

AMERICAN UNIVERSITY OF BEIRUT

SOCIODEMOGRAPHIC CHARACTERISTICS, FAMILY
ENVIRONMENT AND ADOLESCENTS' STRESSORS
PREDICTING EMOTIONAL AND BEHAVIORAL PROBLEMS
IN BAB AL TEBBENEH, JABAL MOHSEN AND NEARBY
NEIGHBORHOODS

by
REEM MUSTAFA HAJ ALI

A thesis
submitted in partial fulfillment of the requirements
for the degree of Master of Arts
to the Department of Education
of the Faculty of Arts and Sciences
at the American University of Beirut

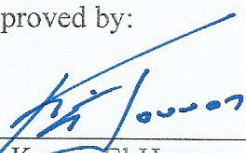

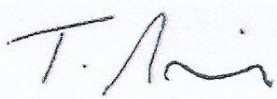
Beirut, Lebanon
May 2022

AMERICAN UNIVERSITY OF BEIRUT

SOCIODEMOGRAPHIC CHARACTERISTICS, FAMILY ENVIRONMENT AND ADOLESCENTS' STRESSORS PREDICTING EMOTIONAL AND BEHAVIORAL PROBLEMS IN BAB AL TEBBENEH, JABAL MOHSEN AND NEARBY NEIGHBORHOODS

by
REEM MUSTAFA HAJ ALI

Approved by:

	Signature
Dr. Karma El Hassan, Associate Professor	Advisor Signature
Idem	Co-Advisor
	Member of Committee
Dr. Hoda Baytiyeh, Associate Professor	Member of Committee
	Member of Committee
Dr. Tamer Amin, Associate Professor	Member of Committee

Date of thesis defense: 2 May, 2022

AMERICAN UNIVERSITY OF BEIRUT

THESIS RELEASE FORM

Student Name: Reem Mustafa Haj Ali
Last First Middle

I authorize the American University of Beirut, to: (a) reproduce hard or electronic copies of my thesis; (b) include such copies in the archives and digital repositories of the University; and (c) make freely available such copies to third parties for research or educational purposes:

- As of the date of submission
- One year from the date of submission of my thesis.
- Two years from the date of submission of my thesis.
- Three years from the date of submission of my thesis.

Reem Haj Ali
Signature

2 May, 2022
Date

ACKNOWLEDGEMENTS

Alhamdulillah.

I come from a finance background. Radically switching majors to educational psychology took a great leap of faith and a lot of courage. In 2015, I sought a sense of purpose. I wanted to recover my passion, do something meaningful and stand up for what I always wanted to do and be.

This journey has been extremely challenging yet, very rewarding. I feel blessed and grateful for all the infinite opportunities of learning and growth that I have encountered along the way.

I can't but genuinely thank first and foremost my thesis advisor Dr. Karma El-Hassan for her continuous support, encouragement and patience throughout the past three years. Besides her immense knowledge in the field of educational psychology, she showed in every single encounter what a real Educator is. She patiently and beautifully put up with my time constraints, supporting me every step of the way, trusting me and my study from the very first day. I would also like to thank my thesis committee members: Dr. Tamer Amin for accepting to join the committee despite a full and overflowing schedule, and Dr. Hoda Baytiyeh for her valuable time and insightful comments.

In addition, I would also like to thank the experts Dr. Anies Al Hroub who was involved in the adaptation of the scales in my study and Dr. Vivian Khamis for being a great source of inspiration and academic resource and her generous support in the subject of my study.

My profound gratitude goes to my parents Mustafa and Racha, and my sisters Maya and Dania for their unlimited support, unconditional care and trust in me. I love you dearly and I hope I continue to make you proud.

Finally, I would like to dedicate this work to the NGO Ruwwad Al Tanmeya, the honorable board members Mrs. Hala Fadel, Mr. Fadi Ghandour, Mrs. Asma Zein, Mrs. Amal Ghandour, Mr. Sami Khouri, the regional director Samar Dudin, my beloved colleagues Sarah Al Charif and Hoda Rifai, whom all supported my journey and believed in my potential and trusted in my choice from day 1; they are my support system.

I also dedicate this work to my students, the youths and children of Bab Al Tebbeneh and Jabal Mohsen who have to endure every single day the consequences of an unjust social and economic structure and system. They deserve and have the right to a more rightful world.

I started this journey with a broken heart, I continue this journey with light bursting from its cracks.

Alhamdulillah.

ABSTRACT

OF THE THESIS OF

Reem Mustafa Haj Ali for Master of Arts
Major: Educational Psychology/School Guidance

Title: Sociodemographic Characteristics, Family Environment and Adolescents Stressors Predicting Emotional and Behavioral Problems in Bab Al Tebbeneh, Jabal Mohsen and Nearby Neighborhoods

This study investigated the contributions of adolescents and parents' sociodemographic characteristics, family environment and adolescents' stressors to emotional and behavioral problems in adolescents from Bab Al Tebbeneh, Jabal Mohsen and the nearby neighborhoods. It attempted to examine these variables as predictors of emotional and behavioral problems in a sample of 350 adolescent boys and girls from Bab Al Tebbeneh, Jabal Mohsen and the nearby neighborhoods enrolled in middle and high schools with ages ranging between 13 and 17.

The procedure consisted of administering a compiled questionnaire that included sociodemographic information about the adolescent and correspondent family, the Family Environment Scale (FES), the Adolescents' Stressors Scale and the Youth Self-Report (YSR) Scale in Arabic to recurring adolescent beneficiaries of three community centers operational in Bab Al Tebbeneh, Jabal Mohsen and nearby neighborhoods.

Regarding the YSR results, a fair percentage of the youths were considered in the borderline clinical range and in the clinical range for anxiety, depression and withdrawn subscales. Regarding the FES results, the highest percentage of the youths' identified that their families emphasize morality and religion, organization and exhibit conflict. As to family types, the highest percentages were for the conflict-oriented families, followed by disorganized families, followed by structured moral-religious families and achievement-oriented families, while the lowest percentage was for the intellectual-cultural oriented families. Regarding the Adolescents' Stressors scale results, a high percentage of participants seemed to experience economic stressors.

Study reported on the relationship between sociodemographic characteristics, family types, family dimensions, adolescents' stressors and YSR.

Stepwise regression was used to predict "YSR". In Model 4, the coefficient of determination R square implied that variation in the dependent variable "YSR" was caused by the family stressors, the school stressors, the personal growth family dimension and the economic stressors.

Limitations of the study and recommendations for future studies are discussed.

TABLE OF CONTENTS

ACKNOWLEDGEMENTS	4
ABSTRACT	5
ILLUSTRATIONS	10
TABLES	11
ABBREVIATIONS	13
INTRODUCTION	1
Background	1
Statement of Problem.....	3
Research Questions.....	4
Rationale	5
Significance of Study.....	5
LITERATURE REVIEW	8
Overview of the Sectarian Battles and Socioeconomic Situation in Tripoli	8
Literature Review	11
Children in Disenfranchised Communities and Armed Conflicts Areas	11
Children Status and Stressors	14
Children and Family Environment	18
Similar Studies Conducted.....	22
METHODOLOGY	24

Research Design	24
Instruments.....	25
Sociodemographic Characteristics.....	25
Youth Self-Report (YSR) Scale.....	26
Family Environment Scale (FES).....	27
Adolescents Stressors Scale (Children’s Stressors Scale)	29
Adaptation.....	31
Youth Self-Report (YSR) Scale Adaptation Description	34
Family Environment Scale (FES) Adaptation Description.....	35
Children’s Stressors Scale Description.....	37
Sampling Procedures and Sample.....	39
Sampling Procedures	39
Sample	40
Administration	41
Data Collection Procedures	42
Data Analysis Procedures and Assumptions	45
Data Analysis Procedures	45
RESULTS	47
Descriptive Results	47
Youth Self-Report (YSR) Scale Results	48
Family Environment Scale (FES) Results	53
Adolescents’ Stressors Scale Results.....	56
Correlations.....	56
Correlation between Sociodemographic Characteristics and Youth Self-Report (YSR) Total Problems Scale.....	57
Correlation between Family Environment and Youth Self-Report (YSR) Total Problems Scale.....	61

Correlation between Adolescent’s Stressors and Youth Self-Report (YSR) Total Problems Scale.....	68
Regression.....	70
DISCUSSION.....	79
Discussion of the Key Findings of the Study	80
Sociodemographic Characteristics Results	80
Youth Self-Report (YSR) 8 Syndromes Results.....	82
Family Environment Scale (FES) Results	83
Adolescents’ Stressors Scale Results.....	86
Correlations.....	88
Regression.....	94
Answering the Research Questions	97
Limitations	98
Conclusion and Recommendations.....	99
APPENDIX A ADAPTED COMPILED QUESTIONNAIRE-ARABIC LANGUAGE.....	102
APPENDIX B ADAPTED COMPILED QUESTIONNAIRE – ENGLISH LANGUAGE.....	112
APPENDIX C COMMUNITY CENTER APPROVAL FORM – ARABIC	125
APPENDIX D COMMUNITY CENTER APPROVAL FORM - ENGLISH	128
APPENDIX E CHILD ASSENT FORM – ARABIC.....	132

APPENDIX F CHILD ASSENT FORM – ENGLISH.....	134
APPENDIX G PARENTAL CONSENT FORM – ARABIC ...	137
APPENDIX H PARENTAL CONSENT FORM-ENGLISH...	139
APPENDIX I YSR-RESULTS OF SUBAREA 1	142
REFERENCES	145

ILLUSTRATIONS

Figure

1. P-P plot for standardized residuals of YSR..... 77
2. Scatter plot for residuals of YSR..... 78

TABLES

1. Family Environment – Dimensions, Subscales and Descriptions	27
2. Family Environment Scale (FES) – Family Types.....	28
3. Descriptive Summary of the YSR Scale, the FES and the Children’s Stressors Scale.....	31
4. Contrast between Statements Included in English FE Scale and how they were Adapted in FE Arabic Scale.....	36
5. Contrast between Statements Included in Children’s Stressors Scale and how they were Adapted to Context of Study	38
6. Breakdown of Number of Students during Data Collection Process per Organization.....	43
7. Breakdown of Number of Participants and Sessions Conducted during Data Collection Process per Organization.....	45
8. Demographic Characteristics of Participants.....	48
9. Distribution of Participants per Grades at Schools.....	49
10. Family Size	49
11. Parents Education Level	50
12. Parents Employment Status	50
13. Youth Employment Status	51
14. Syndromes Subscales Standardized Scores Reflected in Minimum, Maximum, Mean and Standard Deviation.....	51
15. Classification of Standardized Scores Using Frequency – YSR	52
16. Family Environment Subscales (Standard Scores).....	53
17. Classification of Standard Scores Using Frequency – Family Environment.....	54
18. Family Environment Scale (FES) – Percentages of Family Type	55
19. Adolescents Stressors Scale – Frequency of Stressors	56
20. Spearman's rho - Correlation between Nonmetric Sociodemographic Characteristics and YSR	57
21. Kruskal-Wallis Test – Hypothesis Test Summary – Center in Relation to YSR	58
22. Independent-Samples Kruskal-Wallis Test Summary Center in Relation to YSR	58

23. Mann-Whitney Test – Center A and Center B – Mean Ranks	59
24. Mann-Whitney Test – Center A and Center B – Test Statistics a	59
25. Mann-Whitney Test – Center A and Center C – Mean Ranks	59
26. Mann-Whitney Test – Center A and Center C – Test Statistics a	59
27. Mann-Whitney Test – Center B and Center C – Mean Ranks.....	60
28. Mann-Whitney Test – Center B and Center C – Test Statistics a.....	60
29. Pearson - Correlation between Metric Sociodemographic Characteristics and YSR.....	60
30. Spearman's rho - Correlation between Families Types and YSR.....	62
31. Mann-Whitney Test – Achievement-Oriented Families – Mean Ranks.....	64
32. Mann-Whitney Test – Achievement-Oriented Families – Test Statistics a.....	64
33. Mann-Whitney Test – Structured Moral-Religious Families – Mean Ranks	65
34. Mann-Whitney Test – Structured Moral-Religious Families – Test Statistics a	65
35. Mann-Whitney Test – Support Oriented Families – Mean Ranks.....	66
36. Mann-Whitney Test – Support Oriented Families – Test Statistics a.....	66
37. Mann-Whitney Test – Conflict Families – Mean Ranks	66
38. Mann-Whitney Test – Conflict Families – Test Statistics a	66
39. Mann-Whitney Test – Disorganized Families – Mean Ranks	67
40. Mann-Whitney Test – Disorganized Families – Test Statistics a.....	67
41. Pearson - Correlation between Family Dimensions and YSR.....	68
42. Pearson – Correlation between Adolescent’s Stressors and Youth Self-Report (YSR) Total Problems Scale.....	69
43. Descriptive Statistics – Normality of Distribution of Independent Variables (Family Dimensions and Adolescents’ Stressors)	71
44. Descriptive Statistics – Normality of Distribution of Dependent Variable (YSR Total Problems Score)	72
45. Stepwise Regression – Model Summary e	73
46. Test – ANOVAa	74
47. Test – Coefficients a	75

ABBREVIATIONS

Family Environment Scale (FES)

Youth Self-Report (YSR)

Post-Traumatic Stress Disorder (PTSD)

Non-Governmental Organization (NGO)

United Nations (UN)

Economic and Social Commission for Western Asia (ESCWA)

Socioeconomic Status (SES)

International Test Commission (ITC)

Institutional Review Board (IRB)

Achenbach System of Empirically Based Assessment (ASEBA)

CHAPTER 1

INTRODUCTION

Background

Mental health incorporates our thoughts, feelings and behaviors; how we perceive ourselves, our lives, the people around us; the way we evaluate choices and make decisions; how we handle stress and relate to others. Mental health problems in children and adolescents may lead to school failure, school dropout, violence, suicide, family distress, drug abuse and many other difficult situations (Henderson & Thompson, 2011). According to the World Population Review, Tripoli is the second largest city in Lebanon that has a population of approximately 730,000. With the settlement of nearly 20,000 Palestinian refugees and 46,142 Syrian refugees in the overpopulated and poor neighborhoods of Tripoli, higher demands have been created on the limited existing resources, facilities and employment opportunities. Tripoli has lost its regional economic value due to the rise of communal violence, sectarian conflicts and surfacing Islamist/Salafist trends and is suffering from a declined social and economic state, increased poverty and social tension. Bab Al Tebbeneh and Jabal Mohsen neighborhoods— considered two of the poorest in the city of Tripoli – have witnessed violent armed clashes during the Lebanese civil war followed by a series of armed clashes between 2008 and 2014 (Younes, 2016). These marginalized neighborhoods are suffering on different dimensions. The armed clashes alienated the two neighborhoods and increased poverty and deprivation of basic social, medical, economic services and rights (Gh. Rifi, personal communication, November 5, 2018). This has resulted in declining socio-economic conditions and might have had a negative impact on the cognition, emotions, behaviors and development of the children of these

neighborhoods. The situation in these two neighborhoods implies that many adolescents grew up in chronically political violent environments (Khamis, 2012). Research suggests that children living in war zones face high risk of developing many types of psychopathologies, particularly post-traumatic stress disorder (PTSD) (American Academy of Child and Adolescent Psychiatry Official Action (AACAP), 1998; Yule, 1999) which is commonly comorbid with other psychiatric disorders, mainly major depression (Pfefferbaum, 1997; AACAP,1998). Studies indicate that direct or indirect exposure to war has a profound psychological impact on adolescents (Amine et al. (2008)., 2008; Khamis, 2005,2008; Thabet, Abed, & Vostanis, 2004). In addition, according to Khamis (2015), children with lower family income reported higher levels of emotion and behavioral disorders and neuroticism. The children in Bab Al Tebbeneh, Jabal Mohsen and nearby neighborhoods suffer from poverty, cultural and social pressure and hard living conditions. Evans and English (2002) suggest that these stressors when accumulated during the development of the children affect their cognitive, social, emotional, physical and behavioral development. Furthermore, it has been established that family environment plays an important role in the development of children and adolescent. The factors in the family contribute to individual differences in their resiliency towards daily stressors (Khamis, 2013). To conclude, the context in Bab Al Tebbeneh, Jabal Mohsen and the nearby neighborhoods sets the ground to investigate the contributions of adolescents' sociodemographic characteristics, family environment and adolescents' stressors to emotional and behavioral problems in the adolescents from these neighborhoods.

Statement of Problem

Bab Al Tebbeneh, Jabal Mohsen and the nearby neighborhoods are disenfranchised neighborhoods situated in Tripoli. In addition to their low socioeconomic status, they have suffered from recent armed clashes over a period of 7 years. The family environment typologies influencing the emotional and behavioral problems of children through chronic poverty and following the sectarian battles in these neighborhoods have not been addressed yet. This also applies to the stressors that children in these neighborhoods faced and still face on a daily basis. The children who witnessed the sectarian battles are now adolescents and their state has not been attended to. We believe that if this context is not properly assessed and evaluated by empirical research, our social responsibility as Lebanese citizens, Tripoli residents ,and graduate students is degraded by not conducting an appropriate study on the actual implications of the chronic low socioeconomic status, sectarian battles and other stressors on the adolescents of these neighborhoods and thus depriving these neighborhoods of many potential opportunities for appropriate interventions on the personal, family, school and community levels. Low educational achievement, school dropout, violence, aggression, suicide, family distress, depression, drug abuse, underage marriage and many other problematic circumstances are prevalent in the lives of adolescents from Bab Al Tebbeneh, Jabal Mohsen and the nearby neighborhoods. However, these situations have not been studied or documented. The seriousness of these problems endangers the future of these adolescents in terms of academic and career prospects, adult wellbeing status, parenting styles and urgently require an empirical study.

Research Questions

This study attempted to investigate whether the sociodemographic characteristics, the family environment and the adolescents' presumed stressors contributed to emotional and behavioral problems of adolescents of Bab Al Tebbeneh, Jabal Mohsen and the nearby neighborhoods. More specifically, it attempted to answer the following research questions:

1. Do the sociodemographic characteristics of the adolescents of Bab Al Tebbeneh, Jabal Mohsen and the nearby neighborhoods and their parents contribute to emotional and behavioral problems in these adolescents measured by the Youth Self-Report Total Problems Scale (YSR)?

2. Does the family environment of the adolescents of Bab Al Tebbeneh, Jabal Mohsen and the nearby neighborhoods measured by the Family Environment Scale (FES) contribute to emotional and behavioral problems in these adolescents measured by the Youth Self-Report Total Problems Scale (YSR)?

3. Do the family, social, economic, school and death and illness stressors measured by the Adolescents' Stressors Scale contribute to emotional and behavioral problems in Bab Al Tebbeneh, Jabal Mohsen and the nearby neighborhoods adolescents measured by the Youth Self-Report Total Problems Scale (YSR)?

4. Are adolescents' sociodemographic characteristics, family environment, adolescents' stressors predictors of emotional and behavioral problems in adolescents living in Bab Al Tebbeneh, Jabal Mohsen and the nearby neighborhoods measured by the Youth Self-Report Total Problems Scale (YSR)?

Rationale

Bab Al Tebbeneh, Jabal Mohsen and the nearby neighborhoods are of the most disenfranchised communities in the city of Tripoli in Lebanon. Between 2008 and 2014, these neighborhoods suffered from sectarian battles and political violence and continue to suffer from chronic deprivation, poverty and marginalization. Snipers, use of light and heavy weapons, deaths, injuries, loss of jobs, escapes, burning of stores and forced displacement from homes are some of the manifestations of these sectarian battles. In this study, it was hypothesized that this situation has had a serious impact on the adolescents who witnessed these battles when they were younger children. It was also hypothesized, that in this context, the contributions of adolescents' sociodemographic characteristics, family environment and presumed adolescents' stressors to emotional and behavioral problems in adolescents from Bab Al Tebbeneh, Jabal Mohsen and the nearby neighborhoods would be revealed. This study attempted to identify predictors of emotional and behavioral problems in a sample of 350 adolescent boys and girls from Bab Al Tebbeneh, Jabal Mohsen and the nearby neighborhoods enrolled in middle and high schools with ages ranging between 13 and 17 and who visit community centers established in these neighborhoods.

Significance of Study

This study could serve as a reference for future research in the areas of contributions of adolescents' sociodemographic characteristics, family environment and adolescents' stressors to emotional and behavioral problems in adolescents from disenfranchised neighborhoods who also witnessed sectarian battles and political violence. According to Khamis (2015), despite the strong association of socioeconomic disadvantage and poor mental health outcomes, it is not obvious how family income

operates to shape children's developmental trajectories, especially among children in conflict-bound situations. In Tripoli, studies are usually conducted by international non-governmental organizations (NGOs) to assess poverty and basic human rights, but not social, emotional and behavioral problems. Although the identified neighborhoods in Tripoli, Lebanon suffered from 7 years of sectarian battles and political violence, no research has yet been conducted to study the impact of these battles on the adolescents who witnessed these battles when they were younger children and lived and still live – in poverty and deprivation. This study attempted to define the contributions of these adolescents and their parents' sociodemographic characteristics, family environment, presumed stressors to emotional and behavioral problems in these adolescents. It sought to identify predictors of emotional and behavioral problems in a sample of 350 adolescent boys and girls from Bab Al Tebbeneh, Jabal Mohsen and the nearby neighborhoods enrolled in middle and high schools with ages ranging between 13 and 17 and who visit community centers established in these neighborhoods.

In addition, counseling children is a growing area of interest for professionals because it can prevent problems from becoming more serious and resulting in delinquency, school failure and emotional disturbance (Henderson & Thompson, 2011). Literature suggests that professional counseling practice is ultimately enhanced when practitioners recognize the specific needs of the populations which they serve and then implement targeted counseling services to address those needs (Astramovich, 2011). The needs of various demographic groups have been examined to help identify the unique counseling needs including children and adolescents (Drefs, 2002; Kroll, Harrington & Bailey, 2000). In the design of interventions and treatment programs for youth, policy makers need to be aware of the prevalence of behavioral and emotional

problems among children. Thus, conducting this study would contribute to defining the current emotional and behavioral problems of adolescents from Bab Al Tebbeneh, Jabal Mohsen and the nearby neighborhoods and be used in developing specific counseling programs could be especially catered to serve this community. These attempted contributions to educational research could be the basis for any psychosocial intervention that might be initiated by stakeholders like the ministry of education, international and local NGOs and would inform any intended psychosocial support action plan targeting the children and their parents in this particular community.

Moreover, family environment plays an important role in children and adolescent development and resiliency or vulnerability to daily stressors. This study could assist in understanding the family typologies that mediate the relationship between daily stressors and child outcomes and if interventions could be made to target the family environment itself.

Finally, the conclusions of this study could extend research in this area and have clinical implications on the field and assist in formulating cognitive-behavioral coping interventions in post trauma environments to lead to positive outcomes as recommended by Khamis (2015).

CHAPTER 2

LITERATURE REVIEW

This section presents an overview of the political violence and socioeconomic situation in Tripoli city and specifically in Bab Al Tebbeneh, Jabal Mohsen and the nearby neighborhoods followed by literature review of the particularity of children status in disenfranchised communities and in conflict zone areas, and the relation between children behavioral and emotional problems and stressors and family environment.

Overview of the Sectarian Battles and Socioeconomic Situation in Tripoli

The Syrian crisis accentuated the political fragmentation, increased poverty and economic deprivation and left Tripoli's population feeling neglected and desperate (Younes, 2016), marginalized and oppressed (Nehme, 2014). Ghassan Rifi, journalist and expert in Tripoli's armed conflicts has stated that the bloody history of the two neighborhoods dates to the Lebanese civil war. A long-standing rivalry has existed since the 1975-1990 Lebanese civil war with periodic outbreaks of violence (UN Habitat, 2016). The contemporary cycles of armed clashes were triggered in May 2008 and lasted until March 2014. According to Younes (2016) and UN Habitat study of Tripoli city profile (2016), the sectarian clashes at the neighborhood level have taken place between parties supporting the Syrian regime– the Alawite Muslims of Tripoli in Jabal Mohsen and anti-Syrian regime parties – the Sunni Muslims of adjacent Bab Al Tebbeneh. The Syrian war and opposed political views initiated recurrent and intensified cycles of violent clashes and armed conflicts in Tripoli and has manifested itself in political stressors including assassinations of political and religious

representatives, street violence, armed clashes between different communities, the bombing of two Sunni mosques and a suicide attack on a café in Jabal Mohsen (Younes, 2016). During this period, 20 armed clashes occurred between the two neighborhoods with 2550 civilians wounded and 185 martyred. In October 2014, Bab Al Tebbeneh and the old souks of Tripoli witnessed one last battle initiated by the Lebanese Army attempting to combat Islamic terrorists. All the armed conflicts were linked to national and regional political circumstances and ended by an imposed political reconciliation and forced national security plan (Gh. Rifi, personal communication, November 5, 2018). The nearby neighborhoods that participated in these sectarian battles are Al Qobbe, Mashrou'h Al Hariri, Al Bakkar, Al Zehriye, Malloule, Amerken, Mankoubin and the old souks of Tripoli.

Furthermore, according to a study published in 2007 by the United Nations Development Program (UNDP), the bulk of poverty is concentrated in four strata in Lebanon; Tripoli City included. These strata host two thirds of residents classified as extremely poor residents and half of the entire poor population even though they make up less than one third of the Lebanese population. The study also states that the poor children in Lebanon North governorate are the most disadvantaged where only one third aged between 12 and 14 are enrolled in intermediate schools.

Bab Al Tebbeneh and Jabal Mohsen are two of the poorest and most deprived neighborhoods in Tripoli city today associated with conflict and poverty. 67 % of Bab Al Tebbeneh and Jabal Mohsen neighborhoods' residents are living under the upper poverty line and 33% under the lower poverty line (Younes, 2016). According to Nehme (2014), Tripoli is a poor city in general where luxury is depicted in limited areas. Of the city's families, 57 % are deprived, and of these, 26% are extremely

deprived. The study also states that the most deprived neighborhoods are Bab Al Tebbeneh and Suwayka where 87% of the families are deprived, followed by Jabal Mohsen. According to Kabalan (2016), the socio-economic findings stressed in the above-mentioned study are striking and highlight significant deviations when compared to the national average. Referring to Younes (2016), Jabal Mohsen residents reported losing business to other parts of Tripoli after fights in 2008 due to intimidation, discrimination and attacks on their business places. According to the UN Habitat study (2016), 57% of Lebanese residents of Tripoli are estimated to fall into the category of Lebanese earning less than 4 US dollars per day. In addition, the Syrian crisis increased the existing deprivation in Tripoli magnifying its impact in terms of access to urban services and average living conditions.

Nevertheless, combined crises – economic, financial, political in addition to the COVID-19 pandemic and the explosion at the Beirut Port – assailed Lebanon for the past 4 years. Perhaps for the first time in decades, the entire Lebanese population has been affected with the middle class and poor struggling the most. According to January 2022 press release of the World Bank regarding the Lebanese crisis endorsed by its publication of “Lebanon Economic Monitor, fall 2021: The Great Denial”, Lebanon is suffering from a deliberate depression which means the intentionality in lacking of policy action and reform efforts in the country. It states that while the poor and the middle class in Lebanon were never well served under the pre-crisis economic model in the first place, they continue to carry its burden. This statement is consolidated by the United Nations (UN) report issued on September 3, 2021 stating that almost three-quarters of the population in Lebanon live in poverty which has severely increased between 2020 and 2021 and continues to distress the population. UN Economic and

Social Commission for Western Asia (ESCWA) warned from this state and referring to its new policy brief issued also in 2021 titled: “Multidimensional Poverty in Lebanon: Painful Reality and Uncertain Prospects”, stated that since 2019, due to the political instability, economic decline and the drastic fluctuations in the Lebanese pound exchange rate which caused currency depreciation and severe inflation, poverty level has been increasing, therefore limiting the purchasing power of the households. From a multidimensional poverty perspective, a household is defined as multidimensionally poor if it is deprived in one or more dimension under the Index. The Index includes 6 dimensions which are education, health, public utilities, housing, assets and property, employment and income while each dimension has several indicators (total of 20 indicators). Thus, according to the most recent household data sources, 82% fell into this category (4 million people) in 2021 in comparison to 42% of the total population in 2019. More specifically, such extreme multidimensional poverty affected 32.6% of households in North Lebanon alone. Although, no empirical study was conducted to research the impact of the Lebanese compound crisis on Tripoli in particular, but it is unfortunately possible to deduce and generalize from the national studies the unfortunate consequences of the Lebanese crisis on Tripoli’s increasing poverty level and political instability.

Literature Review

Children in Disenfranchised Communities and Armed Conflicts Areas

Referring to Bretherton, Weston, & Zbar (2005) and the World Bank (2005) conflict has a direct influence on the psychosocial and mental health of students. War leaves many children with physical injuries and disabilities, as well as psychological issues related to loss, displacement, and traumatic memories of violence (Denov, 2010).

Some children have only lived during times of war, and the psychosocial effects of trauma can last for decades (Cheney, 2005). According to Khamis (2015), the implications of war have a damaging effect on the psych of many children such as PTSD, psychiatric disorders like depression, anxiety, and low well-being (Cozza et al., 2010; Khamis, 2005, 2012; Laor, Wolmer, & Cohen, 2001; Thabet et al., 2004). Existing evidence suggests that younger children may display more acute symptoms of distress when responding to separation from their caregivers whilst older children may be more traumatized due to their higher exposure to violence and their greater awareness of the negative consequences of armed conflicts (Masten & Narayan, 2012).

A range of mental consequences associated with children's exposure to war has been described in psychological literature (American Psychological Association, 2010). According to Werner (2012), most reported sequela of exposure to war are elevated symptoms of PTSD, depression, and anxiety disorders. Attanayake, McKay, Jeffres, Singh, Burkle & Mills (2009) conducted a systematic review of 17 studies of 7,920 children aged between 5 and 17 who were exposed to wars in Bosnia, Cambodia, Central America, the Middle East, and Rwanda. The studies reported PTSD as the primary outcome of war in children. In addition, they suggested that the more recent the exposure to war (which ranged from 1 month to 5 years in these studies), the higher the likelihood of PTSD in the children. They proposed that there was a higher prevalence rate of mental disorders among children exposed to conflict than among the general population.

Macksoud and Aber (1996) studied the type of war trauma faced by 224 Lebanese children between the ages of 10 and 16 and how the traumatic experiences from the civil war affected their psychosocial development. The study suggested that

being a victim or a witness of violent acts, being exposed to heavy shelling or combat, and the loss of loved ones are certain types of war trauma that rendered the children more likely to exhibit PTSD whilst children who were separated from their parents reported more depressive symptoms.

A study conducted by Khamis (2012) with 600 adolescents from Gaza Strip and South Lebanon – both regions having experienced significant and repeated armed conflicts – indicated that various types of traumas had differential effects on the psychological status of the adolescents. In adolescents from Gaza, economic pressure was more predictive of PTSD and psychological distress. Moreover, the findings in Khamis study (2015), conducted with children from Gaza Strip, only revealed that children with low family income reported higher levels of emotional and behavioral disorders as well as high rates of neuroticism. Children with low family income were at the highest risk of psychological distress that include PTSD, depression and anxiety (Khamis, 2005, 2012; Muldoon & Downes, 2007; Zwirs, Burger, Schulpen, Wiznitzer, Fedder & Buitelaar ,2007).

The important role of context in the development of children towards adulthood was pointed out in Bronfenbrenner's (1977) ecological theory. Research emphasizing the ecological model of child development has suggested that family's socioeconomic status (SES) impacts child outcomes (Bronfenbrenner, 1979; López-Rubio, Fernández-Parra, Vives-Montero & Rodríguez-García, 2012). Significant association between social status and delinquency in adolescents was demonstrated in Wilson and Herrnstein's (1985,1986) book. Singh & Ghandour (2012) studied the impact of neighborhood social conditions and household socioeconomic status on behavioral problems among US children and found that higher levels of behavioral problems were

associated with socially disadvantaged neighborhoods and lower household (SES). The adjusted logistic models in their study showed that children in the most disadvantaged neighborhoods (those characterized by safety concerns, poor housing, garbage/litter in streets, and vandalism) had higher odds of serious behavioral problems (arguing, bullying, and feelings of worthlessness, depression, and detachment) than their more advantaged counterparts.

Children Status and Stressors

A host of events and circumstances within the environment puts demands on adolescents. According to Noor & Alwi (2013), young people must experience unavoidable change, including physical changes, school transitions, emerging sexuality, and changes in relationships with parents and peers (McMahan, 2009). Physical changes (Steinberg, 2008) and the pressure to establish a sense of identity (Hankins, Roberts & Gotlib, 1997) are known as normative stressors, and can stress some adolescents. Furthermore, a host of events and circumstances within the environment places demands on adolescents. They are referred to as non-normative stressors which exist in the domains of family, school, peers, and community, including unexpected demanding negative life events such as illness, injury, friendship break-ups, parental conflicts, including divorce (Coleman & Hendry, 2006). In addition, according to Chappel et al. (2014), normative and non-normative transitions or events can cause stress within the family context which results in maladaptive functioning among family members (Walsh, 2003). Normative transitions are characterized by typical developmental patterns such as evolving from childhood into adolescence or transitioning between school to school. Non-normative transitions refer to major life

events that are out of the person's control, such as the loss of a job or the death of a family member.

Furthermore, according to Chappel et al. (2014), accumulated acute stressful life events are a robust correlate of life satisfaction, with youths experiencing a higher frequency of major life events (e.g., death of a friend or family member, family move, parent loss of job) reporting lower life satisfaction (Ash and Huebner, 2001; McCullough et al., 2000; Suldo et al., 2011). Preliminary studies have found that children experiencing chronic stressors and children of low socioeconomic status report lower life satisfaction than children not experiencing chronic stress and children living above the poverty line (Ash and Huebner 2001). Perception, frequency, intensity and resolution of stress are to be considered. The experience of daily hassles like minor stressors can also be damaging to the well-being of adolescents (Guthrie, Young, Boyd & Kintner, 2001; Sim, 2000). The various stressors influence how adolescents think and feel (Coleman & Hendry, 2006; Lerner, 2002; Steinberg, 2008), which contributes to profound and detrimental impacts on their physical and mental health (Garbarino, 1998; Hyman, 1997; Morales, 2000). According to Terzian et al. (2010), at some level, stress can be seen as a natural part of development and of adaptation to a changing environment. Yet the implications of stress for children and youth can be far-reaching, depending on its level and persistence. Stress that is prolonged and managed poorly can result in negative physical, mental, and cognitive outcomes for children and youth (Steinberg, 2005). Experiencing high levels of stress or chronic stress can undermine wellbeing and exhibit negative outcomes including anxiety, depression, poor memory and language skills, and lower academic achievement (Evans & Schamberg, 2009; Farah, Nobel and Hurt, 2007).

Many adolescents are highly susceptible to stress, which often results in negative outcomes, particularly when there is a lack of resources or the necessary skills to cope with these stressors (Feldman, 2008).

According to Chappel et al. (2014), stressful life events put adolescents at risk for psychopathology (Morales and Guerra, 2006; Parke et al., 2004). The duration of an event is an important aspect to be considered. Some events, such as sudden economic hardship, increased family/peer arguments, and transition to a new school may be classified as acute; however, when these events occur frequently or in an ongoing manner, they may be considered chronic stressors.

Poverty is a particular form of chronic stress that can also be a potent risk factor for the development of internalizing and externalizing behavior problems (Conger et al., 1999; Costello et al., 2003; Wadsworth and Achenbach, 2005). Stressors have been explored in relation to youth psychopathology and include low socioeconomic status, accumulation of major life events, parental divorce, and interparental conflict. These stressors occur within a child's micro-system, specifically the home environment (Bronfenbrenner, 1994). Experiences within the home are noticeable because the more proximal the environment, the greater the influence on youth functioning.

