



Children's emotional and behavioral problems in the shadow of terrorism: The case of Israel

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ABSTRACT

This research investigates the well-being of children subjected to prolonged exposure to missile attacks. A study of post-traumatic symptoms, emotional stress, and behavioral problems among 152 children from southern Israel, an area prone to missile attacks, was conducted. Post-traumatic symptoms were assessed by a self-reported version of the Post-traumatic Stress Disorder Reaction Index for Children (CPTS-RI). Emotional and behavioral problems were assessed by the Child Behavioral Checklist (CBCL), which was completed by the children's mothers. The mothers were asked to answer the CBCL regarding their children's behavior both in the present and prior to the missile attacks. CBCL results were then compared with those of comparable children ($n = 125$) living in central Israel who were not exposed to missile attacks and whose mothers were asked to answer a similar questionnaire. The results indicated that prolonged exposure to security threats did not result in high levels of posttraumatic symptoms. However, according to the mothers the emotional and behavioral states of the children deteriorated. This was found also when their current emotional and behavioral state was compared to similar children in central Israel. The complex effect of prolonged exposure to security threats is discussed.

1. Introduction

Armed conflict affecting civilian populations remains an ongoing problem in many regions of the world (e.g., Israel & the Palestinian Authority, Syria, Iraq, Sudan, etc.). In civilian conflict, there is no clear differentiation between the front line and the home front and harm to civilians is unavoidable (Scrimin et al., 2011; Thabet, Thabet, & Vostanis, 2016). According to UNICEF (2016), nearly 250 million children live in countries and areas affected by armed conflict, and millions more bear the brunt of climate-related disasters and chronic crises.

Exposure to terrorist events has a deleterious impact on children, and the pathological effect of this exposure is evident for many years (e.g., Dubow et al., 2012; Landau et al., 2010; Shechory Bitton, 2013). Researchers most often focus on specific one-time traumatic events (e.g., terrorist attacks) (Chemtob et al., 2010) and are concerned with the resulting posttraumatic stress (PTS symptoms) (Dubow et al., 2012; Laufer & Solomon, 2006).

Several studies have investigated the exposure to security threats on children's adjustment and their emotional, cognitive, and behavioral development (e.g., Kithakye, Morris, Terranova, & Myers, 2010). They

found a wide range of psychological and behavioral problems, such as distress, fears and anxiety, depression, social alienation, aggressive behavior problems, etc. (e.g., Braun-Lewensohn, Celestin-Westreich, Celestin, Verte, & Ponjaert-Kristoffersen, 2009; Braun-Lewensohn & Sagy, 2011; Dubow et al., 2012; Guttman-Steinmetz, Shoshani, Farhan, Aliman, & Hirschberger, 2012).

In parallel with studies that found negative effects of living under security threats on child well-being (Abel & Friedman, 2009; Laor et al., 2005; Ronen, Rahav, & Rosenbaum, 2003; Shechory, Ben-David, & Balahur, 2008), other research has discerned no significant effects on children's emotional reactions in these conditions (Cairns & Dawes, 1996; Sagy & Braun-Lewensohn, 2009; Zeidner, 2005). The latter finding is mostly explained as emotional habituation when living under continuous threat, which lowers the negative effect on child well-being (Ronen et al., 2003; Shechory Bitton & Laufer, 2017; Shechory Bitton & Silawi, 2016). According to these studies on adult populations (Stein, Levin, Gelkopf, Tangir, & Solomon, 2017), exposure to ongoing shelling was associated with more resilience, suggesting a habituation effect to continuous traumatic stress. However, the impact of continuous and ongoing exposure to rocket attacks on a wide range of behavioral and social problems among children has not received enough attention

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(Shechory Bitton, 2013). Moreover, there are indicators suggesting that habituation to ongoing shelling does not lessen personal symptomatology (Stein et al., 2017). Thus, any examination of the effect of security threats on child well-being should distinguish between one-time and prolonged exposure as well as other dimensions of the threat.

Level of emotional threat (i.e., fear) is one such important dimension of attacks. Security threats that produce higher levels of fear generate more negative effects – even if the attacks did not occur in close proximity to children. Level of fear may be a stronger predictor of emotional distress than physical or social proximity to the attack (Laufer & Solomon, 2009; Shechory Bitton, 2013; Solomon & Lavi, 2005). Nevertheless, physical and social proximity per se are critical for assessing effects of security threats on children (Scrimin et al., 2011; Thabet et al., 2016; Thabet, Tawahina, El Sarraj, & Vostanis, 2008). In fact, greater physical proximity to the missile attack and social proximity to someone affected by the attack generates stronger negative effects on child well-being.

