



Federal Republic of Iraq  
Kurdistan Regional Government  
Ministry of Higher Education and Scientific Research  
Koya University

# **The Role of Coping Strategies on Social Networking Sites Addiction as Mediated by Perceived Social Support among Yazidis in Kurdistan Region – Iraq**

***A thesis submitted to the  
Faculty of Science and Health at Koya University  
as a partial fulfilment for the degree of  
Masters of Science (MSc.) in Clinical Psychology***

**Hozan Salih Hussein**

*BSc. in Clinical Psychology in 2017-2018 At the Faculty of  
Science and Health/Koya University*

**Supervised by: Prof. Dr. Rushdi Ali Mirza Jaff**

**August 2023**





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Having received my BSc. In Clinical Psychology  
obtained in 2017-2018  
from the Faculty of Science and Health/Koya University

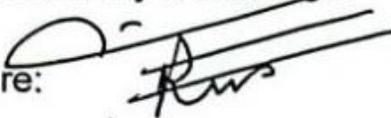
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## Supervisor's Approval

Hereby I (Prof. Dr. Rushdi Ali Merza) state that this thesis as entitled (The Role of Coping Strategies on Social Networking Sites Addiction as Mediated by Perceived Social Support among Yazidis in Kurdistan Region – Iraq) was prepared under my supervision at the Department of Clinical Psychology, the Faculty of Science and Healthy at Koya University by (Hozan Salih Hussein) as a partial fulfillment for the degree of Masters of Science (MSc.) in Clinical Psychology.

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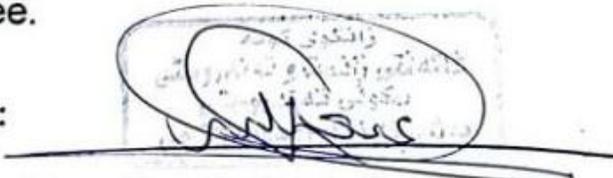
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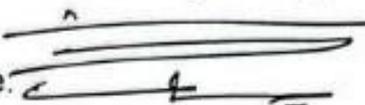
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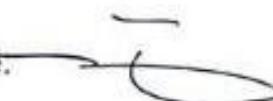
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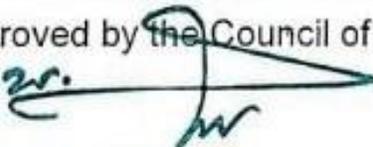
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## **DEDICATION**

I gratefully dedicate this thesis to:

My dear parents

My dear husband

My parents-in-law, and my siblings

Department of Clinical Psychology

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## LIST OF ABBREVIATIONS

ISIL	Islamic State of Iraq and the Levant
IDP	Internally Displaced People
KRI	Kurdistan Region of Iraq
SNSs	Social Networking Sites Addiction
U & G	Uses and Gratification Theory
PIU	Pathological Internet Use
IA	Internet Addiction
PSS	Perceived Social Support
BA	Behavioral Avoidance
CA	Cognitive Avoidance
FOP	Focusing on the Positive
SS	Social Support
GAS	General Adaptation Syndrome
SEM	Structural Equation Modeling
MDSPSS	Multi-Dimensional Scale of Perceived Social Support
BCF	Barzani Charity Foundation
SPSS	Statistical Package or Social Sciences
SNAS	Social Networking Addiction Scale
PTSD	Post-Traumatic Stress Disorder
CI	Confidence Interval
M	Mean
SD	Standard Deviation
NGOs	Non-Governmental Organizations
MOLSA	Ministry of Labour and Social Affairs

## ABSTRACT

The Islamic State of Iraq and the Levant (ISIL) attacked the Yazidis who are a minority in Iraq, and this act concluded in the crime of genocide in August 2014. As a result of this brutal attack, they became internally displaced people (IDP) in the camps in the Kurdistan Region of Iraq (KRI). The purpose of this study is to assess the role of coping strategies on social networking sites addiction (SNSs) with mediation of perceived social support. To this end, a cross-sectional study was conducted among 611 Yazidi IDP adults (males = 304, females = 307). The age of the participants ranged from 18-60 years old a mean age of 27.07 and SD = 9.13. A convenient sampling technique for gathering the desired data, and descriptive and inferential statistical analyses for analyzing the variables were conducted. The results indicated that most Yazidis use emotion- focused coping to deal with their stressors and 50.4% of the study participants reported high levels of SNSs addiction especially among male compared with their female counterparts. The findings of the study also showed that the subscales of family and friends support mediate the role of coping strategies on SNSs addiction. In general, the major findings of this inquiry suggest that the situation of the Yazidi IDP adults with regard to SNSs addiction is a cause for worry, especially among men. Therefore, necessary actions in terms of psychoeducation and awareness need to be placed.

**Keywords:** Yazidis, coping strategies, SNSs addiction, perceived social support, gender.

# CHAPTER 1

## INTRODUCTION

### 1.1 Background of the Study

Residing in Northern Iraq, Armenia, Syria, Southeastern Turkey, Azerbaijan (Suvari, 2003), and the Caucasus (Izady, 2015), Yazidis are a Kurdish minority ethnic group. Their language is Kurdish and their religion is Yazidism, and their name comes from ‘Yazdan’, meaning pure, merciful, and generous God, and ‘izid’ means angel. Yazidis believe in a God and they are monotheistic. Due to where they have settled, they have been influenced by Islamic Sufism. Nevertheless, their belief system is complex and shows influence from many sources, including ancient Zoroastrianism, as highlighted by Nicolaus (2014).

Following the breakout of the Arab Spring in the Middle East in 2011, the so-called Islamic Caliphate in Syria and Iraq appeared. In August 2014, ISIL fighters took over the center of Nineveh Governorate in Northern Iraq and called for a campaign of purifying the caliphate from non-Sunni Muslims and non-Arabs (Ibrahim et al., 2018). In August 2014, ISIL brutally attacked the Yazidi people and took over Sinjar district and other villages in Nineveh Governorate in the Northern part of Iraq. Attacking the city, ISIL fighters killed, kidnaped, and enslaved thousands of men, women, children, and young girls in a short period of time. As an outcome of this brutal act, the entire community was displaced into refugee camps and became IDPs. The phenomenon of IDPs has always occurred and the violation

of the human rights of the displaced ascending mostly from the amplification of intra-state wars worldwide (Olanrewaju et al., 2018). Because of their religion, Yazidis have been discriminated and persecuted by the neighboring countries for a long time. As for them, the ISIL attack is considered the newest and their 74<sup>th</sup> genocide as explained by Von Joeden-Forgey, and McGee (2019).

As explained by Miller and Rasmussen (2010), populations who are at greater risks for developed level of mental health disorders are those who are frequently affected by armed conflicts and exposed to traumatic life events and daily stressors. For example, to manage their difficult and stressful life situations, they may engage in different coping strategies in the difficult situations they are in (Parker & Endler, 1996).

Lazarus and Folkman (1984) proposed that there are two major functions that coping serves. One is emotion-focused coping which regulates emotions or distresses that come with the stressful situation. The other is problem-focused coping which manages the problems that are causing the stress by directly changing the elements of the stressful encounters. Although both forms of coping are used in most stressful situations, they are nevertheless dependent of the way one evaluates the situation (i.e., as a threat and/or a challenge) and of the antecedents of the model. Furthermore, people may utilize negative coping strategies which may lead to adverse conditions that generate negative emotions. In this case, to escape from their negative emotions and stressful life situations, people may probably spend their time on the Internet (Lightsey & Hulse 2002).

The Internet entered our lives as a communication tool, and by some means, changed its dimensions in the field and its existence in several fields. One of those fields is social media. As argued by Bilgin and Tas (2018), social media is not only

utilized for the purpose of communication and it is also used to perform, socialize, like and be liked by others. Moreover, currently than ever before human being is seemed to connect with each other on social media. In this, social media has been defined as “a way for individuals to maintain current relationships, to create new connections, to create and share their own content, and in some degree, to make their own social networks observable to others” (Treem et al., 2016, p. 770). Social media and SNSs have often been used interchangeably in the scientific literature. However, they different (Kuss & Griffiths, 2017). Social media refers to the web 2.0 capabilities, that is users generate content, implying a social element of producing, sharing, and collaborating on content online (Kaplan & Haenlein, 2010). Therefore, social media use contains a variety of social applications, such as SNSs, weblogs, virtual social worlds, content communities, collaborative projects, and virtual game worlds (Kuss & Griffiths, 2017). To add, SNSs include applications and sites such as Facebook, Twitter, WhatsApp, Instagram, and Snapchat. These applications have allowed people, especially the younger generation, to communicate which just a click and make them immediately connect to the world (Alhabash & Ma, 2017).

In the last decade, SNSs have grown popularity. People are engaged in SNSs to connect with others who share similar interests. The perceived need to be online may result in the compulsive use of SNSs, which in extreme cases may result in symptoms and consequences traditionally associated with substance-related addictions (Kuss & Griffiths, 2017). Facebook, Twitter, and Instagram are among the most popular SNSs while new platforms/websites continue to develop regularly. A recent report showed that in 2023, “there were 4.8 billion, or 59.9 percent of the world's population, were social media users” (Statista, 2023). Furthermore, when the Internet-related activities are used excessively to cope with negative emotional states such as depression or anxiety, and other means of coping responses are decreasing

such as social support, health - promoting behavior, and individuals may find themselves relying on online activities to avoid negative feelings, possibly leading to internet addiction (Müller et al., 2014).

It is generally believed that social support in real life could be one mechanism that mediates SNSs addiction with other variables such as (depression, anxiety, mental health, etc.) (Lin et al., 2021; Meshi & Ellithorpe, 2021). In a study, Shensa et al. (2017) hypothesized that spending more time on SNSs may lead to a lack of face-to-face social interaction, and this absence in real life social interaction could be responsible for the negative mental health in relation to SNSs use. However, social support in real life decreased when individuals spent more time on SNSs as pointed out by McDougall et al. (2016). Substantial amount of time on SNSs is associated with increased online social support (Tang et al., 2016). In line with this, perceived social support plays a vital role in the coping process and stressful life situations, in which in a study by Araya et al. (2007), it was found that perceived social support positively correlates between coping strategy and stressful life situations.

Social support is perceived as an individual's awareness of environmental and interpersonal relationships that offer the resources of attachment, social integration, opportunity for nurturance, reassurance of self-worth as a person and in role accomplishments, and assistance and guidance provided as informational, emotional and material help (Weinert et al., 1987). "Social support from the immediate environment has been identified as one of the most consistent predictors of psychological adaptation following a wide range of trauma" (Ibrahin et al., 2018. P. 2), including IDPs in using social support as a resiliency strategy to maintain a balance despite their insecurity and ongoing distress (Shishehgar et al., 2017).

During times of need perceived social support refers to how individuals perceive family members, friends and others as a source available to provide psychological, material and overall support. As the perceived levels of support, love, and care can provide positive experiences, perceived social support has been consistently related to well-being (Siedlecki et al., 2014).

While both men and women (as well as children) are affected by the severe consequences of armed conflicts and war leading to displacement, women and men are expected to be exposed in somewhat different ways. Women are more likely to be exposed to sexual abuse and rape and also convey a heavier family burden, while men are more exposed to direct war activities and war struggles (Goessmann et al., 2020). Also, women and men typically have dissimilar social roles mainly in the populations that are being affected by war trauma and violence. The two genders likely differ in the type of coping strategies used and the degree of social support perceived as argued by Araya et al. (2007). Gender affects each component in the stress process as much in the input, by determining whether a situation will be perceived as stressful, as in the output, influencing coping responses and the health consequences of stress reactions (Barnett et al., 1987). In a study by Araya et al. (2007), it was seen that women reported higher emotion-oriented coping while men reported higher task-oriented coping. Also, there is gender difference in motivation to use SNSs, in which a study conducted by Barker (2009) suggested that men used SNSs in an instrumental way for social compensation, learning, and social identity satisfactions (i.e., the possibility to find with group members who share parallel characteristics), while women used SNSs with peer group member for communication purposes. Throughout the life cycle, gender difference in interpersonal behavior and interpersonal relationships are evident that men and women differ in the way they engage in social relationships (Belle, 1987). Men

socialize differently by de-emphasizing the expression of feelings and focusing more on autonomy, independence and self-reliance. Women's socialization is more verbal expressiveness and focuses on warmth and the search for intimacy (Olson & Shultz, 1994).

## **1.2 Statement of the Problem**

Yazidis are a minority group who have been displaced from the modern technology. This has made them to be open to the world and the use of SNSs. After 8 years of living in the camps, it is important to assess their coping strategies in the camps in Kurdistan Region – Iraq.

Every individual has a different coping strategy to cope with stressful life events, and they are needed in overcoming stressful life situations as they cannot simply be avoided (Lazarus & Folkman, 1984). They also stated that the characteristics of the individual and characteristics of the situations directly influence how people assess and cope with stressful situations. When individuals use avoidance coping during stressful life events, they may ignore, avoid and seek interruption from the stressor and its consequences. And, those people who struggle in coping with stressful life incidents are expected to develop internet addiction including SNSs in comparison to individuals who have better coping strategies with these stresses (Chou et al., 2015).

Most people around the globe use SNSs, such as Instagram, Facebook, and Snapchat (Zendle & Bowde, 2019). However, when people spend excessive amounts of time online and are active users of the Internet, it may lead to negative consequences including problematic and addictive behaviors (Griffiths, 2000). Internet addiction has concerned significant research attention (Chen et al., 2013).

Researchers have proposed that one of the key influencers of the Internet addiction including SNSs is stressful life circumstances (Tang et al., 2014). In addition, among the various lines of research examining online addictive behaviors, more recent concern has focused on addiction to SNSs (Monacis et al., 2017). The Yazidis have widely been among the communities that were affected severely (Human Rights Watch, 2017), and this time in 2014 they have been displaced at the time of modern technology.

Before their massacre in 2014, the Yazidis were not daily active users of the modern technology in their area. That is, they were suddenly exposed to the modern world through the current available technology worldwide, and to the world of SNSs. Through speaking to clinical psychologists in the Yazidi IDP camps, the researcher in this study learned that many Yazidi adults spend a considerable amount of time online to utilize social media platforms. As such, it is safe to state that SNSs is fast becoming a common activity among the Yazidi IDPs, and therefore a significant issue of concern to stakeholders and relevant people. Because of this and after 8 years of living in the camps, it is crucially important to assess their level of addiction to SNSs in the camps. Carrying out research on SNSs addiction across cultures and contexts is of extremely importance to understand whether the individuals are addicted to the Internet in general, and in particular, to social media platforms (Cao et al., 2020; Müller et al., 2016; Oberst et al., 2017).

A large body of literature has acknowledged that perceived social support is believed to help in hard circumstances such as cases of trauma, after war situations (Bilgin & Tas, 2018; Lee, 2019). Moreover, Meshi and Ellithirpe (2021) concluded that the value of social support in relation to SNSs addiction, in which real-life social support protects against the poor mental health associated with SNSs addiction use,

while social support provided on SNSs do not. Past studies (e.g., Oh et al., 2014; Kim & Lee, 2011) have reported that the incidence of SNSs use was not a significant predictor of perceived social support. These contradictory results may suggest that perceived social support could lead to different results in the relationship to occurrence of SNS use (Caba Machado et al., 2022). In addition, the relationships between SNSs use and perceived social support need more research courtesy (Lin et al., 2021) because social support may be one of the main encouragements for using SNSs (Kim & Lee, 2011). According to researcher knowledge no study directly measured the mediating effect of perceived social support between the role of coping strategy on SNSs addiction in the context of this study.

It is generally true that women are more likely to suffer in wars as they are considered as weapons of wars and are expected to be sexually attacked. Therefore, numerous studies have focused on Yazidi women (Erdener, 2017; Ibrahim et al., 2018). Men are also subjected to suffer in different ways, killing for example. However, previous research has paid little attention to men suffering from wars. Moreover, in relation to SNSs addiction, there is gender difference and contradictory results (Aparicio-Martínez et al., 2020). Some studies reveal that women are more addicted to SNSs (Yeh et al., 2008; Malo-Cerrato et al., 2018). On another hand, however, some studies conclude that men are more addicted to SNSs (Azizi et al., 2019; Çam & Isbulan, 2012). Thus, this study examines the gender differences in relation to the ways of coping, social support, and SNSs addiction among Yezidis in in the IDP camps in KRI.

As stated by Seguin et al. (2017), in low and middle-income countries there is poor evidence on the coping strategies of conflict-affected populations. For example, Erdener (2017) conducted a qualitative study on coping strategies of

Yazidi women in the Diyarbakir Refugee Camp in Turkey. However, this study is aimed at conducting a quantitative study to determine the role of coping strategies on SNSs addiction as mediated by perceived social support. This study is specifically carried out as a voice of Yazidis who are current IDPs and after-war survivors in KRI. It is also equally important to assess their social support so they are capable of stabilizing as they attempt to adapt. This being said, one may ask: do they have negative coping strategies? If so, do the strategies they use cause them to be addicted to SNSs? Addressing these questions are of crucially importance in relation to Yazidis as survivors of war, traumatized after their genocide by ISIL in Iraq.

### **1.3 Objectives of the Study**

The main purpose of this study is to examine the role of coping strategies on social media addiction as mediated by perceived social support. The specific objectives of the study are to:

1. Understand the coping strategies, the Yazidi people use most in the camps they reside,
2. Assess the level of SNSs addiction among the Yazidis in the camps,
3. Investigate the level of social support, they perceive they receive,
4. Explore the gender difference in the ways of coping, social support, and SNSs addiction,
5. Identify the role of coping strategies in social networking sites addiction,
6. Explore whether perceived social support mediates coping strategies in relation to SNSs addiction.

## 1.4 Research Questions

The present study attempts to answer the following research questions:

1. Which coping strategies do the Yazidis use most in the camps they reside?
2. What is the level of SNSs addiction among the Yazidis in the camps?
3. What is the level of social support they perceive they receive?
4. Is there a gender difference in the way of coping, social support, and SNSs addiction?
5. Do coping strategies play a role in social networking sites addiction?
6. Does perceived social support mediate coping strategies in relation to SNSs addiction?

## 1.5 Significance of the Study

This research is significant by addressing the notable contextual, theoretical, conceptual, empirical, and methodological issues and gaps in the area of coping strategies, SNSs addiction and perceived social support. The findings of this research would be primarily significant to:

**Existing knowledge:** This study is important to add to existing literature because it measures the direct and indirect relationships of the variables of coping strategies and addiction to SNSs with a mediation effect of perceived social support among the Yazidi IDPs in the camps in KRI.

**Ministry of Labour and Social Affairs (MOLSA):** MOLSA can possibly provide services in the camps where the Yazidi community resides by providing more assistance based on the results of this study such as providing more psychosocial supports and psychoeducation on the ways of positive coping strategies.

**Professional stakeholders:** They can provide interventions that will promote Yazidis' well-being. Efficient intervention strategies to rehabilitate and assimilate

these persons into the society will be facilitated by a deeper understanding of the role of social support and coping strategies employed by the subjects living in this environment.

**Non- governmental organizations (NGOs) such as (UNICEF, UNHCR, UNFPA):** They can work on the roots of needs of the Yazidi community and the causes SNSs addiction.

**Ministry of Migration and Displacement Department of Immigration and Refugees:** Understanding Yazidis minority and providing more support regarding the way of coping and why men more addicted to SNSs.

**Future researchers:** The findings of the current study will provide information and data for future researchers undertaking research in the area of this study.

## **1.6 Conceptual and Operational Definition of Terms**

### ***Coping Strategies:***

There have been several definitions of coping strategies. Among them, the definition by Lazarus and Folkman (1984) has been used widely by researchers and scholar in the scientific literature as “Constantly changing cognitive and behavioral effort to manage specific external and internal demands that one perceived as taxing or exceeding the resources of the person”. For example, Carver (1997) based some of his measurements on the basis of their theory. However, in this study, the term ‘coping strategies’ is defined through the definition of Carver and Connor-Smith (2010), in which they define “Coping as efforts to prevent or diminish threat, harm, and loss, or to reduce associated distress.” Coping strategies is operationally defined in this study by using Carver’s (1997) the Brief-COPE Scale (Coping Orientation to Problems Experienced) in which it consists of 28 items and is divided into three categories including, emotion -focused coping, avoidant coping, and problem-focused coping. In the scale, scoring is also presented for each of the 14 items where

each subscale takes 2 items. Higher scores indicate increased utilization of that specific coping strategy.

### ***Social Networking Sites Addiction:***

Schou, Andreassen and Pallesen (2014) defined SNSs addiction as “being overly concerned about SNSs, to be driven by a strong motivation to log on to or use SNSs, and to devote so much time and effort to SNSs which it impairs other social activities, studies/job, interpersonal relationships, and/or psychological health and well-being.” This definition was chosen for this study because it matched the content of this study. However, SNSs addiction in this study is operationally defined by using SNSs addiction scale, which consists of 21 items which was developed by Shahnawaz and Rehman (2020). In addition, Griffiths (2005) highlighted the importance of dimensions in addictions. Thus, this scale follows his components, in which it includes mood modification, tolerance, conflict, salience, withdrawal, and relapse. The scoring can range from 21 to 147, and any score above a total score of 84 signifies addiction.

