**The Islamic University – Gaza**

**Deanship of Graduate Studies**

**Faculty of Education**

**Community Mental Health Nursing**

# Anxiety and Aggression Among the Children of Substance Dependent Fathers in Gaza Strip

Prepared by:

**Khetam Mohammed Al Sheekh Ali**

Supervised by:

**Dr. Nabeel Dukkhan**

Assistant Prof in Psychology

Faculty of Education

Islamic University- Gaza

**Dr. Nahed D. Hegazy**

Department of Drug Control

Ministry of Health

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﴿ يَا أَيُّهَا الَّذِينَ آمَنُوا إِنَّمَا الْخَمْرُ وَالْمَيْسِرُ وَالأَنْصَابُ وَالأَزْلامُ رِجْسٌ مِنْ عَمَلِ الشَّيْطَانِ فَاجْتَنِبُوهُ لَعَلَّكُمْ تُفْلِحُونَ ﴾

**سورة المائدة الآية (90)**

## Dedication

To those people who have never stopped believing in me …..

Those who are always supporting me ……..

I dedicate this work to .....

My Father

My Mother

My husband

My daughter and sons: Jihad, Jehan ,Sammah and Mohammed

My Sisters

My brothers

For their support and encouragement…….

Khetam Al Sheekh Ali

## Declaration

I certify that this thesis submit for master degree is a result of my own research, except where otherwise acknowledged. This thesis has not been submitted for a higher degree to any other university or institution.

Signature:……..

**Khetam Al Sheekh Ali**

Date :……

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Researcher

**Khetam Al Sheekh Ali**

# Abstract

## Anxiety and aggression among children who have substance dependent fathers in Gaza Strip

The aims of this study was to assess the level of anxiety and aggression among children who have substance abuse dependent fathers. The researcher used descriptive analytic design. Study population consist 450 fathers who have substance abuse, 110 children who have substance abuse dependent fathers participated to this study and fill anxiety questioner and aggression questioner by children. Data was entered by SPSS version 4. The results of this study following, the level of anxiety among children have father substance abuse was 58.5%; the level of aggression among children who have substance abuse was 42.4%. There were statistical significant differences between the means of degrees of aggressive behavior toward self among children of substance-abused dependent father, the differences were toward the male children. The result show the male children have a degree of aggressive behavior toward self and other more than female children. There were statistical significant differences between the means of degrees of aggressive behavior toward property among children of substance-abused dependent father, the differences were toward the male children which means that the male children have a degree of aggressive behavior toward property more than female children. There were no statistical significant differences between the means of the following anxiety dimensions (physical disorders resulting from anxiety, psychological disorders resulting from anxiety) for children of substance-abused dependent father toward the gender. That's means that the children males and females have the same degrees of anxiety. There were no significant differences between the means of the following aggression dimensions: (Aggressive behavior toward self, Aggressive behavior toward others, Aggressive behavior toward property), of children of substance-abused dependent father in Gaza strip towards school type, governorate, father's education level, mother education level, economic level and order in family which means that persons from all school type have the same degrees of the dimensions of aggression, that persons from all governorate have the same degrees of the dimensions of aggression, the all father education level have the same degrees of the of aggression, all mother education level have the same degrees of aggression, persons from all levels have the same degrees of the dimensions of aggression. There were no significant differences between the means of the following anxiety of children of substance-abused dependent father towards school type, towards governorate education level, mother education level, economic level and order in family Categories which means persons from all school type, from all governorate, all father education level, all mother education, economic level, all orders in their family have the same degrees of the dimensions of anxiety, persons from all governorate have the same degrees of anxiety. There were statistical significant differences (F-test = 4.85, P-value<0.01) between the degrees of aggressive behavior toward self among children of substance-abused dependent father towards achievement level, academic achievement level, family size. there is statistically significant positive relationship between both measurements aggression and anxiety among children of substance-abused dependent father (r =0.462, p-value<0.01), and these mean that whenever the degrees of measurement aggression increase the degrees of the measurement anxiety will increase too among children of substance-abused dependent father in Gaza strip, and vice versa.

# القلق و العدوانية لدى الأطفال الذين لديهم آباء يتعاطون المخدرات في قطاع غزة

## ملخص الدراسة


هدفت هذه الدراسة الي تقييم مستوى القلق والعدوانية لدى الأطفال الذين لديهم آباء يسيئون من استخدام العقاقير في قطاع غزة. استخدم الباحث التصميم التحليلي الوصفي . شارك 110 شخصاً من مجتمع الدراسة الذي يتكون من 450 من الآباء الذين يتعاطون المخدرات في قطاع غزة و المسجلين في مستشفى الطب النفسي.

حيث استخدم الباحث استبياناً للقلق و آخر للعدوانية يعبأ من قبل الأطفال. و قد تم ادخال البيانات عن طريق البرنامج الاحصائي SPSS.

اشتملت نتائج دراسة على أنه كان مستوى القلق لدى الأطفال الذين لديهم آباء يتعاطون المخدرات 58.5%، و مستوى العدوانية لديهم 42.4% .كانت هناك فروق ذات دلالة احصائية ($r=3.08, p<0.01$ ) في السلوك العدواني تجاه الذات والآخرين بين هؤلاء الأطفال لصالح الذكور أكثر من الاناث . وكانت هناك فروق ذات دلالة احصائية ($r=4.49, p<-0.01$) بين متوسطات درجات السلوك العدواني بين الأطفال تجاه الممتلكات لصالح الذكور أكثر من الاناث .

كذلك أظهرت النتائج أنه لا يوجد فروق ذات دلالة احصائية ( قيمة$p<-0.05$) بين متوسطات أبعاد القلق التالية (الاضطرابات الجسدية الناجمة عن القلق و الاضطرابات النفسية الناجمة عن القلق) للأطفال نحو الجنسين، و هذا يعني أن الذكور و الاناث على نفس الدرجات من القلق.

لا توجد فروق ذات دلالة احصائية بين متوسطات أبعاد العدوان التي تضم( السلوك العدواني تجاه الذات، العدوانية تجاه الآخرين ، و السلوك العدواني تجاه الممتلكات) للأطفال وكذلك نوع المدرسة ،المحافظات ، مستوى تعليم الأب ، مستوى تعليم الأم ، المستوى الاقتصادي ، و عدد أفراد الأسرة حيث أن جميع هذه المتغيرات لديها نفس الدرجات من أبعاد العدوان .

و أوضحت النتائج أنه لا يوجد فروق ذات دلالة احصائية بين متوسطات أبعاد القلق ( الجسمي ، والنفسي) للأطفال مع نوع المدرسة ،المحافظات ، مستوى تعليم الأب ، مستوى تعليم الأم ، المستوى الاقتصادي ، و عدد أفراد الأسرة. أي أنهم لديهم نفس الدرجات من أبعاد القلق.

هناك علاقة ايجابية ذات دلالة احصائية بين كل من قياسات العدوان و القلق بين الأطفال تعتمد (قيمة – $r=0.462, p<0.01$ )> وهذا يعني أنه كلما زادت درجات العدوان زادت درجات القلق والعكس بالعكس.

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## List of Abbreviations

| No. | Abbreviation | Abbreviated to |
|---|---|---|
| **1.** | AA | Alcohol-abusing |
| **2.** | ADHD | Attention deficit hyperactivity disorder |
| **3.** | AOD | alcohol, other drugs, or a combination |
| **4.** | APA | American psychiatric association |
| **5.** | CSA | Controlled Substances Act |
| **6.** | DALYs | disability-adjusted life years |
| **7.** | DA | drug-abusing |
| **8.** | DSM-IV | Diagnostic and Statistical Manual of Mental Disorders-fourth edition |
| **9.** | IQ | Intelligence Quotient |
| **10.** | OCD | Obsessive-compulsive disorder |
| **12.** | ODD | oppositional defiant disorder |
| **13.** | PTSD | post-traumatic stress disorder |
| **14.** | WHO | World Health Organization |
| **15.** | UNODC, | United Nations Office on Drugs and Crime |
| **16.** | SAS-SR | Social Adjustment Scale-Self Report |

# Chapter one

# Introduction

- ☒ Introduction
- ☒ The questions of the study
- ☒ Objectives of study
- ☒ Significance of the study
- ☒ Limitations of the Study

## 1.1 Introduction:

The personality of individual and mental health affected by many situations and conditions that exposed to , which include psychological ,physical ,economic and cultural factors , and many conditions of stress that related to these situations ,one of the most difficult situations the presence of addicted father in the family (Linda, 2005).

The disruptive family dynamics of substance users can lead to a lack of cohesion within their families and increase the likelihood of substance abuse by the children in an addict's household. "Adolescent drug abusers in a residential drug treatment center viewed their parents as 5 emotionally constricted , distant , and critical and their parents had difficulties balancing the autonomy and emotional-expressive needs of their offspring" (Biidokhti, Yazdandoost, Birashk and Schottenfeld ,2006 ).

In the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV, American psychiatric association) psychoactive substance abuse is defined as ―a maladaptive pattern of substance use leading to clinically significant impairment or distresam (APA, 2000).

In other hand, the researcher defines aggression as unacceptable antisocial behaviors represent in violence against society members or society institution or one's self. It is attributed to psychological factors such as frustration and jealousy, While anxiety defined operationally as psychological anxiety which include many symptoms as angry , fear ,depression ,violence ,nightmares and pessimistic feeling , also physical anxiety which include many symptoms as difficulty in breathing ,headache ,dizziness, tingling ,tremors ,nausea and diarrhea.

Such as the correlation between substance abuse and decreased social and family adjustment. While the primary factors contributing to poor parenting skills and a disruptive family environment in families of substance abusers have not been established , it is clear that these families ' environments are often unstable and often chaotic places where drugs and other criminal activity occur on a frequent basis. People growing up in household with a substance abuser have been shown to be at higher risk for behavior problem (Barnard ,2001); so the researcher will study two of the most important risks on the children of addicted father which include anxiety and aggression.

"The most widely-reported finding is that depression is inversely related to the level of support, attachment, and approval provided by the family environment" ( Sheeber. Hops & Davis, 2001, p 21).

Bidokhti et al. (2006) found that due to its detrimental effects on the family environment substance use increases the likelihood for mood disorders such as depression. The rate of mood disorders is often difficult to determine in populations of substance users because the rates often change depending on the drug used, the situation in which it is used, and if the substance user is in or has completed a treatment program.

Hudson et al. (2002) examined the level of social adjustment in parents and partners of substance users. The 70 participants in this study completed a baseline assessment that

included the Social Adjustment Scale-Self Report (SAS-SR) ( Weissman & Bothwell, 1976 cited in Hundson et al., 2002). This study determined that both parents and significant others of substance users had poorer overall social adjustment compared to a community sample.

From the previous studies as in the study of Kelly and Fals-Stewart (2004) the result showed that children with drug addicted father experience life time psychiatric disorder and more negative behaviors in general, one on these behavior may be anxiety .

## 1.2 Questions of the study:

The problem of the study can be stated in the following questions:

- What is the level of **anxiety** among children of substance dependent fathers?
- What is the level of **aggression** among children of substance dependent fathers?
- What is the relationship between the level of **anxiety and aggression** among children of substance dependent fathers?
- Are there significant difference in the level of **anxiety and aggression** among children of substance dependent fathers due to some socio-demographic characteristics as (age, gender, governorate, economic level, school type, educational level of parents, academic achievement, child order in the family and family size?

## 1.3 Objectives of study:

### Main objectives:

To assess the level of anxiety and aggression among children who have substance dependent fathers.

### Specific objectives

- To investigate the level of anxiety among children who have substance dependent father.
- To assess the level of aggression among children who have substance dependent father.
- To explore whether the anxiety and aggression differ due to the age of children.
- To identify whether the anxiety and aggression differ due to gender of children
- To explore if that the anxiety and aggression among children who have substance dependent father differ due to economic status.
- To explore if whether the anxiety and aggression among children who have substance dependent father differ due to family size.
- To explore if whether the anxiety and aggression among children who have substance dependent father differ due to child order in the family.

- To investigate to what extent substance dependent fathers affect their children's level of academic achievement.
- To investigate to what extent substance dependent fathers educational level affect their children's level of anxiety and aggression.
- To provide some suggestions to decrease the level of anxiety and aggression among child of drug dependent father.

## 1.4 Significance of the study:

The significance of this research stems out from:

- This research's idea generated from the subject matter itself, because it opens the scope for the officials to conduct a programs for the children to deal with their feeling and manage it in proper way, as a very important issue among all children who have substance-abused father in Gaza strip.
- There are no studies about this subject in Gaza Strip, this what lead the researcher to spot the light on this phenomenon.
- The researcher work in the psychiatric hospital as there are many addicted people ,so sometimes interact with their families and this lead the researcher to explore their children feelings.
- The number of addicted people is highly increased locally ,globally and international ,thereby its effects on the children should be studied.
- The need of this study to be applied here in Gaza Strip due to the importance of this study to clarify the symptoms of those children and the effects of addicted father on them to document it to be used by the researchers in this field.
- There is no study done here in Gaza in this subject so it's important to be provided to the decision maker to put in their perspective these data during policy making as to provide institutions or programs that care of those children.
- To be provided to the family of those children themselves to insight them with their problems to take care.

