
The Relationship between Family Support and Psychological Well-being among Afghan Refugee Children in Pakistan: The Mediating Role of Resilience

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Abstract

The present study focused on the relationship between family support and psychological well-being in Afghan refugee children in Pakistan mediated by resilience. Refugee children face displacement, socio-economic difficulties and psychological stresses which can have a negative impact on their emotional functioning. Supportive family relationships and resilience can be important protective factors that foster positive psychological outcomes, though. A quantitative, cross sectional, correlational research design was used. This study was carried out on 150 Afghan refugee children who were selected by purposive sampling technique. Using adapted scales, data were gathered on family support, family resilience and psychological well-being. Results of the reliability analysis showed good internal consistency for the study scales with Cronbach α ranging between .84 and .88. The significant positive relationships were found between family support and resilience ($r = .52, p < .01$), family support and psychological well-being ($r = .61, p < .01$), and resilience and psychological well-being ($r = .58, p < .01$) using Pearson correlation analysis. In addition, mediation analysis conducted with the PROCESS Macro Model 4 of Hayes showed that the effect of family support was significantly mediated by resilience on psychological well-being. Results indicate that family support contributes to children's psychological well-being both directly and indirectly through strengthening children's resiliency. The study emphasizes the need for family oriented and resilience-building interventions to ensure the mental wellbeing and adaptive functioning of children of the Afghan refugee community in Pakistan.

Keywords: *Family Support, Psychological Well-being, Resilience, Afghan Refugee*

1. Background of the Study

One of the important points of concern is psychological wellbeing of refugee children, especially Afghan refugee children living in Pakistan, who encounter a host of challenges due to long-term displacement, political instability and socio-economic adversities, among others. The adverse factors deeply affect their mental health and development and it is important to understand protective factors and mediators that help to build psychological resilience and good mental health in this population. Refugee children's psychological health is clearly influenced by family support. The family in the Afghan context not only is the main socialization unit, but it also is a significant provider of emotional and instrumental support, which can help to reduce the suffering caused by displacement and marginalization. There is a consistent body of research

evidence that links high family support with lower symptoms of anxiety and depression and better coping strategies in children who are exposed to adversity (F. Yang et al., 2025; L. Yang et al., 2025). In the case of refugees, who are more at risk of exposure to traumatic events or chronic stressors, the buffering effect of family support could be crucial for psychological health.

The influence of family support is not consistent, however, but is mediated by various psychological factors, including resilience. Psychological resilience is the ability to adjust positively to difficulties, trauma or large amounts of stress. It acts as a bridge that family support has to interact with it and affect mental health outcomes. Research on a variety of populations has shown that a higher level of family support strengthens psychological resilience and reduces the level of anxiety, depression and loneliness (Rakap & Vural-Batik, 2023; Yu et al., 2023). The connection highlights the need to promote resilience to support children's psychological health, especially those who are refugees and have experienced disruptions in learning and acculturation along with social exclusion. Afghan refugees faced a significant socioeconomic deprivation, lack of legal security, and limited access to health and social services, which further increase their psychological vulnerabilities in the context of Pakistan. The interrelationships of these factors highlight the importance of a socio-ecological approach to mental health which includes individual, family, community and systemic factors. A review of 40 years of Afghan mental health studies highlights that coping mechanisms are entrenched in the cultural context of religion and family, and that interventions based on culturally relevant family context are most effective (Alemi et al. 2023). This culturally responsive approach is compatible with the findings that social support for mental health is most likely to be beneficial when families are connected and cohesive.

Furthermore, the mediation of the relationship between family support and psychological well-being suggests that there may be some pathway for intervention through the lens of resilience. Resilient families may buffer against adverse mental health outcomes by developing adaptive coping strategies. For instance, college students and caregivers in the literature were found to benefit from social support and family support primarily through their ability to build resilience, highlighting this as a primary target for resilient program interventions for vulnerable populations (Rakap & Vural-Batik, 2023; L. Yang et al., 2025). Furthermore, interventions to increase resilience have also been associated with better emotional regulation, less loneliness and better discharge readiness in healthcare settings, implying that there is a general transferability of resilience building practices into other settings (Hazan-Liran & Levkovich, 2025; Min & Rong, 2025).

