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## Maltreatment and coping strategies among male adolescents living in the Gaza Strip

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### Abstract

**Objective:** To establish the nature and extent of maltreatment experiences, coping strategies, and behavioral/emotional problems, and their relationships, in a sample of Palestinian adolescents.

**Method:** A study of 97 male adolescents aged 15–19 years, and attending a vocational training center based in the Gaza Strip. Adolescents completed the Child Maltreatment Schedule and the Ways of Coping Scale (WAYS). The Strengths and Difficulties Questionnaire (SDQ) was completed by adolescents and by their teachers.

**Results:** Findings revealed high rates of emotional and physical maltreatment. Reliance on emotion-focused or avoidant coping strategies was associated with exposure to maltreatment. Use of maladaptive coping also predicted emotional difficulties in the respondents.

**Conclusions:** Coping strategies are an important indicator of psychosocial functioning in adolescents who have experienced maltreatment. Identification of coping styles can augment the assessment of at-risk adolescents. Emotion-focused strategies, in particular, appear to be widely used by young people from non-Western cultural backgrounds.

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### Introduction

Unstable political and socioeconomic circumstances, inconsistent and rejecting child-rearing practices, and increasing family conflicts have all been cited as issues that render children more exposed and vulnerable to maltreatment (Cote & Allahar, 1994). Community attitudes and values can potentiate child

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abuse by considering physical punishment an appropriate child discipline method (Straus, 1980). During war and long-standing political violence, the use of violence as a problem-solving method is legitimated by the society (Jensen & Shaw, 1993). This may create generations of violence-oriented children who early in their lives participate actively in armed struggles to seek security, develop self-esteem, and gain group support. Further, a child's perception of such violence and military conflict is influenced by his or her ability to cope with it (Baker & Shalhoub-Kevorkian, 1999).

The definition of child abuse and neglect includes both qualitative and quantitative aspects. It consists of single or repeated events, or a pattern of interaction, that is, characteristic of the relationship between the abuser, in this case often a parent or primary carer(s), and the child. Whereas physical abuse refers to the nature of events, neglect and emotional abuse characterize the relationship between the carers and the child. Different forms of child abuse and neglect often coexist (e.g., Claussen & Crittenden, 1991; Ney, Fung, & Wickett, 1994).

### *Child maltreatment in Western and non-Western societies*

Many studies have investigated the prevalence of child abuse in Western societies. There has been less reported on the nature and prevalence of child maltreatment and abuse in non-Western societies. Because of the substantial cultural differences in child rearing and attitudes between societies, we have particularly looked at previous research in Arab countries.

The relationship between parent and child is considered a private one in Arab culture. This factor may hinder reporting of child abuse cases (Haj-Yahia & Shor, 1995). In one of the few studies of child maltreatment in Arab societies, Haj-Yahia and Ben-Arieh (2000) studied 1640 Arab secondary school students in Israel. The authors reported that 39%, 40%, and 42% of the participants stated that their fathers, mothers, and siblings, respectively, had yelled at them and/or done something to insult them at least once during the same period. Furthermore, 17%, 15%, and 20% of the participants revealed that their fathers, mothers, and siblings, respectively, had attacked them continuously for several minutes with a stick, club, or other harmful object at least once during the 12 months preceding the survey. In addition, 17% of the participants had witnessed their fathers threatening to hit or throw something at their mothers, and 18% had witnessed their fathers attacking, grabbing, or shoving their mothers at least once during the 12 months preceding the survey. Regarding exposure to mother-to-father violence, the rates for the same acts were 4% and 3%, respectively.

Ayoush (1991), in a study of children living in the West Bank, found that 14.4% were emotionally abused by use of blaming and humiliation compared to 8.4% of children resident in the Gaza Strip. Overall, the rate of emotional abuse in Palestine is 12.6%. The abuse was higher among families living in refugee camps.

### *Child maltreatment and psychopathology*

Over the last decade, evidence has continued to accumulate concerning the strong association between childhood maltreatment and social, emotional, and behavioral problems, both in later childhood and adult life (Cicchetti & Toth, 1995; Pillay & Schoubben-Hesk, 2001; Post, Weiss, & Leverich, 1994; Simeon, Guralnik, Schmeidler, Sirof, & Knutelska, 2001).

