emin Değilim
maruz kaldı mı? Ya da bir aile üyesi, diğer
ebeveyn ya da bir arkadaşının **kapkaç ya da**
soyguna maruz kaldığına şahit oldu mu?

2.4. Çocuğunuz hiç **kaçırıldı mı?** (bir ebeveyn ya da Evet Hayır Emin Değilim
akraba tarafından da olabilir) Ya da hiç **çocuğunuza**
yakın biri kaçırıldı mı?

2.5. Çocuğunuz hiç bir **köpeğin ya da başka bir** Evet Hayır Emin Değilim
Hayvanın saldırısına uğradı mı?

3.1. Çocuğunuzun hiç **ailenizdeki kişilerin fiziksel** Evet Hayır Emin Değilim
olarak kavga ettiği, birbirlerini tokatladığı, tekmelediği
ya da birbirlerini ittiğini veya bunlarla ilgili herhangi bir şey
duyduğu oldu mu? Ya da bir silahla **ateş ettiğini, bıçakladığını**
veya başka tehlikeli bir silah kullandığını duyduğu oldu mu?

3.2. Çocuğunuzun hiç **ailenizdeki kişilerin** Evet Hayır Emin Değilim
birbirlerinin ciddi bir zarar vermekle tehdit ettiğini
gördüğü yada duyduğu oldu mu?

3.3. Çocuğunuzun **hiç bir aile üyesinin,** Evet Hayır Emin Değilim
tutuklandığını hapsedildiğini, hapiste olduğunu

ya da götürüldüğünü (polis, asker ya da başka otoriteler tarafından) **bildiği ya dabunlara şahit olduğu oldu mu?**

4.1. Çocuğunuzun hiç **ailenin dışındaki** birinin **kavga ettiğini, birilerine vurduğunu, ittiğini ya da birbirlerine saldırdığını gördü ya da duydu mu?** Evet Hayır Emin Değilim
Ya da okul, oturduğunuz yer ya da çocuğunuza yakın olan birinin oturduğu yer gibi **çocuğunuz için önemli olan çevrelerde dayak atma, ateş etme veya kapkaç gibi şiddet olayları gördü ya da duydu mu?**

4.2. Çocuğunuz hiç savaş, silahlı çatışma ya da **terörizme direkt maruz kaldı mı?** Evet Hayır Emin Değilim

4.3. Çocuğunuz **televizyonda ya da radyoda savaş ya da terör olayları gördü mü?** Evet Hayır Emin Değilim

6.1. Çocuğunuza tekrarlı bir şekilde onun iyi bir çocuk olmadığıнын söylendiği, **korkutucu bir şekilde bağırıldığı ya da birilerinin onu terk etmekle veya onu yollamak ile ilgilitehdit ettiği oldu mu?** Evet Hayır Emin Değilim

6.2. Çocuğunuz hiç **uygun olan bakımı alamadığı bir dönem yaşadı mı?** (yeteri kadar yiyecek ya da içecek bulamamak, barınacak bir yerin olmaması, kendisine bakamayacak kadar küçük bir yaşta ya da yalnız bırakılması) Evet Hayır Emin Değilim

7.1. Çocuğunuzun **yaşadığı başka stresli durumlar** var mı? Evet Hayır Emin Değilim

APPENDIX M

SOCIAL COMPETENCE AND BEHAVIOR EVALUATION SCALE

There are statements which are emotional conditions and behaviors of a children in the list below. Please score the behaviors of the child that you observe in the questionnaire, considering the numbers as the frequency of the child's behaviors. I observe this behavior...

Never	1	Rarely	2	Sometimes	3	Often	4	Always	5	All the time	6		
1. Maintains neutral facial expression.								1	2	3	4	5	6
2. Comforts or assists another child in difficulty.								1	2	3	4	5	6
3. Easily frustrated.								1	2	3	4	5	6
4. Gets angry when interrupted.								1	2	3	4	5	6
5. Irritable, gets mad easily.								1	2	3	4	5	6
6. Helps with everyday tasks (distribute snacks).								1	2	3	4	5	6
7. Timid, afraid (avoids new situations).								1	2	3	4	5	6
8. Sad, unhappy, or depressed.								1	2	3	4	5	6
9. Inhibited or uneasy in group.								1	2	3	4	5	6
10. Screams or yells easily.								1	2	3	4	5	6
11. Works easily in a group.								1	2	3	4	5	6
12. Inactive, watches the other children play.								1	2	3	4	5	6
13. Negotiates solutions to conflicts.								1	2	3	4	5	6
14. Remains apart, isolated from the group.								1	2	3	4	5	6
15. Takes other children's point into account.								1	2	3	4	5	6
16. Hits, bites, or kicks other children.								1	2	3	4	5	6
17. Cooperates with other children in group activities.								1	2	3	4	5	6
18. Gets into conflict with other children.								1	2	3	4	5	6
19. Tired.								1	2	3	4	5	6
20. Takes care of toys.								1	2	3	4	5	6
21. Doesn't talk or interact during group activities.								1	2	3	4	5	6