## 1.5 Limitations of the Study

**The study will focus only on the physical handicapped people who are victims of the last war on Gaza.**

- **Time limit:** From 2012-2013.

- **Place limit:** The study will cover all the governorates of Gaza Strip.

- **Human limit:** The study will cover all the children who have substance-abused father in Gaza strip.

- **Age limit:** The age of those children who have substance-abused father will range from 13 to 18 years.

# Chapter Two

# Conceptual Framework

☒ **Substance abuse**

☒ **Aggression**

☒ **Anxiety**

# Chapter Two

# Conceptual framework

## Introduction:

The researcher studied the anxiety and aggression among children who have substance dependent fathers; so the researcher define substance abuse , anxiety and aggression and clarify all details about it .Its separated to three sections ,it will be discussed as the following:

## 2.1 Substance abuse

### 2.1.2 Definitions of substance abuse

Clinical Definition of Substance Abuse:

Substance abuse defined as a maladaptive pattern of substance use leading to clinically significant (social, occupational, medical) impairment or distress, as manifested by 1 or more of the following in the same 12 month period:

A. Drug abuse described as constitute the use of any substance under international control for purposes other than medical and scientific, including use without prescription, in excessive dose levels, or over an unjustified period of time. This term in wide use but of varying meaning, in international drug control conventions" abuse" refers to any consumption of controlled substance no matter how infrequent (PubMed, 2012). In the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV, American psychiatric association(APA)) psychoactive substance abuse is defined as ―a maladaptive pattern of substance use leading to clinically significant impairment or distress (APA, 2002).

B. Misuse means that take drug for the wrong indication, in the wrong dosage, or for too long period, to mention only a few obvious examples (Katzung, 1995), it can lead to harmful use.

C. Illegal drugs are substances with criminal sanctions against any personal possession or use؛not inclusive of prescription drugs, alcohol or tobacco. Illicit is a broader term that includes the concepts of being improper, irregular, not sanctioned by custom, and forbidden. Thus, illicit can be used to describe prohibition based on cultural norms and values other than law, and suggests a moral or social as opposed to legal rationale for prohibition (A Public Health Approach to Drug Control In Canada, 2005).

D. Controlled substances are drugs or substances of which the use, sale, or distribution is regulated by the federal government or a state government entity. These controlled substances are listed specifically or by classification on the federal level in the Controlled Substances Act (CSA) or in Part 1308 of the Code of Federal Regulations. The purpose of the CSA is to minimize the quantity of usable substances available to those who are likely to abuse them(Karch, 2007).

**Abuse liability :**

The propensity of a particular psychoactive substance to be susceptible to abuse, defined in terms of the relative probability that use in the substance will result in social, psychological and physical problems for an individual or for society (UNODC،2003a.).

**2.1.2 Addiction:**

Refers to the repeated use of a psychoactive substance or substances, to the extent that the user is periodically or chronically intoxicated, shows a compulsion to take the preferred substance (or substances), has great difficulty in voluntarily ceasing or modifying substance use, and exhibits determination to obtain psychoactive substances by almost any means (UNODC, 2003a).

A common misperception is that it is the "addictive" nature of certain drugs that causes them to be harmful. The chemical nature of a substance and its addictive properties do not, on their own, determine the harm caused. Not all people whose a potentially addictive substance become addicted, and some substance users stop using addictive substances before they develop any serious problems (McAllister, Moore, & Makkai, 1991 ).

Addiction is a Brain Disease!

More than three decades of research supported by the national Institute on Drug Abuse has proven addiction to be a brain disease characterized by compulsive, at times uncontrollable, drug craving, seeking, and use that persist despite potentially devastating consequences. Research has taught us that addiction is a complex disease, influenced by a multitude of highly entangled factors, with genetic, behavioral, environmental, and developmental factors all contributing.

Science has come a long way in helping us understand how drugs of abuse change the brain. We now know that while the initial decision to use drugs may be voluntary, this ability to choose can be relatively short-lived. The human brain is an extraordinarily complex communications network that is programmed to reward certain behaviors so that we will repeat them. Research has shown that drugs of abuse tap into these vital mechanisms geared for our survival. In fact, science has revealed that addiction affects multiple integrated brain circuits involved not only in reward and motivation, but also memory and inhibitory control. When these circuits are disrupted, so is a person's capacity to freely choose not to use drugs, even when it means losing everything the individual used to value. In fact, this inability to stop is the essence of addiction ( addiction research, 2008).

### 2.1.3 Dependence syndrome:

Drug dependence is considered a multi-factorial health disorder that often follows the course of a relapsing and remitting chronic disease. Unfortunately in many societies drug dependence is still not recognized as a health problem and many people suffering from it are stigmatized and have no access to treatment and rehabilitation ( UNODC and WHO, 2008).

According to the WHO Lexicon of Alcohol and Drug Terms, dependence or dependence syndrome is defined as applied to alcohol and other drugs, a need for repeated doses of the drug to feel good or to avoid feeling bad. It include psychological or psychic dependence which is a largely discredited concept but hitch is still used in some quarters. It refers to dependence upon a drug in the absence of the development of either tolerance or withdrawal symptoms. Also it include physiological or physical dependence that Involves the development of tolerance and withdrawal symptoms upon cessation of use of the drug, as a consequence of the body‘s adaptation to the continued presence of a drug (UNODC, 2003a). The researcher find that the most modern uses of the term "dependence" avoid a strict distinction between psychological and physical dependence.

**Habituation:**

Means becoming accustomed to any behavior or condition (UNODC, 2003a).

**Tolerance :**

A decrease in response to a drug dose that occurs with continued use, i.e. increased drug doses are required to achieve the effects originally produced by lower doses to those of morphine, in particular the capacity to relieve pain (UNODC, 2003a).

**Drug diversion:**

Is the transfer of a prescription drug from lawful to an unlawful channel of distribution or use. Drug diversion is really the channeling of the drug into an illegal marketer illegal use ( Inciardi, 2008).

### 2.1.4 Common Drugs of Abuse

1. Benzodiazepines

Benzodiazepine protracted withdrawal may be difficult to diagnose because of difficulty distinguishing it from symptom rebound or symptom reemergence (Budney , 2004) acted withdrawal symptoms typically wax and wane in intensity and are new to the client (i.e., they do not indicate symptom reemergence). Clients also may have no symptoms for a time after stopping benzodiazepine use and then become extremely anxious. Psychological symptoms can mimic disorders such as agitated depression; generalized anxiety ccchjkoy, panic, or obsessive-compulsive disorders; and schizophrenia. Fluctuating protracted withdrawal symptoms may last for months but gradually subside with prolonged abstinence (Smith, 2004).

2. Marijuana

A review of 19 studies of marijuana withdrawal found that sleep difficulties and strange dreams persisted at least 45 days into abstinence (the longest duration of the studies) (Budney, 2004) Marijuana enhances the senses and brings on feelings of relaxation and well-being. Marijuana is also used medicinally to relieve pain, reduce nausea and vomiting, and stimulate appetite. However, there are drawbacks to extended use, including learning and memory impairment, lung and respiratory problems caused by the smoke, and infertility. Marijuana abuse has also been linked to low achievement, delinquent behavior, and poor family relationships ( www.helpguide.org, 2013).

3. Methamphetamine

A 2007 review noted that studies have shown that deficits in executive control functions resulting from amphetamine use also persist well into recovery from methamphetamine dependence (Baicy, 2007) .Methamphetamine Short-term administration of psycho stimulants such as amphetamine produces euphoria, a feeling of well-being, and alertness as well as increased arousal, concentration, and motor activity. These substances increase blood pressure and the pulse rate and induce the release of corticotrophin-releasing factor, corticotrophin, and cortisol (Sarnya) long-term use may cause irritability, aggressive and stereotyped behavior, and paranoid-like psychosis(www.nejm.org ,2012).

4. Cannabis

While cannabis has historically been excoriated for being a social ‘‘menace’’ and for inducing homicidal rages (Julian, 1992), more contemporary research indicates cannabis intoxicated individuals are in fact less likely to act aggressively. However, a developing literature demonstrates an authentic cannabis withdrawal syndrome, one symptom of which may be increased likelihood of interpersonal aggression The debate regarding the ills of cannabis dates back decades and rages on today. While most of the contemporary antipathy shown towards cannabis revolves around its controversial status as a ‘‘gateway’’ drug (Fergusson & Horwood, 2000), cannabis was originally maligned due to its putative aggression-eliciting effects. That belief may have its roots in part in a 1926 article in a New Orleans newspaper exposing the ‘‘Menace of Marijuana,’’ an article that claimed an association between the drug and crime, especially violent crime (Julian, 1992), despite the fact that at that time, no experimental evidence on the effects of cannabis on aggression existed. Subscribing to the notion of cannabis as a dangerous drug, the Bureau of Narcotics had soon thereafter established the Marijuana Tax Act, which amounted to a ban of the drug. Since then, the effects of tetrahydrocannabinol (the primary psychoactive component of cannabis) on aggressive behavior have been studied at length, with the preponderance of studies focusing on the acute effects of THC intoxication (Julian, 1992) .

5. Ethanol

When ethanol is given at low doses or initially during acute ethanol intoxication, it is perceived as a stimulant owing to the suppression of central inhibitory systems, but

as the plasma levels of ethanol increase, sedation, motor in coordination, ataxia, and impaired psychomotor performance appear (Holdstock, 1998). The withdrawal syndrome (seizures and delirium tremens) may be severe and clinically challenging. The long-term effects of ethanol consumption have been extensively reviewed elsewhere (Swift 1999). Ethanol modifies the activity of serotonin (5-hydroxytryptamine 3 [5-HT 3 ]) receptors, nicotinic receptors g -amino butyric acid type A (GABA A) receptors, and the N –methyl -aspartate (NMDA) subtype of glutamate receptors. Ethanol acutely inhibits binding to the d-opioid receptor, and long-term exposure to ethanol increases the density of μ and d receptors. 45 Its actions on nearly all receptors are the result of a direct interaction with the receptor protein (Zhang, 2002).

6. Psychoactive drugs or substances:

Chemicals that alter mental functioning for the effect son mood and/or with an altered state of subjective reality. This includes illegal drugs, some prescription drugs, alcohol and tobacco (Drug Control in Canada, 2005).

7. Inhalants

Inhalants are chemicals that cause intoxication when sniffed or inhaled. They include common, household solvents, aerosols, and gases such as paint thinner, dry-cleaning fluid, gasoline, glue, felt-tip marker fluid, deodorant and hair sprays, spray paint, air fresheners, butane lighters, and propane tanks. Other abused inhalants include medical anesthetics such as "laughing gas," ether, and chloroform. While "huffing" gives users a brief high, this high often comes with side effects including nausea, vomiting, delusions, confusion, and loss of consciousness. Prolonged inhalant abuse can also cause damage to the brain and other organs of the body. But the biggest risk involved with inhalant use is death by overdose. Inhalant use can cause sudden heart failure, or "sudden sniffing death syndrome," even in individuals who are young and healthy (Drug Control in Canada, 2005).

8. Narcotic drug

In medicine, a chemical agent that induces stupor, coma, or insensibility to pain (also called narcotic analgesic) (UNODC, 2003a).

9. Opiate :

Any of a group of alkaloids derived from opium poppy (Papaversomniferum) ،( such as morphine and codeine, including their derivatives, such as heroin) (UNODC، 2003a).

**2.1.5 Symptoms of Substance Abuse:**

1. Need for significant increased amounts of the substance to achieve intoxication, or significant diminished effect with continued use of the same amount of the substance.

2. The individual suffers withdrawal symptoms within several hours to a few days after a reduction in the amount of the substance taken over a prolonged period of time. Withdraw is manifested by either of the following:

A. Withdraw symptoms: sweating or pulse greater than 100, hand/body tremors, insomnia, nausea or vomiting, hallucinations or illusions, agitation, anxiety and/or seizures.

B. The individual takes the substance to relieve or avoid the withdrawal symptoms.

3. The substance is often taken in larger amounts or over a longer period of time than was intended.

4. The individual tries to cut down or quit taking the substance, but can't.

5. A great deal of time is spent in activities necessary to obtain the substance and/or to recover from its effects.

6. Important social, occupational, or recreational activities are given up or reduced because of substance use.

7. The individual continues to take the substance despite knowing that it's having a significant or worsening impact on their psychological/physical condition. (e.g., drinking, knowing that their ulcer condition is being worsened (M.B. Ed .1996).

**2.1.6 Criteria for substance use dependence in ICD-10**

Three or more of the following must have been experienced or exhibited at some time during the previous year:

1. A strong desire or sense of compulsion to take the substance؛

2. Difficulties in controlling substance-taking behavior in terms of its onset, termination, or levels of use؛

3. A physiological withdrawal state when substance use has ceased or been reduced, as evidenced by: the characteristic withdrawal syndrome for the substance; or use of the same (or a closely related) substance with the intention of relieving or avoiding withdrawal symptoms؛

4. Evidence of tolerance, such that increased doses of the psychoactive substance are required in order to achieve effects originally produced by lower doses؛

5. Progressive neglect of alternative pleasures or interests because of psychoactive substance use, increased amount of time necessary to obtain or take the substance or to recover from its effects؛

6. Persisting with substance use despite clear evidence of overtly harmful consequences, such as harm to the liver through excessive drinking, depressive mood states consequent to heavy substance use, or substance-related impairment of cognitive functioning. Efforts should bemadeto determine that the user was actually, or could be expected to be, aware of the nature and extent of the harm (WHO, 1992).