Importantly, although family support and resilience can reduce risks, the refugee experience can also increase the risk factors (e.g., loneliness, social isolation, diminished social networks) that can have negative impacts on psychological outcomes. The results indicate that loneliness accounts for the relationship between social support and family resilience, suggesting a need to tackle loneliness in order to promote resilience and well-being in displaced and at-risk families (Hazan-Liran & Levkovich, 2025). This is especially true in refugee contexts where social isolation and stigma can constrain families' access to other social support networks. In Pakistan with the presence of one of the world's largest Afghan refugee community, understanding of such nuances is essential today in this socio-political context. Children from Afghanistan have been faced with a host of challenges such as interrupted schooling, trauma exposure, and psychological support. However, social support at the family level is a modifiable factor and when combined with resilience-building strategies may have a significant impact on the mental health of their overall journey. This evidence falls in line with the broader refugee child mental health literature, which supports multi-level, preventative approaches to ensure the well-being of refugee children focus on enhancing family functioning and resilience (Gonçalves et al., 2026).

To conclude, this examination of family support and psychological well-being of Afghan refugee children in Pakistan and the role of resilience as a mediating factor in this relationship can provide important insights into protective factors in this context. Family support seems to be related to resilience, which then can support positive psychological results (by mitigating the potential negative effects of displacement-related stressors).

This pathway needs to be understood and strengthened to inform culturally sensitive interventions, policy frameworks and community programmes to promote mental health equity and sustainable psychosocial support to Afghan refugee children in Pakistan. This study aims to better explain these relationships and build the evidence base on the interaction between family support and family resilience and the psychological well-being of this vulnerable population to inform prevention and intervention strategies to improve the mental health and developmental outcomes of Afghan refugee children.

2. Literature Review

Afghan refugee children's mental health and psychological well-being has been gaining momentum owing to the extended displacement and the severe challenges faced by the children in Pakistan. Children who have experienced war, forced migration, and difficult resettlement conditions are more psychologically distressed. Refugee children are exposed to a mix of pre-migration, migration and post-migration stressors, which significantly affect their mental health and developmental pathways (Andisha & Lueger-Schuster, 2024). Family support and resilience have been determined to be key protective factors in this context, helping to buffer against negative psychological outcomes and to foster wellbeing.

Family support is one of the most fundamental aspects of social supports for refugee children that helps to buffer them from the negative psychological impact of displacement and instability. Familial relations are very strongly entrenched in cultural norms and are a source of emotional, instrumental and social capital essential for coping with the challenges of displacement among Afghan refugees (Shafiq et al., 2025). Research shows that family cohesion, emotional support, and communication contribute to refugee children's psychological adjustment, as it is crucial for them to feel secure and belong (Aghaei et al., 2025). Additionally, family is a key component of the Afghan culture, which further underscores the importance of the protective role that family support plays for children in coping with trauma and acculturative stress. This cultural embeddedness of family support is important, not just for its practical provision of support, but also because it is a way of making sense of mental health and ways of coping (Siddiq et al., 2023).

Resilience is the dynamic ability to recover from adversity to psychological health, and it was found to be a crucial moderator between family supports and psychological health in refugee children. Resilience is a key factor in being able to respond positively to the various stressors of displacement. Globally, refugee adolescent populations have provided empirical support for the importance of resilience in helping to reduce psychological symptoms and improve overall wellbeing (Stathopoulou et al., 2024). For example, school-based mental health programs target resilience-building to enable refugee youth to thrive despite trauma exposures (Khan & Al-Nuaimi, 2023). Resilience is a psychological pathway that from a family support perspective offers protection for children, allowing them to engage their internal and external resources to overcome stressors and to maintain mental health in analytical frameworks (Yang et al., 2025).

Socioeconomic deprivation, limited health care access and social marginalization are some of the other challenges faced by refugees in Pakistan, which further adds to the complex mental health picture. Poverty, food security, limited access to education and the impact of discrimination are major health risks for Afghan refugee children (Latif, 2026; Rehman et al., 2025). Factors that can undermine psychological health, if they are not buffered by strong protective factors, emphasize the important role of family support. In fact, the data shows that family support is closely associated with positive indicators of society and life of the Afghan refugees in Pakistan particularly in the psychological and social aspect (Rehman et al., 2025). However, in refugee contexts, the barriers to systemic functioning and multiple stressors require that resilience-building is incorporated into the developmental process in intervention models.