Those exposed to political and social unrest are placed at further risk. Allodi (1989) reported that victims of political persecution and torture experienced psychological distress up to 10 years following their

traumatic experiences. Arab adolescents living in war zones have demonstrated high levels of distress and behavioral problems (Al-Krenawi, Slonim-Nevo, Maymon, & Al-Krenawi, 2001). Children exposed to traumatic events during the Intifada in Palestine have been reported to suffer from higher levels of neuroticism, risk taking, poor memory, and low self-esteem. Such children are more likely to participate in political activity, especially boys who have been exposed to many traumatic experiences (Qouta, Punamäki, & El Sarraj, 1995). Further, a positive correlation between levels of political activity undertaken and psychopathology has been reported (Punamäki, Qouta, & El Sarraj, 1997a). Families living in adverse conditions, such as those in refugee camps, face additional difficulties. These include overcrowding, unemployment, and lack of social and educational opportunities, which affect parental and child mental health. Children exposed to these circumstances present with symptoms of emotional distress, aggressive behaviour, helplessness, low self-esteem, and learning difficulties (Abu Hein, Qouta, Thabet, & El Sarraj, 1993).

#### *How do children and young people cope in adversity?*

Coping is a psychological process used to manage difficulties, such as the abusive experiences described previously. The concept of coping is based on schema proposed by Lazarus and his colleagues in which it is conceptualized as a response to perceived stress and may be defined as “constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person” (Lazarus & Folkman, 1984). Lazarus and Launier (1987) described four basic modes of coping. Instrumental strategies are directed towards managing the threat or stressor itself. Intrapsychic strategies are aimed primarily at regulating or minimizing the accompanying emotional distress. Inhibition of action refers to the ability to resist taking action when such action would increase the likelihood of harm, danger, or conflict. Information seeking involves the instrumental activity of mobilizing support or investigating alternatives that can relieve emotional distress. Coping encompasses cognitive (emotion-focused) and behavioral strategies (behavior-focused) used to manage stressful situations and attendant negative emotions (Lazarus & Folkman, 1984).

Compas, Orosan, and Grant (1993) hypothesize a model of the role of stress and coping in the development of depression during adolescence. They suggest that biological changes coupled with interpersonal stress and coping styles may contribute to the development of depressive symptoms. Gender differences in prevalence of depressive outcomes may be influenced by use of particular emotion-focused coping styles, specifically, females’ reliance on rumination whereas males are more likely to use distraction.

The sociocultural context in which coping occurs may influence the type of coping strategies utilized. This is of particular relevance in the current study. Few studies have examined cultural influences on coping, particularly amongst those from lower socioeconomic groups (Graham, 1992). A study of Israeli children subject to bombardment reported that they used a combination of information-seeking and emotion-focused coping strategies (Weisenberg, Schwarzwald, Waysman, Solomon, & Klingman, 1993). Emotion-focused strategies, such as avoidance, were associated with less postwar stress reactions than those who persisted with problem-focused actions. This finding indicates the protective function of emotion-focused coping.

Two previous studies have reported the positive correlation between exposure to traumatic events and the use of active cognitive coping in Palestinian (Punamäki & Puhakka, 1997) and Israeli (Bat-Zion & Levy-Shiff, 1993) children. The adaptive role of active cognitive coping was challenged by Punamäki

et al. (1997a), who found that Palestinian adolescents who were involved in political activity had increased levels of psychological adjustment problems. Further, boys were more likely to engage in political activity in order to cope with trauma, a strategy encouraged by their fathers (Punamäki, Qouta, & El Sarraj, 1997b). In politically active children, parenting was perceived as more negative.

Age contributes to the styles of coping used. Individuals become increasingly adaptive around the age of 15 and adopt a larger range of strategies as they reach late adolescence. This period of development will influence how the individual deals with stress as they move into adulthood (Seiffge-Krenke, 2000). The experience of abuse during adolescence may affect the type of coping strategies that are utilized, as well as the subsequent psychosocial development (Shapiro & Levendosky, 1999). In their study of survivors of childhood sexual abuse, the use of an emotion-focused strategy, such as “acting out,” may be perceived as an acceptable response to trauma in adolescence while being viewed as maladaptive in adulthood. Use of avoidant and cognitive coping strategies can act as mediating factors, for example, when abuse occurs, however, these types of strategies are consistently linked with risk of psychological dysfunction (Shapiro & Levendosky, 1999). The use of dissociation as a coping strategy has been reported to be particularly associated with sexual abuse where it acts as a mediator of symptoms, such as self-harming behavior (Kisiel & Lyons, 2001).