### 2.1.7 How is substance abuse detected?

Officers use breathalyzers to test for alcohol. They use urinalysis to test for drugs. Urinalysis can be ordered by the court or the U.S. Parole Commission. Officers also may use it periodically when an individual's. behavior indicates that he or she may be using drugs. Testing usually is unscheduled or random. The person has less than 24 hours' notice that a specimen will be collected. Urinalysis is a useful tool to deter the recreational drug user as well as the long-time drug user ( Federal, 2000).

### 2.1.8 Epidemiology

Substance abuse continues to be one of the most serious public health problems in both developed and developing countries. Diseases related to alcohol and substance abuse are therefore a serious public problem. They affect development of the human and social capital, creating not only economic costs for society as a whole, including the health system, but also social costs in terms of injuries, violence and crime. They also affect the

well-being of future generations (WHO, 2003).

The impact of licit, illicit, and non-medical prescription drug abuse and dependence in the United States is a well-documented matter affecting many individuals in the general population. A substantial number of patients served daily by pharmacists in community، hospital, and other health care facilities are abusing or are dependent on alcohol, other drugs, or a combination(AOD) (Kenna and Tomasello ,2006).

Globally, according to the United Nations Office on Drugs and Crime (UNODC) data, globally there're an estimated 200 million people who make use of one or another type of illicit substance. The most common is cannabis, followed by amphetamines, cocaine and the opioids. Illicit substance use is more prevalent among males than females, much more so than cigarette smoking and alcohol consumption. Substance use is also more prevalent among young people than in older age groups. UNODC data shows that 2.7% of the total

global population and 3.9% of people 15 years and above had used cannabis at least once inane year between 2000 and 2001.16The largest opium and heroin seizures worldwide come from the Eastern Mediterranean Regional Office region, especially the Islamic Republic of Iran and Pakistan. The majority of the region's opium production, which reached 3,400 tones in 2002, was from Afghanistan. Almost all countries have reported seizures of marijuana and cannabis resin and most have reported seizures of cocaine and amphetamine-type stimulants .The National Survey on Drug Use and Health in 2004 reported that 22.5 million Americans ages 12 years and older abused or were dependent on AOD during the year before there. This rate of abuse or dependence equals 9.4% of the U.S. population. Additionally, more than 6 million individuals reported using non prescribed psychotherapeutic agents.

An estimated 205 million people in the world use illicit drugs, including 25 million who

suffer from illicit drug dependence. This constitutes a public health, socio-economic development and security problem for both industrialized and developing countries alike

(UNODC and WHO, 2008).The non-medical use or abuse of prescription drugs is a serious and growing public health problem in USA. The elderly are among those most vulnerable to prescription drug abuser misuse because they are prescribed more medications than their younger counterparts. Most people take prescription medications responsibly; however, an estimated 48 million people (ages 12 and older) have used prescription drugs for nonmedical reasons in their lifetimes. This represents approximately 20 percent of the U.S. population (Volkow, 2005).Data from the National Survey on Drug Use and Health in 2007 suggested that 33 million people over the age of 12 used an opioid for a nonmedical purpose at some point(Hookman,2009).While we do not yet understand all of the reasons for the increasing abuse of prescription drugs, we do know that accessibility is likely a contributing factor. In addition to the increasing number of medicines being prescribed for a variety of health problems, some medications can be obtained easily from pharmacies. The rate of current drug use among adolescents in 2002 was 11.6%, but that rate was surpassed by young adults (ages 18–25 years) 20.2%.

### 2.1.9 Substance use and harm

Not all substance use is harmful, but the use of any substance has the potential to cause harm, and the likelihood of harm occurring increases with greater levels of use. presents definitions that are commonly used to refer to different amounts or levels of drug use. Many of these categories are quite subjective, but they are useful to classify varying levels of use and to understand the relationship between use and harm. For example, experimental use may be infrequent but is not free of risk: a single drug-taking occasion can be fatal. On the other hand, not all dependent use is harmful: some people are dependent on alcohol with few adverse effects (Ryder, Salmon, & Walker, 2001). Furthermore, people's levels of substance use are not static, but change over time, and in ways that are not necessarily sequential; that is, one level of substance use does not "lead to" the next (Ryder, Salmon, & Walker, 2001).

### 2.1.10 What is detoxification and withdrawal?

Withdrawal syndrome is a group of symptoms of variable clustering and degree of severity which occur on cessation or reduction of use of a psychoactive substance that has been taken repeatedly, usually for a prolonged period and/or in high doses (UNODC,2003a).

If a person has been using a drug heavily or for a long time, the user might experience a difficult period of transition when he or she stops using or reduces the amount of use. The person may have psychological and/or physical problems until adjustment to the absence of the drug is complete. This transitional process is called detoxification and the adjustment problems are called withdrawal symptoms. Unless they have been using large amounts of drugs for a long time, young people rarely need medical help to detoxify. More typically, young drug users need to be in a safe place where they can be assessed with their full cooperation. The most dangerous withdrawals are from alcohol and Hypnos datives, which may trigger convulsions and delirium tremors( Module 6: Drugs and Substance Use).

### 2.1.11 Thorley's model of drug harm

1. Intoxication

A person is said to be intoxicated when they have taken a quantity of a substance that exceeds their tolerance, and behavioural or physical changes occur. Intoxication refers to any alteration of physiological processes by a psychoactive drug, and not just the substantial impairment of awareness normally associated with the term "intoxicated."

Harm can occur even at fairly low levels of intoxication. For example, it takes very few alcoholic drinks to raise a person's blood alcohol level above 0.05, the legal upper limit in Australia for driving a car. Research shows that at the 0.05 blood alcohol level, a driver is twice as likely to have a car accident than if he or she was totally alcohol free (National Drug Strategy, 2001).Harm related to intoxication can arise from using a substance on a single occasion. The most harmful risk is death by overdose.

2. Regular use

Harm arising from the regular use of substances is due to the cumulative effects of use over a period of time. The greater the amount consumed and the longer the period of use, the greater the likelihood that harm will occur from regular use. The regular use of alcohol is associated with many medical problems, such sliver cirrhosis, pancreatitis, heart disease and brain damage (National Drug Strategy, 2001). Women are harmed more quickly and with lower levels of alcohol consumption than men. Many of the medical problems that are caused by tobacco are due to regular consumption over long periods of time (Ryder, Salmon, &Walker, 2001). In contrast, the regular use of pharmaceutically pure heroin in carefully prescribed dosage appears to do little if any damage to the organs of the body (Julian, 1998; Avis, 1999).

3. Dependence

The third element of Thorley's model is dependence, which most closely resembles the more commonplace notion of 'addiction'. Dependence, or neuroadaptation, occurs when the body requires the substance for its normal functioning. Dependence has physiological component, as the cells of the body adapt to repeated exposure to the drug, and then require the substance to attain homeostasis (Julian, 1998). A person who has developed dependence upon substance may experience withdrawal upon ceasing use. Withdrawal often involves symptoms that are somehow "opposite" to the effect of the substance itself, but may also pose risks to the individual as in the case of alcohol where withdrawal can potentially be life threatening. Tolerance is a separate, but related، issue: the build-up of tolerance to a substance means that higher doses are required to achieve the same effect.

### 2.1.12 The effects of addiction:

**Burden on the society**

The costs of drug abuse and addiction to our nation are staggering. Fourteen percent of patients admitted to hospitals have alcohol/drug abuse and diction disorders.

Almost 20 percent of all Medicaid hospital costs and nearly 1 of every $4 Medicare spends on inpatient care is associated with substance bused 70 percent of individuals in state prisons and jails have used illegal drugs regularly rug offenders account for more than one-third of the growth in state prison population and more than 80 percent of the increase in the number of prison in mates since 1985. he economic burden in the United States for addiction is twice that of any other disease affecting the brain, including Parkinson's and Alzheimer' Disease ( Volkow, N. 2007 ) .

**Burden of disease**

There is now a developing tradition of estimating the contribution of alcohol, tobacco and illicit substance use to the global burden of disease (GBD). The first significant attempt at this was in the WHO project on the Global burden of diseasing injury.( Murray CJ, LopezAD1996) Based on a standard of measurement known as disability-adjusted life years (DALYs), estimates of the burden imposed on society due to premature death and years lived with disability were assessed. The global burden of disease project showed that tobacco and alcohol were major causes of mortality and disability in developed countries, with the impact of tobacco expected to increase in other parts of the world offers ample evidence that the burden of ill-health from use of psychoactive substances, taken together, is substantial: 8.9% in terms of Daly's However, GBD findings re-emphasize that the main global health burden is due to licit rather than illicit substances.

**Substance use and mental health**

The relationship between substance use and mental health problems is of special concern for psychologists. Co-morbidity refers to the co-occurrence of more than one mental disorder; and substance use disorders and other mental health problems are very likely to co-occur. Such co-morbidity is often referred to as dual diagnosis or co-occurring disorders. Co-morbidity is strongly associated with the harmfulness of drug use, particularly for young people (Moon, Meyer, & Grau,1999). Substance use problems are more common among people diagnosed with mental health problems than among the general population. People with mental health problems become more vulnerable to substance use through attempts to self-medicate their symptoms with licit and illicit drugs, as well as through lifestyle changes related to their mental health problems (Dixon, Haas, Weidon, Sweeney, & Frances, 1990).Estimates of the proportion of people with a co-occuring mental disorder and substance use disorder range from 50% to 90% (Baigent, Holme, & Hafner, 1995). Australian data show that substance use problems are evident for 28% of men and 14% of women with anxiety disorders, and for 34% of men and 16% of women with affective disorders For people with psychotic disorders, 60% use tobacco, 22% are daily alcohol users, 23% use alcohol weekly, 9% have used psycho-stimulants, and 5% have used opiates in the past year (Degenhardt & Hall, 2000).

**Direct effects of substance abuse on the parenting function**

Different chemical substances have different physiological effects on the user and therefore affect the user's behavior in various ways. For example, drugs such as amphetamines and opioids, including cocaine, are stimulants to the central nervous system. They release dopamine which results in the euphoric high that is part of the addictive process (Jaffe, 1992). With amphetamines the user is mentally and physically stimulated to the point of requiring little sleep. He or she feels full of energy, sometimes to bursting. Because their own sleep-wake cycle is so distorted by the drug, a parent on amphetamines may be unable to attend to a child's need for structure and pattern that is so essential to optimal physical and psychological growth. Further, the parent may become impatient or irritated with the child who is unable to adapt to the parent's level of energy. Also accompanying the influx of energy is suppression of appetite which is why amphetamines have been prescribed as diet pills. When a parent is not hungry and therefore not preparing meals for herself, she may also fail to appreciate a child's hunger and not insure that he is fed on a regular basis. It can also result in psychotic distortions of thought such that the user imagines and acts on projections toothers of his or her own aggression. Further, cocaine, particularly in the smoke able form known as crack, cycles rapidly through the body so that the high that is so physically and psychologically satisfying vanishes quickly, within 5 to 15minutes in the case of crack, leaving in its wake anxiety, depression, and paranoia, as well as an intense craving for a return to the euphoric state (Gold, 1992). Crack is cheap to buy and easy to use, making itboth more accessible and acceptable to people with limited economic resources

- **Children Affected by Their Parent's Substance Abused**

Children who grow up with substance abusive parents experience a series of negative or harmful behavioral, emotional, and physical consequences which act as a stigma along their lives as a result of their parent's substance abuse. These children are affected by the parent's actions, behaviors, choices, and decisions in many more ways. They are neglected, abused emotionally and physically, so they fall in many behavioral problems, including having difficulty focusing or getting good grades in school due to the stress that they experience (Jaffe, 1992).

- **Consequences of children growing up with substance abusive parents**
  - **Behavioral Consequences**

According to (Christoffersen & Soothillb, 2003), Long-Term Consequences of children growing up with substance abusive parents, include increased mortality, self-destructive behaviors, which include attempted suicide or drug addiction. Hospitalization due to violence, an increased risk of teenage pregnancy and unemployment were also seen more frequently among cases where the parents were alcohol abusers. Parent's substance abuse seemed to be associated with higher occurrences of all the mentioned disadvantages"

Children of substance abuse parents may acquire aggressive and Impulsive behavior as they experience it with their parents and siblings. (Nelson &Israel, 2003) reported," Witnessing domestic violence can cause a number of behavior problems in children as a result of witnessing a traumatic event such as domestic violence".

A child may act out for the attention that they do not get at home or withdraw to avoid drawing attention to themselves. In children who seek attention, this can become excessive. These children may learn to be aggressive or to be passive in order to avoid any conflict.
Other behavioral consequences for children who witness domestic violence are; reduced intellectual competency, refusing to go to school, manipulation, dependency and mood swings ("The Effects of DV on Children," n.d.).

