Prosocial Development in Refugee Children

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Abstract

Understanding how to best support the social adjustment and mental health of resettled refugee children is paramount, yet such research is scarce. In this study, we examined the prosocial functioning of refugee children who had recently resettled in Canada ($N = 93$; 5- to 12-year-olds; $M_{age} = 8.16$; 55% girls). Children described instances when they helped and received help from someone, and the motivations behind each helping behaviour. In narratives about providing help, children most frequently reported direct help. In narratives about receiving help, children most frequently described being taught something. Consistent with previous work with Western and non-refugee children, the children most frequently reported sympathy-based motives. However, they also frequently cited relationship-based motives—a finding which may be unique to refugee experiences (e.g. separation from family). We found developmental differences in the types of prosocial behaviours and motivations. Implications for future culturally sensitive assessments of refugee children's positive social adjustment and mental health outcomes are discussed.

Keywords: social adjustment; prosocial development; refugee children; narratives; adverse experiences

Prosocial Development in Refugee Children

As of 2017, the Syrian civil war has displaced an estimated 12.6 million people, including 6.3 million being forced to flee their home country (i.e., refugees). Of all those displaced and forced to flee, roughly half of them are children under the age of 18 (UNHCR, 2018). However, although the amount of research on refugee experiences is increasing, most studies focus on negative mental health outcomes stemming from past traumatic experiences (e.g., Ehlert, 2013; Heptinstall et al., 2004; Mace et al., 2014; Werner, 2012) while factors associated with positive mental health outcomes like prosocial functioning are still relatively unexplored. Although studying negative mental health is necessary for prevention and intervention, positive social functioning also needs to be studied as it is associated with less clinical symptoms, better child development outcomes, and improved academic functioning (e.g., Caprara et al., 2000; Caprara et al., 2014; Haroz et al., 2013; Zuffianò et al., 2018)—all outcomes which are paramount to children's adjustment. This lack of research is particularly concerning for refugee samples, as past work indicates that prosocial development differs by context and culture, therefore we cannot necessarily rely on samples of typically developing Western children to generalize to refugee children (e.g., citation withheld for peer review; Kumru et al., 2019; Yagmurlu and Sanson, 2009). In the context of this paper, we use the term "newcomer children" to describe refugee children who have experienced resettlement, as this is the term used in the Canadian context. Research on newcomer children's perceptions and experiences of prosociality—both as the helper and as the helped—is greatly needed to facilitate the promotion of newcomer children's adjustment and social-emotional development (Luthar and Eisenberg, 2017; Ungar, 2008). In the current study, we aimed to identify the types of prosocial behaviors and motivations reported by newcomer children (i.e., children who have resettled after experiencing forced migration due to war and armed conflicts in their home country) and

examine if these differed by age and/or their role in the prosocial event (i.e., whether they were the helper or the helped).

Prosociality is considered a hallmark of social-emotional development during childhood, and includes actions like instrumental helping, comforting, sharing, cooperation, and providing information (Dunfield and Kuhlmeier, 2013; Eisenberg et al., 2015; Warneken and Tomasello, 2009). Developmental researchers have consistently demonstrated that both providing and being the recipient of prosocial behavior are important components of children's development due to their with positive mental health outcomes (e.g., experiencing fewer internalizing and externalizing behaviors; Cooper et al., 2013; Haroz et al., 2013; Joyce and Liamputtong, 2017; Zuffianó et al., 2017) and improved adjustment (e.g., academic performance; Caprara et al., 2014; Carlo et al., 2017). Given these associations with mental health and positive adjustment, it has been theorized that prosociality and resilience are closely intertwined, such that prosociality may be an indicator or promoter of behavioral resilience and mental health (e.g., Luthar and Eisenberg, 2017). For instance, although displacement and adversity have been reported to increase behavioral problems (for a review, see Bronstein and Montgomary, 2011), prosocial functioning may mitigate this effect (e.g., Flouri and Sarmadi, 2016; Jaffee et al., 2007). Prosocial functioning may strengthen other relationship-based resilience factors, such as social competence, encouraging positive mentorship and caregiving from adults, and fostering acceptance and meaningful relationships with others (e.g., Newton et al., 2014; Ungar, 2008). This potential association between prosociality and resilience is of particular importance for children undergoing significant adversity that disrupts social relationships, such as newcomer children. Children who have undergone forced relocation due to war often encounter traumatic life events both before and during relocation and display high levels of mental health problems even after having relocated to safer areas (Bronstein and Montgomery, 2011; Lustig et al., 2004).

Therefore, understanding the diverse prosocial experiences of these newcomer children might be especially important to promote their behavioral adjustment and mental health.