Biological or genetic factors can increase one's vulnerability to stress, as can social and environmental factors. For example, although stress can be problematic for children and youth of all socioeconomic backgrounds, children and youth from high-conflict families and those who live in high-crime, low-resource neighborhoods may be even more likely to experience chronic and/or high levels of stress (Gershoff, Aber & Raver, 2003). Lack of economic resources, tendency to blame negative events on themselves, lack of sufficient amounts of basic needs, prior history of psychological and

behavioral disorders, experiencing multiple co-occurring stressors like living in a family environment with high conflict and residence in a socially isolated neighborhood are all characteristics that render children and youth particularly vulnerable to stress (Thoresen & Eagleston, 1983; Gershoff, Aber & Raver, 2003). In addition, according to Zhang (2012), economic disadvantage aggravates family stresses and has an adverse effect on parent's emotions, behaviors and relationships, which in turn negatively affects parenting and relationships between parents and children (Conger & Donnellan, 2007). Studies consistently reveal that low-income urban children experience more stressful events than middle class urban children (Attar, Guerra, & Tolan, 1994; Brooks-Gunn, Klebanov, & Liaw, 1995; Brown, Cowen, Hightower, & Lotyczewski, 1986; Dubow, Tisak, Causey, Hryshko, & Reid, 1991). According to Evans & English (2002), these studies focused on psychological and social stressors such as family turmoil, interpersonal conflict, and adverse social circumstances like violence. According to Riley et al. (2009), low-income families in urban environments are especially likely to experience major stressors associated with inadequate resources and unsafe communities (Brooks-Gunn & Duncan, 1997).

Furthermore, armed conflicts leave schools weakened, damaged, and under resourced (World Bank, 2005) at a time when children and youth need schooling most to help support and rebuild their lives (Stewart, 2017). Bretherton, Weston, & Zbar, (2005) and World Bank (2005) suggest that conflict has a devastating impact on educational institutions and community infrastructure, and it has a direct influence on the psychosocial and mental health of students and teaching staff. In their article "Improving schools for social justice in Lebanon" published in 2008, Bahous & Nabhani describe Lebanon as pluralistic society. They add that Lebanese public state

schools have been labeled as schools for the poor and are low performing catering primarily for low socioeconomic status communities. This conceptualization of public education has been prevalent since Ottoman rule, which has led to widening and deepening the gap between the different citizen classes. According to Inati (1999), parents who cannot afford the high tuition fees send their children to public schools. Low teacher qualifications and poor resources undermine students' achievement, as do classroom factors such as unchallenging schoolwork, teacher incompetence and misconduct, and inappropriate instructional methodology (Gentilucci, 2004). The findings reported by Bahous & Nabhani (2008) revealed that school and teachers' practices have many implications on students including students' loss of self-esteem and lack of social cohesion. Furthermore, according to Khamis (2013) adverse influence on academic achievement and cognitive and behavioral development of children is related to economic hardship, unemployment, being born to parents with low levels of education, and large family size (McLoyd 1998). Some children stressors are context specific (Khamis,2013). These stressors need to be further investigated including particular social stressors, economic stressors, school stressors and political stressors.

Stressor exposures can be measured with self-report questionnaires such as a life events checklist, assessed by an interviewer, or objectively determined based on proximity to an event.

Children and Family Environment

The family environment in childhood has a strong effect on mental health outcomes throughout life (Sato et al., 2018). It has been confirmed that parenting behavior plays an important role in the link between socio-economic status and psychosocial functioning of children in terms of self-worth or prosocial behavior and

behavioral problem (Denisse, Ghesquière & Leeuwen ,2014; Larzelere & Patterson, 1990). According to Grant et al., (2003) aggressive, intimidating and punitive parental practices were reported in socioeconomically disadvantaged families. Adverse family climate contributes negatively to children mental health (Wille et al., 2008). Referring to Roberts, Campbell, Ferguson, Crusto (2013), child mental health functioning was significantly associated with family violence exposure after controlling for children's age, gender, household income, and other trauma exposure. The relationship between family violence exposure and young children's mental health functioning was partially mediated by stress in the parenting role. Conversely, good family environment coincides with reduced mental health problems in children.

In addition, loving and wisely guiding parenting is a factor that promotes child development and mental health (Qouta , Punamäki & El Sarraj, 2008).

Moreover, since family has the greatest impact on individual development, it is one of the microenvironments for the growth of individuals (Bronfenbrenner,2005). According to Horwitz and Neiderhiser (2011), studies document that the emotional quality of family relationships is linked to child-adjustment outcomes and that parental warmth and support are linked to better outcomes in children and harsh and negative parenting are tied to the development of children's behavioral and emotional problems (Crosnoe & Cavanagh, 2010; Demo & Cox, 2000; Fletcher, Steinberg & Williams-Wheeler, 2004). Literature indicates some parent-related variables, as well as some aspects of the family environment are likely to constitute risk or protective factors for children (Cobham et al., 2016). Results suggest that a family environment characterized by limited opportunity for personal control is associated with anxiety and negative affect (Chorpita et al., 2016). According to Ollendick and Grills (2016), as examined in

numerous studies and reviews, parental control has been hypothesized to contribute to the development of anxiety in two major ways (e.g., Bögels, Bamelis, & van der Bruggem, 2008; DiBartolo & Helt, 2007; Fisak & Grills- Taquechel, 2007; McLeod, Wood, & Weisz, 2007; Rapee, 2012; Wood, McLeod, Sigman, Hwang, & Chu, 2003). First, such parenting conveys to the child that there is a constant threat, which, in turn, can lead to hypervigilance and heightened fear in the child. It also conveys to the child that threat and danger are ever-present and that such events may be beyond their personal control (Nanda, Kotchick, & Grover, 2012). Second, this style of parenting can limit opportunities for children to naturally explore their environment and generate disconfirming evidence and/or learn to cope in threatening situations on their own, resulting in lower levels of self-efficacy and associated competencies (Affrunti & Ginsburg, 2012a,b; Ballash et al., 2006; Bogels & Brechman-Toussaint, 2006; Moore, Whaley, & Sigman, 2004; Rapee, 2012; Vasey & Dadds, 2001).

The positive family experiences with factors such as family environment and family cohesion may lead to protective factors that promote resilience (Ungar et al., 2013). It was found that children in families that were more cohesive and expressive in their communication had higher levels of adaptive behavior, fewer behavior problems, and experienced less peer isolation (Mink et al., 1983). In addition, high family cohesion has been associated with lower incidences of internalizing (Lucia & Breslau, 2006) and externalizing behaviors (Richmond & Stocker, 2006). In a subsequent study, high levels of family cohesion and parental involvement predicted higher levels of community and social functioning (Mink & Nihira, 1987). Many children are reared in less-than-ideal family conditions (e.g., poverty, violence, substance abuse, family dissonance, family or personal illnesses). Situations such as

these may inhibit the normal intellectual, social, and emotional development of children and youth, thus interfering with them reaching their full potential as adults. Conversely, many children encounter such adversities and do well in spite of the challenges and may be considered to be resilient (Zolkoski & Bullock, 2012). Resilience is the act of well adapting to one's environment after an adverse experience. According to Daniels and Bryan (2021), those who are resilient are able to utilize the resources around them to thrive in their environment despite the adverse event. Some of the resources that promote resilience reside in community, family, neighbors, and schools, all considered protective factors that lead to resilience (Ungar et al., 2013). In addition, according to Perez et al. (2021), whether adolescents are able to become habituated to a repeated stressor might be attributed to psychological resources that help modulate the impact of stress, such as coping strategies. Furthermore, referring to Perez et al. (2021), the extent that an adolescent is able to utilize effective coping mechanisms when faced with stress may come to evaluate the stressor as being manageable versus overwhelming when they are presented with a similar stress in the future (Lazarus & Folkman, 1984).

Numerous studies have found that children and adolescents who feel connected to their parents and other family members are less likely than other young people to participate in problem behaviors. For example, early and positive bonds with parents or guardians and caring relationships with siblings have consistently been identified as important protective influences in young people's lives. Conversely, children who feel disconnected or unattached to family members are often at elevated risk for antisocial conduct and school-related problems (Jenson & Bender, 2014).

According to Rothenberg et al. (2016;2015), family conflict is associated with the development and persistence of numerous maladaptive behaviors (Dishion &

Patterson, 2006; Pelton & Forehand, 2001). According to Xia et al. (2016;2015) families tend to experience during adolescence increases in conflict during this time (Collins & Laursen, 2006; Fosco et al., 2014). The social problem posed by family conflict to the physical and psychological health and well-being of children, parents and underlying family relationships is a cause of concern. Interparental and parent-child conflict are linked with children's behavioral, emotional, social, academic and health problems putting children at risk (Cummings & Schatz, 2012).

Family assessment could be measured by many self-report family assessment tools including The McMaster Family Assessment Device (FAD), Circumplex Model Family Adaptability and Cohesion Evaluation Scales (FACES), Beavers Systems Model Self-Report Family Inventory (SFI), Family Assessment Measure III (FAM III), Family Environment Scale (FES), Family Relations Scale (FRS), Systemic Therapy Inventory of Change (STIC) and the Systemic Clinical Outcome Routine Evaluation (SCORE). The Family Environment Scale was used in this study because it has been used extensively in family research since its publication (Boyd et al., 1997) in more than 2000 studies (FES manual) and it is the second most used family assessment measure in family therapy outcome studies (Sanderson et al., 2009).

Similar Studies Conducted

Studies have been conducted in the former Yugoslavia, Angola, Mozambique, Uganda, and Somalia that sought to study different dimensions of youths exposed to war and their respective impact on their postwar adjustment (Werner, 2012). According to Khamis (2012), there was a significant interest among psychologists and psychiatrists in studying the impact of war trauma on Palestinian and Lebanese adolescents. Most of these studies indicated that exposure to war trauma is considered a risk factor for

chronic mental health problems, mainly PTSD, depression and anxiety (Amine et al., 2008; Khamis, 2005,2008; Thabet et al., 2004). In the Levant region, studies were conducted with children in South Lebanon after the 2006 Israeli attack (e.g. Amine et al. 2008; Khamis 2012), with Syrian children refugees resettled in Lebanon (selected from Beirut, Beqaa and Mount Lebanon districts excluding North Lebanon and Tripoli in particular) and Jordan (e.g. Khamis, 2019) and with Palestinian children and adolescents in Gaza strip (e.g. Khamis, 2008,2015; Thabet & al., 2004).

Accordingly, socioeconomic characteristics, stressors and family environment are considered factors that influence children in disenfranchised communities and in areas that have experienced armed conflict.

CHAPTER 3

METHODOLOGY

This chapter gives a detailed overview of the methodology used in this study and its corresponding phases. First, an outline of the research design will be discussed. Second, a description will be given to cover the instruments that were used in this study. Third, the adaptation phase of the instruments will be presented followed by a description of the sampling procedures and sample. In the fifth section, the researcher will then describe the administration and implementation of the instruments and finally the data analysis procedures and assumptions.,

Research Design

This study falls under the category of prediction studies design. It attempted to identify predictors of emotional and behavioral problems in adolescents from Bab Al Tebbeneh and Jabal Mohsen and nearby neighborhoods enrolled in middle and high schools. Correlational predictive design was used in this study to identify predictive relationship between the predictors – sociodemographic characteristics, family environment and adolescents’ stressors and the outcome/criterion variable – the emotional and behavioral problems of adolescents. Based on the synonym of correlation which is “association”, it depicts the direction and magnitude of the relationship between two identified variables, this association cannot be used to draw conclusions regarding cause-effect relationship between the variables. Thus, regression models were used as an attempt to establish this type of relationship.

In this study, descriptive and correlational statistical techniques were used including descriptive statistics, correlational statistics, graphs and tables depicting

correlations of independent and dependent variables, tables presenting regression predicting dependent variable and finally a regression analysis.

A compiled questionnaire – that included in addition to sociodemographic characteristics three adapted instruments in Arabic which are the YSR Scale, the FES and the Adolescents' Stressors Scale – was used as the measurement tool to collect data from the participants, thus adopting a quantitative approach.

Instruments

A compiled questionnaire that included three adapted instruments in Arabic which are the YSR Scale, the FES and the Adolescents' Stressors Scale was used as the measurement tool to collect data from the participants. Below, a description of each scale will be presented following the order they were included in the compiled questionnaire.

Sociodemographic Characteristics

In this study, information about participants' age, gender, school, grade level, center they attend, neighborhoods where participant live and for how long they have been living there, parents' education and employment, family size (number of siblings, number of family members living in same house, number of rooms in house) was collected. Family combined monthly income was also included. This section was included at the beginning of the YSR Scale.

Based on data collected, the sociodemographic characteristics of the adolescents of Bab Al Tebbeneh, Jabal Mohsen and nearby neighborhoods addressed the research question related to their contribution to the adolescents emotional and behavioral problems measured by the YSR scale.

Youth Self-Report (YSR) Scale

The Youth Self-Report (YSR; Achenbach & Rescorla, 2001) is a school-age assessment form completed by youths and used prominently and widely for the assessment of emotional and/or behavioral problems among youth between the ages of 11 to 18. The YSR form consists of two sub-areas. The first subarea includes sociodemographic characteristics and 20 competence items that describe the child's participation in hobbies, games, sports, jobs, chores, friendship, and activities. Part of the 20 competence items results will be shared in this study's appendix section.

As to the second subarea, it includes 112 items that measure 8 sub-scale syndromes: withdrawn, somatic complaints, anxiety and depression, social problems, thought problems, attention problems, aggressive behavior, and delinquent behaviors. The first three subscales are referred to as 'internalizing,' whereas the last two are referred as to 'externalizing'. The remaining three scales are categorized as 'neither internalizing nor externalizing'. Overall behavioral and emotional functioning is measured by the total problems scale. An adolescent selects his or her response from 0 (not true) to 2 (Very true or often true).and rated as 0 (not true), 1 (somewhat or sometimes true), or 2 (very true or often true) (Achenbach & Rescorla, 2001). Validity and reliability of the YSR broad band, syndrome, and DSM-oriented scales have been documented, and extensive normative data are available for children ages 11 to 18 (Ebesutani, Bernstein, Martinez, Chorpita, & Weisz, 2011). Achenbach & Rescorla (2001) reported the mean test-retest reliability for the problem scales is .65 for 11 to 14-year-old adolescents and .83 for 15 to 18-year-old adolescents. Internal consistencies for syndromes scales ranged from alpha .68 for social problems to alpha .89 for externalizing problems and alpha .91 for internalizing problems. This scale was

available in Arabic language and was adapted to suit the context of the study in consultation with specialists. The permission to use this scale was obtained by purchasing the license for administration to 600 participants in Arabic and English languages.

The YSR scale was used to identify the adolescents’ emotional and behavioral problems.

Family Environment Scale (FES)

The Family Environment Scale (FES) is a 90-item true–false scale that was adapted and included in the compiled questionnaire to examine the adolescents’ perceptions of their families. FES is considered as one of the most widely used instruments in the field of family environment research and includes ten subscales which are cohesion, expressiveness, conflict, independence, achievement orientation, intellectual- cultural orientation, active – recreational orientation, moral religious emphasis, organization and control that measure three underlying dimensions of the family environment, which are family relationship, personal growth and system maintenance and change (Moos and Moos, 2009). Table 1 depicts the dimensions, subscales and descriptions of the FES.

Table 1: Family Environment – Dimensions, Subscales and Descriptions

Dimensions	Subscales	Descriptions
Relationship Dimension	Cohesion	the degree of commitment, help, and support family members provide for one another
	Expressiveness	the extent to which family members are encouraged to express their feelings directly
	Conflict	the amount of openly expressed anger and conflict among family members
Personal Growth Dimension	Independence	family members are assertive, are self-sufficient, and make their own decisions
	Achievement Oriented	how much activities (such as school and work) are cast into an achievement-oriented or competitive framework

	Intellectual-Cultural Oriented	the level of interest in political, intellectual, and cultural activities
	Active-Recreational Oriented	the amount of participation in social and recreational activities
	Moral-Religious Emphasis	the emphasis on ethical and religious issues and values
System Maintenance Dimension	Organization	the degree of importance of clear organization and structure in planning family activities and responsibilities
	Control	how much set rules and procedures are used to run family life

Concerning the family typologies, families are classified according to their most salient aspects. Using a procedure that considers first personal growth, then relationship, and then system maintenance characteristics, 8 family types are identified as depicted in table 2.

Table 2: Family Environment Scale (FES) – Family Types

Family Type	Criteria
Independence Oriented	Independence is well above average, and also is higher than most of the other Personal Growth Dimensions
Achievement Oriented	Achievement is well above average, and also is higher than most of the other Personal Growth Dimensions
Intellectual-Cultural Oriented	Intellectual-Cultural is well above average
Moral-Religious Oriented	Moral-Religious is well above average and higher than Intellectual-Cultural; also, the family can be considered Moral-Religious Structured or Unstructured if Organized is equal to or below a standard score of 50 or equal to or above 50, respectively
Support Oriented	Cohesion and/or Expressiveness is/are well above average, and higher than conflict
Conflict Oriented	Conflict is well above average
Disorganized	Organized is equal to or below a standard score of 50

The FES sub-scales have been found to have good internal consistency and test-retest reliability (Jacob and Tennenbaum, 1988; Moos, 1990). According to the FES manual, the internal consistencies (Cronbach's alpha) for each of the 10 FES subscales are all in an acceptable range and vary from moderate for independence and achievement orientation to substantial for cohesion, organization, intellectual-cultural orientation, and moral-religious emphasis. As to the test-retest reliabilities, all results fall in an acceptable range, and vary from a low of .68 for independence to a high of .86 for cohesion (FES manual). This scale was available in Arabic and was adapted to suit the context of the study in consultation with specialists. The permission to use this scale was obtained by purchasing the license for administration to 600 participants in Arabic and English languages.

The FES addressed the research question related to the contribution of family environment to the adolescents emotional and behavioral problems in addition to identifying the families' typologies existing and how are they associated with these problems.

Adolescents Stressors Scale (Children's Stressors Scale)

According to Khamis (2013), no current study was conducted to help empirically understand the daily stressors that affect the cognitive functioning, behavior, and academic outcomes of children in conflict-bound situations. Although, Bab Al Tebbeneh, Jabal Mohsen and the nearby neighborhoods do not typically fall under this description in the present, but the conflict history between the neighborhoods is extended and somehow recent. Furthermore, most of the existing childhood stressors scales assess life events and changes but do not address specific stressors that are related to the particular social and cultural context (Khamis, 2013). In this study, the

Children's Stressors Scale developed by Khamis (2013) which includes 6 subscales (school- related, family-related, economic, death and illness, anomie and social stressors) with Cronbach alpha .83 in the sample used in the referred study was adapted to this study's context to be titled Adolescents' Stressors Scale and include 5 subscales which are family, social, economic, school and death and illness related stressors. In the compiled questionnaire, the participants were instructed to read the statements describing stressors and to mark "yes" if they think the statement is true or "no" if they think it is false and that is for the past 12 months. Specialists were consulted during the process of the scale adaptation which will be further described under the adaptation section below. The permission to use this scale was obtained via email communication with Professor Khamis with no fees incurred.

The adapted Children Stressors Scale (Adolescents' Stressors Scale) addressed the research question related to the contributions of these stressors to the adolescents emotional and behavioral problems measured by the YSR Scale.

Finally, all the results of these scales combined addressed the final research question related to answering if the adolescents' sociodemographic characteristics, family environment, adolescents' stressors are predictors of emotional and behavioral problems in adolescents living in Bab Al Tebbeneh, Jabal Mohsen and the nearby neighborhoods.

In table 3 below, a descriptive summary of the YSR 11-18 scale, the FES and the Children's Stressors Scale is presented before adaptation.

Table 3: Descriptive Summary of the YSR Scale, the FES and the Children’s Stressors Scale

Form Characteristics	Youth Self-Report (YSR) 11-18	Family Environment Scale (FES)	Children Stressors Scale
Authors	Achenbach, Thomas, M.	Moos & Moos	Khamis
Age range	11-18	Older than 11	12-15
Subscales	8	10	6
Measure format	Questionnaire	Scale	Scale
Length	112 items	90 items	31 items
Type	Not True, Somewhat/Sometimes True, Very True	True or False	Yes or No
Average completion time	25-30 minutes	15-20 minutes	Max 10 minutes
Administration	Individual or Group	Individual or Group	Individual or Group
Arabic translation	Available	Available	Available-Original Language
Adaptation	Needs to be carried out	Needs to be carried out	Needs to be carried out

Adaptation

In this study, international and regional scales available in Arabic language were adopted for data collection and analyses purposes and adapted to be aligned with the cultural context of the study. The adaptation ensured that all the guidelines provided by the International Test Commission ITC (2017) related to the adaptation of the scales were followed to assure quality of scales’ use in Arabic language addressing Bab Al Tebbeneh, Jabal Mohsen and nearby neighborhoods adolescents. The guidelines of the

ITC were referred to for the language adaptation of these scales. The adapting process went through the phases indicated by the ITC guidelines.

In phase 1, before carrying out any adaptation, necessary permissions from the owners of the intellectual property rights of the scales were obtained. A license to use the YSR scale in Arabic and English and reproduce 600 copies of it to be administered to potential participants was obtained from the Achenbach System of Empirically Based Assessment (ASEBA). The scoring sheets of the YSR scale were also purchased from the same source. Similarly, a license to use the FES in Arabic and English developed by Moos and Moos and reproduce 600 copies of it to be administered to potential participants was obtained through the online website Mind Garden. The scoring manual of the FES was also purchased from the same source. As to the Children's stressors scale, written permission was obtained from Professor Vivian Khamis through email communication.

Following this foundational first step, the 3 measurement tools – YSR scale, the FES and the Children's Stressors Scale – were shared in their original formats with the Institutional Review Board (IRB) for review and approval. The IRB omitted several statements from each scale due to the sensitivity of the statements and the deemed vulnerability of the participants and neighborhoods where the study was to be conducted. After agreeing on what statements need to be omitted, cultural and language adaptation needed to be performed on each scale to resonate with the culture of Bab Al Tebbeneh, Jabal Mohsen and nearby neighborhoods adolescents whom the scales will be administered to.

In phase 2, the adaptation process considered linguistic, psychological, and cultural differences in the intended population. Experts knowledgeable in the subject

studied were consulted. Appropriate language adaptation designs and procedures were used in order to maximize suitability and appropriateness.

Accordingly, after obtaining the license and receiving the IRB's feedback on sensitive items included in the scales, the language adaptation process was initiated. The 3 scales with the feedback of the IRB on sensitive items were shared with two experts in the field: an associate professor of education psychology and former director of the Institutional Research & Assessment at the American University of Beirut and an associate professor of education psychology and special Education who also formerly served as the chairperson of the Department of Education at the American University of Beirut to review and check the scales for their age appropriacy, culture-suitability, and that they meet the Arabic proficiency level of students in reading. The level was set to meet a grade 5 student level in reading and comprehending Arabic language. Then, as a consensus, the two educational psychologists reviewed the scale and suggested modifications in Language and structure of the statements included. After receiving all their suggestions, the scale in Arabic was reviewed and proofread by an Arabic Language expert to finalize all structure and wordings of statements. The final format of the scale was then ready to be administered to the potential participants. Thus, only language adaptation was performed on the scales regarding the choice of words and the structure of statements, and translation was not needed as all scales were available in Arabic language and shared by the owners of the intellectual property. Consequently, no pilot data was collected. The influence of cultural and linguistic differences was minimized especially those that are irrelevant to the intended uses of the scales in the population studied.

In the sections below, the adaptation of the YSR scale, the FES and the Children's Stressors scale will be particularly presented and described.

Youth Self-Report (YSR) Scale Adaptation Description

The adaptation of the YSR scale resulted in several changes:

1- The sociodemographic characteristics included in the scale were altered as follows:

- a. Full name item was removed to keep the forms anonymous
- b. Ethnic group or race item was removed
- c. Not attending school item was removed as the study was conducted with students enrolled in middle and high schools
- d. Birthdate item was substituted with age
- e. Center, place of residence, for how long participant has been living in neighborhood, family size including number of siblings, people living in house, and rooms, and finally parents' education level are sociodemographic characteristics items that have been added.

2- The following items originally included in the subscales section of the YSR were omitted:

- a. Rule breaking behavior subscale:
 - i. Item 2: I drink alcohol without my parents' approval (describe)
 - ii. Item 72: I set fires
 - iii. Item 96: I think about sex too much
 - iv. Item 99: I smoke, chew, or sniff tobacco
 - v. Item 105: I use drugs for nonmedical purposes (don't include alcohol or tobacco) (describe)

- b. Thoughts Problems subscale:
 - i. Item 18: I deliberately try to hurt or kill myself
 - ii. Item 46: Parts of my body twitch or make nervous movements (describe)
 - iii. Item 58: I pick my skin or other parts of my body (describe)
 - c. Anxious/Depressed subscale:
 - i. Item 91: I think about killing myself
- 3- Language adaptation to the original Arabic scale was also performed and it included changes in some wordings such as substituting “kids” with “youths girls and boys”, choosing another synonym for peers in Arabic, choosing activities that the youths in the identified neighborhoods engage in that are more reflective such as substituting “baseball” with “football”, and changing the wordings in certain items to be less provocative such as replacing the word “stealing” with “taking something that is not mine” and “lying” with “hiding the truth”. The original and the adapted scales in Arabic will be shared in the Appendices section.
- 4- The adapted scale thus included 103 statements instead of 112 in the original scale.

Family Environment Scale (FES) Adaptation Description

The adaptation of the FES resulted in several changes too:

- 1- One item originally included in the FES was omitted:
 - a. Item 53: Family members sometimes hit each other (Relationship dimension, Conflict subscale, Conflicted-Oriented family typology – item deemed sensitive)

2- Language adaptation to the original Arabic scale was minimal since it already conformed to the context of this study. Syntax of certain statements were changed very slightly in addition to the instruction so it would be composed in a clearer form. For reference, the table below (Table 4) contrasts between the items originally included in the English scale and how they were adapted in Arabic to fit the culture. The FES after adaptation is included in the Appendices section.

Table 4: Contrast between Statements Included in English FE Scale and how they were Adapted in FE Arabic Scale

Original Statement	Adapted Statement
Family members attend church, synagogue, or Sunday school fairly often	Family members attend religious meetings and events often
We rarely go to lectures, plays or concerts.	We rarely go to games, plays and concerts
Nobody in our family is active in sports, Little League, bowling, etc.	Nobody in our family is active in sports
We often talk about the religious meaning of Christmas, Passover, or other holidays.	We often talk about the religious meaning of religious events (Ex: Fitr)

The Bible is a very important book in our home	The Qur'an is a very important book in our home
Our main form of entertainment is watching TV or listening to the radio.	Our main form of entertainment is watching TV or using the mobile phone

- 3- The adapted scale thus included 89 statements instead of 90 in the original scale.

Children's Stressors Scale Description

Prior to the decision of using this scale with adolescents for the purpose of this study and adapting this scale to the relevant context, Khamis was consulted regarding the administration of this scale to adolescents and not only children and affirmed its appropriateness. Accordingly, the adaptation of the Children's Stressors Scale began and resulted in several changes:

- 1- The name of the scale was changed from "Children's Stressors Scale" to "Adolescents' Stressors Scale".
- 2- 4 items included in the original scale under Family Stressors subscale were omitted which are:
 - a. Some accidents happened to one of the family members (e.g., sexual exploitation or aggression or physical harm) (deemed sensitive)
 - b. I have been harmed (e.g., sexual exploitation or aggression or physical harm) (deemed sensitive)
 - c. The family suffers from the imposed security cordon on Gaza (not relevant to context)

- d. My life and my family's increased in difficulty because of the party
(not relevant to context)

3- Cultural/Context adaptation were performed on several items in the original scale. This adaption is depicted in table 5 below.

Table 5: Contrast between Statements Included in Children’s Stressors Scale and how they were Adapted to Context of Study

Original Statement	Adapted Statement
My life and my family's increased in difficulty because of the internal fighting (Broken down to 2 statements)	Some incidents that happened to my family members during the armed battles still affect them
	Some incidents that happened to me during the armed battles still affect me
I suffer from the lack of discipline in the Palestinian street	Suffering from the lack of safety in the neighborhood
I feel fear of the war	I fear the renewal of the armed Battles

4- Arabic language restructuring was performed on almost all statements.

5- New statements were added to the original scale to compensate for the omission of the 4 items mentioned above and to encompass further assumed stressors based on the consultation with the adaptation experts.

- a. Suffering from pressure from my family to: leave school, stay at home, look for a job (Family Stressor broken down into 3)
- b. Being exposed to annoyance at school from one of the: teachers, school administration, students (School Stressor broken down into 3)

6- The adapted scale thus included 32 statements instead of 33 in the original scale.

7- The Children's Stressors scales before and after adaptation are included in the Appendices section.

Sampling Procedures and Sample

Sampling Procedures

Before conducting the study, several observations related to Bab Al Tebbeneh, Jabal Mohsen and nearby neighborhoods context need to be highlighted. These observations are unfortunately not supported in literature due to the lack of reliable studies conducted in these two neighborhoods. First, the surface area of Jabal Mohsen neighborhood is greater than that of Bab Al Tebbeneh neighborhood. Second, the exact population of Bab Al Tebbeneh and Jabal Mohsen neighborhoods is not identified officially although it is informally reported that Bab Al Tebbeneh neighborhood population outnumbers that of Jabal Mohsen. Third, Bab Al Tebbeneh neighborhood has higher population density than that of Jabal Mohsen. Fourth, there is only one public middle school and two primary private schools (tuition fees do not exceed 300\$ a year) in Bab Al Tebbeneh neighborhood; there is no secondary school. Therefore, due to the high number of children residents in Bab Al Tebbeneh neighborhood and the mediocre number of public and private schools serving this community, parents are obliged to register their children in public schools proximal to Bab Al Tebbeneh, like Tall, Zahriye, Maloule and Qobbe areas. As to Jabal Mohsen neighborhood, a higher number of elementary, middle and secondary schools serve the children of the community. Moreover, it is very common for students from Bab Al Tebbeneh and Jabal Mohsen public schools to fail a grade and repeat it at least once and consequently be older than the average age associated with a grade level. Furthermore, many established non-governmental organizations in these neighborhoods offer to the communities they

work with free of charge educational and academic services and support, thus welcome many of the identified population in their community centers to support them in their studying and academic journey.

With all the observations stated earlier and the toll of the COVID-19 pandemic and its implications on the schools' opening and the attendance of students, it was decided to reach out to the population identified in this study which is adolescents enrolled in schools and residents of Bab Al Tebbeneh, Jabal Mohsen and nearby neighborhoods through the community centers operational in these neighborhoods and academically serve this population free of charge. These community centers welcome in their premises the children and adolescents either to support them academically in the afternoons, or offer them extracurricular activities to participate in.

Accordingly, adolescents' selection relied on convenience sampling methods across age, gender, grade, neighborhood and community center. A mapping of the community centers operational free of charge and provide educational services in the neighborhoods was conducted and 6 community centers were identified. Formal visits or contact with the directors of all these identified community centers were performed to describe the study and its procedure. Subsequently, 3 out of 6 of the community centers agreed to conduct the study in their premises and/or with their adolescent students. In order to preserve the privacy of the community centers and keep their names anonymous, they will be referred to throughout this study as Center A, Center B and Center C.

Sample

The population of this study are students from both genders from Bab Al Tebbeneh, Jabal Mohsen and the nearby neighborhoods whose age are between 13 and

17, enrolled in middle and high schools, are in grades 6 to 12 and are recurring adolescent beneficiaries of community centers operational in Bab Al Tebbeneh, Jabal Mohsen and nearby neighborhoods who provide academic services to beneficiaries. Data was collected from 350 boy and girl students from Bab Al Tebbeneh, Jabal Mohsen and the nearby neighborhoods whose age are between 13 and 17, enrolled in middle and high schools, are in grades 6 to 12 and are recurring adolescent beneficiaries of 3 community centers operational in Bab Al Tebbeneh, Jabal Mohsen and nearby neighborhoods who provide academic services which are Center A, Center B and Center C.

Administration

Two international scales which are the YSR scale and the FES and one regional scale which is the Adolescent's Stressors Scale were adapted to this study with experts' consultations and with the approval of the IRB and compiled into one form that was administered in Arabic language to the participants of this study. The administration materials, testing conditions and instructions were prepared to minimize the culture and language related problems that might occur during the administration procedures, in addition to preparing the response modes since they can affect the validity of the inferences drawn from the scores. In addition, 3 forms were prepared to be used during the process of data collection which are: Community Center Approval form, Parental Consent form and Child Assent form (Forms included in Appendices). This section will describe the data collection procedures including timeframe and method. The administration of the compiled questionnaire was conducted by the graduate student with participants in groups.

Data Collection Procedures

Referring to the mapping of community centers described in the sampling procedures section above, 3 out of 6 the community centers identified agreed to conduct the study in their premises and/or with their adolescent students. The community centers were referred to in this study as Center A, Center B and Center C. Subsequently, an approval form to conduct the study was signed by its management as a foundational step. The following step was to conduct presentation of the study and study procedures meetings in dates and times coordinated with the management staff in each community center with potential adolescent beneficiaries, boys and girls, of the 3 community centers and fit the criteria of age, grade and place of residence (neighborhood) and distribute the assent and consent forms to take home in order to give the eligible adolescents and parents time to decide whether they want their children to be in the study and whether the adolescent wants to participate. Dates and times to submit the signed assent and consent forms were also shared with the adolescents at the relevant community centers. The graduate student returned to the community centers at the prearranged date and time to collect the returned signed consent and assents documents in person brought by the adolescents.

Up to 550 students were contacted amongst which 486 students submitted the signed assent and consent forms at the relevant community centers. 418 forms were collected from Center A, 43 from Center B and 25 from Center C. The total number of students who participated in this study summed up to a total of 350. The remaining students did not show up to the sessions of data collection. The 350 students who participated in this study were distributed as follows: 287 students from Center A, 43 students from Center B and 20 students from Center C. Table 6 below describes these

numbers. It is important to highlight that this apparent inequivalent distribution in terms of participants from each community center is due to the size of programs of each one of these community centers. Center A is basically an organization specialized in education; thus, the high number of outreaches is reasonable. As to Center B, it has a specific educational program in its community center that targets students and almost all this program beneficiaries who fit the criteria of this study participated. Concerning Center C, it is an organization that mainly offer livelihood services and their educational program that is already limited was put on hold due to COVID-19 during the time of data collection phase of this study. Thus, the seemed disparity of number of participants in accordance with community center is quite representative of the context.

Table 6: Breakdown of Number of Students during Data Collection Process per Organization

Name of Organization	Center A	Center B	Center C	Total
Number of Students Outreached	470	50	30	550
Number of Students who Submitted Assent and Consent Forms	418	43	25	486
Students who Participated in the Study	287	43	20	350

After collecting the assent and consent forms from the potential participants, data collection sessions were held in Center A, Center B and an apartment assigned by Center C since their community center was closed during the data collection phase of this study in dates and times defined by the community centers. The data collection phase took place between May and December 2021. Many variables contributed to this

extended period including the time availability of students and the community centers, COVID-19 prevention measures in terms of number of attendees and room surface area in addition to the absence of potential participants from attending the assigned sessions.

For ethical reasons, the students were addressed by the graduate student privately as a group in a defined room at the community centers to maintain the privacy of the students while respecting COVID-19 prevention measures including mandatory wearing facemasks, disinfecting surfaces and stationery before and after the attendance of the participants, using a properly ventilated room and ensuring spacing between students. Before administering the compiled questionnaire to the participants in each of the sessions, the graduate student welcomed the participants, ensured COVID-19 prevention measures are put into place and reconfirmed that the assent and consent forms match the participants who are attending each session. Then, the graduate student distributed the compiled questionnaire and voiced the directions. The graduate student was present at all times in the room where the adolescents were filling out the questionnaire to supervise the process, answer the students' questions and ensure that interference from the group on individual responses and access to other class mates' answers are avoided. The graduate student who registered one practicum course in counseling while pursuing her MA degree was familiar with the forms and her answers to the participants questions were objective and factual rather than probing or interpretive. The graduate student encouraged respondents to answer all items and checked each answer sheet as it is turned in to see that it is complete and includes all necessary identifying information. When each session was resumed, and all participants submitted their filled questionnaire, the questionnaires were filed into folders to start at

a later stage the data entry process. Table 7 below shows the number of participants and the number of data collection sessions conducted.