In a study of university students who had suffered childhood abuse, Runtz and Schallow (1997) reported that perceived social support and types of coping strategies at the time of abuse were found to be essential to an understanding of the relationship between later adjustment and the abusive event. This study also found emotion-focused, avoidance strategies, such as “trying not to think about what happened,” to be associated with impaired psychological functioning.

Seiffge-Krenke’s research (1998) on adolescent coping has established that adolescents diagnosed with drug or alcohol problems, depression or anxiety were more likely to utilize emotion-focused, avoidant coping styles. Similar findings were reported by Ebata and Moos (1991) in a study of adolescents where those suffering from depression relied significantly on avoidant coping styles. Avoidant coping has consistently been linked to poor adaptation, while cognitive or approach-oriented coping has been associated with positive adaptation (Seiffge-Krenke, 2000). It is important to note that avoidance may play a protective role in adapting to severe stress, such as abuse, however, this has not been fully investigated. The relationship between symptomatology and development of dysfunctional coping skills and those which are pre-existing has also yet to be established.

The impact of coping in adolescents who are at high risk of later psychopathology due to their experience of maltreatment is an area of research yet to be fully investigated. There were several reasons for opting to examine these variables in the context of the Palestinian society, as this is characterized by:

- (a) Close nuclear and extended family relationships, and social support networks.
- (b) Although not well researched, child-rearing practices may take a different approach, particularly in relation to physical punishment and children’s emotional functioning.
- (c) Exposure to socioeconomic adversity, such as poverty, unemployment, overcrowding, and limited housing (Thabet & Vostanis, 1998).
- (d) Exposure to ongoing political unrest, violence, and war conflict, which may have some effect on coping strategies among children and adults, but also response to violence (Thabet, Abed, & Vostanis, 2002).

The aims of this study were to: (a) establish the nature and frequency of abusive experiences and coping strategies among Palestinian male adolescents, and (b) to investigate their relationship between abusive experiences, coping strategies, and mental health problems. We hypothesized that adolescents living in

poor communities, such as refugee camps and in large families, would be at risk of developing mental health problems and would be likely to use avoidant coping strategies.

## Method

### *Sample*

The sample consisted of young male Palestinians attending a vocational center. As it was ethically difficult to conduct a general population study, a representative group of young people recruited from the only training centre in Gaza city, but who also came from areas of socioeconomic adversity, was considered the most appropriate alternative. This prevented us from approaching young women, because of the cultural constraints of not attending similar community/education settings. Female students usually follow different training pathways, such as secretarial courses.

The study was carried out at the Near East Council of Churches (NECC) vocational training center in the Gaza city. The NECC was founded in 1952 in response to the immense human needs of the Nakba-Palestine disaster of 1948. Those who had been forced from their homes and land and who were separated from their families required assistance to rebuild their lives. The NECC began its work in partnership with the World Council of Churches by providing rations to help the new refugees and steadily added new projects, such as a computer and language center, a family health care center, vocational training, and a dressmaking center. The participants in this study attended the vocational training scheme. All adolescents completed the research measures with help and clarification from social workers based at the center. They were asked about their experiences during the time they had been attending the vocational training, that is, up to a 3-year period. The study was approved by the Ministry of Health Helsinki Committee (Research Ethics). Informed consent was given by the young people, following their teachers' approach with information about the study.

At the time of study, 98 adolescents were attending the center, and a 99% response rate was achieved as only one participant did not complete the Child Maltreatment Interview Schedule. Thus, 97 male adolescents participated in the study. Their mean age was 16.9 years ( $SD = .82$ , range 15–18); 62.9% were from Gaza city (urban area), 23.7% were from North Gaza (rural area), and 13.4% were from the middle area (refugee camp). Their fathers' employment status was: unemployed (11.3%), unskilled worker (28.9%), skilled worker (10.3%), employee (32.0%), merchant (6.2%), and other occupational groups (11.3%). Only two of their mothers were employed. The monthly family income was under \$300 in 14.4% of families, between \$300 and \$500 in 54.6%, between \$500 and \$750 in 28.9%, and above \$750 in 2.1%.