Despite growing interest in studying the risks that refugee experiences pose for children's adjustment (e.g., Fazel et al., 2012; Mels et al., 2010; Sapmaz et al., 2017; Werner, 2012), the existing literature has been limited by a focus on negative outcomes—few have examined the effects of adversity on prosociality. Furthermore, inconsistent findings in the existing work have arisen due to the use of two conflicting theoretical approaches used to explain effects of aversity on prosocial behavior and due to various methodological inconsistencies between studies using quantitative data. The first theoretical approach proposes that adversity can promote feelings of concern and extend one's capacity for perspective-taking, which in turn may *promote* prosociality (e.g., Staub and Vollhardt, 2008). Supporting this theory, some studies have found that children and youth who have had adverse childhood experiences (e.g., natural disasters, interpersonal violence, war- or group-based violence) displayed higher levels prosociality than control samples (e.g., Lau et al., 2018; Vollhardt and Staub, 2011). Also partially supporting this theory—but with an important age-related caveat—Li and colleagues (2013) found that exposure to adversity (i.e., experiencing a major earthquake and subsequent homelessness) was related to higher prosociality—but only for older children (e.g., late childhood) as compared to children in middle childhood. The second, contradictory theory suggests that early experiences of adversity may *decrease* children's propensity towards prosociality because acting in self-interest might be more adaptive than altruism when resources are scarce. Thus, severe experiences of childhood adversity and early trauma may reduce focus on others, resulting in more self-centered and less other-oriented motivations for helping (e.g., Music, 2011). In support of this second theory, Keresteš (2006) found that the number of adverse experiences (e.g., war events, such as being held in a detention center, witnessing air raids, or having a family member die) had a cumulative

negative effect on children's prosocial and aggressive behaviors. Others have found similar evidence for sensitive developmental periods such that children's age at the time of the adverse event played a role in their prosocial development. Again, Li and colleagues (2013) found an increase in self-centeredness and less willing to share after a natural disaster for children in middle childhood, but not those in late childhood, suggesting support for both theories but in different age groups. In spite of both these theories, some researchers have found no relation between prosociality and refugee experiences at all (e.g., Alsayed and Wildes, 2018). Beyond framework, these vast differences in findings may be attributed to significant methodological differences across studies and a focus of amount of prosociality rather than more qualitative measures (e.g., changes to the types of prosocial behaviors being displayed or the motivations underlying them). There are large discrepancies regarding the timing of the studies (i.e., how much time had passed since the adverse event), the type of adversity (e.g., war and displacement versus natural disaster), the countries of origin used to draw comparison (e.g., Turkey and Syria, Australia and Iraq/Afghanistan), the age range of participants (e.g., ranging from early childhood to late adolescence), and the type of outcome (e.g., adjustment, altruism, helping behaviors) studied; all of which limit the synthesis of a general conclusion. Furthermore, most existing research targeting the relationship between adversity and prosociality has examined solely how adversity (e.g., war, natural disasters) promotes or inhibits the quantitative *amount* of prosocial behavior exhibited by children. As such, significant gaps remain in our understanding of newcomer children's positive development post-resettlement and specifically, how their expression and perception of prosociality might be influenced.

Prosociality can be displayed via a wide range of different behaviors and the reasoning behind these actions can likewise differ vastly. Importantly, all of the studies discussed above relied on quantitative data to study prosocial functioning, often using pre-existing measures.

However, these quantitative measures often do not capture the broad nature of prosocial behaviors and motivations, nor do they allow for cultural nuances in prosocial behaviors. Therefore, a more qualitative approach to data collection is necessary to understand how children in diverse and adverse contexts encounter, interpret, and display prosociality. Such qualitative approach in data collection is particularly important in populations that would be expected to have vastly different experiences than what the existing questionnaires are designed to target (Sale et al., 2002). Therefore, the widely used questionnaires that were created with Western samples in mind may not sufficiently target the experiences of culturally-diverse participants with different experiences of adversity. Open-ended narrative style questions would be more effective to capture these unique experiences. Moreover, narrative reports are better at capturing personally relevant experiences as compared to the responses that children provide to hypothetical scenarios. This type of research also allows for children to form connections between their behaviors and the thoughts and motivations underlying them (Recchia et al., 2015). This gives caregivers, teachers, and clinicians better insight into how to most effectively influence behavioral development in this specific population. Therefore, a narrative approach would improve our ability to both obtain a more thorough understanding of the different types of prosocial behaviors experienced by newcomer children and allow for children to disclose their own understanding of the *motives* that underlie their prosocial experiences.