Table 7: Breakdown of Number of Participants and Sessions Conducted during Data Collection Process per Organization

Month	Center A		Center B		Center C		Total participants	Total Sessions
	Participants	Sessions	Participants	Sessions	Participants	Sessions		
May-21			30	2				
Jun-21	51	3						
Aug-21	109	7						
Sep-21	37	2						
Oct-21	82	5			14	1		
Nov-21	5	1	13	1				
Dec-21	3	1			6	1		
Total	287	19	43	3	20	2	350	24

Based on the literature review, the estimated time to complete the YSR scale is 30 minutes, the FES 20 minutes and the adolescents' stressors scale 10 minutes, thus, the total time estimated to complete the 3 scales is 60 minutes. Nevertheless, it was predicted that the time allotted for completing the 3 scales might be reconsidered and one hour might be insufficient since participating in a research study and collecting data from the participants using this measurement tool is new to the population. In effect, it was observed that the exact duration for completing the compiled questionnaire was 60 to 90 minutes for the 13-14 age group and 45 to 60 minutes for the 15-17 age group.

Data Analysis Procedures and Assumptions

Data Analysis Procedures

In this study, it was hypothesized that the adolescents who witnessed the sectarian battles when they were younger children and live in chronic poverty might have been affected emotionally and behaviorally. It was also hypothesized, that in this

context, the contributions of adolescents' sociodemographic characteristics, family environment and presumed adolescents' stressors to emotional and behavioral problems in adolescents from Bab Al Tebbeneh, Jabal Mohsen and the nearby neighborhoods would be revealed. This study attempted to identify predictors of emotional and behavioral problems in a sample of 350 boy and girl adolescents from Bab Al Tebbeneh, Jabal Mohsen and the nearby neighborhoods enrolled in middle and high schools with ages ranging between 13 and 17 and who visit community centers established in these neighborhoods.

As evident from this study's research questions and design, descriptive and correlational statistical techniques were used including descriptive statistics, correlational statistics, graphs, tables depicting intercorrelations of predictors and outcome variables and a regression analysis. Descriptive statistics for all the variables were reported.

Accordingly, in order to examine the correlates of the various dependent and independent variables, correlational analyses were performed. Thus, multiple correlations first between each of sociodemographic, family environment, adolescents' stressors and the dependent variable which are the emotional and behavioral problems depicted by the YSR total problems scores were described which resulted in multiple correlation tables. Finally, Stepwise regression model was used to examine the relationship between the family environment dimensions and adolescents' stressors and the YSR total problems scores. Consequently, regression models were constructed. Model 1 included family stressors. Model 2 included family stressors and school stressors. Model 3 included family stressors, school stressors and personal growth family dimension. Model 4 included all the variables in Model 3 plus the economic stressors.

CHAPTER 4

RESULTS

In the following chapter the results of this study conducted with 350 participants will be presented. In the first section, results of the sociodemographic characteristics, the YSR scale, FES and the Adolescents' Stressors' Scale will be described. In the second section, correlational statistics will be presented depicting the relationship between the dependent variables which consists of the YSR Total Problems Scale and each of the independent variables which are the sociodemographic characteristics, the Family Environment families' typologies and the adolescents' stressors. In the final section, Stepwise regression model was used to examine the causal relations between the family environment dimensions and adolescents' stressors with emotional and behavioral problems reflected by the YSR total problems scores.

Descriptive Results

After conducting a simple frequency count for the responses of the compiled questionnaire, a total of 350 youths responded. The compiled questionnaire included:

- The adapted YSR scale which comprises the adolescents' sociodemographic characteristics and two sub-areas which are (a) 20 competence items that describes the child's participation in hobbies, games, sports, jobs, chores, friendship, and activities, and (b) 103 items that measure the 8 syndromes subscales.
- The adapted FES
- The adapted Adolescents' Stressors scale.

The results will be reported below in the mentioned ordered.

Youth Self-Report (YSR) Scale Results

The adolescents' sociodemographic characteristics are presented in table 8 below. The breakdown of sample by gender was 61.4% girls and 38.6% boys. The ages of participants were between 13 and 17 with close percentages. As to the place of residence, 40.3% of participants live in Jabal Mohsen, 31.1% in Bab Al Tebbeneh, 23.4% in Qobbe, and 5.1% in the Old Souks.

The answers of the participants to the question "For how long have you been living in neighborhood?" came in 3 categories: "between 1 and 10 years", "between 11 and 20 years" and "over 20 years". As two categories of these results seem to exceed the ages of the participants which indicate a possible misinterpretation of the question, no analysis of the answers will be performed as it is meaningless. The participants were mainly studying in public schools with only 11.7% enrolled in private schools. The representation over community centers was: 82% for Center A, 12.3% for Center B, and 5.7% for Center C.

Table 8: Demographic Characteristics of Participants

	Frequency	Percent
Gender		
Boy	135	38.6
Girl	215	61.4
Age in Years		
13	66	18.9
14	75	21.4
15	63	18
16	63	18.0
17	83	23.7
Place of Residence		
Bab Al Tebbeneh	109	31.1
Jabal Mohsen	141	40.3
Qobbe	82	23.4
Old Souks	18	5.1
Time living in Neighborhood		
Between 1 and 10 years	36	10.3

Between 11 and 20 Years	41	11.7
More than 20 Years	273	78.0
<hr/>		
Type of School		
Private	41	11.7
Public	309	88.3
<hr/>		
Center		
Center A	287	82.0
Center B	43	12.3
Center C	20	5.7

Students were distributed between grade 6 and grade 12 as depicted in table 9.

Table 9: Distribution of Participants per Grades at Schools

Grades	Frequency	Percent
Grade 6	14	4.0
Grade 7	42	12.0
Grade 8	67	19.1
Grade 9	69	19.7
Grade 10	62	17.8
Grade 11	49	14
Grade 12	47	13.4

The measurement of family size is represented in table 10 and depicts the number of siblings, number of rooms in the house and number of people living in the house with a mean of approximately 6 persons.

Table 10: Family Size

	Frequency	Percent
<hr/>		
Number of siblings		
1 or less	29	8.3
2	79	22.6
3	92	26.3
4	70	20.0
5	43	12.3
6	21	6.0
7 or more	16	4.6
<hr/>		
Number of rooms in the house		
2 or less	31	8.9
3	77	22.0
4	89	25.4
5	101	28.9
6 or more	52	14.9
<hr/>		
Number of people living in the house		

4 or less	49	14.0
5	100	28.6
6	82	23.4
7	69	19.7
8	27	7.7
9 or more	23	6.6

Parents level of education presented in table 11 included mothers and fathers and were distributed between 4 categories: did not attend school, attended primary school, attended secondary school or went to university. The highest percentages amongst fathers and mothers are those who only received primary education with 66.4% for mothers and 72.3% for fathers. It is also noted that although the percentages of mothers and fathers who received university education is considered low, the mothers accounts for a higher percentage with 15.9% versus 7.6% for fathers.

Table 11: Parents Education Level

		Did not attend school	Primary	Secondary	University
Mother	Frequency	11	188	39	45
	Percent	3.9%	66.4%	13.8%	15.9%
Father	Frequency	15	191	38	20
	Percent	5.7%	72.3%	14.4%	7.6%

Regarding the employment status of the parents presented in table 12, 79.4% of the fathers were employed while 82% of the mothers were unemployed.

Table 12: Parents Employment Status

	Frequency	Percent
Father		
Employed	278	79.4
Unemployed	72	20.6
Mother		
Employed	63	18.0
Unemployed	287	82.0

Regarding the adolescents' employment status presented in table 13, 86.9% of the adolescents do not work and 13.1% do.

Table 13: Youth Employment Status

	Frequency	Percent
Do not work	304	86.9
Work	46	13.1

As mentioned earlier, the YSR scale includes two sub-areas. The first subarea will not be presented in this chapter but will be included in the Annexes. As for the second subarea, which includes the 103 items that measure the 8 syndromes subscales, it will be presented below.

In order to calculate the standard syndrome scale scores for the 350 participants, the scores of the eight subscales were performed using SPSS 24. Accordingly, the obtained scores were standardized using the YSR profile for boys & girls (ASEBA manual). The omitted items scores were extrapolated using the mean of the subscale measured. Raw subscales scores of participants within the sample were converted to standard scores. In table 14, minimum, maximum, mean and standard deviation of standard scores for each subscale were presented. The standard scores for YSR syndromes subscales showed that the anxiety and depression and the withdrawn syndromes subscales had the highest means for 63.2 and 63.4 respectively.

Table 14: Syndromes Subscales Standardized Scores Reflected in Minimum, Maximum, Mean and Standard Deviation

Syndromes Subscales	N	Minimum	Maximum	Mean*	Std. Deviation
Anxiety and depression	350	50	92	63.2	8.71
Withdrawn	350	50	96	63.4	9.76
Somatic complaints	350	50	90	58	8.20
Social problems	350	50	88	59	7.46

Thought problems	350	50	98	59.7	9.36
Attention problems	350	50	87	56	6.67
Delinquent behavior	350	50	89	57.6	7.07
Aggressive behavior	350	50	85	58.5	7.99
*Standardized scores <65 considered normal					

However, while standard scores for each syndrome subscale are considered normal if below 65, scores between 65 and 70 are considered in the borderline clinical range and scores greater than 70 are considered in the clinical range. To further depict the classification of the standardized scores on each of the syndromes' subscales, the

Syndromes' subscales		Normal	Borderline clinical range	Clinical range
Anxiety and depression	Frequency	190	93	67
	Percent	54.3%	26.6%	19.1%
Withdrawn	Frequency	208	67	75
	Percent	59.4%	19.1%	21.4%
Somatic complaints	Frequency	269	50	29
	Percent	77.3%	14.4%	8.3%
Social problems	Frequency	276	43	31
	Percent	78.9%	12.3%	8.9%
Thought problems	Frequency	265	36	49
	Percent	75.7%	10.3%	14.0%
Attention problems	Frequency	306	32	12
	Percent	87.4%	9.1%	3.4%
Delinquent behavior	Frequency	293	36	21
	Percent	83.7%	10.3%	6.0%
Aggressive behavior	Frequency	274	42	34
	Percent	78.3%	12.0%	9.7%

frequency in each category (normal, borderline, clinical range) is presented in table 15.

Table 15: Classification of Standardized Scores Using Frequency – YSR

The scores classification amongst the syndromes' subscales reflected that the percent of standardized scores under normal category were the highest across all syndromes' subscales. However, for anxiety and depression subscale 26.6% were considered in the borderline clinical range and 19.1% in the clinical range, a total of 46% above normal. Moreover, for the withdrawn subscale 19.1% were in the borderline clinical range and 21.4% in the clinical range, also a total of 40% which is not small.

Family Environment Scale (FES) Results

For the FES scoring, the scores of the 10 subscales were computed then standardized referring to the FES manual. The omitted item score was extrapolated using the mean of the subscale measured. The FES includes 10 subscales grouped within 3 dimensions and depicts 8 family types. The raw scores obtained were converted to standard scores to deduce the results as instructed in the manual. In table 16, minimum, maximum, mean and standard deviation of standard scores for each subscale were presented. The standard scores for the family environment subscales showed that means for cohesion, expressiveness, independence, intellectual-cultural oriented and active-recreational oriented dimensions are below average whilst means for conflict, achievement oriented, moral religious emphasis, organization and control dimensions are above average. The means of the Family Environment subscales range between 42.7 and 54.8 where the lowest was for the independence subscale and the highest for the achievement-oriented subscale. While the standard deviation was 13.4 for the independence scale (highest) and was 7.1 for the moral religious emphasis scale (lowest).

Table 16: Family Environment Subscales (Standard Scores)

Syndrome Scales	N	Minimum	Maximum	Mean	Std. Deviation
-----------------	---	---------	---------	------	----------------

Cohesion	35 0	4	65	47.5	12.870
Expressiveness	35 0	16	71	45.9	10.720
Conflict	35 0	33	75	50.2	10.840
Independence	35 0	3	69	42.7	13.400
Achievement orientated	35 0	22	72	55.1	9.140
Intellectual-cultural orientated	35 0	19	69	46.7	8.370
Active-recreational Orientated	35 0	23	69	43.4	10.070
Moral religious emphasis	35 0	32	71	54.8	7.100
Organization	35 0	21	69	53.7	9.400
Control	35 0	27	76	51.8	8.890

However, to further depict the classification of the standard scores on each of the family environment subscales, the frequency in each category (below average, average, above average) where 50 is considered average were presented in table 17.

Table 17: Classification of Standard Scores Using Frequency – Family Environment

Family environment subscales		Below Average	Average	Above Average
Cohesion	Frequency	156	92	102
	Percent	44.6%	26.3%	29.2%
Conflict	Frequency	156	72	122
	Percent	44.6%	20.6%	34.9%
Expressiveness	Frequency	136	155	59
	Percent	38.9%	44.3%	16.9%
Independence	Frequency	231	68	51
	Percent	66.0%	19.4%	14.6%
Achievement orientated	Frequency	37	147	166
	Percent	10.6%	42.0%	47.4%
Intellectual-cultural orientated	Frequency	125	164	61
	Percent	35.7%	46.9%	17.4%
Active-recreational oriented	Frequency	210	103	37
	Percent	60.0%	29.4%	10.5%

Moral religious emphasis	Frequency	17	132	201
	Percent	4.9%	37.7%	57.4%
Organization	Frequency	58	120	172
	Percent	16.6%	34.3%	49.2%
Control	Frequency	97	150	103
	Percent	27.7%	42.9%	29.5%

Referring to table 17, the highest percentages for above average scores were 57.4% for the moral religious emphasis, 49.2% for organization, 47.4% for achievement-oriented and 34.9% for the conflict subscale while the lowest percentage is 10.5% for the active recreational subscale.

Concerning the families' typologies as shown in table 18, the highest proportion was 34.9% for the conflict-oriented families, followed by 29.7% for disorganized families, 22.6% for structured moral-religious families and 21.1% for achievement-oriented families, while the lowest proportion was 3.7% for the intellectual-cultural oriented families. Furthermore, in comparison between the percentages obtained in the study and the standard percentages as reported in the manual on the norming sample, differences are highlighted in plus or minus to the exception of the unstructured moral-religious families.

Table 18: Family Environment Scale (FES) – Percentages of Family Type

Family Type	Percentage	Standard Percentage*	Difference P-SP
Independence-oriented families	13.7%	14.2%	-0.5
Achievement-oriented families	21.1%	11.2%	9.9
Structured moral-religious families	22.6%	17.6%	5
Unstructured moral-religious families	6.3%	6%	0.3
Intellectual-cultural oriented families	3.7%	13.1%	-9.4
Support-oriented families	8.9%	15.3%	-6.4
Conflict-oriented families	34.9%	5.2%	29.7
Disorganized families	29.7%	7.5%	22.2

*Standard Percentages are mentioned in the FES Manual

Adolescents' Stressors Scale Results

Five adolescents' stressors were measured by the Adolescents' Stressors scale. As shown in table 19, 46.9% of the participants seemed to experience economic stressors and 94.3% did not seem to experience family stress. In addition, although being stressed was marked amongst all stressors, the percentage of those who are not stressed is higher than those who are stressed across stressors.

Table 19: Adolescents Stressors Scale – Frequency of Stressors

Stressors		Absence of Stressor	Presence of Stressor
Family	Frequency	330	20
	Percent	94.3%	5.7%
Economic	Frequency	186	164
	Percent	53.1%	46.9%
School	Frequency	274	76
	Percent	78.3%	21.7%
Social	Frequency	283	67
	Percent	80.9%	19.1%
Death and illness	Frequency	280	70
	Percent	80.0%	20.0%

Correlations

Now that the data collection scales results were presented and to examine the correlates between the independent variables and the dependent variable, correlational analyses were performed. First, the dependent variable which is the emotional and behavioral problems of adolescents measured by the YSR scale was calculated as in a Total Problems score to compile the 8 subscales scores into 1 score that reflects the dependent variable (Achenbach & Rescorla, 2001). Accordingly, correlations between each of the independent variables which are the sociodemographic characteristics, the families' types and the adolescent stressors and the dependent variable which is the Youth-Self Report total problems score were conducted and will be presented below.

Correlation between Sociodemographic Characteristics and Youth Self-Report (YSR)

Total Problems Scale

Gender, center, place of residence, mother education level and father education level in sociodemographic characteristics were considered nonmetric variables thus, non-parametric correlation test was conducted using Spearman correlation test, whereas, age, grade in school, number of people living in the house were considered metric variables and parametric correlation test was conducted using Pearson correlation test. The sections below will describe results of the correlations conducted.

Non-Parametric Correlation between Nonmetric Sociodemographic

Variables and YSR. Referring to table 20 below, there is a significant but low positive correlation between “Center” and “YSR” at the 99% confidence level of R=0.16.

Table 20: Spearman's rho - Correlation between Nonmetric Sociodemographic Characteristics and YSR

Spearman's rho		Gender	Center	Place of residence	Mother EL	Father EL	YSR
Gender	Correlation Coefficient	1	0.04	-0.05	0.01	0.02	0.03
	Sig. (2-tailed)	.	0.45	0.32	0.92	0.71	0.59
	N	350	350	350	350	350	348
Center	Correlation Coefficient	0.04	1.00	-0.14**	-0.12*	-0.06	.16**
	Sig. (2-tailed)	0.45	.	0.01	0.03	0.23	0.00
	N	350	350	350	350	350	348
Place of residence	Correlation Coefficient	-0.05	-0.14*	1.00	0.03	0.07	0.01
	Sig. (2-tailed)	0.32	0.01	.	0.53	0.22	0.88
	N	350	350	350	350	350	348
Mother EL	Correlation Coefficient	0.01	-0.12*	0.03	1.00	0.48**	-0.06
							0.06

	Sig. (2-tailed)	0.92	0.03	0.53	.	0.00	0.27
	N	350	350	350	350	350	348
Father EL	Correlation Coefficient	0.02	-0.06	0.07	0.48**	1.00	-0.05
	Sig. (2-tailed)	0.71	0.23	0.22	0.00	.	0.35
	N	350	350	350	350	350	348
YSR	Correlation Coefficient	0.03	0.16**	0.01	-0.06	-0.05	1.00
	Sig. (2-tailed)	0.59	0.00	0.88	0.27	0.35	.
	N	348	348	348	348	348	348

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

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

Accordingly, variation analysis was conducted to test the null hypothesis: “The distribution of YSR is the same across “Center” using Kruskal-Wallis’ test. The null hypothesis was rejected as shown in table 21 and a variation between the three community centers in relation to YSR (0.005) was reflected as in table 22.

Table 21: Kruskal-Wallis Test – Hypothesis Test Summary – Center in Relation to YSR

	Null Hypothesis	Test	Sig. ^{a,b}	Decision
1	The distribution of YSR is the same across Center.	Independent-Samples Kruskal-Wallis Test	.005	Reject the null hypothesis.

a. The significance level is .050.

b. Asymptotic significance is displayed.

Table 22: Independent-Samples Kruskal-Wallis Test Summary Center in Relation to YSR

Total N	348
Test statistic	10.655 ^a
Degree of freedom	2
Asymptotic sig. (2-sided test)	.005

a. The test statistic is adjusted for ties.

Consequently, Mann-Whitney test which is a non-parametric test was used to determine where the variation resides between the centers (nominal variables). First the test was run between Center A and Center B in accordance with YSR and no significant variation was established (Z -1.578, P 0.115) (table 23 and table 24).

Table 23: Mann-Whitney Test – Center A and Center B – Mean Ranks

	Center	N	Mean Rank	Sum of Ranks
YSR	Center A	286	161.79	46272.50
	Center B	43	186.34	8012.50
	Total	329		

Table 24: Mann-Whitney Test – Center A and Center B – Test Statistics a

	YSR
Mann-Whitney U	5231.500
Wilcoxon W	46272.500
Z	-1.578
Asymp. Sig. (2-tailed)	.115

a. Grouping Variable: Center

Then, the test was run between Center A and Center C in accordance with YSR and significant variation was established (Z -2.973, P 0.003) (table 26) in YSR between Center A and Center C whereby the mean rank in Center A is lower than that of Center C (table 25).

Table 25: Mann-Whitney Test – Center A and Center C – Mean Ranks

	Center	N	Mean Rank	Sum of Ranks
YSR	Center A	286	149.13	42651.50
	Center C	19	211.24	4013.50
	Total	305		

Table 26: Mann-Whitney Test – Center A and Center C – Test Statistics a

	YSR
Mann-Whitney U	1610.500
Wilcoxon W	42651.500

Z	-2.973
Asymp. Sig. (2-tailed)	.003
a. Grouping Variable: Center	

Finally, the test was run between Center B and Center C in accordance with YSR and no significant variation was established (Z -1.756, P 0.079) (table 27 and table 28).

Table 27: Mann-Whitney Test – Center B and Center C – Mean Ranks

	Center	N	Mean Rank	Sum of Ranks
YSR	Center B	43	28.83	1239.50
	Center C	19	37.55	713.50
	Total	62		

Table 28: Mann-Whitney Test – Center B and Center C – Test Statistics a

	YSR
Mann-Whitney U	293.500
Wilcoxon W	1239.500
Z	-1.756
Asymp. Sig. (2-tailed)	.079
a. Grouping Variable: Center	

Parametric Correlation between Sociodemographic Metric Variables and

YSR. Referring to table 29 below, there is a significant low negative correlation between “Grade in school” and “YSR” at the 95% confidence level (- 0.13, 0.02).

Table 29: Pearson - Correlation between Metric Sociodemographic Characteristics and YSR

		Age	Grade in school	Number of people living in house in suggested categories	YSR
Age	Pearson Correlation	1	.67**	-.076	.037

	Sig. (2-tailed)		.00	.16	.50
	N	350	350	350	348
Grade in school	Pearson	.67**	1	-.102	-.13*
	Correlation				
	Sig. (2-tailed)	.00		.06	.02
	N	350	350	350	348
Number of people living in house in suggested categories	Pearson	-.08	-.10	1	.09
	Correlation				
	Sig. (2-tailed)	.16	.06		.10
	N	350	350	350	348
YSR	Pearson	.04	-.13*	.09	1
	Correlation				
	Sig. (2-tailed)	.50	.02	.10	
	N	348	348	348	348

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

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

Correlation between Family Environment and Youth Self-Report (YSR) Total

Problems Scale

In this section, correlation between the family environment and the Youth-Self Report total problems scores was conducted and will be presented below.

The correlation between the families' types and the YSR total problem scores was conducted using Spearman correlation test as they were considered non-metric variables. However, the correlation between the family dimensions which are relationship, personal growth and system maintenance were considered metric variables and their correlation with the YSR total problem scores was conducted using Pearson correlation test. The sub-sections below will describe results of the correlations conducted.

Non-Parametric Correlation between Families Types and YSR. Referring to table 30 below, many correlations had been established between multiple family types and YSR. There was a significant low negative correlation between the “structured

moral-religious families” and “YSR” at the 95% confidence level (-0.11, 0.04). In addition, there was a significant negative correlation between the “achievement-oriented families”, “support-oriented families” and “YSR” at the 99% confidence level (-0.26,0.00) and (-0.33,0.00) respectively. Furthermore, there was a significant positive correlation between the “conflict families”, “disorganized families” and “YSR” at the 99% confidence level (0.36,0.00) and (0.19,0.00) respectively.

Table 30: Spearman's rho - Correlation between Families Types and YSR

Spearman's rho		Independ.	Achiev.	Intellect-cult	Struct. moral-religious	Unstruct. moral-religious	Support-oriented	Conflict	Disorga.	YSR
Independence-oriented families	Correlation Coefficient	1.00	-0.06	-0.02	-0.05	-0.05	-0.04	-0.02	-0.04	0.06
	Sig. (2-tailed)	.	0.27	0.73	0.33	0.34	0.44	0.74	0.45	0.24
	N	350	350	350	350	350	350	350	350	348
Achievement-oriented families	Correlation Coefficient	-0.06	1.00	0.06	-0.10	-0.07	0.75**	-0.18**	-0.16	-0.26**
	Sig. (2-tailed)	0.27	.	0.24	0.07	0.18	0.00	0.00	0.00	0.00
	N	350	350	350	350	350	350	350	350	348
Intellectual-cultural oriented families	Correlation Coefficient	-0.02	0.06	1.00	-0.03	-0.05	0.07	-0.02	-0.10	-0.07
	Sig. (2-tailed)	0.73	0.24	.	0.53	0.34	0.21	0.75	0.08	0.18
	N	350	350	350	350	350	350	350	350	348

	N	350	350	350	350	350	350	350	350	348
Structured moral-religious families	Correlation Coefficient	-0.05	-0.10	-0.03	1.00	-0.14**	0.07	0.12*	0.35**	0.11*
	Sig. (2-tailed)	0.33	0.07	0.53	.	0.01	0.17	0.02	0.00	0.04
	N	350	350	350	350	350	350	350	350	348
Unstructured moral-religious families	Correlation Coefficient	-0.05	-0.07	-0.05	0.14**	1.00	-0.10	0.16**	0.40**	0.07
	Sig. (2-tailed)	0.34	0.18	0.34	0.01	.	0.07	0.00	0.00	0.19
	N	350	350	350	350	350	350	350	350	348
Support-oriented families	Correlation Coefficient	-0.04*	0.75*	0.07	0.07	-0.10	1.00	0.20**	0.16**	0.33**
	Sig. (2-tailed)	0.44	0.00	0.21	0.17	0.07	.	0.00	0.00	0.00
	N	350	350	350	350	350	350	350	350	348
Conflict families	Correlation Coefficient	-0.02	-0.18**	-0.02	0.12*	0.16**	-0.20**	1.00	0.35**	0.36**
	Sig. (2-tailed)	0.74	0.00	0.75	0.02	0.00	0.00	.	0.00	0.00
	N	350	350	350	350	350	350	350	350	348
Disorganized families	Correlation Coefficient	-0.04	-0.16**	-0.10	0.35**	0.40**	-0.16**	0.35**	1.00	0.19**
	Sig. (2-tailed)	0.45	0.00	0.08	0.00	0.00	0.00	0.00	.	0.00

		tailed)								
		N	350	350	350	350	350	350	350	348
YSR	Correlation Coefficient	0.06	-0.26**	-0.07	0.11*	0.07	0.33**	0.36**	0.19**	1.00
	Sig. (2-tailed)	0.24	0.00	0.18	0.04	0.19	0.00	0.00	0.00	.
	N	348	348	348	348	348	348	348	348	348

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

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

Accordingly, variation analysis was conducted and Mann-Whitney test (non-parametric test) was used to determine where the variation resides within the families' types (nominal variables) identified as correlated with YSR. First the test was run within the achievement-oriented family type and a significant variation in YSR was depicted in table 32 between those who were identified as achievement-oriented families and those who were not ($Z = -4.859$, $P = 0.000$) whereby those who are achievement-oriented families had lower YSR than those who are not (Mean ranks: No= 181.79, Yes=80.32) (Table 31).

Table 31: Mann-Whitney Test – Achievement-Oriented Families – Mean Ranks

		Achievement-oriented families	N	Mean Rank	Sum of Ranks
YSR	No		323	181.79	58718.00
	Yes		25	80.32	2008.00
	Total		348		

Table 32: Mann-Whitney Test – Achievement-Oriented Families – Test Statistics a

		YSR
Mann-Whitney U		1683.000

Wilcoxon W	2008.000
Z	-4.859
Asymp. Sig. (2-tailed)	.000
a. Grouping Variable: Achievement-oriented families	

Then, the test was run within the structured moral-religious family type and a significant variation at the 95% level in YSR was depicted in table 34 between those who were identified as structured moral-religious families and those who were not (Z - 2.091, P 0.037) whereby those who are structured moral-religious families had lower YSR than those who are not (Mean ranks: No= 269, Yes=153.69) (Table 33).

Table 33: Mann-Whitney Test – Structured Moral-Religious Families – Mean Ranks

	Structured Moral-Religious Families	N	Mean Rank	Sum of Ranks
YSR	No	269	180.61	48584.50
	Yes	79	153.69	12141.50
	Total	348		

Table 34: Mann-Whitney Test – Structured Moral-Religious Families – Test Statistics a

	YSR
Mann-Whitney U	8981.500
Wilcoxon W	12141.500
Z	-2.091
Asymp. Sig. (2-tailed)	.037
a. Grouping Variable: Structured Moral-Religious Families	

In addition, the test was run within the support-oriented family type and a significant variation at the 99% level in YSR was depicted in table 36 between those who were identified as support oriented families and those who were not (Z -6.125, P 0.000) whereby those who are support oriented families had lower YSR than those who are not (Mean ranks: No= 186.74, Yes=85.35) (Table 35).

Table 35: Mann-Whitney Test – Support Oriented Families – Mean Ranks

	Support oriented Families	N	Mean Rank	Sum of Ranks
YSR	No	306	186.74	57141.50
	Yes	42	85.35	3584.50
	Total	348		

Table 36: Mann-Whitney Test – Support Oriented Families – Test Statistics a

	YSR
Mann-Whitney U	2681.500
Wilcoxon W	3584.500
Z	-6.125
Asymp. Sig. (2-tailed)	.000

a. Grouping Variable: Support Oriented Families

Furthermore, the test was run within the conflict family type and a significant variation at the 99% level in YSR was depicted in table 38 between those who were identified as conflict families and those who were not ($Z = -6.654$, $P = 0.000$) whereby those who are conflict families had higher YSR than those who are not (Mean ranks: No= 148.30, Yes=223.64) (Table 37).

Table 37: Mann-Whitney Test – Conflict Families – Mean Ranks

	Conflict Families	N	Mean Rank	Sum of Ranks
YSR	No	227	148.30	33665.00
	Yes	121	223.64	27061.50
	Total	348		

Table 38: Mann-Whitney Test – Conflict Families – Test Statistics a

	YSR
Mann-Whitney U	7787.000
Wilcoxon W	33665.000
Z	-6.654
Asymp. Sig. (2-tailed)	.000

a. Grouping Variable: Conflict Families

Finally, the test was run within the disorganized family type and a significant variation at the 99% level in YSR was depicted in table 40 between those who were identified as disorganized families and those who were not (Z -3.518, P 0.000) whereby those who are disorganized families had higher YSR than those who are not (Mean ranks: No= 162.20, Yes=203.76) (Table 39).

Table 39: Mann-Whitney Test – Disorganized Families – Mean Ranks

	Disorganized Families	N	Mean Rank	Sum of Ranks
YSR	No	245	162.20	39738.50
	Yes	103	203.76	20987.50
	Total	348		

Table 40: Mann-Whitney Test – Disorganized Families – Test Statistics a

	YSR
Mann-Whitney U	9603.500
Wilcoxon W	39738.500
Z	-3.518
Asymp. Sig. (2-tailed)	.000
a. Grouping Variable: Disorganized Families	

In conclusion, significant variation in YSR was depicted regarding the family types that were correlated with YSR.

Parametric Correlation between Family Dimensions and YSR. Referring to table 41 below, there is a significant negative correlation between the “Relationship dimension” and “YSR” at the 95% confidence level (- 0.13, 0.02). In addition, there is a significant negative correlation at the 99% confidence level between “Personal growth dimension” and “YSR” (- 0.2, 0.00) and “System maintenance dimension” and “YSR” (-0.15,0.01) respectively.

Table 41: Pearson - Correlation between Family Dimensions and YSR

		Relationship dimension	Personal growth dimension	System maintenance dimension	YSR
Relationship dimension	Pearson Correlation	1	.35**	.16**	-.13*
	Sig. (2-tailed)		.00	.00	.02
	N	350	350	350	348
Personal growth dimension	Pearson Correlation	.35**	1	.22**	-.2**
	Sig. (2-tailed)	.00		.00	.00
	N	350	350	350	348
System maintenance dimension	Pearson Correlation	.16**	.23**	1	-.15**
	Sig. (2-tailed)	.00	.00		.01
	N	350	350	350	348
YSR	Pearson Correlation	-.13*	-.2**	-.15**	1
	Sig. (2-tailed)	.02	.00	.01	
	N	348	348	348	348

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

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

Correlation between Adolescent's Stressors and Youth Self-Report (YSR) Total

Problems Scale

In this section, correlation between the adolescents' stressors and the Youth-Self Report total problems scores was conducted using Pearson correlation test as they were considered metric variables.

As shown in table 42, there are significant low to moderate positive correlations between all stressors and YSR at the 99% confidence level (0.40, 0.00) between family stressors and YSR, (0.24, 0.00) between economic stressors and YSR, (0.33, 0.00)

between school stressors and YSR, (0.30, 0.00) between social stressors and YSR and finally (0.17, 0.00) between death and illness stressors and YSR.

Table 42: Pearson – Correlation between Adolescent’s Stressors and Youth Self-Report (YSR) Total Problems Scale

		Family Score/ Stressors Scale	Economic Score/ Stressors Scale	School Score/ Stressors Scale	Social Score/ Stressors Scale	Illness Score/ Stressors Scale	YSR
Family Score/ Stressors Scale	Pearson Correlation	1	.34**	.36**	.50**	.29**	.40**
	Sig. (2-tailed)		.00	.00	.00	.00	.00
	N	350	350	350	350	350	348
Economic Score/ Stressors Scale	Pearson Correlation	.34**	1	.15**	.39**	.17**	.24**
	Sig. (2-tailed)	.00		.00	.00	.00	.00
	N	350	350	350	350	350	348
School Score/ Stressors Scale	Pearson Correlation	.36**	.15**	1	.35**	.29**	.33**
	Sig. (2-tailed)	.00	.00		.00	.00	.00
	N	350	350	350	350	350	348
Social Score/ Stressors Scale	Pearson Correlation	.50**	.39**	.35**	1	.25**	.30**
	Sig. (2-tailed)	.00	.00	.00		.00	.00
	N	350	350	350	350	350	348
Illness Score/ Stressors Scale	Pearson Correlation	.29**	.17**	.29**	.25**	1	.17**
	Sig. (2-tailed)	.00	.00	.00	.00		.00

	N	350	350	350	350	350	348
YSR	Pearson Correlation	.40**	.24**	.33**	.30**	.17**	1
	Sig. (2-tailed)	.00	.00	.00	.00	.00	
	N	348	348	348	348	348	348
**. Correlation is significant at the 0.01 level (2-tailed).							

As a brief, correlation statistics showed significant positive correlation between “Center” and “YSR” (0.16, 0.00) with variation depicted in “YSR” between community centers, significant negative correlation between “Grade in school” and “YSR” (- 0.13, 0.02), significant negative correlation between the “structured moral-religious families” and “YSR” (-0.11, 0.04), “achievement-oriented families” and “YSR” (-0.26,0.00), “support-oriented families” and “YSR” (-0.33,0.00) respectively. In addition, there was a significant positive correlation between the “conflict families”, “disorganized families” and “YSR” (0.36,0.00) and (0.19,0.00) respectively. Furthermore, there was a significant negative correlation between the “Relationship dimension” and “YSR” (- 0.13, 0.02), “Personal growth dimension” and “YSR” (- 0.2, 0.00) and “System maintenance dimension” and “YSR” (-0.15,0.01) respectively. Finally, there were significant positive correlations between all stressors and “YSR” :(0.40, 0.00) between family stressors and “YSR”, (0.24,0.00) between economic stressors and YSR, (0.33, 0.00) between school stressors and YSR, (0.30, 0.00) between social stressors and YSR and finally (0.17, 0.00) between death and illness stressors and YSR.

Regression

The sociodemographic characteristics and the families’ types were excluded from the regression analysis and were attended to in the variation analyses performed in the previous section. However, in order to predict the YSR total problems score,

Stepwise regression model was used. Accordingly, the independent variables chosen to be tested for inclusion in the Stepwise regression models were the Family Environment dimensions and the adolescents' stressors. All independent variables that showed correlation through Pearson correlation test were included in the regression model. As a foundational step before conducting the regression analyses, normality of the independent variables' distribution and the dependent variable distribution was tested. As shown in table 43, Skewness statistic for the families' dimensions and the adolescents' stressors were between -1 and 1 and Kurtosis between -3 and 3 thus indicating that the sample is normally distributed.

