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PSYCHOLOGICAL RESILIENCE AND ITS RELATIONSHIP WITH SATISFACTION OF BASIC PSYCHOLOGICAL NEEDS AND EXPOSURE TO TRAUMATIC EVENTS AMONG THE PALESTINIAN BASIC SCHOOL STUDENTS IN WEST-BANK

Shadi Khalil Abualkibash

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D./Dña. Shadi Khalil Abualkibash

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D./Dña. . Maria Jose Lera

D./Dña. . Manuel Peralbo Uzquiano

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Abstract

The main goal of this research is to discover the relationships of Psychological Resilience, Satisfying the basic psychological needs; (Autonomy, Competence, and Relatedness), and Exposure to Traumatic Events among the Palestinian basic school students in West-Bank Directorates by using structural equation modeling. Moreover, this study aimed to answer this question "How satisfying the basic psychological needs and exposure to traumatic events affect the resilience among the eighth and the ninth grades students in Palestine?"

The study sample were basic school students in West Bank; that consisted of 537 students; 242 were males and 295 were females and the mean of age in the sample was (14.8 ± 1.12). There were 341 (64%) of the students from villages and there were 196 (36%) students from cities. In addition, there were *268* (*50*%) in the eighth grade and 269 (50%) were in the ninth grade. CYRM-28 psychological resilience scale and their factors (Individual factors, Caregiving factors, and Contextual factors), Deci and Ryan's basic psychological needs (BPNs) and Checklist of Traumatic Experiences (CTE), scales were completed, and their validity and reliability were confirmed with Cronbach alpha.

The present study utilized structural equation modeling ("SEM") to test the hypothesized model about relations among latent variables for CYRM-28, BPNs, and CTE. The current study hypothesized positive path from BPNs to Psychological Resilience and it hypothesizes positive path from exposure to Traumatic Events to Psychological Resilience. According to the SEM the two hypotheses in this study were accepted, moreover the study finds that there are high levels of satisfying basic psychological needs and psychological resilience among the Palestinians basic school students. Consequently, family and teachers ought to give an approach to meeting these needs, which has constructive outcome, for example, resilience.

Keywords*: Resilience, Basic Psychological needs, Traumatic Events, School Students, and Palestine.*

Resumen

El objetivo principal de esta investigación es descubrir las relaciones entre la Resiliencia psicológica y su relación con la satisfacción de las necesidades psicológicas básicas y la exposición a eventos traumáticos en estudiantes de Educación Primaria (octavo y el noveno curso) de Cisjordania (Palestina) empleando el modelo de ecuaciones estructurales.

La muestra estuvo compuesta por 537 estudiantes; 242 eran hombres y 295 eran mujeres, y el promedio de edad en la muestra fue de 14,8 ± 1,12. Del total de la muestra, 341 (64%) estudiantes eran de medio rural y 196 (36%) estudiantes de entorno urbano. Además, 268 (50%) cursaban octavo grado y 269 (50%) noveno grado. Los participantes contestaron a la escala de resiliencia psicológica CYRM-28 y sus factores (factores individuales, factores de cuidado y factores contextuales), las necesidades psicológicas básicas de Deci y Ryan (BPNs) y la Lista de comprobación de experiencias traumáticas (CTE). En todos los casos fue analizada su validez y fiabilidad con el alfa de Cronbach.

El presente estudio utilizó modelado de ecuaciones estructurales ("SEM") para probar el modelo hipotetizado sobre las relaciones entre variables latentes para CYRM-28, BPNs y CTE. El estudio hipotetizaba la existencia de una relación positiva entre las BPNs y la Resiliencia Psicológica, y entre la exposición a Eventos Traumáticos y la Resiliencia Psicológica. Los resultados del SEM permiten aceptar las dos hipótesis de este estudio. Además se encuentran altos niveles de satisfacción de las necesidades psicológicas básicas y de resiliencia psicológica entre los estudiantes de educación primaria palestinos. Por consiguiente, la familia y los profesores deberían asumir un enfoque dirigido a satisfacer estas necesidades, que tienen un resultado constructivo, por ejemplo, la resiliencia.

Palabras clave: *resiliencia, necesidades psicológicas básicas, eventos traumáticos, educación primaria y Palestina.*

Resumo

O obxectivo principal desta investigación é descubrir as relacións entre a Resiliencia psicolóxica e a súa relación coa satisfacción das necesidades psicolóxicas básicas e a exposición a eventos traumáticos en estudantes de Educación Primaria (oitavo e o noveno curso) de Cisjordania (Palestina) empregando o modelo de ecuacións estruturais.

A mostra estivo composta por 537 estudantes; 242 eran homes e 295 eran mulleres, e a media de idade na mostra foi de 14,8 ± 1,12. Do total da mostra, 341 (64%) estudantes eran de medio rural e 196 (36%) estudantes de entorno urbán. Ademais, 268 (50%) cursaban oitavo grao e 269 (50%) noveno grao. Os participantes contestaron á escala de resiliencia psicolóxica CYRM-28 e os seus factores (factores individuais, factores de coidado e factores contextuais), as necesidades psicolóxicas básicas de Deci e Ryan (BPNs) e a Lista de comprobación de experiencias traumáticas (CTE). En tódolos casos foi analizada a súa validez e fiabilidad co alfa de Cronbach.

O presente estudo utilizou modelado de ecuacións estruturais ("SEM") para probar o modelo hipotetizado sobre as relacións entre variables latentes para CYRM-28, BPNs e CTE. O estudo hipotetizaba la existencia de una relación positiva entre as BPNs e a Resiliencia Psicolóxica, e entre a exposición a Eventos Traumáticos e a Resiliencia Psicolóxica. Os resultados do SEM permiten aceitar as dúas hipóteses deste estudo. Ademais, atopanse altos niveis de satisfacción das necesidades psicolóxicas básicas e de resiliencia psicolóxica entre os estudantes de educación primaria palestinos. Por conseguinte, a familia e os profesores deberían asumir un enfoque dirixido a satisfacer estas necesidades, que teñen un resultado construtivo, por exemplo, a resiliencia.

Palabras clave: *resiliencia, necesidades psicolóxicas básicas, eventos traumáticos, educación primaria e Palestina.*

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LIST OF ABBREVIATIONS

BPNs:	Basic Psychological Needs
CYRM-28:	Children and Youth Resilience Measure – 28 items
CTE:	Checklist of Traumatic Experiences
SEM:	Structural Equation Modeling
SDT:	Self-Determination Theory
PTSD:	Post-Traumatic Stress Disorder
CFA:	Confirmatory Factor Analysis

CHAPTER I

BACKGROUND OF THE STUDY

1. Introduction

For more than half a century, Palestinians have suffered from various levels of traumatic experiences as a result of the Israeli occupation. Since the beginning of the second Intifada, which began in September 2000, the Palestinian people have been exposed to violence. The Palestinian nation suffers from traumatic events imposed by armed and/or military violence together with restriction of movement through checkpoints, closures and curfews. Traumatic events such as shootings, bombings, destruction of houses, fields, physical violence and deaths occur on a daily basis (Abdeen, Qasrawi, Nabil, & Shaheen, 2008; Qouta & El-Sarraj, 2004; Rytter, Kjældgaard, Brønnum-Hansen, & Helweg-Larsen, 2006).

The Palestinian children who are part of the society living under occupation suffer from insomnia, fear of the dark, phobias, depression, bedwetting, social withdrawal, negative social-interaction, aggressive behaviour, forgetfulness and truancy from school. These indicators reveal that it is almost impossible to have a normal childhood in Palestine under the current circumstances and it is affecting their future psychological well-being (Altawil, 2008).

The Palestinian nation experienced traumatic events imposed by armed and/or military violence together with restriction of movement through checkpoints, closures and curfews. Traumatic events such as shootings, bombings, destruction of houses, fields, physical violence and deaths occur on a daily basis (Abdeen et al., 2008; Qouta & El-Sarraj, 2004; Rytter et al., 2006).

Numerous studies have indicated distinctive psychological and behavioural impacts of traumatic experiences during the war among children and young people, especially children in Palestine, regarding to psychological health, well-being, and recovery have revealed that

children who live in war zones are at high risk of suffering from mental health problems, such as; PTSD, insomnia, depression, low feeling of self-efficacy and self-esteem, anxiety and depressive symptoms, cognitive distortions, behavioural disturbances, and psychological unsettling influences (Baker, 1990; Chimienti, Nasr, & Khalifeh, 1989; Clarke, Sack, & Goff, 1993; Foa, Ehlers, Clark, Tolin, & Orsillo, 1999; Garbarino & Kostelny, 1993; Moro, Frančišković, Varenina, & Urlić, 1998; Saigh, Mroueh, Zimmerman, & Fairbank, 1995; Stubbs & Soroya, 1996; Worden, 1996) They also show problems in social relations such as; fear of the dark, phobias, bedwetting, social withdrawal, negative social-interaction, aggressive behaviour, insecure attachment, forgetfulness, somatic disorders and psychosocial behavioural problems, horror, anger, sadness, humiliation, guilt, nightmares and emotional troubles (Foa et al., 1999; Giaconia, Reinherz, Silverman, Pakiz, Frost, & Cohen, 1995; Punamäki, 1997; Qouta, Punamäki, Miller, & El-Sarraj, 2008; Vila, Porche, & Mouren-Simeoni, 1999), as well as academic difficulties such as low grades, concentration difficulties, and truancy from school (Altawil, 2008; Kanninen, Punamäki, & Qouta, 2003; Qouta & El-Sarraj, 2004; Thabet & Vostanis, 2000) These indicators reveal that it is almost impossible to have a normal childhood in Palestine under the current circumstances and it is affecting their future psychological well-being.

The Palestinian children need to stand up, adapt-well, bounce back, recover and endeavour to overcome all difficulties in spite of the circumstances that surround them. Given that the majority of people are exposed to traumatic events, the question is how to foster the capacity to overcome such difficult circumstances (Hobfoll, Mancini, Hall, Canetti, & Bonanno, 2011; Nguyen-Gillham, Giacaman, Naser, & Boyce, 2008; Thabet & Thabet, 2015a).

A study by Abu Hein, Qouta, and El Sarraj (1993) found a high rate, about (25%) of the Palestinian students that were living in Gaza strip they were exposed to traumatic experiences during the first

intifada. Another study revealed that Palestinian children who living in the West Bank they were mainly suffer from behavior and psychosomatic problems (Baker, 1990).

Trauma is a concept borrowed from the medicine field, which refers to a physical wound that is healed through the capacity of the body. In the context of psychological wounds, trauma is defined as "a state of physical and/or emotional shock, which may be a result of real, anticipated, imagined or forgotten experiences, or encounters. Trauma may occur at an individual level, a group level, and a cultural level" (Laungani, 2002, p. 41).

Individuals or groups exposed to traumatic experiences generally demonstrate some form of stress, which is why it is often referred to as traumatic stress. Traumatic stress, however, does not necessarily lead to PTSD or other mental disorders; in fact, the majority of cases resolve themselves over time and does not create any lasting psychopathology (Breslau, 2004).

Trauma theory is a concept used in literature to describe the multiple concepts related to trauma and traumatic stress, such as responses and interventions to trauma (Kirmayer, Lemelson, & Barad, 2007). Throughout past decades, trauma theory has moved from an analogy of physical wounds towards different models of physiological and psychological processes (Kirmayer et al., 2007).

In general, these models share a bio-medical conceptualization of traumatic stress, whereby the presence of certain symptoms or behaviors provide evidence of a disorder. Treatments for disorders such as PTSD include specific pharmacological and/or therapeutic approaches. Although trauma practitioners come from multiple disciplines, contributors to trauma theory have mainly come from psychiatry, neuroscience, and psychology perspectives (Suarez, 2011).

Individuals who are directly or indirectly exposed to war and conflict experience a variety of adverse short and long-term psychological reactions. Common symptoms and reactions in the aftermath of potentially traumatic experiences include anger, sleeping difficulties, nightmares, and avoidance of situations that are reminders of the trauma, impairment of concentration, and guilt due to survival or lack of personal injury during the traumatic event. A number of studies have found a high prevalence of symptoms, including Post Traumatic Stress Disorders (PTSD) among children exposed to war trauma, state-sponsored terrorism or interpersonal violence (Palestinian Center for Human Rights, 2009).

Although responses to traumatic experiences may be universal, there is no agreement as to how to assess, define, classify or manage these responses (Giacaman, Shannon, Saab, Arya, & Boyce, 2007).

The diagnosis of PTSD has been traditionally used as a measuring stick for assessing the impact of war and violence on the emotional, psychological and behavioral well being of people exposed to traumatic situations, particularly to war, violence and conflict (P.C.B.S, 2006).

The reliance on psychiatric interviewing in assessing trauma has been increasingly criticized, especially when applied to a non-Western setting (Currie, Samdal, Boyce, & Smith, 2001). Instead, an emphasis on the need to understand the role of cultures in conceptualizing, experiencing and expressing distress has been noted (Baker & Shalhoub-Kevorkian, 1999). This is especially important given that evidence demonstrates that cross-cultural differences exist in the manner by which emotional and behavioral disorders and problems are expressed (Rahman, Mubbashar, Harrington, & Gater, 2000).

Moreover, in situations of war and conflict, violence and trauma are often experienced collectively, with repercussions for a sense of community security, and not merely individually (Giacaman et al., 2007). In this regard, some scholars have also attempted to resolve this disjuncture by harmonizing different perspectives of individual and collective trauma (e.g. (Abramowitz, 2005), (Kienzler, 2008)). In response to this, new dimensional approaches to trauma are being developed, which integrate the biological, cultural and clinical dimensions of trauma in the explanatory framework of trauma (e.g. (Kirmayer et al., 2007)). Indeed, international research has shown a recent emphasis on psychosocial interventions rather than psychotherapeutic in war torn zones, such as Palestine (Shalhoub-Kevorkian, 2008).

Studies confirm that Palestinian children are surviving from traumatic events. Researchers and psychologists have emphasized disappointment and unhappiness as well as anxiety and depression rather than the strengths and potentialities of the people of Palestine. Recently, a new trend has risen in APA researchers' attitudes toward the positive aspects of human strengths, specially conducted under the trustworthiness of Martin Seligman, (Furnham & Cheng, 2000; Khanzade, Moltafet, & Sadati, 2007).

Positive psychology has a brief history (less than a decade) and an extensive background (Greece philosophers and oriental thinkers) (Campbell-Sills, Cohan, & Stein, 2006). The final target of this approach is identifying methods that follow human's well-being and happiness. According to this approach, resilience is a construct that has a significant position in field of psychological studies, especially health psychology, family psychology, developmental psychology, and mental health. Research in this construct is increasing (Kaydkhorde, 2014).

Resilience research has developed over the last three decades as a target of social policy initiatives. Initially the aim was to increase the capacity of children and adolescents to reduce the psychosocial impact of adversities and subsequently, to help communities to resist adverse experiences and community wide exposure to traumatic events.

Rutter (1993) defined resilience as the capacity of individuals, schools, families and communities to cope successfully with everyday challenges, including life transitions, times of cumulative stress and significant adversity or risk. It refers to those characteristics of students and their experiences in families, schools and communities that allow them to thrive despite exposure to adversity and deficiencies in the settings of their daily lives (Khanzade et al., 2007).

Resilience in children is considered the capacity to resist negative psychosocial consequences resulting from adverse events. It is not just the absence of psychopathology following a potentially traumatic event, but an active process, which maintains personal stability in difficult circumstances over time. It developed originally from interest in the prevalence and risk factors for psychosocial morbidity in children and young people and then onto protective factors, which identify those whom seemed to be less vulnerable to adverse experiences (Rutter, 1993).

Within the last decade certain psychologists and researchers have tried to bring new definitions for psychological resilience Kaydkhorde (2014). Bonanno (2004) has defined resilience as the ability to maintain a state of normal equilibrium in the face of extremely unfavorable circumstances. To enhance resilience, it is necessary to have an understanding of its determinants. Various factors such as beliefs, attitudes, coping strategies, behaviours and psychosocial cohesion have been suggested as conveying protection or endorsing resilience in the face of trauma (Bonanno, 2004). It has been argued that

factors that produce resilience such as religious faith and socio-political effectiveness induces a sense of self control (Janoff-Bulman, 1998).

Almedon (2005), as cited in (Suarez, 2011), asserts that comprehensive review on resilience concluded that all the theories of resilience ultimately show "that a number of alternative pathways and scenarios are possible and observable among disaster victims-survivors" (Suarez, 2011). A multidimensional view of resilience has been developed recently by Masten and Obradovic (2008). This view holds that resilience can adopt three different forms: first, as a capacity to overcome odds: how to achieve better than expected outcomes; second, as a resistance factor to stress: how to keep functioning well in very difficult conditions; and third, as a pattern of recovery: how to regain effective functioning after exposure to traumatic stress. This definition clearly suggests that resilience is a positive adaptation that is dynamic and open-ended.

Resilient students have various strengths or internal assets which, when coupled with environmental or external strengths, can be described as protective factors. Typically, resilient students are recognized by their high self-esteem, internal locus of control, optimism and clear aspirations, achievement and goal-orientation, reflectiveness and problem-solving capacity, respect for the autonomy of themselves and others, healthy communication patterns, and the capacity to seek out mentoring adult relationships (Barber, 2009; Fuller, 1998).

The absence of proof of unsettling influence in an individual has been found in the past as a strange reaction to traumatic events as though no response was pathological itself. We now see this as being with-in the scope of typical responses. This individual is simply expressing resiliency to the occasion contrasted with others. Regardless of the fact that the rates of people demonstrating brokenness may get to be higher in amazing occasions, numerous show resilience. It has additionally now been perceived that an extensive scope of very

distinctive and inconsequential credits adds to resilience. Indeed, even in youngsters who show resilience, they utilize a vast scope of techniques to accomplish it. For the most part we know more about risk factors for poor changes than resilience in essence (Cubis, 2012).

The factors regularly viewed as vital for resilience in grown-ups have been gender, education, age, and personality. In kids and youngsters' troubles in communicating distress and complex social, formative cooperation and discontinuities after some time make these less sure. Factors connected with exposure, especially harm and the experience being life debilitating, for the most part build negative results and along these lines are prone to test resilience more. Along these lines the traumatic experience is said to have a "measurements reaction inclination." The more terrible the exposure, the more prominent probability resilience is overpowered (Cubis, 2012).

Post exposure factors such as fewer consequences, better economic capacity and the availability of instrumental social support are associated with improved resilience. Previous and repeated exposure increases vulnerability, particularly childhood adversity. Some children and young people can also be seen as more vulnerable in adverse events. Those with disabilities being the most clear example (Cubis, 2012; Peek & Stough, 2010).

In fact, resilience is positive adaptation in reaction to worse conditions. Resilience reduces anxiety and depression and resilient individuals can cope with harmful effects and maintain their mental health. As a result, high resilience reducing emotional problems and creates mental health (Samani, Jokar, & Sahragard, 2007). Therefore, by increasing resistance and resilience; we can prevent covert damages, which have threatened individuals. On the other hand, basic psychological needs theory [BPNs] adds new components to modify psychological needs and their relationship with mental health and

happiness by closer look. Based on this, this research investigates satisfaction of BPNss with resilience.

Deci and Ryan (2008) developed the theory of Self-determination [SDT]; SDT as an approach to human motivation and personality that uses traditional empirical methods while employing an organismic meta-theory that highlights the importance of humans' evolved inner resources for personality development and behavioral self-regulation (Ryan, Kuhl, & Deci, 1997). By using the empirical process, the researchers identified three needs; the need for competence (Harter, 1978; White, 1963), relatedness (Baumeister & Leary, 1995; Reis, 1994), and autonomy (DeCharms, 1968; Deci, 1975), that appear to be essential for facilitating optimal functioning of the natural propensities for growth and integration, as well as for constructive social development and personal well-being (Deci & Ryan, 2000).

Briefly, the experience of a sense of effectiveness in interacting with one's environment is referred to competence (White, 1959); the experience concerned with satisfaction of love and care by significant others is referred to relatedness (Baumeister & Leary, 1995; Deci & Ryan, 1985a) and finally, autonomy, which is perhaps the most debated and studied need in SDT, refers to the experience of volition, self-endorsement, and self-regulation of one's behavior (Ryan & Deci, 2006).

According to BPNT; Deci and Ryan (2000) hold considerable appeal to understand the relationship between the social contextual environment and people's well-being and ill-being. Within BPN theory, Deci and Ryan (2000) posit that human beings are active, growth-oriented organisms who strive for opportunities to fulfill key psychological needs. When these psychological needs are fulfilled, optimal psychological well-being should occur (Gunnell, Crocker, Wilson, Mack, & Zumbo, 2013).

In the same context, Ryan and Deci (2000) argued that satisfaction of the BPNs for autonomy, competence, and relatedness improves an immediate well-being, and strengthens inner resources as factors of resilience, whereas need frustration recall the ill-being and increased vulnerabilities for defense mechanisms and psychopathology (Vansteenkiste & Ryan, 2013).

The main goal of this research is to discover the relationships of Psychological Resilience, Satisfying the BPNs (Autonomy, Competence, and Relatedness), and Exposure to Traumatic Events among the Palestinian basic school students in West-Bank Directorates by using structural equation modeling.