- **Physical Consequences**

Physical and sexual abuse against children is more likely in homes where the parents are substance abusers. The child might develop stress-related health problems like gastrointestinal disorders, headaches, migraines, or asthma, causing them to miss school. Substance abusive parents cause neglect to their children which may cause health damage and injuries due to the lack or inadequate supervision, or even lack immunization and other routine well-child care (COAF, 2010). In addition, children of parents who use or abuse substances have an increased chance of experiencing a variety of other negative outcomes (HHS, 1999):

- Maltreated children of parents with substance use disorders are more likely to have poorer physical, intellectual, social, and emotional outcomes.
- They are at greater risk of developing substance use problems themselves

- **Neglect**

Neglect amongst children of substance abusive parents is a common factor as the parents are sinking into their addiction, which consumes their financial and parenting responsibilities. Food, clothing, school supplies, and other necessities that a child needs is disregarded because the parent focuses on their addiction and spend money to support their drug habit instead of financially supporting the child's basic needs. Statistics According to the National Child Abuse and Neglect Data System, more than eleven hundred children die each year as a result of neglect and abuse from a substance abusive parent".

Substance abusing may pass from a generation to another in the same family. Many parents who are substance abusers were victims of neglect and abuse in their childhood and possibly come from substance abusive parents themselves. It is a vicious cycle that must be broken as substance abuse and addiction leads to the destruction of families.

- **Social Effects**

Parental Substance Abuse Children may suffer social problems which results from many factors such as witnessing domestic violence. After a child has witnessed a violent situation at home, she/he may isolate themselves from their friends and family members. A child's existing relationships, whether it is with friend or family, could become noisy and violent. Moreover, they may suffer difficulty trusting other adults or anyone else. These children may appear to be passive with their peers, family and teachers. In the other hand, they may become extremely bully, aggressive and they show poor anger management and problem solving skills. ("The Effects of DV on Children," n.d.).In addition, Children of substance abuse parents experience social exclusion and sense of

not being loved as a result of frequently being left alone in addition to feelings of low self-worth.

- **Behavioral impact**

Children in substance-abusing homes are more likely than their peers to have problems in school, to be diagnosed with learning disabilities, to miss school routinely, to have to repeat grades or repeat classes, to transfer schools frequently, to experience economic problems and transportation issues, to be aggressive, and to have encounters with law enforcement.

Children of Parental substance abuse are at risk of developing aggressive behavior. Parental substance abuse is a predictor of children aggressive manner as they suffer neglect violence and emotional hunger. Loeber and Farrington, 2000 reported, "harsh parental discipline is one of the best predictors of aggressive behavior among children and adolescents and that poor parenting practices are strongly associated with a child's escalation from minor aggression to violence

Additionally, Children of substance abuse Parents are at a great danger that they may become substance abusive themselves.(Banks, 2001)stated" Children of parents substance abusive are four times more likely than children of parents who do not abuse substances to develop substance abuse issues themselves , Prodgers (1984) drew a conclusion that abusive parents have difficulty controlling their anger and that they often exhibit pervasive hostility and aggressiveness in interpersonal relationships.

- **Medical impact**

Child neglect is highly associated with parental substance use including the failure of the parent to seek appropriate and timely medical care for children, to provide adequate nutrition, and to safeguard the home against poisoning or accidents. Additionally, significant alcohol use by women during pregnancy can result in Fetal Alcohol Syndrome or Fetal Alcohol Effects in infants, which in turn results in lifelong, organic dysfunctions in children. Further, children of substance abusers may exhibit "failure to thrive" syndrome because of their neglect experiences.

- **Educational impact**

Children whose parent's abuse drugs or alcohol often experience problems in school performance as a result of anxiety, low self-estimate, low social status and household disorder. . All these factors reduce mental abilities and may cause depression which leads to low school performance , achievement and low progress These children generally have problems completing schoolwork, absenteeism and poor concentration in the classroom resulting in school failure. (Gunn & Duncan, 1997) summarized the previous nation related to Educational impact of substance abuse parents on children as "Parents who are irritable and depressed tend to have more conflicts with their children .Constant stress and conflict in the home can lead to a child having less social, emotional and cognitive development. It is also likely that this situation takes away the chance for learning to occur in the home or at school."

- **Emotional, Psychological and Mental Consequences**

Rebecca Kringold (2010) highlighted the consequences of parents' substance abuse on their children's lives. She claimed that Parental substance abuse influence children negatively and they interrupts a child's normal emotional development, Because parents

who abuse drugs are more likely to be involved with domestic violence, divorce, unemployment, mental illness and legal problems, their ability to parent effectively is severely compromised. There is a higher occurrence of depression, anxiety, eating disorders and suicide attempts among children growing up with substance abusive parents compared to children that grow up with parents who do not abuse substances. A common cause of emotional and mental disorder in children's lives is neglect, which means that a child does not experience an empathetic treatment; consequently, he suffers emotional hunger, which may be misleading in his life.

Children living with substance abuse parents face psychological shocks injures and diseases as a sequence of inadequate parental care. So, they may suffer from post-traumatic stress syndrome, such as sleep disturbances, flashbacks, anxiety, and depression. These children are not only frightened for their own well-being, but they also carry the concern that their parent may get sick or die as a result of the drinking or drug use.

Anyhow, those negative consequences start early in children lives." As infants, they may suffer from attachment difficulties that develop because of inconsistent care and nurturing, which may interfere with their emotional development "(Tay, 2005).

As growing children, they may experience chaotic households that lack structure, positive role models, and adequate opportunities for socialization .Another emotional response to having a neglectful parents, children might respond by inhibiting their expression of feelings as they have learned that when they cry or show emotion that no one comes to their aid. Later in life, the child may completely block out the response to their emotions. Instead, they pretend that they do not need anyone (Dubowitz, 1999).Witnessing domestic violence can have a number of emotional effects on children. They may experience grief for their family and for the personal losses that domestic violence may have caused for them. A child may feel ashamed or assume that they are somehow responsible for the domestic violence that has occurred. The child may be very confused and have conflicting feelings about the parent who is committing the violence.

The situation is often confusing because while the child loves their parent, they might hate the way they act or dislike them when they are abusive. These children are frightened, worried and anxious most of the time and because they are always unsure of what will happen next.

Children who experience domestic violence and neglect are embarrassed of their situation at home and may suffer anger, sadness, powerlessness and helplessness mistrust, guilt, confusion fear, ambivalence, conflicts with sexuality and shame.

Richard Velleman and Lorna Templeton (2007) summarized the **negative effects of living with a parent with a substance misuse problem on children** as the following:

- behavioral disturbance, antisocial behavior (conduct disorders)
- behavioral problems and underachievement at school
- emotional difficulties
- social isolation, because they feel that it is too problematic or shameful to bring friends home, or because they are not able to go out with friends as they have responsibilities of caring for other family members (e.g. siblings or the misusing parents)
- They also tend to have a more difficult transition from childhood to adolescence
- **For Adolescents, two common patterns often emerge:**

- increasing introspection and social isolation, with friendship difficulties (e.g. the young person is unlikely to visit or invite friends to their own home),
- anxiety or depression (for which psychoactive medication may be prescribed);
- attempts to escape their family home (e.g. by leaving home at an early
- age or entering into a long-term relationship
- development of strong peer relationships which are kept separate from their own family; these
- relationships may themselves involve early alcohol or drug use,
- to be 'deviant', in antisocial activity, unsafe sex and unplanned or early pregnancy
- Adulthood

Some of the problems of childhood and adolescence can continue into adulthood. There is some evidence that adult offspring of substance-misusing parents have greater problems in terms of substance misuse or areas of adulthood adjustment.

## 2.2 Aggression

### 2.2.1 Definition:

Aggression can be defined as an act that injures or agitates another individual. There are several forms of aggression: relational aggression (e.g. spreading rumors and social isolation), verbal aggression (e.g. arguing and name-calling), and physical aggression (e.g. physical attacks). Also, aggression is typically categorized as *hostile* or *instrumental* and can be perpetrated either overtly or covertly. Bushman and Anderson (2001) define aggression as follows: "Hostile aggression is impulsive, angry behavior that is motivated by a desire to hurt someone. Instrumental aggression is premeditated; calculated behavior that is motivated by Instrumental aggression is premeditated, calculated behavior that is motivated by some other goal .

Aggression, in its broadest sense, is behavior, or a disposition, that is forceful, hostile or attacking. It may occur either in retaliation or without provocation. In narrower definitions that are used in social sciences and behavioral sciences, aggression is an intention to cause harm or an act intended to increase relative social dominance. Aggression can take a variety of forms and can be physical or be communicated verbally or non-verbally (Bushman and Anderson, 2001).

### 2.2.2 Operational Definition

The researcher defines aggression as unacceptable antisocial behaviors represent in violence against society members or society institution or one's self. It is attributed to psychological factors such as frustration and jealousy.

### 2.2.3 Types of Aggression

Aggression falls in various forms; Physical aggression, verbal hostility, relational aggression, genetic aggression and passive aggression (PubMed, 2012).

- **Physical aggression**

Stated Physical aggression involves harming others physically (e.g., hitting, kicking, stabbing, or shooting them). It often involves acts of violence taken with the intention of causing harm to the recipient, including death, by using weapons or even someone's bare hands. Anger is a frequent source of aggression, but aggressive behavior can also result from intoxication or frustration. In addition people suffering from Alzheimer's disease may also manifest aggressive behavior as a result of diminished cognitive capacity, confusion or frustration. Physical violence may turn against oneself, often occurs in conjunction with serious mental disorders (Buss, 1991).

- **Verbal aggression**

It described as obvious and/or hidden verbal acts of aggression toward another; it involves harming others with words (e.g., yelling, screaming, threat, swearing, name calling).

- **Relational aggression**

Crick & Grotpeter (1995) defined *Relational aggression* (also called *social aggression* as intentionally harming another person's social relationships, feelings of acceptance, or inclusion within a group Some examples of relational aggression include saying bad things about people behind their backs, withdrawing affection to get what you want, excluding others from your circle of friends, and giving someone the " silent treatment".

- **Passive Aggressive**

Passive aggression defined as an indirect way of expressing displeasure or anger. Passive aggression is often generated by resentment on the part of someone who is unable or unwilling to express this resentment directly. Deliberately or subconsciously performing a task poorly is one form of passive aggression, agreeing to perform a task but failing to do so is another form of passive aggression against outsiders. (PubMed.gov,2012)

- **Genetics aggression**

Genetics aggression is likely to result from the action of a large number of genes each of small effect, which interact with each other and with the environment through development and life. "In humans, there is good evidence that the basic human neural architecture underpinning the potential for flexible aggressive responses is influenced by genes as well as environment."

Recent reviews of this literature suggest an overall consensus that there is some genetic influence on aggression and antisocial behavior (Carey, 1994; Gottesman & Goldsmith, 1994).

## 2.2.4 Theories of aggression:

It is necessary to understand the general theories that explain the origin of the violent and aggressive behavior in the human being.

The main theoretical frameworks on the origin of the aggressive and violent behavior fall in two broad theoretical categories: active or innate drive theories and reactive or environmental theories. *Active or innate drive theories* see aggressiveness as an innate human component where aggressive acts are necessary for their adaptation process. On the other hand, *reactive or environmental theories* highlight the impact that the environment or social context on aggressive behavior. According to this perspective, environment is considered as the main responsible for the origin of violence, and that aggression is learnt from the society**.**

## A. Active or innate drive theories

The main active or innate drive theories include the genetic theory, the ethological theory, the psychoanalytic theory, the personality theory and the frustration theory.
These theories see the origin of aggression in the individual's internal characteristics. These theories are illustrated in the following:

- **The Genetic Theory**

Maintains that aggressive individuals have specific organic pathological syndromes such as alterations in hormonal and biochemical processes (for example high levels of testosterone and noradrenalin). The genetic predisposition and inherited traits are, therefore, pointed out in the development of aggressive behavior.

- **The Ethological Theory**

Explains the reasons of the animal aggressive behavior in the human being. Aggression is meant to be an innate reaction based in biologically adapted unconscious impulses that have been developed together with the species evolution. The purpose of the aggression is the individual's survival and it is related with matters such as territory, hierarchy and selection. The ethnologists consider that the human being, in the evolutionary scale, has exceeded his own genetic scale and does not almost respond to these aggressive stimuli. As it happens with animals, this theory justifies the male's tendency to higher levels of aggressiveness.

- **The Psychoanalytic Theory**

Freud (1962) in Cristina Pividori *(2010)* maintains that aggressiveness is a basic instinctive component that arises as a reaction to the libido repression or the impediment of fulfilling the acts that provoke pleasure. If the person is able to liberate the accumulated interior tension due to the repression of the libido, he/she will enter a relaxation stage (*catharsis hypothesis or safety valve*), but if the person is not able to liberate it, the aggression will take place. From this perspective, the aggression is the result of internal negative feelings that the person is not able to exteriorize through accepted social channels.

- **The Personality Theory**

The violent behavior is based in personality constitutional traits, such as the absence of self-control and impulsivity, or the existence of cognitive deficits such as the difficulty of putting themselves in the place of the victim. From this perspective, it is considered that the personality factors determine or may sometimes increase the probability of the person to be involved in aggressive behaviors (Capara et al., 2007).

The psychological concept of "personality" is represented in stable traits that lead to certain behavior. These traits distinguish one person from another. Different personality means different thoughts, beliefs, and actions (Seigel and McCormick, 2006, p. 180). Glueck and Glueck, 1950), pointed out a number of traits that leads to criminal behavior. Including self-assertiveness, defiance, extroversion, narcissism and suspicion. More recently, researchers have linked violent behaviors to traits such as hostility, egoism, self-centeredness, spitefulness, jealousy, and indifference to or lack of empathy for others. In addition, they are in lack of ambition and perseverance. Atkins (2007) added that to have difficulty controlling their tempers and other impulses, and to be more likely than conventional people are to hold unconventional beliefs.