22. Attentive toward younger children.	1	2	3	4	5	6
23. Goes unnoticed in a group.	1	2	3	4	5	6
24. Forces other children to do things they don't want to.	1	2	3	4	5	6
25. Hits teacher or destroys things when angry with teacher.	1	2	3	4	5	6
26. Worries.	1	2	3	4	5	6
27. Accepts compromises when reasons are given.	1	2	3	4	5	6
28. Opposes teacher's suggestions.	1	2	3	4	5	6
29. Defiant when reprimanded.	1	2	3	4	5	6
30. Takes pleasure in own accomplishments.	1	2	3	4	5	6

APPENDIX N

SOCIAL COMPETENCE AND BEHAVIOR EVALUATION SCALE

(TURKISH)

Aşağıdaki listede bir çocuğun duygusal durumu ve davranışları ile ilgili ifadeler yer almaktadır. Verilen numaralandırma sistemini göz önünde bulundurarak aşağıdaki ifadelerdeki davranışları anketi doldurduğunuz çocukta ne kadar sıklıkla gözlemlediğinizi işaretleyiniz:

Bu davranışı

Hiç bir zaman 1

Seyrek olarak 2

Ara sıra 3

Sık sık 4

Hemen her zaman 5

Her zaman 6

gözlemliyorum. ...

- | | | | | | | |
|--|---|---|---|---|---|---|
| 1. Yüz ifadesi duygularını belli etmez. | 1 | 2 | 3 | 4 | 5 | 6 |
| 2. Zorda olan bir çocuğu teselli eder ya da ona yardımcı olur. | 1 | 2 | 3 | 4 | 5 | 6 |
| 3. Kolaylıkla hayal kırıklığına uğrayıp sinirlenir. | 1 | 2 | 3 | 4 | 5 | 6 |
| 4. Faaliyeti kesintiye uğradığında kızar. | 1 | 2 | 3 | 4 | 5 | 6 |
| 5. Huysuzdur, çabuk kızıp öfkelenir. | 1 | 2 | 3 | 4 | 5 | 6 |
| 6. Gündelik işlerde yardım eder (örneğin sınıf toplanırken ya da beslenme dağıtılırken yardımcı olur). | 1 | 2 | 3 | 4 | 5 | 6 |
| 7. Çekingen, ürkektir; yeni ortamlardan ve durumlardan kaçınır. | 1 | 2 | 3 | 4 | 5 | 6 |
| 8. Üzgün, mutsuz ya da depresiftir. | 1 | 2 | 3 | 4 | 5 | 6 |
| 9. Grup içinde içe dönük ya da grupta olmaktan huzursuz görünür. | 1 | 2 | 3 | 4 | 5 | 6 |

10. En ufak bir şeyde bağırır ya da çığlık atar.	1	2	3	4	5	6
11. Grup içinde kolaylıkla çalışır.	1	2	3	4	5	6
12. Hareketsizdir, oynayan çocukları uzaktan seyrederek.	1	2	3	4	5	6
13. Anlaşmazlıklara çözüm yolları arar.	1	2	3	4	5	6
14. Gruptan ayrı, kendi başına kalır.	1	2	3	4	5	6
15. Diğer çocukların görüşlerini dikkate alır.	1	2	3	4	5	6
16. Diğer çocuklara vurur, onları ısırır ya da tekmeler.	1	2	3	4	5	6
17. Grup faaliyetlerinde diğer çocuklarla birlikte çalışır, onlarla iş birliği yapar.	1	2	3	4	5	6
18. Diğer çocuklarla anlaşmazlığa düşer.	1	2	3	4	5	6
19. Yorgundur.	1	2	3	4	5	6
20. Oyuncaklara iyi bakar, oyuncakların kıymetini bilir	1	2	3	4	5	6
21. Grup faaliyetleri sırasında konuşmaz ya da faaliyetlere katılmaz.	1	2	3	4	5	6
22. Kendinden küçük çocuklara karşı dikkatlidir.	1	2	3	4	5	6

23. Grup içinde fark edilmez.	1	2	3	4	5	6
24. Diğer çocukları istemedikleri şeyleri yapmaya zorlar.	1	2	3	4	5	6
25. Öğretmene kızdığı zaman ona vurur ya da çevresindeki eşyalara zarar verir.	1	2	3	4	5	6
26. Endişeye kapılır.	1	2	3	4	5	6
27. Akla yatan açıklamalar yapıldığında uzlaşmaya varır.	1	2	3	4	5	6
28. Öğretmenin önerilerine karşı çıkar.	1	2	3	4	5	6
29. Cezalandırıldığında (örneğin herhangi bir şeyden yoksun bırakıldığında) başkaldırır, karşı koyar.	1	2	3	4	5	6
30. Kendi başarılarından memnuniyet duyar.	1	2	3	4	5	6