### ***Social Support:***

Social support is usually defined as help offered by someone with whom the recipient has an interpersonal relationship, including family members, friends, colleagues, or significant others (Zimet et al., 1988). Social support in this study is operationally defined by using the Multidimensional Scale of Perceived Social Support Scale (MSPSS), which was developed by Zimet et al. (1988). In this study, the scale is used for measuring perceived social support of Yazidis reside in the camps in KRI. The scale consists of 12 items and has three dimensions (family, friends and significant others). Also, the scoring of the scale ranges between 12 to 84 in which (1 - 2.9) indicates as low perceived social support, (3 - 5) as having

medium perceived social support, and (5.1 - 7) as having high level of perceived social support.

## **CHAPTER 2**

### **THEORETICAL FRAMEWORK AND LITERATURE REVIEW**

#### **2.1 Introduction**

This chapter basically explains the theoretical framework and the review of literature of various scholars around the world on the concepts coping strategies, SNSs addiction, perceived social support as well as their functions, their relevance and negative effects on mental health. The chapter ends with a conceptual framework developed specifically for the purpose of the current study.

#### **2.2 Theories Underlying the Study**

To support the current study, four theories have been used as the backbone of the study, including Stress and Coping Theory, Davis's Cognitive–Behavioral Theory of Pathological Internet use (PIU), Uses and Gratification Theory (U and G), and Social Support Theory. What follows is a detailed explanation of each theory in relation to this research.

##### **2.2.1 Coping Theory**

Stress and coping theory advocate that coping strategies play an important role in the stress-coping relationship (Crockett et al., 2007). Lazarus and Folkman (1986, p. 63) defined psychological stress as “a relationship with the environment that the person appraises as significant for his or her well-being and in which the demands tax or exceed available coping resources.” Lazarus (1993) concludes that two notions are central to any psychological stress theory: appraisal and coping.

Appraisal is the individuals' assessment of the worth of what is happening for their well-being, and he differentiates two basic forms of appraisal, primary and secondary appraisal. Primary appraisals assess the incident as a danger or not ('am I in trouble?'). Secondary appraisals are evaluation of resources available to help one cope with the incident ('what can I do about it?') (Lazarus and Folkman, 1984, p, 31). Also, they defined coping as "Cognitive and behavioral efforts made to master, tolerate, or reduce external and internal demands and conflicts among them" (Folkman and Lazarus, 1980, p. 223). Appraisal and coping continuously affect each other: appraisal of a situation as stressful encourages coping efforts, which may change the stressful situation, leading to reassessment. Thus, the transactional theory describes the individual and the environment in a continuous, bidirectional relationship as Baqutayan (2015, p. 481) states:

*"Individuals cannot remain in a continuous state of tension and emotional strain. Even if a deliberate and conscious strategy is not adopted to deal with stress, some strategy is adopted; for example, to leave the conflicts and stress to take care of themselves. The concepts of stress and coping are neutral. Although people commonly see stress as negative and coping as positive, the relationship is not that simple. Stress can be psychologically positive or negative, and the means of coping can be effective or ineffective in meeting the challenge presented by the stressful situation."*

Lazarus and Folkman (1984) identified two main coping strategies: (1) Problem-focused coping includes engaging in a specific behavior to deal with or decrease or eliminate the cause of the stress. Problem-focused coping seems to be more effective in circumstances where individuals believe that they may be able to

have some control over the situation; and (2) Emotion-focused coping commonly represents to the strategies one utilizes to distribute with one's emotions that are outcome of the stressful situation (Folkman & Lazarus, 1980; Lazarus & Folkman, 1984). Emotional coping includes self-reflection, with the purpose of being to ease and process emotions to reappraise a stressor that cannot be changed. Avoidant emotional coping, on the other hand, involves self-distraction or denial in the effort to stay away from the source of the distress, and is usually viewed as maladaptive (Schnider et al., 2007, p. 396). Based on the findings by Folkman and Lazarus (1980), both forms of coping are used in most stressful situations; and the proportion of using each type differs depending on in what way the encounter is appraised. Lazarus and Folkman (1984) recommended that effective coping represents a key factor linked to the influence of perceived stress on psychological consequences. Effective coping, which often is problem-focused coping, will end-up in “(managing) situations in a way such as to mitigate stress when it occurs” (p. 198). Based on Lazarus and Folkman's transactional theoretical model, problem-focused way of coping buffers the impact of stress by affecting a person's correct evaluation of accessible coping resources, and using special coping strategies that decrease the intensity of stress.

### **2.2.2 SNSs Addiction Theories**

There are a number of theories on SNSs use and addiction, but this study focusses on Davis's cognitive-behavioral theory of PIU and Uses and gratification theory (U and G). What follows is a detailed explanation of each theory. Davis (2001) introduced a cognitive-behavioral theory of Pathological Internet USE (PIU) that tries to model the causes, growth, and consequences related with PIU, Davis's (2001) theory also offers a clear conceptualization of PIU as a theory, which lends

itself to experimental operationalization. Davis symbolizes PIU as more than a simple behavioral addiction. Rather, he conceptualizes PIU as a different form of Internet-related cognitions and behaviors which result in negative life consequences. Davis proposes that there are two separate forms of PIU: specific and generalized. Specific PIU includes excessive use or abuse of content-specific functions of the Internet including stock trading, viewing sexual materials, gambling, to name a few. Furthermore, Davis (2001) declare that such stimuli-specific behavioral disorders would possibly manifest in some other way if the individual was unable to enter the Internet. Secondly, generalized PIU is conceptualized as a multidimensional overuse of the Internet itself which results in negative personal and professional results. Symptoms of generalized PIU consist of maladaptive cognitions and behaviors associated to Internet use which are not linked to any specific content. Rather, generalized PIU happens when an individual develops problems because of the unique communicative context of the Internet. That is to, they are drawn to the involvement of being online, in and of itself, and determine a favorite for virtual, rather than face-to-face, interpersonal communication contexts (Caplan, 2010).

Davis hypothesizes that existing psychosocial problems predispose individuals to develop maladaptive cognitions associated with their Internet use, rather than Internet use causing depression. Along this the cognitive-behavioral theory of PIU recommends that cognitions and behaviors are consequences of generalized PIU, rather than causes, of broader psychopathology (e.g., depression, obsessive-compulsive disorder, social anxiety, and substance dependence).

Most vital factor of the cognitive-behavioral model of PIU is the existence of maladaptive cognitions. An individual with PIU shows fundamental cognitive dysfunction in the shape of specific dysfunctional cognitions. These cognitions are

proximal sufficient causes of PIU, in that they are a sufficient reason to the set of symptoms related to PIU. Dysfunctional cognitions can be broken down into two key subtypes: thoughts about the self and thoughts about the world. Thoughts about the self are guided by a ruminative cognitive style (Caplan, 2002). Individuals who tend to ruminate will experience more severe and prolonged PIU. Rather than being able to be distracted by other events in one's life, rumination includes regularly thinking about problems connected with the individual's Internet use. Rumination includes responses such as constantly trying to find out why one is overusing the Internet, reading about PIU, or talking to one's friends about overusing the Internet (Caplan, 2003). In addition, the presence of these maladaptive cognitions is a proximal adequate cause of PIU. Some examples of such maladaptive cognitions include: self-focused rumination, self-doubt, low self-efficacy, and negative self-appraisals. In other words, pre-existing psychosocial problems, along with associated maladaptive cognitions about self, predispose an individual to PIU cognitions, behaviors, and negative outcomes (Davis, 2001).

Clearly, PIU cognitions play a role as a vicious cycle to development, maintenance and reinforcement that facilitate symptoms of PIU, and the negative behaviors related to spending too much time online (Zeng et al., 2023). Individuals with PIU no longer or spend less time doing pleasurable activities before began of PIU and they became socially isolated. Finally, individuals with PIU about their online use have a sense of guilt. It is also important to note that they often lie to their parents about the time they spend online. While they know that what they are doing is not fully socially acceptable, they cannot stop. This is causing a diminished self-worth and further symptom of PIU (Davis, 2001). The second theory used to support SNSs addiction is Uses and Gratifications Theory (U and G) which is one of the early mass communication theories. It characterizes the listener as active and

motivated in the use of media. This theory mostly pays attention on what people do with the media than what the media has on the person (Katz et al., 1974). The U and G theory clarifies "how and why of media use". This theory advocates that media has no power over audiences. Instead, audiences are highly active in their media usage, seeking out media to fulfill a certain need. Audiences create their own individual meanings after they seek out that media (McQuail, 2010). It appears that this theory can be regarded as an older theory, and therefore, needs some new explanations and perspectives. As such, despite this claim in this theory, the researcher's view in the current study is that the media seems to have power over audiences in the current century.

Katz et al. (1974) outlined the principal objectives of uses and gratifications inquiry: (a) to explain how people use media to gratify their needs, (b) to understand motives for media behavior, and (c) to identify functions or consequences that follow from needs, motives, and behavior. U and G theory focuses on: "(1) the social and psychological origins of (2) needs, which generate (3) expectations of (4) the mass media or other sources, which lead to (5) differential patterns of media exposure (or engagement in other activities), resulting in (6) need gratifications and (7) other consequences, perhaps mostly unintended ones" (Katz et al., p. 20).

On relationship between users and technology, the U&G approach provides a user-centered perspective. The U&G perspective focuses on clarifying psychological and social motives that form why people use technologies and that motivate them to select certain technologies in order to gratify a set of psychological needs behind those motives (Falgoust et al., 2022).

Katz et al. (1974) argued that different people could use the same communication message for different purposes. The main questions raised by these

researchers is, “Why do people use certain media platforms and what gratifications do they get from it?” Individuals use media for a variety of reasons and these motives vary depending on one’s situation. This theory highlights motives and the self-perceived needs of audience members. Katz and other scholars believed that the U&G is grounded in the idea that users have certain reasons and motivations for selecting media and intentionally choose a certain message source that best fits their own personal needs. The theory suggests that users have numerous media options to choose from and suggests that the reasons and motivations for selecting a specific media will vary from user to user (Tunney & Rooney, 2023).

Katz et al. (1973) also highlight the recursive relationship between user expectations and practices inherent in U&G approaches, which examines the “social and psychological origins of needs, which generate expectations of the mass media or other sources. This would lead to differential patterns of media exposure, resulting in need gratifications and other consequences” (p. 510). They emphasize that U and G studies have two distinct approaches: how media gratifies the needs and how gratifications reconstruct needs. Based on their theory, people seek communication to satisfy their needs, which in turn stems from psychological and social states and conditions (Moon & An, 2022).

Rosengren (1974) introduced the model of uses and gratifications theory to explain its sequence elements that contain: “the certain basic needs of lower and higher order (1) basic needs under interaction with (2) differential combinations of intra-and extra individual characteristics and also with (3) the structure of the surrounding society, including media structure result in (4) differential combinations of individual problems, being more or less strongly felt, as well as (5) perceived solutions to these problems; the combination of problems and solutions constituting

(6) differential motives for attempts at gratifications-seeking or problem-solving behavior, resulting in (7) differential patterns of actual media consumption and (8) differential patterns of other behavior, both behavior categories giving (9) differential patterns of gratifications or non - gratifications and, possibly, affecting (10) the individuals combination of intra-and extra-individual characteristics as well as ultimately, (11) the media structure and other social, political, cultural and economic structures in society” (Rosengren, 1974, p.270) as illustrated in Figure 2.1.

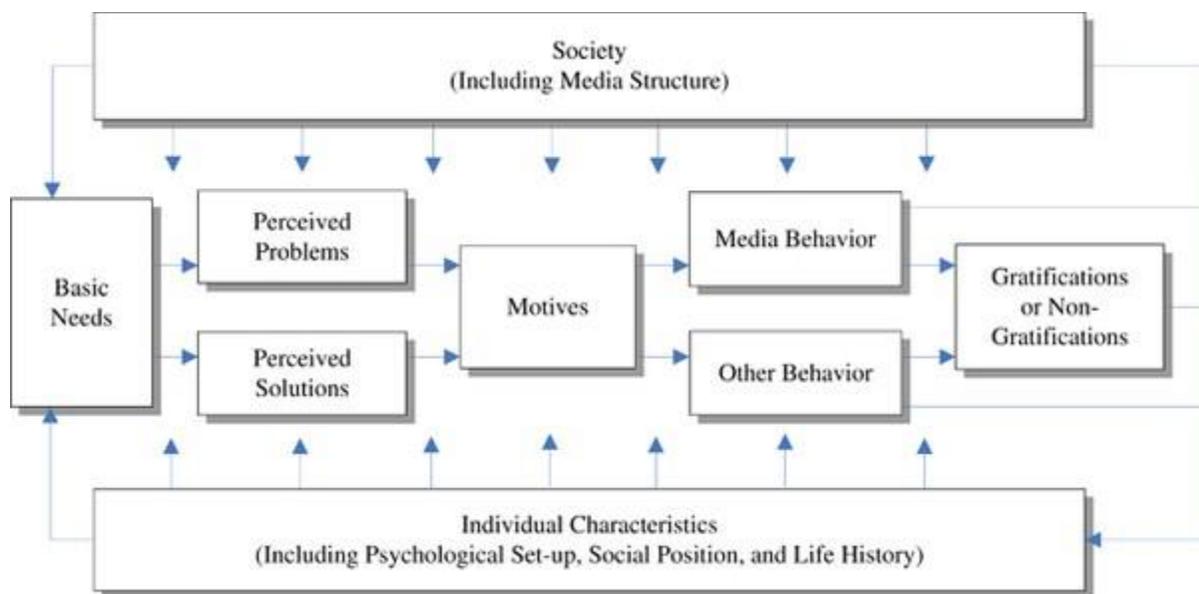


Figure 2.1 General Media Gratification Model (Taken from Rosengren, 1974).

### 2.2.3 Social Support Theory

Social support theory focuses on how something positive can prevent or reduce risk for crime (Cao et al., 2010). Social support is commonly conceptualized as the social resources on which an individual can rely on when dealing with life problems and stressors as explained by Thoits (1995). As Shumaker and Brownell (1984) defined, social support is “an exchange of resources between two individuals perceived by the provider or the recipient to be intended to enhance the wellbeing of

the recipient.” (p. 11).

Cohen (1985) has demonstrated a comprehensive review of the literature on stress and social relations and significant classification of the role social support plays in maintaining well-being and managing stress. They propose two general hypotheses. The main effects hypothesis stated that social support has a significant direct effect on promoting positive indicators of well-being and inhibiting negative indicators. In simple terms, the presence of caring and supportive relationships of one's quality of life is enhanced.

The second hypotheses addressed the ways in which relationships defend one from the negative effects of stress, and this they call the buffering hypothesis. If the primary role of social support is buffering, in the absence of stress there should be little difference in wellbeing for those with or without social support. But as stress increases, those who have lack of social support their well-being will decrease but not for those who are well supported.

The buffering hypothesis holds that social support enhances coping which mediates either the stressor-experience of stress association or the stress-well-being association or both. Specifically, the mediation is such that increasing levels of objective or experienced stress yield pronounced effects for those lacking in social support but modest or zero effects for those with strong supportive relationships. In the Composite Model, the main effects and buffering hypotheses are not viewed as alternative explanations but as different social psychological dynamics which may both function at the same time to enhance coping with stress and thus limiting the distressing effects of stress through providing a solution to a stressful problem (Cohen, 1985).

The more perceived social support available, the more coping resources and increase ability are available to overcome or control stressful life situations. And, individuals feel less burden with positive hope toward stressful situations. Furthermore, decrease negative effect of stress on individuals' well-being. Thus, perceived social support keeps an individual's psychological well-being in times of stress through reducing the impact of stressful events on individual's psychological well-being (Cohen, 1985; Thoits, 1995).

Thoits (1986) points out that social support and coping have a number of functions in common. Problem-focused coping and instrumental support are both directed at changing or handling the stressful life situations. After exposing to stressful life situations, emotional support and emotion-focused coping attempt to improve the negative feelings that typically follow exposure to stress. Informational support and perception-focused coping are attempts to alter meaningful aspects of stressful situations.

This theoretical part of this chapter focused on stress origin and its relations with coping strategy. Furthermore, different individuals respond differently to stressful life situations and utilize different strategies to cope. Also, the theories related to the variable of SNSs addiction in this study were Davis cognitive behavioral theory of PIU and U and G theory. PIU focuses on a vicious cycle of maladaptive cognitions effect on PIU and distortion behaviors that follow after excessive use of internet. Likewise, U and G theory focusses on individual motivation and gratification related to media use to fulfill their needs. Last, the theory that related to perceived social support in this study was social support theory which focuses on the relation between coping and social support and how social support acts as buffer against stressors.

## **2.3 Literature Review**

There is a considerable amount of literature on coping strategies, SNSs addiction and perceived social support in different backgrounds and contexts where they offer different results on different variables. As such, this section focuses on previous studies conducted on the variables of interest in this present study. The first part describes the literature pertinent to coping strategies and SNSs addiction as well as the relationship between these two variables. In the second part, the review turns to the literature concerning the mediator perceived social support between coping strategies and SNSs addiction. Last, gender difference related to coping strategies, SNSs addiction and perceived social support are also reviewed.

### **2.3.1 Coping Strategies and SNSs Addiction**

In general, the arrival of new media technologies such as the Internet and social networks offers interesting opportunities to ease and improve universal communication. However, hesitation leftover concerning possible harmful consequences of this new technology. Because the number of social network users and the space of their use has enlarged, significant research attention has focused on the use of SNSs in daily life and the multifaceted interaction between its use and behavior in other areas (Avci et al., 2015). Thus, when social networks use is managed poorly, they can have harmful results at the individual and social levels. Addiction to social networking is one of the outcomes that many social network users may practice (Schou Andreassen & Pallesen, 2014).

For example, just like substance-related addictions, SNSs addiction include the experience of the ‘classic’ addiction symptoms, namely mood modification (i.e., favorable changes in emotional state happen when a person engages to SNSs),

salience (i.e., cognitive, emotional, and behavioral preoccupation with the usage), tolerance (i.e., SNSs usage increase overtime), withdrawal symptoms (i.e., when SNSs use is stopped or restricted, the person experiences unpleasant emotional and physical symptoms), conflict (because of SNSs usage, interpersonal and intrapsychic problems arise), and relapse (i.e., after an abstinence period, addicts quickly revert back in their excessive SNSs usage (Kuss & Griffiths, 2011). In addition, a systematic review done by Pantic (2014) who concluded that online social networking has caused important changes in the way people interact and communicate with each other. Also, some of these changes may impact certain normal features of human behavior and the way of coping of the individuals.

Moreover, Wolfers and Utz (2022) suggest that people in the current life of technology try to engage in the use of SNSs to cope with their stressful life situations as a coping tool. People differ in certain styles of coping or desire to use certain coping strategies over others to respond negative or stressful life situations. Coping is a multifaceted concept, but three coping strategies that have frequently arose in the literature are emotion-oriented coping, task-oriented coping, and avoidance-oriented coping (Stanisławski, 2019).

As an example, McNicol and Thorsteinsson (2017) conducted research on the Internet addiction (IA) including SNSs, psychological distress, and coping strategies among 449 adolescents (aged 16–19) and adults (aged 20 years and older). They found that problematic internet users scored higher emotion and avoidance coping responses in adults and avoidance coping strategies mediated the relationships between IA and psychological distress. Also, among factors contributing to IA including SNSs were low levels of self-care, high use of discussion forums and high rumination levels among adolescents. For adults, “IA was mainly predicted through

involvements in online video gaming and sexual activity, low email use, as well as high anxiety and high avoidant coping” (McNicol and Thorsteinsson, 2017). This finding can be interpreted as maladaptive coping strategies as one of the factors that contribute to IA including SNSs. Among other studies, Servidio et al. (2018) found that a low level of self-esteem is a predictor of avoidance-oriented coping that, in turn, affects the risk of IA among 300 Italian university students aged 18-30 years old. These results can conclude that not only risk characteristics of IA is low self-esteem, but also university students’ coping strategies can predict such as avoidance coping strategies.

As of Yazidis, there was a gap in literature regarding addiction to SNSs to focus on in this study. For their coping strategies, a qualitative study conducted by Erdener (2017) on coping strategies post-war trauma of Yezidi refugee women who escaped from Sinjar and staying in the Diyarbakir Refugee Camp in Turkey. the purpose of the study was to understand the women, sharing their experiences, and being these women's voices. After interviewing 20 refugee women, and because of the meaningful interview, the author decided to conduct research through grounded theory methodology. They visited the camp every week for the duration of 2.5 months. The results of the study indicated that the coping strategy of the women was thankfulness for surviving, finding meaning for massacres, politization, being self-enclosed (sense of distrust and being enclosed to other cultures), mourning rituals and worship (crying and doing Yazidis religious rituals), strengthening women's solidarity (providing women empathy to get out from mourning phase), and showing solidarity with sexually attacked women through silence. War trauma reactions included mental unpreparedness, verbalization about the genocide (but not the sexual attacks), re-experiencing the trauma and mood swings (Erdener, 2017). Based on the findings of this study, sense of distrust and re-experiencing trauma and mood

swings can be seen. Also, some positive coping strategies can be seen such as thankfulness for surviving and doing religious rituals.