- **The Frustration Aggression Theory**

Proposed by Dollar and colleagues at the end of the thirties, is based in the psychoanalytic association between aggression and frustration of instincts. From this perspective it is considered that there is a direct causal relation between the frustration provoked by blocking an aim and the aggression. Some years later Berkowitz (1962, 1989, and 1996) published a revision of this theory by including some modifications. In particular, Berkowitz considered that the frustration arises when the person forecasts that he/she is going to lose his/her object of desire. Therefore the frustration does not arise due to the privation of something per sec., but due to the need of possessing the object of desire. This author includes as well an intermediate variable between frustration and aggression, what he calls anger. The frustration provokes an anger state that activates the organism and makes it ready for the aggression. Finally the aggression will take place depending on the individual's emotional activation level and whether the individual is in a surrounded by stimuli with an aggressive component.

**B. Reactive or Environmental Theories**

The main reactive or environmental theories include the social learning theory, the social interaction theory, the sociological theory, and the ecological systems theory. All these theories believe that the environment influences the future violent behavior.

- **The Social Learning Theory**

Bandura (1976) considers that the violent behavior is learnt through the observation and imitation of behaviors that occur in the immediate contexts to the individual. The imitation of the violent behavior will depend on whether the model observed gets positive rewards for his/her actions or not: if the person had a benefit through the violent behavior, the observer will probably imitate such behavior, but if the model is punished for his/her violent behavior, the probability of imitation will decrease. Bandura outlines as well that in many cases the violence is not only a mere imitative behavior, but that new forms of violence arise, generalizing the model effect. To summarize, being exposed to violent models no only proportionate the information on how to act but also what the consequences of those actions are. From this perspective, the behavioral models which play an important role as socialization agents such as parents, teachers, friends and media, are crucial from this theory.

This would be, for example, the case of the positive reinforcement produced by praising and been applauded by the peers when an adolescent carries out a violent behavior at school or when parents tolerate violent behaviors at home. The aggression is learnt

though the observation of praises after violent behaviors carried out by significant models.

- **The Social Interaction Theory**

Underlines the interactive character of the human behavior, and the fact that the violent behavior is the result of the interaction between the individual's characteristics and the circumstances of the surrounding social context. From all the theoretical frameworks analyzed up to this stage, this is the one that gives more relevance to the environment and social contexts which are closer to the individual and, moreover, points out the bidirectional character of the interaction: the environment influences the individual and the individual influences the environment. In the explanation of the Violence and Victimization at School in Adolescence 7, behavioral problems in adolescence both the family and school contexts are seen as fundamental. Some important points in this sense are: deficiencies in the family socialization and in the relationship between parents and children, as well as problems of social rejection and victimization in the school. These and other contextual factors are extremely relevant and will increase the probability of the adolescent acquiring this type of behavior.

- **The Sociological Theory**

the sociological theory interprets the violence as the product of the cultural, political and economic characteristics of society. Factors such as poverty, marginalization, the difficulty of intellectual development, social exploitation or highly competitive systems, are in many cases the origin of violent behaviors in some citizens and, therefore, may be the first cause of behavioral problems in individuals. This theory also conceals a great importance to the predominant desired and praised values in a specific culture, such as rivalry, competition or individualism. Along this line, in some cultures, violence has a positive value: it is considered a 'normal' behavior in order to solve conflicts and problems, and it is not only allowed, but also praised. This tolerance is favored on many occasions by a key element which influences society and citizens: mass media, which act as a screen of those values.

- **The Ecological Systems Theory**

Proposed by Bronfenbrenner (1979), contemplates the individual involved in a network of interconnected relationships and organized in four main levels. These levels reflect four contexts of behavioral influence:
(1) *Microsystem*, composed by the immediate context of the individual, such as family and school. It includes all those activities, roles and interpersonal relations that the person experiments in his/her immediate environment;
(2) *Mesosystem*, makes reference to the interactions existing between the microsystem contexts, such as the communication between the family and the school;
(3) *Exosystem*, that clusters the social environments in which the individual does not participate actively, but in which there are facts that might be affecting the nearer contexts, such as his/her parents' or siblings' groups of friends or the mass media; and
(4) *Macrosystem*, that refers to the culture and the socio-historical moment in which the individual lives, and includes the ideology and values of that culture.

The ecological approach, therefore, highlights the fact that in order to understand the violent behavior of an individual it is necessary to consider both the *micro-violence's*

present in his/her immediate contexts (family, school or working place) as well as cultural and structural *macro-violence* in the society. In that sense, Vinyamata (2001) outlines some indisputable important social factors in the development of violence, such as: misery and social marginalization conditions, family destabilization, promotion of violent behaviors through the mass media, as well as aggressive values that imply an immediate benefit, or the justification of lies and hiding information as acceptable measures in the political settings.

### C. Aggression as a positive adaptation theory

Some recent scholarship has questioned traditional psychological conceptualizations of aggression as universally negative. Violence". Most traditional psychological definitions of aggression focus on the harm to the recipient of the aggression, implying this is the intent of the aggressor; however this may not always be the case.

From this alternate view, although the recipient may or may not be harmed, the intent is to increase the status of the aggressor, not necessarily to harm the recipient. Such scholars contend that traditional definitions of aggression have no validity. From this view, rather than concepts such as assertiveness, aggression, violence and criminal violence existing as distinct constructs, they exist instead along a continuum with moderate levels of aggression being most adaptive. Such scholars do not consider this a trivial difference, noting that many aggression measures may measure outcomes lower down in the continuum, at levels which are adaptive, yet generalize their findings to non-adaptive levels of aggression, thus losing precision (Ferguson and Beaver, 2009).

- **Aggressive behaviors for Young Children**

Aggressive behaviors indicate a host of problems that are rising to the surface and are manifested as verbal assaults, unwanted physical contact or covert activity. Healthy boundaries in relationships become problematic, and an aggressive individual can resort to both calculated and impulsive crimes. For those on the receiving end, dealing with an aggressive individual can have serious consequences to both physical and psychological well-being. The frequency of physical aggression in humans peaks at around 2–3 years of age. It then declines gradually on average. These observations suggest that physical aggression is not only a learned behavior but that development provides opportunities for the learning and biological development of self-regulation. However, a small subset of children fails to acquire all the necessary self-regulatory abilities and tend to show atypical levels of physical aggression across development. These may be at risk for later violent behavior or, conversely, lack of aggression that may be considered necessary within society. Some findings suggest that early aggression does not necessarily lead to aggression later on, however, although the course through early childhood is an important predictor of outcomes in middle childhood. In addition, physical aggression that continues is likely occurring in the context of family adversity, including socioeconomic factors. Moreover, 'opposition' and 'status violations' in childhood appear to be more strongly linked to social problems in adulthood than simply aggressive antisocial behavior. Social learning through interactions in early childhood has been seen as a building block for levels of aggression which play a crucial role in the development of peer relationships in middle childhood. Overall, interplay of biological, social and environmental factors can be considered (Ferguson and Beaver, 2009).

## 2.2.5 Causes of Aggression

Aggressive behavior is learned and it is acquired through exposure to aggressive role models during early childhood years. Family factors have been determined to promote the development of aggressive behaviors, such as low income, low education, high family stress, single parenthood, marital discord, maternal depression and parental drug use (Edward, 2004).

- **Psychological Disorders**

Psychological disorders are the most common causes of aggressive behavior. While almost any psychological disorder can be responsible for aggression, depression, bipolar disorder, schizophrenia, attention deficit hyperactivity disorder (Attention deficit hyperactivity disorder :ADHD), borderline personality disorder and post-traumatic stress disorder (PTSD) are among the most common underlying causes of aggression. Mothers suffering from postpartum depression are especially susceptible to aggressive outbursts, sometimes against the child (AACAP, 2007).

Children who are hyperactive, inattentive and disruptive could be afflicted with a neurologic disease called encephalitis (Bauer & Shea 1999: 72-73). Such children are considered 'brain damaged' or 'behavior disordered', or 'minimal brain dysfunction'. This causes aggressive behavior in children. Any child with a deficiency in chemical elements such as catecholamine, dopamine and norepinephrine will have deficit hyperactivity disorder and is likely to develop behavioral disorder problems such as aggression Sylvester (1997: 75) reported" It was discovered that an important transmitter called serotonin is an important regulator of self-esteem and aggression as well as one's position in the social hierarchy. High levels of serotonin are associated with high self-esteem, smooth control and social status, and the converse is also true. Low levels of serotonin are related to impulsive, reckless, violent or suicidal behavior.

- **Physical Conditions**

Makwetle Aubrey Mabitla (2006) explained that individuals with a history of migraines, strokes, epilepsy and even diabetes may be more prone to developing aggressive behaviors. Individuals with sleep disorders and Alzheimer's disease have also been shown to display aggressive behavior as a result of their conditions. Physical disorders and diseases that go undiagnosed or untreated are more likely to cause aggression. In most cases, aggressive thoughts and actions caused by physical disorders can be minimized when properly treated by a medical professional.

- **Biological causes Genetic predisposition**

A particular characteristic (gene) present in parents is likely to be passed on to their children. Certain character traits are hereditary. Agrees that approximately 30% of fathers and 20% of mothers of children with attention deficit hyperactivity disorder have inherited disorder themselves. Again schizophrenic parents will give birth to children with schizophrenia it is said that all male animal species show more aggressive behavior than females because they possess testosterone. The latter is a male hormone that is believed to enhance aggression in the male species. The genetic element called the Y chromosome that is transmitted from father to son is associated with abnormal tallness

(asynchrony) and abnormal aggressiveness in the males comprising the normal XY constitution Thus; those males with a XYY constitution manifested hyper-aggressiveness and also maintained an unusual, 'super male' image. Any child with these XYY chromosome abnormalities is amenable to aggression, since he is exposed to all intricacies of parental, familial and cultural influences. During his development the chromosomally abnormal children can be identified by an increased incidence of severe temper tantrums and more behavior problems, i.e. liability of mood and unstable impulsivity and lower Intelligence Quotient (IQ) dyslexia, although they seem to perform on average in Mathematics (Bauer & Shea 1999:71).

In addition, Raine (2002) suggests that both under arousal and aggressive behaviors are results of deficiencies in the functioning of the prefrontal cortex, limiting the individual's reasoning, foresight, and ability to learn from experience.

- **Social Factors**

Several social factors have been associated with the development of aggressive behavior, including include poverty, lack of structure, community violence, and dysfunctional family environment. Youth who are neglected through lack of parental supervision and positive parenting behaviors and/or who experience harsh treatment, including child abuse are at higher risk. Those with deviant peer associations are more likely to learn deviant behaviors and have their negative behavior patterns reinforced. Youth with these peer relationships tend to experience poorer treatment outcomes (AACAP, 2007).

- **Family related causes**
  - Discipline

Szyndrowski (2005) observed that between 3, 3 and 25 million children throughout the world experience some form of domestic violence each year. This ongoing process of child maltreatment may cause disturbances in their care-taking (p.7). Bauer and Shea (1999) stated that extreme measures of discipline may lead to child abuse and child neglect. Child abuse may take verbal, physical, and mental and sexual harassment forms. Under those circumstances, the victim's health and welfare is harmed. While child neglect refers to the parent's failure to provide for the physical, medical, emotional or educational needs (p. 120). Research findings state that family interaction patterns and parental discipline practices strongly affect the development of aggressive behavior in children... Quality of parent -child relationships affects the development of emotional regulation. Parental behavior may teach children some values, morals, problem-solving techniques. However, if parents intervene ineffectively in the lives of their children the parents may inspire children with aggressive behavior in their general conduct. Studies found that domestic violence affects the children emotionally, socially, physically and behaviorally (Szyndrowski ,2005,p. 10). Inadequate child rearing practices, disruptions in the family, antisocial parents, child abuse and aggressive interactions between siblings are regarded as risk factors associated with adolescent aggression in secondary school. (McAdams & Lambie 2003, p.1). Children subjected to coercive disciplinary measures could develop aggressive behavior in their social interactions with others. They may

resort to aggressive outbursts – a sign of poor anger management – and physically abuse others (Indiana Youth Institute in Bauer & Shea 1999).

According to Szyndrowski (2005:10), maltreated boys are 1 000 times more likely to commit violent acts against other children. Compared with their non-maltreated peers, they demonstrate bizarre behavior such as disruptiveness. They are often defiant bullies with frequent interpersonal confrontations with peers and educators. In addition, they are lawless, undisciplined and behave antisocially. Maltreated girls are more susceptible to sexual immorality and get pregnant as teens due to their exposure to lack of scruples. Again, they may be unable to conform appropriately to community rules such as privacy and may be disrespectful in their communication with adults they spend more time fighting than learning. Juveniles who were victims of aggression are often imprisoned on charges of homicide, aggravated assault and robbery under aggravating circumstances, because of their increased rates of psychopathology, decreased self-esteem and interpersonal problems (Mullen, Martin, Anderson, Romans & Herbison 1996:7-12). French, Conrad and Turner (1995:858) conclude that the aggressive and disruptive behavior is correlates of rejection in classroom. Children and adult who come from abusive families are sometimes withdrawn. They mostly meditate about the possible panaceas to their social problems that make life more and more meaningless with each passing day. However, armed with a denial skill, they learn to attain emotional support by antisocial means (Forgatch & Patterson 1998:86).