Studies in the wider refugee and displaced population have highlighted the importance of resilience as a mediator between the family support–psychological well-being relationship. Resilience development helps children manage their emotions, cope with trauma, and have a positive outlook on their future even when facing challenges, for instance (Rakap & Vural-Batik, 2023). Importantly, resilience also buffers against the

emergence of depressive and anxious symptomatology following trauma, functioning as a psychological barrier that is developed through a secure family attachment and supportive parenting (Yu et al., 2023). Improvements in family support systems within the refugee community may, therefore, have direct impacts on increasing resilience and subsequently have a positive impact on psychological health.

Furthermore, culturally congruent conceptions of distress and resilience must be taken into account in such a refugee context. In the context of Afghan refugees, a study by the authors of this book revealed the importance of faith, culturally appropriate expressions of suffering, and family dynamics as key factors in the emergence of resilience. Faith-based and family-centred interventions in models have been promising in connecting interventions with the lived experiences of refugees, and have helped to support resilience in the face of adversity (Siddiq et al., 2023). Therefore, children's psychological wellbeing is closely linked with the family's ability to offer emotional support and culturally appropriate coping mechanisms in a stable manner.

Afghan children's mental health literature underscores the significant adverse effects of displacement on children's mental health, and emphasizes the protective effect of family support. Research consistently shows high prevalence of mental health problems (anxiety, depression, and trauma-related disorders) among refugee populations, stemming from multiple exposures to violence, forced migration, and social marginalization (Andisha & Lueger-Schuster, 2024). Emotional security and social stability come from family support, which plays an important role in buffering these psychological stressors. This is consistent with the wider refugee literature that has shown that the development of resilience is promoted by the presence of family units and emotional availability, which have a positive impact on mental health outcomes (Stathopoulou et al., 2024). Resilience is already recognized as an ongoing process, influenced by the presence of specific internal strengths and external factors that support resilience such as family relationships. This effect is even more pronounced for Afghan refugees, because of the cultural importance of family, which is a culturally congruent and essential resource for psychological adjustment (Siddiq et al., 2023). The results validate the hypothesis (A) that family support has a positive impact on psychological wellbeing as it is mediated by resilience which is significantly greater in life of refugees who were exposed to adversity or suffering for long period of time in Pakistan.

But there are also some existing studies that highlight gaps and other factors affecting this relationship. Examples of formal supports include NGOs and mental health services; these have been demonstrated to complement family support and may have challenges such as cultural issues, limited resources, and accessibility (Aghaei et al., 2025). In addition, Afghan refugees have different attitudes towards help-seeking services and engagement with services, suggesting that the family alone cannot account for this. (Andisha & Lueger-Schuster, 2024) The role of resilience is established, but the interaction of the sociocultural and systemic factors are not well explored, especially the interaction between the community and institutional supports and family dynamics and their influence on well-being. In addition, there is limited qualitative understanding of the experiences of Afghan refugee children in Pakistan with respect to their perceptions and utilization of support systems within their families, while navigating socio-political issues. This study aims to fill these gaps by examining the mediational role of resilience in Afghan refugee children in Pakistan, where the mental health services are limited and there is a long history of displacement.

Overall, the existing literature highlights a strong interconnections between family support and resilience, and how family support is a proximal protective factor which leads to resilience and then to a better psychological well-being in Afghan refugee children. Considering the compound effect of the problems that this population is confronting in Pakistan, it is a good strategy to enhance mental health outcomes through the family support in promoting resilience. This holistic grasp is used in the development of culturally responsive, family-centered interventions that can not only positively support family bonds but also cultivate the resilience capacities essential for psychological adjustment in displaced children (Khan & Al-Nuaimi, 2023; Rehman et al., 2025; Yang et al., 2025). The dimensions outlined in this study should be emphasized in future research and policy to support sustainable resilience and mental health of Afghan refugee children in Pakistan.

3. Theoretical Framework

The theoretical framework used to investigate the relationship between family support and psychological well-being of Afghan refugee children in Pakistan with the role of resilience as a mediator is based on three complementary theories namely Resilience Theory, Family Systems Theory, and Attachment Theory. Theories all together shed light on the interaction between family environment and personal adaptive processes, and their impact on mental health outcomes during displacement and adversity.