Different types of prosocial behaviors and different motivations for prosociality likely have different developmental trajectories and correlates (e.g., Dunfield, 2014; Malti et al., 2016). As children get older, their prosocial behaviors tend to become more sophisticated and nuanced as they experience age-related improvements in social-cognitive understanding, social-emotional skills, and a stronger understanding of the self in relation to others (for reviews, see Malti and Dys, 2018; Warneken, 2015). For instance, although instrumental/concrete prosocial behaviors

emerge early in life (e.g., toddlers will try to hand someone a dropped object; Roth-Hanania et al., 2011; Warneken, and Tomasello, 2007), more abstract/psychological prosocial behaviors do not emerge until later childhood (e.g., comforting, keeping a secret; Dunfield et al., 2011; Reccia et al., 2015; Warneken and Tomasello, 2007). These subtypes of prosocial behaviors are likely differentially associated with developmental antecedents, such as the development of sympathy, guilt, and moral reasoning (Davidov et al., 2016; Malti et al., 2016).

There is also diversity in the children's motivations for engaging in prosocial behaviors. Eisenberg and colleagues (2016) conceptualized these motives as existing on a spectrum from prosocial behaviors motivated by sympathy (i.e., other-oriented motives) to those motivated by egoism (i.e., self-centered motives). On the sympathetic end of the spectrum, the motives are based in empathic concern (e.g., "I helped because I know how they are feeling") and moral principles (e.g., "I helped because it was the right thing to do"). On the egoistic end of the spectrum, there are motives based in approval-seeking (e.g., "I helped because my mom wants me to") and self-gain (e.g., "I helped because I'll be rewarded"). In a similar line of work, Recchia and colleagues (2015) provided important insight into the types of motives children believe underlie their own prosocial behaviors. In a sample of typically developing 7-, 11-, and 16-year-old children from the United States, Recchia and colleagues (2015) employed a narrative technique to identify the reasons children give for helping or harming others. Over 80% of the children's helping behaviors were motivated by a consideration for the target other's perspective and needs, although other reasons (e.g., expectations of reciprocity, request from authority figures, close relationships) were also mentioned. Older children in this study were also more able to relate their prosocial actions to their own sense of moral identity than the younger ones (Recchia et al., 2015). These results support the notion that that other-oriented processes (i.e., perspective-taking and sympathy) are key driving forces of prosocial behavior by middle

childhood and show that there are developmental differences in prosocial motivations and reasoning.

Previous research on the motivations underlying prosocial behavior and its subtypes has been mostly limited to Western samples and typically-developing populations (which disproportionately sample from families with middle-to-high socioeconomic status) and has generally been limited to children's responses to hypothetical scenarios and vignettes. Very little is known about how children from other cultural backgrounds and who have experienced high levels of environmental adversity construe their prosocial motivations and behaviors. Understanding newcomer children's perceptions of prosociality as different agents (i.e., as helpers versus as receivers) is important for understanding how newcomer children make sense of their prosocial experiences, and which elements they find most salient in their daily lives. Understanding these experiences may facilitate future research on how to promote prosocial experiences relevant to this population by using reasoning techniques that are salient to them, which can ultimately help protect them against negative outcomes and bolster resilience and positive mental health (Luthar and Eisenberg, 2017).

The Current Study

In 2015, in response to the Syrian refugee crisis, the Canadian government announced that it would be offering a permanent home to at least 25,000 Syrian refugees (Government of Canada, 2020b). At the time of data collection, over 40,000 Syrian refugees had been resettled into Canada (Government of Canada, 2020b), through various means. About half of these newcomers were government sponsored, about a third were privately sponsored, and the remainder were sponsored by a combination of the government and private sponsors (Government of Canada, 2020a).

We chose to focus on 5- to 12-year-old refugee children because this age range spans a period of rapid socio-cognitive development (Gibbard, 1990), allowing for better understanding of others' roles in interpersonal experiences. By middle childhood, children have reached a period of emotion development where they can express and comprehend complex types of prosocial motivations, such as sympathy (Malti et al., 2018). The examination of developmental differences in those who have experienced adversity is pertinent, as a child's outcome and resilience can be drastically affected by the age at which they experienced trauma (e.g., Li et al., 2013; Rutter, 1998). Therefore, we analyzed developmental differences by dividing the sample into two age groups of younger (5 to 8-year-olds) and older (9 to 12-year-olds) children. Past research in our lab revealed that the majority of children in this sample have experienced at least one major life stressor due to their refugee status (e.g., witnessing violence, death of a loved one). The vast majority of primary caregivers reported between two and three major life stressors related to their refugee experiences (withheld for peer review).