In the same vein, another study was conducted by (Qahar, 2023) among female Yazidi survivors on their coping strategies and their problems in the camps-Duhok in KRI. The number of their participants was 36 female survivors from ISIL captivity their age ranged from 16 to 50 years old. His study was quantitative with mixed case studies. He found that female survivors experienced depression, anxiety and PTSD and women survivors faced many problems such aggressive behavior, feeling of surrender. Also, he found that passive withdrawal behavior in 50% of the study sample and he found some positive aspect among survivors was finding meaning in the massacre happened to them and seeking social support from organization and families.

Another study done by (Denkinger et al., 2021) among 116 Yazidi women survivors in Germany, they done cohort study in 14 cities in Germany on refugee's longitudinal changes in PTSD after resettlement. The result of their study indicate that the most helpful coping strategies was self-efficacy, importance of religion and community, their coping strategies included prayer, belief in personal strength and belief in collective strength. In the same line, Tippens et al. (2021) conducted a study on cultural bereavement and resilience among Yazidi women refugee in Midwest United States, they used two small group and they used photovoice in (16 sessions) they found that women use Naan(bread) as a metaphor for coping strategies.

Based on the above literatures on coping strategies and SNSs addiction, it was felt that there is limited literature on conflict affected populations' coping strategies especially SNSs addiction. Therefore, it can be stated that the avoidance coping strategies probably lead individuals' addiction to IA including SNSs.

### **2.3.2 Perceived Social Support, Coping Strategy and SNSs Addiction**

From the beginning of time humans have had social interactions whether in small or large quantities. This is because by nature, humans are social creators; and we cannot live and work in isolation without mixing other humans. Therefore, being into close social ties and considering that social support is helpful in cases of need, it is believed that social support can have positive outcomes in an individual's mental health and wellbeing.

The study conducted by (Loayza-Rivas & Fernández-Castro, 2020) among 137 Peruvian immigrants in Spain, in which 67.2% of them was female and 32.8% of them was male, the result of their study indicates that perceived social support act as buffer against stress and poor subjective well-being. From such results, the importance of perceived social support can be found in effecting the level of stress of the immigrants and better well-being.

In the same line, A study conducted by (Elklit et al., 2012) among 119 Bosnian refugee youths, the aim of their study was assessing coping strategies, social support and PTSD among youth refugees. They found that avoidance and problem – focused coping strategies predict PTSD, also surprisingly they found that social support did not act as a protective factor among refugees. Such indicate that more research is needed regarding social support as a protective factor and how surprisingly problem-focused strategies predict PTSD.

Moreover, A study conducted by (Ahmad et al., 2020) on coping strategies, social support and PTSD among Afghan refugees in Canada. The participants of their study were 49 adult Afghan refugees which their result indicate that social support had significant effect in lowering score of PTSD and social support mediated

the effect of coping strategies and English language.

Çevik and Yildiz (2017) conducted a study on the roles of perceived social support, coping and loneliness in predicting IA including SNSs among 300 adolescents. They concluded that social support provided by significant others, loneliness, cognitive avoidance and problem solving among coping strategies significantly predicted the IA including SNSs. To add, the support perceived from family and friends as sub-dimensions of PSS, assistance seeking and behavioral avoidance among coping strategies did not predict the IA. This result suggests that adolescent students who are supported by family, friends and the ways of coping such as seeking assistance is helpful in protecting individuals from IA including SNSs.

Similarly, on the associations of use of SNSs with PSS and loneliness, a study was conducted by Caba Machado et al. (2022) to assess the mediation model of the relationship between SNSs use, PSS from family (Fam) and PSS from friends-significant others (Fri-SO), with the mediating role of loneliness among 111 Spanish university students aged 18-40 years old. It was concluded that PSS from (Fri-SO) is positively related to SNSs addiction but was not significantly related to PSS from family and loneliness acted as a significant mediator of the relationship between SNSs and PSS from (Fri-SO) but was not a significant mediator of the relationship between SNSs and PSS from family. Such a result indicates that those students who were supported by their families were not addicted to SNSs, and support from (Fri-SO) did not protect students from addiction to SNSs.

Moreover, in another study among 236 South Korean adults, it was found that PSS didnot mediate the relationships between psychological well-being, SNSs addiction and self-esteem (Lee, 2020). Also, Lee (2020) concluded that social

comparison in SNSs decreases PSS which affects self-esteem and psychological well-being. However, Bilgin and Taş (2018) carried out a study on the effect of PSS and psychological resilience on social media addiction among 503 university students and the age of the students varied 17 to 31 years old. The study revealed that social media addiction was negatively correlated with PSS and psychological resilience, and they found the subscale family support from PSS predicted social media addiction. These findings indicate that PSS from subscales of (family, friends and significant others) predicted addiction to social media differently according to different contexts.

In addition, Yeh et al. (2008) carried out a study on gender differences in relation to IA including SNSs and actual social support with virtual social support which was mediated by depression symptoms among 3477 students from the Project of Mental Health Survey of college students in Taiwan, in which 55% of the participants were females and 45% were males. The major finding of their results specify that lower actual social support and higher virtual social support were connected with higher depressive symptoms in both gender models. In females, both actual and virtual social support directly predicted IA or were mediated through depressive symptoms. Moreover, in males, while IA was predicted by virtual social support directly or indirectly mediated through depressive symptoms, the link of actual social support to IA was only mediated through depressive symptoms. Furthermore, in both genders, lower actual social support and higher virtual social support were linked with higher depressive symptoms (Yeh et al., 2008).

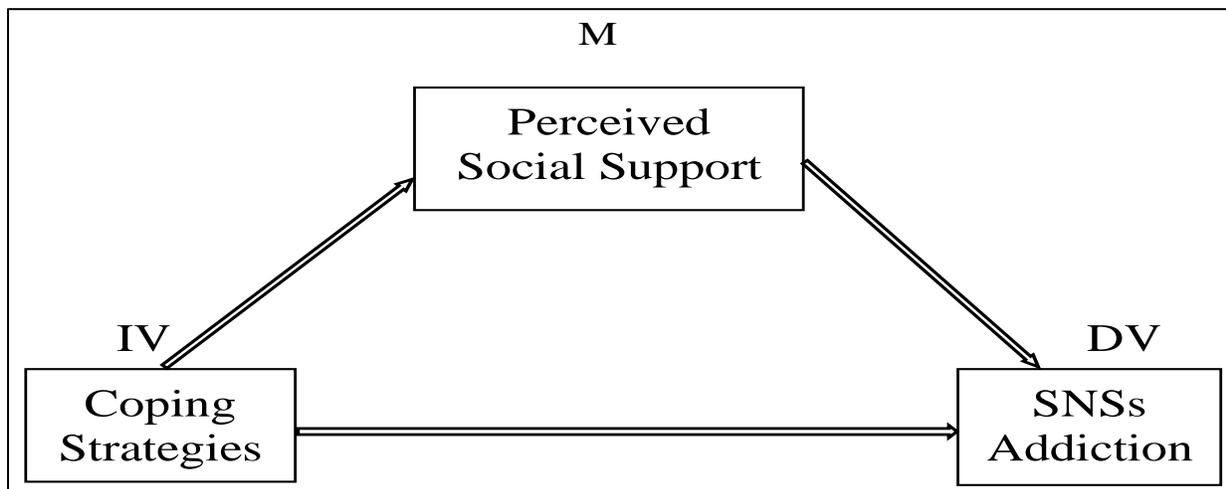
In the context of IDPs a study was carried out by Araya et al. (2007) on gender differences in traumatic life events, coping strategies, perceived social support and sociodemographic among post conflict displaced persons in Ethiopia among 1200

participants. Among the participants, 62.4% were women and 37.6% were men. Regarding PSS and sociodemographic variables, the findings indicate that women reported significantly less PSS than men, and did not find any statistically significant relationships between PSS and sociodemographic variables. Also, with regards to coping and sociodemographic variables, it was shown that women employed significantly more emotion-oriented while men employed significantly more task-oriented coping, and both genders employed avoidance-oriented coping. Finally, the results regarding trauma, coping strategies, and PSS found that traumatic life events were associated with higher emotion-oriented coping in both genders, and with higher task-oriented coping in women. PSS was correlated positively with task-oriented coping in both genders, but was not associated with traumatic life events. In conclusion, PSS as well as coping strategies were proxy for the individual's personality, and they apparently all interact with each other. Also, PSS and task-oriented coping were both higher in men compared to women (Araya et al., 2007).

## **2.4 Conceptual Framework**

There is a relationship between coping strategies and SNSs addiction, in which the results of several studies indicated that maladaptive coping strategy lead to addiction to SNSs which is negative relationships (McNicol and Thorsteinsson, 2017; Servidio et al., 2018). As of PSS, there is a contradictory result on its effect as a mediator and as a variable related to SNSs addiction. Past research conducted by Oh et al. (2014), Kim and Lee (2011), suggest that PSS does not have a significant effect on SNSs addiction. Likewise, a number of studies concluded that sub dimensions of PSS from family, friends and significant others have different results on addiction to SNSs (Bilgin & Taş, 2018; Caba Machado et al., 2022).

It is essentially important to inform future interventions regarding these areas among the Yazidi IDP community. The results of this study can also empirically and theoretically develop the related literature and scientific research. In consideration of the contributing role of coping strategies, PSS on the Yazidis' SNSs addiction, and the current lack of research, this research study was conducted to illustrate the effect of coping strategies on SNSs addiction, and the mediating role of PSS on the association between coping strategies and SNSs addiction (see Figure 2.2).



*Figure 2.2 Conceptual Framework*

## 2.5 Summary

On the basis of the most relevant literature, it was concluded that coping strategies showed different results in relation with the other variables of interest in the present study. In addition, a big number of past researches has focused on university students with lack of research on Yazidi IDPs with regards to SNSs addiction. As such, there is a gap in literature about direct relationships between coping strategies and SNSs addiction with mediations of PSS. Therefore, the present study specifically addresses these relationships among the Yazidi IDPs in the camps

in KRI. With regards to gender differences, contradictory findings were found, therefore, this study also studied gender differences among the sample pertaining to the variables of interest in the current study. Overall, quantitative studies were not specifically found to address the voice of the Yazidi community on coping strategies, PSS, and SNSs addiction. All these together helped to conduct this study in pursuit of providing more accurate results among the sample of the study with regards to the variables addressed in the study.

## **CHAPTER 3**

### **RESEARCH METHODOLOGY**

#### **3.1 Introduction**

This chapter serves to present the research design, population and sampling technique suited the study. The research instruments utilized for data collection. Moreover, the chapter also provides sufficient description of the data collection procedures, ethical considerations during data collection, and the analysis of the data to answer the research questions. What follows is a detailed explanation of each section and subsections of the chapter.

#### **3.2 Research Design**

To illuminate the phenomenon reviewed and explained in the previous chapters, a quantitative approach was chosen. Specifically, studying a sample of the Yazidi IDPs in the camps in Kurdistan, this study was cross-sectional in nature and data were gathered through survey questionnaires. As highlighted by Ponto (2015), a survey design is applied for studies targeting to gather data to identify certain characteristics of a certain group. The primary purpose of this study was to empirically understand the perceptions of the Yazidi IDPs of coping strategies, SNSs addiction, and the mediating role of PSS in the association between coping strategies and SNSs addiction. Upon this understanding, and as an important and widely used method of data collection, a survey design was applied (Creswell & Creswell,2017).

The survey design started with collecting demographic data of the subjects for the study, and then the actual data collection regarding the variables commenced

immediately.

### **3.3 Population and Sampling**

To have a representative sample from a large population is the main goal of sampling. This is mainly because a representative sample allows for generalization of findings, and broad inferences from observation of an entire particular group of individuals (the population) (Palinkas et al., 2015). Creswell (2012) also states that representativeness refers to the selection of the sample from a specific population such that the sample chosen is typical of the population under investigation. However, a representative sample from a large population can be challenging and hard to reach. In this study, the population is Yazidi IDP adults (18-60 years old) residing in the camps in Kurdistan. It is worth mentioning that determining the size of the entire population in this study is not specifically easy as several Yazidi families live outside the camps, and therefore this does not allow to determine the exact number of the population under investigation in the present study.

For the purpose of this study, however, four IDP camps located in Duhok and Sulaymaniyah were selected where Yazidi IDPs currently live. Since the majority of the Yazidis stay in the camps in the governorate of Duhok, three of the camps namely; Sharya, Kabartu 2, Khanke were targeted as the main location of data collection. Likewise, for the purpose of determining variety in the sample, Ashti IDP Camp in the governorate of Sulaymaniyah was also selected as part of the data collection. The details of the four camps in terms of adult population and gender are presented in Table 3.1 below.

Table 3.1

*Total Adult Population in the Camps*

Governorate	Camps	Population	Male	Female
Duhok	Sharya	6926	3296	3630
	Khanke	8305	4007	4298
	Kabartu 2	6132	3031	3101
Sulaymaniyah	Ashti	357	174	183

As a nonprobability sampling procedure, participants of the study were recruited using a convenience sampling technique. These participants were selected because they were available and willing to be studied, and therefore easily recruited (Crandall & Bushardt, 2016; Creswell, 2012; Shorten & Moorley, 2014). The selected subjects of this study hold the same characteristics as the population of this research was seeking to study. Based on the above discussion, this study is therefore based on the convenience sampling technique.

Among those participants that were approached for taking part in the data collection, a total number of 19 individuals refused to serve as participants of the study. It is important to mention that the most common reported reasons for refusing participation were: “this does not have any benefit for us” and “I got tired of being interviewed for so many times”. After all, a total number of 611 Yazidi IDP adults took part in the data collection. One of the criteria to choose this sample size was the literature review in this research area. When possible, effect size for the variables of interest in this study was estimated from existing literature. Likewise, based on the rule of thumb, a larger sample size increases the statistical power of the analysis and evaluation. Similarly, another criterion for choosing a sample size for a quantitative survey research is 350 participants for the purpose of having a sufficient sample size

and therefore providing more accuracy and the inferences made (Creswell, 2012). Last, the estimated sample size for this study is also derived from the online Raosoft sample size calculator (Raosoft Inc, 2004). The sample size was calculated based on a response rate of 50%, a confidence interval of 95%, and a margin of error of 5% with an estimated total population around 250.000 of Yazidi IDPs in the camps in KRI (UN-HABITAT, 2022). Based on this online sample size calculator, the largest required sample size is 379. Based on the above discussion on determining the right sample size, this study included a convenient sample size of 611 Yazidi IDP adults for the purpose of providing more accuracy of the results. The age of the participants ranged from 18-60 years old with the mean age of 27.07 and  $SD = 9.13$ .

### **3.4 Research Instruments**

Measures of performance, attitudinal measures, observation, and behaviors depend mainly on standardized research instruments as highlighted by Creswell (2012). It is therefore important to utilize standardized instruments and procedures for the measurement a research study is looking for. The questionnaires used in this study are specific standardized scales to measure the coping strategies, SNSs addiction, and PSS of the Yazidi IDPs currently residing in the camps in KRI. Based on the research objectives of the study, this section includes gathering information on the subjects' demographic information. Additionally, three instruments were included which measured the variables of interest: coping strategies, SNSs addiction, and PSS. What follows is a detailed description of the demographic information and each instrument respectively.

### 3.4.1 Demographic Information

For the purpose of the current study and collecting required information, a socio-demographic form was used to assess each participant's age, gender, educational level, marital status, socio-economic status, and current camp of residence. Information regarding age was collected by offering the subjects to write their age in number. However, for the purpose of describing the age of the participants, age group was later formed such as 18-25, 26-33, 34-41, 42-49, and 50-60. It is also worth mentioning that any participant below 18 or above 60 was considered disqualified to be included in the data collection.

Likewise, based on the societal and cultural norms, options for gender included male and female, binary gender descriptions, in other words. Data about marital status was collected through offering four options namely; single, married, divorced, and widow/widower. Information regarding education level was gathered through providing four options of primary, secondary, high school, and university/institute. The demographic data also includes other information of the participants of the study. To see the complete demographic form in both Kurdish and Arabic version, see Appendices in 3.4.5 section. Table 3.2 shows demographic profiles of participants ( $N= 611$ ) where all the categories and specific variables are presented in the form of frequencies and percentages.

Table 3.2

*Demographic Profiles of Participants (N= 611)*

Categories	Variables	Frequency	Percentage
Gender	Male	304	49.8
	Female	307	50.2
Age Groups	18-25 years old	358	58.6
	26-33 years old	141	23.1
	34-41 years old	48	7.9

Categories	Variables	Frequency	Percentage
	42-49 years old	36	5.9
	50-60 years old	28	4.6
Marital Status	Single	317	51.9
	Married	279	45.7
	Divorced	5	0.8
	Widow	9	1.5
	Widower	1	0.2
Education Level	Illiterate	137	22.4
	Primary	76	12.4
	Secondary	135	22.1
	High School	133	21.8
	University or Institute	130	21.3
	Job	Jobless	381
Private Sector		37	6.1
Government Sector		60	9.8
Self- Employment		133	21.8
Economic Status		Weak	221
	Middle	323	52.9
	Good	54	8.8
	Very Good	13	2.1
Camp Resides	Duhok	469	76.8
	Sulaymaniyah	142	23.2

### 3.4.2 Coping Strategies

In this study, the coping strategies was assessed by using the Brief COPE instrument (Appendix A), developed by Carver (1997). Brief COPE consists of 28 items that measures 14 different coping strategies, and it was grouped into three coping categories by summing items accordingly (see Carver, 1997, Schnider et al., 2007), with higher scores indicating a higher frequency of using the specific coping strategy. The three coping strategies are emotion-focused strategy (i.e., use of emotional support, positive reframing, acceptance, religion, humor, and venting),

problem-focused strategy (i.e., use of instrumental support, active coping, and planning), and avoidant coping strategy (i.e., denial, self-blame, substance use, self-distracted, and behavioral disengagement). The main question was: What do you usually do when you are stressed by a problem? Furthermore, the coping strategies were described in statements, such as “I work or do other things in order not to think about the problem.” Each statement was graded on a four-point Likert scale, and response choices ranged from 1 (I have not been doing this at all) to 4 (I have been doing this a lot), corresponding to different coping methods. As it is clear from the scale, participants chose their option based on the most likely used coping strategies to manage their stressful events. For the current sample, the Cronbach’s  $\alpha$  coefficient of the scale as a whole was 0.724. For the subscale of problem focused coping the Cronbach’s  $\alpha$  coefficient was 0.72, also for the subscale of emotion coping strategies the Cronbach’s  $\alpha$  coefficient was 0.69, for avoidance coping strategies subscale the Cronbach’s  $\alpha$  coefficient was 0.65.

### **3.4.3 Social Networking Sites Addiction**

SNSs addiction variable was measured and assessed by using the Social Networking Addiction Scale (SNAS) (see Appendix B) which was developed by Shahnawaz and Rehman (2020). The scale consists of 21 items designed to reflect six domains of excessive use. Sample items in the modified scale include: “While I work/study, my mind remains on social networking sites.” (salience); “I go to social networking sites whenever I am upset (mood modification); “These days I spend more and more time on social networking sites.” (tolerance); “I feel sad when I am unable to log in to social networking sites” (withdrawal); “I try to hide the time I spend on social networking.” (conflict); “I have failed to cut down the time I spend on social networking sites.” (relapse) to name a few. Each item was scored on a 7-

point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). Total scores were ranged from 21 to 147 in which any score above a total score of 84 signifies addiction. For the current sample, the Cronbach's  $\alpha$  coefficient of the instrument as a whole was 0.94. Moreover, the Cronbach's  $\alpha$  coefficient of the six domains separately for salience was 0.76, for mood modification was 0.70, for tolerance was 0.74, for withdrawal was 0.73, for conflict was 0.76, for relapse was 0.83.