3.1 Resilience Theory

Resilience Theory is based on the ability of people to endure and bounce back from major stressors and/or trauma and examines the protective factors and adaptive processes that facilitate positive psychological responses in the face of challenging events. For refugee children, resilience is a dynamic, mediating variable, which plays a role in protecting mental health outcomes in the face of war, displacement, and socio-economic hardship (Danga et al., 2025; Khan & Al-Nuaimi, 2023). Resilience theory highlights the importance of self-protective internal and external factors such as family support in coping and adapting. This theory suggests that family support helps children become resilient through emotional security, socialization and having resources to cope with trauma and sustained stressors. Refugee children who continue to develop or sustain resilience through their families show a greater psychologic wellness because they are able to control their emotions, reinterpret their experiences and have hope in the face of the challenges they are facing as the result of displacement (Mohamed, 2012). In this study, resilience is defined by this lens as a pathway to better outcomes and how family supports better outcomes.

3.2 Family Systems Theory

Family Systems Theory emphasizes the interdependent nature of the family as a whole system, with each individual's functioning influencing the others. It considers family support as more than just a single act of support, but in the context of patterns of interaction, communication and relational cohesion that shape individual psychological well-being (Zamil et al., 2026). Family systems are particularly relevant in the Afghan refugee context as a result of cultural collectivism and the importance of the family in providing stability, belonging and identity in a time of upheaval. This theory offers a framework for how children who experience trauma and marginalization are protected by family support, which is expressed by emotional availability, shared coping mechanisms and family resilience (Siddiq et al., 2023). From this viewpoint, a breakdown in the functioning of the family system or parental distress can negatively affect the child's psychological resilience, and positive family functioning can foster positive adaptation and well-being. This mediating is congruent with the process at the family level that determines children's mental health outcomes.

3.3 Attachment Theory

Attachment theory underscores the importance of the early emotional relationships between children and caregivers as the building blocks for children's socio-emotional development, and ultimately psychological health and wellbeing. Secure attachment promotes emotional regulation, self-esteem, and sense of security—all of which are important in stressful situations like forced migration and refugee experiences (Mohamed, 2012). In host countries such as Pakistan, family support means providing children with Afghan refugees with a secure base to help them deal with instability and stressors. Secure attachment relationships help support children's resilience through providing them with consistent emotional support and trust, reducing anxiety, depression, and symptoms related to trauma (Zamil et al., 2026). Thus, the theory elucidates the direct and indirect effects of family support on psychological well-being – the latter being via enhancing children's resilience. Safe Attachment Systems help children to cope with trauma and maintain well-being when the environment is challenging.

3.4 Integrated Framework

A synthesis of these three theories provides a powerful explanatory model: Family support (Family Systems Theory and Attachment Theory) fosters a secure, nurturing environment that promotes resilience (Resilience Theory), which in turn has an impact on psychological well-being in Afghan refugee children in a country with displacement and socio-economic challenges (Pakistan). This alignment highlights family as the key social resource that supports adaptive capacities, and that resilience mechanisms foster positive psychological outcomes despite exposure to trauma and the presence of ongoing stress (Khan & Al-Nuaimi, 2023; Mohamed, 2012; Zamil et al., 2026). This theoretical framework places this study in culturally meaningful and ecologically appropriate terms, highlighting the centrality of family and the role of resiliency as a mediator, which helps guide empirical investigation and culturally responsive interventions that help promote Afghan refugee children's mental health in Pakistan.

4. Research Objectives

- To examine the relationship between family support and psychological well-being among Afghan refugee children in Pakistan.
- To investigate the relationship between family support and resilience among Afghan refugee children.
- To determine the relationship between resilience and psychological well-being among Afghan refugee children in Pakistan.
- To examine the mediating role of resilience in the relationship between family support and psychological well-being among Afghan refugee children.