Since the Israeli withdrawal from Gaza in 2005, the nearby “Gaza envelope” communities have suffered from consistent rocket attack. This includes the western Negev city of Sderot as well as many Kibbutzim and Moshavim. These communities were subjected to a high volume of shelling. A total of 401 rocket shells were launched at this envelope area in 2005, with numbers rising to 1722 in 2006, 1276 in 2007, and 2048 in 2008. In 2009, when the data was collected, the amount of shells had lowered to 569 (Israel Security Agency, 2014).

This research investigates distress levels and well-being of children living in the Gaza envelope. Levels of child emotional and behavioral problems before and after the attacks were, therefore, compared. In addition, current levels of these problems were evaluated in relation to similar children living in central Israel who were never exposed to missile attacks. Mothers were asked to complete a parent-report questionnaire describing their children's behavioral and emotional state (Child Behavioral Checklist – CBCL; Achenbach, 1991). The level of child posttraumatic stress disorder was also measured.

We expected to see signs of negative effects to missile attacks in conjunction with signs of situational habituation. This is consistent with Stein et al. (2017), whose study on adults in the Gaza envelope and its surrounding areas indicated signs of habituation coexisting with personal symptomatology. Our main hypothesis was that continued exposure to stressful life threatening situations would have a negative effect on children's behavioral measures. As such, a difference would be found between mothers' assessment of their children's behavior prior to the onset of missile attacks on their homes (2005) and during the period of the research (2009). We also predicted a difference between test and control group assessment (i.e., those not subjected to missile attacks). Furthermore, we postulated that evidence of habituation to the situation would be detected, revealed in lower levels of severe problems such as those manifested in posttraumatic stress disorder.

2. Method

2.1. Participants

Participants included 152 mothers (age: $M = 42.17$, $SD = 5.26$) and their children (age: $M = 11.53$, $SD = 1.04$) residing near the southern Israeli border and were under missile attack (the exposed group). In addition, 125 mothers (age: $M = 39.18$, $SD = 5.59$) not subjected to missile attacks served as a control group and completed the CBCL (see full details in the Measurements and Procedure sections). All children are enrolled in regular schools in their neighborhood.

Both groups were living in their current location for many years ($M = 20.20$, $SD = 13.35$ and $M = 23.25$, $SD = 13.40$, respectively). Most mothers in both groups were Israeli born (79.9% and 89.9%, respectively), while others were mainly of European-American origin. Most were married (91.2% and 89.2%, respectively), while others were divorced or separated. Most had at least two children, with larger

families in the exposed group ($t(263.12) = 5.94$, $p < .001$). Most had either an academic education (51% and 42.7%, respectively) or a high school education (39.7% and 41.9%, respectively). Although most were employed (82.2% and 92.5%, respectively), more mothers were employed in the control group ($\chi^2(2) = 7.06$, $p < .05$).

2.2. Measurements

2.2.1. Objective exposure to terrorism and to conflict events

This was assessed by Solomon and Lavi's exposure to war and terror questionnaire (Solomon & Lavi, 2005), which was already used to evaluate Israeli populations (Shechory Bitton, 2013; Shechory Bitton & Laufer, 2017) and comprises 17 items covering different types of trauma-related incidents (e.g., “A relative of mine was wounded by a missile”). The objective level of exposure was scored as the total number of terrorism incidents to which the respondent was exposed; scores ranged from 0 to 17, with higher scores indicating greater exposure.

2.2.2. Subjective exposure (fear)

For each reported incident of terrorism and conflict experienced by the respondent, they were asked to indicate the level of fear felt at the time of the incident on a 4-point scale (1 = not scared; 4 = very scared). Fear was defined as the mean of the respondent's replies on this scale (see also, Laufer & Solomon, 2009; Shechory Bitton, 2013). The level of fear was calculated based on average subject answers, with higher scores indicating greater fear.