### *Measures*

*The Child Maltreatment Interview Schedule (Briere, 1992).* This scale measures types and frequencies of child maltreatment. This is a combined clinical assessment and research instrument. It collects data on two subscales, physical maltreatment and emotional maltreatment, for the previous 3 years. The seven physical maltreatment items are rated as "yes" or "no." Seven emotional maltreatment items are rated according to reported frequency of occurrence (none, once per each year, twice per year, 3–5 times, 6–10 times, 11–20 times, or more than 20 times). In the analysis, emotional maltreatment was defined

as occurring at least three times per year for the last 3 years. Translation to Arabic and back translation was completed and the questionnaire was revised by a panel of experts, including five academics from Palestinian universities and the Gaza Community Mental Health Program, with no differences found between the two versions, in the validation of the instrument.

*Ways of Coping Questionnaire (Folkman & Lazarus, 1988).* This is a 39-item measure of three primary coping domains: emotion-focused, problem-focused, and seeking social support. The measure was developed using the cognitive-transactional theory of stress developed by Lazarus and Folkman (1984). A 4-point (0 = not at all, 1 = sometimes, 2 = a lot, and 3 = almost all the time) Likert-type format was employed to examine frequency. This scale was used and validated in the Gaza Strip on a sample of political prisoners (Qouta, Punamäki, & El Serraj, 1997).

*The Strengths and Difficulties Questionnaire (SDQ) (Goodman, 1997).* This 25-item version for 11- to 16-year olds was used and was completed by teachers and by adolescents. The SDQ is an established and widely used measure of emotional, behavioral, and peer relationships difficulties. Scores are estimated for total difficulties, as well as for the subscales of conduct, hyperactivity, emotional, and peer relationships problems. The SDQ has been back translated and validated in a previous epidemiological study in the Gaza Strip (Thabet, Stretch, & Vostanis, 2000). In that study, population norms were established and tested for the likelihood of mental health disorders. Using the cutoff scores which were originally established in a UK sample (Goodman, 1997) and further tested in Palestinian children (Thabet et al., 2000) frequencies of young people likely to present with problems of clinical significance were estimated for each subscale, that is, conduct, emotional, hyperactivity, and peer problems, in addition to the total difficulties scores. Although the cutoff scores should be used with caution, the main questions on its validity in Arab populations were raised for preschool children. In contrast, it was found to operate satisfactorily with adolescents.

*Demographic data form.* This included locality, age, and socioeconomic factors, that is, parental employment status and income.

### *Data analysis*

To examine differences on frequencies of reported maltreatment items (“yes”/“no”) according to sociodemographic variables,  $\chi^2$  was used. Adolescents who had experienced each type of maltreatment were compared with those which had not, on coping strategies items, using one-way ANOVA with Bonferroni correction for multiple comparisons. The same test was used to compare these groups on SDQ scores. SDQ scores between areas of residence were compared by Kruskal-Wallis nonparametric test. The impact of coping strategies on SDQ scores was tested by linear regression analyses.

## **Results**

### *Types and frequency of physical and emotional abuse*

The most frequently reported physical abuse items were being pinched, beaten, or injured by an adult leading to injury (36.5%), and threats of death or injury by parents or brothers (32.0%). The most

Table 1  
Frequencies of types of reported maltreatment during previous three years ( $N = 96$ )

	<i>N</i>	%
<b>Physical maltreatment</b>		
Pinched, beaten, or injured by an adult, to lead to bruises, fractures, or hemorrhage	35	36.5
Threatened with death or injury by parents or brothers	31	32.0
Threatened by parents or other adults to be abandoned at another place	14	14.4
Taken to hospital because of injuries induced by an adult	13	13.4
Threatened by parents or brothers to leave you at home alone, and them not to return	12	12.4
Locked in room or cupboard by parents or brothers	8	8.2
Tied by chain or rope by parents or brothers	6	6.2
<b>Emotional maltreatment</b>		
Shouted at by father or teacher	41	42.3
Humiliated by teacher or others	34	35.1
Blamed, criticized by teacher or others	33	34.4
Made to feel guilty in every thing you do	23	23.7
Made to feel a bad person	20	20.8
Embarrassed in front of friends	18	18.6
Humiliated and made fun of	15	15.5

frequently reported emotional abuse items were being shouted at by their fathers and teachers (42.3%), being humiliated by teacher or others (35.1%), and being blamed or criticized by teacher or others (34.4%) (Table 1).

Differences in experiences of maltreatment between areas of residence were examined. Young people living in the middle area (refugee camps) were significantly more likely to have experienced the emotional item “humiliated or being made fun of” ( $\chi^2 = 5.73$ ,  $df = 2$ ,  $p = .05$ ), but there was no difference on the other items. There was no difference on maltreatment according to family income, although there was a trend for young people coming from the lowest income families to have been blamed and criticized ( $\chi^2 = 7.16$ ,  $df = 3$ ,  $p = .06$ ).