5. Model Development

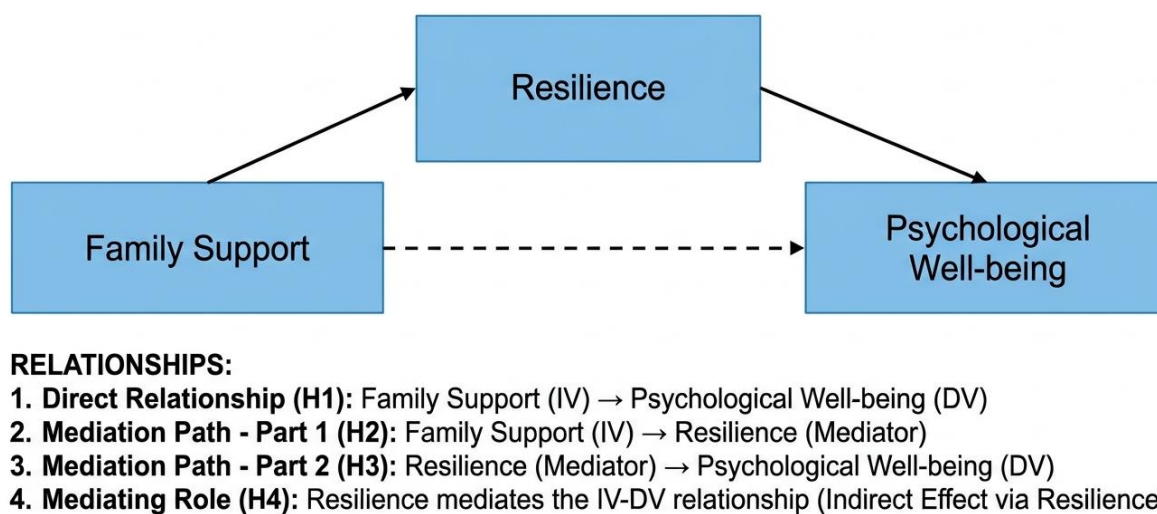


Figure 1: Model Development (Hypothetical Relationship of Variables)

6. Research Methodology

For this study, cross-sectional correlational research design of quantitative approach was used to explore the relationship between family support and psychological well-being of Afghan refugee children in Pakistan with psychological resilience as a mediation variable. A purposive sampling technique was used to select a sample of 150 Afghan refugee children/adolescents living in Pakistan for the study. Representatives from refugee communities, educational institutions and community-based organizations were recruited. Children of the Afghan refugee community meeting the following criteria were included: 12 to 18 years of age; able to understand the Urdu (native language) of the questionnaire; and consent of parent/guardian to take part in the

study. The ethical standards were respected during the entire process of research beginning with informed consent, confidentiality of information, voluntary participation and the right to withdraw at any time.

The data were obtained by using a structured self-report questionnaire which included three adapted measures. Family Support (independent variable) was measured by six items that were adapted from the previously mentioned family and social support scales, such as the Revised Parental Social Support Scale and family support scales measuring emotional availability and encouragement, perceived care and assistance of family members (Rakap & Vural-Batik, 2023). Resilience (mediating variable) was measured using six items adapted from widely used scales of resilience such as the Connor–Davidson Resilience Scale (CD-RISC) and the Brief Resilience Scale, which comprise measures of an individual's ability to adapt to change, recover from setbacks, cope with stress, and maintain confidence in challenging circumstances (Yang et al., 2024). Psychological Well-being (dependent variable) was measured using six items originally from psychological health and well-being measures which included emotional stability, life satisfaction, positive functioning, social relationships, hope and sense of purpose (Zeng et al., 2025). Each item was measured on a 5 point Likert scale from 1 = Strongly Disagree to 5 = Strongly Agree. All measures were adapted to ensure cultural relevance and appropriateness for Afghan refugee children in Pakistan.

The data collected were analyzed with Statistical Package for Social Sciences (SPSS). Demographic information and family support, family resilience and psychological well-being levels were summarized using descriptive statistics. The levels of internal consistency were determined by calculating Cronbach's alpha coefficients for the adapted scales, with a reliability value of .90 or higher considered to be good. Pearson correlation analysis was used to explore the relationships between the family support, resilience, and psychological wellness. Additionally, Hayes' PROCESS Macro Model 4 was used to examine the mediation effect of Resilience between Family Support and Psychological wellbeing. The mediation analysis confirmed resilience as a significant mediating variable between family support and improved psychological well-being of the Afghan refugee children in Pakistan. Items for measuring psychological well-being, social support, and resilience were selected and adapted from previous studies that have used validated instruments for measuring psychological well-being, social support, and resilience among vulnerable populations (Rakap & Vural-Batik, 2023; Yang et al., 2024; Zeng et al., 2025).