2.2.3. Posttraumatic stress disorder reaction index for children

Children completed the self-report version of the CPTS-RI (Frederick & Pynoos, 1988), containing 20 items assessing posttraumatic symptoms by DSM criteria. Respondents were asked to indicate if they had experienced the symptom on a 5-point scale ranging from 0 (not at all) to 4 (very much). A total Reaction Index (RI) score ranging from 0 to 80 was obtained by summing up all items after adjusting for reverse scored items. A Global Symptom Score (GSS) ranging from 0 to 80 was calculated by summing up all items after adjusting for reverse scored items. Internal consistency for this study (Cronbach's alpha = 0.91) was similar to previous studies using the Hebrew version (e.g., $\alpha = 0.86$) (Schwartzwald, Weisenberg, Solomon, & Waysman, 1994). Clinical categories for PTSD symptom severity were used to classify participants according to their total RI score as follows: doubtful (0–11), mild (12–24), moderate (25–39), severe (40–59), and very severe (60–80).

2.2.4. Child Behavioral Checklist (CBCL) (Achenbach & Edelbrock, 1983, 1986)

The CBCL for children aged 6–18 (Achenbach, 1991) is a parent-report questionnaire in which the parent rates the child's emotional and behavioral problems. The instrument can be used to measure a child's behavioral change over time and is a widely employed measure. The CBCL has been normed with a large number and a wide variety of children and adolescents; it demonstrates good criterion validity, test-retest reliability, inter-rater reliability, and internal consistency (Carrio & Hull, 2009; Goel, Amatya, Jones, & Ollendick, 2014).

Three subscales were used to assess levels of anxiety, social problems, and aggression among the children: the Anxious/Depressed Scale (18 items); the Social Problems Scale (13 items); and the Aggressive Behavior Scale (25 items). Each item was rated on a 0-1-2 scale for how truly/accurately it describes the child (0 = does not apply to this child; 1 = occasionally or to some degree; 2 = very true or often true). Thus, the higher the score of each child the more severe his/her level of disturbance. The CBCL was designed to obtain standardized data on child range of behavioral and emotional problems as reported by parents, teachers, or other informants observing children under different conditions. It has been used extensively in research on child psychopathology, including in Israel (Pat-Horenczyk et al., 2015;

Shechory & Sommerfeld, 2007). In order to check if any change had occurred in child behavior following exposure to missile attacks, mothers completed the questionnaires twice. They were asked to assess their children's current state (i.e., in 2009) and retrospectively before the onset of attacks (i.e., in 2005). Mothers in non-exposed areas completed the CBCL questionnaire only once regarding current state of child (i.e., in 2009). Internal consistencies for the subscales ranged from 0.77–0.91, demonstrating good validity (Achenbach & Rescorla, 2001).

2.3. Procedure

The study was approved by the National Insurance Institute of Israel and its Ethics Committee. Convenience sampling was used to recruit mothers and their children, with the former approached mainly by research assistants residing in the area. Notably, this method has been used in other studies where accessing participants was difficult (e.g., Pagorek-Eshel & Dekel, 2015; Shechory Bitton, 2013).

The data were collected in two stages. In the first stage, data were elicited in the Gaza Envelope, an area exposed to missile attacks. Then, data were gathered from a control group in central Israel. Efforts were made to match the groups by their characteristics (child age, socioeconomic status, etc.). The age criterion was determined because it was necessary to complete the questionnaires independently. This resembles the study of Braun-Lewensohn and Sagy (2011), who examined stress responses in terrorism situations among children and teens aged 12–18 and found that age did not distinguish respondent replies (see also, Braun-Lewensohn et al., 2009).

Meetings were coordinated by telephone and conducted in participant homes. With the mother's consent, one of the children was selected, aged from 10 to 12 (regardless of sex). Only a single child from each family was selected in order to maintain a mother-child dyad for each family. Before completing the questionnaires, participants were told that the questionnaires would remain anonymous and be used solely for the purpose of the study. Each mother signed an informed consent form confirming her own participation and that of her child. Mothers and children were asked to answer the questionnaires separately, after which the purpose of the study was explained. The children in the exposed group were tasked with completing the objective exposure to terrorism and conflict events questionnaire, fear questionnaire, and the CPTS-RI questionnaire. In addition, mothers in both groups also completed the CBCL questionnaire (for more details see the Measurement section). When the questionnaires were completed, each family received a token sum of \$27 for their participation in the study. Questionnaires were distributed and administered during 2009 (June–November).