- Upbringing

The most vulnerable learners come from one-parent households, which may be due to bereavement, divorce or the unmarried status of the existing parent. It may also be related to being left in the foster care of grandparents or being left alone by living parents who work in urban areas (Hermandez 1994:19). Rural secondary school learners develop on their own towards adulthood and have to learn values from the street. These children are more at risk to aggression because they experience more alienation, indifference and antagonism. Bauer and Shea (1999:117) acknowledge that the absence of the father figure in the family may lead to low self-esteem, susceptibility to group influence and juvenile delinquency. Obviously, the age-segregated peers will take advantage of the situation and thus fill the void left by parents (Safran 1995:66)

- Aggressive parents

Parents, who are aggressive during disagreements, may ultimately handle disharmony in a noisy and moody way. In the heat of the moment, either party may indulge in verbal offensives or subject another to physical aggression. A boy-child who observes his father regularly beating his mother each time when they have differences, is likely to batter his partner in an attempt to coerce her unto submission .A girl-child, who observes that her mother subjects her partner to verbal slurs, will learn to humiliate others verbally if things do not go her way. Says that parents who address their children in vulgar language terms may imprint such behavior in them and subsequently adapt it to their way of life. The examples illustrated that boys' and girls' vicarious experiences imply that exposure to experience of aggression in the family can easily be adapted by such children in the public domain. Sadly, the public may opt to alienate them due to their unethical and

aggressive conduct. In the end, the children who witness abusive relationships are likely to exhibit problems relating to authority, psychosomatic complaints, fear and distrust of close relationships or patterns of over-compliance and fearfulness (Szyndrowski 2005:11).

- Parental substance abuse

Many aggressive children come from homes where alcohol and other illegal drugs play a significant role (Dodge, Bates & Petit 1990). Children from such families experience neglect as their siblings are forced to become their caretakers as their parents' care-taking abilities might be hampered. Drugs lead to dull reactions, sleepiness, euphoria and a general dysfunction in users or abusers. Addicted parents get annoyed by their children seeking attention and consequently scream at them or chase them away. Powell, Zehn and Kottler (1995:25) concede that addicted parents are quick to find fault with their children, yelling at them inappropriately for small problems. They often blame forces beyond their control that propelled them to addiction to drugs. Feeling frustrated, neglected and abused, these children can be perceived acting out their frustrations on their peers at school, e. g. getting easily annoyed even at the slightest provocation. Thus they may scream and physically or verbally abuse others without reason (McAdams & Lambie 2003:1). Such a form of aggression is called reactive aggression.

Parents who abuse substances try to maintain a closed home environment where everyone is controlled. That is problematic to adolescents who aspire to develop personal autonomy and a sense of self (McAdams & Lambie 2003:1). There is limited space for personal freedom, since they have to yield to their irrational parents. Thus, adolescents may also fall into the dependency syndrome. Ultimately, they'd fail to establish and maintain meaningful, wholesome relationships with others. Since old habits have a propensity to stabilize aggressive children take their learned roles as enablers to the classrooms whereby both colleagues and educators alike may be recruited as co-conspirators in drug abuse (Powell et al 1995:55). This badly influences the school environment. In a way, such children learn the skill of denial (of the problem). They have difficulty in expressing their feelings; they learn to keep their feelings to themselves. Finally, these children cannot deal with emotionally charged situations appropriately.

The Brown University Digest of Addiction: Theory and Application (2004:5-8) provides the following reasons why drug use is associated with aggression:

- drug use is associated with aggression
- A crime could be committed to service the habit or resources needed to purchase drugs;
- in the illegal drug trade, violence is often a means of solving disputes;
- violence and drug use both may result from similar factors such as the high sensation-seeking in drug users;
- Drugs can increase the likelihood of violence because of their direct effects on users.

- **Peer culture**

The peer culture is perceived to be in conflict with that of adults. Secondary school learners typically turn to their peers for guidance in matters of dress, identity, social attitudes and "acceptable" behavior (Bauer & Shea 1999:10). To be accepted in a group, a new member should conform. Carter (2002:30) observed that groups are often gregarious in nature. If aggression is considered an acceptable norm among the members, it is expected of everyone to conform to its culture. Demonstration of disruptive behavior on others in and out of the classroom may be a fitting way to gain peer approval or recognition (Gable, Arllen & Hendrickson 1995). In peer culture, praises are sporadic, capricious and difficult to negotiate. They are outweighed by prolific criticism (Carter 2002:30). Among the peer group, individual perception doesn't count. Each member is dependent on their daily negotiation of conflicting information of who they want to be and what they are told they were (Carter 2002:30). The approval-disapproval syndrome is neither consistent nor empowering, for the peers develop precarious self-images and are forever engulfed in doubt Gangs, like peer groups, serve as an extended family. Thus, loyalty is obligatory and adherence to the code of conduct is always mandatory (Lal, Lal & Archilles 1993:17). People join gangs due to the perks that are freely touted pride in appearance, grooming younger and lesser able members, adherence to strict rules and codes, desire for respect and recognition. Lal et al (1993: 20) claimed' All gangs, irrespective of gender, commit the following acts:

Disruptive and antisocial behavior, face-to-face confrontations, intimidation, assaults, fights, defying authority, vulgar language use, committing illegal and violent acts. Very important, however, is that youth gangs exist primarily for social reasons and their illegal activities are usually crimes of vandalism. Vandalized property is a common sight in the schools.

- **The media**

The media can enhance the adolescent learner's aggressive behavior by their coverage of violence as a means to solve problems. Wilson explores how media exposure affects children's social development. Strong evidence shows that violent television programming contributes to children's aggressive behavior. And a growing body of work indicates that playing violent video games can have the same harmful effect (Fields 2002:74).

## 2.2.6 Symptoms of Aggressive behavior:

Aggressive behavior may be considered as one oppositional defiant disorder (ODD). According to DSM IV ODD refers to a recurrent pattern of negative, defiant, disobedient and hostile behavior toward authority figures lasting at least six months. To be diagnosed with ODD four (or more) of the following symptoms must be present:

- often loses temper;
- often argues with adults,
- often actively defies or refuses to comply with adults' requests or rules;
- often deliberately annoys people;

- often blames others for his or her mistakes or misbehavior;
- often touchy or easily annoyed by others;
- often angry and resentful;
- often spiteful or vindictive (APA,2000)

## 2.3 Anxiety

### 2.3.1 What is anxiety?

According to Bush & Griffin-Sobel (2002) ; Rosenzweig, & Stollings (2006) anxiety is considered as an emotional and/or physiological response to known and/or unknown causes that may range from a normal reaction to extreme dysfunction (indicative of an anxiety disorder), affect decision-making and adherence to treatment, and impair functioning and/or affect quality of life.

Gelder, Mayou & Geddes (2005) explain that anxiety disorders are classified in two groups: continuous symptoms and episodic symptoms and episodic symptoms. They also added that "Anxiety disorder is divided into generalized anxiety disorder, phobic disorder, and panic disorder; each has its own characteristics and symptoms and they require different treatment". The emotions present in anxiety disorders range from simple nervousness to bouts of terror (Barker 2003).

**Operational definition:**

Anxiety can be defined operationally by the researcher as psychological anxiety which include many symptoms as angry , fear ,depression ,violence ,nightmares and pessimistic feeling , also physical anxiety which include many symptoms as difficulty in breathing ,headache ,dizziness, tingling ,tremors ,nausea and diarrhea.

**2.3.2 The major types and symptoms of anxiety disorder:**

As it is explained by An Information Guide (2009), the following are the five major types of anxiety disorder:

- Generalized anxiety disorder
- Obsessive-compulsive disorder Obsessions
- Panic disorder
- Post-traumatic stress disorder
- Social phobia( social anxiety disorder)

**2.3.2.1 Generalized Anxiety Disorder**

According to World Federation for Mental Health (2008) generalized anxiety symptoms are unrealistic, excessive and long-lasting worry, motor tension, restlessness, irritability, difficulty in sleeping and hyper vigilance. GAD symptoms divided to three groups as the following:

**Emotional symptoms of generalized anxiety disorder (GAD)**

- Constant worries running through your head
- Feeling like your anxiety is uncontrollable; there is nothing you can do to stop the worrying

- Intrusive thoughts about things that make you anxious; you try to avoid thinking about them, but you can't
- An inability to tolerate uncertainty; you need to know what's going to happen in the future
- A pervasive feeling of apprehension or dread

**Behavioral symptoms of generalized anxiety disorder (GAD)**

- Inability to relax, enjoy quiet time, or be by yourself
- Difficulty concentrating or focusing on things
- Putting things off because you feel overwhelmed
- Avoiding situations that make you anxious

**Physical symptoms of generalized anxiety disorder (GAD)**

- Feeling tense; having muscle tightness or body aches
- Having trouble falling asleep or staying asleep because your mind won't quit
- Feeling edgy, restless, or jumpy
- Stomach problems, nausea, diarrhea

### 2.3.2.2 Obsessive-compulsive disorder (OCD)

According to Summerfeldt and Antony (2002), OCD is an anxiety disorder that is associated with "Obsessions" and "Compulsions".

Also OCD is defined by Kaufman and Landrum (2009) as "repetitive, persistent, intrusive impulses, images, or thoughts about something, not worries about real life problems".

Can J Psychiatry (2006) describe Obsessions as:

- Recurrent and persistent thoughts, impulses, or images that are experienced as intrusive and inappropriate and that cause marked anxiety or distress. The person attempts to ignore or suppress the obsessions, or to neutralize them with other thoughts or actions.
- The obsessions are recognized as a product of his or her own mind
- Compulsions as defined by the following behaviors:
- Repetitive behaviors (for example, hand washing, ordering, checking)
- Mental acts (for example, praying, counting, repeating words silently that the person feels driven to perform in response to an obsession, or according to rigid rules.

Compulsions are aimed at reducing distress or preventing some dreaded event; however, these compulsions either are not connected in a realistic way with what they are designed to neutralize or are clearly excessive. The obsessions or compulsions cause marked distress, are time consuming, or significantly interfere with the person's normal routine, or occupational, academic, or social functioning (Can J Psychiatry ,2006).

**2.3.2.3 Panic disorder**

According to American Psychiatric Association (2000), panic disorders are manifested as the following, a discrete period of intense fear or discomfort, in which 4 or

more of the following symptoms developed abruptly and reached a peak within 10 minutes:
1. Palpitations, pounding heart, or accelerated heart rate
2. Sweating
3. Trembling or shaking
4. Sensations of shortness of breath or smothering
5. Feeling of choking
6. Chest pain or discomfort
7. Nausea or abdominal distress
8. Feeling dizzy, unsteady, light-headed, or faint
9. Depersonalization (being detached from oneself)
10. Fear of losing control or going crazy
11. Fear of dying
12. Numbness or tingling sensations

**2.3.2.4 Post-traumatic stress disorder:**

Symptoms of PTSD the most characteristic symptoms of PTSD are re-experiencing symptoms. PTSD sufferers involuntarily re-experience aspects of the traumatic event in a very vivid and distressing way. This includes flashbacks where the person acts or feels as if the event was recurring; nightmares; and repetitive and distressing intrusive images or other sensory impressions from the event.
Reminders of the traumatic event arouse intense distress and/or physiological reactions. In children, re-experiencing symptoms may take the form of reenacting the experience, repetitive play or frightening dreams without recognizable content (APA,2000).

**2.3.2.5 Social Phobia:**

Harold Leitenberg (1990) defined and described Social phobia as a strong fear of being judged by others and of being embarrassed. This fear can be so strong that it gets in the way of going to work or school or doing other everyday things. People with social phobia tend to:

- Be very anxious about being with other people and have a hard time talking to them, even though they wish they could
- Be very self-conscious in front of other people and feel embarrassed
- Be very afraid that other people will judge them
- Worry for days or weeks before an event where other people will be
- Stay away from places where there are other people
- Have a hard time making friends and keeping friends
- Blush, sweat, or tremble around other people
- Feel nauseous or sick to their stomach when with other people

**2.3.3 The Nature of Anxiety:**

Anxiety is unpredictable, uncontrollable, future-oriented tension. In other words, anxiety as an emotional response that can be examined in terms of several dimensions such as the subjective, cognitive, behavioral and physiological .On the cognitive

component, anxiety takes the form of expecting uncertain danger. It results in exhausting attention capacity. One consequence of it is that people with high test anxiety or high social anxiety become less efficient in their behavior, once anxiety is aroused, and their attention is distracted. While on the behavioral level, anxiety is illustrated by the large number of errors on performance related tasks, such as speech-anxious. That is, individuals make more speech errors, stammering more, producing more "um" sounds. People with high anxiety are attempts to escape or avoid things that are unpleasant e.g., worry about making mistakes and withholding responses; shy-like behaviors, such as avoiding criticism or rejection; withdrawing due to anticipation of being rejected. Physiological arousal of anxiety can be interpreted positively as elation, surprise or negatively as fear, anger, or anxiety. Anxiety also stimulates feelings of threat. Anxious individuals are faster to find threat in simple matters (Malcolm Lader, 1992).