With this in mind, we explored Syrian newcomer children's narrative accounts of their prosocial encounters as both an actor (i.e., where the children provided help to another person) and as a receiver (i.e., where the children received help from another person) after their resettlement in Canada. We chose to focus on prosocial functioning because it is a central dimension of positive mental health and associated with health, positive development, and academic functioning. Specifically, we asked children to describe two prosocial events in everyday life: (1) an instance where they helped someone and (2) an instance where someone else helped them. We also asked them to describe each actor's motivations for engaging in the prosocial behavior. We used a narrative method because it allowed children to provide detailed accounts of their experiences, enabling us to better understand prosocial functioning in this unique and high-risk sample (Recchia et al., 2015; Wainryb et al., 2005).

We hypothesised that there would be some *commonality* in children's narrations of prosocial experiences with previous research based on typically-developing samples (i.e., that children's most common prosocial behaviors would be helping, comforting, and sharing; and children would report both other-oriented and self-centered motives; Eisenberg et al., 2015). We also expected to find themes *specific* to their experiences (i.e., war and displacement; citation withheld for peer review). Given the developmental shift in prosociality from more concrete/instrumental helping behaviors to more abstract/psychological helping behaviors, we also explored children's narratives (i.e., about the type of help and motives in both contexts) as a function of children's age, expecting that the types of behaviors reported would become less focused on concrete behaviors in older children.

Method

Participants

Ninety-three Syrian newcomer children between the ages of 5- and 12-years-old ($M =$ 8.16 $SD = 2.23$; 55% girls) participated between 2018 and 2019. Participating families were recruited at community events (e.g., foodbank, Saturday school) and through settlement agencies in a large city in Ontario, Canada. In settlement agencies, we reached out to the settlement workers who then connected us with interested newcomer families. Upon the time of data collection, all participating families had arrived in Canada within the past 2 years and had been resettled in Canada for an average of 14.2 months. On average, these families were displaced for 3.7 years in countries such as Turkey, Lebanon, and/or Jordan before being granted refugee status in Canada. Primary caregivers reported their highest level of education as 34.4% primary school, 24.7% preparatory school, 7.5% high school, 4.3% college, and 20.4% university (8.6% chose not to report).

Procedure

The study received ethical approval by the Research Institution's Ethics Board. Informed written consent was obtained from the child's caregiver. If the caregiver was illiterate, a research assistant read the consent form and audio recorded their oral consent. Research assistants also explained the study to children and audio-recorded their oral assent. All communications and testing with the children and caregivers were conducted in Arabic.

Interviewers were trained undergraduate psychology students who were native Arabic and English speakers. As part of a larger study, the hour-long testing sessions took place in either local mosques or participating families' home. The interview was audio-recorded and later transcribed and translated to English by a research assistant for coding purposes.

Measures

Materials were translated from English to Arabic and then back translated by two trained bilingual research assistants. Inconsistencies were discussed and resolved within the research team.

Prosocial Narratives

Children were asked to provide narratives about two prosocial events in everyday life. This narrative design was based on methods that have been used with children and refugee populations in previous research (Daiute, 2017; Gutzwiller-Helfenfinger et at., 2010; Wainryb et al., 2005). First, children were prompted to describe a time they had done or said something that helped someone (providing help; "Think about your experiences in [the Canadian city in which they resettled] so far and tell me about a time where you did or said something that helped another person. Pick a time that you remember really well, and tell me everything that you remember about that time.") and a time someone helped them (receiving help; "Think about your experiences in [the Canadian city in which they resettled] and tell me about a time when someone helped *you*. Pick a time that you remember really well and tell me everything that you

remember about that time.") in counterbalanced orders. If the child did not provide a lot of detail, the interviewer would prompt "What else do you remember about this time?" To assess motives for each helping behavior, the experimenters asked the children to explain why they had helped or to explain why they thought the other person had helped them. The narrative method has previously been successfully used with children and newcomers (blinded for peer review; Daiute, 2017; Wainryb et al., 2005).

Coding

The fourth author and one trained research assistant independently coded all of the narratives and discussed each disagreement until a consensus was reached (i.e., 100% agreement). Responses were coded on a binary scale based on the presence (1) or absence (0) of the coded response. The coding scheme was based on previous related research (blinded for peer review). For each narrative, only one response was coded. If more than one codable response was reported by the child, the coders came to a consensus about the dominant theme of the narrative and only that theme was coded.