7. Data Analysis and Study Findings

Table 1: Demographic Characteristics of Participants (N = 150)

Variable	Category	Frequency (n)	Percentage (%)
Gender	Male	78	52.0
	Female	72	48.0
Age	12–14 years	58	38.7
	15–16 years	54	36.0
	17–18 years	38	25.3
Education Level	Primary	45	30.0
	Middle	62	41.3
	Secondary	43	28.7
Living Arrangement	With both parents	96	64.0
	With one parent	38	25.3
	With relatives/others	16	10.7

Table 2: Descriptive Statistics of Study Variables (N = 150)

Variable	Minimum	Maximum	Mean (M)	Standard Deviation (SD)
Family Support	1.50	5.00	3.72	0.74
Resilience	1.60	5.00	3.65	0.68
Psychological Well-being	1.40	5.00	3.58	0.71

The descriptive statistics showed that the participants had moderate to high scores of family support ($M = 3.72$, $SD = 0.74$), resilience ($M = 3.65$, $SD = 0.68$) and psychological well-being ($M = 3.58$, $SD = 0.71$). The results indicate that overall, Afghan refugee children in the sample were exposed to supportive family environments and exhibited adaptive coping skills in the face of adversity.

Table 3: Reliability Analysis of Study Scales (N = 150)

Variable	Number of Items	Cronbach's Alpha (α)	Interpretation
Family Support	6	.86	Good reliability
Resilience	6	.84	Good reliability
Psychological Well-being	6	.88	Good reliability
Overall Scale	18	.91	Excellent reliability

All study variables were found to be reliable in the reliability analysis. The six items on the Family Support scale had a Cronbach's alpha of $\alpha = .86$, demonstrating that the scale was reliable in measuring perceived family support. The Resilience scale also had high internal consistency ($\alpha = .84$), and the Psychological Well-being scale had a high internal consistency ($\alpha = .88$). The overall scale containing 18 items yielded excellent reliability ($\alpha = .91$), making the measures appropriate for measuring the proposed constructs in Afghan refugee children.

Table 4: Correlation between Family Support, Resilience, and Psychological Well-being

Variables	1	2	3
1. Family Support	—		
2. Resilience	.52**	—	
3. Psychological Well-being	.61**	.58**	—

All of the study variables were significantly positively correlated with one another (Pearson correlation analysis). Family Support was correlated with Resilience ($r = .52$, $p < .01$) such that children who perceived high levels of family support also reported high levels of Resilience. In addition, the positive relationship between Family Support and Psychological Well-being was significant ($r = .61$, $p < .01$), indicating that higher levels of family support were related to the higher levels of psychological outcomes. Resilience was also positively correlated with Psychological Wellbeing ($r = .58$, $p < .01$), meaning that children who were more resilient had higher psychological well-being.

Table 5: Mediation Analysis (Hayes' PROCESS Macro Model 4)

Path	Effect (β)	SE	p-value	Result
Family Support $\rightarrow$ Resilience (a path)	.52	.06	<.001	Significant
Resilience $\rightarrow$ Psychological Well-being (b path)	.39	.07	<.001	Significant
Family Support $\rightarrow$ Psychological Well-being (Direct effect)	.41	.08	<.001	Significant
Indirect Effect (Family Support $\rightarrow$ Resilience $\rightarrow$ Psychological Well-being)	.20	.05	95% CI [.11, .31]	Significant

Results of the mediation analysis conducted using the PROCESS Macro Model 4 suggested that the effect of family support on psychological well-being was also mediated by resilience. Family support was a significant predictor of resilience with a path ($\beta = .52$, $p < .001$), indicating that the more children received from their

families, the higher their resilience scores. Results of the b path indicated that resilience was a significant predictor of psychological well-being ($\beta = .39$, $p < .001$), showing that resilient children had better psychological outcomes.

Family support continued to have a direct impact on psychological well-being after controlling for resilience ($\beta = .41$, $p < .001$). The indirect effect through resilience was also significant ($\beta = .20$, 95% CI [.11, .31]), as the confidence interval did not include zero. The results suggest partial mediation, i.e. family support has a direct effect on the psychological well-being and an indirect effect through the increase in resilience of Afghan refugee children.