### *Coping strategies*

Table 2 shows the frequencies of coping strategies used. The coping strategies most commonly used in stressful situations were “acceptance of faith in God” (used almost all the time by 79.4%), and “searching for information on how to get help” (used almost all the time by 60.8%). The least commonly used strategies were “eating, drinking, or smoking” (never used by 79.4%), “being angry towards people who are not the cause of the problem” (not at all used by 59.8%), and “take risks to get what I want” (not at all used by 40.2%).

### *Type of maltreatment and coping strategies*

Due to the measure used, it would not have been valid to dichotomize young people as maltreated or nonmaltreated. Therefore, their coping strategies were examined specifically for each maltreatment item/experience. Those who had experienced a particular type of maltreatment were compared with those

Table 2  
 Frequencies (%) of coping strategies in stressful situations ( $N = 96$ )

Coping strategy <sup>a</sup>	Almost all the time	A lot	Sometimes	Not at all
Accept it, because of my faith that this is what God wants (E)	79.4	10.3	8.2	2.1
Look for more information that can help me (P)	60.8	16.5	20.6	2.1
Express my feelings somehow (E)	55.7	10.3	29.9	4.1
Concentrate on what I have to do next, step-by-step (P)	50.5	19.6	23.7	6.2
I went over in my mind what I would say or do (P)	50.5	15.5	26.8	7.2
Accept the apology and conciliation of others (E)	49.5	20.6	24.7	5.2
Make a plan of action and followed it (P)	49.5	13.4	30.9	6.2
Double my efforts to make things work (P)	48.5	25.8	16.5	9.3
Prepare for a new beginning when the problem is over (P)	48.5	22.7	25.8	3.1
Pray (E)	47.4	15.5	30.9	6.2
Try to discover new faith or some important truth (E)	47.4	15.5	28.9	8.2
Become stronger than before (E)	46.4	22.7	27.8	3.1
Fight for my principles (P)	41.2	14.4	24.7	19.6
Change something about myself (P)	40.2	24.7	30.9	4.1
Remember what is important in my life (E)	38.1	23.7	35.1	3.1
Promise to myself that things will be better next time (P)	37.1	14.4	32.0	16.5
Face myself by remembering that other people have more problems (P)	36.1	17.5	39.2	7.2
Try to control myself in difficult situations, without responding quickly (P)	35.1	19.6	32.0	13.4
Ask for help from professionals (S)	35.1	19.6	38.1	7.2
I volunteer in any organization I feel I could help (S, P)	34.0	21.6	42.3	2.1
Take advice from relatives or friends (S, P)	28.9	11.3	55.7	4.1
Let my feelings out somehow (do not hide my feelings) (E)	25.8	11.3	55.7	7.2
Blame myself for things I have and have not done (E)	27.8	11.3	45.4	15.5
Recognize that I am the only one who can help myself (P)	24.7	16.5	45.3	13.4
Blame myself for the situation (E)	23.7	22.7	37.1	16.5
Take risks to get what I want (E)	22.7	9.3	27.8	40.2
Talk to someone to find out more about the situation (S)	22.7	18.6	49.5	9.3
Try to forget the whole thing (E)	20.6	12.4	42.3	24.7
Talk to someone about how I feel (S)	16.5	21.6	36.1	25.8
Try to keep my feelings to myself (E)	15.6	16.7	50.0	17.7
Try to be funny (E)	15.5	22.7	46.4	15.5
Do not respond, even if I feel it is not fair s(E)	14.4	13.4	45.4	26.8
Avoid being with people in general (E)	14.4	9.3	46.4	29.9
Express my feelings to the one who caught the problem (E)	13.4	10.3	47.4	28.9
Daydream or imagine a better time or place (E)	12.4	12.4	38.1	37.1
Refused to believe what has happened (E)	11.3	11.3	50.6	26.8
Think I was unlucky and nothing could help me (E)	8.2	14.4	58.7	18.6
Become angry towards other people, who are not the cause of my problem (E)	6.2	4.1	29.9	59.8
Try to feel better by eating, drinking, smoking, using drugs, or medication (E)	3.1	4.1	13.4	79.4

<sup>a</sup> E denotes emotion-focused strategy; P denotes problem-focused strategy; S denotes seeking social support strategy.