3. Results

3.1. Child objective exposure and fear

The level of child exposure to missile attacks is presented in Table 1. Most of the children reported that they had to miss school (88.2%), forgo an activity, or stay at home because of a missile attack (69.7%). Of the children, 4.6% reported injuries from a missile, 11.2% saw a person killed, and 32.2% that a missile fell close to them.

The children also rated their fear from 1 (not at all) to 4 (a lot) for each situation they experienced. They evaluated their total fear in a separate item. Incidents were evaluated as very scary by 52 children (34.2%), rather scary by 48 children (31.6%), and a little scary by 43 children (28.3%). Only 9 children (5.9%) evaluated the incidents as not scary. The three scariest items were “my house was hit by a missile” (M = 2.56); “A relative of mine was killed by a missile” (M = 2.50); and “A missile fell close by, but no one was injured” (M = 2.30). The mean score for fear was M = 2.13 (SS = 0.80).

Table 1
Percentage of child exposure to missile attacks.

Due to situation:	Prevalence among children	
	N	%
1. Forego an activity	106	%
2. Did not go to school	134	69.7
3. Left school	21	88.2
4. Family left home	56	13.8
5. Used other roads	71	36.8
6. Stayed home to hide	106	46.7
7. House was hit	28	69.7
8. School was hit by missiles	48	18.4
9. A missile fell close by; no one injured	49	31.6
10. A missile fell close to an acquaintance; no one injured	93	32.2
11. Wounded by a missile	7	61.2
12. A relative was wounded by a missile	33	4.6
13. An acquaintance was wounded by a missile	84	21.7
14. A relative was killed by a missile	3	55.3
15. An acquaintance was killed by a missile	40	2.0
16. Saw a person killed	17	26.3
17. Other	36	11.2
Total exposure (1–17)	M = 6.13	23.7

3.2. Levels of PTSD symptoms among children

The children's total PTSD score ranged from 0 to 60 (M = 13.66, SD = 11.84). Classification by clinical categories revealed that 77 children (52.0%) were categorized as doubtful, 47 (31.7%) as mild, 18 (12.2%) as moderate, 5 (3.4%) as severe, and only one child (0.7%) as suffering from very severe PTSD (four children were not categorized).

3.3. Children's emotional and behavioral problems

The mothers' reports of their children's emotional and behavioral problems (e.g., symptoms of anxiety and depression, aggressive behavior, and social problems) on the CBCL (Achenbach, 1991) were examined with a repeated measure MANOVA.

Differences between current and former (retrospectively assessed) emotional and behavioral problems among the children from the exposed group were evaluated. The results are presented in Table 2. The results indicated that according to mothers, the children have significantly higher levels of emotional and behavioral problems in the present as compared to the period prior to exposure to missile attacks.

The comparison between the exposed group and the control group was carried out in two stages. First, the emotional and behavioral problem assessments of the exposed group prior to the missile attacks were compared to those of children in central Israel (Table 3). Then the level of emotional and behavioral problems in the exposed group after the missile attacks was compared to that of children in central Israel who had not been exposed to missile attacks (Table 4).

Table 3 indicates that after the exposure to missile attacks, children in southern Israel had much higher levels of emotional and behavioral

Table 2
Means, standard deviations, and F tests for former and current emotional and behavioral problems among exposed children (N = 148).

	Former	Current	F(1,147) (η^2)
Anxious/depressed	2.57 (3.19)	4.90 (4.39)	61.04*** (0.29)
Aggressive behavior	4.52 (5.00)	7.74 (7.11)	54.93*** (0.27)
Social problems	1.42 (2.10)	2.47 (2.87)	36.54*** (0.20)

*** p < .001, F(3,145) = 23.20, p < .001, $\eta^2 = 0.32$.

Table 3
Means, standard deviations, and F tests for emotional and behavioral problems among the exposed group (after exposure) and among the control group.

	Exposed group (N = 152)		Control group (N = 123)		Differences F(1,273) (η^2)
	M	SD	M	SD	
Anxious/ depressed	4.99	4.50	2.75	2.99	22.56*** (0.08)
Aggressive behavior	7.73	7.04	4.82	5.19	14.60*** (0.05)
Social problems	2.49	2.87	1.37	1.88	13.93*** (0.05)

*** p < .001, F(3,271) = 7.71, p < .001, η^2 = 0.08.

problems than did children in central Israel.