Table 43: Descriptive Statistics – Normality of Distribution of Independent Variables (Family Dimensions and Adolescents' Stressors)

	N	Mini mum	Maxi mum	Mea n	Std. Devia tion	Skewness	Kurtosis		
	Stat istic	Statist ic	Statist ic	Stati stic	Statist ic	Stati stic	St d. Er ror	Stati stic	St d. Er ror
Relation ship	350	26.67	61.00	47.9 286	5.852 99	- .478	.1 30	.296	.2 60
Personal Growth	350	34.00	64.20	48.5 954	5.224 19	- .137	.1 30	- .015	.2 60
System Mainten ance	350	32.00	69.50	52.7 971	6.897 76	- .276	.1 30	- .193	.2 60
Family Stressors	350	.00	11.00	2.16 00	1.954 38	.967	.1 30	1.07 0	.2 60
Economi c Stressors	350	.00	3.00	1.39 71	.9360 6	.038	.1 30	- .893	.2 60
School Stressors	350	.00	6.00	2.26 86	1.548 41	.364	.1 30	- .522	.2 60
Social Stressors	350	.00	8.00	3.01 43	1.713 70	.390	.1 30	- .089	.2 60

Death and Illness Stressors	350	.00	4.00	1.39 14	1.137 25	.470	.1 30	- .715	.2 60
Valid N (listwise)	350								

Similarly, as shown in table 44, Skewness statistic for the YSR total problems scores were between -1 and 1 and Kurtosis between -3 and 3 thus indicating that the sample is normally distributed.

Table 44: Descriptive Statistics – Normality of Distribution of Dependent Variable (YSR Total Problems Score)

	N	Mini mum	Maxi mum	Mea n	Std. Devia tion	Skewness	Kurtosis	St d. Err or	St d. Err or
	Stati stic	Statist ic	Statist ic	Stati stic	Statist ic	Stati stic	St d. Err or	Stati stic	St d. Err or
YSR	348	50.00	84.63	59.4 253	5.719 95	.792	.13 1	.705	.26 1
Valid N (listwise)	348								

After establishing normality of the distribution of independent and dependent variable, all the independent variables as mentioned above were included into the Stepwise regression test to be entered into the models or removed. The test enters the most significant variables that have the strongest predictor power. Stepwise regression had the following independent variables enter in step 1: the family stressors, the school stressors, the personal growth family dimension, and the economic stressors. The other

independent variables were removed. Model 1 included family stressors. Model 2 included family stressors and school stressors. Model 3 included family stressors, school stressors and personal growth family dimension. Model 4 included all of the variables in Model 3 plus the economic stressors. As shown in table 45 in Model 4, the coefficient of determination R square was 0.222 which implies that 22.2 % of the variation in the dependent variable “YSR” was caused by the family stressors, the school stressors, the personal growth family dimension and the economic stressors or the independent variables explain 22.2% of the variations in YSR. To add, the obtained R square (0.222) did not differ much from the adjusted R square (0.213) with difference below 10%. More specifically, this indicates that the comprised independent variables have an explanatory power for the variations in the dependent variables and adding more variables would not enhance the explanatory power of the model. Moreover, the Durbin-Watson statistic which measures the auto-correlation of the error in predicting the dependent variable “YSR” was 1.754 which is close to 2, thus indicating that it is acceptable and that there is no significant autocorrelation of error.

Table 45: Stepwise Regression – Model Summary e

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.398 ^a	.159	.156	5.25389	
2	.448 ^b	.201	.196	5.12754	
3	.461 ^c	.212	.205	5.09888	
4	.472 ^d	.222	.213	5.07299	1.754

a. Predictors: (Constant), Family Score/ Stressors Scale

b. Predictors: (Constant), Family Score/ Stressors Scale, School Score/ Stressors Scale

c. Predictors: (Constant), Family Score/ Stressors Scale, School Score/ Stressors Scale, Personal Growth

d. Predictors: (Constant), Family Score/ Stressors Scale, School Score/ Stressors Scale, Personal Growth, Economic Score/ Stressors Scale

e. Dependent Variable: YSR

Furthermore, as shown in table 46, ANOVA a test which is a parametric test was used to depict the variation in YSR across the independent metric variables. Accordingly, a significant variation in YSR across the independent variables ($P=0.000$) at the 99% level was shown.

Table 46: Test – ANOVAa

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	1802.316	1	1802.316	65.293	.000 ^b
	Residual	9550.773	346	27.603		
	Total	11353.089	347			
2	Regression	2282.459	2	1141.229	43.406	.000 ^c
	Residual	9070.630	345	26.292		
	Total	11353.089	347			
3	Regression	2409.578	3	803.193	30.894	.000 ^d
	Residual	8943.510	344	25.999		
	Total	11353.089	347			
4	Regression	2525.893	4	631.473	24.537	.000 ^e
	Residual	8827.196	343	25.735		
	Total	11353.089	347			

a. Dependent Variable: YSR

b. Predictors: (Constant), Family Score/ Stressors Scale

c. Predictors: (Constant), Family Score/ Stressors Scale, School Score/ Stressors Scale

d. Predictors: (Constant), Family Score/ Stressors Scale, School Score/ Stressors Scale, Personal Growth

e. Predictors: (Constant), Family Score/ Stressors Scale, School Score/ Stressors Scale, Personal Growth, Economic Score/ Stressors Scale

Moreover, in order to further analyze the characteristics of the regression model, unstandardized coefficients and collinearity statistics were performed. As shown in table 47 in model 4, the beta for the family stressors, school stressors, personal growth dimension and economic stressors respectively show 0.786, 0.763, -0.121 and 0.656 results thus signifying that the family stressors had the largest weight of 78.6%,

followed by the school stressors with an impact of 76.3% then followed by the economic stressors with an impact of 65.6% and finally the weight of -12.1% for the personal growth dimension. In this line, there is a significant positive causal relationship between each of the family stressors and school stressors with YSR at the 99% level (0.000) and between economic stressors and YSR at the 95% level (0.034). In addition, there is a negative significant causal relationship between the personal growth family dimension and YSR at the 95% (0.034). Furthermore, it is noticeable that the Variance inflation factor (VIF) is less than 10 and Tolerance more than 0.1, thus indicating the absence of multicollinearity issues across all 4 independent variables.

Table 47: Test – Coefficients a

Model		Unstandardized Coefficients		Standardized Coefficient	T	Sig.	Collinearity Statistics	
		B	Std. Error				Tolerance	VIF
1	(Constant)	56.918	.419		135.843	.000		
	Family Score/Stressors Scale	1.168	.145	.398	8.080	.000	1.000	1.000
2	(Constant)	55.559	.518		107.250	.000		
	Family Score/Stressors Scale	.938	.151	.320	6.217	.000	.873	1.145
	School Score/Stressors Scale	.817	.191	.220	4.273	.000	.873	1.145

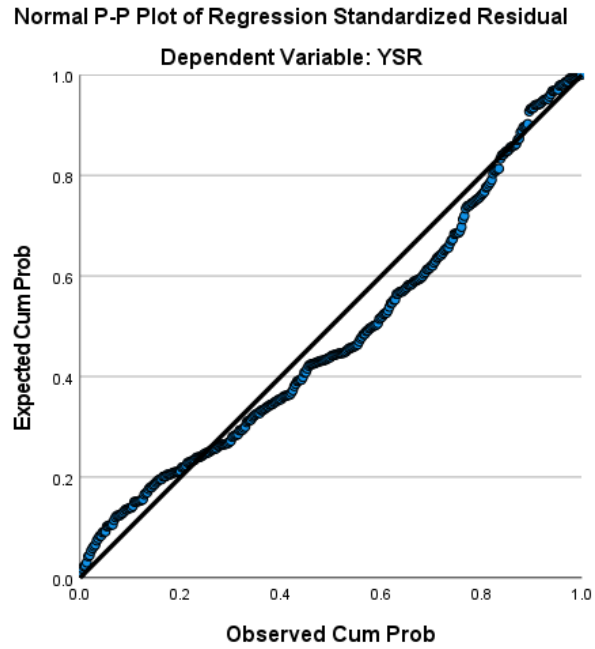
3	(Constant)	61.540	2.753		22.352	.000		
	Family Score/Stressors Scale	.889	.152	.303	5.858	.000	.854	1.170
	School Score/Stressors Scale	.778	.191	.210	4.078	.000	.866	1.155
	Personal Growth	-.119	.054	-.108	-2.211	.028	.956	1.046
4	(Constant)	60.954	2.753		22.141	.000		
	Family Score/Stressors Scale	.786	.159	.268	4.960	.000	.775	1.290
	School Score/Stressors Scale	.763	.190	.206	4.015	.000	.865	1.156
	Personal Growth	-.121	.054	-.110	-2.251	.025	.956	1.046
	Economic Score/Stressors Scale	.656	.309	.108	2.126	.034	.885	1.130

a. Dependent Variable: YSR

In addition, as shown in figure 1 below, the points in the normal probability plot were disbursed along the normal distribution curve and therefore indicate that the standardized residuals are normally distributed.

Figure 1

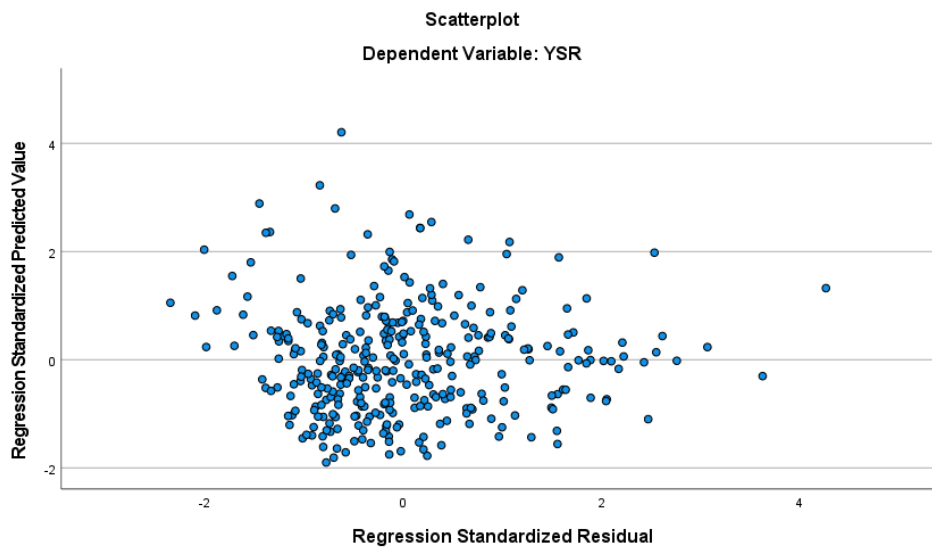
P-P plot for standardized residuals of YSR



Finally, as shown in figure 2, the data does not follow a clear pattern as the dots are scattered throughout the plot, hence indicating that there is no heteroscedasticity and the errors are homoscedastic.

Figure 2

Scatter plot for residuals of YSR



CHAPTER 5

DISCUSSION

This study attempted to investigate the sociodemographic characteristics, the family environment and the adolescents' presumed stressors that contributed to emotional and behavioral problems of 350 adolescents of Bab Al Tebbeneh, Jabal Mohsen and the nearby neighborhoods. More specifically, it attempted to answer 4 main research questions:

1. Do the sociodemographic characteristics of the adolescents of Bab Al Tebbeneh, Jabal Mohsen and the nearby neighborhoods and their parents contribute to emotional and behavioral problems in these adolescents measured by the Youth Self-Report Total Problems Scale (YSR)?
2. Does the family environment of the adolescents of Bab Al Tebbeneh, Jabal Mohsen and the nearby neighborhoods measured by the Family Environment Scale (FES) contribute to emotional and behavioral problems in these adolescents measured by the Youth Self-Report Total Problems Scale (YSR)?
3. Do the family, social, economic, school and death and illness stressors measured by the Adolescents' Stressors Scale contribute to emotional and behavioral problems in Bab Al Tebbeneh, Jabal Mohsen and the nearby neighborhoods adolescents measured by the Youth Self-Report Total Problems Scale (YSR)?
4. Are adolescents' sociodemographic characteristics, family environment, adolescents' stressors predictors of emotional and behavioral problems in adolescents living in Bab Al Tebbeneh, Jabal Mohsen and the nearby

neighborhoods measured by the Youth Self-Report Total Problems Scale (YSR)?

In this chapter, the key findings of this study will be summarized and interpreted, thus the research questions will be answered. Furthermore, the limitations of this study will be acknowledged and recommendations for further research will be stated.

Discussion of the Key Findings of the Study

Sociodemographic Characteristics Results

The breakdown of the sample of the adolescents by gender was 61% for girls and 39% for boys. This difference might be due to the higher rate of girls enrolled in the community centers against boys, thus the distribution of girls and boys in the sample selected is representative of the population identified. The ages of participants were between 13 and 17 distributed between grades 6 and grade 12. As to the place of residence, 40% of participants live in Jabal Mohsen, 31% in Bab Al Tebbeneh, 23% in Qobbe, and 5% in the Old Souks. This difference in the distribution of the participants across the neighborhoods in the sample might be due to first the higher number of students enrolled in community centers coming from Jabal Mohsen and the distance between the community centers and the neighborhoods identified, thus this distribution in the selected sample is likely representative of the population identified. The participants were distributed over public and private schools with only 12% enrolled in private schools which also reflects the population and conforms with the UN Habitat report issued in 2016 that provides detail on over registered public schools – for both Lebanese and refugees in Lebanese public schools versus private schools. The representation over community centers was: 82% for Center A, 12% for Center B, and

6% % for Center C and even though this distribution appears unequal in terms of proportion of participants from each community center, it is due to the size of programs of each one of these community centers. Regarding the parents' level of education, the highest percentages amongst fathers and mothers are for those who only received primary education for 66% for mothers and 72% for fathers. This somehow conforms with the UN Habitat report issued in 2016 that a correlation between poverty and education and found that almost 15% of the poor population is illiterate, compared to only 7.5% among the non-poor group. It is also noted that although the percentages of mothers and fathers who received university education is considered low, the mothers account for a higher percentage which is 16% versus 8% for fathers. Regarding the employment status of the parents presented, 79% of the fathers were employed while 82% of the mothers were unemployed. These results conform with a survey conducted in Tripoli by the Central Administration of Statistics in 2018 depicting that the males predominated as heads of household. It was estimated that 80.7% of households were headed by a man compared to 81.5% nationally, while 19.3% of households were headed by a woman relatively to 18.5% in Lebanon.

Regarding the adolescents' employment status presented in table 11, 87% of the adolescents do not work and 13 % do. This is probably due to their engagement in education and that a high percentage of their parents are employed. In addition, UNICEF's report issued on June 2021, did not mention the percentage of child labor in Lebanon and somehow described child labor amongst children deprived from education with no specific percentage also. The sample in this study does not fall under this category and its result give new insight regarding child labor with the rise of concern regarding this matter.

Youth Self-Report (YSR) & Syndromes Results

Regarding the YSR results, 27% of the youths were considered in the borderline clinical range and 19% in the clinical range for anxiety and depression subscale, a total of 46% above normal. In addition, 19% of the youths were in the borderline clinical range and 21% in the clinical range for the withdrawn subscale, a total of 40% which is not small.

These percentages are not to be taken lightly: scores from 65 to 69 are in the borderline clinical range because they are high enough to be of concern but not so high as to be so clearly deviant as those in the clinical range. Scores in the borderline and clinical ranges significantly discriminate between children who are referred for mental health or special education services for behavioral/emotional problems and demographically similar children who are not referred (ASEBA, 2001). Thus, with or without adding up the borderline clinical range percentage to the clinical range percentage, the percentage of youths identified as having anxiety, depression and withdrawal problems is high.

The results of “YSR” in this study conforms with literature as the sample studied reported highest percentages on the depression, anxiety and withdrawal subscales. According to Khamis (2005, 2012), Muldoon & Downes (2007), Zwirs, et al. (2007), children with low family income were at the highest risk of psychological distress that include PTSD, depression and anxiety. In addition, referring to Evans & Schamberg (2009) and Farah, Nobel and Hurt (2007), experiencing high levels of stress or chronic stress can undermine wellbeing and exhibit negative outcomes including anxiety, depression, poor memory and language skills, and lower academic achievement amongst children and adolescents. Many studies also indicated that exposure to war

trauma is considered a risk factor for chronic mental health problems, mainly PTSD, depression and anxiety (Amine et al., 2008; Khamis, 2005,2008; Thabet et al., 2004).

Family Environment Scale (FES) Results

Regarding the FES results, 57% of the youths' identified that their families emphasize morality and religion, 49% emphasize organization and structure in planning family activities and responsibilities, 47% are achievement-oriented, 35% of the youths identified that their families openly express anger and conflict among members and only 11% emphasize active recreational orientation which is the amount of time spent participating in social and recreational activities.

As to family types, the highest proportion was 35% for the conflict-oriented families, followed by 30% for disorganized families, followed by 23% for structured moral-religious families, followed by 21% for achievement-oriented families, while the lowest proportion was 4% for the intellectual-cultural oriented families.

Furthermore, when comparing the percentages obtained in this study and the standard percentages, differences were highlighted: the standard percentage for conflict-oriented families is 5.2% in comparison with 35% in the study. Although family conflict is a frequently investigated subject, no definitive definition of family conflict exists (Rothenberg et al., 2016;2015). However, a common definition of family conflict is a focus on physical and verbal aggression, frequent criticism and displays of anger, and recurring arguments that occur across multiple relationships in the family within the overall family climate (Choe, Stoddard, & Zimmerman, 2014; Cummings & Schatz, 2012; Fosco, Caruthers, & Dishion, 2012; Van Ryzin & Dishion, 2012). In this study, this percentage seems to be high and reflect that anger, criticism, fighting with little peace kept is displayed often in these families.

In addition, the standard percentage for disorganized families is 7.5% in comparison with 30% in the study. This indicates that almost 30% of the youths' families were identified as lacking timeliness, planning and clear definition and distribution of responsibilities and duties amongst members.

Furthermore, the standard percentage for structured moral-religious families is 17.6% in comparison with 23% in the study. This indicates that almost 23% of the youths' families were identified as emphasizing religious matters.

Finally, the standard percentage for the intellectual cultural oriented families is 13.1% in comparison with 4% in the study. This low percentage indicates that the youths' families are barely interested in literature, arts and music.

These high differences might be related to the context that the youths live in like the socio-economic status of the family, the parenting styles and intergenerational continuity of family dynamics (Rothenberg et al., 2016;2015) and these differences need to be further investigated.

These results are attuned with literature. According to Lehman et al. (2005), low socioeconomic status is associated with chronic social and financial stress (Taylor & Seeman, 1999) and can exacerbate family tensions, strain, and conflict (Dodge et al., 1994; McLoyd, 1998). Economic adversity in the family is associated with a poor or deteriorating quality of parenting, including higher levels of family conflict, a harsh restrictive parenting style, and chaotic or neglectful parenting (Dodge et al., 1994; McLoyd, 1998). In this study, the percentage of conflict is near high and reflect that anger, criticism, fighting with little peace kept is displayed often in these families.

In addition, disorganization in families reflect the lacking of timeliness, planning and clear definition and distribution of responsibilities and duties amongst members.

Voydanoff et al. (1994) examined how family organization is associated with the quality of family life and how disorganization decreases the quality of life amongst its members. In fact, according to Moos (2009), youth from disengaged and disorganized families reported more psychological impairment and less satisfaction with their social life. Furthermore, referring to Candelario (2021), it was found that each family is a social organization with specific biological and psychosocial characteristics that do not exist outside of its nucleus, and disorganization is the opposite of organization where there is a lack in goals and aims identification and conflict in prioritization of goals amongst members with no clear structure.

Furthermore, the results show that a prevalent percentage of families are structured moral religious. According to Dollahite and Marks (2009), it is suggested that religious people refer to their religious context to direct, inform, evaluate and correct their lives, especially their relationships with their family and their daily living. The religious families believe that when they adopt this approach consistently, and well, they will benefit from a range of positive outcomes that result from this process. Also, this result conforms with the observation of the community where this study was conducted, as it seems that in order to endure the hardship of living, being religious somehow soothes this condition, creates a higher purpose for the pain or a comforting idea to lean on.

In addition, literature describing achievement-oriented families was not found by the researcher. However, according to Kim et al. (2020), the achievement goal orientation theory has been used to explain the various purposes behind individuals' engagement in achievement settings (Elliot & McGregor, 2001; Linnenbrink, 2005; Urdan, 2004). According to the theory, social expectations from parents have been

shown to be related to the development of diverse types of goal orientations (Bong, 2008; Friedel et al., 2007; Wolters, 2004) where children adopt similar achievement goal orientations as to the goals or messages that their parents are communicating in a certain context (value of mastery (Bong, 2008; Friedel et al., 2007) vs performance-approach or performance-avoidance goals (Wolters, 2004)).

Finally, the low percentage for the intellectual cultural oriented families indicates that the youths' families are barely interested in literature, arts and music or they cannot afford to access these non-basic activities or these interests are not amongst their priorities as other needs are more urgent or important.

Adolescents' Stressors Scale Results

Regarding the Adolescents' Stressors scale results, 47% of the participants seemed to experience economic stressors. This result totally resonates with the current economic situation that is burdening almost all households across the entire Lebanese nation. According to the World Bank, the poor and the middle class in Lebanon were never well served under the pre-crisis economic model in the first place and they continue to carry its burden. This statement is consolidated by the UN stating that almost three-quarters of the population in Lebanon live in poverty which has severely increased between 2020 and 2021 and continues to distress the population. ESCWA also warned from this state and declared that since 2019, due to the political instability, economic decline and the drastic fluctuations in the Lebanese pound exchange rate which caused currency depreciation and severe inflation, poverty level has been increasing, therefore limiting the purchasing power of the households.

Furthermore, 94% did not seem to experience family stress. This result does not contradict the FES results, only allows for a different presentation of results. The FES measured for example how conflict is usually displayed or manifested amongst family members whilst the family stressors measured if the stressors included in this subscale affect or do not affect the adolescents on the stress level. Moreover, according to Zolkoski & Bullock (2021), many children encounter such adversities and do well on the intellectual, social, and emotional development levels in spite of the challenges and may be considered to be resilient. Accordingly, resilience is the act of adapting well to one's environment after an adverse experience. According to Daniels and Bryan (2021), the youths who are resilient are able to utilize the resources around them to thrive in their environment despite the adverse event. Some of the resources that promote resilience reside in community, family, neighbors, and schools which are all considered protective factors that lead to resilience (Ungar et al., 2013). So perhaps the stressors exist, but the adolescents started adapting to them and developed a certain level of resiliency to encounter hardships. In addition, while FES shows the percentage of conflict subscale as 35%, it means that the lack of conflict describes 65% of the families.

In addition, 78% of the youths did not seem to experience school stress even though the whole education sector was affected by COVID-19 measurements and the declining economy of the country leading to high levels of uncertainty amongst all education sector stakeholders. This might be due to the degree of attachment of the youths to their schools, the level of school duties requested from the youths, the fact that many students passed their classes despite low levels of academic achievement, also the fact that there was never a total lockdown in the community the study was

conducted in and people from the community continued to practice their daily lives with the least precautions from COVID-19, thus stay at home was basically a vacation where the “youth” were able to spend their time doing their day to day or entertainment activities as usual within the neighborhoods.

Correlations

Correlations between each of the independent variables which are the sociodemographic characteristics, the families’ types and the adolescent stressors and the dependent variable which is the Youth-Self Report total problems score were conducted.

Correlation between Sociodemographic Characteristics and Youth Self-Report (YSR) Total Problems Scale. the correlation between “Center” and “YSR” was significant and the results of variation analysis between the three community centers in relation to YSR (0.005) indicated that the results of YSR varies between the 3 community centers. This variation might be due to the types of activities run in each community center and that the youths participate in, the number of children represented in the sample from each community center and possibly the characteristics of the neighborhoods’ environments.

Also, correlation between “Grade in school” and “YSR” was negative and significant indicating that the higher the grade of the adolescent the lower was the score of the YSR. This result somehow conforms with the statement that grade progression is associated with age progression and studies examining the normative developmental trajectories of behaviors found a significant reduction in aggressive behavior, attention problems and thought problems (measured in YSR scale) as the child grows older (Bongers et al. 2003). Furthermore, no gender differences emerged in this study,

suggesting that stressors, family environment influence the development of male and female children in a similar fashion which conforms with Khamis, 2013.

Correlation between Family Environment and Youth Self-Report (YSR)

Total Problems Scale. The correlation between the families' types and the YSR total problem scores showed that there was a significant negative correlation between the "structured moral-religious families" and "YSR". The structured moral-religious families emphasize ethical and religious issues and values. This result indicates, that the more the family is of the structured moral-religious type, the lower is the YSR score that represents the behavioral and emotional problems. In addition, there was a significant negative correlation between the "achievement-oriented families", "support-oriented families" and "YSR". The achievement orientation type taps the extent to which activities, such as school and work, are cast into an achievement-oriented or competitive framework within the family. The support-oriented type depicts the degree of commitment, help, and support family members provide for one another and the extent to which family members are encouraged to act openly and express their feelings directly.

Likewise, these results also indicate, that the more the family is of the achievement-oriented type or the support-oriented type, the lower is the YSR score that represents the behavioral and emotional problems.

The literature supports these findings of correlations. According to Dollahite and Marks (2009), it is suggested that religious people including those between the age of 10 to 20 refer to their religious context to direct, inform, evaluate and correct their lives, especially their relationships with their family and their daily living. The religious families believe that when they adopt this approach consistently, and well, they will

benefit from a range of positive outcomes that result from this process including psychological outcomes. Furthermore, according to Eshbaugh (2008) on supportive families, a trusting relationship between adolescents and their parents encourages the adolescents to disclose concealed aspects of their problems to their parents and avoid engaging in risky behavior. In addition, referring to DeVore & Ginsburg (2005), recent studies demonstrate the significant, enduring, and protective influence of positive parenting practices on adolescent development, particularly, parental monitoring, open parent-child communication, supervision, and high quality of the parent-child relationship that discourages involvement in high-risk behavior.

Moreover, Steinberg's family model proposes that family influences children in three different aspects of parenting which are (1) parenting style, which provides the emotional context in which parent-child interactions occur; (2) the goals that parents establish for their children; and (3) the practices adopted by parents to help children attain those goals. It has been shown, for example, that authoritative parenting style is related to positive academic motivation and successful academic achievement (Darling and Steinberg, 1993). The authoritative parenting style creates a context in which parents encourage their children's independence and individuality, provide opportunities for children to be involved in family decision making, expect high standards for their children, and have warm relationships with their children. This might lead to conclude that such aspects of achievement orientation type most likely benefit the adolescents on the emotional, behavioral and life satisfaction levels in general if – as stated by Cacioppo et al. (2012) – higher levels of parental achievement-oriented control were associated with high functioning and affective involvement.

Furthermore, there was a significant positive correlation between the “conflict families”, “disorganized families” and “YSR”. This indicates that the higher the conflict or disorganization is in the family, the higher is the YSR. This result is attuned with the literature review since according to Xia et al. (2016;2015) families tend to experience during adolescence increases in conflict (Collins & Laursen, 2006; Fosco et al., 2014). The social problem posed by family conflict to the physical and psychological health and well-being of children, parents and underlying family relationships is a cause of concern. Interparental and parent-child conflict are linked with children’s behavioral, emotional, social, academic and health problems putting children at risk (Cummings & Schatz, 2012). In addition, among adolescents hospitalized for treatment of psychiatric disorders, those who perceived their families to be higher on conflict tended to report more trauma-related symptoms, anxiety, dissociation, and depression (Sadowski & Friedrich, 2000).

As to family disorganization, it may be any sort of non-harmonious function that occurs within the family life, including tensions and conflicts arising between parents and children, relatives as well neighbors and cause destabilization in the family environment. According to Akinnawo & Adetula (2008), Okunala (2002), Ekiran (2006) and Oakly (2007), family disorganization has the following effects on youths: stress, anxiety and other mental disorders, hopelessness, sense of insecurity and loneliness, low self-esteem, stubbornness, criminal and social evils and emotional and mental disturbance.

Regarding the family dimensions, significant negative correlations were established between “Relationship dimension”, Personal growth dimension” and

“System maintenance dimension” and “YSR”. These results indicate that when the relationship, personal growth and system maintenance dimensions are high the YSR total problems scores are low respectively. In other words, the more the family has cohesion, expressiveness, structure, independence, and control, the less are the emotional and behavioral problems of the youths. This result conforms with the results already discussed in the family types correlation section.

Correlation between Adolescent’s Stressors and Youth Self-Report (YSR)

Total Problems Scale. Positive correlation between the adolescents’ stressors and the Youth-Self Report total problems scores was established. These results indicate that the more the adolescent experience a type of stressor, the YSR follows the same trend (higher YSR). This result conforms with the literature.

According to Evans & Schamberg (2009) and Farah, Nobel & Hurt (2007), experiencing high levels of stress or chronic stress can undermine wellbeing and exhibit negative outcomes including anxiety, depression, poor memory and language skills, and lower academic achievement. Furthermore, according to Chappel et al. (2014), accumulated acute stressful life events are a robust correlate of life satisfaction, with youths experiencing a higher frequency of major life events (e.g., death of a friend or family member, family move, parent loss of job) reporting lower life satisfaction (Ash and Huebner,2001; McCullough et al., 2000; Suldo e al., 2011). Preliminary studies have found that children experiencing chronic stressors and children of low socioeconomic status report lower life satisfaction than children not experiencing chronic stress and children living above the poverty line (Ash and Huebner 2001). Perception, frequency, intensity and resolution of stress are to be considered. The experience of daily hassles like minor stressors can also be damaging to the well-being

of adolescents (Guthrie, Young, Boyd & Kintner, 2001; Sim, 2000). The various stressors influence how adolescents think and feel (Coleman & Hendry, 2006; Lerner, 2002; Steinberg, 2008), which contributes to profound and detrimental impacts on their physical and mental health (Garbarino, 1998; Hyman, 1997; Morales, 2000). According to Terzian et al. (2010), at some level, stress can be seen as a natural part of development and of adaptation to a changing environment. Yet the implications of stress for children and youth can be far-reaching, depending on its level and persistence. Stress that is prolonged and managed poorly can result in negative physical, mental, and cognitive outcomes for children and youth (Steinberg, 2005). Experiencing high levels of stress or chronic stress can undermine wellbeing and exhibit negative outcomes including anxiety, depression, poor memory and language skills, and lower academic achievement (Evans & Schamberg, 2009; Farah, Nobel and Hurt, 2007).

Many adolescents are highly susceptible to stress, which often results in negative outcomes, particularly when there is a lack of resources or the necessary skills to cope with these stressors (Feldman, 2008).

According to Chappel et al. (2014), stressful life events put adolescents at risk for psychopathology (Morales and Guerra, 2006; Parke et al., 2004). The duration of an event is an important aspect to be considered. Some events, such as sudden economic hardship, increased family/peer arguments, and transition to a new school may be classified as acute; however, when these events occur frequently or in an ongoing manner, they may be considered chronic stressors.

Poverty is a particular form of chronic stress that can also be a potent risk factor for the development of internalizing and externalizing behavior problems (Conger et al., 1999; Costello et al., 2003; Wadsworth and Achenbach, 2005). Stressors have been

explored in relation to youth psychopathology and include low socioeconomic status, accumulation of major life events, parental divorce, and interparental conflict. These stressors occur within a child's micro-system, specifically the home environment (Bronfenbrenner, 1994). Experiences within the home are noticeable because the more proximal the environment, the greater the influence on youth functioning.

To conclude, based on the correlations results of this study and its conformity with literature, stressors do affect the emotional and behavioral problems of adolescents.

Regression

Stepwise regression test was used to predict "YSR" total problems score. In Model 4, the coefficient of determination R square was 0.222 which implied that 22.2 % of the variation in the dependent variable "YSR" was caused by the family stressors, the school stressors, the personal growth family dimension (Beta=-.121, inverse relation with YSR) and the economic stressors or the independent variables explain 22.2% of the variations in YSR.

Establishing a low coefficient of determination in this study might display the predictive model as weak, but this result supported with the correlations established earlier and literature endorsement to these results strengthen the hypothesis that stressors affect the emotional and behavioral states of adolescents and particularly family stressors, school stressors, and economic stressors in addition to the personal growth dimension that inversely affect the emotional and behavioral states adolescents. Which means, the 3 identified stressors might cause behavioral and emotional problems in adolescents, whilst the lower the personal growth dimension the highest the behavioral and emotional problems in adolescents are and vice versa.

As mentioned previously, although stress can be problematic for children and youth of all socioeconomic backgrounds, children and youth from high-conflict families and those who live in high-crime, low-resource neighborhoods may be even more likely to experience chronic and/or high levels of stress (Gershoff, Aber & Raver, 2003). In addition, lack of economic resources, tendency to blame negative events on themselves, lack of sufficient amounts of basic needs, prior history of psychological and behavioral disorders, experiencing multiple co-occurring stressors like living in a family environment with high conflict and residence in a socially isolated neighborhood are all characteristics that render children and youth particularly vulnerable to stress (Thoresen & Eagleston, 1983; Gershoff, Aber & Raver, 2003). Furthermore, referring to Riley et al. (2009), low-income families in urban environments are especially likely to experience major stressors associated with inadequate resources and unsafe communities (Brooks-Gunn & Duncan, 1997). Moreover, as mentioned in the correlation section, poverty is a particular form of chronic stress that can also be a potent risk factor for the development of internalizing and externalizing behavior problems (Conger et al., 1999; Costello et al., 2003; Wadsworth and Achenbach, 2005).

Regarding family stressors, existent literature suggests that family stressors co-occur with elevated adolescent psychopathology (Chappel et al. (2012;2014).

Regarding school stressors, studies indicated that children who are low academic achievers tend to struggle behaviorally (Morales & Guerra, 2006).Furthermore, according to Scrimin et al. (2019), school-related stress is a common phenomenon that has been shown to negatively affect youth's emotional well-being (Bimmel et al. (2008); Galaif et al. (2003)) youth's emotional problems e.g.

anxiety (Galaif et al. (2003)), and health-related problems such as somatic complaints (Reynolds et al. (2001)).

Finally, according to Grant et al. (2004), 53 studies have examined the association of stressful events with measures of symptoms of psychopathology and a significant effect was found that stressful events were predictive of increases in symptoms over time. In addition, according to Robinson et al. (1995), stressful events were found to predict both internalizing and externalizing symptoms.

As to the personal growth dimension, it primarily reflects the linkages between the family and the larger social context. It includes the Independence subscale which is the extent family members are assertive, are self-sufficient, and make their own decisions, the Achievement Orientation subscale which is how much activities (such as school and work) are cast into an achievement-oriented or competitive framework, the Intellectual-Cultural Orientation subscale which is the level of interest in political, intellectual, and cultural activities, the Active-Recreational Orientation subscale which is the amount of participation in social and recreational activities and the Moral-Religious Emphasis subscale which is the emphasis on ethical and religious issues and values. In the model, **the personal growth dimension** was one of the predictive variables. According to Moos & Moos (2009), although few studies have focused on the personal growth dimension, independence and intellectual and recreational orientation have been linked with better youth adaptation, especially more social competence and fewer symptoms and behavior problems which is somehow related to the result obtained in the regression model which indicates that the presence of **this dimension** in families predict lower scores in YSR.

Answering the Research Questions

Based on the results of the study shared above, the study's research questions could be answered.

The community centers the youths attend and their grades in school were the two independent variables of the sociodemographic characteristics that were found to be correlated with emotional and behavioral problems in these adolescents measured by the YSR total problems scale score.