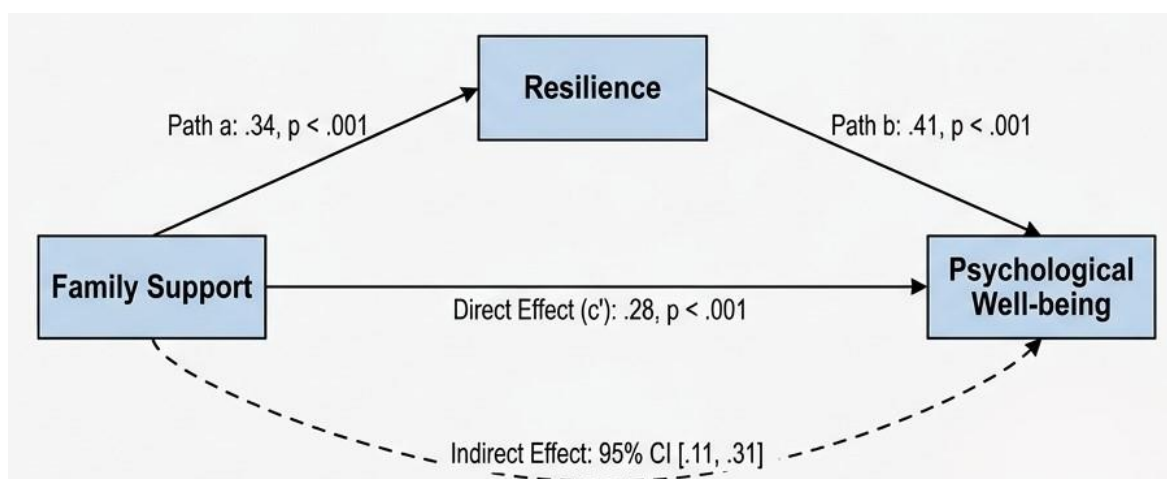


Figure 2: Direct and Indirect Path Coefficients for Family Support and Psychological Well-being

Table 6: Summary of Hypotheses Testing

Hypothesis	Statement	Result
H1	Family Support positively predicts Psychological Well-being	Supported
H2	Family Support positively predicts Resilience	Supported
H3	Resilience positively predicts Psychological Well-being	Supported
H4	Resilience mediates the relationship between Family Support and Psychological Well-being	Supported

8. Discussion

The current study explored the association between family support and psychological wellbeing of Afghan refugee children in Pakistan while accounting for the mediating role of resilience. Psychological well-being ($r = .61$, $p < .01$) and resilience ($r = .52$, $p < .01$) were significantly and positively related to family support, suggesting that increased family emotional and instrumental support was associated with better psychological adjustment and increased coping skills in children. Descriptive results also indicated that the participants' scores were in the moderate to high ranges on the family support, resilience, and psychological well-being scales ($M = 3.72$, $SD = 0.74$; $M = 3.65$, $SD = 0.68$; and $M = 3.58$, $SD = 0.71$, respectively). The results are congruent with the Family Systems Theory and Attachment theory assumptions that a supportive relationship in the family results in emotional security, stability and a sense of belonging for children. Economic difficulty, social instability and displacement are all key factors to highlight for Afghan refugee children and family support is considered to be one of the most important protective resources to reduce the psychological vulnerability and enhance positive adaptation. As in previous studies, the nature of family relationships within refugee communities has frequently been described as more than just instrumental support, but also as sources of emotional support, collective identity and resilience that are deeply rooted in culture (Aleami et al., 2023).

The mediation analysis was also used to provide additional support for the significant mediating effect of resilience between family support and psychological well-being. Specifically, family support had a significant effect on resilience ($\beta = .52, p < .001$) and resilience had a significant impact on psychological well-being ($\beta = .39, p < .001$). The indirect effect of family support on psychological well-being via resilience was significant ($\beta = .20, 95\% \text{ CI } [.11, .31]$), and confirmed that resilience is a pathway by which the family support influences children's psychological outcomes. Additionally, resilience was significantly and positively correlated with psychological well-being ($r = .58, p < .01$), implying that the more resilient children were the more they were able to function positively and with emotional balance and hope in the face of adverse circumstances. These results align with Resilience Theory which highlights the dynamic process of resilience as an adaptive process that enables individuals to cope successfully when they face stress and adversity. Fostering family encouragement, emotional availability and supportive interactions can enhance children's internal coping mechanisms and help them manage and recover from the stressors linked to displacement, trauma exposure and social challenges (Khan & Al-Nuaimi, 2023; L. Yang et al., 2025). It has been reported in previous studies that resilience serves as a significant mediator between social support and better mental health among vulnerable individuals (Rakap & Vural-Batik, 2023; F. Yang et al., 2025).