3.4. Predicting children's posttraumatic symptoms and behavior problems

Four multiple regressions were conducted to predict children's PTS symptoms and behavior problems. Dependent variables included current posttraumatic symptoms, aggression, social problems, and anxiety. The first step in the regression included control variables of age and sex (defined as a dummy variable: 1-boys, 0-girls). The second step included the exposure and fear of missile attack variables.

Regression results revealed that three of the four models are significant. Forty-one percent of the variance in children's PTS symptoms were positively predicted by their exposure to missile attack and by their fear. The higher the exposure and fear levels, the greater are the posttraumatic symptoms. Social problems were positively predicted by fear and negatively by age, although anxiety was positively predicted by exposure to missile attack. That is, greater social problems were associated with younger age and greater fear, while higher anxiety was associated with greater exposure. Child aggression was not significantly predicted by the research variables.

4. Discussion

Children in many parts of the world live under the shadow of life-threatening security risks (UNICEF, 2016). In Israel, children residing close to the southern border have endured several years of ongoing missile attacks on their homes and schools (Shechory Bitton, 2013). The results of this study indicate that these children perceive missile attacks as a threat to their daily life, causing them to change their regular behavior. Almost all of these children reported at times refraining from

going outside, missing school, or canceling other activities due to missile threats. More than half of research participants reported knowing someone who was hurt in a missile attack. Furthermore, 10% claimed they saw someone killed by a missile, while 5% reported suffering injuries from a missile attack. This data indicates that missile attacks are a continuously present and proximate threat, both physically and socially. These results are similar to the high level of exposure found among Israeli children in Guttman-Steinmetz et al. (2012).

This threatening reality motivated our investigation of stress levels among these children. Interestingly, although they endured high exposure to missile attacks, their levels of PTS symptoms were found to be relatively low. Half of the children did not report significant symptoms, while 4% complained of severe or very severe symptoms and 12% only mild symptoms. Such levels are similar to those found in Israeli youth exposed to terrorist attacks during the second Intifada (Laufer & Solomon, 2006; Lavi, Green, & Dekel, 2013). However, they are lower than those found in studies of children in danger zones around the world (Papageorgiou et al., 2000; Thabet et al., 2008; Thabet et al., 2016).

In our examination of CBCL questionnaires, mothers reported an increase in children's symptoms of aggression, social problems, anxiety, and depression following exposure. A regression analysis found that fear and exposure to missile attacks were the best predictors of children's level of PTS symptoms. However, these predictors had a weaker effect on children's behavioral, social, and emotional problems. The association between fear and level of exposure to posttraumatic stress disorder is well documented (Laufer & Solomon, 2009; Shechory Bitton, 2013; Solomon & Lavi, 2005). Children with elevated exposure, both physically and emotionally (i.e., fear), are more inclined to report higher levels of posttraumatic stress disorder. Nevertheless, it seems that regarding other emotional and behavioral problems the picture is more complex. Exposure to missile attacks was positively associated with anxiety and fear with social problems, while exposure and fear had no effect on the children's level of aggression.

The fact that high levels of exposure among the children were found together with low levels of PTS symptoms may point to their development of "habituation processes" following lengthy exposure to missile attacks. Studies conducted in Israel explained low levels of distress due to habituation processes in response to threatening environments (see, for example, Shechory Bitton & Cohen Louck, 2016; Shechory Bitton & Silawi, 2016; Sagy & Braun-Lewensohn, 2009). A recent study on adults in southern Israel who experienced high to medium exposure to missile attacks (Stein et al., 2017) found no difference in level of posttraumatic symptoms. The authors suggest habituation to prolonged exposure manifested as an adaptive process to ongoing threats.

Table 4
Regressions predicting child posttraumatic symptoms and behavior problems (N = 150).