2. Statement of Problem

Research show that resilience had been widely studied but there is no study that directly studied relationships among meeting students' BPNs, resilience, and exposure to traumatic events at least in searches for this study. Research in this field is necessary to achieve practical recommendations especially among Palestinian students those who live under occupation. Therefore, this study was conducted to determine the relationships among meeting BPNs, exposure to traumatic events, and resilience of students. Particularly, this study explores the roles of satisfying BPNs (autonomy, competence, and relatedness), and exposure to traumatic events in determining the resilience of the eighth and the ninth grades students. Specifically, how autonomy, competence, and relatedness affect resilience. On the other hand, how exposure to traumatic events determine resilience. Therefore, the study question is **"How satisfying the basic psychological needs and exposure to traumatic events affect the resilience among the eighth and the ninth grades students in Palestine?"**

3. Aims of the Study

This quantitative study aims to investigate the roles of satisfying the BPNs and exposure to traumatic events in prediction psychological resilience among Palestinian students in the eighth and the ninth grades those who live under occupation in West-Bank. Furthermore, this study aims to explore the prevalence of the traumatic experiences that are exposure by Palestinian students, to identify the level of fulfillment of BPNs, and to determine psychological resilience. In addition, the current study tries to discover differences in Psychological Resilience levels, BPNs, and exposure to traumatic events according some independent variables (Gender - Directorate – Grade - Place). To achieve this aim, the following areas will be investigated:

- The prevalence of exposure to traumatic events among Palestinian basic school students.
- The Degree of Psychological Resilience among Palestinian basic school students.
- The Degree of satisfying the BPNs among Palestinian basic school students.
- The roles of satisfying the BPNs and exposure to traumatic events in association with psychological resilience among Palestinian basic school students.

4. Research Questions

The main research questions for quantitative study are as follows:

1. What is the degree of exposure to traumatic events, psychological resilience and satisfying BPNs among Palestinian

basic school students (eighth and ninth grades) according to (gender, place, grade, and directorate)?

2. Are there significant relationships between psychological resilience, exposure to traumatic events and satisfying the BPNs among Palestinian basic school students (eighth and ninth grades)?

5. Significance of the study

This study highlights the significance of satisfying the psychological needs among basic school students who are exposed to traumatic experiences and living within harsh conditions as an outcome of their presence in a society that languishes under occupation and suffers from adversity on their daily life, and the satisfaction the psychological needs is considered as one of the most important factors that increases the degree of psychological resilience among students; (eighth and ninth grades), also psychological resilience is considered as crucial for the individuals to overcome the adversity, and it is an ability to adapt and to do well.

6. Definition of terms

6.1 Traumatic Experiences

The person experienced, witnessed, or was confronted with an event where there was the threat of or actual death or serious injury. The event may also have involved a threat to the person's physical well-being or the physical well-being of another person (Frances, 2013).

6.2 Psychological Resilience

Resilience is the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress; such

as family and relationship problems, serious health problems or workplace and financial stressors. It means, "bouncing back" from difficult experiences (American Psychological, 2010).

6.3 Self-Determination Theory [SDT]

Self Determination Theory is presented by Deci and Ryan (2000); "Self-determination Theory [SDT] represents a broad framework for the study of human motivation and personality. SDT articulates a meta-theory for framing motivational studies, a formal theory that defines intrinsic and varied extrinsic sources of motivation, and a description of the respective roles of intrinsic and types of extrinsic motivation in cognitive and social development and in individual differences. Perhaps more importantly SDT propositions also focus on how social and cultural factors facilitate or undermine people's sense of volition and initiative, in addition to their well-being and the quality of their performance. Conditions supporting the individual's experience of autonomy, competence, and relatedness are argued to foster the most volitional and high quality forms of motivation and engagement for activities, including enhanced performance, persistence, and creativity."

6.4 BPNs

According to the BPNs Theory, the needs for competence, autonomy, and relatedness; must be ongoingly satisfied for people to develop and function in healthy or optimal ways (Deci & Ryan, 2000). In SDT, basic psychological need satisfaction is assumed to represent the underlying motivational mechanism that energizes and directs people's behavior (Ryan & Deci, 2000).

6.5 The need for autonomy

Represents individuals' inherent desire to feel volitional and to experience a sense of choice and psychological freedom when carrying out an activity (DeCharms, 1968); Deci and Ryan (2000).

6.6 The need for competence

Is defined as individuals' inherent desire to feel effective in interacting with the environment (Deci & Ryan, 2000; White, 1959).

6.7 The need for relatedness

Is defined as individuals' inherent propensity to feel connected to others, that is, to be a member of a group, to love and care and be loved and cared for (Baumeister & Leary, 1995).

CHAPTER II

LITERATURE REVIEW

The following review of the literature will present the theoretical framework that could explain the links among all the factors of interest; it is Self-Determination Theory [SDT] (Deci & Ryan, 2000). SDT will interpret how BPNs (autonomy, competence, and relatedness) and how exposure to traumatic events are related to psychological resilience.

Historically, research on psychological resilience has been carried out primarily in Western societies. However, the unique conditions of Palestinians suggest that assumptions based on previous research should not simply be applied broadly on occupied Palestine. The primary goal of this project is to show how BPNs (autonomy, competence, and relatedness) and exposure to traumatic events model are related to psychological resilience among Palestinian students. Information about each variable of interest was presented in a sequential manner, starting with a show the theoretical frameworks, then reviewing autonomy, competence, and relatedness needs, traumatic experiences, and psychological resilience constructs literature.

1. Self-Determination Theory [SDT] and BPNs

It represents a broad framework for the study of human motivation and personality. SDT is a process driven by the intrinsic motivation of each of us to be the primary determiner of our thoughts, feelings, and behavior (Abery, 1994). Moreover, it is acting as the primary causal agent in one's life and making choices and decisions regarding one's quality of life free from undue external influence or interference (Wehmeyer, 2001) and we can consider SDT as a combination of skills, knowledge, and beliefs that enable a person to engage in goal-directed, self-regulated, autonomous behavior. An understanding of one's strengths and limitations, together with a belief

of oneself as capable and effective are essential to self-determination. When acting on the basis of these skills and attitudes, individuals have greater ability to take control of their lives and assume the role of successful adults in our society (Field, Martin, Miller, Ward, & Wehmeyer, 1998).

SDT articulates a meta-theory for framing motivational studies, a formal theory that defines intrinsic and varied extrinsic sources of motivation, and a description of the respective roles of intrinsic and types of extrinsic motivation in cognitive and social development and in individual differences. Perhaps more importantly SDT propositions also focus on how social and cultural factors facilitate or undermine people's sense of volition and initiative, in addition to their well-being and the quality of their performance. Conditions supporting the individual's experience of autonomy, competence, and relatedness are argued to foster the most volitional and high quality forms of motivation and engagement for activities, including enhanced performance, persistence, and creativity (Deci & Ryan, 1985a, 2000).

Formally SDT includes five mini theories, each of them was created to clarify an arrangement of motivationally based phenomena that rose up out of lab and field research: Cognitive Evaluation Theory (CET); concerns inherent motivation, motivation that depends on the fulfillments of carrying on "for its own particular purpose." Second sub-theory, alluded to Organismic Integration Theory (Benoit, Lavoie, Muray, Watson, & Beaudoin), which acquainted with point of interest the distinctive types of extrinsic motivation and the contextual factors that either promote or prevent internalization and reconciliation of the regulation for these practices. The third sub-theory refers to Causality Orientations Theory (COT); depicts individual differences in people's tendencies to situate toward environments and direct conduct in different ways. COT depicts and evaluates three kinds of causality orientation: the autonomy, control, and amotivated orientation. The fourth sub-theory refers to Goal Contents Theory (GCT), becomes out

of the qualifications in the middle of intrinsic and extrinsic goals and their effect on motivation and wellness (Deci & Ryan, 1985a; Deci & Ryan, 1985b; Deci & Ryan, 2000).

The fifth sub-theory, Basic Psychological Needs Theory (BPNT) postulates the idea of advanced psychological needs and their relations to psychological health and well-being. BPNT contends that psychological well-being and ideal functioning is predicated on autonomy, competence, and relatedness. In this way, connections that support versus thwart these needs ought to invariantly affect wellness. The theory contends that everything three needs is vital and that if any is upset there will be unmistakable practical expenses. Since basic needs are all inclusive parts of working, BPNT takes a gander at cross-formative and cross-cultural settings for approval and refinements (Deci & Ryan, 1985a; Deci & Ryan, 1985b; Deci & Ryan, 2000).

In addition SDT proposes that the degree to which any of these three psychological needs is unsupported or thwarted within a social context will have a robust detrimental impact on wellness in that setting (Deci & Ryan, 2000; Deci & Vansteenkiste, 2004; Yaqoop, 2013).

Research has shown that satisfaction of each of these three needs is related positively to well-being and negatively to ill-being across different cultures and life domains (e.g., (Reis, Sheldon, Gable, Roscoe, & Ryan, 2000; Ryan & Deci, 2000; Vansteenkiste, Lens, Soenens, & Luyckx, 2006)).

1.1. Autonomy

A central tenet of SDT involves the postulation of a set of BPNs, that is, the needs for autonomy, relatedness, and competence (Deci & Ryan, 2000). The need for autonomy refers to the need to experience a sense of volition and choice in one's activities. According to SDT,

autonomy refers to people's feelings of volition, agency, and initiative (Deci & Ryan, 1985a). According to SDT, autonomy is not defined as independence or separateness (Chirkov, Ryan, Kim, & Kaplan, 2003). According to SDT, autonomy relates to the experience of agency and authenticity, to the experience of an internal perceived locus of causality. When an individual operates based on an internal perceived locus of causality, they have felt competence and their actions are autonomous. In summary, the SDT's theoretical construct provides one with the empirical means to assess one's perceived locus of causality (i.e., degree of autonomy).

1.2. Competence

The need for competence reflects the need to feel effective in one's actions and to be able to achieve one's goals (Ryan & Deci, 2000). According to SDT, competence refers to an individual's feelings of curiosity, challenge, and efficacy (White, 1959). In the context of the classroom, the need for competence characterizes students' desire to understand their schoolwork. In 1959, White published a classic paper presenting evidence that an intrinsic need to feel competent is an innate characteristic of all humans. As such, exploration behaviors and attempts at mastery are best explained by this innate need.

1.3. Relatedness

The need for relatedness reflects the need to feel loved and cared for by significant others (Deci & Ryan, 2000). Theoretically, according to SDT, relatedness involves feeling connected with and cared for by another (Baumeister & Leary, 1995; Connell & Thompson, 1986). Sensitive parenting can be characterized as loving, warm, and nurturant, which implies supports for relatedness. Relatedness involves the quality of relationships and support a student feels they have with their teachers, peers and family (Deci & Ryan, 1987). It is a construct that

has arisen out of the self-determination literature as being related to the constructs of autonomous and controlled motivation.

Relatedness, involves students' desire for experiences of belonging, personal support, and security in their school relations (Wentzel, 2002). Lastly, autonomy involves students' need to make important decisions with regard to the "initiation, inhibition, maintenance, and redirection of activities" (Connell, 1990).

According to BPNs theory; Deci and Ryan (2000) hold considerable appeal to understand the relationship between the social contextual environment and people's well-being and ill-being. Within BPNT, Deci and Ryan (2000) posit that human beings are active, growth-oriented organisms who strive for opportunities to fulfill key psychological needs. When these psychological needs are fulfilled, optimal psychological well-being should occur (Gunnell et al., 2013). In the same context, Ryan and Deci (2000) argued that satisfaction of the BPNs for autonomy, competence, and relatedness improves an immediate well-being, and strengthens inner resources as factors of resilience, whereas need frustration recall the ill-being and increased vulnerabilities for defense mechanisms and psychopathology (Vansteenkiste & Ryan, 2013; Weinstein & Ryan, 2011). Weinstein and Ryan (2011), They proposed that need satisfaction acts as a buffer in times of stress, reducing both initial appraisals of stress and encouraging adaptive coping after stress-related events occur.

Individuals are satisfied in their need for competence when they perceive themselves as being able to effectively act on the world (White, 1959). Environments can support the competence need by providing positive and constructive feedback and by presenting challenges that are optimally challenging. Individuals feel a sense of relatedness when they perceive themselves as close and connected to others, supported when others relate authentically to them and express care and concern. Moreover, people experience autonomy when they

experience their behaviours as self-volitional and congruent (DeCharms, 1968; Ryan & Connell, 1989). Autonomy is supported in environments that encourage behaviour congruent with the individual's desires and values, rather than those that serve others' interests.

When the environment allows individuals to satisfy their needs, they can begin to pursue a course that is filled with deep feelings of both meaning and aliveness (Ryan & Frederick, 1997). As well, consistent deprivation of needs is considered a cumulative risk factor for stress incursion and poor stress response. Studies have shown that need satisfaction plays a role in stress regulation, being associated with lower anxiety, symptoms of depression, burnout, and higher vitality (Gagne, 2003 2003; Lynch Jr, Plant, & Ryan, 2005 2005; Reis et al., 2000). Studies demonstrate that perceiving more competence effects on adapting conduct, such that when people feel more competent, they are more adaptable with selecting coping practices suitable to the circumstance, resulting in better wellbeing and bring down maladaptive wellbeing related practices. Interestingly, when competence is defeated, individuals will probably be resolute in their coping. One study on 2000 teenagers demonstrated that academic competence was a protective buffer to make young children resilient to stress, driving them to lower substance use (Wills & Cleary, 1996).

2. Psychological Resilience

Positive psychology has a brief history (less than a decade) and an extensive background (Greece philosophers and oriental thinkers) (Campbell-Sills et al., 2006). The final target of this approach is identifying methods that follow human's well-being and happiness. According to this approach, resilience is a construct that has a significant position in field of psychological studies, especially health psychology, family psychology, developmental psychology, and

mental health. Research in this construct is increasing (Kaydkhorde, 2014).

The idea of resilience initially emerged from studies led in the 1970's in the fields of psychopathology, (see Table 1, Resilience historical view and background), traumatic stress, and poverty. While concentrating on the impacts of risk factors on children's' development (i.e., factors which improve the probability of poor or negative improvement), researchers found that several children who were showed serious stressors did not experience negative developmental results (Garmezy, 1971; Rutter, 1979; Wemer & Smith, 1982).

With later reflection, and after other subsequent exploration, Anthony and Cohler (1987) recognized that the idea of invulnerability had a to some degree legendary cast, offered the perception that the adaptation of the children must be seen in the setting of a specific risk and required an examination of the resilience children display in their adapting and development of fitness even with difficulties. Confronting an abnormal state of risk, children of parents with extreme schizophrenia who thrived in spite of miserable living conditions were at initially judged to be "invulnerable", that is to be resistant to the stressors that encompassed them (Anthony, 1974).

The most gainful consideration of resilience is found in the work of Garmezy and his colleagues, who have led research for more than two decades at the University of Minnesota on the positive adaptation of children under conditions of high risk or confronting a gathering of life stressors. Expanding on prior studies of children at risk for developmental psychopathology (Garmezy, 1971), Project Competence concentrated on both regulating group tests and children under high risk (Masten, Morison, Pellegrini, & Tellegen, 1990b) and analyzed the relationship between life stress exposure and showed competence.

Project Competence researchers discovered proof that specific connects of skill served as directing protective factors for these children. They additionally noticed that resilience, in general similar to adaptation, is contextual, and is influenced by the group of stars of protective factors and risk factors that are available in the families, and more extensive society, which make up the situations of people ending up in testing circumstances (Masten, Best, & Garmezy, 1990a).

The term resilience has been utilized to mark three distinct sorts of wonders: (a) individuals who have encountered traumatic events however have possessed the capacity to recover well; (b) individuals who fit in with high-risk groups, yet who have more great outcomes than anticipated; and (c) individuals who show positive adaptation regardless of life stressors (Masten et al., 1990a).

Although, individual traits (e.g., IQ, temperament) can impact outcomes in the connection of misfortune, they are likewise frequently firmly influenced by both hereditary and logical factors, and are hence not completely owing to the child (Luthar & Cicchetti, 2000). This difference is especially critical in light of the fact that if resilience is understood as an individual characteristic, policy makers might then utilize it as excuse to prevent the services which provide to at-risk children based on that resilience originates from inside of the individual (Luthar & Cicchetti, 2000).

Resilience is at present conceptualized as a dynamic process comprising of cooperative transactions between the child and environment (Luthar & Zelazo, 2003; Masten, 2001). Essentially, this conceptualization rejects the thought of resilience as personal or individual trait. Indeed, researchers have cautioned against utilizing such terms as "resiliency" in light of the fact that might cultivate viewpoints that accuse the individual for their negative outcomes (Luthar & Cicchetti, 2000).

Resilience referred to better psychological functioning despite suffering risk experiences or stress that would be expected to threaten adaptation or development or cause future psychological distress (Bonanno, 2004; Masten, 2001; Rutter, 2006). Resilience is generally explained and studied in the context of a two dimensional construct concerning - The exposure of adversity, and - The positive adaptation outcomes of that adversity (Luthar, Cicchetti, & Becker, 2000).

Table 1
Resilience historical view and background

STUDY		Main Points
Garmezy (1971)	Vulnerability research and the issue of primary prevention	Shift the emphasis from the risk factors to study the powers that move these children to survive and adapt, such as; good relations with peers, good academic achievement, commitment to education and early and successful work history.
Rutter (1979)	Protective factors in children's responses to stress and disadvantage	Study of children of mentally ill parents, revealed that half of children showed a positive developmental outcome. The school environment can serve as a protective factor to buffered children from the harmful effects of stress.
Werner and Smith (1982)	Vulnerable, but invincible: a longitudinal study of resilient children and youth	Longitudinal study of 698 children on the Hawaiian island of Kauai, it founds that 201 children identified as high risk, and 72 of those children showed a good outcomes by adolescence. Protective factors were internal and external to the individual alike, and included tendency factors, emotional relationships within the family, and external environmental supports.
Masten et al. (1990a)	Resilience and Development: Contributions from the Study of Children Who Overcome Adversity	The human psychological development is highly buffered and that long-lasting consequences of adversity usually are associated with either organic damage or severe interference in the normative protective processes embedded in the caregiving system. Children who suffer from chronic conducted adversity recover more successfully when they have a

STUDY		Main Points
		positive relationship with a competent adult, who they are well educated and have solve problem skills, they are engaged to other people, and they have areas of competence and perceived effectiveness appreciated by self or society
Bonanno (2004)	Loss, Trauma, and Human Resilience: Have We Underestimated the Human Capacity to Thrive after Extremely Aversive Events?	Researchers might also ask whether adults can learn to be more resilient to aversive events by, for example, extending some of the wellness promotion factors developed for children or whether different protective factors foster resilience for different types of events, as has been suggested by studies of risk factors for PTSD.

STUDY		Main Points
Masten and Narayan (2012)	Child Development in the Context of Disaster, War, and Terrorism: Pathways of Risk and Resilience	The effects of disasters and mass violence on individual development can be described in relation to exposure dose or cumulative risks that pose significant threats or disturbances to individuals, families, or communities; resources or promotive factors required to counterbalance these threats or adversities; and moderators that exacerbate or ameliorate the consequences of the risks, often described as vulnerability and protective processes. Development interacts with biological underpinnings of risk and a child's accumulated experience, and there are likely to be sensitive periods for trauma exposure as well as differentially effective interventions related to developmental status and intervention timing after exposure.
Wright, Masten, and Narayan (2013)	Resilience Processes in Development: Four Waves of Research on Positive Adaptation in the Context of Adversity	The first wave of research focused on the individual capabilities and the internal and external available resources (Protective factors). The second wave, the researchers tried to determine how the impact of these protective factors on adaptation, they realized the role of developmental systems in causal explanations, so they increased the focusing on the role of relationships

STUDY		Main Points
		inside and outside the family. The third wave underlined the importance of improving competence, to design and test interventions to improve resilience by changing the developmental pathways. The fourth wave of research focused in sciences related to genes, brain function, and development.
Sagone and De Caroli (2014)	Relationships Between Psychological Well-Being And Resilience In Middle And Late Adolescents	Showed positive relationships between PWB (environmental mastery, personal growth, and self- acceptance) and resilience: the more the adolescents were able to choose contexts suitable to personal needs, to see themselves as growing and expanding, and to perceive themselves as self-satisfied, the more they were resilient.

Resilience research has developed over the last three decades as a target of social policy initiatives. Initially the aim was to increase the capacity of children and adolescents to reduce the psychosocial impact of adversities and subsequently, to help communities to resist adverse experiences and community wide exposure to traumatic events. Rutter (1993) defined resilience as the capacity of individuals, schools, families and communities to cope successfully with everyday challenges, including life transitions, times of cumulative stress and significant adversity or risk. It refers to those characteristics of students and their experiences in families, schools and communities that allow them to thrive despite exposure to adversity and deficiencies in the settings of their daily lives (Khanzade et al., 2007).

Resilience in children is considered the capacity to resist negative psychosocial consequences resulting from adverse events. It is

not just the absence of psychopathology following a potentially traumatic event, but an active process, which maintains personal stability in difficult circumstances over time. It developed originally from interest in the prevalence and risk factors for psychosocial morbidity in children and young people and then onto protective factors, which identify those whom seemed to be less vulnerable to adverse experiences (Rutter, 1993).

Within the last decade certain psychologists and researchers have tried to bring new definitions for psychological resilience (Kaydkhorde, 2014). Bonanno (2004) has defined resilience as the ability to maintain a state of normal equilibrium in the face of extremely unfavorable circumstances. To enhance resilience, it is necessary to have an understanding of its determinants. Various factors such as beliefs, attitudes, coping strategies, behaviors and psychosocial cohesion have been suggested as conveying protection or endorsing resilience in the face of trauma (Bonanno, 2004). It has been argued that factors that produce resilience such as religious faith and socio-political effectiveness induces a sense of self control (Janoff-Bulman, 1998).

Almedon (2005), as cited in (Suarez, 2011), asserts that comprehensive review on resilience concluded that all the theories of resilience ultimately show "that a number of alternative pathways and scenarios are possible and observable among disaster victims-survivors" (Suarez, 2011). A multidimensional view of resilience has been developed recently by Masten and Obradovic (2008). This view holds that resilience can adopt three different forms: first, as a capacity to overcome odds: how to achieve better than expected outcomes; second, as a resistance factor to stress: how to keep functioning well in very difficult conditions; and third, as a pattern of recovery: how to regain effective functioning after exposure to traumatic stress. This definition clearly suggests that resilience is a positive adaptation that is dynamic and open-ended.