Types of Prosocial Behavior. We coded for six different types of prosocial behaviors (Carlo and Randall, 2002; Dunfield, 2014; blinded for peer review): (a) Direct Helping (instrumental help that directly lead to someone getting aid; e.g., *"I gave her a band-aid"*; *"She helped me up*), (b) Indirect Helping (the helper's actions cause something or someone else to help a person in need; e.g., *"I helped raise money for charity"*; *"He went and got the teacher"*); (c) Comforting (offering verbal/physical comfort; e.g., *"I made her feel better"; "When I was sick she walked home with me"*), (d) Sharing (sharing resources, such as school supplies; e.g., *"I gave him a pencil"; "She lent me her eraser"*), (e) Cooperation (working with another towards a common goal; e.g., *"I let her play with us at recess"*; *"He helped me finish our project"*); and (f)

Teaching (providing new knowledge or information; e.g., "*I taught him English*"; "*He showed me how to do the math question*").

   Types of Prosocial Motive. In line with previous, validated coding schemes (blinded for peer review), we coded five types of prosocial motives: (a) Sympathy (motivated by caring or concern; e.g., "*I helped because she was young and small*"; "*She helped because she felt bad for me*"), (b) Relationship (motivated by a close or unique relationship with target; e.g., "*I helped because she is my friend*"; "*She helped because she loves me*"), (c) Fairness (motivated by a desire to uphold moral principles; e.g., "*You're supposed to help people*"; "*She helped because it was the right thing to do*"), (d) Hedonism (motivated by self-interest or self-gain; e.g., "*I helped because it made me feel good*"; "*She helped because the teacher would give her a sticker*"), and (e) Social Expectations (motivated by others' expectations; e.g., "*My mom asked me to help*"; "*She helped me because I had helped her*").

Data Analytic Strategy

   Analyses were conducted using SPSS 25. To compare prosocial development in middle and late childhood, we split the sample into two age-groups of 5- to 8-year-olds (N= 53, M = 6.49, SD = 1.19, 55% girls) and 9- to 12-year-olds (N = 40, M = 10.38, SD = 1.01, 55% girls). We ran a series of repeated measures binomial logistic regressions predicting the differences in types of prosocial behaviors and motives based on narrative domain (1 = *receiving help*, 2 = *providing help*), age group (0 = *5- to 8-year-olds*, 1= *9- to 12-year-olds*), and gender (1 = *girl*, 2 = *boy*). To reduce the chances of obtaining unstable estimates, we only ran the models for behaviors and motives with a frequency of at least 11% (i.e., 10 events across the entire sample) in both narrative domains (Vittinghoff and McCulloch, 2007).

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Results

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Types of Prosocial Behaviors

The frequencies of types of prosocial behavior that were reported by children in each age group as well as across the entire sample are displayed in Table 1. In children's narratives about providing help, children most frequently reported Direct Helping (53%), followed by Teaching (17%), and Comforting (11%). In narratives about receiving help, children most frequently reported Teaching (42%), followed by Direct Helping (38%), and Indirect Helping (11%).

Relations between types of prosocial behaviors (that were reported by more than 11% of all children in each narrative domain) and narrative domains, age group, and gender are presented in Table 2. We found an effect of narrative domain, but not age group or gender, on the reporting of Direct Helping. Children were 47% less likely to report Direct Helping in their narratives about receiving help as compared to their narratives about providing help. In the Teaching category, there were significant effects of narrative domain and age group, but not gender. Children were 3.86 times more likely to report Teaching in their narratives about receiving help compared to their narratives about providing help. Older children (i.e., 9- to 12-year-olds) were 3.35 times more likely to report Teaching than younger children (i.e., 5- to 8-year-olds) across narratives.

Motives for Prosocial Behaviors

The frequencies of reported types of prosocial motives by age and narrative domain are presented in Table 3. In the providing help narratives, the motives children most frequently reported were sympathy (32%), followed by relationship (22%), social expectation (17%), and hedonism (14%). Similarly, in the receiving help narratives, children most frequently reported sympathy (32%), relationship (23%), social expectation (17%), and hedonism (11%).

Relations of types of prosocial motives with narrative domain, age group, and gender are presented in Table 4. There was no effect of narrative domain or gender in any of the motives.

There was only one significant effect of age, such that older children were 61% less likely to report relationship-based motives than their younger peers.

Discussion

This study examined the prosocial behaviors and motives reported by Syrian newcomer children's prosocial behaviors and motives in their day-to-day experiences of providing and receiving help. We also explored whether the behaviors and motives differed across age, gender, and the contexts of providing and receiving help—as the literature to date has only focused on children's narratives about *providing* prosocial behavior (e.g., Recchia et al., 2015), thus not accounting for how adverse experiences may shape how children reason about other's behaviors and motivations towards themselves. When children were asked to remember an experience of providing or receiving help, the most widely recalled instances were direct help (e.g., instrumental help that provides a tangible aid like getting a band-aid) and teaching-related help (e.g., providing new information like explaining a word's meaning). There were differences by narrative domain, with children reporting more instances of providing direct helping than receiving it and more instances of receiving teaching help than providing it. As for the motives underlying their prosocial behaviors, children generally reported sympathy- and relationship-based motives. There was one developmental difference, with younger children reporting more relationship-based movies as compared to older children (e.g., "I help him because he's my brother"). There were no gender differences in any findings.