Table 3  
Maltreatment and coping strategies

Type of maltreatment	Coping strategy	Difference (one-way ANOVA) <i>F</i> and <i>p</i> values
(a) Significantly more used by children who experienced certain types of maltreatment		
Made to feel bad	Fight for my principles	6.6; .012
	Take risks to get what I want	17.1; <.001
	Can only help myself	5.6; .020
	Feel better by eating and drinking	5.5; .022
Made to feel guilty	Fight for my principles	4.7; .033
	Take risks to get what I want	23.5; <.001
	Daydream or imagine	4.6; .035
Frequently criticized	Take risks to get what I want	15.4; <.001
	Became stronger than before	14.2; <.001
	Blame myself	4.4; .039
	Daydream or imagine	7.9; .006
Humiliated	Fight for my principles	6.4; .013
	Volunteer to help	9.9; .002
	Take risks to get what I want	27.3; <.001
	Daydream or imagine	8.8; .004
Beaten up	Take risks to get what I want	6.3; .003
	Keep feelings to myself	6.3; .003
	Refuse to believe it has happened	4.5; .013
(b) Significantly more used by children who did not experience these types of maltreatment		
Made to feel bad	Go over in my mind what to say or do	5.6; .021
Frequently criticized	Think over in my mind what to say or do	4.5; .038
Humiliated	Think over in my mind what to say or do	4.2; .043
Threatened with injury or death	Taking advice from relatives	17.6; <.001
	Talk to someone to find more about the situation	4.5; .036

Bonferoni corrections for multiple comparisons were used.

who had not, using one-way ANOVA with Bonferoni corrections for multiple comparisons. The significant differences between types of coping strategies used and whether types of maltreatment were experienced are presented in Table 3: Table 3a describes the coping strategies which were significantly more used by young people who had experienced each type of maltreatment; in contrast, Table 3b describes the coping strategies which were significantly more used by young people who had *not* experienced each type of maltreatment. Interesting patterns were established. Young people who had suffered different types of maltreatment (Table 3a) were significantly more likely to use coping strategies, such as “taking risks,” “fighting for their principles,” “volunteering to help,” “daydreaming or imagining they were in a better place,” and “eating or drinking to feel better.” Two of these strategies (daydreaming/imagining, and drinking/eating) were not frequently used by the total sample, that is, they were not the cultural norm for this population. In contrast, young people who had not experienced the different types of maltreatment (Table 3b) were more likely to use coping strategies, such as “going over in my mind what to say or do,” and “taking advice from relatives.”

Table 4

Maltreatment and emotional/behavioral problems (SDQ) (self- and teacher-rated) (problems significantly more reported by children who experienced certain types of maltreatment)

Type of maltreatment	SDQ Problems Scale score	Difference (ANOVA) <i>F</i> and <i>p</i> values
Made to feel bad	Conduct (teacher)	13.1; <.001
	Peer problems (teacher)	6.5; .012
	Total problems (teacher)	21.0; <.001
	Emotional (self)	12.4; .001
	Hyperactivity (self)	4.2; .044
Made to feel guilty	Conduct (teacher)	6.7; .011
	Hyperactivity (teacher)	5.6; .019
	Total problems (teacher)	4.5; .037
	Emotional (self)	7.1; .009
Frequently criticized	Emotional (self)	4.9; .030
Humiliated	Conduct (teacher)	15.2; <.001
	Emotional (teacher)	4.4; .039
	Hyperactivity (teacher)	5.3; .024
	Total problems (teacher)	11.2; .001
	Emotional (self)	7.5; .007
Beaten up	Total problems (teacher)	5.2; .007
	Conduct (self)	5.4; .006
	Emotional (self)	7.5; .001
Threatened with injury or death	Emotional (self)	6.5; .013

Bonferroni corrections for multiple comparisons were used.

### *Emotional and behavioral problems*

Overall, 8.3% of young people reported likely clinical problems, contrasted to 13.5% as reported by teachers. These findings indicate that the likely rates of total psychiatric morbidity were relatively low. Specific self-rated scores included hyperactivity (5.3%) and emotional problems (4.1%). Teacher-rated scores indicated conduct problems (3.1%), hyperactivity (3.1%), and emotional problems (3.1%). The Kruskal-Wallis test indicated that there were no significant differences on SDQ scores between areas of residence.