### **3.4.4 Perceived Social Support**

Utilizing the Multidimensional Scale of Perceived Social Support (MSPSS), the participants' social support was assessed (Zimet et al., 1988). The scale (Appendix C) which consists of a total number of 12 items, captures the multidimensionality of social support with 4 items for each of the three subscales measuring participants' social support across three different dimensions: family, friends, and a special person (significant other). The MSPSS evaluated perceived social support (PSS) from family (FA), friends (FR), and significant others (SO) as well as quantified the degree to which respondents' perceived support from each of these three sources with higher scores reflecting higher PSS. Items of the instrument include "I get the emotional help and support I need from my family" (family support subscale), "My friends really try to help me" (friends' support subscale), and "I have a special person who is a real source of comfort to me" (support from a special person/significant other subscale). All items were rated on a 7-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). The scale consists of 12 items and has three dimensions (family, friends and significant others). Also, the scoring of the scale ranges between 12 to 84 in which (1 - 2.9) indicates as low perceived social support, (3 - 5) as having medium perceived social support, and (5.1

- 7) as having high level of perceived social support. For the current sample, the Cronbach's  $\alpha$  coefficient for family support subscale was .80, friends support subscale .83, and the significant other subscale .83. Furthermore, the Cronbach's  $\alpha$  coefficient for the whole scale was 0.87.

### **3.4.5 Translated Versions of Measures**

Having the Yazidi population in mind, all the scales needed to be translated from English into Arabic and Kurdish (Central Kurdish). The main reason for this was that Yazidis do not speak English. Though a few of them can speak Sorani Kurdish, they mostly speak Arabic language. As such, it was decided to translate the scales into both Arabic (Appendix D) and Sorani Kurdish (Appendix E) to suit the needs of the study.

It is worth mentioning that all the scales were translated into Arabic and Sorani Kurdish utilizing the back-translation method. First, the scales were translated into Arabic language by a fluent speaker of Arabic language who was also a researcher in the line of educational research. Similarly, they were translated into Sorani Kurdish by native Kurdish speaker who was also an active researcher in the field of education. Next, all the three scales were then back-translated from Kurdish and Arabic to English each by an independent person who was not aware of the translation of the original English. In this translation process, any inconsistencies were solved by consensus by a seasoned researcher. As such, the scales were ready to be pre-tested on Yazidis residing in the camps before starting the main study to ensure the translated versions (Arabic and Sorani Kurdish) are clear and understanding in terms of clarity of the concepts, items of the measures, etc. In essence, after all the necessary amendments, the final version was finalized to be administered.

### **3.5 Data Collection Procedure and Ethical Considerations**

Data collection for the present study included a number of steps. The main purpose of the steps taken was to ensure a smooth data gathering process from start to finish including respecting the site where this research study took place (Creswell, 2012). This respect of data collection usually starts with providing the necessary permissions for the data collection process before entering the site (Mertens, 2019). Prior to the start of the data collection, code of ethics by Koya University Committee Members of Code of Ethics was sought and considered (Appendix F). As such, for the data gathering, the Head of the Department of Clinical Psychology at Koya University provided a written request (Appendix G) to the deanery of the Faculty of Science and Health – Koya University. After that, the Dean of the faculty provided a written request to the Governorate of Sulaymaniyah (Appendix H) and the Governorate of Duhok as well (Appendix I).

The relevant department in the Government of Sulaymaniyah then provided a request letter to the Security Department in Arbat (Appendix J). Last, the Arbat Security Department offered their permission to enter the Ashti IDP Camp for the purpose of the data collection (Appendix K). Similarly, the relevant department in the Governorate of Duhok provided a permission letter to Barzani Charity Foundation (BCF) as the only responsible authority for the administration of the IDP camps in the entire Governorate of Duhok (Appendix L).

Upon receiving permission, the administration of the camps welcomed the request and offered their help and assistance throughout the duration of the data collection in terms of providing their own Yazidi personnel in reaching out the participants in all the four camps. It is also significant to state that verbal consent was then sought from all the participants to be volunteers of the study. The data

collection in Ashti camp was conducted with the help of one psychologist and one researcher in the line of educational research who offered great assistance in the data collection process. Similarly, the data collection in Duhok took place with the help of four individuals who were all Yazidis. For the purpose of the success of the data collection, all the data collection helpers were recruited for the duration of the process in all the four camps. It is worth mentioning that all the individuals who helped in the data collection had prior experience in terms of questionnaire data collection in similar projects. The qualification of the data collectors are as follows:

- One master's degree holder in the field of trauma and psychotherapy,
- Three bachelor's degree holders in field of psychology,
- One social worker,

To ensure the success of the data collection, regarding data collection one day training before data collection was provided to all the research assistants. This was specifically conducted so everyone in the group is familiar with all the items of the scales, and data collection over all. Once all the preparations in place, the collection of the data began immediately where the data collectors visited the tents on a daily basis until it was completed. Participants who were literate completed the questionnaires by themselves and returned it to the data collectors after they filled it out. However, the data collectors interviewed those participants who were illiterate and read them all the items and options to choose from.

The research assistants who were Yazidis, as mentioned above, explained the general purpose of the research study to the participants (in their own dialect) and their participation is voluntary. To encourage honest reporting, the anonymity of the study, the anonymity of the study was emphasized at the beginning of each collection session (Locke et al., 2014). Although they were confidentiality and anonymity of

the collected data, they were well informed that they could discontinue filling out the questionnaire at any point during the completion of the questionnaires. As such, the research assistants administered the questionnaires where one participant took place approximately 20-25 minutes to complete. The data collection process started in the beginning of May 2022 and continued till June 23, 2022 on a daily basis.

### **3.6 Data Screening**

As an initial step for the analysis of the data, data screening was conducted. This was carried out to ensure the data is clean and has no incomplete responses, missing data, duplicate or unusual cases. Overall, missing data were examined in terms of incomplete questionnaire, item responses and case values. A total number of 662 questionnaires were distributed among the population of the study. Among these, there were a total of 51 cases which responded to 61 items incompletely. The main reason for the incomplete of the questionnaires was that the participants left unmarked items. Taking into consideration that missing values might result in biased statistical results (Hair et al., 1998), all the 51 cases were excluded prior to further analysis of the gathered data. The remained data (611 subjects) were then subjected to further analysis.

Similarly, using IBM SPSS (IBM Corporation, Statistical Package for Social Sciences) Version 26, the initial analysis of all the complete responses was conducted pertaining to missing data, duplicate or unusual cases. Based on a simple SPSS analysis, duplicate case is equal to 0 and unique or primary case (correct or induplicate cases) is equal to 1. The initial analysis showed that the data entered into SPSS has no missing data, duplicate cases or any unusual cases as presented in Table 3.3. As such, it is apparent that the data is correct, clean, and therefore ready for

further analysis.

Table 3.3

*Summary of Data Screening*

Statistics					
Valid		611			
Missing		0			
Indicator of each last matching case as primary					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Primary Case	611	100.0	100.0	100.0

As part of the data screening and procedures of data analysis, different tests for univariate normal distribution were conducted. Before running inferential statistical analyses, graphical and numerical tests were generated to assess the Yazidi IDPs' responses to all the three variables addressed in this present study. These tests were specifically run to inspect whether the participants' responses to the 61 items were normally distributed. Means, standard deviations, skewness and kurtosis values of all the study variables are provided in Table 3.4. The statistical analysis of skewness and kurtosis revealed that the values were within +1 and -1, showing that the data of the present study are normally distributed (Bauer et al., 2006). In addition to Skewness and Kurtosis results, graphical analysis (Histogram) was also generated to ensure and confirm this normal distribution of the participants' responses (see Figure 3.1). Hence, these results suggest that parametric tests can be considered suitable for the analysis of the data (Kalaycı, 2014).

Table 3.4

*Skewness and Kurtosis Values of the Dependent and Independent Variables*

	N	Mean	SD	Skewness	Kurtosis
CS	611	2.62	0.316	-.139	.155
SNS	611	3.95	1.209	-.205	.065
PSS	611	5.25	1.161	-.894	.365

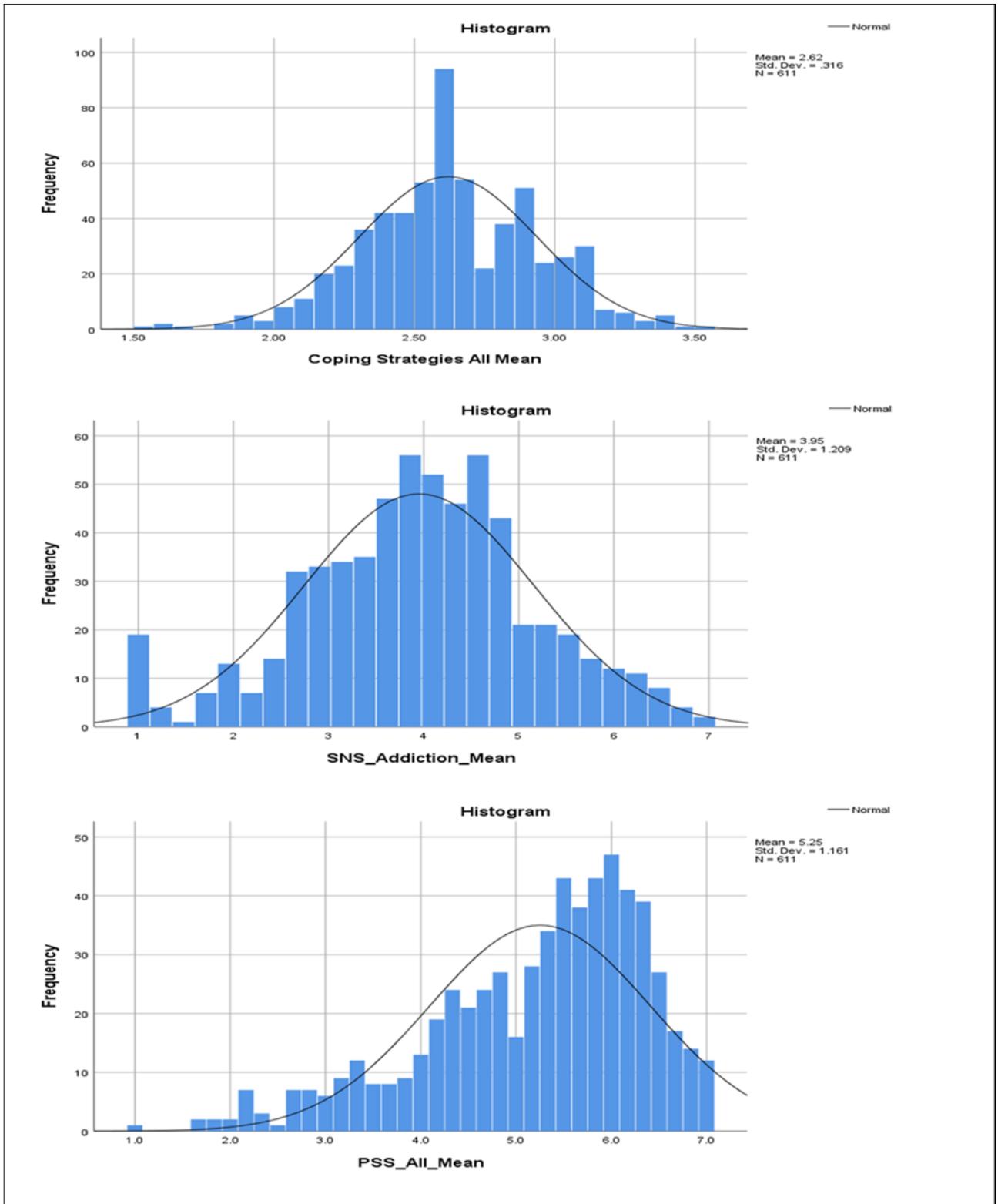


Figure 3.1: Tests of the Normal Distributions of Responses (Histograms) to (61) Items for the Present Study:  $n = 611$

## **CHAPTER 4**

### **RESULTS**

#### **4.1 Introduction**

This chapter aims to present the descriptive and inferential statistical results of this quantitative inquiry. Including frequencies, percentages, means, and standard deviations, the descriptive statistics are about participant characteristics. Likewise, the inferential statistics included the Independent Sample *t* test, multiple regression analysis, and PROCESS macro mediation model 4.

#### **4.2 Data Analysis Results**

For the purpose of the organization of the write up, the findings of the study are divided and arranged in 5 subsections based on the research questions addressed in this study as follows. As such, the following subsections offer a detailed description of the findings.

##### **4.2.1 Coping Strategies**

Table 4.1 presents the frequencies and percentages of the sample's distribution on each subscale of coping strategies variable. Results indicate that the majority of the Yazidis utilized emotion-focused coping strategy to a medium amount which is (71.85%) when they are in difficult situations, and a lower proportion of them used it a little bit. The results also show that a high proportion of the Yazidis utilized problem-focused coping strategy to a medium amount which is (64.49%), and a lower proportion of them used it a lot. However, the descriptive

analysis shows that about two-third of the Yazidis used a little bit avoidance coping strategy which is (63.67%) when they face difficult situations.

Table 4.1  
*Frequency Categories of Distribution of Coping Strategies among Yazidi IDPs (N = 611)*

	Problem-focused coping		Emotion-focused coping		Avoidance coping	
	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%
I have not been doing this at all	0	0	0	0	12	1.97
I have been doing this a little bit	75	12.27	162	26.51	389	63.67
I have been doing this a medium amount	394	64.49	439	71.85	209	34.20
I have been doing this a lot	142	23.24	10	1.64	1	0.16

Table 4.2 presents means and standard deviations for coping strategy variable calculated by averaging the raw scores of all the items in coping strategy scale. Reading the mean scores, the descriptive statistics revealed that the participants oftentimes use problem-focused coping strategy to cope when they are in a difficult situation. The sample in the present study also use emotion-focused and avoidance coping strategies to a lesser extent, Table 4.2.

Table 4.2  
*Means and Standard Deviations for Coping Strategy Scale (N = 611)*

Scale	<i>M</i>	<i>SD</i>
Coping Strategy:		
1. Problem-focused coping	3.05	.509
2. Emotion-focused coping	2.69	.412
3. Avoidance coping	2.28	.415

### 4.2.2 Level of Social Networking Sites Addiction

According to Shahnawaz and Rehman (2020), the SNA scale consists of 21 statements with a seven-degree Likert scale response. The scale determines addictive behavior on the threshold of 84 in which minimum score is 21 and the maximum score is 147, and any score above a total score of 84 signifies addiction. In this present study, total scores were obtained by summing up all the items in the Social Networking Sites Addiction. To this end, the statistical results show that the sample of this study is nearly addicted to the social networking sites as the mean score is 83. Out of these, however, 309 (50.58%) participants which is more than half of the sample were shown to be severe users of social networking sites who scored  $\geq 84$  on the scale which is an exceeded score in the addiction threshold of the scale. This shows a relatively high addictive level according to the scale standards. Considering this result, it is clear that the studied sample spends a considerable amount of time on social networking sites (Table 4.3). The maximum summed scores also reveal that some participants are heavy users as their summed score (145) was almost the total summed score in the scale.

Table 4.3

*Means, Standard Deviation, Min. and Max., and Intensity of Social Networking Addiction in Participants (N = 611)*

Scale	M	SD	Min.	Max.	Below 84		Above 84	
					f	%	f	%
Social Networking Sites Addiction	83	25.387	21	145	302	49.42%	309	50.58

### 4.2.3 Level of Perceived Social Support

In the present study, Figure 4.1 depicts the descriptive statistical analysis of the sample's perceived social support from the family, friends, and significant other.

The scoring range of the scale is 1-2.9 which is considered low support, 3-5 which is considered moderate support, and 5.1-7 which is considered high support. To this end, the mean scores of the participants were taken into consideration to show their level of social support from the family, friends, and significant other.

As the results show, it is clear that the Yazidis had the most perceived social support from the family, having an average of 5.64 (high support). Likewise, the second most perceived social support level of the Yazidis was from significant other, having an average of 5.37 (high support). However, the descriptive analysis shows that the Yazidis had the least social support from friends, having an average of 4.75 (moderate support). Overall, the participants had high level of social support from family, friends, and significant other, having an average of (5.25).

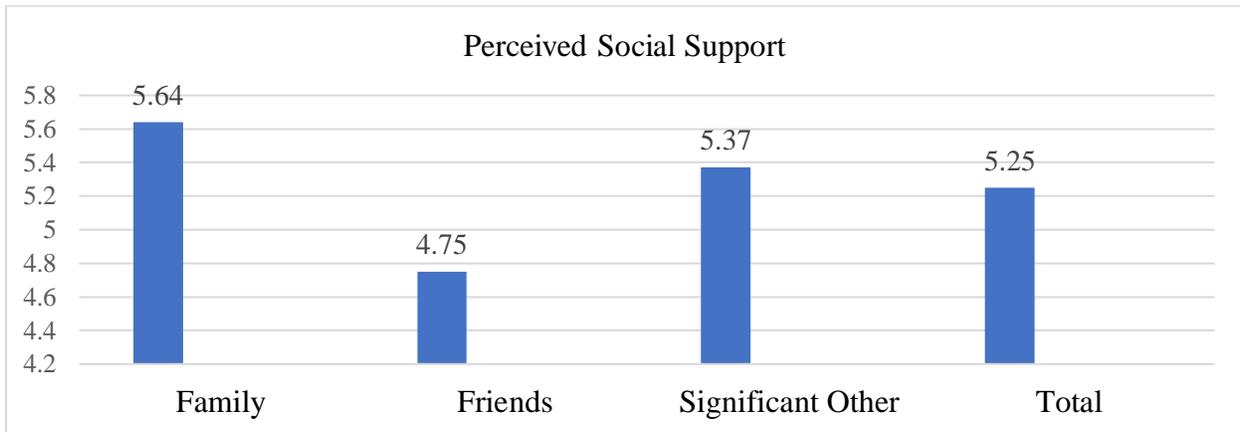


Figure 4.1: Perceived social support of Yazidi community in the camps from family, friends, and significant other

#### 4.2.4 Gender Differences in Coping Strategies, SNSs Addiction, and Perceived Social Support

To answer research question 4 ‘*Is there a statistically significant gender difference in the way of coping strategies, social networking sites addiction, and social support?*’, the independent sample *t* test analysis was applied. The mean

scores of the male and female participants for all the variables show differences between them.

Table 4.4 indicates that there is a statistically significant difference between male ( $M= 3.00$ ,  $SD= .505$ ) and female ( $M= 3.09$ ,  $SD= .510$ ) participants with regards to using problem-focused coping strategies when they are in a difficult situation with  $t(609) = -2.169$ ;  $p = .030$  which is  $< .05$ . The results of the  $t$  test also show that there is no a statistically significant difference between male ( $M= 2.66$ ,  $SD= .420$ ) and female ( $M= 2.71$ ,  $SD= .404$ ) participants pertaining to emotion-focused coping strategies with  $t(609) = -1.369$ ; and  $p$  value =  $.172$  which is  $> .05$ . Likewise, the results of the  $t$  test also reveal that no statistically significant difference was found between male ( $M= 2.28$ ,  $SD= .417$ ) and female ( $M= 2.29$ ,  $SD= .413$ ) pertaining to avoidance coping strategy with  $t(609) = -.473$ ;  $p$  value =  $.637$  which is  $> .05$ . In this study, the sample showed a statistically significant difference between male ( $M= 4.13$ ,  $SD= 1.119$ ) and female ( $M= 3.78$ ,  $SD= 1.269$ ) participants with regards to social networking sites addiction with  $t(609) = 3.651$ ;  $p$  value =  $0.000$  which is  $< .05$ . This finding shows that the male participants were more into using social networking sites compared to female participants among the Yazidi IDPs residing in the camps in Kurdistan Region – Iraq.

Pertaining to perceived social support, the results of the  $t$  test reveal no statistically significant difference between male ( $M= 5.63$ ,  $SD= 1.231$ ) and female ( $M= 5.64$ ,  $SD= 1.296$ ) participants with regards to family support with  $t(609) = -.107$ ;  $p$  value =  $.915$  which is  $> .05$ . It can also be seen that the results suggest no statistically significant difference between male ( $M= 4.83$ ,  $SD= 1.395$ ) and female ( $M= 4.67$ ,  $SD= 1.633$ ) participants pertaining to friends support with  $t(609) = 1.264$ ;  $p$  value =  $.207$  which is  $> .05$ . Last, the  $t$  test results also suggest that there is no a statistically significant difference among male ( $M= 5.316$ ,  $SD= 1.429$ ) and female

(M= 5.425, SD= 1.419) participants regarding support from significant other with  $t(609) = -.948$ ;  $p$  value = .343 which is  $> .05$ .

Table 4.4

*T Test to Show Gender Difference in Coping Strategies, Social Networking Sites Addiction, and Perceived Social Support*

Variables	Gender	N	M	SD	<i>t</i>	<i>P</i> (Two-tailed)	95% Confidence Interval LL                      UL	
PFCS	Male	304	3.00	.505	-2.169	.030	-0.170	-.008
	Female	307	3.09	.510				
EFCS	Male	304	2.66	.420	-1.369	.172	-0.111	.020
	Female	307	2.71	.404				
ACS	Male	304	2.28	.417	-.473	.637	-0.082	.050
	Female	307	2.29	.413				
SNSs	Male	304	4.13	1.119	3.651	.000	.163	.544
	Female	307	3.78	1.269				
Family	Male	304	5.63	1.231	-.107	.915	-0.212	.190
	Female	307	5.64	1.296				
Friends	Male	304	4.83	1.395	1.264	.207	-0.086	.397
	Female	307	4.67	1.633				
SO	Male	304	5.316	1.4299	-.948	.343	-0.3357	.1171
	Female	307	5.425	1.4196				

*Note: M= Mean, SD= Standard Deviation, t= t value, p= significant value, CI=Confidence Interval, LL=Lower Limit, UL=Upper Limit*

#### **4.2.5 Role of Coping Strategies on Social Networking Sites Addiction**

To answer research question 5, multiple regression analysis was performed to test if the three dimensions of coping strategies (i.e., problem-focused coping, emotion-focused coping, and avoidance coping) significantly predicted and carried an impact on participants' social networking sites addiction. The dependent variable, social networking sites addiction was regressed on predicting problem-focused

coping, emotion-focused coping, and avoidance coping to test if they have a significant impact on the participants' social networking sites addiction.