Masten and Narayan (2012) suggest fundamental adaptive systems that are vital to resilience in war conditions: children's own problem solving, self-regulation and social connection, supportive and effective caregiving, and societal hope and belief systems.

Studies that examined the resilience as the absence of PTSD, depression and other signs of emotional distress, also confirm the relation between social and individual factors. A sample of children in the Gaza was studied after the first intifada (89 Palestinian children younger than 14). The data revealed that those who reacted passively to the violence, perceived one parent as rejecting, had high intellect but low creativity and showed high level of PTSD symptoms (Punamäki, Qouta, & El-Sarraj, 2001).

Interdisciplinary scholars who examined this topic (e.g. (Konner, 2007; Rechtman, 2000)), often question whether local cultures offer more effective tools to manage their traumatic experiences (Suarez, 2011; Ungar, 2008). Studies that have specifically focused on the resilience of children exposed to community violence have identified social support from a child's family (parent), school, and peer group to be important in resilience from repeated violence exposure (Hill & Madhere, 1996; O'Donnell, Schwab–Stone, & Muyeed, 2002). Family cohesion and positive coping on the part of parents also appear to lessen the negative impact of community violence (Buka, Stichick, Birdthistle, & Earls, 2001; Plybon & Kliewer, 2001).

Studies of people living in war zones highlight the significance of interdependent coping, confirming that the level of emotional upset and anxiety displayed by parents, not the war itself, is the most important factor in predicting a child's response (Garbarino, Kostelny, & Dubrow, 1991). Ozer and Weinstein (2004) found that specific aspects of social support in the children's family (e.g. perceived

parental helpfulness) and school (e.g. a teacher's helpfulness) provided some level of protection against the deleterious influence of community violence exposure.

Thabet and Sabah (2015a) studied a sample consisting of 502 randomly selected parents and 502 children aged from 9-18 years, in 16 districts in the Gaza Strip. The study showed that the highest factor for resilience was contextual components facilitating a sense of belonging. Children, who were proud of their citizenship and ethnic background, felt safe when they are with their caregivers, have more spiritual beliefs and scored higher on resilience. Furthermore, girls presented more resilience. They displayed more personal skills, peer component, social skills, spiritual beliefs, culture, and educational items while and those children living in refugee camps and villages, also presented a higher resilience.

Adequate monitoring, support, and affection are consistently found to predict resilience as a result of the protective role displayed by good parenting. For instance, a study from the Middle East and Balkan ratified that children's aggression and depression did not increase through intensive exposure to war trauma if their parents used supportive, reliable and no punitive parenting methods (Kerestes, 2006; Qouta et al., 2008). Social support, emotional bonds with siblings and confidence in family resources are considered key to regulating resilience to traumatic stress (Punamäki et al., 2001). Experts have shown how good-quality parenting (Punamäki, Qouta, & Sarraj, 1997), family cohesion (Laor, Wolmer, Mayes, Gershon, Weizman, & Cohen, 1997), and a sense of consistency (Barber, 2009), help develop resilience in contexts of military violence. On the other hand, an increase in stress response in the child's micro (family) and macro (community) social environment makes childhood particularly vulnerable to trauma (Burlingham & Freud, 1944; Laor et al., 1997; McFarlane, 1987; Punamäki, 1987).

In conclusion, many researches point out that family support, and contextual components (education, culture, spiritual) are crucial to foster resilience. Therefore, in those contexts of collective exposure to violence, such as occupied Palestinian territory, individual explanations of distress (such as PTSD) and individual therapeutic approaches, have limited relevance. On the contrary, more research should be done in order to explore the different factors that predict resilience, looking at not only individual components but also including family and contextual ones. More research will provide valuable information to help design specific and successful psychosocial interventions thereby improving contextual and family factors (Rabaia, Giacaman, & Nguyen-Gillham, 2010).

Resilience refers to a flexible combination of attitudes that persons use to help them successfully negotiate and cope with hard times (Benard, 2004; Neenan, 2009). Greater resilience improves individuals' stress management and ability to adapt to and bounce back from adversity (Timmerman, 2014).

Many researchers have found that low levels of resilience are predictive of greater stress and anxiety and as well as being correlated with depression, neuroticism, and low self-esteem. Individuals who lack effective resilience skills were found to have greater difficulty using effective problem-solving strategies to resolve stressful situations (Campbell-Sills et al., 2006; Wilks & Spivey, 2010).

Individuals who approach life struggles with resilient attitudes tend to cope more effectively with ordinary stressors (Hartley, 2013; Weston & Parkin, 2010). Resilience is a remarkably ordinary and common phenomenon of normal adaptation that most persons exhibit in response to the ups and downs of everyday life (Timmerman, 2014).

Individuals who exhibit resiliency are hardy; they are better able to cope with the new demands they encounter. Resilient individuals take

a proactive approach to dealing with everyday hassles and pressures by capitalizing on their strengths (Martin & Marsh, 2008).

2.1 Promote Resilience and protective factors

As mention above, the investigators who deal with the children living at-risk situation, indicates and focus on promotes resilience by improve the protective factors (individual skills, supportive caregivers, and supportive community).

Most studies; (see Table: 2), according to promote resilience point out to reduce and decrease risk factors; those characteristics thought to exhibit a group of children with a higher likelihood of inconvenient outcomes (Masten, 1994), around the child by focusing on promoting protective factors; were characterized as attributes of the child, family, and environment that decrease the negative impact of adversity on child outcome (Masten & Reed, 2002), to achieve positive outcomes which include; absence of a negative outcome (e.g., psychopathology) or the presence of positive adjustment (e.g., academic or social competence), or the combination of both (Vanderbilt-Adriance & Shaw, 2008).

Additionally, the studies on protective factors within the child, positive qualities, which was accounted for consistently in resilient children, have now been grouped into four particular traits:

Social competence; refers to children who are better responsive, dynamic, compassionate, have communication skills, shows a sense of humor, and capable to make a good relations with peers (Luthar & Cicchetti, 2000; Masten, 1986; Masten, 2001).

Problem solving skills; refer to child's ability to think abstractly, flexibly and reflector so that they can find a solution to the problem, whether cognitive or social. And be able to change frustrating conditions (Sapienza & Masten, 2011).

Internal locus of control or autonomy; refers to an individual's belief that they have control over their decisions and it is connected with autonomy and a strong sense of independence, self-esteem, self-efficacy and self-discipline (Benzies & Mychasiuk, 2009; Fraser & Pakenham, 2009; Norman & Ann, 1986; Rutter, 1985)

Sense of purpose and future; it's considered as the most powerful predictor of positive outcomes in the face of adversity, in addition the academic achievement and desire to succeed has been highlighted as a protective factors and appears to be linked with positive outlook, nevertheless the level of intelligence (Benard, 1991; Benzies & Mychasiuk, 2009; Radke-Yarrow & Brown, 1993; Sapienza & Masten, 2011)

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Table 2
Summary of protective factors, which associated with resilience among adolescent children

Sources	Protective Factor	The Studies
Family	Living with the family members Family functioning Family mental health Parental warmth, encouragement, assistance Cohesion and care within the family Close relationship with a caring adult Belief in the child Non-blaming Marital support Talent or hobby valued by others	(Albuquerque, Almeida, Cunha, Madureira, & Andrade, 2015; Caplan, 1964; Carlson, 1997; Fleming & Ledogar, 2008; Green, Korol, Grace, Vary, Leonard, Gleser, & Smitson-Cohen, 1991; Kinzie, Sack, Angell, Manson, & Rath, 1986; Luthar & Zigler, 1991; Punamäki et al., 2001; Qouta et al., 2008 & El-Sarraj, 2008; Terr, 1983)

Sources	Protective Factor	The Studies
Context	Close peer friendships Connections with positive adult models outside of the family Strong connections to pro-social, Organizations or institutions Positive school experiences Supportive peers Positive teacher influences Success (academic or other) Belief in the individual Nonpunitive Provisions and resources to assist belief in the values of society Traditional activities	(Albuquerque et al., 2015; Burlingham & Freud, 1944; Doll & Lyon, 1998; Fleming & Ledogar, 2008; Laor et al., 1997; Luthar & Zigler, 1991; McFarlane, 1987; Ozer & Weinstein, 2004; Punamäki, 1987)

Sources	Protective Factor	The Studies
Individual	Positive thinking Positive revaluation of the stressor Problem solving skills Self-Regulation of Emotion Self-confidence and esteem Sense of personal autonomy Locus of control Information-processing skills Self-realization Faith or belief system Self efficacy Foundational sense of self Strategies to deal with stress Academic achievement Prosocial attitudes Autonomy Self-acceptance Personal growth Purpose in life	(Albuquerque et al., 2015; Ann & Coatsworth, 1998; Ayers, Sandier, West, & Roosa, 1996; Benard, 1991; Doll & Lyon, 1998; Ebata & Moos, 1994; Fleming & Ledogar, 2008; Garmezy, 1993; Garmezy & Rutter, 1983; Luthar & Zigler, 1991(Masten, 1998 #728; Sagone & De Caroli, 2014; Timmerman, 2014; Werner, 1990; Weston & Parkin, 2010)

3. Psychological Resilience and SDT

The model of motivational resilience used in this study is based on SDT and organized around the assumption that all people come with fundamental organismic psychological needs, focused on competence, relatedness, and autonomy, akin to the physiological needs for hunger,

thirst, and safety (Deci & Ryan, 1985a). According to this perspective, humans innately desire to seek out opportunities to fulfill these needs. They feel energized and joyful during interactions in which their needs are met, and frustrated and dejected when they are thwarted. Based on their history of experiences in particular settings, people construct views of themselves and the world in relation to these needs. Over time, these expectations come to shape their participation in these settings (Skinner, Pitzer, & Brule, 2014).

The construct of resilience has been broadened and employed in reference to all persons and their everyday stressors and strains (Martin & Marsh, 2008; Timmerman, 2014). Resilience is intricately related to behavioural autonomy, self-realization, self-regulation, and psychological empowerment (Weston & Parkin, 2010). Resilient individuals exhibit behavioural autonomy in taking responsibility for their actions. Individuals who are resilient are most likely to possess high levels of self-realization and self-efficacy (Timmerman, 2014). Moreover, resilient individuals do not shy away from challenging tasks but exert even more effort, use more effective strategies, and approach difficult tasks with persistence. Resilient individuals are self-regulate by planning for and setting goals and monitoring their progress toward these goals. People who exhibit self-realization are aware of their strengths and abilities, reflect upon their past successes with challenging events, develop self-efficacious beliefs in their abilities, and demonstrate greater capacities for responding to future events with resilience (Timmerman, 2014). In addition, research show strong association between psychological empowerment and resilience (Pines, Rauschhuber, Norgan, Cook, Canchola, Richardson, & Jones, 2012).

Individuals demonstrate psychological empowerment when they adapt to the demands of new environments, assume an internal locus of control, and believe themselves capable of achieving their goals, additionally Individuals with an internal locus of control appear to be able to handle adversity better than those with an external locus

of control (Frazier et al., 2011). Based on study by Lynam, Catley, Goggin, Rabinowitz, Gerkovich, Williams, Wright, and Motiv (2009), those with a greater internal locus of control were more autonomously or intrinsically motivated, this finding is consistent with the prediction of Self-determination theory (Ryan & Deci, 2000). A study of undergraduate nursing students found a strong association between psychological empowerment and resilience (Pines et al., 2012).

People who felt powerless and experienced psychological distress had less resilience, and poorer defense mechanism. When individuals had weak resiliency and psychological empowerment skills, they were less likely to believe in their abilities or feel that they had a voice. They were less likely to use effective problem-solving strategies to navigate challenges, were less skilled at conflict negotiation, and were more likely to focus on their deficiencies than individuals with strong resilience and psychological empowerment competencies (Timmerman, 2014).

Numerous scholars have noted the bond between resilience and self-determination. Spreitzer (1995) stated that, persons who are empowered or self-determined demonstrate greater resilience. Empowered individuals display resilience, self-determination, power, control, ability, competence, self-efficacy, autonomy, knowledge, and development (Uner & Turan, 2010).

Researchers hold inconsistent notions of the connections between autonomy and resilience. For example, some have posited that psychological empowerment is a trait of self-determination (Wehmeyer, 1996), and others have expressed that self-determination is a component of psychological empowerment (Spreitzer, 1995; Uner & Turan, 2010).

Just as data on how gender may influence self-determination has been contradictory, previous research has found conflicting results on how gender interplays with resilience. Some researchers have found

that females exhibit greater resilience than males (Davidson, Payne, Connor, Foa, Rothbaum, Hertzberg, & Weisler, 2005; DuMont, Widom, & Czaja, 2007; McGloin & Widom, 2001), others have found that males are more resilient than females (Campbell-Sills, Forde, & Stein, 2009; Martin & Marsh, 2006; Stein, Campbell-Sills, & Gelernter, 2009).

Study of Clauss-Ehlers (2008) stressed the importance of considering cultural factors when studying resilience. One significant take-away from this study on resilience that is also important to the study of self-determination is the acknowledgment that cultural norms in one culture may be quite different from those in other cultures. For example, the notion of autonomy and individual control is a predominantly Western ideal. Persons from societies where there is more emphasis on the collective or familial like Arabic culture (e.g. Palestine), rather than on the individual, may not perceive individual autonomy as a desirable skill to foster (Timmerman, 2014).

Some societies define resilience differently and interpret its manifestation in different ways. The emergence, stability, and presentation of resilience are affected, both positively and negatively, by ecological and cultural factors (Clauss-Ehlers, 2008; DuMont et al., 2007). Resilience and self-determination in general, needs to be assessed in ways that take into account the diversity of cultural norms, values, and ideals.

In general, a resilient personality paired with the traits of self-determined behavior best prepares to adapt to new environments and to the increases in personal responsibility and pressures they encounter (Timmerman, 2014). Individuals who capably demonstrate self-determined behaviors and resilience consistently work toward achieving their challenging goals without losing interest or lessening their effort despite hitting a plateau or experiencing outright failure on their first attempt (Timmerman, 2014).

Individuals with resilience and self-determination maintain stamina in pursuit of their goals and stay the course rather than changing trajectories when confronted with obstacles. Like the components of self-determination (Ruban, McCoach, McGuire, & Reis, 2003).

As clear above, SDT is organized around three needs. Students' histories of experiences with school, including their interactions with parents, teachers, and peers who support or undermine their needs, cumulatively shape their academic identities, or their personal convictions about whether they truly belong in school (relatedness), have what it takes to succeed (competence), and genuinely endorse the goals and values of schooling (autonomy). These self-system processes, along with the nature of the academic work students are given (i.e., whether it is authentic, relevant, purposeful, and important) are the proximal predictors of students' motivational resilience (or vulnerability), including their engagement, coping, and re-engagement (Skinner et al., 2014).

4. Traumatic Events

Trauma is a concept borrowed from the medicine field, which refers to a physical wound that is healed through the capacity of the body. In the context of psychological wounds, trauma is defined as "a state of physical and/or emotional shock, which may be a result of real, anticipated, imagined or forgotten experiences, or encounters. Trauma may occur at an individual level, a group level, and a cultural level" (Laungani, 2002).

Individuals or groups exposed to traumatic events generally demonstrate some form of stress, which is why it is often referred to as traumatic stress. Traumatic stress, however, does not necessarily lead to PTSD or other mental disorders; in fact, the majority of cases resolve

themselves over time and does not create any lasting psychopathology (Breslau, 2004).

Trauma theory is a concept used in literature to describe the multiple concepts related to trauma and traumatic stress, such as responses and interventions to trauma (Kirmayer et al., 2007). Throughout past decades, trauma theory has moved from an analogy of physical wounds towards different models of physiological and psychological processes (Kirmayer et al., 2007). In general, these models share a bio-medical conceptualization of traumatic stress, whereby the presence of certain symptoms or behaviors provide evidence of a disorder. Treatments for disorders such as PTSD include specific pharmacological and/or therapeutic approaches. Although trauma practitioners come from multiple disciplines, contributors to trauma theory have mainly come from psychiatry, neuroscience, and psychology perspectives (Suarez, 2011).

Individuals who are directly or indirectly exposed to war and conflict experience a variety of adverse short and long-term psychological reactions. Common symptoms and reactions in the aftermath of potentially traumatic events include anger, sleeping difficulties, nightmares, avoidance of situations that are reminders of the trauma, impairment of concentration, and guilt due to survival or lack of personal injury during the traumatic event. A number of studies have found a high prevalence of symptoms, including Post Traumatic Stress Disorders (PTSD) among children exposed to war trauma, state-sponsored terrorism or interpersonal violence (Palestinian Center for Human Rights, 2009).

Although responses to traumatic events may be universal, there is no agreement as to how to assess, define, classify or manage these responses (Giacaman et al., 2007). The diagnosis of PTSD has been traditionally used as a measuring stick for assessing the impact of war and violence on the emotional, psychological and behavioral well-being

of people exposed to traumatic situations, particularly to war, violence and conflict (P.C.B.S, 2006).

The reliance on psychiatric interviewing in assessing trauma has been increasingly criticized, especially when applied to a non-Western setting (Currie et al., 2001). Instead, an emphasis on the need to understand the role of cultures in conceptualizing, experiencing and expressing distress has been noted (Baker & Shalhoub-Kevorkian, 1999). This is especially important given that evidence demonstrates that cross-cultural differences exist in the manner by which emotional and behavioral disorders and problems are expressed (Rahman et al., 2000).

Moreover, in situations of war and conflict, violence and trauma are often experienced collectively, with repercussions for a sense of community security, and not merely individually (Giacaman et al., 2007).

5. Psychological Resilience and Traumatic Events

Individuals or groups exposed to traumatic events generally demonstrate some form of stress, which is referred to as traumatic stress. The original conceptualization of stress by Selye, 1976 as cited in (Suarez, 2011). However, considered stress to be an adaptive response, where eustress (good stress), or positive stress, and its negative counterpart distress, are potential outcomes (Selye, 1976 as cited in (Suarez, 2011)). In the context of traumatic stress, the dominant discourse has focused primarily on distress, thus underestimating the role of eustress in traumatic experiences (Suedfeld, 1997); however, in the majority of cases, traumatic stress resolves over time without any lasting psychopathology (Tucker, 2002). In other words, resilience is

the norm, and PTSD (or other symptoms of distress) is the exception, e.g. (Shalev, 2007).

The long-lived debate about what constitutes resilience has resulted in multiple definitions of this construct. For example, from a classical developmental perspective, Masten (2001) defines resilience as the successful adaptation or optimal developmental outcomes despite exposure to environmental threats or adversity. Resilience is indeed dependent upon the ability of the individual to survive, as well as the presence of a protective environment, which allows for the exercise of this ability (Notter, MacTavish, & Shamah, 2008).

In the context of adverse traumatic events, Harvey et al (2003) developed an ecological model of recovery and resilience after trauma which point out the "anomalies" in the social ecology, such as racism, poverty and sexism and its detrimental effect on resilience, while emphasizing the conceptualization of resilience as a social process. Other resilience scholars have instead focused on the biological and social factors that allow for the enhancement of resilience (Connor & Davidson, 2003). Similarly, Ungar and colleagues (2008) international work on children and youth resilience adopts an interactional and ecological view of resilience, where resilience is susceptible to enhancement.

As Almedon's, 2005 as cited in Suarez, (2011) comprehensive review on resilience concluded, all of these theories of resilience ultimately show "that a number of alternative pathways and scenarios are possible and observable among disaster victims-survivors" (p.262).

The Connor-Davidson Resilience Scale, CD-RISC, Connor & Davidson, (2003), and the Multidimensional Trauma Recovery and Resilience Scale (Harvey et al., 2003), which have been translated to different languages and adapted to multiple contexts; these instruments considered the individuals' systems contributing to resilience (cognitive, interpersonal skills, emotional), as well as social and

ecological systems - or in other words, measuring how individual resilience is promoted (or not) within responsive systems. Almedon and Glendon, 2007 as cited in Suarez,(2011), have stated, "resilience is not the absence of PTSD any more than health is the absence of illness" (p. 127).

Indicators of psychological distress, such as PTSD, can coexist with a process of resilience. In other words, resilient individuals also experience some level of distress, but the difference with non-resilient individuals is that these experiences of distress did not interrupt their ability to continue functioning in other areas of living (Bonanno, 2008).

Indeed, Masten and Obradovic (2008) noted that the identification of resilience involves two judgments: first, the criteria to judge threats to an individual, and second, and the criteria to judge the individual's systems adaptation to this threat; thus, resilience does not simply mean the presence of good outcomes.

In the context of war trauma, most studies addressing resilience had traditionally focused on refugee populations relocated in USA and Canada. Some recent contributions include Hooberman, Rosenfeld, Rasmussen and Keller's (2010) study with a multi-ethnic sample of victims of torture in New York, and Overland's (2011) grounded theory study of the resilience markers of three groups of survivors of the Khmer Rouge. Radan's (2007) mixed methods study with Salvadoran women refugees in the US measured the resilience of the sample using the MRTT scale (Harvey et al., 2003), and examined the association between resilience scores and a history of traumatic events of participants. Welsh & Brodsky (2010) conducted in depth interviews with a small sample of Afghani women refugees examining their coping strategies in the asylum-seeking process. In general, studies of this kind have focused on refugees' survival and examine different moderators of resilience - social support, coping styles, presence of family - as

protective factors of distress syndromes, and/or offer qualitative narratives of the resilience strategies in use for refugees.