Regarding the family environment of the adolescents, achievement oriented, structured moral-religious, support-oriented, conflict-oriented and disorganized families were found to be correlated with emotional and behavioral problems in these adolescents as measured by the YSR total problems scale score. In addition, all three family environment dimensions "personal growth", "relationship", "system maintenance" were found to be negatively correlated with emotional and behavioral problems in these adolescents as measured by the YSR total problems scale score.

Regarding the stressors, all adolescents' stressors were found positively correlated with emotional and behavioral problems in these adolescents as measured by the YSR total problems scale score.

With reference to the attempt to establish the independent variables as predictors of emotional and behavioral problems in adolescents living in Bab Al Tebbeneh, Jabal Mohsen and the nearby neighborhoods through Stepwise regression test, the coefficient of determination R square in Model 4 was 0.222 which implies that 22.2 % of the variation in the dependent variable "YSR" was caused by the family stressors, the school stressors, the personal growth family dimension and the economic stressors or the independent variables explain 22.2% of the variations in YSR. More specifically,

this indicates that the comprised independent variables have an explanatory power for the variations in the dependent variables and adding more variables would not enhance the explanatory power of the model. In addition, the beta for the family stressors, school stressors, personal growth dimension and economic stressors respectively show that the family stressors had the largest weight of 79% followed by the school stressors 76 then the economic stressors with 66% and finally the weight of -12.1% for the personal growth dimension. In this respect, there is a low significant positive causal relationship between the family stressors, school stressors and economic stressors with YSR and a low negative significant causal relationship between the personal growth family dimension and YSR. Although, the coefficient of determination R square in Model 4 was considered a bit low, that does not negate the fact that causality could be established between the 4 predictors which are family stressors, school stressors, family personal growth dimension, economic stressors and emotional and behavioral problems in these adolescents measured by the YSR total problems scale score.

Limitations

This study could not depict the impact of the sectarian battles and the unsettling state of neighborhoods on the youth's emotional and behavioral problems, if any. In addition, this study could not establish neither stronger coefficient of determination between the identified predictors and the dependent variable nor incorporate additional predictors to the model. Furthermore, the omission of certain items from the used measurement tools might have affected the outcome of results. Moreover, regarding the stressors, conducting interviews with adolescents before adopting a certain scale, might give insight to different stressors that we might have disregarded. Likewise, according to Cummings & Davies (2010) and Cummings and Schatz (2012), theories suggest that

the overall climate of the family environment is created by the synergistic interaction between parents, between parents and children, and between siblings. Accordingly, family conflict for example cannot be inferred from assessments of one individual only but must also be assessed as a broader, family-level construct (Cummings & Schatz, 2012; Emery, 1992). Finally, a bigger sample was very hard to access due to COVID-19 toll on operations in the community centers and on the adolescents and their slow response rate. This state also hindered the possibility of conducting a pilot study.

Conclusion and Recommendations

This study was the first conducted in the neighborhoods identified in the areas of stressors, family environment and behavioral and emotional problems of adolescents. It paves the way for further and additional studies in these areas of research and other areas that might be related. According to literature review, youths emotional and behavioral problems are affected by sociodemographic characteristics, family environment and adolescents' stressors. The results of this study conform with literature as it established correlations between grade in school, centers, five family types and all three family dimensions measured by FES, all five adolescents' stressors measured by the Adolescents' Stressors Scale and emotional and behavioral problems of adolescents measured by the YSR total problems scale.

This study could serve as a reference for future research in the areas of contributions of adolescents' sociodemographic characteristics, family environment and adolescents' stressors to emotional and behavioral problems in adolescents from disenfranchised neighborhoods.

Further research could be conducted to assess what mitigates the impact of the stressors on the adolescents including personal traits, resiliency, education, adolescent's

environment. In addition, programs and activities conducted in the community centers and attended by the youths and their role in affecting the behavioral and emotional problems of the adolescents could be further investigated. Also, research could be conducted on parenting styles and adolescents' outcomes.

In addition, as mentioned earlier in this study, counseling children is a growing area of interest for professionals because it can prevent problems from becoming more serious and resulting in delinquency, school failure and emotional disturbance (Henderson & Thompson, 2011). Literature suggests that professional counseling practice is ultimately enhanced when practitioners recognize the specific needs of the populations which they serve and then implement targeted counseling services to address those needs (Astramovich, 2011). The needs of various demographic groups have been examined to help identify the unique counseling needs including children and adolescents (Drefs, 2002; Kroll, Harrington & Bailey, 2000). In the design of interventions and treatment programs for youth, policy makers need to be aware of the prevalence of behavioral and emotional problems among children especially that problems were identified in the borderline and clinical range. Thus, the results of this study would contribute to defining the current emotional and behavioral problems of adolescents from Bab Al Tebbeneh, Jabal Mohsen and the nearby neighborhoods and be used in developing specific counseling programs could be especially catered to serve this community. These attempted contributions to educational research could be the bases for any psychosocial intervention that might be initiated by stakeholders like the ministry of education, international and local NGOs and would inform any intended psychosocial support action plan targeting the children and their parents in this particular community.

Moreover, family environment plays an important role in children and adolescent development and resiliency or vulnerability to daily stressors. This study could indirectly give insight in understanding the family typologies that mediate the relationship between daily stressors and child outcomes and if interventions could be made to target the family environment itself.

In addition, the open-ended questions that the adolescents answered which were not included in this study could serve as additional areas of research in terms of further examining stressors from the view points of the adolescents also where their strengths reside. This could be performed through planned interviews.

Finally, the conclusions of this study could extend research in this area and have clinical implications on the field and assist in formulating cognitive-behavioral coping interventions as a means to lead to positive outcomes as recommended by Khamis (2015).

APPENDIX A

ADAPTED COMPILED QUESTIONNAIRE-ARABIC

LANGUAGE

رقم

قسم 1: تقرير ذاتي للشباب

المستوى التعليمي للأب والابن: المستوى التعليمي للأب: المستوى التعليمي للابن: _____	مكان السكن: <input type="checkbox"/> باب التبانة <input type="checkbox"/> جبل محسن <input type="checkbox"/> مكان آخر (حدد): _____	تاريخ اليوم: _____
	منذ متى تقيمون في هذه المنطقة؟: _____	الجنس: <input type="checkbox"/> ذكر <input type="checkbox"/> أنثى
الرجاء إملأ هذه الاستمارة لتعكس وجهة نظرك. خذ حريتك في اضافة أي تعليقات قرب أي بند في الفراغات الخاصة المتوفرة. الرجاء الإجابة على كل الأسئلة.	إذا كنت تعمل فما هو طبيعة عملك: _____	تاريخ الميلاد: _____
	نوع عمل الوالدين، حتى ولو لم يكن لديهم عمل في الوقت الحالي (الرجاء توصيف العمل الذي يقوم به الوالدين. مثلاً - ميكانيكي سيارات، مدرس، عامل، بائع، رقيب في الجيش و الخ.) نوع عمل الأب: _____	مسجل في مدرسة خاصة: مسجل في مدرسة رسمية: _____
الرجاء إملأ هذه الاستمارة لتعكس وجهة نظرك. خذ حريتك في اضافة أي تعليقات قرب أي بند في الفراغات الخاصة المتوفرة. الرجاء الإجابة على كل الأسئلة.	نوع عمل الأم: _____	اسم المركز المجتمعي: _____
	حجم العائلة: عدد الأخوة و _____	الصف الدراسي: _____
الرجاء إملأ هذه الاستمارة لتعكس وجهة نظرك. خذ حريتك في اضافة أي تعليقات قرب أي بند في الفراغات الخاصة المتوفرة. الرجاء الإجابة على كل الأسئلة.	عدد الأشخاص الذين يسكنون في المنزل: _____	دخول الأسرة الشهري التقريبي: _____
	عدد الغرف في المنزل: _____	

I. عدد من فضلك النشاطات الرياضية التي تشارك فيها. مثلاً: السباحة، كرة القدم، التزلج، ركوب الدراجة، صيد السمك و الخ.

بالمقارنة مع أقرانك، كم من الوقت تخصص لكل واحدة من هذه النشاطات؟		بالمقارنة مع أقرانك، ما هو مستواك في ممارسة الرياضة؟ هذه الأنشطة		لا يوجد	
أكثر من الآخرين	مثل الآخرين	أقل من الآخرين	مثل الآخرين	أقل من الآخرين	أكثر من الآخرين
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	أ. _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ب. _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ج. _____

II. عدد من فضلك الهوايات، النشاطات، و الألعاب غير الرياضية المفضلة لديك. مثلاً ألعاب الفيديو، لعب الورق، القراءة، السيارات، الكمبيوتر، نشاطات حرفية الخ. (لا تُعد سماع الموسيقى و مشاهدة التلفزيون و غيرها من وسائل التواصل الاجتماعي)

لا يوجد

	بالمقارنة مع أقرانك، ما هو مستواك في ممارستها؟			بالمقارنة مع أقرانك، كم من الوقت تخصص لكل واحدة منها؟		
	أقل من الآخرين	مثل الآخرين	أفضل من الآخرين	أقل من الآخرين	مثل الآخرين	أكثر من الآخرين
أ.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ب.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ج.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III. عدد من فضلك الجمعيات، النوادي، الفرق أو المجموعات التي تنتمي إليها:

لا يوجد <input type="checkbox"/>			
بالمقارنة مع أقرانك، ما مدى نشاطك في كلٍ منها؟			
أقل من الآخرين	مثل الآخرين	أكثر من الآخرين	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	أ- _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ب- _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ج- _____

IV. عدد من فضلك أي وظيفة أو عمل منزلي تقوم به (مثال: غسل الصحون، الاعتناء بالأطفال، ترتيب العمل في محل، الخ...) (الرجاء تدوين الأعمال التي تتقاضى أو لا تتقاضى عليها أجرًا).

لا يوجد <input type="checkbox"/>			
بالمقارنة مع أقرانك، ما مدى جودتك في كل من هذه الأعمال؟			
أقل من الآخرين	مثل الآخرين	أكثر من الآخرين	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	أ- _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ب- _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ج- _____

V. 1- كم عدد أصدقائك المقربين؟ (لا تذكر إخوانك)

لا يوجد 1 2 أو 3 4 أو أكثر

2- كم عدد المرات في الأسبوع الواحد التي تقوم بملاقة أي من أصدقائك خارج نطاق وقت المدرسة؟ (لا تذكر إخوانك)

أقل من مرة 1 أو 2 3 أو أكثر

VI. مقارنة مع أقرانك، كيف هو:

	سيء	عادي	جيد
أ التعامل مع إخوانك	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ب التعامل مع أقرانك	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ج انسجامك مع والديك	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
د قيامك بالأعمال بمفردك	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VII. 1- المستوى الأكاديمي

(في الفراغ المناسب أمام كل مادة: √ الرجاء وضع علامة)

أعلى من عادي	عادي	أقل من عادي	راسب	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	أ اللغة العربية
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ب التاريخ أو المواد الاجتماعية
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ج الحساب أو الرياضيات
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	د المواد العلمية
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ه اللغة الأجنبية

2- هل تعاني من أي مرض أو عجز أو إعاقة؟ لا نعم – الرجاء وصف الحالة:

3- من فضلك أذكر أي مشاكل أو قلق ينتابك نحو الدراسة أو المدرسة:

4- من فضلك اذكر أي أمور أخرى تثير لديك القلق:

5- من فضلك أذكر أفضل ما تتمتع به من مميزات (مثال: أنا واثق بنفسي، أنا صريح جداً...):

هذه قائمة من العبارات التي تصف الشباب و الشباب. الرجاء وضع دائرة لكل عبارة تصفك في الوقت الحالي أو الأشهر الاثني عشر الماضية. الرجاء وضع دائرة حول رقم 2 اذا كانت العبارة حقيقية أو تنطبق عليك أو غالباً تنطبق عليك. ضع دائرة حول رقم 1 اذا كانت العبارة هي حقيقة لحد ما أو أحياناً تنطبق عليك. ضع دائرة حول رقم 0 اذا كانت العبارة لا تنطبق عليك.

=2 صحيح جداً أو غالباً صحيح

=1 أحياناً صحيح

=0 غير صحيح

- 2 1 0 1. تصرفاتي أصغر من سني
2 1 0 2. اجادل كثيرًا
2 1 0 3. لا أنهي الشيء الذي أبدأ به
2 1 0 4. قليلة هي الأشياء التي تسعدني
2 1 0 5. أحب الحيوانات
2 1 0 6. أتباهي
2 1 0 7. لدي مشكلة في التركيز و الانتباه
2 1 0 8. لا أستطيع التخلص من أفكار معينة
_____ (وصف):

- 2 1 0 9. يصعب علي أن أجلس هادئًا
2 1 0 10. أعتد كثيرًا على الكبار
2 1 0 11. أشعر بالوحدة
2 1 0 12. أشعر بالارتباك أو بالحيرة
2 1 0 13. أبكي كثيرًا
2 1 0 14. أنا شخص صريح نوعًا ما
2 1 0 15. أنا لننيم تجاه الآخرين
2 1 0 16. أعيش في أحلام اليقظة
2 1 0 17. أحاول لفت انتباه الآخرين
2 1 0 18. أتلف و أكره الأشياء التي امتلكها
2 1 0 19. اتلف الأشياء التي يمتلكها الأشخاص
الآخرين
2 1 0 20. لا أطيع والدي
2 1 0 21. أنا غير مطيع في المدرسة
2 1 0 22. لا أكل كما يجب
2 1 0 23. لا أنسجم مع أقراني
2 1 0 24. لا أشعر بالذنب بعد أن أتصرف تصرفًا
خاطئًا
2 1 0 25. أغار من الآخرين
2 1 0 26. اخالف القوانين في المنزل، المدرسة و
في الأماكن الأخرى
2 1 0 27. أخاف من بعض الحيوانات أو بعض
الأماكن غير المدرسة
_____ (وصف):

- 2 1 0 28. أخاف الذهاب الي المدرسة
2 1 0 29. أخاف أن أفكر أو أفعل عملاً سيئًا
2 1 0 30. أشعر بأنه يجب أن أكون مثاليًا
2 1 0 31. أشعر أن لا أحد يحبني
2 1 0 32. أشعر أن الناس تكيد لي
2 1 0 33. أشعر أنني قليل القيمة
2 1 0 34. كثيرًا ما أتعرض لأذى من غير قصد
2 1 0 35. أدخل في مشاجرات كثيرة
2 1 0 36. أغتاط كثيرًا
2 1 0 37. أرافق شبان/شابات يقعون في المشاكل
2 1 0 38. أسمع أصوات لا يسمعها الآخرون
_____ (وصف):

- 2 1 0 39. أتصرف بدون تفكير
2 1 0 40. أفضل الوحدة على التواجد مع الآخرين
2 1 0 41. لا أقول الحقيقة و أظهر خلاف ما
أضمر
2 1 0 42. أقضم أظفاري
2 1 0 43. أنا عصبي أو متوتر
2 1 0 44. أرى كوابيس
2 1 0 45. أنا غير محبوب من قبل أقراني
2 1 0 46. أقوم بأعمال معينة أفضل من أقراني
2 1 0 47. أنا كثير الخوف أو قلق
2 1 0 48. أشعر بالدوخة و الدوار
2 1 0 49. أشعر بالذنب كثيرًا

- 2 1 0 50. أكل كثيرًا
2 1 0 51. كثيرًا ما أشعر بالتعب و الإرهاق بدون
سبب واضح
2 1 0 52. أنا سمين جدًا
53. أعاني من مشاكل صحية بدون سبب
طبي معروف:
2 1 0 أ-آلام و أوجاع (غير الصداع و مغص
المعدة)
2 1 0 ب-صداع
2 1 0 ج-غثيان (ميل للقيء)
2 1 0 د-مشاكل بالعيون (غير المشاكل التي
يمكن معالجتها بالنظارة)
2 1 0 هـ-طفح جلدي أو أمراض جلدية
2 1 0 و-مغص في المعدة
2 1 0 ز- قيء
2 1 0 ح- أعراض أخرى
_____ (وصف):

- 2 1 0 54. أستخدم أسلوب عنيف جسديًا
2 1 0 55. أستطيع أن أكون شخصًا ودودًا
2 1 0 56. أحب أن أجرب أشياء جديدة
2 1 0 57. أداني في المدرسة ضعيف
2 1 0 58. حركاتي غير متناسقة أو خرقاء
2 1 0 59. أفضل أن أقضي وقتي مع من هم أكبر
مني سنًا
2 1 0 60. أفضل أن أقضي وقتي مع من هم أصغر
مني سنًا
2 1 0 61. أرفض أن أتكلم
2 1 0 62. أقوم بتكرار حركات معينة، حركات غير
ارادية (وصف):

- 2 1 0 63. أخرج من المنزل بدون معرفة والدي
2 1 0 64. أصرخ كثيرًا
2 1 0 65. أنا كتوم أو أحتفظ بالأمور لنفسي
2 1 0 66. أرى أشياء يعتقد الآخرون أنها غير
موجودة (وصف):

- 2 1 0 67. أنا أرتبك وأحرج بسهولة أمام الآخرين
2 1 0 68. أستخدم يداي في أعمال بشكل جيد
2 1 0 69. أتباهي أو أهرج لأضحك الآخر
2 1 0 70. أنا خجول جدًا
2 1 0 71. أنا أقل من معظم أقراني
2 1 0 72. أنا أكثر من معظم أقراني أثناء النهار
و/أو الليل (وصف):

- 2 1 0 73. أنا قليل الانتباه أو يسهل تشتيت
انتباهي
2 1 0 74. لدي مشكلة في الكلام (مثل التأتأة)،
_____ (وصف):

- 2 1 0 75. أذافع عن حقوقي
2 1 0 76. أخذ أشياء من المنزل بدون علم والدي
2 1 0 77. أخذ أشياء من خارج (غير) المنزل
ليست ملكي بدون علم أصحابها

- 2 1 0 78. أأزن أو أأففظ بأشياء لا أأفأف إليها
(وصف)
-
- 2 1 0 79. أقوم بأعمال أفظر الأفراف فبفو فرافة
(وصف):
-
- 2 1 0 80. لاف أأكار من الممأم أن فظن الأفراف
أنها فرافة
(وصف):
-
- 2 1 0 81. أنا عنف
- 2 1 0 82. مزافف أو مشاعر ف ففقلب بصورة
فأفافة
- 2 1 0 83. أستمتع برافة الأفراف
- 2 1 0 84. أنا شكاف
- 2 1 0 85. أستأم الفافأ فر لافة
- 2 1 0 86. أأب أن أضأف الأفراف
- 2 1 0 87. أفأفم كأفرا
- 2 1 0 88. أضافق/أعفظ الأفراف كأفرا
- 2 1 0 89. مزافف أاف
- 2 1 0 90. أهاف بافأاف الأفراف
- 2 1 0 91. أأب أن أساعاف الأفراف
- 2 1 0 92. أأف صعوبة فف النوم
(وصف):
-
- 2 1 0 93. أأعب عن المافسة
- 2 1 0 94. لا أملك الكأفر من الطافة
- 2 1 0 95. أنا فر سعفاف؁ أرفن؁ أو مأففب
- 2 1 0 96. صوفف أأف من صوف أقرافف
- 2 1 0 97. أأاول أن أأون أافلا مع الأفراف
- 2 1 0 98. أستمتع بنأففة أففة
- 2 1 0 99. أأب أن أأأ الأمور ببساطفة
- 2 1 0 100. أأاول أن أساعاف الأفراف كلما اسأفأف
- 2 1 0 101. أفمف أن أأون من الأفنس الأفر
- 2 1 0 102. أفأفب الأفألاف مع الأفراف
- 2 1 0 103. أفأف كأفرا

2= صأف أأا أو أابا صأف

1= أأافا صأف

0= فر صأف

الرفاء كأابة اف معلومة أفر فصف مشاعرأ؁ فصرفأ أو اهتمامافأ:

قسم 2: قياس البيئة الأسرية للشباب

التعليمات:

في هذا الاستبيان توجد 90 عبارة. هذه العبارات تتعلق بالحياة الأسرية عليك أن تقرر أي العبارات تعتبر صحيحة بالنسبة لأسرتك من وجهة نظرك أنت (في المكان المناسب. أي منها يعتبر خطأ. على ورقة العبارات أدناه، تمنع في قراءة كل عبارة ثم ضع علامة) تحت كلمة (صح) إذا كانت العبارة صحيحة بالنسبة لمعظم أفراد أسرتك وضعها تحت كلمة خطأ إذا كانت خاطئة بالنسبة لمعظمهم. قرر وضع علامة) وأجب بما يتلاءم مع انطباعك الأقوى في حال التساوي بين الخطأ والصح بين أفراد أسرتك. تذكر، نحن نود أن نعرف كيف تبدو أسرتك من وجهة نظرك أنت. بالتالي، لا تحاول أن تعرف كيف يرى الأفراد الآخرون الأسرة، بل أعطنا انطباعك العام عن أسرتك من خلال كل عبارة.

ص ح ط أ	العبارة
<input type="checkbox"/>	1- أفراد أسرتنا يساعدون فعلياً ويدعمون بعضهم بعضاً
<input type="checkbox"/>	2- غالباً ما يحتفظ أفراد أسرتنا بمشاعرهم لأنفسهم
<input type="checkbox"/>	3- في أسرتنا نتشاجر كثيراً
<input type="checkbox"/>	4- أفراد أسرتنا لا يفعلون شيئاً من تلقاء أنفسهم
<input type="checkbox"/>	5- نشعر بأهمية أن نكون الأفضل في كل ما نقوم به مهما كانت الظروف
<input type="checkbox"/>	6- كثيراً ما نتحدث فيما بيننا حول ما يدور حولنا من مشكلات سياسية واجتماعية
<input type="checkbox"/>	7- نقضي معظم العطل الأسبوعية والفترات المسائية داخل المنزل
<input type="checkbox"/>	8- غالباً ما يحضر أفراد أسرتنا اجتماعات و مناسبات دينية
<input type="checkbox"/>	9- يتم التخطيط بعناية للأنشطة المختلفة التي نقوم بها أسرنا
<input type="checkbox"/>	10- نادراً ما يلتزم أفراد أسرنا بالترتيب و النظام
<input type="checkbox"/>	11- كثيراً ما نشعر بالملل داخل المنزل
<input type="checkbox"/>	12- نقول كل ما نرغب بقوله في المنزل
<input type="checkbox"/>	13- نادراً ما يظهر الغضب بشكل واضح على أفراد أسرنا
<input type="checkbox"/>	14- نجد دائماً تشجيعاً قوياً من أسرنا كي نكون مستقلين
<input type="checkbox"/>	15- تحقيق التقدم في الحياة من الأمور الهامة بالنسبة لأسرنا
<input type="checkbox"/>	16- نادراً ما نذهب لمشاهدة المباريات أو حضور المسرحيات و الحفلات الموسيقية
<input type="checkbox"/>	17- كثيراً ما يزورنا الأصدقاء لتناول الطعام أو غيره
<input type="checkbox"/>	18- نادراً ما يؤدي أفراد أسرنا الصلاة
<input type="checkbox"/>	19- نحافظ على تنظيم وترتيب الأشياء والأغراض
<input type="checkbox"/>	20- قليلة هي القواعد و الأنظمة التي يتبعها أفراد أسرنا
<input type="checkbox"/>	21- نبذل كل ما نستطيع من طاقة للقيام بأعمال المنزل
<input type="checkbox"/>	22- يصعب في أسرنا القيام بأعمال ترفيهية دون أن تسبب ازعاجاً لأحد أفرادها
<input type="checkbox"/>	23- يغضب أفراد أسرنا أحياناً لدرجة أنهم يرمون الأشياء
<input type="checkbox"/>	24- كل فرد في أسرنا يقوم بالأعمال التي يراها مناسبة
<input type="checkbox"/>	25- مقدار الدخل الذي يحصل عليه شخص ليس من الأمور الهامة لدينا
<input type="checkbox"/>	26- من الأمور الهامة عند أسرنا أن يتعلم أفرادها أشياء جديدة و مختلفة
<input type="checkbox"/>	27- لا يوجد في أسرنا من يهتم كثيراً بممارسة الألعاب الرياضية
<input type="checkbox"/>	28- كثيراً ما يدور نقاش بين أفراد أسرنا حول المغزى الديني للأعياد الدينية (مثال: عيد الفطر)
<input type="checkbox"/>	29- نواجه صعوبة في إيجاد الأشياء عندما نحتاج إليها في منزلنا
<input type="checkbox"/>	30- فرد واحد في أسرنا هو الذي يتخذ معظم القرارات
<input type="checkbox"/>	31- يجمعنا شعور قوي بالانتماء في أسرنا
<input type="checkbox"/>	32- نخبر مشكلاتنا الشخصية لبعضنا
<input type="checkbox"/>	33- أفراد أسرنا لا يفقدون أعصابهم مطلقاً

ص ح ط أ	العبارة
<input type="checkbox"/>	34- ندخل و نخرج من منزلنا كما يحلو لنا
<input type="checkbox"/>	35- نؤمن بالمنافسة و بفوز الأفضل
<input type="checkbox"/>	36- لا نهتم كثيراً بالأمور الثقافية
<input type="checkbox"/>	37- كثيراً ما نذهب الى السينما أو المباريات الرياضية أو الى المخيمات الخ.
<input type="checkbox"/>	38- لا نؤمن في أسرنا بوجود الجنة و النار
<input type="checkbox"/>	39- المحافظة على المواعيد من الأمور التي تهتم بها أسرنا اهتماماً كبيراً
<input type="checkbox"/>	40- توجد طرق تقليدية معروفة لا تتغير لعمل الأشياء في منزلنا
<input type="checkbox"/>	41- نادراً ما يتطوع أحد أفراد أسرنا للقيام بعمل مطلوب في المنزل
<input type="checkbox"/>	42- عندما نشعر بالرغبة في القيام بشيء ما فإننا نقوم به في الحال
<input type="checkbox"/>	43- كثيراً ما يواجه أفراد أسرنا النقد لبعضهم البعض
<input type="checkbox"/>	44- لا يوجد سوى قدر ضئيل من الخصوصية لكل فرد في أسرنا
<input type="checkbox"/>	45- نحرص دائماً و بشدة على أن نعمل الأشياء بطريقة أفضل في المرة التالية
<input type="checkbox"/>	46- نادراً ما تدور بيننا مناقشات فكرية
<input type="checkbox"/>	47- لكل فرد من أفراد أسرنا هواية أو أكثر
<input type="checkbox"/>	48- يعتقد أفراد أسرنا أفكاراً صارمة حول ماهية الصواب و الخطأ
<input type="checkbox"/>	49- غالباً ما يغير أفراد أسرنا رأيهم
<input type="checkbox"/>	50- يوجد حرص على اتباع القواعد و عدم الخروج عنها في أسرنا
<input type="checkbox"/>	51- يساعد أفراد أسرنا بعضهم بعضاً مساندة حقيقية
<input type="checkbox"/>	52- هناك من ينزعج عندما يتدمر أحد أفراد أسرنا
<input type="checkbox"/>	53- غالباً ما يعتمد كل من أفراد أسرنا على نفسه عندما تظهر مشكلة من المشكلات
<input type="checkbox"/>	54- نادراً ما يهتم أفراد أسرنا بالترقية في وظيفة أو بالدرجات المدرسية الخ.
<input type="checkbox"/>	55- في أسرنا هناك من يجيد العزف على آلة موسيقية
<input type="checkbox"/>	56- أفراد أسرنا لا يشتركون كثيراً في الأنشطة الترفيهية خارج مجال العمل أو المدرسة
<input type="checkbox"/>	57- نعتقد أن بعض الأمور يجب أن يؤخذ بها لمجرد الايمان
<input type="checkbox"/>	58- يحرص أفراد أسرنا على التأكد من أن غرفهم نظيفة و مرتبة
<input type="checkbox"/>	59- عند اتخاذ القرارات في أسرنا، يؤخذ بالتساوي برأي كل فرد من أفرادها
<input type="checkbox"/>	60- روح الجماعة في أسرنا ضئيل
<input type="checkbox"/>	61- نقاش في أسرنا بصراحة كل ما يتعلق بالمال و دفع الفواتير
<input type="checkbox"/>	62- إذا حدث خلاف بين أفراد أسرنا نحاول جاهدين تسوية الأمور و المحافظة على السكنية
<input type="checkbox"/>	63- أفراد أسرنا يشجع بعضهم بعضاً بشدة للدفاع عن حقوقهم
<input type="checkbox"/>	64- في أسرنا لا نبذل جهداً كبيراً لتحقيق قدر أكبر من النجاح
<input type="checkbox"/>	65- غالباً ما يرتاد أفراد أسرنا المكتبات

ص	خ	العبارة
ح	ط	
أ	أ	
<input type="checkbox"/>	<input type="checkbox"/>	66- يشارك أفراد أسرتنا أحياناً في الدورات أو يأخذون دروساً في بعض الهوايات أو الاهتمامات (خارج المدرسة)
<input type="checkbox"/>	<input type="checkbox"/>	67- لكل فرد في أسرتنا أفكار مختلفة عن الآخر فيما يتعلّق بالصواب والخطأ
<input type="checkbox"/>	<input type="checkbox"/>	68- في أسرتنا، يوجد تحديد واضح لواجبات و مسؤوليات كل فرد
<input type="checkbox"/>	<input type="checkbox"/>	69- كل فرد من أفراد أسرتنا يستطيع أن يفعل ما يحلو له
<input type="checkbox"/>	<input type="checkbox"/>	70- يوجد انسجام حقيقي بين بعضنا البعض
<input type="checkbox"/>	<input type="checkbox"/>	71- عادة ما يلزم كلّ منا جانب الحذر فيما يقوله للآخرين من أفراد الأسرة
<input type="checkbox"/>	<input type="checkbox"/>	72- يتنافس أفراد أسرتنا مع بعضهم البعض
<input type="checkbox"/>	<input type="checkbox"/>	73- من الصعب أن نتصرف بشكل تلقائي طبيعي في منزلنا دون أن يسبب ذلك جرحاً لمشاعر الآخرين
<input type="checkbox"/>	<input type="checkbox"/>	74- العمل قبل اللعب هي القاعدة التي تسير عليها أسرتنا
<input type="checkbox"/>	<input type="checkbox"/>	75- مشاهدة التلفزيون أكثر أهمية من المطالعة في أسرتنا
<input type="checkbox"/>	<input type="checkbox"/>	76- كثيراً ما يخرج أفراد أسرتنا من المنزل
<input type="checkbox"/>	<input type="checkbox"/>	77- القرآن الكريم كتاب بالغ الأهمية في منزلنا
<input type="checkbox"/>	<input type="checkbox"/>	78- لا يتم التصرف بالمال بعناية في أسرتنا
<input type="checkbox"/>	<input type="checkbox"/>	79- القواعد و الأنظمة في منزلنا غير مرنة البتة
<input type="checkbox"/>	<input type="checkbox"/>	80- كل فرد من أسرتنا يجد الاهتمام و الانتباه الذي يحتاج اليه من الأفراد الآخرين في الأسرة
<input type="checkbox"/>	<input type="checkbox"/>	81- كثيراً ما تدور مناقشات عفوية بين أفراد أسرتنا
<input type="checkbox"/>	<input type="checkbox"/>	82- نؤمن في أسرتنا بعدم قدرة أي فرد منا على أن يكسب شيئاً بمجرد رفع الصوت
<input type="checkbox"/>	<input type="checkbox"/>	83- لا نجد تشجيعاً حقيقياً للتعبير عن أنفسنا في أسرتنا
<input type="checkbox"/>	<input type="checkbox"/>	84- يقارن أفراد أسرتنا أنفسهم بالآخرين بالنسبة للتفوق في العمل أو في المدرسة
<input type="checkbox"/>	<input type="checkbox"/>	85- معظم أفراد أسرتي يحبون الموسيقى و الفنون و الأدب
<input type="checkbox"/>	<input type="checkbox"/>	86- الوسيلة الأساسية للتسلية هي مشاهدة التلفزيون أو استخدام الهاتف المحمول
<input type="checkbox"/>	<input type="checkbox"/>	87- أفراد الأسرة يعتقدون أنه إذا قام فرد ما بخطيئة فيجب أن تتم معاقبته
<input type="checkbox"/>	<input type="checkbox"/>	88- عادةً ما نغسل الأطباق فور الانتهاء من الطعام
<input type="checkbox"/>	<input type="checkbox"/>	89- لا بد من نزول العقاب على أحد أفراد الأسرة عند مخالفة التعليمات و القوانين

قسم 3: قياس الضغوطات التي يتعرض لها الشباب

تعليمات:

- (في المكان المحدد تحت x هل تعرضت لأي من هذه الضغوطات خلال الاثني عشرة شهراً الماضية؟ إذا كنت تعتقد أن العبارة صحيحة ، فضع العلامة)
(في المكان المحدد تحت كلمة (كلا) .xكلمة (نعم) و إذا كنت تعتقد أنها خطأ فضع العلامة)
-

ن ع لا م	ك	العبارة
<input type="checkbox"/>	<input type="checkbox"/>	1. ارتفاع وتيرة الخلاف بين الأب و الأم
<input type="checkbox"/>	<input type="checkbox"/>	2. ارتفاع وتيرة الخلاف بين أفراد الأسرة
<input type="checkbox"/>	<input type="checkbox"/>	3. ارتفاع وتيرة الخلاف في الأسرة بشأن أحد الأصدقاء أو إحدى الأنشطة
<input type="checkbox"/>	<input type="checkbox"/>	4. ازدياد انخراط أحد أفراد الأسرة في النشاطات السياسية
<input type="checkbox"/>	<input type="checkbox"/>	5. انفصال أو طلاق بين الأب و الأم
<input type="checkbox"/>	<input type="checkbox"/>	6. زواج أحد الوالدين للمرة الثانية
<input type="checkbox"/>	<input type="checkbox"/>	7. ازدياد أعباء الأسرة المالية
<input type="checkbox"/>	<input type="checkbox"/>	8. توقف أحد أفراد الأسرة عن العمل و لمدة طويلة
<input type="checkbox"/>	<input type="checkbox"/>	9. الرسوب في الصف
<input type="checkbox"/>	<input type="checkbox"/>	10. الانتقال الى مدرسة جديدة
<input type="checkbox"/>	<input type="checkbox"/>	11. وفاة أحد الوالدين
<input type="checkbox"/>	<input type="checkbox"/>	12. وفاة أحد أبناء الأسرة
<input type="checkbox"/>	<input type="checkbox"/>	13. وفاة أحد الأصدقاء المقربين للأسرة
<input type="checkbox"/>	<input type="checkbox"/>	14. استمرار تأثير بعض الحوادث التي أصابت الأسرة خلال المعارك الحربية
<input type="checkbox"/>	<input type="checkbox"/>	15. استمرار تأثير بعض الحوادث التي أصابتنى خلال المعارك الحربية
<input type="checkbox"/>	<input type="checkbox"/>	16. تسرب أحد أفراد الأسرة من المدرسة أو الطرد منها
<input type="checkbox"/>	<input type="checkbox"/>	17. إصابة أو مرض أحد أفراد الأسرة بشدة
<input type="checkbox"/>	<input type="checkbox"/>	18. اصبت او مرضت بشدة
<input type="checkbox"/>	<input type="checkbox"/>	19. فرض ارتداء الملابس المحتشمة للفتاة و الزي المحافظ للفتى
<input type="checkbox"/>	<input type="checkbox"/>	20. دخول أحد أفراد الأسرة السجن أو الإصلاحيّة
<input type="checkbox"/>	<input type="checkbox"/>	21. ارتفاع وتيرة الخلاف مع أفراد الأسرة بسبب التقاليد و التشدد الديني من قبل أحد أفرادها
<input type="checkbox"/>	<input type="checkbox"/>	22. المعاناة من التمييز في الأسرة بين الصبي و البنت

ن ع لا م	ك	العبارة
<input type="checkbox"/>	<input type="checkbox"/>	23. المعاناة من غياب المعايير الاجتماعية التي كانت سائدة في مجتمعنا

<input type="checkbox"/>	<input type="checkbox"/>	24. المعاناة من عدم الاختلاط كالحديث مع الجنس الآخر في مجتمعنا
<input type="checkbox"/>	<input type="checkbox"/>	25. المعاناة من غياب الأمان في المحيط
<input type="checkbox"/>	<input type="checkbox"/>	26. ازدياد انخراط أحد أفراد الأسرة في نشاطات خارجية غير مقبولة اجتماعيًا
<input type="checkbox"/>	<input type="checkbox"/>	27. ازدياد صعوبة المحافظة على ممتلكات الأسرة الخاصة
<input type="checkbox"/>	<input type="checkbox"/>	28. ازدياد صعوبة المواد التعليمية في المدرسة
<input type="checkbox"/>	<input type="checkbox"/>	29. ارتفاع وتيرة الخلاف بيني و بين أحد الأصدقاء
<input type="checkbox"/>	<input type="checkbox"/>	30. الشعور بالخوف من تجدد الاضطرابات الأمنية
<input type="checkbox"/>	<input type="checkbox"/>	31. التعرض لمضايقات في المدرسة من قبل : أ-أحد المعلمين ب- الإداريين ج- التلاميذ
<input type="checkbox"/>	<input type="checkbox"/>	32. المعاناة من ضغط من الأسرة ل: أ-ترك المدرسة ب-البقاء في المنزل ج-البحث عن عمل

APPENDIX B
ADAPTED COMPILED QUESTIONNAIRE – ENGLISH
LANGUAGE

ID: _____

**Section 1: YOUTH SELF-
REPORT**

Date: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Place of residence: <input type="checkbox"/> Bab Al Tebbeneh <input type="checkbox"/> Jabal Mohsen Other Neighborhood (state): _____ For how long have you been living in this neighborhood? _____	Parents education level: Father education level: ----- Mother education level: -----
Your date of birth: _____	If you are working, please state your type of work: _____ Parents' type of work , even if not working now. (Please be specific — for example, auto mechanic, teacher, laborer, salesman, army sergeant.) Father type of work: _____ Mother type of work: _____	Please fill out this form to reflect your views, even if other people might not agree. Feel free to print additional comments beside each item and in the spaces provided on pages. Be sure to answer all items.
Name of community center: _____	Family size: Number of siblings: ----- Number of people living in house: ----- Number of rooms in house: -----	
Grade in school: _____	Approximate monthly income of family: -----	

ADAPTED COMPILED QUESTIONNAIRE-ARABIC LANGUAGE

I. Please list the sports you most like to take part in. For example: swimming, football, skating, biking, riding, fishing, etc.