The model as a whole was significant to predict social networking sites addiction:  $F(3.607) = 3.582, p < .05$  as shown by ANOVA table (Table 4.5). The  $R^2$  square for the overall model was 1.7% with an adjusted  $R^2$  of 1.13% reported by the model of variations of social networking sites addiction is accounted by the linear combination of the predictor variables (problem-focused coping, emotion-focused coping, and avoidance coping).

Table 4.5

*Model Summary<sup>b</sup>*

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	R Square Change	F Change	Df1	Df2	Sig. F Change
1	.132 <sup>a</sup>	.017	.013	1.201	.017	3.582	3	607	.014

*a. Predictors: (Constant), Avoidance Coping Strategy, Problem-Focused Coping Strategy, Emotion-Focused Coping Strategy*

*b. Dependent Variable: Social networking sites addiction*

In the final model, it can be seen that only two of the independent variables were statistically significant with emotion-focused coping ( $t = 2.0285, p = .03, \beta = .313$ ) and avoidance coping ( $t = 2.206, p = .02, \beta = .262$ ) in social networking sites addiction. However, problem-focused coping did not predict the participants' social networking sites addiction ( $t = 1.602, p = .1, \beta = -.193$ ). To conclude, the results of the regression analysis reveal that only avoidance coping and emotion-focused coping were found to be statistically significant main effect of the participants' social networking sites addiction, indicating that avoidance coping and emotion-focused coping can play a significant role in shaping social networking sites. However, the

results of the multiple regression analysis show that problem-focused coping was not found to be statistically significant of the sample’s social networking sites addiction, indicating that problem-focused coping does not play any role in shaping social networking sites addiction among the sample of this present study. This shows that the increase in emotion-focused coping and avoidance coping will increase social networking sites addiction of the Yazidis residing in the camps. The summary of the results of the multiple regression analysis are presented in (Table 4.6).

Table 4.6

*Results of Multiple Regression Analysis of Problem-focused Coping, Emotion-focused Coping, and Avoidance Coping on Social Networking Sites Addiction*

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B	
	B	Beta				Lower Bound	Upper Bound
1 (Constant)	3.100	.409		7.583	.000	2.297	3.902
Problem-Focused Coping Strategy	-.193	.121	-.081	-1.602	.110	-.430	.044
Emotion-Focused Coping Strategy	.313	.150	.107	2.085	.038	.018	.608
Avoidance Coping Strategy	.262	.119	.090	2.206	.028	.029	.496

Note: \*p < 0.05.

#### **4.2.6 The Mediating Role of Perceived Social Support between Coping Strategies and SNSs Addiction**

To answer research question 6, two medial analyses were conducted. Frist, a simple mediation analysis was carried out based on a bootstrapping procedure using PROCESS macro version 4.1 SPSS to examine the mediating role of perceived social support in the association between coping strategies and social networking sites addiction among the Yazidi IDPs in the camps in Kurdistan Region – Iraq. This

hypothesized simple mediation model (Figure 4.2) was run to test the significance of the direct and indirect effects of coping strategies on social networking sites addiction mediated by perceived social support (Hayes and Rockwood, 2017). In this model, input variable was coping strategies and the outcome variable was social networking sites addiction and perceived social support was the proposed mediator. This mediation model analysis tests the conditional indirect effect of a mediating variable (i.e., perceived social support) on the relationship between a predictor (i.e., coping strategies) and a dependent variable (i.e., social networking sites addiction). The PROCESS macro model 4 with 95% confidence interval and bootstrapping (n = 5000) was utilized to test this significance mentioned above. This model is supported when the absence of zero within the confidence intervals exists (Preacher et al., 2007).

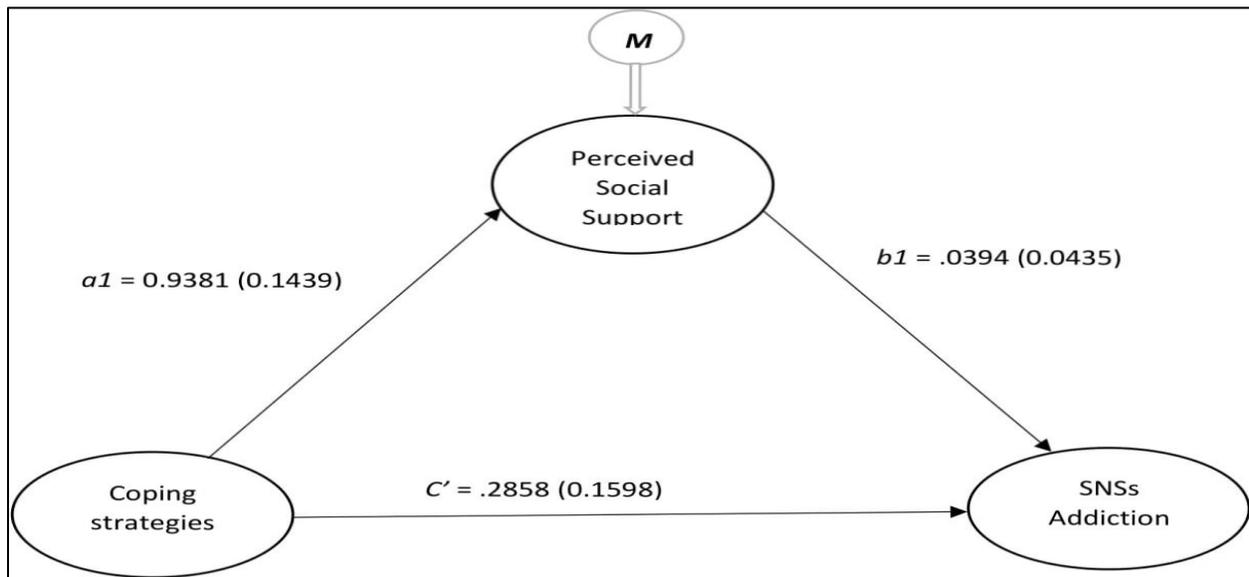


Figure 4.2: Simple Mediator Model: relation of coping strategies and social networking sites addiction, mediated by perceived social support (N = 611)

Using the PROCESS macro model 4, the results of this hypothesized mediation model reveal that coping strategies is positively related to perceived social

support ( $b = .9381, t = 6.5172, p < .05$ ). The results also show that perceived social support is not related to social networking sites addiction ( $b = .0394, t = .9069, p > .05$ ). The PROCESS macro analysis also reveals that coping strategies is not associated to social networking sites addiction ( $b = .3228, t = 1.788, p > .05$ ). See Table (4.7).

Table 4.7

*Results of PROCESS Macro Simple Mediation. Coping Strategies(constant) to Perceived Social Support, Perceived Social Support (constant) to SNSs Addiction, Coping Strategies (IV) to SNSs (DV)*

		t	Beta	P value	
Coping strategies	Perceived social support	6.5172	.9381	.0000	Significant
Perceived social support	SNSs addiction	.9069	.0394	.367	Not Significant
Coping Strategies	SNSs addiction	1.788	.3228	.07	Not Significant

P> 0.05 not significant. P<0.05 considered significant.

The indirect effect of coping strategies on social networking sites addiction ( $.9381 \times .0394$ ) was .0370, the direct effect was .2858 in presence of the mediator, and the total effect ( $.0370 + .2858$ ) was .3228. The study assessed the mediating role of perceived social support on the relationship between coping strategies and social networking sites addiction. Because there a zero exists between the two variables of BootLLCI (-.0568) and BootULCI (.1352), the indirect effect of coping strategies on SNS through perceived social support is not significant. In other words, a 95% bootstrap confidence interval (CI) included a zero. This PROCESS macro analysis concludes that perceived social support in this model does not play a mediating role on the association between coping strategies and social networking sites addiction in Yazidi IDPs (Table 4.8).

Table 4.8

*Simple Mediation Analysis Summary*

Relationship	Total Effect	Direct Effect	Indirect Effect	Confidence Interval (95%)		Conclusion
				Lower Limit	Upper Limit	
Coping - > Perceived - > Social Networking -	.3228 (.03)	.2858 (.07)	.0370	-.0568	.1352	No Mediation

To further understand the potential mediating role of PSS in the relationship between coping strategies and SNSs addiction, specifically with testing its dimensions, another mediation analysis was carried out based on a bootstrapping procedure using PROCESS macro version 4.1 for SPSS to specifically clarify if any of the dimensions of perceived social support (i.e., family, friends, and significant other) can play as a mediator in the association between coping strategies and social networking sites addiction in the Yazidi IDPs residing in the camps (Figure 4.3).

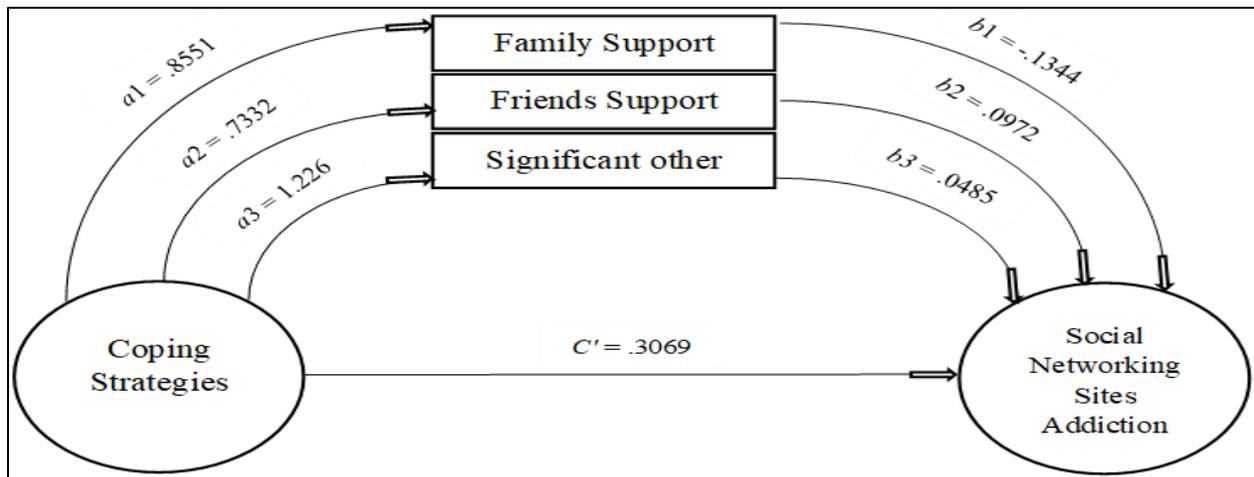


Figure 4.3: Mediating effect of family support, friends support, and significant other affecting coping strategies and social networking sites addiction among Yazidi IDPs (N = 611)

Using the PROCESS macro model 4, the results of this hypothesized mediation model reveal that coping strategies is positively related to family support ( $b = .8551, t = 5.4036, p < .05$ ), indicating that coping strategies has certain impact on the participants' family support. The results also show that coping strategies is positively associated with friends' support ( $b = .7332, t = 3.8058, p < .05$ ), showing that coping strategies has an impact on the participants' friends' support. The outcome of the PROCESS macro analysis also reveals that coping strategies is positively related to significant others' support ( $b = 1.2260, t = 6.90,746 p < .05$ ), which means perceived social support has significant impact on the participants' social networking sites addiction.

The PROCESS analysis also reveals that family support and friends' support have a significant effect on social networking sites addiction ( $b = -.1344, t = -2.7670, p > .05$ ) and ( $b = .0972, t = 2.5170, p > .05$ ) respectively. However, significant others' support does not have a significant effect on social networking sites addiction ( $b = .0485, t = 1.0603, p > .05$ ). The PROCESS macro analysis also reveals that coping strategies is not associated to social networking sites addiction ( $b = .3069, t = 1.9225, p > .05$ ), indicating no statistical significance. See Table (4.9).

Table 4.9

*Mediation Analysis: Coping Strategies(constant) to Family Support, Friends Support and Significant others. The Effect also from Family Support, Friends Support and Significant others (constant) to SNSs Addiction*

		<b>t</b>	<b>Beta</b>	<b>P value</b>	
Coping strategies	Family support	5.4036	.8551	.0000	Significant
Coping strategies	Friends support	3.8058	.7332	.0002	Significant

		<b>t</b>	<b>Beta</b>	<b>P value</b>	
Coping Strategies	Significant others	6.90,446	1.2260	.0000	Significant
Family support	SNSs addiction	-2.7670	-.1344	.0058	Significant
Friends support	SNSs addiction	2.5170	.0972	.0121	Significant
Significant others	SNSs addiction	1.0603	.0485	.2894	Not Significant

*P* < 0.05 significant, *P* > 0.05 not significant

The indirect effect of family support, friends' support, and significant others' support was -1.149 ( $.8551 \times -.1344$ ), 0.0713 ( $.7332 \times .0972$ ), 0.0594 ( $1.226 \times .0485$ ), respectively. The direct effect was .3069 in presence of the mediators, and the total effect was .3228. This mediation analysis assessed the mediating role of family support, friends' support, and significant others' support on the relationship between coping strategies and social networking sites addiction.

Because there is not a zero exists between the two variables of BootLLCI (-.2259) and BootULCI (-.0185), the indirect effect of coping strategies on SNSs addiction through family support is significant. Likewise, there is not a zero between the two variables of BootLLCI (.0029) and BootULCI (.1602), the indirect effect of coping strategies on SNSs addiction through friends' support is significant. However, because there is a zero exists between the two variables of BootLLCI (-.0729) and BootULCI (.2001), the indirect effect of coping strategies on SNSs addiction through significant others' support is not significant. This PROCESS macro analysis concludes that family support and friends' support in this model play a mediating role on the association between coping strategies and social networking sites addiction, but significant others' support does not play a mediating role on the

association between coping strategies and social networking sites addiction in Yazidi IDPs (Table 4.10).

Table 4.10

*Mediation Effect Analysis based on PROCESS (Model 4)*

	Total Effect	Direct Effect	Indirect Effect	Confidence Interval (95%)		Conclusion
				Lower Limit	Upper Limit	
Family support	.3228	.3069	-1.149	-.2259	-.0185	Mediation
Friends' support	(.03)	(.055)	.0713	.0029	.1602	Mediation
Significant others' support			.0594	-.0729	.2001	No Mediation

### 4.3 Summary

The purpose of this quantitative inquiry was to understand coping strategies the Yazidi IDPs utilized, their perceived social support, and social networking sites addiction. This research study aimed for multiple outcomes out of the planned statistical analyses among the Yazidi IDPs staying in the camps in Kurdistan. Quantitative approach was chosen to have a greater understanding of the Yazidi IDPs in relation with the variables addressed in this particular research study. As such, the findings provided hereby will be of help for stakeholders and other relevant parties to offer necessary steps in assisting them in pursuit of providing better psychosocial support among them. The next chapter will offer a detailed discussion of the major findings, and concludes with its implications, limitations and future research considerations.

## **CHAPTER 5**

### **DISCUSSION OF FINDINGS AND CONCLUSION**

#### **5.1 Introduction**

In this chapter, the findings are discussed with the relevant review of literature. Also, the chapter includes the conclusion, limitations, future research considerations, and recommendations for policy practice and the most important stakeholders in pursuit of providing more assistance to the Yazidi IDPs in relation to areas addressed in this study.

#### **5.2 Discussion**

The aim of the present study was to examine the role of coping strategy on SNSs addiction with the mediation of PSS by using a cross-sectional survey design in a population of Yazidi adults in KRI. To the best of the researcher's knowledge, the current research is one of the first studies to date to clarify the mediating role of PSS between coping strategies and SNSs among Yazidi IDPs in KRI. This investigation was needed to add to the small but growing research literature in this area and to provide much needed insights into the increasingly common activity of SNS use and its relationship to various psychological and mental health conditions. All the research questions posed in the introductory chapter are discussed in great detail in the sections follow.

##### **5.2.1 Coping Strategies**

This current study discovered that majority of Yazidi IDPS used emotion-focused coping in a medium amount. It means that Yazidi IDPs try to deal with their

emotional responses to the stressors by using emotion-focused coping such as acceptance, seeking of emotional social support, positive reinterpretation, and turning to religion. Also, a high number of the participants used problem-focused coping in a medium amount. Furthermore, with regard to avoidance coping strategy, the majority of participants use it in a little bit amount. Despite the fact that there are general agreements between psychologists that problem-focused coping is the most effective coping strategy because of its consistent link with lower stress levels and better mental health (Penley et al., 2002). Regarding to Yazidis (Qahar, 2023) conducted a study among Yazidi female in the camps in Duhok city in KRI, he found that 50% of his study participants have passive withdrawal behavior. Also, Denkinger et al. (2021) done a study among Yazidi refugee women in Germany they found that most helpful coping strategies was self-efficacy, importance of religion and community, their coping strategies included prayer, belief in personal strength and belief in collective strength. In the same line, Tippens et al. (2021) conducted a study on cultural bereavement and resilience among Yazidi women refugee in Midwest United States, they found that women use Naan(bread) as a metaphor for coping strategies.

However, a study conducted by Saxon et al. (2017) among conflict affected population in Gorgia found that the most commonly reported coping strategies were active coping and mental disengagement, acceptance, planning, use of instrumental and emotional social support, which means they used both emotion-focused coping and problem-focused coping. Similarly, a systematic literature review was conducted by Seguin and Roberts (2017) among conflict-affected populations in middle and low-income countries, reported that the most common coping strategies used by conflict affected populations was support-seeking behavior followed by positive cognitive restructuring, problem-solving, escape-avoidance, and

distraction. The findings of this study are not in line with that of Peevey et al. (2022) among Colombian IDPs, where it was reported that the two most commonly coping strategies used by IDPs were seeking social support and problem-solving strategies.

One important aspects of coping strategies are the flexible nature of coping strategies which depend on the harm, loss and challenge of the situation which elicit different kind of coping strategies (Carolyn & Loriena, 2004). Moreover, understanding cultural differences in determining coping strategy as adaptive or maladaptive is very crucial (Kuo, 2014). For example, Seguin and Roberts (2017) argued that the social context frames the beliefs of appropriate and non-appropriate ways to cope. Acar et al. (2021) conceptualized avoidance and denial coping strategies as maladaptive coping strategies in their sample study, in which these strategies might have been adaptive under the effect of a different culture. From that point, Lazarus and Folkman (1987) in the Transactional Model of coping and stress clarified the reason of inconsistent findings among conflict affected populations. According to this model, based on the demands of specific stressful life events coping strategies might change and the difference of adaptive and maladaptive nature of coping strategies might distinct due to conflict-related experiences.

### **5.2.2 Level of Social Networking Sites Addiction**

The results of the descriptive analysis reveal that the studied community in this investigation shows that more than half of the participants (50.58% of the participants reached the addiction threshold according to the scale standards) had addiction to SNSs, whereas the other half scored high levels of using SNSs. Thus, in general, the initial descriptive study results yielded high SNSs usability and addiction in the studied sample. This high SNSs usability and notable finding is probably a new trend among the Yazidi IDPs after their brutal genocide by ISIL in

2014.

As the previous literature did not look at IDP adults' SNSs addiction, it was particularly difficult to find any research conducted among IDPs. Therefore, it was difficult to compare the initial descriptive analysis to previous findings, and this challenge was discussed in the literature review. However, past research has focused on students in other contexts around the globe. For instance, in a study, conducted by Azizi et al. (2019), it was concluded that there was a moderate level of SNSs addiction among Iranian medical sciences students. Similarly, other research such as Bakry et al. (2022) and El Fiky et al. (2022) reported that the vast majority of their study participants were found to be addicted to social media or social networks.

### **5.2.3 Level of Perceived Social Support**

The findings of this study show that Yazidi IDPs perceived a high level of PSS in general. This finding means that Yazidi IDPs reside in the camps in KRI perceived a high social support after being displaced for 8 years and social support places an important role in their life as past literature indicated that social support has buffering effect against trauma, post-traumatic stress disorder (PTSD), depression (Lopes Cardozo et al., 2013) and promote psychological well-being (Sood & Bakhshi, 2012).