Overall, most studies also conclude that the unwelcoming experiences post-migration are re-traumatizing for the majority of refugees, and often affect their resilience to more of an extent than the war experiences (Suarez, 2011). Lately, a growing interest has developed on studying the resilience of deployed veterans from internationalized wars such as Iraq or Afghanistan. For instance, Maguen and colleagues (2008) found that in 328 military medical personnel preparing for deployment, resilience - measured by the CD-RISC - did not predict PTSD symptoms, however predicted positive and negative effects. In contrast, Roberts, et al, 2007 as cited in Suarez (2011) study on 225 Iraq or Afghanistan veterans found that resilience, also measured by the CD-RISC, was associated with decreased PTSD severity. The long-term effect of being a war prisoner has been studied with veterans of the Korean War by (Gold, Engdahl, Eberly, Blake, Page, & Frueh, 2000); the study measured resilience factors by years of education and age at the time of the events. Trauma severity in captivity and resilience factors, in this order, predicted level of PTSD after 40-50 years of the experience of captivity.

A limited number of studies have examined the resilience of populations living in conflict or post-conflict zones. The majority of these studies have examined the resilience outcomes of children and youth exposed to war, and resilience was conceptualized as the absence of PTSD, depression and other signs of emotional distress. For instance, Punamaki, Quota, and El-Sarrai (2011b) examined the resilience of a sample of 89 Palestinian children younger than 14, after the Intifada violence. These authors found that children who reacted passively to the violence, perceived one parent as rejecting, and had high intellect but low creativity, showed high level of PTSD symptoms. These findings again confirmed the interaction of individual and social factors in the enhancement of resilience.

Giacaman, Shannon, Saab, Arya, and Boyce (2007) studied a large sample of Palestinian youth (N= 3,415) and indicated that youth who coped better with living in a conflict zone were from a city or a village, rather than from a refugee camp, pointing to the importance of social environment on resilience. An interesting finding of this study was that both individual and collective experiences of violence negatively affected the adolescents' mental health - pointing to the importance of collective experiences when examining coping in the aftermath of violence.

Indeed, Rabaia, Giacaman, and Nguyen-Gillham (2010) argue that in the context of the collective exposure to violence in the occupied Palestinian territory, individual explanations of distress (such as PTSD) and individual therapeutic approaches, have limited relevance in comparison with psycho-social interventions that are locally designed and collective in nature. This remarkable survivorship observed in non-Western populations affected by protracted wars also calls for reflection on the factors that cultivate this resilience. Interdisciplinary scholars that have examined this topic, e.g. (Konner, 2007; Rechtman, 2000), often questioning whether local cultures offer more effective tools to lend meaning to their traumatic experiences, and if other idioms of distress such as dissociation, incoherent narratives, and rituals (Suarez, 2011; Ungar, 2008), foster resilience in the context of war. Given the important role of adaptive responses to traumatic stress, it is important to examine the association of resilience with traumatic experiences.

6. The Proposed Model

Based on the above; theoretical framework- SDT and the literature review, the current study serves the purpose of investigating how satisfying the BPNs and exposure to traumatic events affect the resilience among the eighth and the ninth grades students in Palestine.

This study explores the roles of satisfying BPNs in term of autonomy, competence, and relatedness and exposure to traumatic events in shaping the psychological resilience. Structural equation modeling involves the testing of a theoretical pathway model that describes relations among variables. It is similar to factor analysis, multiple regression or path analysis but it is more powerful because it allows for the examination of multiple, association and outcome variables. Structural equation modeling also allows for the testing of complex hypotheses and is more comprehensive than other modeling methods (Kline, 2005).

Based on the previous research, this study will run confirmatory factor analysis [CFA] to test the structures of psychological resilience domains in term of (individual factors, caregiving, and contextual components) and psychological basic needs in term of (autonomy, competence, and relatedness). This study hypothesizes positive path from BPNs to Psychological Resilience (Clauss-Ehlers, 2008; Deci & Ryan, 2000; Pines et al., 2012; Ruban et al., 2003; Skinner et al., 2014; Spreitzer, 1995; Timmerman, 2014; Tuckman, 2003; Uner & Turan, 2010; Wehmeyer, 1996; Weston & Parkin, 2010), and it hypothesizes positive path from exposure to Traumatic Events to Psychological Resilience (Giacaman et al., 2007; Konner, 2007; Masten, 2001; Punamäki et al., 2001; Rabaia et al., 2010; Radan, 2007; Rechtman, 2000; Rutter, 1981; Suarez, 2011; Ungar, 2008). Therefore, this study assumes the following hypotheses, and figure 1 shows the proposed model:

H_A: Children with high level of BPN satisfaction will show high level of resilience.

H_B: Children experiencing high level of trauma will show lower level of resilience.

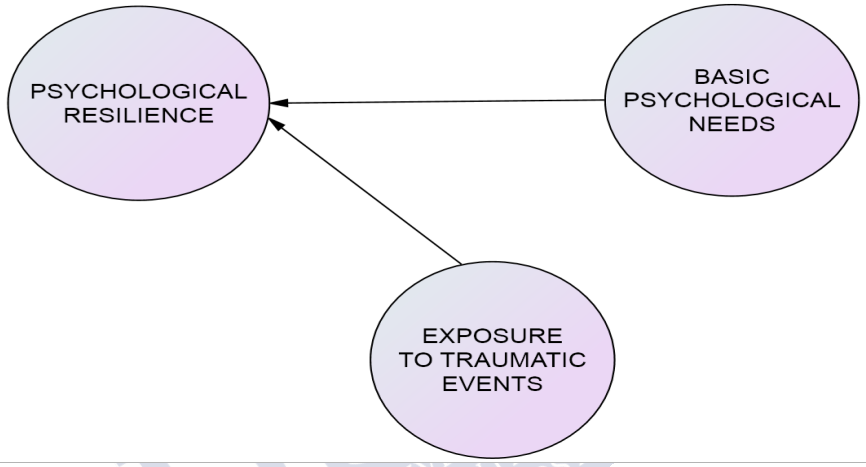

Figure 1. Theoretical model psychological resilience and its relationship with satisfaction of BPNs and exposure to traumatic events among the Palestinian basic school students in West-Bank.

CHAPTER III

STUDY METHOD

1. Study Roadmap

The research roadmap consists of the following steps:

1. Reviewing the literature in order to develop the hypotheses of the model.
2. Study design and identifications of the study's variables.
3. Translating the questionnaires into Arabic language.
4. Conducting a pilot study for constructing of the questionnaires.
5. Sampling and sample selection.
6. Data analysis.
7. Getting the results, presenting discussion of the findings, presenting conclusion, presenting recommendations, and showing the limitations and the weakness.

2. Design of the Study

A correlational cross-sectional design was used for this study using self-report measures, examining the roles of satisfying BPNs in term of autonomy, competence, and relatedness and exposure to traumatic events in shaping the psychological resilience, to examine the relationships between independent and dependent variables. This is to be achieved by using Structural Equation Modeling [SEM] technique.

SEM is a statistical technique for testing and estimating causal relations using a combination of statistical data and qualitative causal assumptions (Kline, 2005). SEM allows both confirmatory and exploratory modeling, which means they are suited to both theory testing and theory development. The concepts used in the model must then be operationalized to allow testing of the

relationships between the concepts in the model. The model is tested against the obtained measurement data to determine how well the model fits the data.

Among the strengths of SEM is the ability to construct latent variables: thus variables that are not measured directly, but are estimated in the model from several measured variables each of which is predicted to 'tap into' the latent variables. This allows the modeler to explicitly capture the unreliability of measurement in the model, which in theory allows the structural relations between latent variables to be accurately estimated. Factor analysis, path analysis and regression all represent special cases of SEM (Kline, 2005).

3. Identifications of the Study's Variables

In this study, the BPNs include three needs that are (autonomy, competence, and relatedness), where Exposure to Traumatic Events types consists of; (Direct individual experiences, Direct material damage experiences, Indirect individual experiences, Proximate experiences, and Distant experiences). BPN satisfaction and Exposure to Traumatic Events types, are independent variables and CFA was used to examine the structures of those constructs.

BPNs and Exposure to Traumatic Events were used in determining the Psychological Resilience as dependent variables. In SEM terms, the independent variable is called exogenous variable, while the dependent variable is called endogenous variable.

3.1 Endogenous Variables

There are factors in a causal model or causal system, whose values are determined by the states of other variables in the system, or they are dependent variables generated within a certain model. Therefore, a variable whose value is changed by one of the functional relationships in that model, a factor can be classified as endogenous or exogenous only relative to a specification of a model representing the causal relationships producing the outcome (Y) among a set of causal factors (X) (Cuttance & Ecob, 2009). In this study the endogenous variables are:

- **Individual factors.** It is a dimension in psychological resilience.
- **Caregiving.** It is a dimension in psychological resilience.
- **Contextual components.** It is a dimension in psychological resilience.
- **Psychological resilience.** This dependent variable is determined by BPNs and exposure to traumatic events.

3.2 Exogenous variables:

It is a factor in a causal model or causal system whose value is independent from the states of other variables in the system; or a factor whose value is determined by factors or variables outside the causal system under study (Cuttance & Ecob, 2009). In the current study the exogenous variables are:

- **BPNs.** This independent variable determines its domains (autonomy, competence, and relatedness) and psychological resilience.
- **Exposure to traumatic events.** This independent variable determines its types; (Direct individual experiences, Direct material damage experiences, Indirect individual

experiences, Proximate experiences, and Distant experiences).

4. Operational Definitions and the Measurement of Study's Variables:

The researcher used three instruments in this study:

- Child and Youth Resilience Measure, with a five-point response scale (CYRM-28).
- Basic Psychological Needs Scale (BPNs).
- Checklist Traumatic Experiences (CTE).

4.1 The Child and Youth Resilience Measure [CYRM]:

International teams of investigators in 11 countries have worked collaboratively to develop a culturally and contextually relevant measure of youth resilience, the Child and Youth Resilience Measure [CYRM-28] (Ungar & Liebenberg, 2011). The team used a mixed methods design that facilitated understanding of both common and unique aspects of resilience across cultures. Quantitative and qualitative stages to its development ensure the CYRM-28 has good content-related validity across research sites. Crossover comparison analyses of the findings from the quantitative administration of the pilot measure with 1,451 youth and qualitative interviews with 89 youth support the CYRM- 28 as a culturally sensitive measure of youth resilience. The implications of this mixed methods approach to the development of measures for cross-cultural research are discussed (Ungar & Liebenberg, 2011).

For the purpose of Developing the Child and Youth Resilience Measure (CYRM-28) the Research sites included the

following countries: Sheshatshiu, an Aboriginal Innu community in Northern Canada; Hong Kong, China; East Jerusalem and Gaza, Palestine; Tel Aviv, Israel; Medellín, Colombia; Moscow, Russia; Imphal, India; Tampa, Florida; Serekunda, the Gambia; Njoro, Tanzania; Cape Town, South Africa; Halifax, Canada; and Winnipeg, Canada (two sites, one with urban Aboriginal youth and the other with non-Aboriginal youth in residential care) (Liebenberg, Ungar, & Van de Vijver, 2012).

The CYRM-28 has three sub-scales, reflecting the major categories of resilience. Furthermore, each sub-scale has its own groupings of questions that serve as indicators of the construct's major categories. The first sub-scale reflects an individual factor that includes personal skills (5 items), peer support (2 items), and social skills (4 items). The second sub-scale deals with caregiving, as reflected in physical caregiving (2 items) as well as psychological caregiving (5 items). The third sub-scale comprises contextual components that facilitate a sense of belonging in youth, components related to spirituality (3 items), culture (5 items), and education (2 items) (Liebenberg, Ungar, & Van de Vijver, 2011).

The validity of CYRM-28 was done between two Canadian samples of youth with complex needs. Method: The CYRM-28 was administered to two groups of concurrent service using youth in Atlantic Canada (n_1 ¼ 497; n_2 ¼ 410) allowing for use of exploratory and CFA. Results shown reproducibility agreement was achieved and sub-scales of the measure were confirmed and shown adequate psychometric properties. The findings add support to the CYRM-28 as a reliable and valid self-report instrument that measures three components of resilience processes in the lives of complex needs youth (Ungar & Liebenberg, 2011). Furthermore, the CYRM-28 was adapted and translated to Arabic environment by Thabet, A., in Gaza-Palestine (Thabet & Thabet, 2015a).

4.2 Basic Psychological Needs Scale [BPNs]:

Central to self-determination theory is the concept of BPNs that are assumed to the innate and universal. According to the theory, these needs the needs for competence, autonomy, and relatedness must be ongoingly satisfied for people to develop and function in healthy or optimal ways (Ryan & Deci, 2000). Many of the propositions of SDT derive from the postulate of fundamental psychological needs, and the concept has proven essential for making meaningful interpretations of a wide range of empirically isolated phenomena.

The BPNs Scale is a family of scales: one that addresses need satisfaction in general in one's life, and others that address need satisfaction in specific domains, these domains include the work domain and the interpersonal relations domain. The original scale had 21 items concerning the three needs for competence, autonomy, and relatedness. Some studies have worked with only 9 items, namely, 3 items per sub-scale. Here, the general and the work versions of the scale have 21 items, whereas the interpersonal relations version has 9 items. The Basic Need Satisfaction at Work Scale has been used most often (Baard, Deci, & Ryan, 2004; Deci, Ryan, Gagné, Leone, Usunov, & Kornazheva, 2001; Ilardi, Leone, Kasser, & Ryan, 1993; Kasser, Davey, & Ryan, 1992). The Basic Need Satisfaction in Relationships Scale was used in (La Guardia, Ryan, Couchman, & Deci, 2000).

The BPNs Scale-general version is contains 21 items and adapted from the BPNs - work version (Ilardi et al., 1993). Respondents indicated on a scale from 1 (not true at all) to 7 (definitely true) the extent to which the psychological needs of autonomy (7 items, $\propto$ = .69), relatedness (6 items, $\propto$ = .86), and competence (8 items, $\propto$ = .71) are generally satisfied in their life. The coefficient alpha of general need satisfaction was .89 (Gagné, 2003).

Form three sub-scale scores, one for the degree to which the person experiences satisfaction of each of the three needs. To do that, you must first reverse score all items that are worded in a negative way (i.e., the items shown below with (R) following the items number). To reverse score an item, simply subtract the item response from 8. Thus, for example, a 2 would be converted to a 6. Once you have reverse scored the items, simply average the items on the relevant sub-scale. They are:

- Autonomy: 1, 4(R), 8, 11(R), 14, 17, and 20(R).
- Competence: 3(R), 5, 10, 13, 15(R), and 19(R).
- Relatedness: 2, 6, 7(R), 9, 12, 16(R), 18(R), and 21.

4.3 Checklist of Traumatic Experiences [CTE]:

This Checklist was created and adapted by Altawil (2008), on Palestinian children and adolescent in the Gaza Strip. The CTE, which consisted of 34 items covering different types of the traumatic events that a Palestinian child may have been exposed to during the second Intifada. These events include beating, witnessing the beating, injury, night raid, humiliation, detention, breaking bones, the killing of family members, house demolition, shelling by tanks, artillery, or military planes. CTE includes five dimensions (e.g., direct individual experiences, direct material damage, indirect individual experiences, proximate, distant). This CTE is will be completed by the child or adolescent (age 10-18) by indicating, "Yes" or "No". The checklists of traumatic experiences catalogued the most traumatic experiences in Palestine to which the Palestinian child had a high probability of being exposed.

As Altawil (2008) mentioned; the participants who were exposed to several traumatic events were grouped into five types as follows: First, direct individual experience: This means that a child

might be exposed to inhaling tear gas, injured by shelling (e.g. wounds, burns, or bone break) by tanks, artillery, or military planes, or shot with live ammunition or a rubber bullet. They might also be injured to the degree that they lost consciousness or were exposed to live fire but not injured from shelling by tanks, artillery, or military planes. Other non-injurious traumatic events might include beating, cordoning of the house or zone, threatening with possibility of not allowing access to home, arresting, attending a martyr's funeral, humiliation, the hearing of explosions or the sound bombs from occupying forces.

Second, direct material damage: This means that a child's house might be destroyed completely or partially by shelling or bulldozing, and the occupying forces have destroyed the lands or farms belonging to the child's family or neighbor. Third, indirect individual experience: This means that a child might be exposed to hearing and seeing a destructive event itself, e.g. witnessing the destruction of someone's house by shelling from tanks, artillery, or military planes. They might also witness a martyr's funeral or the occupying forces not allowing an ambulance to reach a hospital or injured person.

Fourth, proximate experience: This means one of a child's close family members (father, mother, brother, or sister) has been killed or injured, sometimes killed in front of a child's eyes. The child might also be exposed to humiliation by occupying forces and some of a child's friends, neighbors, or relatives will have been killed, and injured by occupying forces. Fifth, distant experience: This means that a child might have witnessed members of the public exposed to trauma (e.g., someone being killed in front of a child's eyes, witnessing of the occupying forces opening fire against people, witnessing people have being shelled and bombed, witnessing someone being beaten, injured, or arrested, witnessing trees and farms being destroyed by the occupying forces).

Moreover, the participants were required to mention the number of traumatic experiences that they encountered. The summation of traumatic events is scored according to the number of the traumatic events. The participants might indicate “Yes = 1”, “No = 0”. So, whenever the number of traumatic events goes up, it means that the exposure to traumatic events is high. Less than six traumatic events are rated as "F degree", 6-10 events are rated as "E degree", 11-15 events are rated as "D degree", 16-20 events are rated as "C degree", 21-25 events are rated as "B degree", and 26 or more as "A degree". The result found that Cronbach’s Alpha coefficient was 0.836, which is a sufficient level and it provides a good degree of reliability. also the results indicated that this scale has a good validity and reliability which makes it suitable for the current study (Altawil, 2008).

5. The Procedures

The following section describes the procedures followed to translate and prepare the questionnaires, and to collect the data, as the following:

1. Translating the questionnaires into Arabic language.
2. Conducting a pilot study for constructing of the questionnaires.
3. Sampling and sample selection.
4. Ethical approval for the study was obtained and the main ethical issues were considered for this study such as informed consent, confidentially, and consequence of participation.
5. The participants were identified in schools and classes in random clusters, which represented all directorates of the West-Bank.

6. The researcher and the school counsellor distributed the information sheets and the questionnaires to participants, their parents, and their head teacher in order to be read and signed if agreed with their families.
7. The participants completed the questionnaires under the direct supervision of the researcher and school counsellor.
8. Data analysis.
9. Getting the results, presenting discussion of the findings, presenting conclusion, presenting recommendations, and showing the limitations and the weakness.

5.1 The Pilot Study

A pilot study is a small sample, quantitative study conducted as a preface to a larger scale study (Polit & Beck, 2004). Generally, a pilot study has similar methods and procedures to the larger future study, which yields data to help justify the larger study (Connelly, 2008) or test procedures for it. A pilot study has numerous purposes, such as developing and testing the adequacy of research instruments, assessing the feasibility of a full study, designing and testing the protocols for the larger study, establishing and testing the sampling and recruitment strategies, and collecting preliminary data (Connelly, 2008).

The sample size required in pilot study is small. Some experts made no specific recommendations about sample size in pilot studies (Hertzog, 2008), while others recommend that a pilot study sample be 10% of the sample projected for the larger parent study (Hertzog, 2008).

May instruments need adjustments based on the results of the pilot study. If major or many adjustments are made, then researchers

may not be able to use the data in the parent study. If little change is required, the data may be used (Connelly, 2008).

For assessing clarity of instructions or item wording, acceptability of formatting, or ease of administration, a sample of 10 or even fewer maybe enough (Hertzog, 2008). However, if the goals for a pilot are to estimate internal consistency or to assess item performance to evaluate an instrument, such a small sample may be insufficient (Hertzog, 2008). The item-total correlation (ITC) can serve as an index of the ability of an item to represent performance on the total scale. Although the size of this index should be interpreted within the context of the broadness of the construct that being measured and compared to values of the index observed for other items on the same scale, 0.30 is often suggested as a minimum acceptable level (Hertzog, 2008).

Aims of a pilot study in general would not include development of a new instrument, but quite commonly do include checking the performance of items on a previously developed instrument with a new population (Hertzog, 2008). Internal consistency estimates of coefficient alpha are highly dependent upon item variances as well as upon their inter-correlations. If pilot data are used to check that reliability of a measurement tool is consistent with reported values or to support an instrument's use in a specific population, the researcher must consider whether the pilot sample exhibits variability representative of that in the new population (Hertzog, 2008). Too homogeneous a sample can result in low estimated alpha. Beyond this, the effect of sample size on precision of the estimate of alpha should be considered (Hertzog, 2008).

In the current study, a pilot study was conducted. The sample of Palestinian basic school students in West Bank consisted of 60 participants. To collect data, interviewer-administered data collection was used. The questionnaire included five parts with a

total of (83) items: part I included the informed consent; part II was made up of close-ended questions regarding demographic characteristics as independent variables that consists of (5) questions.

Part III was BPNs scale that consisted of (21) items concerning three needs: competence (3, 5, 10, 13, 15, and 19), autonomy (1, 4, 8, 11, 14, 17, and 20), and relatedness (2, 6, 7, 9, 12, 16, 18, and 21). The scoring system was followed is Likert seven-point. That, respondents indicated on a scale from 1 (not true at all) to 7 (definitely true).

Part IV was designed to measure psychological resilience among pupils using the CYRM-28. The CYRM-28 has three sub-scales with 28 items, reflecting the major categories of resilience. Furthermore, each sub-scale has its own groupings of questions that serve as indicators of the construct's major categories. The first sub-scale reflects an individual factor that includes personal skills (5 items), peer support (2 items), and social skills (4 items). The second sub-scale deals with caregiving, as reflected in physical caregiving (2 items) as well as psychological caregiving (5 items). The third sub-scale comprises contextual components that facilitate a sense of belonging in youth, components related to spirituality (3 items), culture (5 items), and education (2 items). Responses were scaled from 1 to 5 (1 = "never" and 5 = "always").