In addition Linda Joseph (2005) described the nature of anxiety as state or trait nature. Which described ***state anxiety*** as a transitory unpleasant emotional arousal stemming from a cognitive appraisal of a threat of some type. While ***trait anxiety*** is a stable personality quality (stable individual difference) in the tendency to respond to threat with state anxiety.

### 2.3.4 Anxiety Theories

#### 2.3.4.1 Behavioral Theory:

Behavioral theory suggests that people learn to associate the fear felt during a stressful or traumatic life event with certain cues, such as a place, a sound or a feeling. When the cues reoccur, they cause the fear to be re-experienced. Once the association between the fear and the cue is learned, it is automatic, immediate and out of conscious control. The fear is felt before there is time to tell if danger is near. Such cues may be external or internal. An example of an external cue might be a certain smell that occurred at the time of the stressful event. When this smell occurs again, even at a time when there is no danger present, the person is reminded of the event and becomes fearful. Internal cues, such as a rapid heart rate, may also provoke fear if the person's heart raced during the actual threat (Neil, Danielle, Kate and Linda ,2005).

#### 2.3.4.2 Developmental Theory:

According to developmental theory, the way in which children learn to predict and interpret life events contributes to the amount of anxiety they experience later in life. The amount of control people feel over their own lives is strongly related to the amount of anxiety they experience. A person's sense of control can range from confidence that whatever happens are entirely in hands, to the person's feeling complete uncertainty and helplessness over upcoming life events. People who feel that life is out of their control are likely to feel more fear and anxiety. For example, these people may feel that no amount of preparation or qualifications will give them any control over the outcome of an upcoming job interview (Merikangas, Dierker and Szatmari ,1998).

#### 2.3.4.3 Cognitive Theory:

Danger is a part of life. To protect us, evolution has genetically prepared us to fear danger. We know to avoid vicious animals and to be careful at great heights. Cognitive theory suggests, however, that people with anxiety disorders are prone to overestimate danger and its potential consequences. For example, people may overestimate the danger of particular animals such as spiders or snakes, and thus believe that harm from that animal is far greater and more common than it actually is. Thinking

of the worst possible scenario, they may imagine that a snake will bite and poison them, when it may be completely harmless (Neil, Danielle, Kate and Linda ,2005).

### 2.3.5 Causes of Anxiety:

#### 2.3.5.1 Biological factors

Like most mental health problems, anxiety disorders appear to be caused by a combination of biological factors, psychological factors and challenging life experiences. The biological factors that cause anxiety disorders include problems with brain chemistry and brain activity; genetics; medical, psychiatric and substance abuse issues (Deb, Sibnath, Chatterjee, Pooja, & Walsh, 2010).

#### 2.3.5.2 Genetic factors

Genetic factors play a role in the development of anxiety disorders. People are more likely to have an anxiety disorder if they have a relative who also has an anxiety disorder. The incidence is highest in families of people with panic disorder, where almost half have at least one relative who also has the disorder (Bögels & Phares , 2008).

#### 2.3.5 .3 Medical factors

Substance use may induce anxiety symptoms, either while the person is intoxicated or when the person is in withdrawal. The substances most often associated with generalized anxiety or panic symptoms are stimulants, including caffeine, illicit drugs such as cocaine, and prescription drugs such as methylphenidate (e.g., Ritalin).

A range of medical conditions can cause anxiety symptoms and result in anxiety disorders. For example, both panic and generalized anxiety symptoms can result from medical conditions, especially those of the glands, heart, lungs or brain. Most often, treatment of the medical condition reduces symptoms of anxiety.

Obsessive-compulsive symptoms may also result from other infectious and degenerative syndromes affecting the central nervous system, but this is rare. Mitral valve prolapse (a heart condition in which a heart valve is not working properly) has been associated with panic disorder( Deb, et al,2010).

#### 2.3.5.4 Psychiatric conditions

People with other psychiatric disorders often also have symptoms of anxiety. Sometimes it is the symptoms of the other disorder, such as depression or psychosis that heighten a person's anxiety. In such cases the person may not be diagnosed as having an anxiety disorder (Bögels & Phares , 2008).

#### 2.3.5.5 Other factors

Studies show that people who are anxious tend to have an irregular pattern of breathing, alternating from hyperventilation to holding their breath. This pattern of breathing contributes to further symptoms (e.g., lightheadedness, dizziness and possibly fainting) and increases the feelings of anxiety (Bögels & Phares , 2008).

# Chapter Three

## Literature Review

## Chapter Three

## Literature Review

- **Previous studies**

### 3 .1 Introduction:

In this chapter the researcher addresses some literature review that talked about children who have substance-abused father in Gaza strip. In addition to studies that addressed the issue of psychiatric symptoms have children who have substance-abused father in Gaza strip. Add to that some studies that talked about children who have substance-abused father in Gaza strip.

### 3.2 Studies about Addiction in general

1. **Mohammad , Yousefi and Piran (2012)** study the Impact of Father's Addiction on His Supportive and Economic Role in the Family and Social Relations and Socialization of the Family Members. The present study was conducted by The aim of this research is to study the effect of father's addiction on family social relations and socialization and his economic and supportive role in the family.

The research method is causative - comparative and the statistical population includes families of addicted fathers (with a background of over 5 years of drug abuse with above 7-year-old children) and also families of non-addicted fathers in the city of Shiraz. By stratified sampling, a number of 120 families were selected as samples and the following results were obtained include that father's addiction will affect negatively the socialization of children and will negatively affects the social relationships of family members ,also will disrupt the family's economic status and will decrease the father's supportive role in the family.

2. **Violent Behaviors in Drug Addiction Differential Profiles of Drug-Addicted Patients With and Without Violence Problems**

Javier (2011) explored the prevalence of violent behaviors in patients who are addicted to drugs. A sample of 252 addicted patients (203 male and 49 female) who sought outpatient treatment was assessed. Information on violent behaviors, sociodemographic factors, consumption factors (assessed by the European version of the Addiction Severity. psychopathological factors were assessed and personality variables were collected. Drug-addicted patients who were associated with violent behaviors were compared on all variables with patients who were not associated with violent behaviors. The rate of drug-addicted patients with violent behaviors in this sample was 39.68% (n = 100). There were significant differences between the numbers of patients who did and did not demonstrate violence on some variables. Patients with violence problems were less than those without violence problems and were more likely to report having been a victim of abuse. Moreover, they were significantly more likely to have experienced an overdose. According to these results, patients with violence control problems present with both a more severe addiction and several co morbid problems.

### 3. Family Conflict and Childhood Aggression: The Role of Child Anxiety

Akiho Tanaka, et al (2010) aimed to investigate the impact of Family conflict on childhood anxiety and the development of aggressive behaviors the present study examined the relationship between family conflict and childhood aggression in 50 children aged 7 to 13 years. Specifically, the study proposed that family conflict would be correlated to aggression in the context of higher levels of child anxiety. Parents completed self-report instruments examining family conflict and aggressive behavior exhibited by their children. Children completed a self-report measure of anxiety. The hypothesis was partially supported as family conflict was related to increased proactive but not reactive aggression in children with high levels of anxiety.

### 4. Anxiety among high school students in India: Comparisons across gender, school type, social strata and perceptions of quality time with parents.

Deb, Sibnath, Chatterjee, Pooja, & Walsh (2010) wanted to better understand anxiety among adolescents in Kolkata city, India. Specifically, the study compared anxiety across gender, school type. The study also examined adolescents' perceptions A group of 460 adolescents (220 boys and 240 girls), aged 13-17 years were recruited to participate in the study via a multi-stage sampling technique.

The data were collected using a self-report semi-structured questionnaire and a standardized psychological test, the State-Trait Anxiety Inventory. Results show that anxiety was prevalent in the sample with 20.1% of boys and 17.9% of girls found to be suffering from high anxiety. More boys were anxious than girls Adolescents from Bengali medium schools were more anxious than adolescents from English medium schools .Adolescents belonging to the middle class (middle socio-economic group) suffered more anxiety than those from both high and low socio-economic groups .

Results show that they did not receive quality time from fathers and mothers. A large number of them also did not feel comfortable to share their personal issues with their parents.to the conditions of substance abusive parents as they both suffer neglect and lack of care.

### 5. Parental Substance Abuse and Child Well-Being

According to the study of Osborne & Berger (2009), it has not fully explored the relative magnitude of the associations between maternal, paternal, and both parents' substance abuse and child outcomes, nor has it examined these associations in regard to substance abuse among nonresident fathers. They use data from the Fragile Families and Child Wellbeing Study (N = 3,027) to explore these issues among a cohort of 3-year-old children. They find that children living with a substance-abusing parent are at considerable risk for poor health and behavior outcomes, that such risk is not moderated by parent gender, and that it is substantially larger when both parents have substance abuse problems. Moreover, children with substance-abusing fathers are at a potentially higher risk of health and behavior problems when their fathers live with them, although this risk is still substantial when they do not ).

6. **Examining the social and emotional impact of substance use on the users' family members**

The study by Beyer (2008) extended that research to examine the effects of social and emotional effects of drug use on a greater sample of the population, the family members of drug users. This study examined the relationships between family drug use and higher rates of depression. The data was expected to follow one of two general patterns. First, that as reports of family drug use increased greater symptoms of anxiety, depression and maladjustment would be reported. Second, that the data would fit the J-shaped function often seen in medical outcomes for drug users in which there is a down trend between non-users and moderate users followed by increasing negative outcomes as use increases. The data collected from 177 undergraduate students at Cleveland State University fit the second model for self-reports of anxiety and depression, with no significant results observed between the levels of use and adjustment. The data indicates that individuals reporting minimal and moderate levels of family drug use have significantly lower levels of compared to those reporting high levels of drug.

7. **Fathers' role in the etiology, prevention and treatment of child anxiety**

Bögels & Phares (2008) conducted study that provides a historical background of what is known about fathers' roles in the etiology of anxiety problems and provides evidence from bottom-up, top-down, and cross-sectional correlation studies of the connections between fathers' and their children's anxiety. Treatment and prevention programs are discussed in terms of the limited findings regarding fathers' involvement in treatment for children's and adolescents' anxiety problems. Finally, a model is presented to show the unique ways in which mothers and fathers are involved in the development of anxiety disorders in their children. Future directions for research in this area are highlighted. The conclusions include that the research on normal development suggests that fathers play an important and different role than mothers in the socialization of children and in the protection against severe anxiety; while research in the area of developmental psychopathology suggests that if fathers are not involved, are not warm, and do not encourage the autonomy of the child, and if they display anxiety themselves, the child can be at risk for anxiety symptoms. Finally, the researcher can say that children living with substance abuser fathers do not receive the needed care of parents which protect them against anxiety, helps socialization, encourage the autonomy of children as parents themselves may suffer anxiety disorders. In addition they cannot practice their parental role appropriately.

8. **Psychopathology Risk Transmission in Children of Parents With Substance Use Disorders**

Clark, et al (2004) conducted the study that aimed to examine the distinct influences of parent substance use disorder and other psychopathology in the transmission of the risk for psychopathology to their children. The subjects were 1,167 children (ages 6–14 years; 62% were male, 38% were female) from 613 families recruited according to a high-risk paradigm, of these families, 294 had fathers with a substance use disorder (high-risk group),and 319 had fathers without a substance use disorder or other mental disorder (low risk group). In all families, father, mother, and children were directly assessed. Mixed-effects ordinal regression analyses controlled for the nested data

structure. Results were for conduct disorder, ADHD, major depression, and anxiety disorders. The results indicated that the predominant predictor of specific mental disorders in offspring was a history of the corresponding disorders in both parents. These results support specific parent-child transmission for childhood psychopathology.

**9. Psychiatric Disorders of Children Living With Drug-Abusing, Alcohol-Abusing, and Non–Substance-Abusing Fathers.**

Kelley & Fals-Stewart (2004) examined lifetime psychiatric disorders and current emotional and behavioral problems of 8- to 12-year-old children living with drug-abusing (DA) fathers compared to children living in demographically matched homes with alcohol-abusing (AA) or non-substance-abusing fathers.

Children's lifetime psychiatric diagnoses were determined using the Schedule for Affective Disorders and Schizophrenia for School-Age Children, Present and Lifetime Version. In addition, both parents completed the Pediatric Symptom Checklist. Substance-abusing fathers were recruited from an outpatient treatment program.

While, children who lived with DA fathers were more likely to have a lifetime psychiatric diagnosis (i.e., 53% versus 25% in AA homes and 10% in non-substance-abusing homes). Compared to children in the other groups, children in DA homes were more than twice as likely to exhibit clinical levels of behavioral symptoms.

In other hand, children living with DA fathers were more likely to experience a lifetime psychiatric disorder and more negative behaviors compared to children living with an AA father or non-substance-abusing parents.