Moreover, people in Eastern cultures involved in more socially habits, such as spending time with family, friends or significant others (Ford et al., 2015). Participants of this study reported higher levels of support on the subscale family, then followed by significant others subscale as medium support and then support from friends scored a lower level. For the Kurdish society, family support is important and family has a great role of support in general. Past research shows that there is a lack of literature among Yazidi IDPs on PSS to compare the results of this

research with. However, the study conducted by Sambu (2015), concluded that the importance of social support from family, friends and significant others as important factors of recovery after trauma and being displacement in the camps.

Further, Sheikh et al. (2022) carried out a study among forcibly displaced Muslims, finding that social connectedness has buffering effects against discrimination on post traumatic cognitions. Another study conducted by Khatiwada et al. (2021) among Nepalese migrants, showed that social support from family, friends and significant others increases life satisfaction and decreases psychological distress. Other studies, Araya et al. (2007), for example has found that those people who are in a community setting had higher social support than those who live in the shelters. This finding doesnot correspond to the findings of the present research, in which high level of PSS was found among Yazidi IDPs residing in the camps in KRI.

#### **5.2.4 Gender Difference in Coping Strategies, Perceived Social Support, and SNSs**

Regarding gender difference of coping strategy, the results of this study show that male and female participants pertaining to problem-focused coping have a small statistically significance difference in which women used more problem focused coping with a small effect size. That means to cope with their stressful life situation, men and women use problem- focused coping strategy but women overuse it. The current study also found no statistically significant gender difference in emotion-focused coping which, meaning that men and women did not differ in using emotion-focused coping. This part of the findings is not in line with the study conducted by Araya et al. (2017) among IDPs in Ethiopia, in which it was shown that women employed significantly more emotion-oriented while men employed significantly

more task-oriented coping. In line with this, Hussain and Bhushan (2011) conducted a study among Tibetan refugees who found that men used task-oriented coping more than women. In addition to these findings, this study also found no statistically significant difference between men and women with regards to avoidance coping. This result is consistent with the findings of that Araya et al. (2017) among IDPs in Ethiopia and Morina et al. (2008) among survivors of war in Kosovo who found both men and women employed avoidance-oriented coping.

Regarding gender difference in PSS, the results of this study confirmed that male and female social support does not have statistically significant difference, meaning that they perceive support equally by family, friends and significant others. This result is consistent with that of David et al. (2021) among internally displaced adolescents in North-east of Nigeria who did not find gender differences with regard to PSS. Similarly, Betancourt et al. (2012) carried out a research study among displaced adolescents during the Chechen conflict and found no gender difference pertaining to social support. While the study conducted by Araya et al. (2007) among IDPs in Ethiopia on PSS found men perceive more social support than women which is inconsistent with findings of the current study. Conversely, in the study of Llabre and Hadi (1997) among Kuwaiti girls and boys exposed to trauma during the Gulf War crisis found that the girls had higher social support than the boys.

To understand the gender differences, this study also performed independent sample t-test to specifically examine if there is any statistical difference between males and females pertaining to SNSs usage. The findings suggest that male participants were more addicted to SNSs compared to female participants. Although there might be different factors for this outcome, but it could probably be due to lack of job opportunities in the IDP camps, making men to possess substantial amount of

spare time. Taking men's free time into consideration, it is clear to understand that they would prefer to spend time online using SNSs to pass their long days or nights of the year ever since they became IDPs in the camps in 2014. Similarly, women are more occupied with housework and raising children at home, making them to use SNSs less often compared to men. These results agree with those of previous literature where they suggest that male participants reported SNSs addiction higher than female participants (Azizi et al., 2019; Çam, 2012; Tektaş, 2014). Nonetheless, these findings disagree with the findings of Biernatowska et al. (2017), Ma (2022), Tang et al. (2017) and Tutgun-Ünal (2015) who asserted that female participants were found to be addicted to SNSs more often than their male counterparts.

### **5.2.5 Role of Coping Strategies on SNSs Addiction**

The results of this study with regards to the role of coping on SNSs addiction revealed that coping strategies have significant effects in predicting SNSs addiction, meaning that the ways of coping the Yazidi IDP community use in the camps have significant effects on their addiction to SNSs. Reading the scientific body of literature showed that no study directly measured the role of coping strategies on addiction to SNSs among IDPs. However, the systematic reviews done by Wolfers and Utz (2022) demonstrate that social media can be used as a coping tool and also can be used as a resource. For example, people may use social media as emotion-focused coping to improve stress-induced negative emotions. Also, this study found that emotion focused coping and avoidance coping predict SNSs addiction, indicating that Yazidis in the camps spend most of their time on SNSs to help them forget about struggling situations in the camps and escape their daily life stressors. This finding is in agreement with the study conducted by Thorsteinsson and McNicol (2017) in which they found that problematic internet users scored higher on emotion and avoidance coping responses in adults. Similarly, Bae (2022) addressed that

emotional venting and avoidance coping strategies significantly affected escape, social interaction, and entertainment seeking by tolerating individuals to get into social media activities and forget unpleasant thoughts related with the pandemic. Sriwilai and Charoensukmongkol (2016) and Hurley (2018) concluded that addicted participants to social media to cope with their stresses chose emotion-focused coping strategy.

Moreover, this study concluded that there is a lack of significant effect between problem-focused coping strategies and addiction to SNSs, showing that those participants who engage to use problem- focused strategies are not likely to be addicted to SNSs. This finding is in agreement with that of Wong et al. (2020) and Sriwilai and Charoensukmongkol (2016) who found no significant effects of problem focused coping on social media addiction.

### **5.2.6 The Mediating Role of Perceived Social Support between Coping Strategies and SNSs Addiction**

This study did not find the mediating role of PSS in general, revealing that PSS does not mediate between coping strategies and SNSs addiction. Past research shows that no study directly investigated PSS as a mediator between coping strategies and SNSs addiction among IDPs to compare the results of the present study. To further understand the potential mediating role of PSS in the relationship between coping strategies and SNSs addiction and to specifically clarify if any of the dimensions of PSS (i.e., family, friends, and significant other) can play as a mediator in the association between coping strategies and SNSs addiction, the sub-dimensions of PSS were run again. This analysis found that two of the three dimensions of PSS (family support, friends' support) were found to be mediators between coping strategies and SNSs addiction, but support from significant others

did not mediate between coping strategies and addiction to SNSs. This result indicates that as the support from family and friends increase, the level of addiction to SNSs decrease, but the support from significant other does not have any relation in this matter. Bilgin and Taş, (2018) found negative relationships between social media addiction and PSS from family, and significant others, meaning that individuals with high level of PSS from family and significant others have lower level of social media addiction. Furthermore, Caba Machado (2022) addressed that that SNSs usage is related to PSS from friends-significant others while it is not related to PSS from family. However, these are in line with that of Çevik and Yildiz (2017) who concluded that support by significant others predict the Internet addiction including SNSs and that family support and friend support among sub-dimensions of PSS did not predict the Internet addiction including SNSs.

### **5.3 Conclusion**

The current contribution on the Yazidi IDP adults in the camps in KRI investigated the role of coping strategies associated with SNSs addiction with mediation of PSS. It was found that most Yazidi IDPs in the camps in KRI use emotion focused coping followed by problem- focused coping and then avoidance coping strategy. Also, a high level of PSS was found among participants. Regarding SNSs addiction, a high level of addiction to SNSs was found especially among men. It seems that emotion focused and avoidance coping strategy predict addiction to SNSs. The subscales of family and friend from PSS mediated the relationships between coping strategy and addiction to SNSs. The current study has the potential for relevant people to take necessary actions in assisting Yazidi IDPs based on the results of the present contribution. Last, this study also provides useful and accurate data and knowledge for future researchers undertaking similar studies on Yazidi IDPs.

## **5.4 Limitations and Future Research Suggestions**

Although the findings of this study provide important insights, there are certain limitations that may have influenced the results. One of the limitations of the present study included the use of a convenience sample which limited the generalizability of the study. Furthermore, the chosen cross-sectional survey design can be another limitation. It is not possible to make causal and effect of addiction to SNSs. The Brief Coping Inventory may not capture all coping strategies due to the diversity of coping behaviors amongst different population groups, particularly given the challenge of achieving local social and cultural relevance and appropriateness (Carver et al. 1989). Another limitation of the present study lies in the fact that it employed a quantitative research approach for the purpose of data collection. Last, translating instruments into Arabic language in this study is considered another limitation of the present study. This is mainly due to the fact that not all Yazidis are capable of speaking Arabic language.

Future studies in KRI especially among conflict-affected and post-conflict populations therefore may focus on conducting research on effective interventions to support and strengthen coping strategies among conflict-affected populations. Experts can also carry out studies on reasons behind addiction to SNSs addiction among IDPs in KRI. Similar studies can be carried out on adolescents and children, and their results can be compared. Also, it is also important to mention that future researchers in this area of research can employ mixed methods approach in their studies to offer deeper understanding and insights with regard to Yazidi IDPs on these research areas. Finally, it is important for future researchers to focus on the limitations of this study and pay attention to the issue of instrument translation such as Badini or Shangali when studying the Yazidi community.

## **5.5 Recommendations**

The issue of addiction to SNSs should be dealt with in the context of IDPs with due significance. In addition, to reduce addiction to SNSs, appropriate planning should be made to control the phenomenon. The results of this study may support clinicians with designing cognitive behavioral interventions and prevention programs aiming maladaptive coping strategies. Also, this study provides data for reference in designing a better social support program which will aid the social and psychological aspects of the Yazidi IDPs in Kurdistan to improve their support system in order to improve their mental health and well-being. These should be community-driven initiatives to support active coping, support-seeking, positive cognitive restructuring and problem-solving. Furthermore, the interventions must address negative coping strategies, which are associated with addiction to SNSs. These could be led by community-based organizations in the conflict-affected communities with the support from nongovernmental organizations (NGOs) such as UNICEF, UNHCR, UNFPA.

Furthermore, the Ministry of Labour and Social Affairs (MOLSA) may provide further social and psychological services in the camps where the Yazidi community resides. Also, psychiatrists, psychologists, psychological counselors can also provide psychological services such as psychological counseling or group psychological counseling interventions organized by experts dealing with SNSs addiction activities to reduce or prevent SNSs addiction.

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## Appendices

### Appendix A

#### Brief-COPE

Instructions:

The following questions ask how you have sought to cope with a hardship in your life. Read the statements and indicate how much you have been using each coping style.

		I haven't been doing this at all	A little bit	A medium amount	I've been doing this alot
1	I've been turning to work or other activities to take my mind off things.				
2	I've been concentrating my efforts on doing something about the situation I'm in.				
3	I've been saying to myself "this isn't real".				
4	I've been using alcohol or other drugs to make myself feel better.				
5	I've been getting emotional support from others.				
6	I've been giving up trying to deal with it.				
7	I've been taking action to try to make the situation better.				
8	I've been refusing to believe that it has happened.				
9	I've been saying things to let my unpleasant feelings escape.				
10	I've been getting help and advice from other people.				
11	I've been using alcohol or other drugs to help me get through it.				
12	I've been trying to see it in a different light, to make it seem more positive.				
13	I've been criticizing myself.				
14	I've been trying to come up with a strategy about what to do.				

		I haven't been doing this at all	A little bit	A medium amount	I've been doing this alot
15	I've been getting comfort and understanding from someone.				
16	I've been giving up the attempt to cope.				
17	I've been looking for something good in what is happening.				
18	I've been making jokes about it.				
19	I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.				
20	I've been accepting the reality of the act that it has happened.				
21	I've been expressing my negative feelings.				
22	I've been trying to find comfort in my religion or spiritual beliefs.				
23	I've been trying to get advice or help from other people about what.				
24	I've been learning to live with it.				
25	I've been thinking hard about what steps to take.				
26	I've been blaming myself for things that happened.				
27	I've been praying or meditating.				
28	I've been making fun of the situation.				

## Appendix B

### Social Networking Addiction Scale

Instructions:

Please indicate how much you agree or disagree with the following statements. The responses will be kept confidential. It is important that you try to answer as honestly as possible.

1	While I work/study, my mind remains on social networking sites.						
	1 Strongly disagree	2 Disagree	3 Somewhat disagree	4 Neither agree nor disagree	5 Somewhat agree	6 Agree	7 Strongly agree
2	I go to social networking sites instantly after waking up in the morning.						
	1 Strongly disagree	2 Disagree	3 Somewhat disagree	4 Neither agree nor disagree	5 Somewhat agree	6 Agree	7 Strongly agree
3	I check for updates on social networking sites while studying/working.						
	1 Strongly disagree	2 Disagree	3 Somewhat disagree	4 Neither agree nor disagree	5 Somewhat agree	6 Agree	7 Strongly agree
4	I check my social networking account before starting any task or activity.						
	1 Strongly disagree	2 Disagree	3 Somewhat disagree	4 Neither agree nor disagree	5 Somewhat agree	6 Agree	7 Strongly agree
5	I go to social networking sites whenever I am upset.						
	1 Strongly disagree	2 Disagree	3 Somewhat disagree	4 Neither agree nor disagree	5 Somewhat agree	6 Agree	7 Strongly agree
6	Social networking helps me lift my mood.						
	1 Strongly disagree	2 Disagree	3 Somewhat disagree	4 Neither agree nor disagree	5 Somewhat agree	6 Agree	7 Strongly agree
7	I feel relaxed whenever I am on social networking sites.						
	1 Strongly disagree	2 Disagree	3 Somewhat disagree	4 Neither agree nor disagree	5 Somewhat agree	6 Agree	7 Strongly agree
8	These days I spend more and more time on social networking sites.						
	1 Strongly disagree	2 Disagree	3 Somewhat disagree	4 Neither agree nor disagree	5 Somewhat agree	6 Agree	7 Strongly agree
9	When compared I spend more time on social networking sites now than I did in the						

	past.						
	1 Strongly disagree	2 Disagree	3 Somewhat disagree	4 Neither agree nor disagree	5 Somewhat agree	6 Agree	7 Strongly agree
10	I need to be on social networking sites for longer time than before to be satisfied.						
	1 Strongly disagree	2 Disagree	3 Somewhat disagree	4 Neither agree nor disagree	5 Somewhat agree	6 Agree	7 Strongly agree
11	I feel sad when I am unable to log in to social networking sites.						
	1 Strongly disagree	2 Disagree	3 Somewhat disagree	4 Neither agree nor disagree	5 Somewhat agree	6 Agree	7 Strongly agree
12	I become irritable whenever I cannot log in to social networking sites.						
	1 Strongly disagree	2 Disagree	3 Somewhat disagree	4 Neither agree nor disagree	5 Somewhat agree	6 Agree	7 Strongly agree
13	I feel frustrated when I cannot use social networking sites.						
	1 Strongly disagree	2 Disagree	3 Somewhat disagree	4 Neither agree nor disagree	5 Somewhat agree	6 Agree	7 Strongly agree
14	I become restless when I do not get time for social networking.						
	1 Strongly disagree	2 Disagree	3 Somewhat disagree	4 Neither agree nor disagree	5 Somewhat agree	6 Agree	7 Strongly agree
15	I try to hide the time I spend on social networking.						
	1 Strongly disagree	2 Disagree	3 Somewhat disagree	4 Neither agree nor disagree	5 Somewhat agree	6 Agree	7 Strongly agree
16	I need to lie to my parents and others when they ask about my social networking usage.						
	1 Strongly disagree	2 Disagree	3 Somewhat disagree	4 Neither agree nor disagree	5 Somewhat agree	6 Agree	7 Strongly agree
17	I ignore my sleep because I have/want to be on social networking sites.						
	1 Strongly disagree	2 Disagree	3 Somewhat disagree	4 Neither agree nor disagree	5 Somewhat agree	6 Agree	7 Strongly agree
18	I have failed to cut down the time I spend on social networking sites.						
	1 Strongly disagree	2 Disagree	3 Somewhat disagree	4 Neither agree nor disagree	5 Somewhat agree	6 Agree	7 Strongly agree
19	I have tried to stop using social networking sites, but have failed.						
	1 Strongly disagree	2 Disagree	3 Somewhat disagree	4 Neither agree nor disagree	5 Somewhat agree	6 Agree	7 Strongly agree
20	I am unable to cut-down the time I spend on social networking sites.						
	1 Strongly	2 Disagree	3 Somewhat	4 Neither agree	5 Somewhat	6 Agree	7 Strongly

	disagree		disagree	nor disagree	agree		agree
21	My repeated attempts to reduce the time I spend on social networking sites have failed.						
	1 Strongly disagree	2 Disagree	3 Somewhat disagree	4 Neither agree nor disagree	5 Somewhat agree	6 Agree	7 Strongly agree

## Appendix C

### Multidimensional Scale of Perceived Social Support (MSPSS)

Instructions:

We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement.

1	There is a special person who is around when I am in need.						
	1 Strongly disagree	2 Disagree	3 Somewhat disagree	4 Neither agree nor disagree	5 Somewhat agree	6 Agree	7 Strongly agree
2	There is a special person with whom I can share my joys and sorrows.						
	1 Strongly disagree	2 Disagree	3 Somewhat disagree	4 Neither agree nor disagree	5 Somewhat agree	6 Agree	7 Strongly agree
3	My family really tries to help me.						
	1 Strongly disagree	2 Disagree	3 Somewhat disagree	4 Neither agree nor disagree	5 Somewhat agree	6 Agree	7 Strongly agree
4	I get the emotional help and support I need from my family						
	1 Strongly disagree	2 Disagree	3 Somewhat disagree	4 Neither agree nor disagree	5 Somewhat agree	6 Agree	7 Strongly agree
5	I have a special person who is a real source of comfort to me.						
	1 Strongly disagree	2 Disagree	3 Somewhat disagree	4 Neither agree nor disagree	5 Somewhat agree	6 Agree	7 Strongly agree
6	My friends really try to help me.						
	1 Strongly disagree	2 Disagree	3 Somewhat disagree	4 Neither agree nor disagree	5 Somewhat agree	6 Agree	7 Strongly agree
7	I can count on my friends when things go wrong.						
	1 Strongly disagree	2 Disagree	3 Somewhat disagree	4 Neither agree nor disagree	5 Somewhat agree	6 Agree	7 Strongly agree
8	I can talk about my problems with my family.						
	1 Strongly disagree	2 Disagree	3 Somewhat disagree	4 Neither agree nor disagree	5 Somewhat agree	6 Agree	7 Strongly agree
9	I have friends with whom I can share my joys and sorrows.						
	1 Strongly	2 Disagree	3 Somewhat	4 Neither agree	5 Somewhat	6 Agree	7 Strongly

	disagree		disagree	nor disagree	agree		agree
10	There is a special person in my life who cares about my feelings.						
	1 Strongly disagree	2 Disagree	3 Somewhat disagree	4 Neither agree nor disagree	5 Somewhat agree	6 Agree	7 Strongly agree
11	My family is willing to help me make decisions.						
	1 Strongly disagree	2 Disagree	3 Somewhat disagree	4 Neither agree nor disagree	5 Somewhat agree	6 Agree	7 Strongly agree
12	I can talk about my problems with my friends.						
	1 Strongly disagree	2 Disagree	3 Somewhat disagree	4 Neither agree nor disagree	5 Somewhat agree	6 Agree	7 Strongly agree

## Appendix D

### Arabic Version of Measures

اختي العزيزة...

اخي العزيز...

تحية طيبة.....

بين يديك استبيان يتألف من مجموعة من الفقرات تتعلق بأساليب التعامل مع الضغوط والصعوبات الحياتية، واستخدام شبكات التواصل الاجتماعي، والاسناد الاجتماعي، وضع لأغراض البحث العلمي. لذا يرجى قراءة كل فقرة والإجابة عنها بدقة، علماً بأن اجابتك سوف لا يطلع عليها أحد سوى الباحثة، فلا حاجة لذكر الاسم.

#### مع فائق التقدير

هوزان صالح حسين/ طالبة ماجستير في قسم علم النفس السريري / جامعة كوية

#### معلومات عامة:

الجنس: ذكر  انثى

العمر:

الحالة الزوجية: اعزب  متزوج/ة  مطلق/ة  ارملة

المستوى التعليمي: امي/ة  ابتدائي  متوسط  اعدادي  جامعي

المهنة: عاطل  موظف/ة في القطاع الخاص  موظف/ة في القطاع الحكومي  اعمال حرة

المستوى الاقتصادي: ضعيف  متوسط  جيد  جيد جدا

مكان المخيم: السليمانية  دهوك

أختي العزيزة...  
أخي العزيز...

ان الفقرات التالية هي عبارة عن مجموعة من الأسئلة المتعلقة بأساليب التعامل مع الضغوط والصعوبات الحياتية. يرجى قراءتها بدقة وتحديد مدى استخدامك لكل اسلوب من هذه الاساليب.