Step:		PTS symptoms (β)	Aggression (β)	Social (β)	Anxiety (β)
1	Gender	-0.25**	0.08	0.01	0.01
	Age	-0.03	-0.09	-0.17*	-0.10
		R ² = 0.06, p < 0.05	R ² = 0.001, ns.	R ² = 0.03, ns.	R ² = 0.01, ns.
2	Gender	-0.08	0.11	0.09	0.07
	Age	-0.01	-0.08	-0.16*	-0.08
	Exposure	0.29***	0.13	0.08	0.19*
	Fear	0.44***	0.04	0.22*	0.13
		ΔR^2 = 0.35, p < .001	ΔR^2 = 0.01, ns.	ΔR^2 = 0.06, p = .007	ΔR^2 = 0.07, p = .005
	Model:	R ² = 0.41, p < .001	R ² = 0.01, ns.	R ² = 0.09, p = .006	R ² = 0.08, p = .016
		F(4,145) = 24.78	F(4,145) = 1.40	F(4,145) = 3.80	F(4,145) = 3.14

* p < .05.

** p < .01.

*** p < .001.

The habituation process may explain why resilience was found to be common among children. Research (Dienstbier, 1989; Seery, Holman, & Silver, 2010) has argued that exposure to stressors may have a toughening effect when the exposure is limited with an opportunity for recovery. Thus, both sheltering from and continuous exposure to stressors may be harmful and lead to lack of mastery in handling further stressors.

Accordingly, we assume that one reason for the population's adaptation to the prolonged exposure to missile attack is the continued regular operation of schools during most of the threat period. Civilian life in the towns under attack contributed to "normalization" of the situation and created a certain routine that enabled both parents and children to continue functioning. Israel has been dealing with security threats since its establishment, and, as a result, it developed civilian adaptation mechanisms that include intervention and prevention. These can be found in both school and informal settings. The Israeli system has formed patterns of conduct during periods of security threat that reduce children's exposure and danger (for review see, Abel & Friedman, 2009).

In sum, this research is novel in its examination of the implications of chronic security threats for children's distress as it is based on reports by children and their mothers. Nonetheless, our study has several limitations. First, the CBCL scales were completed by mothers. They, in turn, reported pre-exposure levels retrospectively. However, these mothers were themselves exposed to the same threats as their children. They too had to cope with difficulties involved in living in a state of fear (e.g., Dekel, 2004; Shechory Bitton, 2013). As such, their affective state may have influenced evaluation of their children (Pat-Horenczyk et al., 2015). Still, even as maternal-report remains the most common instrument of assessing young children's behavior (e.g., Chemtob et al., 2010; Guttman-Steinmetz et al., 2012; Pat-Horenczyk et al., 2015), objective measures may have provided a more accurate assessment of their functioning (e.g., observations of social interactions, teacher and peer ratings, etc.). These may have generated a more in-depth view of specific areas impacted by exposure to stressful events (see also, Goel et al., 2014). In addition, the mothers in the control group did not answer a retrospective account of their children's difficulties. However, this does not alter the fact that the findings indicate differences between the two groups. Even so, it may be that changes in measurements could be found over the years.

Second, the recruitment process of the study sample calls for caution in generalization of the conclusions as a convenience sample was used. This was partly due to difficulty involved in collecting data that required a sample consisting of mother-child dyads. Although this type of sampling is typical of studies on parents, owing to difficulties in recruiting them as research subjects (e.g., Guttman-Steinmetz et al., 2012; Pagorek-Eshel & Dekel, 2015; Pat-Horenczyk et al., 2015; Shechory Bitton, 2013), it may limit research generalizability to broader contexts. Third, our findings are based on cross-sectional data, precluding conclusions on the direction of causality. Longitudinal studies are needed in order to follow up on the children's behavioral and emotional measurements.

Finally, further investigation of effects of prolonged exposure to various security threats is desirable. Future studies should include more variables related to level of exposure, including duration of exposure, families who live in exposed areas, etc. Richer variables enable greater clarity of insight into the habituation process.

4.1. Clinical implications and further directions

In contemporary warfare, civilian areas are not divorced from conflict zones. It is, therefore, of vital importance to evaluate the emotional state of children when continuously exposed to security threats. Therapeutic interventions are crucial for population groups enduring prolonged security threats. These should be guided by professionals, experts who are capable of guiding the children's

interpretations of events as well as offering parental guidance.

Raising awareness of parents as to emotional regulation of their children is an important and laudable goal. This may impact the children's abilities to co-regulate their emotions and cope with diverse challenging situations. As a result, their emotional regulation strategies may be enhanced (see Pat-Horenczyk et al., 2015). Indeed, it is well established that children's emotional regulation is highly affected by their relationship with their parents (Guttman-Steinmetz et al., 2012; Pat-Horenczyk et al., 2015; Shechory Bitton, 2013).

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