Although direct help was commonly reported across both types of narrative domain, there were significant differences in frequency. When children were asked to recall a time when they provided help, they were more likely to report instances when they directly helped another person than in their receiving help narratives. Since instrumental helping is the earliest and easiest form of helping behavior (Warneken, 2015), it is plausible that such behaviors are a more

readily accessible helping schema in children's minds. Therefore, when asked to recall instances of their own helping behavior, they recall direct help more than other forms of help. Perceptions of direct help can also differ across scenarios based on the identity of the helper and the helped. Children may have an implicit expectation that others (especially adults) will provide instrumental aid when they need it, thereby making instances of others' providing them with direct help less memorable. In contrast, instances where they themselves engage in instrumental helping may be more memorable because the situation demonstrates their altruism or may prompt positive emotions (e.g., pride) within themselves. Thus, their own direct helping behaviors may be more readily accessible when prompted, while those of others may not. These findings suggest that newcomer children engage in similar types of prosocial behaviors compared to peers from Western populations (e.g., helping with homework or an injury; Recchia et al., 2015). Additionally, we did not find any age differences in the frequency of reported direct help, suggesting that children's experiences of providing and receiving instrumental aid may be fairly consistent across middle and late childhood. However, further replication with larger samples would be needed to determine this more conclusively.

In narratives where children received help from someone else, they most frequently reported instances when someone taught them something. This finding may be related to the specific resettlement experience of the newcomer children. Teaching is a prevalent form of social support that newcomer children receive (e.g., an Anglophone person teaching them a new English word) during the process of acculturation (i.e., adopting the language, customs, habits, activities, and values of one's new culture; Bornstein, 2017). Therefore, given that the newcomer children in our sample are currently adjusting to Canadian culture and learning English, they would likely encounter more instances where they require others to teach them than instances that require them to teach others. Moreover, help that involves learning a new skill might have a

more lasting influence on daily functioning, thus making the teaching-based help a more memorable type of helping behavior. A developmental difference also emerged, such that older children were more likely to report teaching behaviors in both types of narratives (i.e., providing and receiving help) than younger children. This may suggest that younger children do not readily recognize teaching as a salient form of prosocial behavior as it is such a normal part of their daily lives, and as they are constantly learning and being taught new information. With respect to receiving help narratives specifically, it is probable that the younger children are receiving teaching-related help as frequently (or more so) than the older children but the younger children fail to recognize these behaviors as "helping behaviors". In contrast, older children may be aware that they possess knowledge that other people (especially younger children) do not possess and thus may realize that sharing this knowledge could be beneficial to others. Similarly, receiving the knowledge they do not possess might be a more salient form of help. Although the particular salience of teaching behaviors to our newcomer sample is unique, the finding about general developmental differences in prosociality is in line with previous research in Western samples which revealed distinct developmental patterns for different types of prosocial behavior (e.g., Dunfield, 2014; Dunfield and Kuhlmeier, 2013; Dunfield et al., 2011).

With regards to the perceived motivations underlying the prosocial behaviors reported by children, the most frequently reported motivations across narratives were sympathy, followed by relationships, social expectations, hedonism, and fairness. Current theories on how adversity may affect children's prosociality is heterogeneous, with some hypothesizing that experiences of adversity may increase sympathy and altruism (e.g., Staub and Vollhardt, 2008) while others hypothesizing it may increase self-oriented motives and decrease trust in positive relationships (e.g., Music, 2011; Osofsky, 1995). Our findings support the former hypothesis, as newcomer children across age groups most frequently reported prosocial behavior motivated by sympathy