الفقرات	لم أفعل هذا على الإطلاق	قليلا	احيانا	أفعل ذلك مراراً
١				
٢				
٣				
٤				
٥				
٦				
٧				
٨				
٩				
١٠				
١١				
١٢				
١٣				
١٤				
١٥				
١٦				
١٧				
١٨				

				أفعل شيئاً ما كي أفكر بها بشكل أقل، مثل الذهاب إلى السينما أو مشاهدة التلفزيون أو القراءة أو أحلام اليقظة أو النوم أو التسوق.	١٩
				أتقبل حقيقة حدوث ذلك.	٢٠
				أعبر عن مشاعري السلبية.	٢١
				أحاول أن أجد الراحة في ديني أو معتقداتي الروحية.	٢٢
				أحاول الحصول على النصيحة أو المساعدة من الآخرين فيما يجب أن أقوم به.	٢٣
				أتعلم التعايش معها.	٢٤
				أفكر ملياً في الخطوات التي يجب اتخاذها.	٢٥
				ألوم نفسي على الأشياء التي حدثت.	٢٦
				أكثر من دعاء أو أتأمل.	٢٧
				أسخر من الموقف.	٢٨

أختي العزيزة...  
أخي العزيز...

ان الفقرات التالية هي عبارة عن مجموعة من الأسئلة المتعلقة باستخدام شبكات التواصل الاجتماعي. يرجى  
وبدقة تحديد مدى اتفاقك أو عدم اتفاقك معها.

موافق بشدة	موافق	موافق الى حد ما	محايد	غير موافق الى حد ما	غير موافق	غير موافق بشدة	العبارات	
							يبقى ذهني منشغلا بشبكات التواصل الاجتماعي اثناء عملي أو دراستي.	١
							أتفقد شبكات التواصل الاجتماعي كلما شعرت بالانزعاج.	٢
							هذه الأيام أقضي أوقاتا أكثر فأكثر على شبكات التواصل الاجتماعي.	٣
							اشعر بالحزن عندما لا أكون قادرا على دخول شبكات التواصل الاجتماعي.	٤
							أحاول أن أخفي الوقت الذي أقضيه في شبكات التواصل الاجتماعي.	٥
							لقد فشلت في تقليص الوقت الذي أقضيه على شبكات التواصل الاجتماعي.	٦
							أتفقد شبكات التواصل الاجتماعي فور استيقاظي من النوم صباحاً.	٧
							تساعدني شبكات التواصل الاجتماعي في تحسين مزاجي.	٨
							اقضي الان أوقاتا أكثر على شبكات التواصل الاجتماعي مقارنة بالماضي.	٩
							أصبح متوترا كلما كنت غير قادر على دخول شبكات التواصل الاجتماعي.	١٠

						لا أجييب عن سؤال لأخرين لي حول الوقت الذي أفضيه في شبكات التواصل الاجتماعي.	١١
						لقد حاولت التوقف عن استخدام شبكات التواصل الاجتماعي ولكنني فشلت.	١٢
						أنتقد التحديثات في شبكات التواصل الاجتماعي أثناء دراستي أو عملي.	١٣
						أشعر بالاسترخاء كلما كنت على شبكات التواصل الاجتماعي.	١٤
						احتاج الى وقت أطول من السابق على شبكات التواصل الاجتماعي كي أشعر بالاكفاء.	١٥
						أشعر بالإحباط حينما لا أستطيع دخول شبكات التواصل الاجتماعي.	١٦
						اتجاهل النوم لانه عليّ أو أنني أريد أن أكون على شبكات التواصل الاجتماعي.	١٧
						لا أستطيع تقليص الوقت الذي أفضيه على شبكات التواصل الاجتماعي.	١٨
						تفقد حسابي على شبكات التواصل الاجتماعي قبل البدء في أي عمل أو نشاط.	١٩
						أشعر بالانزعاج عندما لا يكون لدي وقت لدخول شبكات التواصل الاجتماعي.	٢٠
						لقد فشلت محاولاتي المتكررة لتقليص الوقت الذي أفضيه على شبكات التواصل الاجتماعي.	٢١

أختي العزيزة...  
أخي العزيز...

ان الفقرات التالية هي عبارة عن مجموعة من الأسئلة المتعلقة بالاسناد الاجتماعي. يرجى قراءة كل فقرة بدقة ومن ثم تحديد احساسك تجاهها.

موافق بشدة	موافق	موافق بدرجة قليلة	محايد	غير موافق بدرجة قليلة	غير موافق	غير موافق بشدة	العبارات	
							يتواجد بجواري شخص مميز عندما احتاج إلى شيء.	١
							هناك شخص مميز اشاركه افراحي وأحزاني.	٢
							تحاول عائلتي أن تساعدني حقاً.	٣
							احصل من عائلتي على الدعم والاسناد العاطفي الذي أحتاجه.	٤
							لدى شخص مميز هو أو هي مصدر حقيقي لراحتي.	٥
							يحاول اصدقائي مساعدتي حقاً.	٦
							يمكنني الاعتماد على أصدقائي عندما تسوء الأمور.	٧
							يمكنني التحدث عن مشكلاتي مع عائلتي.	٨
							لدى أصدقاء يمكنني مشاركة افراحي وأحزاني معهم.	٩
							هناك شخص مميز في حياتي يهتم بمشاعري.	١٠
							عائلتي مستعدة لمساعدتي في اتخاذ القرارات.	١١
							يمكنني التحدث عن مشكلاتي مع أصدقائي.	١٢

## Appendix E

### Kurdish Version of Measures

خوشکو و برای بهریز.....

سلاو.....

ئهم راپرسیهه له بهر دهستی بهریزانه، له چهند پرسیاریک پینک هاتوه سهبارت به شیوازی مامهلهکردن له گهله فشاروقورساییه کانی ژیان و بهکارهینانی توره کومه لایهتیهکان و پالپشتی کومه لایهتی، و بو مه بهستی نهجامدانی توژیینهوهیهکی زانستی دانراوه. تکایه برگهکان بخوینهوه و به وردی وه لامیان بدهروه. تهواوی وه لامهکانیشت تهنا بو مه بهستی نهکادیمی ئهم توژیینهوهیه بهکاردی و به نهینی دهمنییهتهوه.

له گهله ریزدا

هوزان صالح حسین / خویندکاری ماسته له بهشی کلینیکهله سایکۆلۆجی – زانکۆی کۆیه

زانباری گشتی:

رهگهز: نیر  می

تهمه:

باری خیزایی: سهلت  هوسهردار  جیا به وه  بیوه ژن  ژن مردوو

ناستی خویندهواری: نه خویندهوار  سه مهتایی  ناوه ندیی  نامادهیی  زانکو

پیشه: بیکار  فه مانبهری کهرتی تایبعت  فه مانبهری کهرتی حکومت  خاوهن کار

ناستی نابوری: خراب  مامناوهند  باش  زور باش

کامپی نیشته جیبوون: سلیمانی  دهوک

خوشکو برای بهرینز.....

نهم برگانهی خوارهوه بریتین له چند پرسپاریک سهبارت به شتیوازی مامهلهکردن لهکاتی تنگ و چهلمههی ژیاندا. تکایه به وریاییهوه برگهکان بخوینهوه و نهوه دیاری بکه که تا چند هسریهک له شتیوازهکانی مامهلهکردن بهکار هیناوه.

ژ.	برگهکان	به هیچ شتیوهیهک نهجام نهداوه	کهمنیک نهجام داوه	به شتیوهیهکی مامناوهندی نهجام داوه	زور نهجام داوه
۱	خوم سسقال کردوه به کار یان چالاکی دیکهوه بونهوهی شتهکان لهبیریکهم.				
۲	تسکیزی زورم لهسسر همولهکانم بوه بو نهجامدانی شتیک دهربارهی نهو بارودوخهی که من تئیدام.				
۳	بهخومم گوتوه "نهمه راستی نییه".				
۴	نهلکحول یان دهرمانی دیکهم بهکار هیناوه بونهوهی هسست به باشتربون بکهم.				
۵	پالپشتی سوزدار بیم له خهلیکی دیکهوه وهرگرتوه.				
۶	دهستم هملگرتوه له همولدان بو مامهلهکردن لهگمل بارودوخهکه.				
۷	همولم داوه بونهوهی بارودوخهکه باشتر بکهم.				
۸	نهوم رهتکر دوتهوه که باوهر بکهم که نهوه رویداوه.				
۹	شتم گوتوه بونهوهی هسسته ناخوشهکانم لهخوم دوربخمهوه.				
۱۰	یارمندی و ناموزگاریم له خهلیکی دیکهوه وهرگرتوه.				
۱۱	نهلکحول یان دهرمانی دیکهم بهکار هیناوه بونهوهی هاوکاریم بکهن له تئیهراندنی نهو بارودوخه.				
۱۲	همولی نهوم داوه که له گوشههی جیاوازهوه لئی پروانم بونهوهی نهرنینی دیاربی.				
۱۳	رمخنهم لهخوم گرتوه.				
۱۴	همولی نهوم داوه که ریگایهک بدوزمهوه بونهوهی بزائم که چ بکهم.				
۱۵	ناسودهی و تیگهیشتم له خهلیکی دیکهوه وهرگرتوه.				
۱۶	دهستم هملگرتوه له همولدان بو مامهلهکردن.				
۱۷	بهدوای شتی باشدا گهر اوم لهوهی که روددا.				

				گالتهو گهپم دهر باره‌ی کردوه.	۱۸
				شنتیکم کردوه که کهمتر بیری لئیکه‌مهوه و مکو (رؤیشتن بو سینه‌ما، تماشاکردنی تهل‌فزیون، خویندنهوه، دالغه لئدان، نوستن، باز اریکردن).	۱۹
				ئمو راستیه‌م قهبول کردوه که ئموه رویداوه.	۲۰
				هسته نهر نینیه‌کانم دهر بریوه.	۲۱
				ههولئ ئموه داوه که ئاسوده‌یی له ناینه‌که‌م یان باومره رۆحیه‌کانم بدۆزمهوه.	۲۲
				ههولم داوه که ئامۆژگاری یان یارمته‌ی له کهسانی دیکه وهر بگرم دهر باره‌ی ئموه‌ی که چ بکه‌م.	۲۳
				فیری ئموه بوم که له‌گه‌لی دا بزیم.	۲۴
				زۆرم بیرکردۆتهوه دهر باره‌ی ئموه‌ی که چ ههنگاوێک بنیم.	۲۵
				لۆمه‌ی خۆمم کردوه دهر باره‌ی ئموه‌ی شتانه‌ی که روینداوه.	۲۶
				نوێژ یان تئیرامانم نه‌نجام داوه.	۲۷
				گالته‌م به بار و دۆخه‌که هاتهوه.	۲۸

### خوشکو و برای بهرینز.....

ئەم برگانەى خوار موه بریتین له چەند پرسىاریک سەبارەت بە بەکارهێنانى تۆرە کۆمەڵایەتیەکان. تکایە بە وردى ئەوه دیاریبکە که تا چەند هاوڕای یان ناهاوڕای لەگەڵ ئەم برگانەى خوار موه.

زۆر هاوڕام	هاوڕام	تارادەیک هاوڕام	بریارم نەداوه	تارادەیک ناهاوڕام	ناهاوڕام	زۆر ناهاوڕام	برگەکان	
							میشکم لای تۆرە کۆمەڵایەتیەکانە کاتیک کار دەکەم یان دمخوینم.	۱
							پیش دەستپیکردنى هەر کار و چالاکیەک، سەردانى هەژماری تالیەتی خۆم له تۆرە کۆمەڵایەتیەکان دەکەم.	۲
							لەم رۆژگارەدا کاتیکى زۆر زۆر لەسەر تۆرە کۆمەڵایەتیەکان بەسەر دەبەم.	۳
							هەست بە دلتەنگی دەکەم کاتیک نەتوانم بچمە ناو تۆرە کۆمەڵایەتیەکان.	۴
							هەول دەدم ئەو کاتە بشار موه که لەسەر تۆرە کۆمەڵایەتیەکان بەسەرى دەبەم.	۵
							شکستم هێناوه له کهمکردنەوى کاتى بەکارهێنانى تۆرە کۆمەڵایەتیەکان.	۶
							راستەوخۆ سەردانى تۆرە کۆمەڵایەتیەکان دەکەم کاتیک بەیانیان له خەو هەل دەستم.	۷
							تۆرە کۆمەڵایەتیەکان هاوکاریم دەکەن له باشترکردنى میزاجم.	۸
							بەرورد بە پیشتر، کاتیکى زۆر زیاتر لەسەر تۆرە کۆمەڵایەتیەکان بەسەر دەبەم.	۹
							بى تۆرە دەبم کاتیک ناتوانم بچمە ناو تۆرە کۆمەڵایەتیەکان.	۱۰

						<p>۱۱ پئويستمه كه درۆ لهگهڵ دايبكو باوكم يان ئهوانى ديكه بكهم كاتيك كه پرسيارم لئدهكمن دهر بارهى برى بهكار هينانى توره كومه لايهتتبهكان.</p>
						<p>۱۲ ههولم داوه كه بهكار هينانى توره كومه لايهتتبهكان بوستينم، بهلام شكستم هيناوه.</p>
						<p>۱۳ لهكاتى خویندن يان كار كردن بهدواى ئهوه دا دهگهريم چى نوئ ههيه له توره كومه لايهتتبهكان.</p>
						<p>۱۴ ههست به ئاسودهيى دهكهم كاتيك توره كومه لايهتتبهكان بهكار دههينم.</p>
						<p>۱۵ بوئهو هى كه مور ناح بم، پئويستم بهويه كه كاتيكى زورت تر لاسهس توره كومه لايهتتبهكان بهسهر ببهم به بهروارد لهگهڵ پيشتر.</p>
						<p>۱۶ ههست به بن هيوايى دهكهم كاتيك ناتوانم توره كومه لايهتتبهكان بهكار بهينم.</p>
						<p>۱۷ خهوم فهر اموش دهكهم چونكه دهمهوى يان پئويسته كه لاسهس توره كومه لايهتتبهكان بم.</p>
						<p>۱۸ من ناتوانم ئهو كاته كهم بكهمهوه كه بهسهرى دهبهم لاسهس توره كومه لايهتتبهكان</p>
						<p>۱۹ سهردانى توره كومه لايهتتبهكان دهكهم هسركاتيك كه نيگهرايم.</p>
						<p>۲۰ ئارام نابم كاتيك كه كاتم نيبه بو توره كومه لايهتتبهكان.</p>
						<p>۲۱ ههولم بهردهوامهكانم بو كهسكه دهمهوى ئهوكاتهى كه بهسهرى دهبهم لاسهس توره كومه لايهتتبهكان شكستى هيناوه.</p>

خوشکو برای بهریز.....

ئەم برگانهی خوارهوه بریتین له چەند پرسیاریک سەبارەت بە پالپشتی کۆمەلایەتی؛ دەمانەوی بزانیین که هەستی تۆ چیبە بەرانبەریان. تکایە هەر یەک له برگەکان بە وریایهوه بخوینەوه و هەستی خۆت بەرانبەری دیاریبکە.

بەتەواوی هاورام	زۆر هاورام	بەشتیوهیەکی مامناوەندی هاورام	بەریارم نەداوه	بەشتیوهیەکی مامناوەندی ناهاورام	زۆر ناهاورام	بەتەواوی ناهاورام	برگەکان	
							کەسێکی تاییبەت هەیە کاتێک پتووستییم هەیە.	١
							کەسێکی تاییبەت هەیە که من دەتوانم خۆشیهکانم و ناخۆشیهکانمی لهگەڵ بەش بکەم.	٢
							خیزانهکەم زۆر هەوڵی یارمەتیدانم دەدم.	٣
							نەوێندەهێ که پتووستمه، خیزانهکەم یارمەتی و پشتگیری سۆزداریم دەکن.	٤
							کەسێکی تاییبەتم هەیە که بەرستی سەرچاوهی ناسودهیبمه.	٥
							کاتێک شتەکان باش نارۆن دەتوانم پشت بە هاوڕێکانم بیهستم.	٦
							دەتوانم له کاتی تەنگانەدا پشت بەهاوڕێکانم بیهستم.	٧
							دەتوانم دەربارەهێ گرتەکانم گفتوگۆ لهگەڵ خیزانهکەم بکەم.	٨
							هاوڕێم هەیە که بتوانم خۆشیهکان و ناخۆشیهکانم لهگەڵیان بەش بکەم.	٩
							کەسێکی تاییبەت هەیە له ژيانمدا که گرنگی به ههستهکانم دەدات.	١٠
							خیزانهکەم خوازیارن له کاتی بەریار دانا یارمەتیم بدن.	١١
							دەتوانم لهبارەهێ گرتەکانمەوه گفتوگۆ لهگەڵ هاوڕێکانم بکەم.	١٢

## Appendix F

### Koya University Code of Ethics



#### Koya University Faculty of Health & Science Research Ethical Approval Form

The purpose of this form is for you to think about ethical issues in your research.

Supervisor	Professor. Dr. Rushdi Ali Merza
Student name(s) (if applicable)	Hozan Salih Hussein
Student email address (if applicable)	<a href="mailto:hozansalihhussein95@gmail.com">hozansalihhussein95@gmail.com</a> <a href="mailto:Hozan.00623491@gmail.com">Hozan.00623491@gmail.com</a>
Title of the project	The Role of Coping Strategies on Social Networking Sites Addiction as Mediated by Perceived Social Support among Yazidis in Kurdistan Region – Iraq
Type of project (undergraduate project, postgraduate project, other research)	Postgraduate project
Purpose (benefit) of the project	The purpose of this study is understanding the role of coping strategy on SNSs addiction with mediation of perceived social support. This significant because this is first contribution to be conducted on SNSs addiction among Yazidi IDPs residing in the camps in KRI. The results of this study will help psychologists, counsellors and professional stake holders in the camp aid Yazidi IDPs based on the results of this study.
Other centres collaborating on the project (if applicable)	Note applicable
Proposed start date	15/11/2021
Duration of the project	1 year
STUDENTS ONLY Your supervisor must read <i>and</i> approve this form – please circle yes to indicate that you have obtained his/her approval.	Yes

**DECLARATION**

Please read this declaration carefully and type the date of submission at the end to indicate you have read and understood it.

I confirm that the information contained in this application to be an accurate description of the proposed work.

Signature .....  .....

Date.....17-2-2022.....

Prof. Dr. Rushdi Ali Merza  
Supervisor

## Section A

- Complete the table below: answer yes or no to each question. If the answer to all the questions is “no” you do not need to complete the rest of the form.
- If the answer to any of these questions is “yes” please complete the appropriate section (B-E).
- Students whose supervisors have already filled this form for a project, do not need to fill the form again if they work on the same project.