### *Maltreatment, coping strategies, and emotional/behavioral problems*

Young people were compared on each SDQ subscale and total score, according to whether they had or had not experienced each type of maltreatment using one-way ANOVA with Bonferroni corrections for multiple comparisons. Young people exposed to maltreatment scored significantly higher on a number of SDQ teacher- and self-rated scales, the most consistent being self-rated emotional problems (Table 4).

In order to establish the impact of coping strategies and environmental exposure (area of residence) on emotional and behavioral problems, a series of multiple linear regression analyses were conducted. As there were 39 coping strategies items, only those which were significantly more likely to be used by adolescents who experienced the most frequent types of maltreatment (i.e., the 10 coping strategies listed in Table 3a), as well as the area of residence, were entered as covariates. In each regression analysis,

an SDQ total or subscale score was entered as the dependent variable (total, conduct, emotional, peer relationships, or hyperactivity), that is, five regression analyses. The emotional problems subscale in self-rated SDQ scores were strongly predicted by the use of “trying to feel better by eating, drinking, smoking, using drugs or medication” ( $R^2 = .40$ ;  $B = .62$ ,  $p = .05$ ). Teacher-rated total SDQ scores were best predicted by two coping strategies ( $R^2 = .61$ ): blaming oneself ( $B = 1.49$ ,  $p = .023$ ) and refusing to believe what happened ( $B = 2.00$ ,  $p = .002$ ).

## Discussion

The aim of this study was to establish levels of maltreatment and coping strategies used among male Palestinian adolescents, and their relationship with emotional and behavioral problems. The research uncovered high reported frequencies of emotional and physical maltreatment, although the findings should be interpreted cautiously, as cultural norms influence the acceptability of types and severity of abuse. In the Palestinian culture, community attitudes and values may potentiate child maltreatment, as physical punishment is considered an appropriate method of child discipline reflected in the high rates of physical maltreatment reported. In particular, the long-standing political violence in the Gaza Strip, has led to the legitimacy of use of violence as a problem-solving method, among both children and adults in the society.

A large number of the respondents relied on emotion-focused coping styles, particularly faith in God. A very few cross-cultural studies on adolescent coping styles exist, therefore, reliance on spiritual coping styles and the implications for mental health warrant further investigation. In view of past research linking emotion-focused coping to later psychopathology, the identification of emotion-focused coping, particularly withdrawal and avoidance could be used to monitor adolescents at risk. In addition, cognitive and information seeking strategies were widely used and are linked to positive adaptation which may help to counteract the negative effects of emotion-focused strategies.

Differences in styles of coping were identified between groups exposed and not exposed to maltreatment. Those exposed to maltreatment were more likely to use avoidant and emotion-focused strategies, such as self-blame and denial. In contrast, those who had not been exposed to types of maltreatment were more likely to use active-cognitive and adaptive coping strategies, such as seeking advice and information. These findings are consistent with the literature on adolescent coping and abuse, for example, Seiffge-Krenke's (2000) study reporting the association between abuse and increased use of avoidant coping styles.

The relationship between emotional maltreatment and emotional and behavioral problems indicates the high levels of distress experienced by the respondents. This is consistent with previous research (Cicchetti & Toth, 1995). In addition, they are more vulnerable due to the ongoing political unrest and violence to which they are exposed (Abu Hein et al., 1993).

Certain emotional problems, as rated by the SDQ, were associated with coping strategies items that might suggest underlying denial (refusing to believe what happened) coping style, or self-blame (blaming oneself). Previous studies have found high use of avoidant coping places among adolescents at increased risk of later psychopathology (Runtz & Schallow, 1997; Shapiro & Levendosky, 1999). Use of emotion-focused coping does, however, serve a protective function in the short term. While it was not the focus of this study, political activity, a type of active cognitive coping strategy, has been associated with psychological dysfunction (Punamäki et al., 1997a). Active cognitive strategies cannot therefore be assumed to serve an adaptive role, particularly in non-Western cultures.

This study indicates that identification of coping strategies serves a clinical function. Coping profiles reveal adolescent strengths and difficulties and can therefore assist in planning appropriate services. They can be used to monitor mental health or to reveal potential maltreatment. The strengthening of young people's adaptive coping strategies and other factors, such as support in their family relationships, should be provided in order to help them cope with trauma (Baker & Shalhoub-Kevorkian, 1999). Such strategies could guide service development, particularly in an educational setting. They could also guide the provision of individual and group therapeutic interventions, such as psychodynamic, cognitive-behavioral, or solution-focused therapy, all of which aim to some extent, albeit using different underlying theoretical models and different techniques, at enhancing young people's coping in the face of adverse experiences.