and positive, supportive relationships. In contrast, children across age groups more rarely reported helping motivated by self-interest (e.g., hedonism) or external guidelines for behavior (e.g., uphold principles of fairness), which suggests that children's motives were predominantly other-oriented in both middle and late childhood. Notably, relationship-based motives were frequently reported by newcomer children in our study but have rarely been reported in previous comparable work using typically developing samples from the US (e.g., Recchia et al., 2015). With this in mind, one possible explanation is that past experiences of war and displacement may foster heightened interdependence and stronger connections with close others in newcomer communities (Merali, 2004). After encountering stressful or traumatic experiences during displacement, newcomer children may also express more attachment behaviors which aim to increase proximity to the attachment figure, such as seeking close contact with and comfort from significant others and treating them as 'safe havens' from whom they can seek support and security (Bowlby, 1988; Cassidy, 2016). The activation of this attachment system might increase reporting of relationship-based answers. Moreover, as other data from this study show, some children in our sample have witnessed friends and families being separated or killed in the Syrian civil war (citation withheld for peer review), which may strengthen their focus on maintaining and fostering current close relationships. Supporting this, previous research has found that newcomer adolescents reported high levels of attachment and trust for their parents and families when they first resettled in a Western country (McMichael et al., 2011). As such, prosocial encounters with close others might be both more frequently experienced and much more salient than those in previous Western populations. However, cultural background may also explain, in part, this difference in prosocial motives, as Syria—similar to other Middle Eastern countries—is typically characterized as a more collectivistic culture which values interdependence, relatedness, and inter-group (e.g., family) loyalty (Trommsdorff et al., 2007), as opposed to the

individualistic culture of previous samples (e.g., the United States, Australia). It is plausible that collectivistic cultural values may partially explain interpersonal relationships being an important prosocial motivator amongst our sample. Regardless, this finding may have important implications for interventions aiming to target prosociality in similar samples, as they may benefit from highlighting the children's close relationships. One developmental difference also emerged in children's reporting of motivations, with the frequency of reporting relationship-based motivations decreasing with age. Results showed that 5- to-8-year-olds reported higher relationship-based motives than 9- to 12-year-olds. It is possible that since younger children likely spend more time with their families, relationship-based motives may be more salient and relevant to them. Alternatively, older children may understand the nuances of why they feel motivated to help people close to them and be able to provide more sophisticated reasoning. Furthermore, the lack of age differences in the emphasis on sympathy over social expectation may very tentatively suggest that the experiencing adversity in middle versus late childhood may not significantly impact whether child's prosocial motivations are other-oriented or not.

This study is the first which utilized qualitative data towards an in-depth understanding of positive social functioning in newcomer children, and as such, the findings are preliminary and should be interpreted with caution. Notably, the findings were based on a relatively small sample of Syrian newcomer children resettling in Canada and may not be generalizable to newcomer children living in or originating from other countries. Since the study was conducted with a very specific population (i.e., Syrian refugee children that were resettled in Canada within the past two years), the population and subsequent sample available to us was limited in size. Although our sample size was comparable with the sample sizes of previous studies conducted with refugee children (e.g., Guo et al., 2019; Paradis et al., 2020; Soto-Corominas et al., 2020), post-hoc power analyses run with GPower (Erdfelder et al, 1996) showed that the sample was not

always sufficient to detect significant effects for obtaining .90 power. Therefore, we suggest

these results to be interpreted as preliminary and replication studies with higher sample sizes to

be conducted. Future studies with larger sample sizes would also be beneficial to examine how

the target group (e.g., friend, sibling, parent, teacher) or the context (e.g., school, peer group,

family) may prompt differing prosocial motivations or types of prosocial behaviors in narratives

involving receiving or providing help. Additionally, this study was cross-sectional which does

not allow for any conclusions for causality. Since previous research showed that transient and

lasting adversity can have distinct effects on adolescents' outcomes (Barber, 2001), it may also

be important to disentangle the unique effects of different types of adversity (e.g., exposure to

violence versus separation from families) and the duration of adversity on prosocial behaviors

and motivations. Additionally, it is important to disentangle the effects of culture and socio-

economic status from experiences of adversity. Moreover, in the current study we did not

measure children's *specific* past adverse experiences and examined their potentially differing

roles on children's narratives. Therefore, future research should also test whether different levels

of adversity (e.g., the amount and type of adversity experienced) has an impact on children

conceptualizations of prosocial experiences so that interventions can be more specifically

tailored to each child (e.g., test if relationship-based motives more strongly emphasized

specifically in families which have lost a loved one). Finally, although the narrative approach has

the advantage of providing rich information, future research should also consider complementary

quantitative measures that assess more comprehensive and stable prosocial orientations. Despite

these limitations, our findings have important implications for both research and interventions

with newcomer samples. Despite some differences compared to previous Western and non-

refugee samples, children in our sample most frequently emphasized other-oriented prosocial

motives, suggesting that their past experiences have not necessarily had a negative impact on

how they conceive of prosociality (i.e., has not made them self-focused) regardless of age. However, their experiences may shift the types of prosociality they encounter most often and the motives they emphasize, which can have important implications for research and practice. Researchers examining prosocial development in adverse contexts may benefit from adjusting their measures of prosociality to assess the full spectrum of behaviors children report engaging in, most notably teaching-based forms of help, which tends to be under-represented in the currently available measures of prosocial behavior. Additionally, researchers aiming to comprehensively measure refugee children's prosocial experiences may benefit from adding relationship-related items. In addition, researchers and practitioners alike may want to pay further attention to how refugee children's focus on close relationships as a motivator for their prosocial behaviors can be used to promote their positive social adjustment post-resettlement.