Part V is a CTE. The CTE consisted of 34 items covering different types of the traumatic events that a Palestinian child may have been exposed to during the second Intifada. These events include beating, witnessing the beating, injury, night raid, humiliation, detention, breaking bones, the killing of family members, house demolition, shelling by tanks, artillery, or military planes. Indicating, "Yes" or "No" completes the CTE. The checklists of traumatic experiences catalogued the most traumatic experiences

in Palestine to which the Palestinian child had a high probability of being exposed.

5.2 Translation of the Questionnaires

The current study followed Pan and De la Puente (2005) method that recommended five steps for translating questionnaire: prepare, translate, pretest, revise, and document (Pan & De La Puente, 2005). This method did not recommend direct translation with back translation, but instead strongly promoted a process of translation and review by a team of translators, reviewers, and adjudicators. At a minimum, the team should include two translators to perform the translation, an expert in the subject matter, a person knowledgeable in survey design and an adjudicator (Pan & De La Puente, 2005). Based on these recommendations, the translated (Arabic) questionnaires were reviewed by five academic members from the department of Psychology and department of English in An-Najah National University in Nablus. Many meetings were held with the reviewers and translators, in order to make required corrections in light of the goals of the current study. Then the researcher conducted the pilot study, and the translated and reviewed questionnaires were administered.

5.3 Characteristics of Participants

The sample of Palestinian basic school students in West Bank consisted of 60 participants; those are from four schools in West Bank. According to results in table 3, about 45% were males and 55% were females. Approximately 51% of the participants were in the eighth grade and 49% were in the ninth grade. About 34% of the participants were from cities where 66% were from villages. The mean age of the participants was (14.7 years SD = 1.4).

Tables 3
Demographic Characteristics for the Participants

Demographic variables (N = 60)		Frequencies	Valid Percentage
Gender	Males	27	45
	Females	33	55
The grade	The 8th	31	51
	The 9th	29	49
Place of residence	City	20	34
	Village	40	66

5.4 Validity and Reliability of the BPNs

In order to test the unidimensionality of dependent variables for every construct; ITC technique was used, since using this technique resulting in one underlying factor. The current pilot study extracted the most powerful items for every construct with correlations coefficients of 0.30 or greater (Nunnally & Bernstein, 1994). ITC, as its name indicates, represents a simple correlation between the score on an item and the sub/total scale score. An ITC test is performed to check if any item in the instrument is inconsistent with other items, and thus can be discarded. The analysis is performed to purify the measure by eliminating 'garbage' items (Field, 2013). A small item-correlation provides empirical evidence that the item is not measuring the same construct measured by the other items included. A correlation value less than 0.2 or 0.3 indicates that the corresponding item does not correlate very well with the scale overall and, thus, it may be dropped (Field, 2013). Construct validity was evaluated using ITC for BPNs. Tables 4 and 5 show the results of ITC of every dimension and the results of the reliabilities.

Tables 4
ITC of BPNs with 21 Items and 3 dimensions

Dimensions	Items	Item correlation with its dimension	P-vales	Item correlation with total score	P-Values
Autonomy (r = 0.79, p < 0.001)	1	0.45**	0.000	0.33**	0.010
	4 (R)	0.57**	0.000	0.44**	0.000
	8	0.59**	0.000	0.53**	0.000
	11 (R)	0.18**	0.000	-0.06	0.176
	14	0.56**	0.000	0.51**	0.000
	17	0.48**	0.000	0.49**	0.000
	20 (R)	0.56**	0.000	0.49**	0.000
Competence (r = 0.80, p < 0.001)	3 (R)	0.57**	0.000	0.41**	0.000
	5	0.53**	0.002	0.48**	0.000
	10	0.49**	0.000	0.39**	0.000
	13	0.57**	0.002	0.50**	0.000
	15 (R)	0.56**	0.001	0.46**	0.000
	19 (R)	0.59**	0.000	0.42**	0.000
Relatedness (r = 0.78, p < 0.001)	2	0.50**	0.000	0.32**	0.000
	6	0.48**	0.001	0.35**	0.000
	7 (R)	0.52**	0.000	0.41**	0.000
	9	0.54**	0.000	0.37**	0.000
	12	0.56**	0.000	0.53**	0.000
	16 (R)	0.55**	0.000	0.41**	0.000
	18 (R)	0.56**	0.000	0.47**	0.000
	21	0.57**	0.000	0.51**	0.000

Note: R: Reversed score; ** Significant at α = 0.01; r: correlation coefficient between domain and total score.

Commonly, acceptable level of ITC is 0.30 (Nunnally & Bernstein, 1994). Therefore, the current study used 0.3 as a criterion value. As shown in table 4, item (11) had correlation coefficients lower than 0.30 ($p > 0.05$) with its dimension score and the total score, therefore item (11) was removed from BPNs. BPNs were measured using (20) items that had correlation coefficients greater than 0.30 ($p < 0.001$) with their dimension's scores and the total. The Chronbach alpha coefficients were calculated for each dimension in the BPNs after removing item (11) from the analysis. Cronbach's alphas of autonomy, competence, and relatedness dimensions were 0.55, 0.54, and 0.64 respectively. Cronbach's alpha for the BPNs (20 items) was 0.78 and table 5 shows the results.

Table 5. ***Reliability Analysis of BPNs (20 items) and its Dimensions***

Dimensions	Chronbach alpha coefficients
Autonomy	0.55
Competence	0.54
Relatedness	0.64
BPNs	0.78

5.5 Validity and Reliability the CYRM-28

Construct validity was evaluated using ITC for the CYRM-28. It has three sub-scales with 28 items, reflecting the major categories of resilience. The first sub-scale reflects an individual factor with 11 items (2, 14, 18, 8, 4, 11, 15, 13, 20, 21, and 25) that includes personal skills (5 items), peer support (2 items), and social skills (4 items). The second sub-scale deals with caregiving with 7 items (5, 6, 7, 12, 17, 24, and 26), as reflected in physical caregiving

(2 items) as well as psychological caregiving (5 items). The third sub-scale comprises contextual components with 10 items (9, 3, 1, 22, 16, 10, 23, 19, 27, and 28), which facilitate a sense of belonging in youth, components related to spirituality (3 items), culture (5 items), and education (2 items).

Construct validity was evaluated using ITC for CYRM-28. Tables 6 and 7 show the results of ITC of every dimension and the results of the reliabilities.

Table 6
ITC of CYRM-28 with 28 Items and 3 dimensions

Dimensions	Items	Item correlation with its dimension	P-values	Item correlation with total score	P-Values
Individual factors (r = 0.88, p < 0.001)	2	0.63**	0.000	0.57**	0.000
	4	0.48**	0.000	0.37**	0.000
	8	0.53**	0.000	0.44**	0.000
	11	0.64**	0.000	0.58**	0.000
	13	0.66**	0.000	0.61**	0.000
	14	0.64**	0.000	0.55**	0.000
	15	0.51**	0.000	0.41**	0.000
	18	0.63**	0.000	0.57**	0.000
	20	0.54**	0.000	0.49**	0.000
	21	0.47**	0.000	0.50**	0.000
	25	0.57**	0.000	0.53**	0.000
Caregiving	5	0.55**	0.000	0.44**	0.000
	6	0.68**	0.000	0.53**	0.000
	7	0.69**	0.000	0.75**	0.000
	12	0.60**	0.000	0.49**	0.000

Dimensions	Items	Item correlation with its dimension	P-values	Item correlation with total score	P-Values
(r = 0.91, p < 0.001)	17	0.75**	0.000	0.78**	0.000
	24	0.72**	0.000	0.68**	0.000
	26	0.66**	0.000	0.61**	0.000
Contextual components (r = 0.92, p < 0.001)	1	0.39**	0.000	0.35**	0.000
	3	0.56**	0.000	0.56**	0.000
	9	0.74**	0.000	0.75**	0.000
	10	0.71**	0.000	0.67**	0.000
	16	0.70**	0.000	0.64**	0.000
	19	0.52**	0.000	0.45**	0.000
	22	0.62**	0.000	0.54**	0.000
	23	0.76**	0.000	0.69**	0.000
	27	0.73**	0.000	0.66**	0.000
	28	0.77**	0.000	0.76**	0.000

Note: ** Significant at α = 0.01; r: correlation coefficient between domain and total score.

As shown in table 6, all items had correlation coefficients greater than 0.30 ($p < 0.001$) with its dimension score and the total score, therefore CYRM-28 was measured using (28) items. The Chronbach alpha coefficients were calculated for each dimension in the CYRM-28. Cronbach's alphas of individual factors, caregiving, and contextual components dimensions were 0.80, 0.78, and 0.84 respectively. Cronbach's alpha for the CYRM-28 (28 items) was 0.92 and table 7 shows the results.

Table 7
Reliability Analysis of CYRM-28 (28 items) and its Dimensions

Dimensions	Chronbach alpha coefficients
Individual factors	0.80
Caregiving	0.78
Contextual components	0.84
CYRM-28	0.92

5.6 Validity and Reliability the CTE

According to Altawil (2008); traumatic events were grouped into five types as follows: First, direct individual experience with 14 items (3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 21, 20, and 24). Second, direct material damage with 3 items (1, 2, and 23). Third, indirect individual experience with 4 items (25, 26, 29, and 34). Fourth, proximate experience with 6 items (14, 15, 16, 17, 18, and 22). Fifth, distant experience with 7 items (19, 27, 28, 30, 31, 32, and 33). Construct validity was evaluated using ITC for CTE. Tables 8 and 9 show the results of ITC of and the reliabilities. As shown in table 8, eight items (1, 2, 5, 6, 9, 13, 14, and 24) had correlation coefficients lower than 0.30 ($p > 0.05$) with its dimension score and the total score, therefore those items were removed from CTE. Moreover, direct material damage dimension in the original scale has 3 items (1, 2, and 23), and according to the current analysis two items (1 and 2) were removed, so the researcher preferred to remove remain item (23), since it is not suitable to measure one dimension by one item.

Table 8
ITC of CTE with 34 Items and 5 dimensions

Dimensions	Items	Item correlation with its dimension	P-values	Item correlation with total score	P-Values
Direct individual experience r = 0.84, p < 0.001)	3	0.49**	0.000	0.36**	0.000
	4	0.51**	0.000	0.41**	0.000
	5	0.37**	0.000	0.25**	0.000
	6	0.38**	0.000	0.27**	0.000
	7	0.48**	0.000	0.43**	0.000
	8	0.55**	0.000	0.46**	0.000
	9	0.36**	0.000	0.27**	0.000
	10	0.52**	0.000	0.42**	0.000
	11	0.49**	0.000	0.46**	0.000
	12	0.51**	0.000	0.47**	0.000
	13	0.37**	0.000	0.26**	0.000
	20	0.58**	0.000	0.53**	0.000
	21	0.53**	0.000	0.42**	0.000
	24	0.29**	0.000	0.27**	0.000
	1	0.46**	0.000	0.17**	0.000
	2	0.43**	0.000	0.27**	0.000
Direct material damage r = 0.52, p < 0.001)	23	0.85**	0.000	0.44**	0.000
	25	0.63**	0.000	0.40**	0.000
	26	0.56**	0.000	0.36**	0.000

Dimensions	Items	Item correlation with its dimension	P-values	Item correlation with total score	P-Values
Indirect individual experience r = 0.72, p < 0.001)	29	0.61**	0.000	0.48**	0.000
	34	0.72**	0.000	0.56**	0.000
Proximate experience r = 0.68, p < 0.001)	14	0.54**	0.000	0.26**	0.000
	15	0.58**	0.000	0.35**	0.000
	16	0.61**	0.000	0.41**	0.000
	17	0.61**	0.000	0.50**	0.000
	18	0.42**	0.000	0.31**	0.000
	22	0.53**	0.000	0.42**	0.000
Distant experience r = 0.84, p < 0.001)	19	0.58**	0.000	0.50**	0.000
	27	0.71**	0.000	0.61**	0.000
	28	0.41**	0.000	0.35**	0.000
	30	0.73**	0.000	0.60**	0.000
	31	0.69**	0.000	0.57**	0.000
	32	0.63**	0.000	0.51**	0.000
	33	0.61**	0.000	0.53**	0.000

Note: ** Significant at α = 0.01; r: correlation coefficient between domain and total score.

The Chronbach alpha coefficients were calculated for four dimensions in the CTE after removing the weak items and the second

dimension (Direct material damage) from the analysis. Cronbach's alphas of direct individual experience, indirect individual experience, proximate experience, and distant experience dimensions were 0.67, 0.50, 0.50, and 0.75 respectively. Cronbach's alpha for the CTE (31 items) was 0.85 and table 9 shows the results.

Table 9
Reliability Analysis of CTE (31 items) and its Dimensions

Dimensions	Chronbach alpha coefficients
Direct individual experience	0.67
Indirect individual experience	0.50
Proximate experience	0.50
Distant experience	0.75
CTE	0.85

6. Population of the Study

The World Health Organization distinguishes adolescence as the period in human development and advancement that happens after youth and before adulthood, from ages 10 to19. It speaks to one of the basic moves in the life compass and is portrayed by a colossal pace in development and change that is second just to that of earliest stages.

Natural procedures drive numerous parts of this development and advancement, with the onset of pubescence denoting the section from youth to youthfulness. The organic determinants of youth are genuinely general; on the other hand, the length of time and characterizing qualities of this period may shift crosswise over time, societies, and financial circumstances. This period has seen numerous changes over the previous century to be specific the prior onset of adolescence, later time of marriage, urbanization,

worldwide correspondence, and changing General dispositions and practices.

The Palestinian Central Bureau of Statistics indicates that the Palestinian children under 18 represent a ratio of 48.7% of the total Palestinian population in Gaza Strip and West Bank (P.C.B.S, 2006). The study population consisted of 112,180 Palestinian Students who is enrollment on 8th & 9th grades in the Basic Schools during the academic year 2014-2015 in West-Bank Directorates (P.C.B.S, 2014).

Table 10
Distribution of Schools and students by Directorate and Stage, 2013/2014

Directorate	Public B.S.	8th	9th	Gender	Directorate	Public B.S.	8th	9th	Gender
Jenin	79	1,989	1,789	Male	Jerusalem	35	1,520	1,338	Male
		1,995	1,987	Female			1,724	1,636	Female
South Nablus	96	1,165	1,011	Male	Bethlehem	37	2,281	2,009	Male
		1,154	1,153	Female			2,275	2,111	Female
Nablus	79	3,169	2,799	Male	Jericho	39	493	449	Male
		3,127	2,950	Female			539	503	Female
Salfit	72	833	805	Male	North Hebron	36	1,739	1,540	Male
		798	787	Female			1,814	1,731	Female

Directorate	Public B.S.	8th	9th	Gender	Directorate	Public B.S.	8th	9th	Gender
Tulkarm	28	2,110	1,895	Male	Hebron	74	2,856	2,390	Male
		1,949	1,990	Female			2,886	2,675	Female
Qalqilya	9	1,207	1,093	Male	South Hebron	73	2,951	2,530	Male
		1,187	1,052	Female			3,011	2,800	Female
Tubas	28	632	634	Male	Qabatya	130	1,459	1,272	Male
		625	620	Female			1,353	1,290	Female
Jerusalem Suburbs	47	1,238	1,151	Male	Tubas	28	632	634	Male
		1,256	1,146	Female			625	620	Female
Sch. Total:	972								
St. Total:	29,208	26,011	Male		55,219				
	29,259	27,702	Female		56,961				
	58,467	53,713	Total		112,180				

7. Study Sample

There is no consensus within the SEM literature on the best sample size or sample size calculation approach; however, there are

recommendations for determining an appropriate sample size (Kline, 2005).

Kline (2005) recommends using 10-20 cases per parameter to estimate and describes 200 cases as a medium sample size. Jackson (2003) suggests that sample size should be considered in light of the normality of the data, the number of observations to estimate, and the estimation method. Jackson (2003), also recommends a 20:1 ratio of sample size to parameters to be estimated. Numerous Monte Carlo studies, which utilize simulated data, have also suggested that sample sizes of n = 200 provide adequate power for SEM studies (Cuttance & Ecob, 2009).

Many SEM scholars recommend using larger sample sizes when data are non-normal, however (Kline, 2005). Generally, larger sample sizes and degrees of freedom yield higher power for SEM analysis (Jelena, Keith, & Ann, 2006; McQuitty, 2004). Based on these recommendations, thus each sample has 200 cases at least.

Studies based on samples smaller than 100 may well lead to false inferences, and the models then have a high probability of encountering problems of convergence and improper solutions (Cuttance & Ecob, 2009). The validity of findings based on small samples should always be investigated by replication of the work.

Potential participants will identify in schools and classes in random clusters that will represent all directorates in the West-Bank. Basic schools in the West Bank, under the supervision of three authorizations: government, private and UNRWA, and the researcher will choose the sample from public schools only.

Since we have 16 Education Directorate, 679 Basic Schools, and 112,180 Students is enrollment on 8th & 9th grades in the West Bank in the academic year 2014/2015, the researcher will have selected only the Northern Directorates on West Bank, because it's

not easy to reach the southern directorates because of the obstacles regarding to the Israeli checkpoints. So the sample will be as follows:

Eight Northern Directorates; Two basic schools from each directorate; one male, and one female school, then will selected two classes from each school; one 8th and 9th class, so the total will be 32 classes, from 16 basic schools. After that, scales will be applied to all the students who involved in eighth and ninth classes which selected in that schools.

7.1 Characteristics of the Participants

The sample of Palestinian basic school students in West Bank consisted of 537 students; 242 (45%) were males and 295 (55%) were females and the mean of age in the sample was (14.8 ± 1.12). There were 341 (64%) of the students from villages and there were 196 (36%) students from cities. In addition, there were 268 (50%) in the eighth grade and 269 (50%) were in the ninth grade. Table 11 shows the distributions of the demographic variables in the sample.

Table 11
Demographic Characteristics for the Participants

Demographic Variables Frequencies (n = 537)						
	Gender		Grade		Place of residence	
Directorates	Male	Female	8th	9th	Village	City
Jenin	42	40	40	42	20	62
Qabatya	22	23	22	23	45	0
Nablus	39	93	65	67	81	51
S. Nablus	22	21	23	20	43	0

Demographic Variables Frequencies (n = 537)						
	Gender		Grade		Place of residence	
Salfit	21	19	20	20	40	0
Tubas	14	13	14	12	26	0
Tulkarm	50	52	53	50	52	51
Qalqilya	32	34	32	34	34	32
Total	242	295	268	269	341	196

8. Structural Equation Modeling [SEM]

The following explains the procedures that were used in the SEM analyses for this study. Generally, the under mentioned six procedural steps are to be taken based on the SEM methodology (Kline, 2005):

8.1 Model specification

The proposed conceptual models for the relationships and variables of interest were specified in advance (Kline, 2005). The hypothesized models presume that causes of psychological resilience are associated with both satisfying basic psychological needs and exposure to traumatic events. Based on theoretical elaboration approach, the models specify interrelationships utilizing elements from SDT theory. Figure 2 specifies in advance the overall conceptual models that were tested for the current study hypotheses using AMOS 20.0.

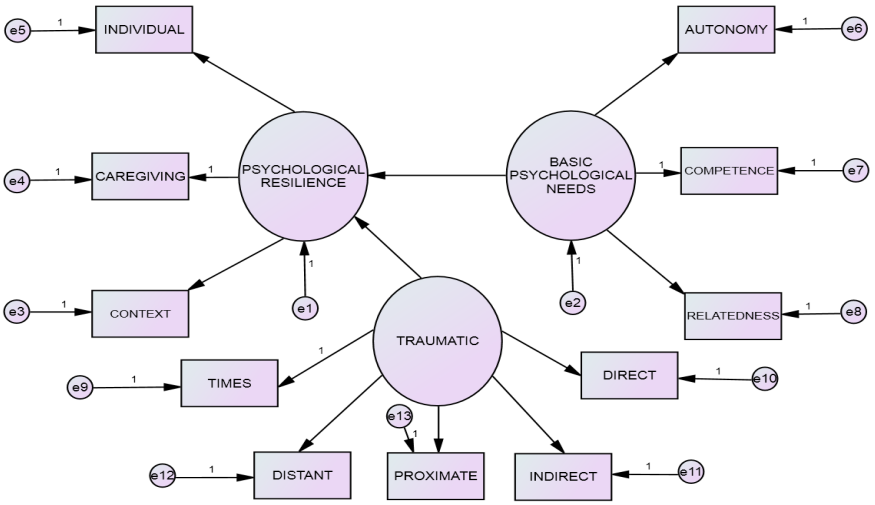

Figure 2. SEM for psychological resilience and its relationship with satisfaction of BPNs and exposure to traumatic events among the Palestinian basic school students in West-Bank

Individual: Individual factors

Context: Contextual components

Direct: Direct individual experience

Indirect: Indirect individual experience

Proximate: Proximate experience

Distant: Distant experience

8.2 Model identification

The model identification step determines whether a unique estimate can be derived for the conceptual model specified. A unique

model estimation can be derived when there are more parameters requiring estimation than observations in the model specified (Kline, 2005). In general, parameters that require estimation include all exogenous variables, error variances, direct paths, and covariance paths. The number of observations in a model can be calculated by adding the number of unduplicated variances and covariance's or using the formula {p (p +1) / 2}, where p = observed variables (Kline, 2005).

The difference between the number of observations in the specified model and the number of parameters needing estimation equals the degrees of freedom (Suedfeld, 1997) for the specified model. Degrees of freedom are necessary to derive a unique estimate. Model with more observations than paths to estimate (i.e., df > 0) are known as over-identified model. Over-identified model permits the testing of hypotheses and research questions about implied structural relationships because there are one or more unknown parameters that can be estimated.