The study has also revealed relationships between child maltreatment, mental and behavioral problems, and use of coping strategies in an adolescent Arabic population. Cultural norms suggest the high rates of child maltreatment reported should be interpreted cautiously. Cultural sensitivity issues are also important in studying and eliciting abusive experiences across different cultures, such as the Arab culture in general and the Palestinian society in particular, because of the distinction from what are considered appropriate parenting methods. Nevertheless, it was established that Palestinian adolescents are at high risk of psychopathology due to exposure to maltreatment and other adversities. Their reliance on emotion-focused coping may increase their vulnerability to disorders in adult life.

#### *Limitations of the study*

The selection of the sample which included only male adolescents attending a particular service, that is, vocational training, the relatively small sample size, multiple comparisons, and the use of instruments previously developed in Western populations were limitations of this study. However, previous general population epidemiological studies by the authors on different types of mental health problems, such as post-traumatic stress and anxiety disorders (Thabet & Vostanis, 1998, 2000) found similar rates of psychopathology, including emotional problems in children and adolescents from the Western societies. Undertaking research in the volatile environment of Gaza presented further difficulties. In addition, social desirability issues may have been a factor as social workers helped the adolescents to complete the measures and may therefore have influenced their responses. Limitations regarding the reliability and validity of scales developed in the West but used in the Arab culture, also need to be taken into consideration. We also need to consider the possibility of young people under-reporting experiences of maltreatment, because of fear of informing their parents or teachers. The assessment of coping strategies would require a more detailed research instrument applied in larger and representative samples, before conclusions could be generated for similar cultural groups.

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## Résumé

**Objectif:** Définir la nature et la dimension des expériences de mauvais traitements parmi un échantillon d'adolescents palestiniens, ainsi que la façon dont ils y ont fait face, les difficultés émotionnelles et du comportement qu'ils ont connues et la relation entre ces éléments.

**Méthode:** L'étude s'est penchée sur 97 adolescents âgés de 15 à 19 ans qui fréquentaient un centre de formation au travail situé à Gaza. Ils ont complété un questionnaire, le Child Maltreatment Schedule et le Ways of Coping Scale, tandis que le Strengths and Difficulties Questionnaire a été complété par les jeunes et leurs enseignants.

**Résultats:** L'étude révèle des taux élevés de mauvais traitements psychologiques et physiques. On note que d'avoir été victimes de mauvais traitements tend à mener à des réactions émotives ou d'évitement pour faire face aux difficultés de la vie. Le recours à des stratégies de mauvaise adaptation prédit des difficultés émotives chez les adolescents.

**Conclusions:** La façon dont les adolescents victimes de mauvais traitements font face aux difficultés de la vie constitue un baromètre de leur fonctionnement psychologique. Bien identifier leur capacité de faire face aux mauvais traitements améliorera l'évaluation qu'on fera des adolescents à risque élevé. Il semble que les jeunes qui ne sont pas issus de milieux occidentaux sont portés à utiliser des stratégies axées sur l'émotion.

## Resumen

**Objetivo:** Establecer la naturaleza y el alcance de las experiencias de maltrato, estrategias de afrontamiento, y problemas de conducta/emocionales, y sus relaciones, en una muestra de adolescentes palestinos.

**Método:** Se llevó a cabo un estudio con 97 jóvenes adolescentes (varones) de edades comprendidas entre los 15 y los 19 años; estos jóvenes acudían a un centro de formación profesional en la franja de Gaza. Los adolescentes completaron el *Child Maltreatment Schedule* y el *Ways of Coping Scale* (WAYS). Los adolescentes y sus profesores completaron el cuestionario de puntos fuertes y dificultades.

**Resultados:** Los hallazgos revelan las altas tasas de maltrato emocional y físico. La confianza en estrategias de afrontamiento centradas en la descarga de la emoción y en la evitación fueron asociadas a la exposición al maltrato. El mal uso de afrontamiento no adaptativo también predijo dificultades emocionales en los entrevistados.

**Conclusiones:** Las estrategias de afrontamiento son un indicador importante de funcionamiento psicosocial en adolescentes que han experimentado maltrato. La identificación de estilos de afrontamiento puede mejorar la evaluación de adolescentes en riesgo. Concretamente, las estrategias centradas en la emoción parecen más utilizadas por jóvenes de origen cultural no occidental.