In conclusion, this study provided novel insight into newcomer children's prosocial experiences through a qualitative approach. We found that children provide and receive a wide variety of prosocial behaviors, with sympathy and close relationships being the strongest motivators for prosociality. Our findings illustrate the commonality and specificity principles in prosocial development (citation withheld for peer review): although newcomer children reported similar types of prosocial behaviors (e.g., instrumental helping) and motives (e.g., sympathy) as the Western peers, they expressed themes that are specific to their migration experiences (e.g., teaching as the mostly commonly reported form of prosocial behavior and relationship-based motives as a strong driving force for prosociality). Regarding motivations in particular, these findings might be useful for those designing interventions targeting social functioning in newcomer children, as sympathy and relationship-based motives might be be particularly salient areas to highlight. Even though our sample was from a very different background (e.g., culturally, socioeconomically) than previously used Western samples, these results may

tentatively suggest that specific experiences of adversity alter how children behave in prosocial

contexts and how they think about prosociality more broadly. More research is needed, however,

to disentangle the specific effect of adversity from that of culture. Regardless, this study

demonstrates that children's developmental contexts and past life experiences must be taken into

account when creating interventions targeting their prosociality and adjustment. Taken together,

this preliminary research lays the groundwork for future researchers who aim to design culturally

and contextually sensitive assessments and interventions for prosociality—and positive mental

health more generally—in newcomer children following resettlement.

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Table 1

Frequencies of Types of Prosocial Behaviors by Narrative Domain and Age Group

	5- to 8-Year-Olds (n = 53)		9- to 12-Year-Olds (n = 40)		Total (N = 93)	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
Providing Help						
Direct Helping	31	59%	18	45%	49	53%
Indirect Helping	3	6%	5	13%	8	9%
Comforting	6	11%	4	10%	10	11%
Sharing	2	4%	1	3%	3	3%
Cooperation	4	8%	1	3%	5	5%
Teaching	5	9%	11	28%	16	17%
Other	2	4%	0	0%	2	2%
Receiving Help						
Direct Helping	24	45%	11	28%	35	38%
Indirect Helping	7	13%	3	8%	10	11%
Comforting	0	0%	2	5%	2	2%
Sharing	3	6%	1	3%	4	4%
Cooperation	2	4%	0	0%	2	2%
Teaching	16	30%	23	58%	39	42%
Other	1	2%	0	0%	1	1%

Table 2

Logistic Regression Results Predicting Types of Prosocial Behaviors

	Direct Help		Teaching	
	b	*OR*	*b*	*OR*
Gender	0.00	1.00	0.39	1.48
Age group	-0.65	0.52	1.21**	3.35
Narrative domain	-0.63*	0.53	1.35***	3.86

Note. *b* = unstandardized logistic regression coefficients. *OR* = odds ratio.

*p < .05; **p < .01; ***p < .001.

Table 3

Frequencies of Motives for Prosocial Behaviors by Narrative Domain and Age Group

	5- to 8-Year-Olds (n = 53)		9- to 12-Year-Olds (n = 40)		Total (N = 93)	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
Providing Help						
Sympathy	16	30%	14	35%	30	32%
Relationship	16	30%	4	10%	20	22%
Fairness	1	2%	8	20%	9	10%
Hedonism	7	13%	6	15%	13	14%
Social Expectations	10	19%	6	15%	16	17%
Other	3	6%	2	5%	5	5%
Receiving Help						
Sympathy	16	30%	14	35%	30	32%
Relationship	14	26%	7	18%	21	23%
Fairness	1	2%	3	8%	4	4%
Hedonism	5	9%	5	13%	10	11%
Social Expectations	8	15%	8	20%	16	17%
Other	9	17%	3	8%	12	13%

Table 4

Logistic Regression Results Predicting Motives for Prosocial Behaviors

	Sympathy		Relationships		Social Expectations		Hedonism	
	b	*OR*	*b*	*OR*	*b*	*OR*	*b*	*OR*
Gender	0.29	1.34	-0.75	0.47	0.39	1.48	-0.07	0.93
Age group	0.22	1.25	-0.93*	0.39	0.04	1.04	0.22	1.25
Narrative domain	0.00	1.00	0.07	1.07	0.00	1.00	-0.30	0.74

Note. b = unstandardized logistic regression coefficients. *OR* = odds ratio.

*p < .05.