Model identification is an important procedural step because over-identified model is preferred for SEM analysis (Kline, 2005). In contrast, there are two other model identification results that are typically avoided (Kline, 2005). Model that has an equal number of observations and paths to estimate (df = 0) are described as just identified model. In other words, there is only one solution. Model with more paths to estimate than available observations is described as under-identified (df < 0). Under identified model cannot be estimated because there are an insufficient number of observations (Kline, 2005). In the current study, table 12 shows the degree of freedom for each model. According to results, all models in the current study are over-identified.

Table 12

The Degrees of Freedom for the Proposed Model

The number of observed variables	The number of parameters to estimate	p (p +1) / 2	d.f.
11	24	105	42

8.3 Model estimation

Model estimation approaches, also known as model estimators, are determined by considering the model's specification, variable types (e.g., continuous, nominal, categorical), and normality of the data. To determine the appropriate method to estimate the parameters' values in the suggested model/s, the researcher checked the properties of the observed data in light of assumptions of SEM. During the estimation process, the implied statistical relationships, which are reflected in the model specification, were tested using the observed data. For an over-identified conceptual model, it is unlikely the observed data will be an exact fit for the implied statistical relationships. Thus, a main goal of estimation is deriving the closest-fitting statistical solution that can be determined. The closest-fitting solution can be described in terms of goodness of model fit versus poor fit (Kline, 2005).

8.4 Model evaluation

Model is evaluated after the estimation process. Evaluation consists of assessment of the model fit, path coefficients, and standard errors (Kline, 2005). There are several model-fit indices for SEM. The most commonly used fit index is the chi square test of model fit; however, it can be sensitive to large sample sizes (Kline, 2005). There are many of fit indices; some of them handle with normal data and the others appropriate for handling non-normal data (Kline, 2005). These model fit indices consider additional aspects of

the SEM analysis, such as sample size, model complexity, number of parameters, and degrees of freedom (Kline, 2005).

Most scholars recommend using several indices or joint fit standards because model fit indices vary in calculation and approach. Furthermore, using multiple indices can help reduce the risk of discarding a good fitting model or retaining a poor fitting model (Kline, 2005). Thus, several model fit indices were used in this study to evaluate the models. Table 13 presents fit indices.

Table 3
Model Fit Indices and Recommended Values for SEM Analysis (Kline, 2005)

Model Fit Index	Recommended Values
CMIN (Chi-square p value)	> .05
CMIN /df	≤ 3
CFI	≥ .90
GFI	≥ .90
AGFI	≥ .90
NFI	≥ .90
RMSEA	≤ .05

8.5 Model re-specification

Often any model requires re-specification (refinement) to achieve good fit (Kline, 2005). Thus, SEM is also exploratory; however, re-specification should be guided by a conceptual or empirically grounded rationale. Re-specification typically involves the process of model building or trimming. Model building involves adding paths to the specified model in a meaningful or theoretically plausible manner (Kline, 2005). Conversely, model trimming refers to eliminating one or more non-significant paths from the specified

model to improve model parsimony while simultaneously attempting to maintain good model fitness. Model trimming is guided by assessing the modification indices [MI] index in AMOS.

9. Data Analysis

Path analysis, a type of structural equation modeling, was used to analyze the model and to evaluate the model's ability to fit the data. In statistical analysis, the model assumes a correlation of zero between any two unrelated variables on the model.

Additional data analysis was utilized, such as means, standard deviations [SD] and one sample t-test to assess the levels of satisfying basic psychological needs, psychological resilience, and exposure to traumatic events. Pearson correlation coefficients was used to check the relationship among the current study's variables, independent sample t-test was used to discover the differences in study's variables according to grade, place, and gender, one-way ANOVA was used also to test the differences in study's variables according to directorate.

CHAPTER IV

RESULTS AND FINDINGS

Research findings presented in this chapter consist of four parts; the first part of this chapter presents descriptive statistics of the demographic variables of the sample included in this study. The second part of the chapter presents descriptive statistics of constructs (psychological resilience, satisfying basic psychological needs, and exposure to traumatic events), and tests the significance of differences in study variables between respondents. The third part presents correlation analysis among study variables, to give an overview of the relationships among study variables that are pertinent to understanding the results of SEM analysis that was presented later in the study. The fourth part is findings of SEM analysis.

1. Descriptive Statistics and significance of differences of Study dependent Variables

This section will answer the following questions:

1. What is the degree of exposure to traumatic events, psychological resilience and satisfying BPNs among Palestinian basic school students (eighth and ninth grades) according to (gender, place, grade, and directorate)?

To answer this question SPSS 19.0 was used to compute descriptive statistics for all study variables. The descriptive statistics are shown in table 14.

Table 14
Descriptive Statistics for the Study Variables

Constructs		Mean	S.D.
BPNs		5.15	0.68
	Autonomy	4.93	0.91
	Competence	5.06	0.83
	Relatedness	5.44	0.80
CYRM-28		3.80	0.67
	Individual factors	3.47	0.62
	Caregiving	4.00	0.81
	Contextual components	3.90	0.79
CTE		0.33	0.20
	Direct individual	0.26	0.20
	Indirect individual	0.32	0.27
	Proximate experiences	0.32	0.26
	Distant experiences	0.42	0.30

In order to assess responses on the all instruments, that to discover the positions of respondents on the study variables, the researcher compares each score on every construct with appropriate cut point value, based on mid-point between the minimum and the maximum values. To test the differences between each score and its cut point value, the researcher used one sample t-test. Table 15 shows the results of these tests.

Table 15
Results of One Sample T-Test for the Differences between Each Variable Score and its Cut Point Value

Constructs		C.P-Value	Mean	S.D.	t-value	p-value
BPNs		4	5.15	0.68	38.96**	0.000
	Autonomy	4	4.93	0.91	23.78**	0.000
	Competence	4	5.06	0.83	29.56**	0.000
	Relatedness	4	5.44	0.80	41.73**	0.000
CYRM-28		3	3.80	0.67	27.42**	0.000
	Individual factors	3	3.47	0.62	17.56**	0.000
	Caregiving	3	4.00	0.81	28.72**	0.000
	Contextual components	3	3.90	0.79	26.57**	0.000
CTE		0.50	0.33	0.20	-19.63**	0.000
	Direct individual	0.50	0.26	0.20	-27.07**	0.000
	Indirect individual	0.50	0.32	0.27	-15.91**	0.000
	Proximate experiences	0.50	0.32	0.26	-16.43**	0.000
	Distant experiences	0.50	0.42	0.30	-6.19**	0.000

As illustrated in table 15, the results indicate that, there are positive significant differences ($p < 0.01$) between BPNs; (autonomy, competence, relatedness), CYRM-28; individual factors, caregiving, and contextual components and their corresponding cut point values, in benefit to these variable scores. In other word, there are high levels of satisfying basic psychological needs and

psychological resilience. While, there are negative significant differences ($p < 0.01$) between CTE, direct individual experiences, indirect individual experiences, proximate experience, and distant experiences and their corresponding cut point values, in benefit to the cut points. In other word, there is low level of exposure to traumatic events, and this result consistent with the prevalence of exposure to traumatic experiences which revealed in table 16, that the number of exposures to traumatic experiences mostly categorized in level "E degree" (6-10 events).

Table 16
The prevalence of exposure to traumatic experiences among Palestinian basic school students

Level of Traumatic Experiences		Frequency	Percent	Valid Percent	Cumulative Percent
Traumatic Experiences	F (0-5)	132	24.6	24.6	24.6
	E (6-10)	161	30.0	30.0	54.6
	D (11-15)	112	20.9	20.9	75.4
	C (16-20)	78	14.5	14.5	89.9
	B (21-25)	37	6.9	6.9	96.8
	A (25-34)	17	3.2	3.2	100.0
	Total	537	100.0	100.0	

3. Effects of Demographic Factors on Study Dependent Variables

This section will answer the following question:

1. Are there significant relationships between psychological resilience, exposure to traumatic events and satisfying the BPNs among Palestinian basic school students (eighth and

ninth grades) according to (gender, place, grade, and directorate)?

In order to test the differences between the respondents in study variables, according to (gender, place, and grades) the researcher used independent sample t-test. Table 17 shows the results.

Table 17
The Results of Independent Sample T-Test for the Differences in Study Variables According to Gender, Place, and Grade

Constructs/ Gender	Males n = 242		Females n = 295		t-value	P-value
	Mean	S.D.	Mean	S.D.		
BPNs	5.11	0.69	5.17	0.67	-1.09	0.273
CYRM-28	3.84	0.61	3.75	0.71	1.58	0.113
CTE	0.37	0.19	0.29	0.19	3.99**	0.000
Constructs/ Place	Cities n = 196		Villages n = 341		t-value	P-value
	Mean	S.D.	Mean	S.D.		
BPNs	5.17	0.67	5.13	0.68	0.66	0.506
CYRM-28	3.68	0.75	3.85	0.61	-2.84**	0.005
CTE	0.29	0.19	0.34	0.20	-2.95**	0.003
Constructs/ Grade	Eighth n =268		Ninth n = 269		t-value	P-value
	Mean	S.D.	Mean	S.D.		
BPNs	5.13	0.66	5.16	0.70	-0.46	0.644
CYRM-28	3.71	0.74	3.87	0.58	-2.63**	0.009
CTE	0.31	0.19	0.34	0.21	-1.55	0.120

As illustrated in table 17, there are significant differences between males and females in CTE in benefit to males ($p < 0.05$);

there are significant differences between respondents from cities and villages in CYRM-28 and CTE in benefit to respondents from villages ($p < 0.01$). Thus, the respondents from villages are more resilient and more likely to expose to traumatic events than respondents from cities. Moreover, there are significant differences between respondents in the eighth and ninth grades in CYRM-28 in benefit to respondents in the ninth grades ($p < 0.01$) which means respondents in the ninth grades are more resilient. On the other hand, to assess the differences between the respondents in study variables, according to directorate the researcher used one-way ANOVA test and tables 18 and 19 show the results.

Table 18
The Results of Descriptive Statistics for the Study Variables According to Directorate

Construct	Directorate	N	Mean	S.D.
BPNs	Jenin	82	5.22	0.68
	Qabatya	45	5.11	0.60
	Nablus	132	5.16	0.70
	S. Nablus	43	5.16	0.89
	Salfit	40	5.24	0.73
	Tubas	26	5.16	0.63
	Tulkarm	103	5.01	0.71
	Qalqilya	66	5.21	0.47
CYRM-28	Jenin	82	3.98	0.39
	Qabatya	45	3.97	0.49
	Nablus	132	3.96	0.36
	S. Nablus	43	3.94	0.51
	Salfit	40	4.14	0.40
	Tubas	26	3.91	0.49

Construct	Directorate	N	Mean	S.D.
	Tulkarm	103	3.15	1.07
	Qalqilya	66	3.78	0.33
CTE	Jenin	82	0.37	0.21
	Qabatya	45	0.45	0.23
	Nablus	132	0.24	0.17
	S. Nablus	43	0.44	0.15
	Salfit	40	0.41	0.18
	Tubas	26	0.25	0.20
	Tulkarm	103	0.27	0.18
	Qalqilya	66	0.38	0.17

Table 19

The Results of One-Way ANOVA for the Differences in Study Variables According to Directorate

Construct	Source of variance	Sum of Squares	df	Mean Square	F	Sig.
BPNs	Between Groups	3.016	7	0.431	0.923	0.488
	Within Groups	247.082	529	0.467		
	Total	250.098	536			
CYRM-28	Between Groups	56.051	7	8.007	22.744**	0.000
	Within Groups	186.240	529	0.352		
	Total	242.291	536			
CTE	Between Groups	3.339	7	0.477	13.815**	0.000

Construct	Source of variance	Sum of Squares	df	Mean Square	F	Sig.
	Within Groups	18.265	529	0.035		
	Total	21.604	536			

The result of one-way ANOVA test shows there are insignificant differences among respondents in satisfying basic psychological needs according to directorate (BPNs F = 0.92, p > 0.05). While, there are significant differences among respondents in psychological resilience and exposing to traumatic events according to directorate (CYRM-28 F = 22.74, p < 0.01, CTE F = 13.82, p < 0.01). In order to discover the nature of these differences the researcher used one of Post Hoc tests (Scheffe test), and the results are shown in table 20.

Table 20
The result of Post Hoc test Scheffe test

Construct	Directorate	Qabatya	Nablus	S. Nablus	Salfit	Tubas	Tulkarm	Qalqilya
CYRM-28	Jenin	.02	.02	.04	-.16	.07	.83**	.20
	Qabatya	----	.01	.03	-.17	.05	.81**	.20
	Nablus	----	----	.02	-.18	.05	.80**	.18
	S. Nablus	----	----	----	-.22	.03	.80**	.16
	Salfit	----	----	----	----	.23	.98**	.36
	Tubas	----	----	----	----	----	.75**	.14
	Tulkarm	----	----	----	----	----	----	-.62**
CTE	Jenin	-.07	.14**	-.066	-.033	.118	.101	-.01

Construct	Directorate	Qabatya	Nablus	S. Nablus	Salfit	Tubas	Tulkarm	Qalqilya
	Qabatya	----	.21**	.007	.040	.19*	.175**	.066
	Nablus	----	----	-.20**	-.20**	-.02	-.035	-.14**
	S. Nablus	----	----	----	.033	.20**	.17**	.06
	Salfit	----	----	----	----	.152	.13**	.03
	Tubas	----	----	----	----	----	-.02	-.13
	Tulkarm	----	----	----	----	----		-.11

Nota: ** significant at level α = 0.01; * significant at level α = 0.05.

Table (20) shows that; in psychological resilience variable; the differences among all directorates were insignificant except the differences between directorate of Tulkarm and the other directorates in benefit to other directorates. In other words, students from Tulkarm directorate are lower in psychological resilience significantly comparing with the other directorates. Moreover, in exposure to traumatic events variable; the significant differences were as the following:

1. Students of Jenin directorate are more likely to expose to traumatic events than students of Nablus directorate.
2. Students of Qabatya directorate are more likely to expose to traumatic events than students of Nablus, Tubas, and Tulkarm directorates.

3. Students of Nablus directorate are less likely to expose to traumatic events than students of South Nablus, Salfit, and Qalqilia directorates.
4. Students of South Nablus directorate are more likely to expose to traumatic events than students of South Tubas and Tulkarm directorates.
5. Students of Salfit directorate are more likely to expose to traumatic events than students of Tulkarm directorate.

Based on these results, we can arrange the directorates according to probability of students' exposure to traumatic event descendingly in two clusters as the following:

1. Cluster one: students in Qabatya, Jenin, South Nablus, Salfit, and Qalqilya directorates.
2. Cluster two: students in Nablus, Tubas, and Tulkarm directorate.

4. The relationships among Resilience, Traumatic events and BPN satisfaction

This section will answer the following questions:

1. Are there significant relationships between psychological resilience, exposure to traumatic events and satisfying the BPNs among Palestinian basic school students (eighth and ninth grades)?

To examine if there were associations between the variables in the current study, the researcher used the correlation coefficient. According to McMillan (1996), an absolute correlation coefficient between 0.10 and 0.30 is a weak relationship; an absolute correlation between 0.40 and 0.60 is a moderate relationship, and 0.70 and above

shows a strong relationship. The p-value of less than 0.05 (< 0.05) was used as the criterion statistic of the correlation coefficient to determine if the degree of association was significant. The bivariate correlations between BPNs, CYRM-28, and CTE using Pearson product-moment correlation coefficients were examined. The results are provided in table 21.

Table 21
Bivariate Correlations among the study variables (N= 537)

Constructs	BPNs	CYRM-28	CTE
BPNs	----	0.289**	0.047
CYRM-28	----	----	0.106*

According to the results; the significant correlations were weak, and they ranged from 0.11 to 0.29. In addition, the correlation coefficient between BPNs and CYRM-28 was significant ($r = 0.29$, $p < 0.01$) and the correlation coefficient between CYRM-28 and CTE was significant too ($r = 0.11$, $p < 0.05$).

5. SEM Analysis for the Proposed Model

The present study utilizes SEM to test the hypothesized model about relations among latent variables for BPNs, CYRM-28, and CTE. The current study hypothesized positive path from BPNs to Psychological Resilience and it hypothesizes positive path from exposure to Traumatic Events to Psychological Resilience. Table 22 presents statistics on model fit for the hypothesized model,

standardized paths coefficients, and the estimate of the variance explained (R2).

The $\chi 2$ value was 149.036 (d.f. = 42, $p < 0.01$). Therefore, the relative $\chi 2$ was (CMIN/df = 3.548). Moreover, the RMSEA estimate of 0.069 that did not succeed to provide support for the model. Bentler's CFI was 0.955 for the present model that means the proposed model fit the data according to this index.

For GFI, AGFI, and NFI, they were 0.951, 0.924, and 0.938 respectively; so values of GFI, AGFI, and NFI indicated the proposed model fit the data. Path coefficient from BPNs to Psychological Resilience and path coefficient from exposure to Traumatic Events to Psychological Resilience were significant. However, Based on the relative $\chi 2$ value (CMIN/df = 3.548) the researcher checked the MIs to enhance the model.

MIs suggested some modifications to improve the current model. Making covariance between direct individual experiences and indirect individual experiences (e10 and e11) and making covariance between direct individual experiences and proximate experiences (e10 and e13) can enhance the model. Kline (2005) suggested that allowing correlated error terms should only be done when it makes substantive as well as statistical sense to do so. Therefore, the researcher followed these modifications since they based on theoretical arguments and statistical justification. Table 22 shows the results after following modification indices.

Table 22

Model Fit Indices, Recommended Values for SEM Analysis, and the Observed Values for the Proposed Model

Model Fit Index	Observed values	Parameter Description	Standardized path coefficient	P value	R2
Chi-square value	114.99	CYRM-28 from BPNs	0.36**	0.000	CYRM-28 = 0.14
d.f.	40	CYRM-28 from CTE	0.10*	0.033	
CMIN (p value)	0.000	Caregiving from CYRM-28	0.85**	0.000	
CMIN /df	2.875	Individual from CYRM-28	0.84**	0.000	
CFI	0.968	Context from CYRM-28	0.88**	0.000	
GFI	0.963	Autonomy from BPNs	0.75**	0.000	
AGFI	0.939	Competence from BPNs	0.65**	0.000	
NFI	0.952	Relatedness from BPNs	0.65**	0.000	
RMSEA	0.059	Direct from CTE	0.70**	0.000	
		Times from CTE	0.77**	0.000	
		Indirect from CTE	0.73**	0.000	
		Proximate from CTE	0.51**	0.000	
		Distant from CTE	0.82**	0.000	
		e10 with e11	-0.15**	0.007	
		e10 with e13	0.24**	0.000	

After making the modifications; the data fit the current model based on the relative $\chi 2$, RMSEA, GFI, AGFI, NFI, and CFI values.

As shown in table 22, the $\chi 2$ value became 114.99 (d.f. = 40, $p < 0.01$). So, the relative $\chi 2$ became (CMIN/df = 2.875). Moreover, the RMSEA estimate of 0.059 that succeeded to provide support for the model. Bentler's CFI was 0.968 for the present model that means the proposed model fit the data according to this index. For GFI, AGFI and NFI, they became 0.963, 0.939 and 0.952 respectively; so, the proposed model fit the data based on all fit indices' values.

As shown in table 22, the standardized path coefficient from BPNs and autonomy was significant ($\beta = 0.754$, $p < 0.001$), from BPNs to competence it was significant ($\beta = 0.648$, $p < 0.001$), from BPNs to relatedness it was significant too ($\beta = 0.653$, $p < 0.001$), so based on that CFA was achieved.

The standardized path coefficient from CYRM-28 to individual factors was significant ($\beta = 0.836$, $p < 0.001$), from CYRM-28 to caregiving it was significant ($\beta = 0.848$, $p < 0.001$), and from CYRM-28 to contextual components it was significant too ($\beta = 0.876$, $p < 0.001$). Therefore, CFA was achieved.

The standardized path coefficient from CTE to direct experiences was significant ($\beta = 0.695$, $p < 0.001$), from CTE to indirect experiences it was significant ($\beta = 0.725$, $p < 0.001$), from CTE to proximate experiences it was significant ($\beta = 0.513$, $p < 0.001$), from CTE to distant experiences it was significant ($\beta = 0.824$, $p < 0.001$), and from CTE to number of times exposure to traumatic events it was significant too ($\beta = 0.766$, $p < 0.001$). Therefore, CFA was achieved.

The standardized path coefficient from BPNs to CYRM-28 was significant ($\beta = 0.359$, $p < 0.001$) and from CTE to CYRM-28 it was significant too ($\beta = 0.101$, $p < 0.05$). R2 for CYRM-28 was small (0.14), which in turn indicated that BPNs and CTE play weak role in explaining the variance of CYRM-28. Based on these findings, the two hypotheses in this study were accepted:

HA: There is positive path from BPNs to Psychological Resilience.

HB: There is positive path from Traumatic Events to Psychological Resilience.

To conclude, figure 3 shows SEM for psychological resilience and its relationship with satisfaction of BPNs and exposure to traumatic events among the Palestinian basic school students in West-Bank.