Please circle yes or no as appropriate to each question below. If “yes”, complete the appropriate section(s) indicated.	
Does the proposed work involve human subjects or human derived material e.g. in questionnaires, physiological or psychological testing? <i>If “yes” go to section B</i>	<i>Yes</i>
Does the proposed work involve the capture, removal from the wild and/or destruction of animals? <i>If “yes” go to section C</i>	<i>Yes / No</i>
Could the proposed work result in disturbance to any animal e.g. through observations made near bird nesting sites? <i>If “yes” go to section C</i>	<i>Yes / No</i>
Does the proposed work involve observations made on captive animals and/or on animals cultured in the laboratory? <i>If “yes” go to section C</i>	<i>Yes / No</i>
Does the proposed work involve activities which could temporarily or permanently damage or disturb the environment (e.g. removal of wild plants) or archaeological remains and artefacts? <i>If “yes” go to section D</i>	<i>Yes / No</i>
Does the proposed work involve the use of carcinogenic/toxic/harmful chemicals? <i>If “yes” go to section E</i>	<i>Yes / No</i>
Does the proposed work involve a potential conflict of interest or raise ethical issues regarding the source of funding or where publication of research data may be restricted? <i>Go to section F</i>	<i>Yes / No</i>

## SECTION B

### Use of human subjects or human derived material

<p><b>Aim of project:</b> Please outline the main aims of your project including hypotheses to be tested / questions addressed. Do not exceed 100 words.</p> <p style="text-align: center;"><b>Objectives of the Study</b></p> <ol style="list-style-type: none"> <li>1. Knowing the coping strategies, level of social networking site addiction, level of social support, they perceive they receive, among the Yazidis in the camps</li> <li>2. Explore the gender difference in the ways of coping, social support, and social networking site addiction,</li> <li>3. Explore whether perceived social support mediates coping strategies in relation to social networking site addiction.</li> </ol> <p><b>Research Questions</b></p> <ol style="list-style-type: none"> <li>1. Which coping strategies, level of social networking sites addiction, level of social support they perceive they receive among the Yazidis in the camps?</li> <li>2. Is there a gender difference in the way of coping, social support, and social networking sites addiction?</li> <li>3. Does perceived social support mediate coping strategies in relation to social networking sites addiction.</li> </ol>																								
<p><b>Project methods:</b> Please outline the methods you will use to carry out this project (e.g. sample sizes, recruitment methods). Do not exceed 200 words.</p> <p><b>Participants</b></p> <p>Four IDP camps located in Duhok and Sulaymaniyah Governorate were selected where Yazidis currently live. Since the majority of the Yazidis stay in the camps in the governorate of Duhok, three of the camps namely; Sharya, Kabartu 2, Khanke were targeted as the location of data collection. Likewise, for the purpose of determining variety in the sample, Ashti IDP Camp in the Governorate of Sulaymaniyah was also selected as part of the data collection. The targeted number of the participants in this study will be more than 500 Yazidi adult participants.</p> <p><b>Recruitment methods</b></p> <p>For the purpose of the success of the data collection, five research assistants will be recruited to help in data collection who have prior experience in terms of data collection and similar projects. Three tools will be used for collecting the necessary data. Brief Cope Scale will be used for measuring the participants' coping strategy, Social Networking Addiction Scale for Social networking sites addiction, and finally, Multidimensional Scale of Perceived Social Support for their perceived social support.</p> <table border="1"> <thead> <tr> <th></th> <th></th> <th>Yes</th> <th>No</th> <th>N/A</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>Will participants be informed of the nature and purpose of the study?</td> <td>Yes</td> <td></td> <td></td> </tr> <tr> <td>2.</td> <td>Will you tell participants that their participation is voluntary and that they may withdraw at any stage?</td> <td>Yes</td> <td></td> <td></td> </tr> <tr> <td>3.</td> <td>Will you obtain written consent for participation?</td> <td>Yes</td> <td></td> <td></td> </tr> </tbody> </table>							Yes	No	N/A	1.	Will participants be informed of the nature and purpose of the study?	Yes			2.	Will you tell participants that their participation is voluntary and that they may withdraw at any stage?	Yes			3.	Will you obtain written consent for participation?	Yes		
		Yes	No	N/A																				
1.	Will participants be informed of the nature and purpose of the study?	Yes																						
2.	Will you tell participants that their participation is voluntary and that they may withdraw at any stage?	Yes																						
3.	Will you obtain written consent for participation?	Yes																						

4.	Will you tell participants that their data will be treated with full confidentiality and that, if published, it will not be identifiable as theirs?	Yes		
5.	If research is observational, will you ask participants for their consent to being observed?			N/A
<b>If you have answered NO to any of the questions 1-5 please provide more information below:</b>				
6.	Will children (under 18 yrs) or vulnerable adults be involved in this study?		No	
7.	Is there any realistic risk of any participants experiencing either physical or psychological distress or discomfort?		No	
8.	Will your project involve deliberately misleading participants in any way?		No	
<b>If you have answered YES to any of the questions 6-7 please provide more information below:</b>				
9.	All studies involving the use of questionnaires have to submit the questionnaire along with the ethics form – have you included this in your application?	Yes		

**SECTION F**

**Potential conflicts of interest or other ethical issues**

Please provide further information about any proposed work that may involve a potential conflict of interest or raise ethical issues regarding the source of funding or where publication of research data may be restricted

Not applicable.

~~Prof. Dr. Ayad Haqim Hasan~~  
Committee Member  
Date: \_\_\_\_\_

Prof. Dr. Jabar Ahmed Abdulrahman  
Committee Member  
Date: 17-2-2022

Assist. Prof. Dr. Taha Jalal Omar  
Committee Head  
Date: \_\_\_\_\_

17-02-2022



# Appendix G

## Department of Clinical Psychology Request Letter

**KOYA UNIVERSITY**  
حکومتی هه زانی کوردستان  
سه‌زۆکی کۆماری ته‌نوعی و موزیوان  
وماره‌تی خوێندنی باڵا و توێژینه‌وه‌ی زانستی  
زانکۆی کۆیه

ژماره: ٣٣٥  
په‌رواره: ٢٠٢٢ / ٢١٣  
سه‌زۆکی کۆماری به‌شی کلینیکال سایکۆلۆجی

زانکۆی کۆیه  
شانکۆی زانستی و ته‌ندروستی  
سه‌کۆلی ته‌ندروستی  
به‌شی کلینیکال سایکۆلۆجی

بو‌به‌ریز / پرۆگری فاکه‌لته‌ی زانست و ته‌ندروستی  
بابه‌ت / په‌شتگیری

دوای سه‌لاو....

داواکارین له به‌ریزتان که په‌شتگیری خوێندکار (هوزان صالح حسینی) بکهن به نوسراویک بۆ سه‌ردانی  
(به‌ریز به‌رایه‌تی کۆچ و کچه‌ران و وه‌لامدانوه‌ی قه‌یرانه‌کان / پاریزگی ده‌وک)، (به‌ریز به‌رایه‌تی کۆچ  
و کچه‌ران و وه‌لامدانوه‌ی قه‌یرانه‌کان / پاریزگی هه‌ولێر) به‌شوه‌ی جیا، که بۆ مه‌به‌ستی نه‌خه‌مادانی  
توێژینه‌وه‌ی به‌روانه‌مه‌ی ماسته‌ر نه‌خه‌می ده‌دات له ژێر ناو نه‌شانی (پۆلی شه‌وازه‌کانی مامه‌له‌ کردن له سه‌ر  
خوگرته‌ن به‌تۆره‌ کۆمه‌لایه‌تییه‌کان به‌ نه‌وهندگیری پانه‌ستی کۆمه‌لایه‌تی درکبه‌راوه‌ له نه‌و نه‌ز به‌دیه‌کانی  
کوردستان - عێراق) ..

له‌گه‌ڵ به‌ریزدا....

(ن. پ.د. جبار احمد عبدالرحمن  
سه‌رۆک به‌شی کلینیکال سایکۆلۆجی

وێنه‌یه‌ک بۆ:  
دۆسیه‌ی ده‌رجوو

**FACULTY OF SCIENCE AND HEALTH**

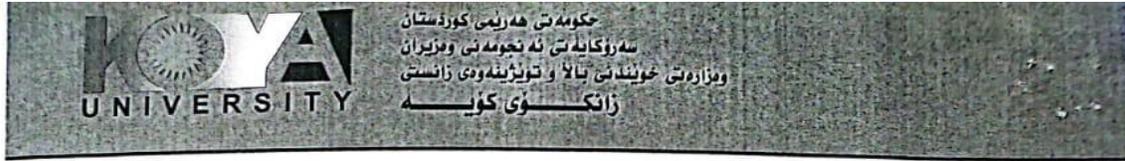
Koya University  
University Park  
Daniel Mitterrand Boulevard  
hum\_sci.faculty@koyauniversity.org  
koyauniversity.org  
49647480262584

CS Scanned with CamScanner



Appendix I

Faculty of Science and Health Request Letter to the Governorate of Duhok



فاکولتیی زانست و تهن‌دروستی  
ده‌رچوو  
٢٠٢٢/٣/٣

NO: ٢٢٢/٢٩/٧  
Date: ٢٠٢٢/٣/٣  
ڕێکۆمته‌ی کوردی: ١٢/٣/٢٠٢٢

بۆ/ به‌ریوبه‌رایه‌تی کۆچ و کۆچبه‌ران و وه‌لامدانه‌وه‌ی قه‌یرانه‌کان/پارێزگای ده‌هۆک  
بایه‌ت/ پشته‌گیرێ

ده‌وای سه‌لاو.....  
پشته‌گیرێ به‌ریز (هه‌زان صالح حسین) ده‌که‌ین، که خوێندکاری ماسته‌ره له به‌شی کلینیکه‌ل سایکۆلۆجی له فاکولتیی زانست و تهن‌دروستی/زانکۆی کۆیه، به‌سه‌یستی ئاسانه‌کاریکردن بۆ کۆکردنه‌وه‌ی داتا و زانیاری بۆ به‌کاره‌ینانی له توێژینه‌وه‌ی ماسته‌ره‌که‌ی له ژێر ناوئێشانی (ڕۆلی شیوازه‌کانی مامه‌لمه‌کردن له‌سه‌ر خوگرته‌ن به‌ تۆرمه‌کۆمه‌لایه‌تیه‌کان به‌ نیوهندگیرێ پالېشته‌ی کۆمه‌لایه‌تی درکێنکه‌ر اوله‌ نیو ئێزیدیه‌کانی کوردستان-عێراق)، تکه‌یه بۆ هاوکاریتان.

پ.ی.د. طه‌ جلال عمر  
پاگر به‌ وه‌کاله‌ت

له‌گه‌ڵ ڕیزدا...  
فهمین خۆ ده‌زگای  
هه‌زوان یا زانیاری  
کێرته‌وانه‌ 2 - خا ته‌کی  
وێنه‌یک بۆ:  
• سه‌رۆکایه‌تی به‌شی کلینیکه‌ل سایکۆلۆجی.  
• نه‌وسیه‌ی ده‌رچوو.

BCF: ده‌بێت سه‌هه‌که‌ نه‌ به‌هه‌ت  
به‌نانه‌ت به‌رینه‌هه‌تانه‌ن  
که‌یا به‌رینه‌هه‌تانه‌ن  
به‌رینه‌هه‌تانه‌ن

HoZan mobile: 0751 064 64 71

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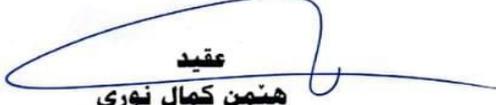
## Appendix J

### Governorate of Sulaymaniyah Request Letter to the General Security Department

<b>أقليم كوردستان - العراق</b> رئاسة مجلس الوزراء وزارة الداخلية / محافظة السليمانية [مديرية الشؤون الداخلية] (قسم الجمعيات)		<b>ههريه كوردستان - عراق</b> سهريه كايه تي نه نجومه تي وه زيران وه زاره تي ناوخو / پاريزگای سلیمانی (بهريه به رایه تی کاروباری ناوخو) (بهشی کۆمهلهکان)
<i>Kurdistan Regional Government Council Of Ministers Ministry Of Interior/ Sulaymaniyah Governorate</i>		
کوردی ٢٧٢١ ریکهوت: ١١		ژماره: ١٠٤٠ بهروار: ٢٠٢٢/٠٣/٠٢

#### بۆ/بهريه به رایه تی ناسایشی پاريزگای سلیمانی بابهت/هاوکاری

هاويچ له گهه نوسراوماندا وينهيهك له نوسراوی (زانكۆی كۆيه) به ژماره ٢٦١/٢٩/٧ له ٢٠٢٢/٢/٢١ وهاوويچه كانی ده نيسرين بۆتان. بفسه رموون بۆهاوکاری كردنيان به پيی رينمايه گان.  
له گهه رينزدا...

**عقيد**  
  
**هيمن كمال نوری**  
بهريه بهری کاروباری ناوخو

#### وينهيهك بۆ

- بهريه به رایه تی كۆچ وكۆچ بهران و وهلامدانه وهی قهيرانه كان. بۆزانين له گهه رينزدا...
- زانكۆی كۆيه نوسراوتان له سه ره وه بۆزانين له گهه رينزدا.
- خولاو...
- كۆمه له كان ...
- خولاو / ....

پاريزگای سلیمانی / ريكاس سه رمكی سلیمانی / تاسلوچه / نزيك په دی قلیاسان/ WWW.Suligov. com ژماره تی له فون (PIAP٠١-PIAP٠٢) تاسك



٠١:٢٢:٣٦ م

bayan

Appendix K

Arbat Security Department's Permission Letter to Enter the Ashti IDP Camp

شماره: ۲

بؤژ ۲۱۶

بهره‌برداریه‌تی ناسایشی سلیمانی  
بهره‌برداریه‌تی ناسایشی ناوشار  
یاریده‌ده‌ریتی ناسایشی :



بؤبه‌ریز: ئیداره‌ی کره‌ی نا شته  
بایه ۱۵ رگیه پیدان  
شایه رگیه برتیه به (لهوزان صه) صه  
بسه سه روانه کردی کره صه نا شته بر  
که نجامداعا تویرینه و له ئیو ئییزیدیه کان

عقیده‌ی ناسایش  
کمال‌الدین  
۲۱۶

ئیسراوی یاریده‌ده‌ریتی ناسایشی : ۲۱۶

## Appendix L

### Governorate of Duhok Permission Letter to Barzani Charity Foundation



ژماره(العدد): ٧٧٤ رێکەوت: ٠٥ / ٠٢٢ / ٢٠٢٢ زاینی / / ٢٧٢٢ کوردی



#### بۆ / دهزگای خێرخازی بارزانی (BCF) ب / ئاسانکاری

هه قهینج دگه ل نقیسارا مه وینهیهک ژ نقیسارا زانکویا کویه یا ژماره (٣٢٢/٢٩/٧) ل رێکەفتی ٢٠٢٢/٠٣/٠٣, سه بارهت داخازیا خاتون (هوزان صالح حسین) قوتابیا ماسته رێ ل به شین کلینیکه ل سایکولوجی ل فاکولتیا زانست و تهندروستی/زانکوی کویه, کو دئ سه ره دانا که مپین (شاریا - که بهرتوو - ٢ - خانکن) که ن ژ بو مه ره ما کومکرنا داتا و زانیاریان بو ته مامکرنا پروژئی خویین خاندن, هیقی یه بفرموون بو زانین و هه فکاری و ئاسانکاری دگه ل دایف رینمایا.

دگه ل ریزگرتنن ....

هه قینج :

• هه می به راهیک/٨ له بهر .

  
دیان جعفر حمو  
رێقه بهر ب وه کالهت  
٢٠٢٢ / ٠٥ /

وینهک بو //

زانکویا کویه / نقیسارا هه وه ل سه ری دیار کری بۆ زانین- دگه ل ریزگرتنن.  
• هوبا کارگیریا که میان بوزانین .  
• باده کا تایبهت.

## مستخلص الرسالة

لقد تعرض الإيزيديون والذين يشكلون أقلية في العراق الى هجوم من قبل تنظيم الدولة الإسلامية في العراق والشام (داعش)، وانتهى هذا الفعل بجريمة إبادة جماعية في آب 2014. ونتيجة لهذا الهجوم الوحشي، أصبحوا نازحين داخلياً في مخيمات إقليم كردستان العراق. لقد استهدفت الدراسة الحالية تقييم دور استراتيجيات التعامل مع الضغوط في إدمان شبكات التواصل الاجتماعي بوساطة الدعم الاجتماعي المدرك. وتحقيقاً لهذا الهدف، أجريت دراسة مستعرضة على 611 من البالغين الأيزيديين النازحين داخليا (عدد الذكور = 304، وعدد الإناث = 307)، تم اختيارهم بالطريقة غير العشوائية الملائمة، ومن ثم أجريت التحليلات إحصائية الوصفية والاستدلالية المناسبة لتحليل المتغيرات. وأشارت النتائج إلى أن معظم الأيزيديين يستخدمون الأسلوب الذي يركز على الانفعال والعاطفة في التعامل مع ضغوطهم، والى مستويات عالية من الإدمان على شبكات التواصل الاجتماعي وبنسبة 50.4% ولدى الذكور خصوصاً مقارنة بالاناث.

وأظهرت النتائج أيضاً أن المستويات الفرعية لدعم العائلة والأصدقاء من الدعم الاجتماعي المدرك تتوسط دور استراتيجيات التعامل مع الضغوط في إدمان شبكات التواصل الاجتماعي. وبشكل عام، أشارت النتائج الرئيسية للبحث الحالي إلى أن وضع البالغين النازحين الأيزيديين فيما يتعلق بإدمان شبكات التواصل الاجتماعي هو مدعاة للقلق، خصوصاً لدى الذكور، لذلك يجب اتخاذ الإجراءات اللازمة من حيث التنقيف والتوعية النفسية.

جمهورية العراق الاتحادية  
حكومة إقليم كردستان  
وزارة التعليم العالي والبحث العلمي  
جامعة كويسنجق



دور استراتيجيات التعامل مع الضغوط في إيمان مواقع التواصل الاجتماعي من خلال (بوساطة) الدعم  
الاجتماعي المدرك لدى الإيزيديين في إقليم كردستان - العراق

رسالة مقدمة إلى فاكليتي  
العلوم والصحة بجامعة كوية كجزء من متطلبات الحصول على درجة الماجستير في علم  
النفس السريري

من

هوزان صالح حسين

درجة البكالوريوس من جامعة كويسنجق - 2018

بإشراف

الاستاذ الدكتور رشدي علي ميرزا الجاف

٢٠٢٣

## پوخته‌ی توژیینه‌وه‌که

ریکخراوی تیرۆریستی داعش هێرشیکێ تیرۆریستیان کرده سەر کهمایهتی یهزیدییه‌کان له عێراق دا، وه ئەم کرده‌وه‌یه بوه هۆی تاوانی جینۆسایدی یهزیدییه‌کان له ئابی ۲۰۱۴. له ئەنجامی ئەم هێرشه درندانیه، یهزیدییه‌کان بوون به ئاواره‌ی ناو‌خۆ له کهمپی ئاواره‌کان له ههریمی کوردستانی - عێراق. مهبهست له ئەنجامدانی ئەم توژیینه‌وه‌یه بریتیه له زانیی رۆلی شیوازه‌کانی خۆگونجاندن له‌سەر ئالوده‌بوون به تۆره کۆمه‌لایه‌تییه‌کان به نێوه‌نگیری پالێستی کۆمه‌لایه‌تی درکپیکراو. بۆ ئەم مهبهسته‌ش، ئەم شیوازی ئەم توژیینه‌وه‌یه بریتیه له به‌کارهێنانی ریگای راپرسی له‌نیوان ۶۱۱ ئاواره‌ی یهزیدییه‌کان، که له‌و ژماره‌یه‌ش ۳۰۴ کهسیان له ر‌مگه‌زی نیر بوون، وه ۳۰۷ به‌شداربوویان له ر‌مگه‌زی می بوون و ته‌مه‌نیان له نیوان ۱۸ بۆ ۶۰ سال بوو، وه ناوه‌ندی ته‌مه‌ن بریتیه بوو له ۲۷,۰۷ به لادانی پیوانه‌ی ۹,۱۳. شیوازی نمونه‌ی به‌رده‌ست بۆ کۆکردنه‌وه‌ی داتای پیویست بۆ توژیینه‌وه‌که به‌کارهات و هه‌ردوو ریگای وه‌سفی و په‌یوه‌ندی به‌کارهات بۆ شیکردنه‌وه‌ی داتای توژیینه‌وه‌که. ئەنجامه‌کانی توژیینه‌وه‌که ئه‌وه‌یان به‌ده‌رخست که زۆربه‌ی یهزیدییه‌کان شیوازی خۆگونجاندنی سۆزداریان به‌کارهێناوه بۆ خۆگونجاندن له‌گه‌ڵ فشاره دهرونییه‌کانیان، وه هه‌روه‌ها ریژه‌ی ۵۰٪ ی ئه‌وان به‌ ریژه‌ی به‌رز ئالوده‌بوون به‌ به‌کارهێنانی تۆره کۆمه‌لایه‌تییه‌کان، به‌تایبه‌تی له‌نیوان پیاوان به‌به‌راورد له‌گه‌ڵ ئافره‌تان. جگه له‌وه‌ش، ئەنجامه‌کانی ئەم توژیینه‌وه‌یه ئه‌وه‌شیان به‌ده‌رخست که پالێستی کۆمه‌لایه‌تی درکپیکراو له‌لایه‌ن خیزان و هاو‌ری-وه نێوه‌نگیری ده‌کا له‌نیوان شیوازه‌کانی خۆگونجاندن و ئالوده‌بوون به تۆره کۆمه‌لایه‌تییه‌کان. به‌شیه‌یه‌کی گشتی، ئەنجامه سهره‌کییه‌کانی ئەم توژیینه‌وه‌یه ئه‌وه‌یان خسته‌ روو که بارودۆخی کهسانی پێگه‌یشتوو له‌نیوان ئاواره‌ی یهزیدییه‌کان جیگای نیگه‌رانییه له په‌یوه‌ست به ئالوده‌بوون به تۆره کۆمه‌لایه‌تییه‌کان، به‌تایبه‌تی له‌نیوان پیاوان دا. هه‌ربۆیه، هه‌نگاوی پیویست له‌روی دابینه‌کردنی هۆشیاری په‌روه‌ده‌یی و دهرونی پیویسته بگیرێته به‌ر.

كۆماری فیدرالی عیراق  
حكومەتی هەریمی كوردستان  
وهزارەتی خویندنی بالآ و توژیئنهوهی زانستی  
زانكۆی كۆیه



رۆلی شیوازەکانی خوگونجانن لەسەر ئالودهوبون به تۆره كۆمه لایهتیهكان بهنیوهندگییری  
پالپشتی كۆمه لایهتی دركپیکراو لهنیوان ئاواره یهزیدییهكان له کامپهکانی هەریمی كوردستان

نامهكه پیشكەشه به

فاكهەتی زانست و تهنروستی له زانكۆی كۆیه وهكو بهشیک له پئویستیهکانی بهدهستهینانی  
بروانامهی ماستەر له دهرونزانیی کلینیکی

له لایهن

هۆزان صالح حسین

بهکالۆریۆس له زانكۆی كۆیه - ۲۰۱۸

بهسههرپهرشتی

پروفیسۆر د. روشدی علی میرزا جاف