Compared to others of your age, about how much time do you spend in each?

Compared to others of your age, how well do you do each one?

<input type="checkbox"/> None		Less Than Average	Average	More Than Average	Below Average	Average	Above Average
a. _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. Please list your favorite hobbies, activities, and games, other than sports. For example: video games, cards, reading, cars, computers, crafts, etc. (Do *not* include listening to radio, watching TV, or other media.)

None

Compared to others of your age, about how much time do you spend in each?

Compared to others of your age, how well do you do each one?

	Less Than Average	Average	More Than Average	Below Average	Average	Above Average
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III. Please list any organizations, clubs, teams, or groups you belong to.

None

Compared to others of your age, how active are you in each?

	Less Active	Average	More Active
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV. Please list any jobs or chores you have. For example: doing dishes, babysitting, making bed, working in store, etc. (Include **both** paid and unpaid jobs and chores.)

None

Compared to others of your age, how well do you carry them out?

	Below Average	Average	Above Average
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

V. 1- About how many close friends do you have? (Do *not* include brothers & sisters)

None 1 2 or 3

4 or more

2- About how many times a week do you do things with any friends outside of regular school hours?

(Do *not* include brothers & sisters)

Less than 1 1 or 2

3 or more

VI. Compared to others of your age, how well do you:

Worse Average Better

a. Get along with your brothers & sisters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> I have no brothers or sisters
b. Get along with other youths?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Get along with your parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Do things by yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

VII. 1- Performance in academic subjects.

Check a box for each subject that you take

Failing Below Average Average Above Average

- | | | | | |
|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Arabic Language | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. History or Social Studies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Arithmetic or Math | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Science | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Foreign Language | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Do you have any illness, disability, or handicap? No Yes – please describe:

Please describe any concerns or problems you have about school:

Please describe any other concerns you have:

Please describe the best things about yourself example: I'm confident, I'm honest, etc...

Below is a list of items that describe youths. For each item that describes you *now or within the past 12 months*, please circle the 2 if the item is *very true or often true* of you. Circle the 1 if the item is *somewhat or sometimes true* of you. If the item is *not true* of you, circle the 0.

0 = Not True

1 = Somewhat or Sometimes True

2 = Very True or Often True

- | | | | | | | | | | | | | |
|---|---|---|-----|--|---|---|---|-----|--|---|-----|--|
| 0 | 1 | 2 | 1. | I act too young for my age | 0 | 1 | 2 | 25. | I am jealous of others | | | |
| 0 | 1 | 2 | 2. | I argue a lot | 0 | 1 | 2 | 26. | I break rules at home, school, or elsewhere | | | |
| 0 | 1 | 2 | 3. | I fail to finish things that I start | 0 | 1 | 2 | 27. | I am afraid of certain animals, situations, or places, other than school | | | |
| 0 | 1 | 2 | 4. | There is very little that I enjoy | | | | | (describe):----- | | | |
| 0 | 1 | 2 | 5. | I like animals | | | | | ----- | | | |
| 0 | 1 | 2 | 6. | I brag | | | | | ----- | | | |
| 0 | 1 | 2 | 7. | I have trouble concentrating or paying attention | | | | | ----- | | | |
| 0 | 1 | 2 | 8. | I can't get my mind off certain thoughts; | | | | | ----- | | | |
| | | | | (describe): ----- | | | | 0 | 1 | 2 | 28. | I am afraid of going to school |
| | | | | ----- | | | | 0 | 1 | 2 | 29. | I am afraid I might think or do something bad |
| | | | | ----- | | | | | | | | |
| | | | | ---- | | | | 0 | 1 | 2 | 30. | I feel that I have to be perfect |
| 0 | 1 | 2 | 9. | I have trouble sitting still | | | | 0 | 1 | 2 | 31. | I feel that no one loves me |
| 0 | 1 | 2 | 10. | I'm too dependent on adults | | | | 0 | 1 | 2 | 32. | I feel that others are out to get me |
| 0 | 1 | 2 | 11. | I feel lonely | | | | 0 | 1 | 2 | 33. | I feel worthless or inferior |
| 0 | 1 | 2 | 12. | I feel confused or in a fog | | | | 0 | 1 | 2 | 34. | I accidentally get hurt a lot |
| 0 | 1 | 2 | 13. | I cry a lot | | | | 0 | 1 | 2 | 35. | I get in many fights |
| 0 | 1 | 2 | 14. | I am pretty honest | | | | 0 | 1 | 2 | 36. | I get teased a lot |
| 0 | 1 | 2 | 15. | I am mean to others | | | | 0 | 1 | 2 | 37. | I hang around with youths who get in trouble |
| 0 | 1 | 2 | 16. | I daydream a lot | | | | 0 | 1 | 2 | 38. | I hear sounds or voices that other people think aren't there |
| 0 | 1 | 2 | 17. | I try to get a lot of attention | | | | | | | | (describe): ----- |
| 0 | 1 | 2 | 18. | I destroy my own things | | | | | | | | ----- |
| 0 | 1 | 2 | 19. | I destroy things belonging to others | | | | | | | | ----- |
| 0 | 1 | 2 | 20. | I disobey my parents | | | | | | | | ---- |
| 0 | 1 | 2 | 21. | I disobey at school | | | | 0 | 1 | 2 | 39. | I act without stopping to think |
| 0 | 1 | 2 | 22. | I don't eat as well as I should | | | | 0 | 1 | 2 | 40. | I would rather be alone than with others |
| 0 | 1 | 2 | 23. | I don't get along with other youths | | | | 0 | 1 | 2 | 41. | I lie or cheat |
| 0 | 1 | 2 | 24. | I don't feel guilty after doing something | | | | 0 | 1 | 2 | 42. | I bite my |

fingernails

0 1 2 43. I am nervous or tense

0 1 2 44. I have nightmares

0 1 2 45. I am not liked by other youths

0 1 2 46. I can do certain things better than most youths

0 1 2 47. I am too fearful or anxious

0 1 2 48. I feel dizzy or lightheaded

0 1 2 49. I feel too guilty

0 1 2 50. I eat too much

0 1 2 51. I feel overtired without good reason

0 1 2 52. I am overweight

0 1 2 53. Physical problems *without known medical cause:*

0 1 2 a. Aches or pains (not stomach or headaches)

0 1 2 b. Headaches

0 1 2 c. Nausea, feel sick

0 1 2 d. Problems with eyes (not if corrected by glasses)
(describe): -----

0 1 2 e. Rashes or other skin problems

0 1 2 f. Stomachaches

0 1 2 g. Vomiting, throwing up

0 1 2 h. Other
(describe):-----

0 1 2 54. I physically attack people

0 1 2 55. I can be pretty friendly

0 1 2 56. I like to try new things

0 1 2 57. My school work is poor

0 1 2 58. I am poorly coordinated or clumsy

0 1 2 59. I would rather be with older youths than youths my own age

0 1 2 60. I would rather be with younger youths than youths my own age

0 1 2 61. I refuse to talk

0 1 2 62. I repeat certain acts over and over
(describe):-----

0 1 2 63. I run away from home

0 1 2 64. I scream a lot

0 1 2 65. I am secretive or keep things to myself

0 1 2 66. I see things that other people think aren't there
(describe):-----

0 1 2 67. I am self-conscious or

- | | | | | | | | | | | | | |
|---|---|---|--|--|---|---|--|---|--|---|---|--|
| | | | easily
embarrassed | | | | think are
strange | | | | | |
| 0 | 1 | 2 | 68. I can work
well with my
hands | | | | (describe):-----

----- | | | | | |
| 0 | 1 | 2 | 69. I show off or
clown | | | | -----

----- | | | | | |
| 0 | 1 | 2 | 70. I am too shy or
timid | | | | -----

----- | | | | | |
| 0 | 1 | 2 | 71. I sleep less
than most
youths my own
age | | 0 | 1 | 2 | 80. I have
thoughts that
other people
would think
are strange
(describe):-----

----- | | | | |
| 0 | 1 | 2 | 72. I sleep more
than most
youths my own
age during day
and/or night
(describe):-----

----- | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 0 | 1 | 2 | 73. I am
inattentive or
easily
distracted | | | 0 | 1 | 2 | 81. I am stubborn | | | |
| 0 | 1 | 2 | 74. I have a speech
problem
(describe):-----

----- | | | 0 | 1 | 2 | 82. My moods or
feelings change
suddenly | | | |
| | | | | | | | | | 0 | 1 | 2 | 83. I enjoy being
with people |
| | | | | | | | | | 0 | 1 | 2 | 84. I am
suspicious |
| | | | | | | | | | 0 | 1 | 2 | 85. I swear or use
dirty language |
| | | | | | | | | | 0 | 1 | 2 | 86. I like to make
others laugh |
| | | | | | | | | | 0 | 1 | 2 | 87. I talk too
much |
| | | | | | | | | | 0 | 1 | 2 | 88. I tease others a
lot |
| 0 | 1 | 2 | 75. I stand up for
my rights | | | | | | 0 | 1 | 2 | 89. I have a hot
temper |
| 0 | 1 | 2 | 76. I steal at home | | | | | | 0 | 1 | 2 | 90. I threaten to
hurt people |
| 0 | 1 | 2 | 77. I steal from
places other
than home | | | | | | 0 | 1 | 2 | 91. I like to help
others |
| 0 | 1 | 2 | 78. I store up too
many things I
don't need
(describe):-----

----- | | | | | | 0 | 1 | 2 | 92. I have trouble
sleeping
(describe):-----

----- |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 0 | 1 | 2 | 79. I do things
other people | | | | | | 0 | 1 | 2 | 93. I skip school |
| | | | | | | | | | 0 | 1 | 2 | 94. I don't have |

- much energy
- 0 1 2 95. I am unhappy,
sad, or
depressed
- 0 1 2 96. I am louder
than other
youths my own
age
- 0 1 2 97. I like to be fair
to others
- 0 1 2 98. I enjoy a good
joke
- 0 1 2 99. I like to take
life easy
- 0 1 2 100. I try to help
other people
when I can
- 0 1 2 101. I wish I were
of the opposite
sex
- 0 1 2 102. I keep from
getting
involved with
others
- 0 1 2 103. I worry a lot

Please write down anything else that describes your feelings, behavior, or interests:

Section 2: Measurement of the Youths Family Environment

Instructions:

There are 90 statements in this booklet. They are statements about families. You are to decide which of these statements are true of your family and which are false from your own point of view.

You are requested to thoroughly read the statements and mark X in the appropriate place hereunder.

If you think the statement is True or mostly True of your family, mark an X in the box under the label (TRUE).

If you think the statement is False or mostly False of your family, mark an X in the box under the label (FALSE).

You may feel that some of the statements are true for some family members and false for others. Mark an X in the box under the label (TRUE) if the statement is true for most members. Mark an X in the box under the label (FALSE) if the statement is false for most members.

If the members are evenly divided, decide what is the stronger overall impression and answer accordingly.

Remember, we would like to know what your family seems like to you. So do not try to figure out how other members see your family, but do give us your general impression of your family for each statement.

Statement	T	F		T	F	
	R	A		R	A	
	U	L		U	L	
	E	S		E	S	
		E			E	
1- Family members really help and support one another.	<input type="checkbox"/>	<input type="checkbox"/>		24- We think things out for ourselves in our family.	<input type="checkbox"/>	<input type="checkbox"/>
2- Family members often keep their feelings to themselves.	<input type="checkbox"/>	<input type="checkbox"/>		25- How much money a person makes is not very important to us.	<input type="checkbox"/>	<input type="checkbox"/>
3- We fight a lot in our family.	<input type="checkbox"/>	<input type="checkbox"/>		26- Learning about new and different things is very important in our family.	<input type="checkbox"/>	<input type="checkbox"/>
4- We don't do things on our own very often in our family.	<input type="checkbox"/>	<input type="checkbox"/>		27- Nobody in our family is active in sports	<input type="checkbox"/>	<input type="checkbox"/>
5- We feel it is important to be the best at whatever you do.	<input type="checkbox"/>	<input type="checkbox"/>		28- We often talk about the religious meaning of religious events (Ex: Fitr)	<input type="checkbox"/>	<input type="checkbox"/>
6- We often talk about political and social problem.	<input type="checkbox"/>	<input type="checkbox"/>		29- It's often hard to find things when you need them in our household	<input type="checkbox"/>	<input type="checkbox"/>
7- We spend most weekends and evenings at home	<input type="checkbox"/>	<input type="checkbox"/>		30- There is one family member who makes most of the decisions.	<input type="checkbox"/>	<input type="checkbox"/>
8- Family members attend religious meetings and events often.	<input type="checkbox"/>	<input type="checkbox"/>		31- There is a feeling of togetherness in our family.	<input type="checkbox"/>	<input type="checkbox"/>
9- Activities in our family are pretty carefully planned	<input type="checkbox"/>	<input type="checkbox"/>		32- We tell each other about our personal problems.	<input type="checkbox"/>	<input type="checkbox"/>
10- Family members are rarely ordered around.	<input type="checkbox"/>	<input type="checkbox"/>		33- Family member hardly ever lose their tempers.	<input type="checkbox"/>	<input type="checkbox"/>
11- We often seem to be killing time at home.	<input type="checkbox"/>	<input type="checkbox"/>		34- We come and go as we want to in our family.	<input type="checkbox"/>	<input type="checkbox"/>
12- We say anything we want to around home.	<input type="checkbox"/>	<input type="checkbox"/>		35- We believe in competition and "may the best man win."	<input type="checkbox"/>	<input type="checkbox"/>
13- Family members rarely become openly angry.	<input type="checkbox"/>	<input type="checkbox"/>		36- We are not that interested in cultural activities.	<input type="checkbox"/>	<input type="checkbox"/>
14- In our family, we are strongly encouraged to be independent.	<input type="checkbox"/>	<input type="checkbox"/>		37- We often go to the movies, sports events, camping, etc.	<input type="checkbox"/>	<input type="checkbox"/>
15- Getting ahead in life is very important in our family.	<input type="checkbox"/>	<input type="checkbox"/>		38- We don't believe in heaven or hell.	<input type="checkbox"/>	<input type="checkbox"/>
16- We rarely go to games, plays or concerts.	<input type="checkbox"/>	<input type="checkbox"/>		39- Being on time is very important in our family.	<input type="checkbox"/>	<input type="checkbox"/>
17- Friends often come over for dinner or to visit.	<input type="checkbox"/>	<input type="checkbox"/>		40- There are set ways of doing things at home.	<input type="checkbox"/>	<input type="checkbox"/>
18- We don't say prayers in our family.	<input type="checkbox"/>	<input type="checkbox"/>		41- We rarely volunteer when something has to be done at home.	<input type="checkbox"/>	<input type="checkbox"/>
19- We are generally very neat and orderly.	<input type="checkbox"/>	<input type="checkbox"/>		42- If we feel like doing something on the spur of the moment, we often just pick up and go.	<input type="checkbox"/>	<input type="checkbox"/>
20- There are very few rules to follow in our family.	<input type="checkbox"/>	<input type="checkbox"/>		43- Family members often criticize each other.	<input type="checkbox"/>	<input type="checkbox"/>
21- We put a lot of energy into what we do at home.	<input type="checkbox"/>	<input type="checkbox"/>		44- There is very little privacy in our family.	<input type="checkbox"/>	<input type="checkbox"/>
Statement	T	F		T	F	
	R	A		R	A	
	U	L		U	L	
	E	S		E	S	
		E			E	
22- It's hard to "blow off steam" at home without upsetting somebody.	<input type="checkbox"/>	<input type="checkbox"/>		45- We always strive to do things just a little better the next time.	<input type="checkbox"/>	<input type="checkbox"/>
23- Family members sometimes get so angry they throw things	<input type="checkbox"/>	<input type="checkbox"/>		46- We rarely have intellectual discussions.	<input type="checkbox"/>	<input type="checkbox"/>
				47- Everyone in our family has a hobby or two.	<input type="checkbox"/>	<input type="checkbox"/>
				48- Family members have strict ideas about what is right and wrong.	<input type="checkbox"/>	<input type="checkbox"/>

- 49- People change their minds often in our family.
- 50- There is a strong emphasis on following rules in our family.
- 51- Family members really back each other up.
- 52- Someone usually gets upset if you complain in our family.
- 53- Family members almost always rely on themselves when a problem comes up.
- 54- Family members rarely worry about job promotions, school grades, etc.
- 55- Someone in our family plays a musical instrument.
- 56- Family members are not very involved in recreational activities outside work or school.
- 57- We believe there are some things you just have to take on faith.
- 58- Family members make sure their rooms are neat.
- 59- Everyone has an equal say in family decisions.
- 60- There is very little group spirit in our family.
- 61- Money and paying bills is openly talked about in our family.
- 62- If there's a disagreement in our family, we try hard to smooth things over and keep the peace.
- 63- Family members strongly encourage each other to stand up for their rights.
- 64- In our family, we don't try that hard to succeed.
- 65- Family members often go to the library.
- 66- Family members sometimes attend courses or take lessons for some hobby or interest (outside of school).
- 67- In our family each person has different ideas about what is right and wrong.
- 68- Each person's duties are clearly defined in our family.
- 69- We can do whatever we want to in our family.
- 70- We really get along well with each other.
- 71- We are usually careful about what we say to each other.

- 72- Family members often try to one-up or outdo each other.
- 73- It's hard to be by yourself without hurting someone's feelings in our household.
- 74- "Work before play" is the rule in our family.
- 75- Watching TV is more important than reading in our family.
- 76- Family members go out a lot.
- 77- The Qur'an is a very important book in our home.
- 78- Money is not handled very carefully in our family.
- 79- Rules are pretty inflexible in our household.
- 80- There is plenty of time and attention for everyone in our family.
- 81- There are a lot of spontaneous discussions in our family.
- 82- In our family, we believe you don't ever get anywhere by raising your voice.
- 83- We are not really encouraged to speak up for ourselves in our family.
- 84- Family members are often compared with others as to how well they are doing at work or school.
- 85- Family members really like music, art and literature.
- 86- Our main form of entertainment is watching TV or using the mobile phone
- 87- Family members believe that if you sin you will be punished.
- 88- Dishes are usually done immediately after eating.
- 89- You can't get away with much in our family.

Section 3: Measurement of Youths Stressors

Instructions: Have you been exposed to one of the below stressors during the past 12 months? If you think the statement is True, mark the appropriate box with x under (Yes) label, and if you think it is false, mark the appropriate box with x under (No) label.

Statement	Y e s	N o	Statement	Y e s	N o
1. Disagreement increased between my mom and dad	<input type="checkbox"/>	<input type="checkbox"/>	20. One of the family members entered prison or juvenile detention	<input type="checkbox"/>	<input type="checkbox"/>
2. Disagreement increased between my family members	<input type="checkbox"/>	<input type="checkbox"/>	21. Family disagreement increased between family members due to traditions and religious extremism of one of the family members	<input type="checkbox"/>	<input type="checkbox"/>
3. Disagreement increased in our family regarding a certain friend or a certain activity	<input type="checkbox"/>	<input type="checkbox"/>	22. I suffer from sexism in my family	<input type="checkbox"/>	<input type="checkbox"/>
4. Engagement of one of the family members in political activities increased	<input type="checkbox"/>	<input type="checkbox"/>	23. I suffer from the absence of social norms that was prevalent in our society	<input type="checkbox"/>	<input type="checkbox"/>
5. Mom and dad separated or divorced	<input type="checkbox"/>	<input type="checkbox"/>	24. Suffering from the lack of contact (e.g. conversation) with the other sex in our society	<input type="checkbox"/>	<input type="checkbox"/>
6. One of the parents got married for the second time	<input type="checkbox"/>	<input type="checkbox"/>	25. Suffering from the lack of safety in the neighborhood	<input type="checkbox"/>	<input type="checkbox"/>
7. Family financial burdens increased	<input type="checkbox"/>	<input type="checkbox"/>	26. Engagement of one of the family members in socially not acceptable external activities increased	<input type="checkbox"/>	<input type="checkbox"/>
8. One of the family members stopped working for a long time	<input type="checkbox"/>	<input type="checkbox"/>	27. Difficulty in preserving personal family properties increased	<input type="checkbox"/>	<input type="checkbox"/>
9. Failing my class	<input type="checkbox"/>	<input type="checkbox"/>	28. Difficulty of the subjects at school increased	<input type="checkbox"/>	<input type="checkbox"/>
10. Moved to a new school	<input type="checkbox"/>	<input type="checkbox"/>	29. Disagreement between me and a friend increased	<input type="checkbox"/>	<input type="checkbox"/>
11. Death of one of the parents	<input type="checkbox"/>	<input type="checkbox"/>	30. I fear the renewal of the armed battles	<input type="checkbox"/>	<input type="checkbox"/>
12. Death of one of the family children	<input type="checkbox"/>	<input type="checkbox"/>	31. Being exposed to annoyance at school from one of the:		
13. Death of a close friend of the family	<input type="checkbox"/>	<input type="checkbox"/>	a- teachers	<input type="checkbox"/>	<input type="checkbox"/>
14. Some incidents that happened to my family members during the armed battles still affect them	<input type="checkbox"/>	<input type="checkbox"/>	b- school administration	<input type="checkbox"/>	<input type="checkbox"/>
15. Some incidents that happened to me during the armed battles still affect me	<input type="checkbox"/>	<input type="checkbox"/>	c- students	<input type="checkbox"/>	<input type="checkbox"/>
16. One family member dropped out of school or got expelled	<input type="checkbox"/>	<input type="checkbox"/>	32. Suffering from a pressure from my family to:		
17. One of the parents or the siblings got wounded or became very ill	<input type="checkbox"/>	<input type="checkbox"/>	a- leave school	<input type="checkbox"/>	<input type="checkbox"/>
18. I got sick or became very ill	<input type="checkbox"/>	<input type="checkbox"/>	b- stay at home	<input type="checkbox"/>	<input type="checkbox"/>
19. I was forced to wear a hijab (as in head cover for the girl or conservative clothing for the boy)	<input type="checkbox"/>	<input type="checkbox"/>	c- look for a job	<input type="checkbox"/>	<input type="checkbox"/>

APPENDIX C

COMMUNITY CENTER APPROVAL FORM – ARABIC



مجلس المراجعة المؤسسي
الجامعة الأميركية في

بيروت
كلية الطب
شارع بليس
بيروت، لبنان

تلفون: 01350000 مقسم 5445

ورقة موافقة المركز المجتمعي على مشاركة اليافعين في الدراسة

و الأحياء المجاورة من عنوان الدراسة: توقع المشاكل العاطفية و السلوكية لليافعين في باب التبانة و جبل محسن خلال الخصائص الاجتماعية و الديموغرافية، البيئة الأسرية، و الضغوطات التي يواجهها هؤلاء اليافعون.

الباحث الأساسي: د. كرما الحسن

العنوان: الجامعة الأميركية في بيروت – مبنى نايسلي – 507

تلفون: 01350000 – مقسم 3131

طالب الماجستير: ريم الحاج علي

العنوان: باب التبانة – بناية البنك اللبناني الفرنسي – ط1

تلفون: 76063060

هذه ورقة موافقة موجهة الى إدارة المركز المجتمعي للسماح لليافعين (اناث و ذكور) المسجلين في المدارس الرسمية في صفوف السادس، السابع، الثامن و التاسع و أعمارهم بين 13 و 17 سنة و الذين يزورون المركز المجتمعي على المشاركة في دراسة بحثية. تتضمن هذه الورقة معلومات هامة عن الدراسة و ما الذي يمكن توقعه اذا قررت إدارة المركز المجتمعي السماح لليافعين الذين يزورون المركز بالمشاركة فيها. مشاركة اليافع هي أمر اختياري. نرجو النظر للمعلومات بعناية قبل قرار السماح لليافعين بالمشاركة. اذا قررت إدارة المركز المجتمعي السماح بالمشاركة، سيطلب منها الامضاء على هذه الورقة و ستحصل على نسخة من هذه الورقة.

الغاية: نحن نحضر أطروحة ماجستير. في هذه الدراسة، نحاول أن نعرف أكثر عن مساهمات الخصائص الاجتماعية و الديموغرافية، البيئة الأسرية، و الضغوطات التي يواجهها اليافعون في باب التبانة و جبل محسن و الأحياء المجاورة في مشاكلهم العاطفية و السلوكية. نطلب من اليافعين المشاركة في هذه الدراسة لأن اليافعين الذين يعيشون في باب التبانة و جبل محسن و الأحياء المجاورة هم الشباب و الشابات الذين يستطيعون بشكل أساسي أن يمثلوا وضعهم و يتكلموا عن العناصر المقصود التحقق منها في هذه الدراسة.

الاجراء و المدة: اذا سمحت إدارة المركز المجتمعي لليافعين (اناث و ذكور) المسجلين في المدارس الرسمية في صفوف السادس، السابع، الثامن و التاسع و أعمارهم بين 13 و 17 سنة و الذين يزورون المركز المجتمعي على المشاركة في هذه الدراسة، سيطلب من كل يافع أن يعيئ استمارة. هذه الاستمارة تتضمن أسئلة عن عمره، اسم مدرسته و المنطقة التي يقطنها. تتضمن هذه الاستمارة أيضاً أسئلة لها أجوبة محددة يختار من بينها و التي تتكلم عن بيئته الأسرية، الضغوطات اليومية التي يتعرض لها و عناصر تصف سلوكه و شخصيته.

سيطلب طالب الماجستير من إدارة المركز المجتمعي دعوة اليافعين الذين يستوفون معايير هذه الدراسة إلى جلسة تعريفية ستعقد في مركز المجتمع المحلي في غرفة واسعة و جيدة التهوية. سيتم تنسيق عدد الحاضرين في كل جلسة بين طالب الماجستير و إدارة المركز المجتمعي من أجل الالتزام بالإجراءات الاحترازية المتعلقة بفيروس كورونا. خلال الجلسة التعريفية، سيعرض طالب الماجستير الدراسة أمام المشاركين المحتملين و يمنحهم نموذج موافقة ولي الأمر الذي يجب أن يوقعه أولياء أمورهم و يعاد إلى المركز المجتمعي بحضور طالب الماجستير في يوم و وقت محدد كذلك، سيأخذ طالب سيتم ذكره خلال الجلسة مع الالتزام بالإجراءات الاحترازية المتعلقة بفيروس كورونا. الماجستير أسماء اليافعين الذين حضروا الجلسة التعريفية و أرقام هواتف أولياء أمورهم من أجل التواصل معهم من خلال اتصال هاتفي أو رسالة صوتية على تطبيق واتساب لشرح الدراسة و الهدف من الورقة التي ستصلهم من خلال

أولادهم. بمجرد تقديم اليافعين لأوراق الموافقة الموقعة من قبل أولياء الأمور إلى طالب الماجستير في المركز المجتمعي ، سيوقع كل يافع يرغب في المشاركة طواعية في الدراسة على نموذج موافقة اليافع على المشاركة. سيقيم طالب الماجستير بالتنسيق مع إدارة المركز المجتمعي بعد ذلك بدعوة المراهقين للمشاركة في جلسة جمع البيانات التي ستعقد في مبنى المركز المجتمعي في غرفة واسعة جيدة التهوية الأسبوع المقبل في مدة ساعة واحدة خلال جلسة واحدة. سيتم تنسيق عدد الحاضرين في كل جلسة بين طالب الماجستير وإدارة المركز المجتمعي من أجل الالتزام بالإجراءات الاحترازية المتعلقة بفيروس كورونا. يمكن تقسيم الجلسة التي تستغرق ساعة واحدة إلى نصفين للالتزام بالإجراءات الاحترازية المتعلقة بفيروس كورونا.

لا يمكن اختيار اليافع للمشاركة في الدراسة إلا إذا قدم ورقة موافقة ولي الأمر موقعة في التاريخ والوقت المحددين من قبل طالب الماجستير ووقع الطفل على ورقة مشاركته.

يستعمل طالب الماجستير نظامًا أوتوماتيكيًا يختار بطريقة عشوائية من لائحة اليافعين الذين قدّموا ورقة موافقة ولي الأمر موقعة منه ووقعوا على الورقة التي يوافق فيها اليافع على المشاركة في البحث.

سيختار النظام الأوتوماتيكي عشوائيًا 50 يافعًا ليشاركوا بما يسمى الدراسة التجريبية: الدراسة التجريبية هي دراسة يتم إجراؤها قبل الدراسة الأساسية و يتم تنفيذها كما خطط للدراسة الأساسية و لكن على نطاق أصغر. يتم إجراء الدراسة التجريبية لتقليل الأخطاء و التخفيف من هدر الوقت و الجهد عند إجراء الدراسة الأساسية بعدها، سيختار النظام الأوتوماتيكي عشوائيًا 600 يافع ، غير اليافعين الـ 50 الذين تم اختيارهم للدراسة التجريبية، للمشاركة في الدراسة الأساسية.

ان تحليل نتائج الدراسة الأساسية لن يشمل المعلومات المجمعّة من الدراسة التجريبية . سيشمل تحليل النتائج فقط المعلومات المجمعّة من الدراسة الأساسية.

يمكن لليافع أن يترك الدراسة في أي وقت. لن يتعرض المركز المجتمعي و لا اليافع لأي غرامة و لن يخسروا أي منفعة يتمتعون بها في حال توقفهم عن المشاركة. القرار لن يؤثر على علاقة المركز المجتمعي المستقبلية و لا علاقة اليافع مع الجامعة الأميركية في بيروت.

سيتم مشاركة نتائج جمع البيانات بشكل إجمالي مع إدارة المركز المجتمعي و التي تعكس المشاكل السلوكية و العاطفية للمشاركين في هذه الدراسة ضمن هذا المركز. نود اعلام إدارة المركز المجتمعي أن أخصائي نفسي عيادي هو عضو في فريق البحث الخاص بهذه الدراسة و مستعد لمساعدة إدارة المركز المجتمعي في هذه النتائج إذا تمت دعوته. لذلك ، فإن إدارة المركز المجتمعي مدعوة للحصول على موافقة مبكرة من مجلس إدارته لدعوة الأخصائي النفسي العيادي إذا كانت النتائج الإجمالية تشير إلى أن اليافعين بحاجة إلى الدعم النفسي / التقييم / التدخل. سيقيم طالب الماجستير بتسهيل هذا الإجراء.

المخاطر و المنافع: عند تعبئة هذه الاستمارة، قد تُشعر بعض الأسئلة اليافع بعدم الارتياح أو الألم المعنوي. يمكنه طلب المساعدة من طالب الماجستير ان حدث له ذلك للدعم. قد لا يحصل اليافع على منفعة مباشرة من خلال مشاركته و لكن نتمنى أن تعود نتائج هذه الدراسة بالمنفعة عليه و على شباب و شابات آخرين. قد تؤثر هذه في هذه الدراسة النتائج على خدمات الإرشاد و الدعم النفسي في مدرسته و على تغيير السياسات في الحيّ كما قد تؤثر على تصميم برامج الدعم و/أو التدخل النفسي الاجتماعي التي تعدها الجمعيات أو ربما وزارة الشؤون الاجتماعية. **المحافظة على السرية و الخصوصية:** سنقوم بكل مجهود معقول للحفاظ على خصوصية بيانات اليافعين. سيتم حفظ الاستمارات في خزانة ملفات مغلقة حيث لا يستطيع الوصول إليها الا فريق الدراسة فقط ، و عندما تدخل البيانات على الكمبيوتر، سيتم حمايتها من خلال كلمة سرّ. ستقدّم البيانات بشكل جماعي. لن يتم الإفصاح عن اسماء اليافعين بشكل فردي في أي من تقارير أو عروضات هذه الدراسة. و مع ذلك، قد يكون هناك بعض الظروف التي يجب فيها اظهار هذه المعلومات. مثلاً، يمكن اظهار المعلومات الشخصية المتعلقة بمشاركة اليافع في هذه الدراسة اذا طلب القانون ذلك. كذلك، يمكن مراجعة معلومات اليافع المتعلقة بهذه الدراسة من قبل الجهات التالية: مجلس المراجعة هذه الدراسة. عند انتهاء الدراسة، سيحتفظ طالب المؤسسي (لحماية الأشخاص في البحوث) و المشرف على الماجستير الأساسي بالبيانات الأصلية في مكان آمن لمدة لا تقل عن ثلاث سنوات وذلك مراعاةً لمتطلبات الأرشيف المؤسسية. بعد هذه المدّة، سيتم تلف هذه البيانات بمسؤولية.

المحفزات: لا يوجد اي تكلفة مرتبطة بالمشاركة في هذه الدراسة كما أنّه لن يتم الدفع لمشاركة المركز المجتمعي أو اليافعين في هذه الدراسة. يقوم طالب الماجستير بتأمين جميع المواد المتعلقة بتطهير الأسطح و الأدوات المكتنية. **حقوق المشارك:** يمكنك إدارة المركز المجتمعي رفض السماح لليافعين بالمشاركة في هذه الدراسة بدون جزاء أو خسارة المنافع التي يتمتع بها. اذا كان المركز المجتمعي يعمل مع الجامعة الأميركية في بيروت، فإن قرار إدارته بالسماح أو عدم السماح لليافعين بالمشاركة في الدراسة لن يؤثر على علاقة العمل هذه.

بالامضاء على هذه الورقة، لا يتخلى المركز المجتمعي و لا اليافع عن أي حقوق قانونية شخصية لهم كمشاركين في هذه الدراسة.

مجلس المراجعة المؤسسي المسؤول عن الأشخاص في البحوث في الجامعة الأميركية في بيروت قد راجع هذا المشروع البحثي و وجد أنه مقبول وفقاً للقوانين اللبنانية و الفيدرالية الأميركية المطبقة و سياسات الجامعة الأميركية في بيروت المصممة لحماية حقوق و صالح المشاركين في الأبحاث.