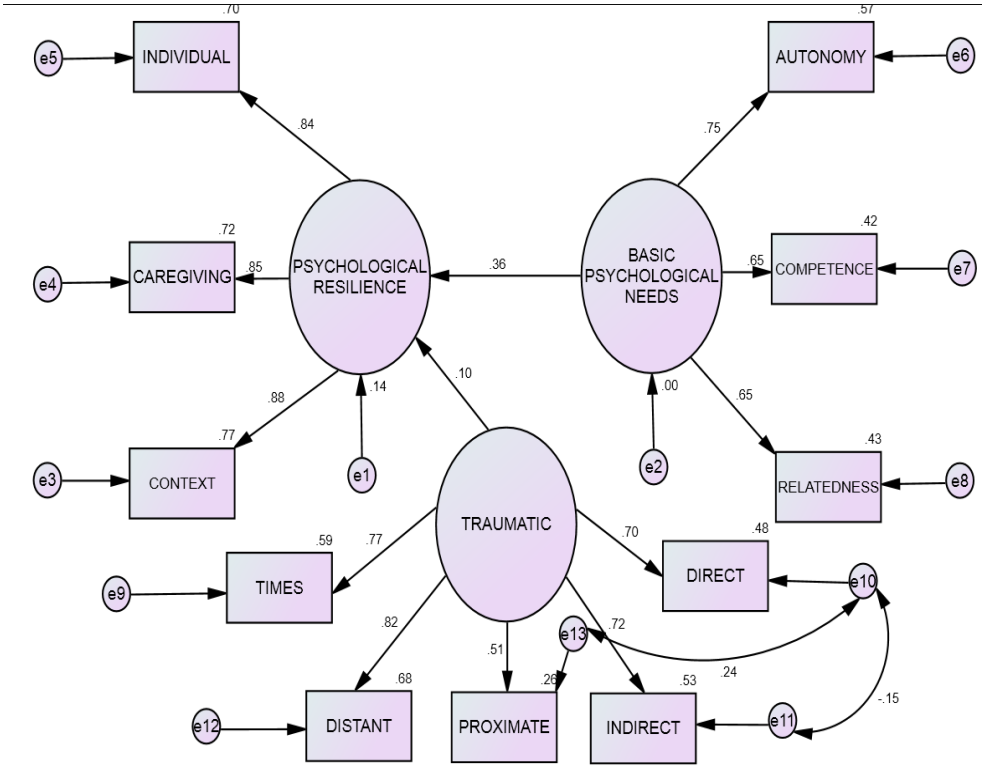

Figure 3. SEM for psychological resilience and its relationship with satisfaction of BPNs and exposure to traumatic events among the Palestinian basic school students in West-Bank

Discussion

This quantitative correlational study aimed to investigate the roles of satisfying the BPN and exposure to traumatic events in prediction psychological resilience among Palestinian students in the eighth and the ninth grades those who live under occupation in West-Bank. Furthermore, this study aimed to explore the prevalence the traumatic experiences that are exposure by Palestinian students, to identify the level of fulfillment of BPNs, and to determine psychological resilience. In addition, the current study tried to discover differences in Psychological Resilience levels, BPNs, and exposure to traumatic events according some independent variables (gender, place, grade, and directorate). To achieve this aim, the following areas had been investigated:

The prevalence of exposure to traumatic events among Palestinian basic school students.

The most significant finding in this study was that a high proportion of Palestinian children reported that they had exposed to traumatic experiences; Most of participants had been exposed to all 34 traumatic experiences, there are more than 20% of the participants exposes to 11-15 traumatic experiences from the total of 34 traumatic experiences

The study found that boys suffer more traumatic experiences than girls, which is similar to the findings of many previous studies (Husain, Nair, Holcomb, Reid, Vargas, & Nair, 1998; Khamis, 2005; Kuterovac, Dyregrov, & Stuvland, 1994; Thabet, Abu Tawahina, El Sarraj, & Vostanis, 2008; Thabet & Vostanis, 1999). However, it contrasts with another study that found that boys and girls in Palestine, both of them have the same level of traumatic experiences (Miller, El-Masri, Allodt, & Qouta, 1999), which lead us to understand the difference between traumatic events in Gaza and in the West Bank. In Gaza we find a general bombing which facilitates the exposure and suffering for everyone, including children, while in the West Bank

traumatic events are mostly found in some specific areas; check points, some villages and even houses, as the exposure cannot be experienced by all the population.

The results found that the percentage of exposure to traumatic experiences increase for those whom living in the villages than those whom living in the cities, especially in the dimension; Direct Exposure and Indirect Exposure to traumatic events. This is consistent with previous studies (Thabet & Vostanis, 2000; Thabet, Abed, & Vostanis, 2004; Thabet & Vostanis, 1999). However, it contrasts with another study conducted in Gaza, that found There were significantly more experiences of traumatic events in children living in city than in village (Thabet & Thabet, 2015a).

According to Areas or directorate, there are more exposure to traumatic events on some areas like Qabatya, south Nablus and Salfit, these directorates include many villages and communities as well as their closeness to settlements, military checkpoints, and the apartheid wall, all of these factors might be leading to increase clashes with settlers and soldiers, therefore increased exposure to traumatic events.

The level of Psychological Resilience among Palestinian basic school students.

The results revealed that the average resilience of the Palestinian students from the Northern areas of the West Bank is 3.90. The score indicates the level of resilience is quite high. The family support factor was the highest (4.0), followed by the contextual components (3.9) and personal skills (3.8). These results validate the findings of other researchers that family support is significant to foster resilience (Buka et al., 2001; Hill & Madhere, 1996; O'Donnell et al., 2002; Ozer & Weinstein, 2004; Plybon & Kliewer, 2001).

The importance of spiritual faith (Janoff-Bulman, 1998), or beliefs and social support (Bonanno, 2004), is supported by this study. The results are consistent with those of Thabet (2015a) who also found

that children with better feelings of belonging to their community and proud of their identities, are associated with better scores and better prediction of resilience.

This study found that males have better scores on resilience than females, but only in two dimensions, namely: factors and on total resilience scores. These results are coherent with Punamäki et al. (2011a), who found that males are more resilient than females. However, these results do not support Thabet (2015a) who found that females were more resilient. These differences in the results could be explained if the level of trauma and adversity is considered. Punamäki (2011a) pointed out that parental mental health problems were especially high among traumatized females, suggesting that they can be more vulnerable when falling victim to severe trauma (Schaal, Elbert, & Neuner, 2009). Therefore, the level of traumatic experience should be explored in order to interpret the different results and the impact of the high traumatic situation of the female and male resilience.

A comparison of the 8th grade (13 years) results to those of the 9th grade (14 years), the older students showed better scores on resilience in the three dimensions assessed (individual, family and contextual components). In the three dimensions and the total score, the older students showed better conditions to foster resilience, scoring higher on personal skills, peer support (supported from friends), family support (physical and psychological support), better education (school belonging, have future expectations) and cultural factors (enjoy community, being proud of belonging). These findings were consistent with study conducted in the Gaza Strip by Punamäki et al. (2011a), which revealed that older children were often more resilient than the younger ones.

The study found that the students from the local villages have better scores on resilience in the three dimensions, especially relevant to the differences in spirituality and social skills in the community. This

result is consistent with Thabet's (2015a, 2015b) study in the Gaza Strip of 502 children. The study revealed that the total resilience scores and contextual components were more in children living in refugee camps and villages than in the city.

The level of satisfying the BPN among Palestinian basic school students.

The results revealed that the average of satisfying the basic psychological needs of the Palestinian students from the Northern areas of the West Bank is (5.15). The score indicates the level of BPNs is quite high. The Relatedness need was the highest (5.44), followed by the Competence need (5.06) and Autonomy need (4.93). These results are coherent with a study done in Iran by Kaydkhorde (2014), who found that the relatedness need was the highest need among the students.

The roles of satisfying the BPNs and exposure to traumatic events in prediction psychological resilience among Palestinian basic school students.

The present study utilizes SEM to test the hypothesized model about relations among latent variables for BPNs, CYRM-28, and CTE. The current study hypothesized positive path from BPNs to Psychological Resilience and it hypothesizes positive path from exposure to Traumatic Events to Psychological Resilience.

Path coefficient from BPNs to Psychological Resilience and path coefficient from exposure to Traumatic Events to Psychological Resilience were significant. However, based on the relative χ^2 value (CMIN/df = 3.548) the researcher checked the MIs to enhance the model;

1. The standardized path coefficient from BPNs and autonomy was significant ($\beta = 0.754$, $p < 0.001$), from BPNs to competence it was significant ($\beta = 0.648$, $p <$

0.001), and from BPNs to relatedness it was significant too ($\beta = 0.653$, $p < 0.001$), so based on that CFA was achieved.

2. The standardized path coefficient from CYRM-28 to individual factors was significant ($\beta = 0.836$, $p < 0.001$), from CYRM-28 to caregiving it was significant ($\beta = 0.848$, $p < 0.001$), and from CYRM-28 to contextual components it was significant too ($\beta = 0.876$, $p < 0.001$). Therefore, CFA was achieved.
3. The standardized path coefficient from CTE to direct experiences was significant ($\beta = 0.695$, $p < 0.001$), from CTE to indirect experiences it was significant ($\beta = 0.725$, $p < 0.001$), from CTE to proximate experiences it was significant ($\beta = 0.513$, $p < 0.001$), from CTE to distant experiences it was significant ($\beta = 0.824$, $p < 0.001$), and from CTE to number of times exposure to traumatic events it was significant too ($\beta = 0.766$, $p < 0.001$). Therefore, CFA was achieved.
4. The standardized path coefficient from BPNs to CYRM-28 was significant ($\beta = 0.359$, $p < 0.001$) and from CTE to CYRM-28 it was significant too ($\beta = 0.101$, $p < 0.05$). R^2 for CYRM-28 was small (0.14), which in turn indicated that BPNs and CTE play weak role in explaining the variance of CYRM-28. Based on these findings, the two hypotheses in this study were accepted:

H_A: There is positive path from BPNs to Psychological Resilience.

H_B: There is positive path from Traumatic Events to Psychological Resilience.

The results revealed that supporting autonomy, relatedness and competence emphatically can predict resilience, which is reliable with

self-determination theory of Deci and Ryan (2004) that contended social components, particularly supporting environments and contexts, which help basic psychological needs, has beneficial outcome on resilience and well-being.

In addition this outcome is predictable with (Deci & Ryan, 2000; Deci & Vansteenkiste, 2004; Sigelman & Rider, 2014) studies. These researchers believe that when connection of folks with kids and setting conduct with students, in view of supporting autonomous practices and commitment among students, addressing basic needs encourages and prompts mental versatility, resilience and well-being.

Basic psychological needs and their dissatisfaction can have impressive part in resilience, in light of the fact that addressing these needs give important conditions to development and advancement, consistency and well-being (Deci et al., 2001) and decides tremendous premise for our practices which is fascinating idea in psychology. Needs idea is intriguing in light of the fact that it can plan psychological interventions (Sheldon, Ryan, & Reis, 1996) Idea of need in this study incorporates basic psychological needs, which are produced by Deci and Ryan basic psychological needs theory. These three needs incorporate autonomy, competence and relatedness (Deci & Ryan, 2000).

Requirements are distinguished as internal and psychological need which are important for development and advancement (Kaydkhorde, 2014). As per self-determination theory variances in meeting needs specifically predicts well-being vacillations. In one study, (Sheldon et al., 1996) have tried routine changes in autonomy and competence, They found that in individual differences level autonomy and competence are correlated with psychological well-being (White, 1959).

Conclusion

This quantitative study aimed to investigate the roles of satisfying the BPNs and exposure to traumatic events in prediction psychological resilience among Palestinian students in the eighth and the ninth grades those who live under occupation in West-Bank.

The war and the long-term occupation of Palestinian territory expose students to recurrent traumatic experiences which violate their human rights: the right to live, to learn, to be healthy, to live with his/her family and community, to develop his/her personality, to be nurtured and protected, and the right to enjoy childhood. The potential for having a normal childhood in Palestine is unlikely in the current circumstances and the future psychological well-being of Palestinian children is at risk of being compromised by on-going traumatic experiences.

As a conclusion, results show that Childhood in the West Bank suffers from traumatic situations; in addition to that the results, which come from Gaza, are worst. Therefore, intervention must go on two directions: 1) stop oppression and aggressive acts that provoke traumatic experiences, and 2) increasing the resistance and resilience of the oppressed population.

The study results revealed how adolescents are affected by Israel occupation, assessed with a questionnaire of traumatic experiences checklist show that the situation is hard, but still bearable comparing to Gaza. This means that oppressed and occupation forces can oppress even more, and also that recovering is easier.

Nevertheless, this study brings the most important point the need to develop appropriate tools to assess traumatic experiences or aggression to adolescents, taking into consideration if the aggression is collective or individual, and the type and frequency, as a way to improve ways to intervene and help to recover.

On the other hand, the results showed that Palestinian students have a high level of resilience. However, resilience is even higher for those who live in villages and senior students. The following three factors of resilience were explored: the highest was family support, followed by contextual factors and personal skills, support the need to develop resources to improve community, educational and family as protective factors and fostering resilience.

Higher resilience in villages, older and males, can be understood taking into consideration that males (14 years old) from villages suffer are exposed to direct Israeli military attacks. Since they are closer to Israeli settlements, they suffer from additional restrictions and adversity. Consequently, they remain exposed to direct oppression (Zakrison, Shahen, Mortaja, & Hamel, 2004). According to the authors who are experts on oppression; confronting violence on a daily basis helps to develop a clear "perception" of the daily oppressive occurrences. They have inculcated a critical awareness of the limits on their lives (Freire, 1970; Memmi, 1965). They are more conscious of the whole community. Even if they suffer from psychological challenges, they are in a better position to face the oppression (Hanna, Talley, & Guindon, 2000; Memmi, 1965). More research should be undertaken to explore the relationship between level and frequency of traumatic events and its impact on psychological resilience.

In order to improve resilience among Palestinian children, contextual components (spiritually, education and culture) and family support (physical and psychological) are key areas that need to be fostered. Individual therapy is not the best way to deal with improving resilience. On the contrary, collective interventions, either at community level or school level should be encouraged in Palestine, and in all areas, villages and cities including the whole community (Rabaia et al., 2010).

Intervention to foster psychological resilience, and general well-being are highly recommended. Interventions should aim to increase the feeling of belonging, being socio-emotionally supported and feelings of self-competence in the three main contexts: family, school and community.

To conclude these results we can say that, satisfying basic psychological needs in traumatized context has a positive impact on resilience. Consequently, family and teachers ought to give an approach to meeting these needs, which has constructive outcome, for example, resilience (Garmezy, Masten, & Tellegen, 1984). We can introduce suggestions, for example, parents and teachers can give grounds to meeting psychological needs and resilience by accentuation on helpful practices like tuning in, evading dialect control, giving data input, lessening mental and behavioral weights, making inner induction, commitment in instructive exercises, building up warm and close relations. Other hotspot for meeting psychological needs is interest and accentuation on testing exercises in education. It is trusted that teachers and families utilize these answers for meeting psychological needs (Reeve, 2009).

Limitations

In the literature review, no enough studies were carried out to discover the relationship between resilience and satisfying basic psychological needs in the context of war or conflict. Furthermore, all of the constructs in the study were assessed by self-report questionnaires. Self-report data are commonly criticized for whether reliability and validity with respect to the constructs being studied. Self-report measures are subject to biases and might have hindered the potential for finding significant effects. Self-report measures may not have provided entirely accurate assessments of individual levels of cultural values, gender role orientation, and personality characteristics. Using self-report measures can create common method variance problems, which may have influenced results and is likely to lead to higher correlations (Podsakoff, MacKenzie, Lee, & Podsakoff, 2003).

With regard to social desirability issues, individuals in collectivistic cultures tend to lean toward socially desirable answers (Hofstede, Hofstede, & Minkov, 2010).

Finally, should take into account the specificity of the Palestinian community in terms of the difficulty of movement to get the data because of the difficulties arising from the existence of the Israeli occupation in the West Bank.

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Appendixes

Appendix 1: SUB-SCALES AND QUESTION CLUSTERS ON THE CYRM-28

Factors	Sub-Factors	Items
Individual	Personal Skills	2. I cooperate with people around me
		8. I try to finish what I start
		11. People think that I am fun to be with
		13. I am able to solve problems without harming myself or others (for example by using drugs and/or being violent)
		21. I am aware of my own strengths
	Peer Support	14. I feel supported by my friends
		18. My friends stand by me during difficult times
	Social Skills	4. I know how to behave in different social situations
		15. I know where to go in my community to get help
		20. I have opportunities to show others that I am becoming an adult and can act responsibly
		25. I have opportunities to develop skills that will be useful later in life (like job skills and skills to care for others)
Relationship with Basic Caregiver	Physical Caregiving	5. My parent(s)/caregiver(s) watch me closely
		7. If I am hungry, there is enough to eat
	Psychological Caregiving	6. My parent(s)/caregiver(s) know a lot about me
		12. I talk to my family/caregiver(s) about how I feel

		17. My family stands by me during difficult times
		24. I feel safe when I am with my family/caregiver(s)
		26. I enjoy my family's/caregiver's cultural and family traditions
Context	Spiritual	9. Spiritual beliefs are a source of strength for me
		22. I participate in organized religious activities
		23. I think it is important to serve my community
	Education	3. Getting an education is important to me
		16. I feel I belong at my school
	Cultural	1. I have people I look up to
		10. I am proud of my ethnic background
		19. I am treated fairly in my community
		27. I enjoy my community's traditions
		28. I am proud to be a citizenship

Appendix 2: the (CYRM-28) English Version

#	ITEMS	Not at All	A Some	Little	Quite a Bit	A Lot
1	I have people I look up to					
2	I cooperate with people around me					
3	Getting an education is important to me					
4	I know how to behave in different social situations					
5	My parent(s)/caregiver(s) watch me closely					
6	My parent(s)/caregiver(s) know a lot about me					
7	If I am hungry, there is enough to eat					
8	I try to finish what I start					
9	Spiritual beliefs are a source of strength for me					
10	I am proud of my ethnic background					
11	People think that I am fun to be with					
12	I talk to my family/caregiver(s) about how I feel					
13	I am able to solve problems without harming myself or others (for example by using drugs and/or being violent)					
14	I feel supported by my friends					
15	I know where to go in my community to get help					

16	I feel I belong at my school					
17	17. My family stands by me during difficult times					
18	18. My friends stand by me during difficult times					
19	I am treated fairly in my community					
20	I have opportunities to show others that I am becoming an adult and can act responsibly					
21	I am aware of my own strengths					
22	I participate in organized religious activities					
23	I think it is important to serve my community					
24	I feel safe when I am with my family/caregiver(s)					
25	I have opportunities to develop skills that will be useful later in life (like job skills and skills to care for others)					
26	I enjoy my family's/caregiver's cultural and family traditions					
27	I enjoy my community's traditions					
28	I am proud of my citizenship					

Appendix 3: the (CYRM-28) Arabic version

مقياس الصلابة النفسية (CYRM-28)

#	البند	كل الوقت	معظم الوقت	احيانا	قليلا	أبدا
1	في حياتي اشخاص اتمنى ان اصبح مثلهم					
2	اتعاون مع الاشخاص المحيطين بي					
3	ان استكمالي التعليم يعتبرمهما بالنسبة لي					
4	اعرف كيف اتصرف في الموا قف الاجتماعية المختلفة					
5	يهتم والدي بمراقبتي في مختلف المواقف					
6	والدي يعرفان كل شيء عني					
7	والدي يهتمان بتوفير الطعام اللازم في البيت					
8	احاول انهاء ما بدأت عمله					
9	ايماني بالله هو مصدر قوتي					
10	اعتز بانتمايئي لمجتمعي					
11	يراني الناس انني مرح					
12	اتكلم مع وا لدي بصراحة حول مشاكلي					
13	اواجه مشكلاتي ولا اهرب منها					
14	اصدقائي يدعمونني					
15	عندما تواجهني مشكلة واريد اعرف اين اذهب					
16	اشعر بالانتماء لمدرستي					
17	يقف والدي معي في الأوقات الصعبة					
18	يقف اصدقائي إلى جانبي في وقت الضيق					
19	لااشعر بانني مظلوما في مجتمعي					
20	لدي الفرص الكافية لتطوير مهاراتي الدراسية والعملية					

21	اعرف مصادر القوة في شخصيتي					
22	اشارك في الانشطة الدينية في منطقتي					
23	اعتقد بانه من المهم أن اخدم مجتمعي					
24	عندما يتواجد والدي اشعر بالامان					
25	ان الحياة التي عشتها جعلت مني شخصا ناضجا					
26	احب عادات اهلي وتقاليدهم					
27	اشارك واستمتع بعادات مجتمعي					
28	افتخر بكوني فلسطينيا					

Appendix 4: the (BPNs) English Version

#	Items	7	6	5	4	3	2	1
1	I feel like I am free to decide for myself how to live my life.							
2	I really like the people I interact with.							
3	Often, I do not feel very competent.							
4	I feel pressured in my life.							
5	People I know tell me I am good at what I do.							
6	I get along with people I come into contact with.							
7	I pretty much keep to myself and don't have a lot of social contacts.							
8	I generally feel free to express my ideas and opinions.							
9	I consider the people I regularly interact with to be my friends.							
10	I have been able to learn interesting new skills recently.							
11	In my daily life, I frequently have to do what I am told.							
12	People in my life care about me.							
13	Most days I feel a sense of accomplishment from what I do.							
14	People I interact with on a daily basis tend to take my feelings into consideration.							
15	In my life I do not get much of a chance to show how capable I am.							
16	There are not many people that I am close to.							

17	I feel like I can pretty much be myself in my daily situations.							
18	The people I interact with regularly do not seem to like me much.							
19	I often do not feel very capable.							
20	There is not much opportunity for me to decide for myself how to do things in my daily life.							
21	People are generally pretty friendly towards me.							