APPENDIX O

STORY COMPLETION TASK

<p>Şimdi sana bir hikâye anlatacağım. Ama bu hikâye diğer hikâyelerden biraz farklı olacak. Hikâyeyi anlatmam bittiğinde sana bazı sorular soracağım ve hikayenin sonunda ne olacağını göreceğiz.</p>	<p>Now I am going to read a story but this story is a little bit different than other stories. When I finished reading the story, I am going to ask a couple of questions to you and we will see what will happen at the end of the story.</p>
<p>Bir zamanlar bir tepenin başında bir ağaç yaşarmış. Kökleri yerin derinliklerine kadar ulaşıyormuş. Orada pek çok mutlu günler ve geceler yaşamış. Ancak bir gün, yaşadığı yerde çok büyük bir fırtına çıkmış. Fırtına çok gürültülmüş. Ağacın dalları sallanıyor, yaprakları oradan oraya savruluyor, ortalık fırtınanın etkisiyle bir kararıyor bir aydınlanıyormuş. Fırtına o kadar korkunçmuş ki, ağaç, sanki kökleri yerinden çıkacakmış gibi hissetmiş</p>	<p>Once upon a time a tree was living on a hill. The roots of the tree were reaching the deepest places in the ground. The tree was having many happy days and nights on that hill. However, one day there was a very big storm. The storm was too boisterous. The branches of the tree were shaking; the leaves of the tree were dispersed side to side. Everywhere was in complete darkness and was lightened with the effect of the storm. The storm was so awful that the tree felt that as if the roots of tree were going to come off</p>
<p>Sonra ne olmuş? Ağaca ne olmuş? Hikâyenin sonunda ne olmuş Sence ağaç ne yapmalı?</p>	<p>Then what happened? What did happen to the tree? What did happen at the end of the story? What should the tree do?</p>
<p>Bir zamanlar çok çalışkan bir karınca varmış. Bu karınca bir ormanda yaşarmış. Bu karınca evine hep yiyecek taşıyormuş ve kışa hazırlanıyormuş. Sonunda kış gelmiş ve karınca yerin altındaki evine gitmiş. Bir gün çok büyük, kocaman, sirenler çalan ve gürültülü bir araç gelmiş. Bu araç diğer hayvanları kovalıyor ve rahatsız ediyormuş. Yoluna çıkan her şeyi, ağaçları ve bitkileri yıkıyor ve kocaman bir çukur açıyormuş. Tüm bu gürültüleri duyan karınca dışarıya, çıkar ve ne olup bittiğini görmek ister.</p>	<p>Once upon a time, there was a very hardworking ant. This ant was living in the forest. This ant was carrying food to the its nest all the time and the ant was making preparation for the winter. Finally, the winter has arrived, the ant went to its nest under the ground. One day, a very huge and noisy vehicle which was sirening came to the forest. This vehicle was chasing and disturbing the animals. The vehicle was vandalizing everything such as trees, plants. The vehicle was digging a very big hole. The ant which heard all of these noises, came out from its</p>

	nest in order to see what was going on.
<p>Sonra ne olmuş?</p> <p>Karıncaya ne olmuş?</p> <p>Hikâyenin sonunda ne olmuş</p> <p>Sence karınca ne yapmalı?</p>	<p>Then what happen?</p> <p>What did happen to the ant?</p> <p>What did happen at the end of the story?</p> <p>What should the ant do?</p>
<p>Küçük kedicik sıcak ve şirin evlerinde oturmuş en sevdiği kitabın resimlerine bakıyormuş. Birdenbire hızla yaklaşan bir trenin gürültülerini duymuş. Trenin gürültüsü gittikçe artıyormuş ve tren gittikçe daha çok evlerine doğru yaklaşıyormuş. Kedicik hemen kitabını bırakmış ve pencereye doğru koşmuş. Tam o sırada bütün şehrin elektrikleri kesilmiş.</p>	<p>A little kitten was sitting and looking at the pictures of its favorite book. All of a sudden the kitten heard the noises of a train which was approaching very fast. The noises of the train were increasing and the train was coming closer to the kitten's house. The kitten left its book immediately and ran to the window. At that moment, the electricity of the whole city was cut off.</p>
<p>Sonra ne olmuş?</p> <p>Kediciğe ne olmuş?</p> <p>Hikâyenin sonunda ne olmuş</p> <p>Sence kedicik ne yapmalı?</p>	<p>Then what happen?</p> <p>What did happen to the kitten?</p> <p>What did happen at the end of the story?</p> <p>What should the kitten do?</p>

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