The results support an integrated approach that links Family Systems Theory, Attachment Theory, and Resilience Theory; family dynamics directly affect the psychological state of the refugee child, but in an indirect way, as well, by affecting the child's resilience. The reliability analysis also showed high internal consistency of the study measures, with alpha values between .84 and .88, which is appropriate for the adapted measures used to assess the family support, resilient and psychological well-being of Afghan refugee children. Family Systems Theory suggests that families that are cohesive and adaptive help children develop emotional regulation and coping skills, and Attachment Theory proposes that a secure family attachment will create a psychological base for developing trust, emotional stability, and resilience (Mohamed, 2012; Zamil et al., 2026). The findings draw attention to the need for interventions in refugee contexts in Pakistan that are family-centered, emphasizing parent-child relationship strengthening, communication within the family and skills for building family resilience. These culturally appropriate strategies can contribute to the wellbeing of Afghan refugee children by mitigating the negative psychological impacts of long-term displacement and fostering emotional growth and development (Zamil et al., 2026). This study calls for further investigation regarding other protective factors, such as presence of school support, peer relationships and community connectedness, to better understand the psychological adaptation of refugee children.

9. Conclusion

Based on the results of the present study, the following conclusion was reached that family support is one of the important facilitators in ensuring the psychological wellbeing of Afghan refugee children in Pakistan and resilience is an important mediator in this regard. The results showed that those children that had more support from their families had more resilience and psychological well-being. A strong positive correlation between family support and resilience ($r = .52, p < .01$), family support and psychological well-being ($r = .61, p < .01$), and resilience and psychological well-being ($r = .58, p < .01$) point to the protective role of supportive family environments in difficult refugee situations. In addition, in the mediation analysis, family support indirectly affected psychological well-being through the mediation of resilience, suggesting that family support enhances children's internal coping resources, which further promotes their psychological well-being. The findings highlight the central role of family relationships in the security, adaptation and emotional resilience of displaced children in socio-economic settings.

The study builds on the existing literature by bringing together the three theories: Family Systems Theory, Attachment Theory, and Resilience Theory to provide an explanation for how family resources and psychological processes interact to facilitate refugee children's adjustment. Based on the findings, it is recommended to target enhancing family functioning, emotional relationships and resilience building

capacities as well as individual coping mechanisms when addressing the mental health needs of Afghan refugee children. Family supportive environments, improving parent-child communication, and promoting adaptive coping skills could be beneficial strategies to improve refugee children's psychological well-being in Pakistan. In summary, this research is important to acknowledge resilience as a pathway towards positive psychological outcomes and offer implications for culturally sensitive mental health programming for refugee communities.

10. Recommendations and Practical Implications

The results from this study led to the following recommendations. Humanitarian organizations and policy makers should design and implement family-based psychosocial interventions that foster families as a cohesive unit, parental support and emotional bonding in refugee families of Afghanistan. Second, a program of resilience should be implemented within refugee schools and community centers to help children become more resilient, and develop and strengthen positive psychological resources. Third, the capacity of available mental health services to support refugee children needs to be increased by embedding psychological support into the existing educational and community-based systems. Further studies are recommended to expand this research with the larger and more diverse number of samples from various refugee contexts in Pakistan, for the wider generalizability of the findings. Longitudinal studies are further recommended to explore the relationship between family support and resilience to psychological well-being over time. Further studies should also include other protective factors such as peer support, school attachment, and connectedness with community and socioeconomic status for a better understanding of factors affecting refugee children's psychological adjustment. In summary, enhancing family systems and supporting the resilience building of Afghan refugee children should continue to be a top priority in the mental health and well-being of Afghan refugee children.

The results of this study have implications in the practical aspect of enhancing psychological well being of Afghan refugee children in Pakistan. The findings underscore the crucial role of family support as a protective factor and suggest that improving family relations should be a key element of the mental health intervention for refugees. Interventions targeted at families and designed to encourage positive family-child communication, emotional availability, and supportive caregiving practices should be developed by organizations with a mandate for the care of refugee families, such as schools, humanitarian agencies, or community support services. As resilience was identified to be a mediator between family support and psychological well-being, interventions should additionally concentrate on cultivating children's coping capabilities, problem-solving capacities, emotional regulation, and self-confidence in coping with tension. Moreover, incorporation of resilience building program in addition to family support program in the work of mental health professionals and social workers serving Afghan refugee children is recommended. Peer-support groups, psychosocial education programs, counseling sessions, and skills-based workshops can be used to help children learn adaptive coping mechanisms to respond to the stressors, traumas and uncertainties they experience during displacement. Educational institutions serving refugee children can also have a significant impact by fostering a supportive climate where children can feel psychologically safe and socially connected, allowing them to express their emotions. The results highlight the need for a culturally responsive approach to refugee children's mental health and support the recognition of the family as a significant social and emotional asset.

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