Appendix 5: the (BPNs) Arabic version

مقياس اشباع الحاجات النفسية الاساسية(BPNs)

1	2	3	4	5	6	7	البـــنـــد	#
							انا حر في ان اعيش حياتي كما ارغب	1
							ان الناس الذين اتعامل معهم احبهم من كل قلبي	2
							اشعر أنه ينقصني الكثير من القدرات والمهارات	3
							أشعربأنني مضغوط في حياتي	4
							الناس الذين يعرفونني يخبروننني بأنني جيد فيما افعل	5
							اجلس لفترة زمنية طويلة مع الناس الذين اتواصل معهم	6
							أنا شخص وحيد وليس لدي علاقات كثيرة	7
							أستطيع التعبير عن افكاري وارائي بكل حرية	8
							اعتبر الناس الذين اتعامل معهم اصدقاء لي	9
							لدي قدرة على اكتساب المهارات الجديدة	10
							يجب علي تنفيذ ما يطلب مني	11
							الناس في حياتي يهتمون بي	12
							في حياتي اشعر بالانجاز والنجاح	13
							الناس الذين اتعامل معهم يهتمون بمشاعري	14
							لم اتمكن حتى الان من التعبيرعن قدراتي ومهاراتي	15
							ليس لدي اصدقاء كثيرون	16
							اشعر بقيمتي في هذه الحياه	17
							لا يحبني الناس الذين اتعامل معهم	18
							ارى نفسي لا استطيع انجاز الكثير من الاعمال	19
							لا يتاح لي فرصا كافية لكي أقرر ماذا افعل في حياتي	20
							يتعامل الناس معي بشكل جيد	21

Appendix 6: Checklist of traumatic experiences, English version

#	The items of traumatic experiences	Yes	No	Frequency
1	Has your house been completely destroyed by shelling or bulldozing?	**1**	**0**	
2	Has your house been partially destroyed by shelling or bulldozing?			
3	Have you been exposed to inhaling tear gas?			
4	Have you been injured by shelling (e.g. wounds, burns, or bone break) by tanks, artillery, or military planes?			
5	Have you been shot with live ammunition by occupying forces?			
6	Have you been shot with a rubber bullet by occupying forces?			
7	Have you been injured to the degree that you lost consciousness?			
8	Have you been exposed to live fire by occupying forces, but you were not injured?			
9	Have you been exposed to shelling by tanks, artillery, or military planes, but you were not injured?			
10	Have you been beaten by occupied forces?			
11	Have the occupied forces used your house, block, camp, or zone as a cordon?			
12	Have the occupied forces threatened you with the possibility of not allowing access to your home?			
13	Have you been arrested by occupying forces?			
14	Has any of your close family members (father, mother, brother, sister) been killed by occupying forces?			
15	Has any of your friends, neighbors, or relatives been killed by occupying forces?			
16	Has any of your close family members been injured by occupying forces?			
17	Has any of your friends, neighbors, or relatives been injured by the occupying forces?			
18	Has anyone of your close family members been killed in front of your eyes by occupying forces?			
19	Has anyone been killed in front of your eyes by occupying forces?			

20	Have you attended to martyr's funeral?			
21	Have you been exposed to humiliation by occupying forces?			
22	Has anyone of your close family members been exposed to humiliation by occupying forces?			
23	Have the occupied forces destroyed a land or farm of yours or of a dear person by a bulldozer.			
24	Have you been exposed to the hearing of the explosion sounds or the sound bombs?			
25	Have you witnessed the occupying forces destroying house(s).			
26	Have you witnessed shelling by tanks, artillery, or military planes?			
27	Have you witnessed the occupying forces opening fire against people?			
28	Have you witnessed people being shelled and bombed?			
29	Have you witnessed a martyr's funeral?			
30	Have you witnessed the occupying forces beating anyone?			
31	Have you witnessed injuring by the occupying forces?			
32	Have you witnessed anyone being arrested by the occupying forces?			
33	Have you witnessed the occupying forces destroying trees or farms?			
34	Have you witnessed the occupying forces not allowing an ambulance to reach a hospital?			

Appendix 7: The Checklist of Chronic Traumatic Experiences (CTE) Arabic version

#	الخبرة الصادمة	نعم	لا	التكرار
1	هل هدم منزلك بصورة كاملة؟			
2	هل هدم منزلك بصورة جزئية؟			
3	هل استنشقت غاز مسيل الدموع؟			
4	هل إصابته بجروح او كسور او حروق نتيجة قصف الدبابات اوالمدفعية اوالطائرات الحربية؟			
5	هل اصبت بالرصاص الحي؟			
6	هل إصبت برصاص مطاطي؟			
7	هل أصبت لدرجة أنك فقدت الشعور، (غيبوبة)؟			
8	هل أطلق الجنود الاحتلال الرصاص عليك ولكنك لم تصب؟			
9	هل اطلق جنود الاحتلال قذائف دبابات او مدفعية اوصواريخ نحوك او بالقرب منك ولكنك لم تصب؟			
10	هل اعتدى عليك جنود الاحتلال بالضرب؟			
11	هل حاصر جنود الاحتلال منزلك أو منطقتك ليوم او لعدة ايام؟			
12	هل هددك جنود الاحتلال على الحاجز بعدم الرجوع الى بيتك؟			
13	هل تعرضت للاعتقال اوالسجن؟			
14	هل استشهد احد افراد أسرتك؟			
15	هل استشهد احد أصدقائك أو جيرانك أو اقاربك؟			
16	هل جرح احد افراد أسرتك قبل الاحتلال؟			
17	هل جرح احد أصدقائك أو جيرانك أو قاربك من قبل الاحتلال؟			
18	هل رايت منظر استشهاد احد افراد أسرتك؟			
19	هل رأيت منظر استشهاد أحد المواطنين؟			
20	هل شاركت في تشييع احد شهداء؟			
21	هل تعرضت للذل او الاهانة على يد قوات الاحتلال؟			

22	هل تعرض احد من أفراد أسرتك للذل والتحقير علي يد قوات الاحتلال؟			
23	هل قام الاحتلال بتجريف اراض لكم او لشخص عزيز عليك؟			
24	هل تعرضت لسماع صوت الانفجارات او القنابل الصوتية؟			
25	هل رايت جنود الاحتلال يهدمون منزلا (منازل)؟			
26	هل رأيت قصفا بالطائرات المدفعية؟			
27	هل رأيت جنود الاحتلال وهم يطلقون الرصاص على المواطنين؟			
28	هل رأيت انفجارات او قصفا من قبل الاحتلال ضد المواطنين؟			
29	هل رأيت منظر تشييع جنازة؟			
30	هل رأيت جنود الاحتلال يعتدون بالضرب على الناس؟			
31	هل رأيت منظر جرح أحد المواطنين؟			
32	هل رايت منظر اعتقال أحد المواطنين؟			
33	هل رأيت جنود الاحتلال وهم يدمرون أشجار أو حقول المواطنين؟			

Appendix 8: Resumen en Castellano

RESILIENCIA PSICOLÓGICA Y SU RELACIÓN CON LA SATISFACCIÓN DE LAS NECESIDADES PSICOLÓGICAS BÁSICAS Y LA EXPOSICIÓN A EVENTOS TRAUMÁTICOS EN ESTUDIANTES DE EDUCACIÓN PRIMARIA DE CISJORDANIA (PALESTINA)

El objetivo principal de esta investigación es descubrir las relaciones entre la Resiliencia psicológica y su relación con la satisfacción de las necesidades psicológicas básicas y la exposición a eventos traumáticos en estudiantes de Educación Primaria (octavo y el noveno curso) de Cisjordania (Palestina) empleando el modelo de ecuaciones estructurales.

La muestra estuvo compuesta por 537 estudiantes; 242 eran hombres y 295 eran mujeres, y el promedio de edad en la muestra fue de 14,8 ± 1,12. Del total de la muestra, 341 (64%) estudiantes eran de medio rural y 196 (36%) estudiantes de entorno urbano. Además, 268 (50%) cursaban octavo grado y 269 (50%) noveno grado. Los participantes contestaron a la escala de resiliencia psicológica CYRM-28 y sus factores (factores individuales, factores de cuidado y factores contextuales), las necesidades psicológicas básicas de Deci y Ryan (BPNs) y la Lista de comprobación de experiencias traumáticas (CTE). En todos los casos fue analizada su validez y fiabilidad con el alfa de Cronbach.

El presente estudio utilizó modelado de ecuaciones estructurales ("SEM") para probar el modelo hipotetizado sobre las relaciones entre variables latentes para CYRM-28, BPNs y CTE. El estudio hipotetizaba la existencia de una relación positiva entre las BPNs y la Resiliencia Psicológica, y entre la exposición a Eventos Traumáticos y la Resiliencia Psicológica. Los resultados del SEM permiten aceptar las dos hipótesis de este estudio. Además se encuentran altos niveles de

satisfacción de las necesidades psicológicas básicas y de resiliencia psicológica entre los estudiantes de educación primaria palestinos.

Numerosos estudios han encontrado impactos psicológicos y conductuales, procedentes de experiencias traumáticas durante la guerra, especialmente entre niños y jóvenes de Palestina. Los niños que viven en zonas de guerra están en alto riesgo de sufrir problemas de salud mental, tales como TEPT, insomnio, depresión, baja sensación de autoeficacia y autoestima, ansiedad y síntomas depresivos, distorsiones cognitivas, trastornos del comportamiento y otros impactos psicológicos inquietantes (Baker, 1990; Chimienti, Nasr y Khalifeh, 1989; Clarke, Sack, & Goff, 1993; Foa, Ehlers, Clark, Tolin y Orsillo , 1999; Garbarino y Kostelny, 1993; Moro, Frančišković, Varenina y Urlić, 1998; Saigh, Mroueh, Zimmerman y Fairbank, 1995; Stubbs y Soroya, 1996; Worden, 1996). También muestran problemas en las relaciones sociales como: miedo a la oscuridad, fobias, orinarse en la cama, retraimiento social, interacción social negativa, comportamiento agresivo, apego inseguro, olvido, trastornos somáticos y problemas de comportamiento psicosocial, horror, ira, tristeza, humillación, culpa, pesadillas y problemas emocionales (Foa et al., 1999; Giaconia, Reinherz, Silverman, Pakiz, Frost y Cohen, 1995; Punamäki, 1997; Qouta, Punamäki, Miller y El- Sarraj, 2008; Vila, Porche y Mouren-Simeoni, 1999), así como dificultades académicas como bajas calificaciones, dificultades de concentración y absentismo escolar (Altawil , 2008; Kanninen, Punamäki y Qouta, 2003; Qouta y El- Sarraj, 2004; Thabet y Vostanis, 2000). Estos indicadores revelan que es casi imposible tener una infancia normal en Palestina en las circunstancias actuales, lo que está afectando a su futuro bienestar psicológico.

Según este enfoque, la resiliencia es una construcción que ocupa un lugar importante en el campo de los estudios psicológicos, especialmente en la psicología de la salud, la psicología familiar, la psicología del desarrollo y la salud mental. El objetivo principal de esta investigación era descubrir, utilizando modelos de ecuaciones estructurales, las relaciones entre la resiliencia psicológica, la satisfacción de las necesidades psicológicas básicas (autonomía,

competencia y relación con los demás) y la exposición a eventos traumáticos, entre los estudiantes de la escuela primaria palestina de Cisjordania. Aunque la resiliencia se ha estudiado ampliamente, no hay ningún estudio que analice directamente las relaciones entre estas variables en estudiantes de octavo y noveno grado. Además, este estudio tiene como objetivo explorar la prevalencia de las experiencias traumáticas a las que están expuestos los estudiantes palestinos, identificar el nivel de cumplimiento de las necesidades psicológicas básicas, y determinar la capacidad de recuperación psicológica de esta población. El estudio toma en consideración la influencia que sobre estas variables pueden tener algunas variables sociodemográficas, tales como el género - ubicación - grado.

Este estudio resalta la importancia de satisfacer las necesidades psicológicas entre los estudiantes de educación primaria, que están expuestos a experiencias traumáticas y que viven en condiciones difíciles como resultado de vivir en una sociedad que languidece bajo la ocupación y sufre adversidades en su vida diaria. La satisfacción de las necesidades psicológicas se considera uno de los factores más importantes que aumentan el grado de resiliencia psicológica entre los estudiantes (octavo y noveno grado), también la resiliencia psicológica se considera crucial para que los individuos superen la adversidad, y es una habilidad para adaptarse y salir adelante.

La información sobre cada variable de interés se presentó de manera secuencial revisando, en primer lugar, los marcos teóricos dentro de los cuales se puede situar el desarrollo de las necesidades psicológicas básicas, el afrontamiento de situaciones traumáticas y el desarrollo de la resiliencia psicológica.

La construcción teórica de la resiliencia surge inicialmente de los estudios llevados a cabo en la década de 1970 en los campos de la psicopatología, el estrés traumático y la pobreza (ver tabla 1 sobre una visión histórica de la resiliencia).

El término resiliencia se ha utilizado para señalar tres tipos distintos de circunstancias excepcionales (a) las personas que se han encontrado con eventos traumáticos, sin embargo, han tenido la capacidad de recuperarse bien; (b) individuos que encajan con grupos

de alto riesgo, pero que tienen resultados más excelentes de lo previsto; y (c) individuos que muestran una adaptación positiva independientemente de sus condiciones de vida.

Un estudio longitudinal con 698 niños en la isla hawaiana de Kauai, identificaba a 201 niños como de alto riesgo, sin embargo 72 de esos niños mostraron inesperadamente buenos resultados en la adolescencia.

Los investigadores también se han planteado la posibilidad de que los adultos puedan aprender a ser más resistentes a los eventos adversos, por ejemplo, a través de algunos de los factores que mejoran el bienestar de los niños, o introduciendo elementos protectores que fomentan la resiliencia para diferentes tipos de eventos, como lo han sugerido los estudios sobre el Trastorno de Estrés Postraumático.

En el caso de la adolescencia media y tardía, se han encontrado relaciones entre el bienestar psicológico y la resiliencia, con relaciones positivas entre PWB (dominio ambiental, crecimiento personal y autoaceptación) y resiliencia: cuanto más podían elegir los adolescentes contextos adecuados a sus necesidades personales y más se percibían a sí mismos como satisfechos, más resistentes eran.

Los estudios que se han centrado específicamente en la capacidad de recuperación de los niños expuestos a la violencia comunitaria, han identificado que el apoyo social de la familia (padres), la escuela y el grupo de pares de un niño es importante en su capacidad de recuperación ante la violencia repetida.

En el contexto de eventos traumáticos adversos, Harvey et al. (2003) desarrollaron un modelo ecológico de recuperación y resiliencia después del trauma que señala las "anomalías" en la ecología social, como el racismo, la pobreza y el sexismo, y su efecto perjudicial sobre la resiliencia, mientras se enfatiza la conceptualización de la resiliencia como un proceso social.

De manera similar, el trabajo internacional de Ungar et al. (2008) sobre la resiliencia de niños y jóvenes adopta una visión interactiva y ecológica de la resiliencia, donde la resiliencia es susceptible de mejora.

La Escala de Resiliencia de Connor-Davidson, CD-RISC, (Connor y Davidson, 2003), y la Escala de Resistencia y Recuperación de Trauma Multidimensional (Harvey et al., 2003), que han sido traducidas a diferentes idiomas y adaptadas a múltiples contextos, exploran los sistemas de los individuos que contribuyen a la resiliencia (habilidades cognitivas, interpersonales, emocionales), así como los sistemas sociales y ecológicos, o en otras palabras, miden cómo se promueve (o no) la resiliencia individual dentro de los sistemas sociales.

El estudio de Radan (2007) con mujeres salvadoreñas refugiadas en los Estados Unidos midió la resiliencia de la muestra utilizando la escala MRTT y examinó la asociación entre los puntajes de resiliencia y el historial de eventos traumáticos de los participantes.

En general, los estudios de este tipo se han centrado en la supervivencia de grupos de refugiados, y examinan diferentes mediadores de la resiliencia (apoyo social, estilos de afrontamiento, presencia familiar) que actuarían como factores protectores de la angustia.

La mayoría de estos estudios han examinado los resultados de resiliencia de niños y jóvenes expuestos a la guerra, y la resiliencia se conceptualizó como la ausencia de TEPT, depresión y otros signos de angustia emocional.

Basado en el marco teórico mencionado anteriormente (el SDT) y en la revisión de la literatura, el estudio actual tiene el propósito de investigar cómo la satisfacción de los BPN y la exposición a eventos traumáticos afectan la resistencia entre los estudiantes de octavo y noveno grado en Palestina.

Basado en la investigación previa, este estudio realizará un análisis factorial confirmatorio [CFA] para evaluar las estructura subyacente a los dominios de la resiliencia psicológica (factores individuales, cuidado y componentes contextuales) y de las necesidades psicológicas básicas en términos de (autonomía, competencia y relación).

Se hipotetiza una relación positiva entre las BPN y la resiliencia psicológica (Clauss -Ehlers, 2008; Deci y Ryan, 2000; Pines et al.,

2012; Ruban et al., 2003; Skinner et al., 2014; Spreitzer , 1995; Timmerman, 2014; Tuckman, 2003; Uner y Turan , 2010; Wehmeyer , 1996; Weston y Parkin, 2010), y plantea la hipótesis de una relación positiva entre la exposición a eventos traumáticos y la resistencia psicológica (Giacaman et al., 2007; Konner, 2007; Masten , 2001; Punamäki et al., 2001; Rabaia et al., 2010; Radan , 2007; Rechtman , 2000; Rutter, 1981; Suárez, 2011; Ungar, 2008).

Se utilizó un diseño transversal correlacional para examinar las relaciones entre las variables independientes y dependientes.

Las BPN incluyen tres necesidades: autonomía, competencia y relación. La exposición a los eventos traumáticos consiste en: Experiencias individuales directas, experiencias de daños materiales directos, experiencias individuales indirectas, experiencias próximas y experiencias distantes.

Las BPN y la exposición a eventos traumáticos se utilizaron como variables dependientes para determinar la resistencia psicológica.

Menos de seis eventos traumáticos se califican como "grado F", 6-10 eventos se califican como "grado E", 11-15 eventos se califican como "grado D", 16-20 eventos se califican como "grado C", 21 -25 eventos se califican como "grado B" y 26 o más como "grado A".

El modelo hipotético supone que las causas de la resistencia psicológica están asociadas con la satisfacción de las necesidades psicológicas básicas y la exposición a eventos traumáticos.

¿Cuál es el grado de exposición a eventos traumáticos, resistencia psicológica y satisfacción de las BPN entre los estudiantes de la escuela básica palestina (octavo y noveno grados) según? Los resultados indican que hay un bajo nivel de exposición a eventos traumáticos, el grado de exposición a experiencias traumáticas se clasifica principalmente en el nivel "Grado E" (6 -10 eventos).

¿Existen relaciones significativas entre la resistencia psicológica, la exposición a eventos traumáticos y la satisfacción de las BPN entre los estudiantes de la escuela básica palestina (octavo y noveno grados)? Los resultados muestran relaciones significativas en los dos

casos. Si bien el establecimiento de covarianzas entre las experiencias individuales directas y las experiencias individuales indirectas (e10 y e11), y entre las experiencias individuales directas y las experiencias próximas (e10 y e13) puede mejorar el modelo.

Para concluir, la figura 3 muestra el SEM para la resiliencia psicológica y su relación con la satisfacción de las BPN y la exposición a eventos traumáticos entre los estudiantes palestinos de la escuela básica en Cisjordania.

El hallazgo más significativo en este estudio fue que una alta proporción de niños palestinos informaron que habían estado expuestos a experiencias traumáticas. La mayoría de los participantes habían estado expuestos a las 34 experiencias traumáticas examinadas, más del 20% de los participantes habían estado expuestos a entre 11 y 15 experiencias traumáticas del total de 34. Los resultados muestran que el porcentaje de exposición a experiencias traumáticas aumenta para aquellos que viven en el medio rural frente a quienes viven en las ciudades, especialmente en la dimensión Exposición directa y Exposición indirecta a eventos traumáticos.

Según las áreas o la dirección, hay más exposición a eventos traumáticos en algunas áreas como Qabatya , el sur de Nablus y Salfit . Estas direcciones incluyen muchas aldeas y comunidades y están cerca de los asentamientos, los puestos de control militares y el muro del "apartheid". Estos factores podrían estar conduciendo a un aumento de los enfrentamientos con colonos y soldados y, por lo tanto, a una mayor exposición a eventos traumáticos.

Este estudio encontró que los hombres tienen mejores puntajes en resiliencia que las mujeres, pero sólo en dos aspectos, a saber: factores y puntaje de resiliencia total. Esto debe ser tenido en cuenta a la hora de interpretar el impacto de los eventos traumáticos sobre la resiliencia en la población. Los resultados revelaron que el apoyo a la autonomía, la relación y la competencia pueden predecir claramente la capacidad de recuperación, lo cual es coherente con la teoría de la autodeterminación de Deci y Ryan (2004) que sostiene que los componentes sociales, particularmente los entornos y contextos de apoyo, que ayudan a las necesidades psicológicas básicas, tienen un

resultado beneficioso sobre resiliencia y bienestar. Para mejorar la resiliencia entre los niños palestinos, los componentes contextuales (espiritualidad, educación y cultura) y el apoyo familiar (físico y psicológico) son áreas clave que deben fomentarse. La terapia individual no es la mejor manera de lidiar con la mejora de la resiliencia. Por el contrario, las intervenciones colectivas, ya sea a nivel comunitario o escolar, deberían fomentarse en Palestina y en todas las áreas, pueblos y ciudades, incluyendo a toda la comunidad (Rabaia et al., 2010).

Las intervenciones deben dirigirse a aumentar el sentimiento de pertenencia, el apoyo socioemocional y los sentimientos de auto competencia en los tres contextos principales: familia, escuela y comunidad.

Para concluir estos resultados, podemos decir que satisfacer las necesidades psicológicas básicas en un contexto traumatizado tiene un impacto positivo en la resiliencia. En consecuencia, la familia y los maestros deberían asumir este enfoque para producir un efecto positivo como es la resiliencia (Garmezy, Masten y Tellegen, 1984). Los padres y los maestros pueden acentuar prácticas útiles que conduzcan a construir relaciones cálidas y cercanas.

Finalmente, es importante tener en cuenta que las limitaciones a la movilidad en la comunidad palestina, derivadas de la ocupación israelí en Cisjordania, dificultan enormemente la recogida de datos.se debe tener en cuenta la especificidad de la comunidad palestina en términos de la dificultad de movimiento para obtener los datos debido a las dificultades derivadas de la existencia.