للتواصل و الأسئلة: لأي أسئلة، قلق أو شكاوى متعلقة بهذه الدراسة، يمكنك التواصل مع ريم الحاج علي على رقم هاتفها الخليوي 76063060.

و للأسئلة المتعلقة بحقوق اليافع كمشارك في هذه الدراسة أو لمناقشة أي قلق أو شكاوى اضافية متعلقة بهذه الدراسة مع شخص ليس من ضمن فريق البحث، يمكنك التواصل مع مجلس المراجعة المؤسسي للعلوم الاجتماعية و السلوكية في الجامعة الأميركية في بيروت على رقم 01-350000 مقسم 5445.

ان أعضاء فريق البحث الذين سيزورون المركز المجتمعي سيمثلون لسياسة الوقاية من فيروس الكورونا.

الإمضاء على ورقة الموافقة

تعلم ادارة المركز المجتمعي أنها تستطيع التواصل مع د. الحسن و الأنسة ريم الحاج علي ان كان لديها أي أسئلة متعلقة بهذه الدراسة قبل التوقيع على هذه الورقة و يمكنها أن تنسحب من المشاركة في أي وقت. لقد حصلت ادارة المركز المجتمعي على نسخة من هذه الورقة لتحتفظ بها.

لقد قرأت ادارة المركز المجتمعي هذه الورقة و هي على دراية أنه يطلب منها أن تسمح بمشاركة اليافعين للمشاركة في هذه الدراسة البحثية. لقد توفرت لإدارة المركز المجتمعي الفرصة لطرح الأسئلة و قد حصلت على اجابات مرضية لها. إن إدارة المركز المجتمعي أعطت طوعاً الموافقة على مشاركة اليافعين في هذه الدراسة. إن إدارة المجتمع المحلي لا تتخلى عن أي من حقوقها القانونية بالتوقيع على هذه الورقة. ستحصل إدارة المركز المجتمعي على نسخة من هذه الورقة.

اسم الشخص المخول بالتوقيع -----

التوقيع -----

التاريخ و الوقت ----- (قبل/بعد الظهر)

هذا الجزء مخصص للباحث/العاملين في الدراسة

لقد شرحت البحث لإدارة المركز المجتمعي قبل أن أطلب توقيعها أعلاه. لا يوجد فراغات في هذه الورقة. لقد أعطيت نسخة عن هذه الورقة لإدارة المركز المجتمعي.

اسم الشخص الذي حصل على الموافقة -----

توقيع الشخص الذي حصل على الموافقة -----

التاريخ و الوقت ----- (قبل/بعد الظهر)

APPENDIX D

COMMUNITY CENTER APPROVAL FORM - ENGLISH

COMMUNITY CENTER APPROVAL FORM TO ALLOW ADOLESCENTS TO PARTICIPATE IN RESEARCH

Study Title: Sociodemographic Characteristics, Family Environment and Adolescents Stressors Predicting Emotional and Behavioral Problems in Bab Al Tebbeneh, Jabal Mohsen and Nearby Neighborhoods Adolescents

Principal Investigator: Dr. Karma El-Hassan

Address: American University of Beirut – Nicely Hall – 507

Phone: 01350000 – ext. 3131

Master's Student: Reem Haj Ali

Address: Bab Al Tebbeneh – BLF Building – 1st floor

Phone: 76063060

This is an approval form addressed to the management of the community center to allow adolescents (boys and girls) enrolled in public schools whose age are between 13 and 17 and are in grades 6,7,8 and 9 attending the community center to participate in a research study. It contains important information about this study and what to expect if the community center management decides to permit these adolescents attending its premise to participate. The adolescent's participation is voluntary. Please consider the information carefully before the decision to allow the adolescents to participate. If the community center management decides to permit participation, the management of the community center will be asked to sign this form and will receive a copy of the form.

Purpose: We are working on a Master's thesis. In this study, we are trying to find out more about the contributions of adolescents and parents' sociodemographic characteristics, family environment and adolescents' stressors to emotional and behavioral problems in adolescents from Bab Al Tebbeneh, Jabal Mohsen and nearby neighborhoods. These adolescents are being asked to join the study because the adolescents who live in these neighborhoods are the youths who can mainly represent their situation and speak up about the elements intended to be investigated in this study.

Procedure and Duration: If the community center management permits the adolescents (boys and girls) enrolled in public schools whose age are between 13 and 17 and are in grades 6,7,8 and 9 attending the community center to participate in the study, each adolescent will be asked to fill a form. This form contains questions about his age, school and neighborhood of residence. This form also contains questions with multiple choice answers that talk about his family environment, his daily stressors and elements that describe his personal behavior and personality.

The graduate student will ask the community center management to invite the adolescents that fill into the criteria of this study to an info session that will be held in the community center premise in a vast well-ventilated room. The number of attendees of each session will be coordinated between the graduate student and the community center management in order to abide by the COVID-19 precaution measures. During the info session, the graduate student will present the study in front of the potential participants and give them a parental consent form that needs to be signed by their guardians and returned to the community center with the presence of the graduate student in a specific day and time

that will be mentioned during the session and following the COVID-19 precaution measures. During the info session, the graduate student will collect the names of attendees and the phone numbers of their guardians in order to contact them via telephone or WhatsApp voice notes and explain the study and the purpose of the form that they will receive from their children. Once the signed parental consent forms are submitted by the adolescents to the graduate student at the community center, each adolescent wishing to willingly participate in the study will sign a child assent form. The graduate student in coordination with the community center management will then invite the adolescents to participate in the data collection session that will be held in the community center premise in a vast well-ventilated room next week in a duration of 1 hour during 1 session. The number of attendees of each session will be coordinated between the graduate student and the community center management in order to abide by the COVID-19 precaution measures. The 1-hour session could be split in half to abide by the COVID-19 precaution measures.

The adolescent can only be chosen to participate if he has submitted the parental consent form signed in the date and time assigned by the researcher and the child signs an adolescent assent form.

The researcher uses an automatic system that randomly chooses from the list of adolescents who submitted the signed parental consent form and signed the adolescent assent form.

The automatic system will randomly choose 50 adolescents who will take part in something called pilot study; a pilot study is a research study conducted before the intended/main study and is executed as planned for the intended/main study but on a smaller scale. A pilot study is executed to reduce errors and minimize the waste of time and effort in the intended/main study.

Then, the automatic system will randomly choose 600 adolescents, other than the 50 adolescents chosen for the pilot study, to take part in the intended/main study.

The data collected from the pilot study will not be part of the final data analysis. Only the data collected from the intended/main study will be included in data analysis.

The adolescent may leave the study at any time; there will be no penalty to the community center, or the adolescent and the community center will not lose any benefits to which is otherwise entitled. This decision will not affect the community center future relationship, or that of the adolescent, with AUB.

The results of the data collection in aggregate would be reported to the community center management that reflect on the behavioral and emotional problems mainly depicted amongst its participants in the study. The community center management should be aware that a clinical psychologist is a member of the research team of this study and is ready to assist the community center management if invited to attend collaboratively to the results. The community center management is therefore invited to seek an early approval from their board to reach out to the clinical psychologist should the aggregate results indicate that the adolescents are in need of psychological support/assessment/intervention. The graduate student will facilitate this procedure.

Risks and Benefits: When filling the form, few questions might give the adolescent a feeling of discomfort or hurt. He can reach out for the researcher if this occurred for support.

The adolescent might not receive direct possible benefits by participating in this study but the results of the study might hopefully benefit him and other youths. The results might impact counseling services at public schools, change policies in the neighborhoods

and affect the design of catered support programs and/or psychosocial interventions of NGOs and maybe the Ministry of Social Affairs.

Confidentiality: Every reasonable effort will be made to keep the records of the adolescents confidential. The forms will be locked in a file cabinet only accessible to the study team, and when the data is entered on the computer, it will be protected by a password. Data will only be reported in the aggregate. No names of individual adolescents will be disclosed in any reports or presentations of this research. However, there may be circumstances where this information must be released. For example, personal information regarding the adolescent's participation in this study may be disclosed if required by law. Also, the adolescent research data may be reviewed by the following groups: The AUB Institutional Review Board or Office of Human Research Protections and the advisor of this study. After the conclusion of the study, the Principal Investigator will retain all original study data in a secure location for at least three years to meet institutional archiving requirements. After this period, data will be responsibly destroyed.

Incentives: There are no costs associated with participation in this study and the community center and the adolescents will not be paid to participate. The graduate student will supply all materials related to surfaces disinfection and the stationary.

Participant Rights: The community center management may refuse to allow the adolescents to participate in this study without penalty or loss of benefits to which it is otherwise entitled. If the community center is working with AUB, the decision about whether or not allow the adolescents to participate in this research will not affect this relationship.

By signing this form, the community center or the adolescents do not give up any personal legal rights may have as participants in this study.

The Social & Behavioral Institutional Review Board responsible for human subjects' research at AUB has reviewed this research project and found it to be acceptable, according to applicable Lebanese and U.S. federal regulations and AUB policies designed to protect the rights and welfare of participants in research.

Contacts and Questions: For questions, concerns, or complaints about the study you may contact Reem Haj Ali on her mobile number 76063060.

For questions about the adolescent's rights as a participant in this study or to discuss other study related concerns or complaints with someone who is not part of the research team, you may contact the AUB Social & Behavioral Science Institutional Review Board on 01-350000 ext. 5445.

Members of the research team visiting the community center will abide by the corona virus protection policy.

Signing the consent form

The community center management knows that they can contact Dr. El-Hassan or Ms. Reem Haj Ali should they have questions about the research study before signing this form and may withdraw at any time. The community center management have received a copy of this form for their records. The community center management have read this form and are aware that is being asked to give permission for adolescents to participate in a research study. The community center management have had the opportunity to ask questions and have had them answered to their satisfaction. The community center management voluntarily agrees to give permission for adolescents to participate in this study.

The community center management is not giving up any legal rights by signing this form. The community center management will be given a copy of this form.

Printed name of person authorized of signing -----
Signature -----
Date and time ----- AM/PM

This section is reserved to the Investigator/Research Staff

I have explained the research to the community center management before requesting the signature(s) above. There are no blanks in this document. A copy of this form has been given to the community center management.

Printed name of person obtaining permission -----
Signature of person obtaining permission -----
Date and time----- AM/PM

APPENDIX E

CHILD ASSENT FORM – ARABIC



مجلس المراجعة
المؤسسي
الجامعة الأميركية في
بيروت
كلية الطب
شارع بليس
بيروت، لبنان
تلفون: 01350000 مقسم 5445

ورقة موافقة اليافع على المشاركة في البحث

(الأعمار التقريبية 13-17)

عنوان المشروع: توقع المشاكل العاطفية والسلوكية لليافعين في باب التبانة و جبل محسن و الأحياء المجاورة من خلال الخصائص الاجتماعية و الديموغرافية، البيئة الأسرية، و الضغوطات التي يواجهها هؤلاء اليافعون.
رقم البروتوكول:

الباحث الأساسي: د. كرما الحسن

العنوان: الجامعة الأميركية في بيروت – مبنى نايسلي – 507

تلفون: 01350000 – مقسم 3131

طالب الماجستير: ريم الحاج علي

العنوان: باب التبانة – بناية البنك اللبناني الفرنسي – ط1

تلفون: 76063060

"Xمكان اجراء البحث: مركز اجتماعي"

نود اخبارك عن البحث الذي نقوم به. الدراسة البحثية هي طريقة خاصة لاكتشاف شيء ما. نحاول أن نعرف أكثر عن مساهمات الخصائص الاجتماعية و الديموغرافية، البيئة الأسرية، و الضغوطات التي يواجهها اليافعون في باب التبانة و جبل محسن و الأحياء المجاورة في مشاكلهم العاطفية و السلوكية. نطلب منك المشاركة في هذه الدراسة لأن اليافعين الذين يعيشون في هذه المنطقة هم من يستطيع، بشكل أساسي، اخبارنا عن حقيقة العناصر المقصود التحقق منها في هذه الدراسة.

هذا ما سيحدث اذا اخترت المشاركة في هذه الدراسة: سيطلب منك أن تملأ استمارة. هذه الاستمارة تتضمن أسئلة عن عمرك، المنطقة التي تقطنها. تتضمن هذه الاستمارة أيضاً أسئلة لها أجوبة محددة تختار من بينها و التي تتكلم عن بيئتك الأسرية، الضغوطات اليومية التي تتعرض لها و عناصر تصف سلوكك و شخصيتك. سيطلب منك تعبئة هذه الاستمارة الأسبوع المقبل خلال جلسة واحدة مدتها ساعة.

يمكن أن يتم اختيارك للمشاركة اذا قدمت:

- 1- ورقة موافقة ولي الأمر موقعة منه في التاريخ و الوقت الذي حدده الباحث
- 2- هذه الورقة التي توافق فيها أنت على المشاركة في البحث، أيضاً موقعة

لائحة اليافعين الذين قدّموا الورقتين ممضيتين. سيتمّ يستعمل الباحث نظاماً اوتوماتكياً يختار بطريقة عشوائية من اختيار بشكل عشوائي 50 يافعاً للمشاركة في دراسة تجريبية مصغرة، و600 يافعاً غيرهم للمشاركة بالدراسة الأساسية.

عند تعبئة هذه الاستمارة، قد تشعرك بعض الأسئلة بعدم الارتياح. يمكنك طلب المساعدة من الباحث. كما قد تشعر ببعض الحيرة عند الاجابة عن بعض الأسئلة. يمكنك أن تطلب من الباحث التوضيح في أي وقت.

و لكن نتمنى أن تعود نتائج هذه الدراسة قد لا تحصل على منفعة مباشرة من خلال مشاركتك في هذه الدراسة بالمنفعة عليك و على شباب و شابات آخرين. قد تؤثر هذه النتائج على خدمات الارشاد و الدعم النفسي في مدرستك و على تغيير السياسات في حيّك كما قد تؤثر على تصميم برامج الدعم و/أو التدخل النفسي الاجتماعي التي تعدّها بالإضافة الى ذلك، يمكن للمسؤول في المركز المجتمعي التواصل مع الجمعيات أو ربما وزارة الشؤون الاجتماعية. الاخصائي النفسي العيادي في فريق بحث هذه الدراسة لتقديم الدعم النفسي للمشاركين ضمن مجموعة اذا كان حاجة لذلك.

سنقوم بكل مجهود مطلوب للحفاظ على خصوصية معلوماتك. سيتم حفظ الاستمارات في خزانة ملفات مغلقة حيث لا يستطيع الوصول اليها الا فريق الدراسة فقط ، و عندما تدخل المعلومات على الكمبيوتر، سيتم حمايتها من خلال كلمة سر. و مع ذلك، و انت ما زلت جزء من الدراسة، يجب أن نطلع بعض الأشخاص على المعلومات التي قدمتها. هؤلاء الأشخاص الذين يستطيعون الاضطلاع على معلوماتك هم مجلس المراجعة المؤسسي (لحماية الأشخاص في البحوث) و المشرف على الدراسة. سنبقي معلوماتك سرية الا اذا طلب منا قانونياً مشاركة المعلومات. يمكن للباحث أن يستعمل نتائج الدراسة طالما لا يستطيع تحديد هويتك.

لا يوجد اي تكلفة مرتبطة بمشاركتك في هذه الدراسة كما أنه لن يتم الدفع لمشاركتك.

أن تكون في هذه الدراسة هو أمر اختياري. يمكنك أن لا تكون في هذه الدراسة ان لم تكن تود المشاركة كما يمكنك أن تتوقف عن المشاركة في أي وقت خلال الدراسة. قرارك لن ينتج عنه أي جزاء أو عقوبة أو خسارة منافع تتمتع بها الآن. اذا كان لديك أسئلة عن حقوقك يمكنك الاتصال ب: مجلس المراجعة المؤسسي على رقم 350000 مقسم 5445. سيتم اخبارك عن أي معلومات جديدة يمكن أن تؤثر على صالحك أو رغبتك بالبقاء في هذه الدراسة.

امضائك أدناه يعني أنك قرأت المعلومات أعلاه عن دراسة توقع المشاكل العاطفية و السلوكية لليافعين في باب التبانة و جبل محسن و الاحياء المجاورة من خلال الخصائص الاجتماعية و الديموغرافية، البيئة الأسرية، و الضغوطات التي يواجهها هؤلاء اليافعين و كانت لديك الفرصة لطرح الأسئلة التي تساعدك على فهم ماذا ستفعل في هذه الدراسة. امضائك يعني أيضاً أنك قد اعلمت أنه يمكنك تغيير رأيك اذا أردت. ستعطى نسخة من ورقة الموافقة هذه. بتوقيعك على ورقة الموافقة هذه انت لا تتخلى عن أي من حقوقك القانونية.

اسم المشارك	العمر
امضاء المشارك (13 سنة-17 سنة)	الوقت و التاريخ

الشخص الذي استلم ورقة الموافقة
التاريخ

الامضاء

الوقت و

APPENDIX F

CHILD ASSENT FORM – ENGLISH



Board

Beirut

5445

Institutional Review

American University of

Faculty of Medicine

Bliss Street

Beirut, Lebanon

Tel: (01) 350-000 ext.

ADOLESCENT PARTICIPANT ASSENT FORM

(Approximate Age 13-17)

Project Title: Sociodemographic Characteristics, Family Environment and Adolescents Stressors Predicting Emotional and Behavioral Problems in Bab Al Tebbeneh, Jabal Mohsen and Nearby Neighborhoods Adolescents.

Protocol Number:

Principal Investigator: Dr. Karma El-Hassan

Address: American University of Beirut – Nicely Hall – 507

Phone: 01350000 – ext. 3131

Master's Student: Reem Haj Ali

Address: Bab Al Tebbeneh – BLF Building – 1st floor

Phone: 76063060

Site where the study will be conducted: “X” Community Center

We want to tell you about a research study we are doing. A research study is a special way to find out about something. We are trying to find out more about the contributions of socioeconomic characteristics, family environment and stressors to emotional and behavioral problems in adolescents from Bab Al Tebbeneh, Jabal Mohsen and nearby neighborhoods.

You are being asked to join the study because the adolescents who live in these neighborhoods are the youths who can mainly represent their situation and speak up about the elements intended to be investigated in this study.

This is what will happen if you are in this study: you will be asked to fill a form. **This form contains questions about your age, neighborhood of residence. This form also contains questions with multiple choice answers that talk about your family environment, your daily stressors and elements that describe your personal behavior and personality. You will be asked to fill this form next week. We will only need you to do this once, and it will take one hour of your time.**

You can only be chosen to participate if you have submitted:

- 1- A signed parental consent form in the date and time assigned by the researcher.
- 2- This adolescent assent form, signed as well.

The researcher uses an automatic system that randomly chooses from the list of adolescents who have provided both signed forms. 50 adolescents will be selected to take part in the pilot (preparatory) study, and another 600 will be chosen to take part in the main study.

When filling the form, few questions might give you a feeling of discomfort. You can ask for the researcher's support at any time. Also, you might feel confused in answering certain questions. You can ask the researcher for clarification at any time too.

You might not receive direct possible benefits by participating in this study but the results of the study **might hopefully benefit you and other youths**. The results might impact counseling services at your schools, change policies in your neighborhood and affect the design of catered support programs and/or psychosocial interventions of NGOs and maybe the Ministry of Social Affairs. In addition, the responsible in the community center can reach out to the clinical psychologist in the research team of this study to offer psychological support if needed to the participants in a group.

Every reasonable effort will be made to keep your records confidential. The forms will be locked in a file cabinet only accessible to the study team, and when the data is entered on the computer, it will be protected by a password. However, while you are in this study, we do have to let some people look at your records. These people can see your records: the IRB (for the protection of human subjects in research) and my advisor. We will keep your records confidential unless we are required by law to share any information. The researcher can use the study results as long as you cannot be identified.

There are **no costs** associated with participation in this study and you will not be paid to participate.

Being in this study is voluntary. You don't have to be in this study if you don't want to or **you can stop being in the study at any time**. Your decision will not result in any penalty or loss of benefits that you have now. If you have questions about your rights you may call: Institutional Review Board on 01-350000 ext. 5445. You will be told about any new information that may affect your welfare, or willingness to stay in this study.

Your signature below means that you have read the above information about the **Sociodemographic Characteristics, Family Environment and Adolescents Stressors Predicting Emotional and Behavioral Problems in Bab Al Tebbeneh, Jabal Mohsen and Nearby Neighborhoods Adolescents** study and have had a chance to ask questions to help you understand what you will do in this study. Your signature also means that you have been told that you can change your mind later if you want to. You will be given a copy of this assent form. By signing this assent form you are not giving up any of your legal rights.

NAME OF SUBJECT

AGE

SIGNATURE OF SUBJECT (13 YRS - 17 YRS)
Time

DATE &

PERSON OBTAINING ASSENT
Time

SIGNATURE

DATE &

APPENDIX G

PARENTAL CONSENT FORM – ARABIC

موافقة ولي الأمر على مشاركة الطفل في الدراسة

و الأحياء المجاورة من عنوان الدراسة: توقع المشاكل العاطفية و السلوكية لليافعين في باب التبانة و جبل محسن خلال الخصائص الاجتماعية و الديموغرافية، البيئة الأسرية، و الضغوطات التي يواجهها هؤلاء اليافعون. الباحث الأساسي: د. كرما الحسن

العنوان: الجامعة الأميركية في بيروت – مبنى نايسلي – 507

تلفون: 01350000 – مقسم 3131

طالب الماجستير: ريم الحاج علي

العنوان: باب التبانة – بناية البنك اللبناني الفرنسي – ط1

تلفون: 76063060

هذه ورقة موافقة على مشاركة ولدك أو الطفل الذي أنت وصي عنه في دراسة بحثية. تتضمن هذه الورقة معلومات هامة عن الدراسة و ما الذي يمكنك توقعه اذا قررت السماح لولدك أو الطفل الذي انت وصي عنه بالمشاركة فيها. مشاركة ولدك هي أمر اختياري. نرجو منك أن تنظر للمعلومات بعناية قبل أن تقرر السماح لولدك بالمشاركة. اذا قررت السماح بالمشاركة، سيطلب منك الامضاء على هذه الورقة و ستحصل على نسخة من هذه الورقة. **الغاية:** نحن نحضر أطروحة ماجستير. في هذه الدراسة، نحاول أن نعرف أكثر عن مساهمات الخصائص الاجتماعية و الديموغرافية، البيئة الأسرية، و الضغوطات التي يواجهها اليافعون في باب التبانة و جبل محسن في مشاكلهم العاطفية و السلوكية. نطلب من ولدك المشاركة في هذه الدراسة لأن اليافعين الذين يعيشون في باب التبانة و جبل محسن و الأحياء المجاورة هم من يستطيع، بشكل أساسي، اخبارنا عن حقيقة العناصر المقصود التحقق منها في هذه الدراسة.

الاجراء و المدة: اذا سمحت لولدك بالمشاركة في هذه الدراسة، سيطلب منه أن يعيى استمارة. هذه الاستمارة تتضمن أسئلة عن عمره، اسم مدرسته و المنطقة التي يقطنها. تتضمن هذه الاستمارة أيضاً أسئلة لها أجوبة محددة يختار من بينها و التي تتكلم عن بيئته الأسرية، الضغوطات اليومية التي يتعرض لها و عناصر تصف سلوكه و شخصيته. سيطلب منه تعبئة هذه الاستمارة الأسبوع المقبل خلال جلسة واحدة مدتها ساعة. يمكن أن يتم اختيار ولدك للمشاركة اذا قدم:

1. هذه الورقة، أي ورقة موافقة ولي الأمر، موقعة منك في التاريخ و الوقت الذي حدده الباحث
2. ورقة موافقة الطفل، يوافق فيها على المشاركة في البحث، أيضاً موقعة.

يستعمل الباحث نظاماً اوتوماتكياً يختار بطريقة عشوائية من لائحة اليافعين الذين قدموا الورتين موقعتين. سيختار النظام الاوتوماتيكي عشوائياً 50 يافعاً للمشاركة في دراسة تجريبية مصغرة، و 600 يافعاً غيرهم للمشاركة بالدراسة الأساسية.

ان تحليل نتائج الدراسة الأساسية لن يشمل المعلومات المجمعمة من الدراسة التجريبية. سيشمل تحليل النتائج فقط المعلومات المجمعمة من الدراسة الأساسية. يمكن لولدك أن يترك الدراسة في أي وقت. اذا قررت أن توقف مشاركة ولدك في الدراسة، لن تتعرض لأي غرامة لا أنت ولا ولدك و لن تخسر أي منفعة تتمتع بها. قرارك لن يؤثر على علاقتك المستقبلية و علاقة ولدك مع الجامعة الأميركية في بيروت.

المخاطر و المنافع: عند تعبئة هذه الاستمارة، قد تشعر بعض الأسئلة ولدك بعدم الارتياح أو الألم المعنوي. يمكنه طلب المساعدة من الباحث ان حدث له ذلك للدعم. قد لا يحصل ولدك على منفعة مباشرة من خلال مشاركته و لكن نتمنى أن تعود نتائج هذه الدراسة بالمنفعة عليه و على شباب و شابات آخرين. قد تؤثر هذه في الدراسة النتائج على خدمات الارشاد و الدعم النفسي في مدرسته و على تغيير السياسات في الحي كما قد تؤثر على تصميم برامج الدعم و/أو التدخل النفسي الاجتماعي التي تعدها الجمعيات أو ربما وزارة الشؤون الاجتماعية. هذا بالإضافة الى انه يمكن لادارة المركز المجتمعي التواصل مع الاخصائي النفسي العيادي في فريق بحث هذه الدراسة اذا دعت الحاجة بتقديم الدعم النفسي للأطفال. سيقوم طالب الدراسات العليا بتسهيل هذا الاجراء.

المحافظة على السرية و الخصوصية: سنقوم بكل مجهود مطلوب للحفاظ على خصوصية بيانات ولدك. سيتم حفظ الاستمارات في خزانة ملفات مغلقة حيث لا يستطيع الوصول اليها الا فريق الدراسة فقط ، و عندما تدخل البيانات على الكمبيوتر ، سيتم حمايتها من خلال كلمة سر. سنقدم البيانات بشكل جماعي. لن يتم الافصاح عن اسماء اليافعين بشكل فردي في أي من تقارير أو عروضات هذه الدراسة. و مع ذلك، قد يكون هناك بعض الظروف التي يجب فيها اظهار هذه المعلومات. مثلاً، يمكن اظهار المعلومات الشخصية المتعلقة بمشاركة ولدك في هذه الدراسة اذا طلب القانون ذلك. كذلك، يمكن مراجعة معلومات ولدك المتعلقة بهذه الدراسة من قبل الجهات التالية: مجلس هذه الدراسة. عند انتهاء الدراسة، سيحتفظ المراجعة المؤسسي (لحماية الأشخاص في البحوث) و المشرف على الباحث الأساسي بالبيانات الأصلية في مكان آمن لمدة لا تقل عن ثلاث سنوات وذلك مراعاةً لمتطلبات الأرشفة المؤسسية. بعد هذه المدة، سيتم تلف هذه البيانات بمسؤولية.

المحفزات: لا يوجد اي تكلفة مرتبطة بالمشاركة في هذه الدراسة كما أنه لن يتم الدفع للمشاركة. **حقوق المشارك:** يمكنك رفض السماح لولدك بالمشاركة في هذه الدراسة بدون جزاء أو خسارة المنافع التي تتمتع بها. اذا كنت تلميذ أو موظف في الجامعة الأميركية في بيروت، قرارك بالسماح أو عدم السماح لولدك بالمشاركة في هذه الدراسة لن يؤثر على علامتك أو حالتك الوظيفية. اذا سمحت لولدك بالمشاركة في هذه الدراسة، يمكنك أن توقف مشاركته في أي وقت بدون أي جزاء أو خسارة للمنافع. بامضاتك على هذه الورقة، أنت لا تتخلى عن أي حقوق قانونية شخصية لك أو لولدك كمشارك في هذه الدراسة.

مجلس المراجعة المؤسسي المسؤول عن الأشخاص في البحوث في الجامعة الأميركية في بيروت قد راجع هذا المشروع البحثي و وجد أنه مقبول وفقاً للقوانين اللبنانية و الفيدرالية الأميركية المطبقة و سياسات الجامعة الأميركية في بيروت المصممة لحماية حقوق و صالح المشاركين في الأبحاث.

للتواصل و الأسئلة: لأي أسئلة، قلق أو شكاوى متعلقة بهذه الدراسة، يمكنك التواصل مع ريم الحاج علي على رقم هاتفها الخليوي 76063060.

و للأسئلة المتعلقة بحقوق ولدك كمشارك في هذه الدراسة أو لمناقشة أي قلق أو شكاوى اضافية متعلقة بهذه الدراسة مع شخص ليس من ضمن فريق البحث، يمكنك التواصل مع مجلس المراجعة المؤسسي للعلوم الاجتماعية و السلوكية في الجامعة الأميركية في بيروت على رقم 01-350000 مقسم 5445. ان أعضاء فريق البحث الذين سيزورون المركز المجتمعي سيمثلون لسياسة الوقاية من فيروس كورونا.

الإمضاء على ورقة الموافقة

أنا أعلم أنني أستطيع التواصل مع د. الحسن و الأنسة ريم الحاج علي ان كان لدي أي أسئلة متعلقة بهذه الدراسة قبل التوقيع على هذه الورقة و يمكنني أن أسحب ابني/ابنتي من المشاركة في أي وقت. لقد حصلت على نسخة من هذه الورقة لأحتفظ بها.

لقد قرأت (أو قرأ أحدهم لي) هذه الورقة و أنا على دراية أنه يطلب مني أن أسمح بمشاركة ولدي القاصر (أو الولد الذي أنا وصي عنه) للمشاركة في هذه الدراسة البحثية. لقد توفرت لي الفرصة أن أطرح أسئلة و قد حصلت على اجابات مرضية لي. أنا أوافق باختياري أن أعطي موافقة على مشاركة ولدي القاصر (أو الولد الذي أنا وصي عنه) في هذه الدراسة.

أنا لا أتخلى عن أي من حقوقي القانونية بالامضاء على هذه الورقة. سأحصل على نسخة من هذه الورقة.

اسم الولد المشارك -----

اسم الشخص المخول باعطاء الموافقة للقاصر المشارك -----

العلاقة التي تربط الطرفين -----

التاريخ و الوقت ----- (قبل/بعد الظهر)

هذا الجزء مخصص للباحث/العاملين في الدراسة

لقد شرحت البحث للأهل أو الوصي القانوني للطفل المشارك قبل أن أطلب توقيعه أعلاه. لا يوجد فراغات في هذه الورقة. لقد أعطيت نسخة من هذه الورقة للأهل أو الوصي القانوني للطفل المشارك.

اسم الشخص الذي حصل على الموافقة -----

توقيع الشخص الذي حصل على الموافقة -----

التاريخ و الوقت ----- (قبل/بعد الظهر)

APPENDIX H

PARENTAL CONSENT FORM-ENGLISH

PERMISSION FOR CHILD TO PARTICIPATE IN RESEARCH

Study Title: Sociodemographic Characteristics, Family Environment and Adolescents Stressors Predicting Emotional and Behavioral Problems in Bab Al Tebbeneh, Jabal Mohsen and Nearby Neighborhoods Adolescents

Principal Investigator: Dr. Karma El-Hassan

Address: American University of Beirut – Nicely Hall – 507

Phone: 01350000 – ext. 3131

Master's Student: Reem Haj Ali

Address: Bab Al Tebbeneh – BLF Building – 1st floor

Phone: 76063060

This is a permission form for your child/child for whom you are legal guardian to participate in a research study. It contains important information about this study and what to expect if you decide to permit your child/child for whom you are legal guardian to participate. Your child's participation is voluntary. Please consider the information carefully before you decide to allow your child to participate. If you decide to permit participation, you will be asked to sign this form and will receive a copy of the form.

Purpose: We are working on a Master's thesis. In this study, we are trying to find out more about the contributions of sociodemographic characteristics, family environment and stressors to emotional and behavioral problems in adolescents from Bab Al Tebbeneh, Jabal Mohsen and nearby neighborhoods. Your child is being asked to join the study because the adolescents who live in these neighborhoods are the youths who can mainly represent their situation and speak up about the elements intended to be investigated in this study.

Procedure and Duration: If you permit your child to participate in the study, your child will be asked to fill a form. This form contains questions about his age, school and neighborhood of residence. This form also contains questions with multiple choice answers that talk about his family environment, his daily stressors and elements that describe his personal behavior and personality. He will be asked to fill this form next week. We will only need to do this once, and it will take one hour.

Your child can only be chosen to participate if he has submitted:

1. This parental consent form signed in the date and time assigned by the researcher
2. An adolescent assent form, signed by your child.

The researcher uses an automatic system that randomly chooses from the list of adolescents who submitted both signed forms.

The automatic system will randomly choose 50 adolescents for the pilot (preparatory) study, and 600 other adolescents to take part in the main study.

The data collected from the pilot study will not be part of the final data analysis. Only the data collected from the intended/main study will be included in data analysis.

Your child may leave the study at any time. If you decide to stop your child's participation in the study, there will be no penalty to you, or your child and you will not

lose any benefits to which you are otherwise entitled. Your decision will not affect your future relationship, or that of your child, with AUB.

Risks and Benefits: When filling the form, few questions might give your child a feeling of discomfort or hurt. He can reach out to the researcher if this occurred for support.

Your child might not receive direct possible benefits by participating in this study but the results of the study might hopefully benefit him and other youths. The results might impact counseling services at public schools, change policies in the neighborhoods and affect the design of catered support programs and/or psychosocial interventions of NGOs and maybe the Ministry of Social Affairs. In addition, the community center management can reach out to the clinical psychologist in the research team of this study to offer support if the children are in need of psychological support. The graduate student will facilitate this procedure.

Confidentiality: Every reasonable effort will be made to keep the records of your child confidential. The forms will be locked in a file cabinet only accessible to the study team, and when the data is entered on the computer, it will be protected by a password. Data will only be reported in the aggregate. No names of individual children will be disclosed in any reports or presentations of this research. However, there may be circumstances where this information must be released. For example, personal information regarding your child's participation in this study may be disclosed if required by law. Also, your child's research data may be reviewed by the following groups: The AUB Institutional Review Board or Office of Human Research Protections and the advisor of this study. After the conclusion of the study, the Principal Investigator will retain all original study data in a secure location for at least three years to meet institutional archiving requirements. After this period, data will be responsibly destroyed.

Incentives: There are no costs associated with participation in this study and you will not be paid to participate.

Participant Rights: You may refuse to allow your child to participate in this study without penalty or loss of benefits to which you are otherwise entitled. If you are a student or employee at AUB, your decision about whether or not you allow your child to participate in this research will not affect your grades or employment status.

If you choose to allow your child to participate in the study, you may discontinue his/her participation at any time without penalty or loss of benefits. By signing this form, you do not give up any personal legal rights you or your child may have as a participant in this study.

The Social & Behavioral Institutional Review Board responsible for human subjects research at AUB has reviewed this research project and found it to be acceptable, according to applicable Lebanese and U.S. federal regulations and AUB policies designed to protect the rights and welfare of participants in research.

Contacts and Questions: For questions, concerns, or complaints about the study you may contact Reem Haj Ali on her mobile number 76063060.

For questions about your child's rights as a participant in this study or to discuss other study related concerns or complaints with someone who is not part of the research team, you may contact the AUB Social & Behavioral Science Institutional Review Board on 01-350000 ext. 5445.

Members of the research team visiting the school will abide by the corona virus protection policy.

Signing the consent form

I know that I can contact Dr. El-Hassan or Ms. Reem Haj Ali should I have questions about the research study before signing this form and may withdraw my child at any time. I have received a copy of this form for my records. I have read (or someone has read to me) this form and I am aware that I am being asked to give permission for my minor child (or child under my guardianship) to participate in a research study. I have had the opportunity to ask questions and have had them answered to my satisfaction. I voluntarily agree to give permission for my child/child under my guardianship to participate in this study.

I am not giving up any legal rights by signing this form. I will be given a copy of this form.

Printed name of subject -----

Printed name of person authorized to give permission for minor subject/participant -----

Relationship to the subject -----

Date and time ----- AM/PM

This section is reserved to the Investigator/Research Staff

I have explained the research to the parent or legal guardian of the child subject/participant before requesting the signature(s) above. There are no blanks in this document. A copy of this form has been given to the parent/legal guardian of the child participant/subject.

Printed name of person obtaining permission -----

Signature of person obtaining permission -----

Date and time----- AM/PM

APPENDIX I

YSR-RESULTS OF SUBAREA 1

Performance in Academic Subjects:

Performance in Academic Subjects				
Subject	Responses in %			
	Failing	Below Average	Average	Above Average
Arabic Language	2.3%	10.3%	57.7%	29.7%
History or Social Studies	5.2%	17.8%	38.5%	38.5%
Arithmetic or Math	6.4%	14.0%	35.6%	44.0%
Science	3.8%	13.4%	45.1%	37.8%
Foreign Language	15.8%	23.5%	37.0%	23.8%

How well the youth get along with:

How well they Get Along			
	Responses in %		
	Worse	Average	Better
Getting along with their brothers and sisters	3.4%	39.7%	56.9%
Getting along with other youths	2.6%	50.9%	46.6%
Getting along with their parents	3.2%	21.3%	75.6%
Doing things by themselves	2.3%	36.7%	60.7%

Participation in chores at home:

	Frequency	Percent
No	53	15.7%
Yes	295	84.3%

Types of chores:

Chores	Responses in %		
	Below Average	Average	Above Average
Making Dishes	10.9%	43.2%	45.9%
Babysitting	8.5%	34.1%	57.3%
Making Bed	8.5%	44.8%	46.7%
Working in Family Store	14.3%	42.9%	42.9%
Purchasing from market	3.2%	38.7%	58.1%

Medical status of youth:

	Frequency	Percent
Do not have a medical condition	316	91.1%
Have a medical condition	31	8.9%

Type of medical conditions:

Medical Condition	Frequency	Percent
Asthma	13	3.7%
Vitamin Deficiency	6	1.7%
Sight Problem	3	0.9%
Skin Problem	2	0.6%
Depression	1	0.3%
Gland Problem	1	0.3%
Scoliosis	2	0.6%
Stomach Ache	1	0.3%
Rheumatism	1	0.3%
Thalassemia	1	0.3%

Youth's number of close friends and time spent with friends:

	Frequency	Percent
Number of Close Friends		
Zero friend	20	6.6%
1 friend	61	17.4%
2 or 3 friends	133	38.0%
4 friends or more	133	38.0%
Days Youth See Friends		
Less than 1 day a week	95	27.1%
1 or 2 days a week	121	34.6%
3 days or more a week	125	35.7%

Youth activities and hobbies:

Youth Activity	Frequency	Percent
Participation in Sports activities		
No	120	34.3%
Yes	230	65.7%
Having a Hobby		
No	70	20.0%
Yes	280	80.0%

Belongs to a club		
No	217	62.0%
Yes	133	38.0%

REFERENCES

- Academic achievement - family influences*. Family Influences - Development, Children, and Social - JRank Articles. (n.d.). Retrieved April 13, 2022, from <https://family.jrank.org/pages/10/Academic-Achievement-Family-Influences.html>
- Achenbach, T., & Rescorla, L. (2001). *The Manual for the ASEBA School-Age Forms & Profiles*. Burlington: University of Vermont, Research Center for Children, Youth, and Families.
- Affrunti, N. W., & Ginsburg, G. S. (2012a). Exploring parental predictors of child anxiety: The mediating role of child interpretation bias. *Child & Youth Care Forum, 41*(6), 517–527.
- Affrunti, N. W., & Ginsburg, G. S. (2012b). Maternal overcontrol and child anxiety: The mediating role of perceived competence. *Child Psychiatry and Human Development, 43*(1), 102–112.
- Akinnawo E O & Adetula G A (2008), Conflict in Nigeria Family System. Causative and Strategic Management Factor. *Ife psychologia 16*; 210- 221.
- American Academy of Child and Adolescent Psychiatry Official Action. (1998). Practice parameters for the assessment and treatment of children and adolescents with posttraumatic stress disorders. *Journal of the American Academy of Child and Adolescent Psychiatry, 37*, 4S–26S.

- American Psychological Association. (2010). *Resilience and recovery after war: Refugee children and families in the United States*. Washington, DC: Author.
- Amine, A., Abouchedid, K., Liabre, M., Hadi, F., Gharzeddine, M., Huri, et al. (2008). *The psychological conditions of children and youth in Lebanon after the July 2006 war*. Lebanon: Lebanese Association for Educational Studies.
- Ash, C., & Huebner, E. S. (2001). Environmental events and life satisfaction reports of adolescents: A test of cognitive mediation. *School Psychology International, 22*, 320–336.
- Astramovich, R. L. (2011). *Needs assessment: A key evaluation tool for professional counselors*. Retrieved from https://www.counseling.org/Resources/Library/VISTAS/2011-V-Online/Article_41.pdf
- Attanayake, V., McKay, R., Jeffres, M., Singh, S., Burkle, F., Jr., & Mills, E. (2009). Prevalence of mental disorders among children exposed to war :A systematic review of 7,920 children. *Medicine, Conflict and Survival, 25*, 4–19.
- Attar, B., Guerra, N., & Tolan, P. (1994). Neighborhood disadvantage, stressful life events and adjustments in urban elementary school children. *Journal of Clinical Child Psychology, 23*, 391-400
- Bahous, R., & Nabhani, M. (2008). Improving schools for social justice in Lebanon. *Improving Schools, 11*(2), 127-141.
- Ballash, N. G., Pemble, M. K., Usui, W. M., Buckley, A. F., & Woodruff-Borden, J. (2006). Family functioning, perceived control, and anxiety: A mediational model. *Journal of Anxiety Disorders, 20*, 486–497.

- Bimmel, N., Van IJzendoorn, M. H., Bakermans-Kranenburg, M. J., Juffer, F., De Geus, E. J. (2008). Problem behavior and heart rate reactivity in adopted adolescents: Longitudinal and concurrent relations. *Journal of Research on Adolescence*, *18*, 201-214.
- Bögels, S. M., Bamelis, L., & van der Bruggen, C. (2008). Parental rearing as a function of parent's own, partner's, and child's anxiety status: Fathers make the difference. *Cognition and Emotion*, *22*, 522–538.
- Bögels, S.M., & Brechman-Toussaint, M. L. (2006). Family issues in child anxiety: Attachment, family functioning, parental rearing and beliefs. *Clinical Psychology Review*, *26*, 834–856.
- Bong, M. (2008). Effects of parent–child relationships and classroom goal structures on motivation, help-seeking avoidance, and cheating. *Journal of Experimental Education*, *76*(2), 191–217.
- Boyd, C. P., Gullone, E., Needleman, G. L., & Burt, T. (1997). The family environment scale: Reliability and normative data for an adolescent sample. *Family Process*, *36*(4), 369-373. <https://doi.org/10.1111/j.1545-5300.1997.00369.x>
- Bretherton, D. Weston, J., & Zbar, V. (2005). School- based peace building in Sierra Leone. *Theory into Practice*, *44*(4), 355–362.
- Bronfenbrenner, U. (1977). Toward and experimental ecology of human development. *American Psychologist*, *32*, 513-531.

- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and designs*. Cambridge, MA: Harvard University Press.
- Bronfenbrenner, U. (1994). *Ecological models of human development*. *International encyclopedia of education* (Vol. 3, 2nd ed.). Oxford: Elsevier.
- Bronfenbrenner, U. (2005). *Making human beings human: Bioecological perspectives on human development*. Sage Publications.
- Brooks-Gunn, J., Klebanov, P., & Liaw, F. (1995). The learning, physical, and emotional environment of the home in the context of poverty: The infant health and development program. *Children and Youth Services Review, 17*, 251-276.
- Brooks-Gunn, J., & Duncan, G. J. (1997). The effects of poverty on children. *The Future of Children, 7*(2), 55-71.
- Brown, L., Cowen, E., Hightower, A. D., & Lotyczewski, B. (1986). Demographic differences among children in judging and experiencing specific stressful life events. *Journal of Special Education, 20*, 339-346.
- Bongers, I., H. Koot, J. van der Ende, and F. Verhulst. 2003. "The Normative Development of Child and Adolescent Problem Behavior." *Journal of Abnormal Psychology 112*: 179–192.
- Cacioppo, M., Pace, U., & Zappulla, C. (2012;2013;). Parental psychological control, quality of family context and life satisfaction among Italian adolescents. *Child Indicators Research, 6*(1), 179-191.

Candelario, S. V. (2021). *Family organizational basics* - *cambridgescholars.com*.

Retrieved April 18, 2022, from

<https://www.cambridgescholars.com/resources/pdfs/978-1-5275-6869-3-sample.pdf>

Chappel, A. M., Suldo, S. M., & Ogg, J. A. (2012;2014;). Associations between adolescents' family stressors and life satisfaction. *Journal of Child and Family Studies*, 23(1), 76-84. <https://doi.org/10.1007/s10826-012-9687-9>

Central Administration of Statistics, CAS (2018). *Labor force and household living conditions survey in Tripoli*. Lebanon.

Cheney, K. E. (2005). Our children have only known war Children's experiences and the uses of childhood in northern Uganda. *Children's Geographies*, 3(1), 23–45.

Choe, D. E., Stoddard, S. A., & Zimmerman, M. A. (2014;2013;). Developmental trajectories of african american adolescents' family conflict: Differences in mental health problems in young adulthood. *Developmental Psychology*, 50(4), 1226-1232. <https://doi.org/10.1037/a0035199>

Chorpita, B. F., Brown, T. A., & Barlow, D. H. (2016). Perceived control as a mediator of family environment in etiological models of childhood anxiety – republished article. *Behavior Therapy*, 47(5), 622-632.

Cobham, V. E., McDermott, B., Haslam, D., & Sanders, M. R. (2016). The role of parents, parenting and the family environment in Children's post-disaster mental health. *Current Psychiatry Reports*, 18(6), 1-9.

- Conger, R. D., Jewsbury Conger, K., Matthews, L. S., & Elder, G. H. J. (1999). Pathways of economic influence on adolescent adjustment. *American Journal of Community Psychology, 27*, 519–541.
- Conger, R.D., Donnellan, M.B. (2007). An interactionist perspective on the socioeconomic context of human development. *Annual Review of Psychology, 58*, 175-199.
- Collins, W., & Laursen, B. (2006). Parent–adolescent relationships. In P. Noller & J. A. Feeney (Eds.), *Close relationships: Functions, forms and processes* (pp. 111–125). Hove, England: Psychology Press.
- Costello, E. J., Compton, S. N., Keeler, G., & Angold, A. (2003). Relationships between poverty and psychopathology: A natural experiment. *Journal of the American Medical Association, 290*, 2023–2029.
- Cozza, S. J., Guimond, J. M., McKibben, J. B., Chun, R. S., Arata-Maiers, T. L., Schneider, B.,...Ursano, R. J. (2010). Combat-injured service members and their families: The relationship of child distress and spouse-perceived family distress and disruption. *Journal of Traumatic Stress, 23*, 112–115.
- Coleman, J. C. & Hendry, L. B. (2006). *The Nature of Adolescence*, 3rd edn, New York: Routledge.
- Crosnoe, R., & Cavanagh, S. E. (2010). Families with children and adolescents: A review, critique, and future agenda. *Journal of Marriage and Family, 72*, 594-611.
- Cummings, E. M., & Davies, P. T. (2010). *Marital conflict and children: An emotional security perspective*. Guilford Publications.

- Cummings, E. M., & Schatz, J. N. (2012). Family conflict, emotional security, and child development: Translating research findings into a prevention program for community families. *Clinical Child and Family Psychology Review*, 15(1), 14-27. <https://doi.org/10.1007/s10567-012-0112-0>
- Daniels, A. D., & Bryan, J. (2021). Resilience despite complex trauma: Family environment and family cohesion as protective factors. *The Family Journal (Alexandria, Va.)*, 29(3), 336-345.
- Darling, N., & Steinberg, L. (1993). Parenting style as context: An integrative model. *Psychological Bulletin*, 113(3), 487–496.
- Demo, D.H., & Cox, M. J. (2000). Families with young children: A review of research in the 1990's. *Journal of Marriage and the Family*, 62, 876 - 895.
- Denisse L. Manrique Millones, Ghesquière, P., & Leeuwen, K. V. (2014). Parenting, socioeconomic status and psychosocial functioning in peruvian families and their children. *Anales De Psicología*, 30(3), 995-1005.
- Denov, M. (2010). Coping with the trauma of war: Former child soldiers in post- conflict Sierra Leone. *International Social Work*, 53(6), 791–806.
- DeVore ER, Ginsburg KR. The protective effects of good parenting on adolescents. *Current Opinion in Pediatrics*. 2005; 17(4):460-5.
- DiBartolo, P., & Helt, M. (2007). Theoretical models of affectionate versus affectionless control in anxious families: A critical examination based on observations of parent–child interactions. *Clinical Child and Family Psychology Review*, 10, 253–274.

- Dishion, T. J., & Patterson, G. R. (2006). The development and ecology of antisocial behavior in children and adolescents. In D. Cicchetti & D. J. Cohen (Eds.), *Developmental psychopathology: Vol 3. Risk, disorder, and adaptation* (2nd ed., pp. 503–541). Hoboken, NJ: Wiley.
- DOLLAHITE, D. C., & MARKS, L. D. (2009). A conceptual model of family and religious processes in highly religious families. *Review of Religious Research, 50*(4), 373-391.
- Drefs, M. (2002). Assessing the needs of young children. *Guidance & Counseling, 17*(3), 60-67.
- Dubow, E., Tisak, J., Causey, D., Hryshko, A., & Reid, G. (1991). A two-year longitudinal study of stressful life events, social support, and social problem-solving skills: Contributions to children's behavioral and academic adjustment. *Child Development, 62*, 583-599.
- Ebesutani, C., Bernstein, A., Martinez, J. I., Chorpita, B. F., & Weisz, J. R. (2011). The youth self report: Applicability and validity across younger and older youths. *Journal of Clinical Child & Adolescent Psychology, 40*(2), 338-346.
- Ekiran, M.A (2006), Social Work and Youth Development. In *Olurode, Bammeké and Durowade (ed). Reading in social work, Lagos*. Latmos publisher.
- Emery, R. E. (1992). Family conflicts and their developmental implications: A conceptual analysis of meanings for the structure of relationships. In C. U. Shantz & W. W. Hartup (Eds.), *Conflict in child and adolescent development* (pp. 270–298). Cambridge University Press.

- Eshbaugh EM. Perceptions of family relationship factors and depressive symptoms in adolescents: what roles do parents and gender play? *Journal of Child and Family Studies* 2008;17: 127–39.
- Evans, G. W., and K. K. English. (2002). “The Environment of Poverty: Multiple Stressor Exposure, Psychophysiological Stress, and Socioemotional Adjustment.” *Child Development* 73: 1238–1248.
- Evans, G.W., & Schamberg, M.A. (2009). Childhood poverty, chronic stress, and adult working memory. *Proceedings of the National Academy of Sciences*, 106, 6545-6549.
- Farah, M., Nobel, K., & Hurt, H. (2007). The developing adolescent brain in socioeconomic context. In D. Romer (Ed.), *Adolescent psychology and the developing brain: Integrating brain and prevention science* (pp. 373-387). New York, NY: Oxford University Press.
- Feldman, R. S. (2008). *Adolescence*. Upper Saddle River, NJ: Pearson Prentice Hall.
- Fisak, B., & Grills-Tauechel, A. E. (2007). Parental modeling, reinforcement, and information transfer: Risk factors in the development of child anxiety? *Clinical Child and Family Review*, 10, 213–231.
- Fletcher, A. C, Steinberg, L., & Williams Wheeler, M. (2004). Parental influences on adolescent problem behavior: Revisiting Stattin and Kerr. *Child Development*, 75, 781-796.
- Fosco, G. M., Caruthers, A. S., & Dishion, T. J. (2012). A six-year predictive test of adolescent family relationship quality and effortful control pathways to emerging

- adult social and emotional health. *Journal of Family Psychology*, 26(4), 565-575. <https://doi.org/10.1037/a0028873>
- Fosco, G. M., Van Ryzin, M., Stormshak, E. A., & Dishion, T. J. (2014). Putting theory to the test: Examining family context, caregiver motivation, and conflict in the family check-up model. *Development and Psychopathology*, 26, 305–318.
- Friedel, J. M., Cortina, K. S., Turner, J. C., & Midgley, C. (2007). Achievement goals, efficacy beliefs, and coping strategies in mathematics: The roles of perceived parent and teacher goal emphases. *Contemporary Educational Psychology*, 32(3), 434–458.
- Galaif, E. R., Sussman, S., Chou, C. P., Wills, T. A. (2003). Longitudinal relations among depression, stress, and coping in high risk youth. *Journal of Youth and Adolescence*, 32, 243-258.
- Garbarino, J. (1998). The stress of being a poor child in America. *Child and Adolescent Psychiatric Clinics of North America*, 7, 105–119.
- Gentilucci, J. (2004) Improving school learning: the student perspective. *The Educational Forum*, 68,133–43.
- Gershoff, E.T., Aber, J.L. & Raver, D.C. (2003). Child poverty in the U.S.: An evidence-based conceptual framework for programs and policies. In R.M. Lerner, F. Jacobs, & D. Wertlieb (Eds.), *Handbook of Applied Developmental Science*, Vol. 2 (pp. 81-136). Thousand Oaks, CA: Sage Publications.

- Grant, K. E., Compas, B. E., Stuhlmacher, A., Thurm, A., McMahon, S. & Halpert, J. (2003). Stressors and child adolescent psychopathology: Moving from markers to mechanisms of risk. *Psychological Bulletin*, 129, 447-466.
- Grant, K. E., Compas, B. E., Thurm, A. E., McMahon, S. D., & Gipson, P. Y. (2004). Stressors and child and adolescent psychopathology: Measurement issues and prospective effects. *Journal of Clinical Child and Adolescent Psychology*, 33(2), 412-425.
- Guthrie, B. J., Young, A. M., Boyd, C. J. & Kintner, E. K. (2001). Dealing with daily hassles: Smoking and African-American adolescent girls. *Journal of Adolescent Health*, 29, 109–115.
- Hankins, B. L., Roberts, J. & Gotlib, I. H. (1997). Elevated self standards and emotional distress during adolescence: Emotional specificity and gender differences. *Cognitive Therapy and Research*, 21, 663– 680.
- Henderson, D. & Thomson (2011). *Counseling children* (8th ed.). USA: Cengage Learning.
- Horwitz, B. N., & Neiderhiser, J. M. (2011). Gene-environment interplay, family relationships, and child adjustment. *Journal of Marriage and Family*, 73(4), 804-816.
- Hyman, I. (1997). *School Discipline And School Violence*. Boston: Allyn and Bacon.
- Inati, S. (1999) Transformation of education: will it lead to integration. *Arab Studies Quarterly*, 21(1), 55–68.
- International Test Commission. (2017). *The ITC Guidelines for Translating and Adapting Tests (Second edition)*. [www.InTestCom.org]

- Jacob, T. and Tennenbaum, D. (1988) Family assessment methods. In: M. Rutter, A. H. Tuma and I. S. Lann (eds) *Assessment and Diagnosis in Child Psychopathology*, London: Fulton Publishers, pp. 196-231.
- Jenson, J. M., & Bender, K. (2014). *Preventing child and adolescent problem behavior: Evidence-based strategies in schools, families, and communities*. Oxford University Press.
- Kabalan, L. (2016). *Urban inequalities and poverty in Lebanon: What can be learned from the social market economy?*. Beirut: Issam Fares Institute for Public Policy and International Affairs.
- Khamis, V. (2005). Post-traumatic stress disorder among school age Palestinian children. *Child Abuse & Neglect*, 29, 81–95.
- Khamis, V. (2008). Post-traumatic stress and psychiatric disorders in Palestinian adolescents following intifada-related injuries. *Social Science & Medicine*, 67, 1199–1207.
- Khamis, V. (2012). Impact of war, religiosity and ideology on PTSD and psychiatric disorders in adolescents from Gaza Strip and South Lebanon. *Social Science & Medicine*, 74, 2005–2011.
- Khamis, V. (2013). Stressors, family environment and coping styles as predictors of educational and psychosocial adjustment in palestinian children. *Educational Studies*, 39(4), 371-384.
- Khamis, V. (2015). Coping with war trauma and psychological distress among school-age palestinian children. *American Journal of Orthopsychiatry*, 85(1), 72-79.

- Khamis, V. (2019). Posttraumatic stress disorder and emotion dysregulation among syrian refugee children and adolescents resettled in Lebanon and Jordan. *Child Abuse & Neglect, 89*, 29-39.
- Kim, J., De Long, Shauna P. A., Gorelik, W., Penwell, K., Donovan, C., & Chung, H. (2020). Family orientation and achievement goal orientations among the children of immigrant and non-immigrant families. *International Journal of Educational Psychology, 9*(2), 132-160.
- Kroll, L. Harrington, R., & Bailey, S. (2000). Needs assessment of children and adolescents. *Child Psychology & Psychiatry Review, 5*, 81-88.
- Laor, N., Wolmer, L., & Cohen, D. J. (2001). Mothers' functioning and children's symptoms 5 years after a SCUD missile attack. *The American Journal of Psychiatry, 158*, 1020–1026.
- Larzelere, R. E. & Patterson, G. R. (1990). Parental management: Mediator of the effect of socioeconomic status on early delinquency. *Criminology, 28*, 301-323.
- Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. Springer publishing company.
- Lebanon Support. (2016). *The conflict context in Tripoli: chronic neglect, increased poverty, & leadership crisis*. Beirut: Miriam Younes.
- Lerner, R. M. (2002). *Adolescence: Development, Diversity, Context, and Application*. Englewood Cliffs, NJ: Prentice Hall
- López-Rubio, S., Fernández-Parra, A., Vives-Montero, M. C. & RodríguezGarcía, O. (2012). Prácticas de crianza y problemas de conducta en niños de educación infantil

- dentro de un marco intercultural. [Parenting practices and behavior problems in preschool children in an intercultural context]. *Anales de Psicología*, 28, 55-65.
- Lucia VC, Breslau N (2006) Family cohesion and children's behavior problems: a longitudinal investigation. *Psychiatry Res* 141:141–149.
- Macksoud, M., & Aber, L. (1996). The war experiences and psychosocial development of children in Lebanon. *Child Development*, 67, 70–88.
- Masten, A. S., & Narayan, A. J. (2012). Child development in the context of disaster, war, and terrorism: Pathways of risk and resilience. *Annual Review of Psychology*, 63, 1–31.
- McCullough, G., Huebner, E. S., & Laughlin, J. E. (2000). Life events, self-concept, and adolescents positive subjective well-being. *Psychology in the Schools*, 37, 281–290.
- McLeod, B. D., Wood, J. J., & Weisz, J. R. (2007). Examining the association between parenting and childhood anxiety: A meta-analysis. *Clinical Psychology Review*, 25, 155–172.
- McLoyd, V. 1998. "Socioeconomic Disadvantage and Child Development." *American Psychologist* 53: 185–204.
- McMahan, I. (2009). *Adolescence*. Upper Saddle river, NJ, USA: Allyn & Bacon.
- Mink, I. T., Nihira, K., & Meyers, C. (1983). Taxonomy of family life styles: I. Homes with TMR children. *American Journal of Mental Deficiency*, 87, 484–497.
- Mink, I. T., & Nihira, K. (1987). Direction of effects: Family life styles and behavior of TMR children. *American Journal on Mental Retardation*, 92, 57–64.

- Moore, P. S., Whaley, S. E., & Sigman, M. (2004). Interactions between mothers and children: Impacts of maternal and child anxiety. *Journal of Abnormal Psychology, 113*, 471–476.
- Moos, R. (1990) Conceptual and empirical approaches to developing family-based assessment procedures: resolving the case of the Family Environment Scale. *Family Process, 29*: 199-208.
- Moos, R. H., & Moos, B. S. (2009). *Family environment scale manual: Development, applications, research*. Palo Alto, Calif: Center for Health Care Evaluation, Dept. of Veterans Affairs, Stanford University Medical Centers.
- Morales, E. (2000). A contextual understanding of the process of educational resilience: High achieving Dominican American students and the ‘resilience cycle’. *Innovative Higher Education, 25*, 7–22.
- Morales, J. R., & Guerra, N. G. (2006). Effects of multiple context and cumulative stress on urban children’s adjustment in elementary school. *Child Development, 77*, 907–923.
- Muldoon, O. T., & Downes, C. (2007). Social identification and posttraumatic stress symptoms in post-conflict Northern Ireland. *The British Journal of Psychiatry, 191*, 146–149.
- (n.d.). Retrieved from <http://worldpopulationreview.com/countries/lebanon-population/cities/>
- Nanda, M. M., Kotchick, B. A., & Grover, R. L. (2012). Parental psychological control and childhood anxiety: The mediating role of perceived lack of control. *Journal of Child and Family Studies, 21*, 637–645.

- Noor, N. M., & Alwi, A. (2013). Stressors and well-being in low socio-economic status malaysian adolescents: The role of resilience resources. *Asian Journal of Social Psychology, 16*(4), 292-306. <https://doi.org/10.1111/ajsp.12035>
- Oakly A (2007), Conventional families Report. *Etal London Oxford*.
- Okunala M I (2002), *Handbook for Nigeria social workers*, Ibadan. Daybis LT D.
- Ollendick, T. H., & Grills, A. E. (2016). Perceived control, family environment, and the etiology of child Anxiety—Revisited. *Behavior Therapy, 47*(5), 633-642.
- Parke, R. D., Coltrane, S., Duffy, S., Buriel, R., Dennis, J., Powers, J., et al. (2004). Economic stress, parenting, and child adjustment in Mexican American and European American families. *Child Development, 75*, 1632–1656.
- Pelton, J., & Forehand, R. (2001). Discrepancy between mother and child perceptions of their relationship: I. Consequences for adolescents considered within the context of parental divorce. *Journal of Family Violence, 16*, 1–15.
- Perez, V. M., Gonzales, N. A., Tein, J., Ibrahim, M. H., Luecken, L. J., & Losoya, S. (2021). Dispositional active coping predicts patterns of adolescents' cortisol responsivity in the context of school-related stressors. *Journal of Clinical Child and Adolescent Psychology, , 1-12*.
- Pfefferbaum, B. (1997). Posttraumatic stress disorder in children: A review of the past ten years. *Journal of the American Academy of Child and Adolescent Psychiatry, 36*, 1503–1511.

- Qouta, S., Punamäki, R., & El Sarraj, E. (2008). Child development and family mental health in war and military violence: The palestinian experience. *International Journal of Behavioral Development, 32*(4), 310-321.
- Rapee, R. M. (2012). Family factors in the development and management of anxiety disorders. *Clinical Child and Family Psychology Review, 15*, 69–80.
- Reynolds, L. K., O’koon, J. H., Papademetriou, E., Szczygiel, S., Grant, K. E. (2001). Stress and somatic complaints in low-income urban adolescents. *Journal of Youth and Adolescence, 30*, 499-514.
- Richmond M.K., Stocker C.M. (2006) Associations between family cohesion and adolescent siblings’ externalizing behavior. *J Fam Psychol 20*:663–669.
- Riley, A. W., Coiro, M. J., Broitman, M., Colantuoni, E., Hurley, K. M., Bandeen-Roche, K., & Miranda , J. (2009). Mental health of children of low-income depressed mothers : Influences of parenting, family environment, and raters. *Psychiatric Services (Washington, D.C.), 60*(3), 329-336.
- Roberts, Y. H., Campbell, C. A., Ferguson, M., & Crusto, C. A. (2013). The role of parenting stress in young children's mental health functioning after exposure to family violence: Stress, family violence, and child functioning. *Journal of Traumatic Stress, 26*(5), 605-612.
- Rothenberg, W. A., Hussong, A. M., & Chassin, L. (2016;2015). Intergenerational continuity in high-conflict family environments. *Development and Psychopathology, 28*(1), 293-308. <https://doi.org/10.1017/S0954579415000450>

- Sadowski, C. M., & Friedrich, W. N. (2000). Psychometric properties of the Trauma Symptom Checklist for Children (TSCC) with psychiatrically hospitalized adolescents. *Child Maltreatment, 5* (4), 364-372.
- Sanderson, J., Kosutic, I., Garcia, M., Melendez, T., Donoghue, J., Perumbilly, S. et al. (2009). The measurement of outcome variables in couple and family therapy research. *American Journal of Family Therapy, 37*(3), 239– 257.
- Sato, J. R., Biazoli, C. E., Salum, G. A., Gadelha, A., Crossley, N., Vieira, G., Zugman, A., Picon, F. A., Pan, P. M., Hoexter, M. Q., Amaro, E., Anés, M., Moura, L. M., Del'Aquilla, M. A. G., McGuire, P., Rohde, L. A., Miguel, E. C., Bressan, R. A., & Jackowski, A. P. (2018;2019;). Associations between children's family environment, spontaneous brain oscillations, and emotional and behavioral problems. *European Child & Adolescent Psychiatry, 28*(6), 835-845.
- Scrimin, S., Moscardino, U., Finos, L., & Mason, L. (2019). Effects of psychophysiological reactivity to a school-related stressor and temperament on early adolescents' academic performance. *The Journal of Early Adolescence, 39*(6), 904-931.
- Sim, H. (2000). Relationship of daily hassles and social support to depression and antisocial behavior among early adolescents. *Journal of Youth and Adolescence, 29*, 647– 659.
- Singh, G. K., & Ghandour, R. M. (2012). Impact of neighborhood social conditions and household socioeconomic status on behavioral problems among US children. *Maternal and Child Health Journal, 16*(S1), 158-169.

- Steinberg, L. (2005). *Adolescence* (7th ed.). New York, NY: McGraw-Hill
- Steinberg, L. (2008). *Adolescence*, (8th ed.). New York: McGraw Hill College.
- Stewart, J. (2017). Meeting the needs of children affected by conflict: Teacher training and development in south sudan. (pp. 296-318). New York Chichester, West Sussex: Columbia University Press.
- Suldo, S. M., Huebner, E. S., Savage, J., & Thalji, A. (2011a). Promoting subjective well-being. In M. Bray & T. Kehle (Eds.), *Oxford handbook of school psychology* (pp. 504–522). New York: Oxford University Press.
- Terzian, M., M.S.W., Nguyen, H. N., & Moore, K. A. (2010). *Assessing stress in children and youth: A ... - child trends*. Retrieved April 8, 2022, from https://www.childtrends.org/wp-content/uploads/2010/10/Child_Trends-2010_10_05_RB_AssessingStress.pdf
- Thabet, A. A. M., Abed, Y., & Vostanis, P. (2004). Comorbidity of PTSD and depression among refugee children during war conflict. *Journal of Child Psychology and Psychiatry*, *45*, 533–542.
- Thoresen, C.E., & Eagleston, J.R. (1983). Chronic stress in children and adolescents. *Theory Into Practice*, *22*, 48- 56.
- Ungar, M., Ghazinour, M., & Richter, J. (2013). Annual research review: What is resilience within the social ecology of human development? *Journal of Child Psychology and Psychiatry*, *54*(4), 348–366.
- United Nations Development Programme. (2007). *Poverty, growth & inequality in Lebanon*. Lebanon: n.d.

United Nations Economic and Social Commission for Western Asia. (2014). *Urban poverty index, methodology and results of field study in Tripoli-Lebanon, 1*. Lebanon: Adib Nehme.

United Nations Economic and Social Commission for Western Asia. *Multidimensional poverty in Lebanon (2019-2021) Painful reality and uncertain prospects*. (n.d.).

Retrieved March 13, 2022, from

https://www.unescwa.org/sites/default/files/news/docs/comicbook-final_0.pdf

UN Habitat. (2016). *Tripoli city profile*. Lebanon.

United Nations. (n.d.). Lebanon: Almost three-quarters of the population living in poverty

UN news. United Nations. Retrieved March 13, 2022, from

<https://news.un.org/en/story/2021/09/1099102>

Vasey, M. W., & Dadds, M. R. (2001). An introduction to the developmental psychopathology of anxiety. In M. W. Vasey & M.R. Dadds (Eds.), *The developmental psychopathology of anxiety* (pp. 3–26). New York: Oxford University Press.

Van Ryzin, M. J., & Dishion, T. J. (2012). The impact of a family-centered intervention on the ecology of adolescent antisocial behavior: Modeling developmental sequelae and trajectories during adolescence. *Development and Psychopathology*, 24(3), 1139-1155. Voydanoff, P., Fine, M.A. & Donnelly, B.W. Family structure, family organization, and quality of family life. *J Fam Econ Iss* 15, 175–200 (1994).

Wadsworth, M. E., & Achenbach, T. M. (2005). Explaining the link between low socioeconomic status and psychopathology: Testing two mechanisms of the social

- causation hypothesis. *Journal of Consulting and Clinical Psychology*, 73, 1146–1153.
- Walsh, F. (2003). *Normal family processes: Growing diversity and complexity* (3rd ed.). New York, NY: The Guildford Press.
- Wolters, C. A. (2004). Advancing Achievement Goal Theory: Using Goal Structures and Goal Orientations to Predict Students' Motivation, Cognition, and Achievement. *Journal of Educational psychology*, 96(2), 236.
- Werner, E. E. (2012). Children and war: Risk, resilience, and recovery. *Development and Psychopathology*, 24(2), 553-558.
- Wille, N., Bettge, S., Ravens-Sieberer, U., & BELLA study group. (2008). Risk and protective factors for children's and adolescents' mental health: Results of the BELLA study. *European Child & Adolescent Psychiatry*, 17 Suppl 1(1), 133.
- Wilson, J. Q., & Herrnstein, R. J. (1986;1985). *Crime and human nature* (First Touchstone ed.). New York: Simon and Schuster.
- Wood, J. J., McLeod, B. D., Sigman, M., Hwang, W., & Chu, B. C. (2003). Parenting and childhood anxiety: Theory, empirical findings, and future directions. *Journal of Child Psychology and Psychiatry*, 44, 134–151.
- World Bank. (2005). *Reshaping the future: Education and post conflict reconstruction*. Washington, DC: Author. Retrieved from [http://reliefweb.int/sites/reliefweb.int/files/resources/B739C3B4CE9399E149256FF9001B6BBC - Reshaping_the_Future.pdf](http://reliefweb.int/sites/reliefweb.int/files/resources/B739C3B4CE9399E149256FF9001B6BBC-Reshaping_the_Future.pdf).

World Bank Group. (2022, January 24). Lebanon's crisis: Great denial in the deliberate depression. World Bank. Retrieved March 13, 2022, from <https://www.worldbank.org/en/news/press-release/2022/01/24/lebanon-s-crisis-great-denial-in-the-deliberate-depression>

Xia, M., Fosco, G. M., & Feinberg, M. E. (2016;2015;). Examining reciprocal influences among family climate, school attachment, and academic self-regulation: Implications for school success. *Journal of Family Psychology*, 30(4), 442-452.

Yule, W. (1999). Post-traumatic stress disorder. *Archive of Disease in Childhood*, 80, 107–109.

Zhang, X. (2012). The effects of parental education and family income on mother-child relationships, father-child relationships, and family environments in the people's republic of china. *Family Process*, 51(4), 483-497.

Zolkoski, S. M., & Bullock, L. M. (2012, September 5). *Resilience in children and youth: A Review*. Children and Youth Services Review. Retrieved April 7, 2022, from <https://www.sciencedirect.com/science/article/abs/pii/S0190740912003337d>

Zwirs, B. W., Burger, H., Schulpen, T. W. J., Wiznitzer, M., Fedder, H., & Buitelaar, J. K. (2007). Prevalence of psychiatric disorders among children of different ethnic origin. *Journal of Abnormal Child Psychology*, 35(4), 556-566. <https://doi.org/10.1007/s10802-007-9112-9>

[Lebanon childrens future on the line_EN.pdf](#)