**10. Social adjustment of family members and significant others of drug users**

Hudson et al. (2002) examined that the level of social adjustment in family member of partners of substance users. The 70 participants in this study completed a baseline assessment that included the Social Adjustment Scale-Self Report (Weissman & Bothwell, 1976 as cited in Hudson et al. ,2002 ). This study determined that both parents of substance users and family members had poorer overall social adjustment compared to a community sample. The study also found that partners exhibited a statistically significant lower level of social adjustment than family members. When age and race were controlled, the statistically significant difference between parents and was no longer observed, suggesting that regardless of an individual's relationship to a substance user, as a family member or significant other, the individual will suffer significant impairments in social adjustment. Additionally this study examined the relationship between the current living situations of parents and partners of substance abusers, those living with and apart from the substance abuser, and social adjustment. No significant differences were found between parents and partners currently living with substance abusers and those who were not currently living with the substance abuser. This study by Hudson et al. (2002) is effective in demonstrating the impact of substance use on the level of social adjustment in the family members of substance users, regardless of the family member's current living situation. This suggests also that the impact due to substance use may still cause detrimental effects.

**11. Parental alcoholism and childhood psychopathology**

Studies about children of alcoholic parents published between 1975 and 1985 aim to clarify the relation between parental alcoholism and child psychopathology. identified methodological problems in this body of literature and organized substantive findings around eight areas of problems; (f) anxiety and depressive symptoms; (g) physical abuse; and (h) dysfunctional family interactions. The literature as a whole supported the contention that parental alcoholism is associated with a heightened incidence of child symptoms of psychopathology, in comparison with no increased incidence in offspring of no disturbed parents. However, neither all nor a major portion of the population of children from alcoholic homes are inevitably doomed to childhood psychological disorder. Findings are discussed in terms of causality, child resiliency, and potential qualifying factors, such as variations in family disruption. Recommendations are presented regarding method (West &Prinz, 2011).

**12. Children Affected By Their Parent's Substance Abuse**

The aim of this study is to discover the behavioral, emotional, and physical effects that children experience as a result of growing up with substance abusive parents. including the long-term effects and life-long struggles that children endure as a result of their parent's substance abuse issues.

The result shows that emotionally, children may have difficulty focusing or getting good grades in school due to the stress that they experience from the conflicts and tensions at home. Children of substance abusive parents tend to blame themselves for their parent's overall drug abuse, thinking that they are not good enough and force their parents to use drugs. The children develop stress-related health problems like gastrointestinal disorders, headaches, migraines, or asthma, causing them to miss school. A child whose parent's substance abuse causes neglect might become injured because of failure to adequately child-proof the house or because of inadequate supervision, or even lack immunization. In addition, children may suffer from post-traumatic stress syndrome, with the same kinds of sleep disturbances, flashbacks, anxiety, and depression that are associated with victims of war crimes. These children are not only frightened for their own well-being, but they also harbor the all-too-real concern that their parent may get sick or die as a result of the drinking or drug use (Rebecca ,2010).

**13. The long-term consequences of parental alcohol abuse**

Christoffersen and Soothill (2003) conducted this study under the title "The long-term consequences of parental alcohol abuse" to consider whether parents' abuse of alcohol and drugs has an impact on children during their formative years.

The research is based on data from 84,765 children born in Denmark in 1966. These children and their parents were followed between 1979 and 1993. Information was analyzed from government registers covering health, education, family separation, suicidal behavior, criminality, and unemployment, using a discrete time Cox-regression model.

Results showed that the parents' alcohol abuse may frame the childhood with parental violence, very high occurrence of family separations, and often foster care. The parental abuse of alcohol and drugs may influence several long-term consequences for their 15- to 27-year-old children such as increased mortality, self-destructive behaviors (e.g.

attempted suicide or drug addiction). Hospitalization due to violence, an increased risk of teenage pregnancy and unemployment were also seen more frequently among cases where the parents were alcohol and drug abusers. Mothers' alcohol and drug abuse seemed to be associated with higher occurrences of all the mentioned disadvantages.

**13. The Relationship between Parental Substance Abuse and the Effects on Young Children**

The Relationship Between Parental Substance-Abuse and the Effects on Young Children was a study led by Lindsey Capaldi (2008) to investigate the implications of a parents drug use on a young child's life. A review of the literature revealed that a child is severely impacted by their parent's drug and alcohol abuse. Use of drugs or alcohol can deteriorate health, mental, social and emotional issues for a child. The relational study compared children whose parents have a history of drug or alcohol abuse to the children whose parents did not.

The sample was observed in the Head Start setting and consisted of 77 children. The children whose family life did not include substance abuse were compared to the children whose home life had included substance abuse at some time. The findings were that drug and alcohol use by a parent does affect a child in many ways.

This study also implied that poverty and other social issues can affect the way a child grows up as well. The statistics showed that the combination of social issues a child at Head Start may experience has more of an impact than just the substance abuse of a parent. As an overall example; 45 children in the program with parents who were not substance abusers had health problems and 38 had developmental issues. 14 children whose parents abused drugs or alcohol had health problems and only 13 had developmental issues.

**3.3 Studies About father addiction and child aggression**

**14. Childhood aggression and exposure to violence in the home**

Tina Hotton (2008) tried to explore the effect of witnessing violence in the home on aggressive behavior among children, controlling for other important influences such as parenting practices, community and social support available to the parent and child, child emotional problems, and other socio-demographic factors.

The analysis is based on random samples of children and their primary caregivers interviewed for the National Longitudinal Survey of Children and Youth . These children were 6 to 11 years of age. Finding showed that exposure to violence in the home has a strong association with aggressive behavior among children. Approximately 32% of children who witnessed violence at home are reported to have high aggressive behavior compared with 16% of other children in the sample. Overall, boys showed higher levels of aggressive behavior than did girls, and this is true for those exposed to violence and those who were not.

**15. Parenting styles, drug use. and children's adjustment in families of young adults.**

Kandel (1990) examined the relationship between previous and current drug use and parenting styles. Using a longitudinal cohort design, a representative sample of 1222 adolescents, mostly female, in New York public high schools, were followed from age 15-16 to young parenthood (age 28-29).

The focus was on the oldest child of 2 years or above. It was expected that a history of drug use would be associated with a lack of parental monitoring, low warmth, and higher levels of conflict between parents, and that children in these families would be more likely to have behavioral problems (especially in relation to obedience/control) than children whose parents did not have a history of drug use. In fact, few statistically significant relationships were found. For mothers, the relationships were in the expected direction, with poorer parenting; lack of monitoring, low levels of warmth increasing with greater drug involvement. For fathers, involvement with drugs was in some cases associated with reports of positive parenting, and especially to a decrease in punitive discipline and to greater involvement in activities with the child. In another study involving fathers, Tarter and his colleagues (1993) studied disciplinary practices with 10-12-year-old boys (N = 46) whose fathers were substance abusers, though some were alcohol rather than drug users. The overall quality of parental discipline provided in families of substance abusers was poorer than that in a control group. Although there were no differences in terms of consistency and severity of punishment, discipline was less effective.

**16. Family factors in adolescent alcohol and drug abuse**

Family structure, parental socialization practices and peer involvement were examined by Barnes and Windle (1997). For their influence on alcohol-related problems, illicit drug use and other deviant behavior among a high school sample of adolescents. Parental support, specific parental guidelines for adolescent behaviors and parental attitudes toward drinking were found to be significant predictors of all three problem behavior outcomes. Conflict between parent and peer attitudes also were found to have a significant impact on substance abuse and other problem behaviors.

**17. Examining the relationship between parental psychological aggression, parental neglect, and substance abuse in young adults**

The purpose of Natalie, Loma and Cindy (2009) of the present study was to evaluate the relationship between various forms of parental psychological aggression and neglect experienced in childhood and substance abuse problems as reported by college students. Participants included 227 college students (46% male; 54% female) enrolled in a private, liberal arts college (M age = 20.29). Participants completed the Parent-Child Conflict Tactics Scale ,the Psychological Maltreatment Experience Scale , and the Substance Abuse Subtle Screening Inventory (SASSI-3).

Results indicated significant positive correlations between several measures of parental psychological and physical aggression and subscales of the SASSI-3, although specific patterns varied for males and females. Results also indicated that measures of neglectful parenting behaviors were significantly positively correlated with SASSI-3 scores, for males but not females. Multiple regression analyses indicated that after controlling for parental physical aggression, parental psychological aggression emerged as the only variable uniquely predictive of substance abuse. The findings of the current study suggest that for females, exploitive parental behaviors predicted self-identified alcoholism and substance abuse problems while for males, various forms of psychological aggression such as verbal abuse, attacks on self-worth, and minimization/isolation predicted self-identified substance abuse problems as well as symptoms and obvious attributes of substance abuse users.

**18. The impact of exposure to domestic violence on children and young people**

The Objective of Stephanie, Helen and Sadhbh (2006) in this article is to review the literature concerning the impact of exposure to domestic violence on the health and developmental well-being of children and young people. Impact is explored across four separate yet inter-related domains (domestic violence exposure and child abuse; impact on parental capacity; impact on child and adolescent development; and exposure to additional varsities with potential outcomes and key messages concerning best practice responses to children's needs highlighted. A comprehensive search of identified databases was conducted within an 11-year framework (1995–2006). This yielded a vast literature which was selectively organized and analyzed according to the four domains identified above. This review finds that children and adolescents living with domestic violence are at increased risk of experiencing emotional, physical and sexual abuse, of developing emotional and behavioral problems and of increased exposure to the presence of other adversities in their lives. It also highlights a range of protective factors that can mitigate against this impact, in particular a strong relationship with and attachment to a caring adult, usually the mother.

**19. The effect of cocaine abuse on birth weight and gestational age**

In the same concern, Chouteau , Namerow and Leppert (1998) conducted a retrospective study of 343 women who lacked prenatal care was conducted to ascertain the effect of recent cocaine abuse on birth weight and gestational age. All pregnant women admitted in labor to a large urban teaching hospital between January 1 and December 31, 1996 who had not received prenatal care was included. The charts of these women were evaluated to obtain information about medical and obstetric complications of pregnancy, labor and delivery, and birth weight and gestational age of the infant. Information about drug use was obtained by urine toxicology at the time of admission. Results of ordinary least-squares multiple regression analyses indicated cocaine abuse to be a significant predictor of low birth weight and early gestational age. No correlation was found between cocaine abuse and abruption placentae or maternal hypertension.

**20. The health and development of children whose mothers are on methadone maintenance.**

The present study by Burns, O'Driscoll & Wason (1996) investigated the health and development of a group of children aged 3-7 years born to and reared by mothers who abused opiates when pregnant and who remain on methadone maintenance was compared to a group of age and socially matched control children. There was no difference between the two groups in terms of health and development although the children whose mothers were on methadone had smaller head circumference measurements than the controls. More than half of the index children had been on the child protection registers during infancy; all but one were off the register at the time of the study. The results suggest that drug-abusing women who are on methadone maintenance and attending a drug dependency unit may rear and care for their children as well as parents from a similar social background who are not drug abusers.

**21. Psychopathology among offspring of parents with substance abuse and/or anxiety disorders**

Merikangas, Dierker and Szatmari (1998) examined the Psychopathology among offspring of parents with substance abuse and/or anxiety disorders. The Participants in the study were 192 children (mean age 12 y, 51% boys) of 123 white parents (mean age 39 y). There were 77 children of 52 parents with substance abuse disorders, 58 children of 36 parents with anxiety disorders, and 57 children of 35 parents with no history of psychiatric disorders (control group parents). Parents were recruited from alcohol, drug, anxiety, and general treatment settings or by a random procedure. Exclusion criteria were organic mental impairment, schizoaffective disorder, or schizophrenia. Both parents of each child were independently interviewed for substance abuse and anxiety disorders using the Schedule for Affective Disorders and Schizophrenia, modified to include criteria from the Diagnostic and Statistical Manual of Mental Disorders 3rd edition.

The result showed that Children of parents with substance abuse disorders had higher rates of conduct disorder than children of parents with anxiety disorders or with no psychiatric history, and lower overall functioning scores than children of parents with no psychiatric history ($p<0.01$). Children of parents with substance abuse disorders and children of parents with anxiety disorders had higher rates of smoking than children of parents with no psychiatric history. Rate of drug use was highest in children of parents with substance abuse disorders, lower in children of parents with anxiety disorders and lowest in children of control group parents; and a similar non-significant trend was shown for the rate of alcohol use.

This paper reports the results of a high-risk study of children under age 18 of parents who served as propends in a family study of co morbidity of substance abuse and anxiety disorders. There was a strong degree of specificity of familial aggregation of both the anxiety disorders and substance disorders. Rates of conduct disorder and depression were elevated among offspring of all affected parents. Inclusion of co-parent disorders in the evaluation of familial transmission in the present study strengthened the findings regarding the specificity of transmission of the anxiety disorders and the links between both parental substance abuse and antisocial personality with child conduct disorder.

**22. The adulthood adjustment of offspring of parents with drinking problems**

Velleman & Oxford (1993) conducted a study titled as "The adulthood adjustment of offspring of parents with drinking problems ".The sample was One hundred and sixty-four 16-35-year-old offspring of parents with drinking problems, recruited from a variety of clinical and community sources were compared with 80 respondents of similar ages from similar sources who did not have parents with drinking problems. Each was interviewed using a semi-structured interview. Adult adjustment was similar in the two groups, but the offspring of parents with drinking problems did report considerably more disharmony in their families of origin, and many more childhood difficulties. Factor analysis of the adult adjustment data for the samples combined showed four factors which accounted for 41% of the variance; these factors differed little in their effect in the two groups. The groups' reports of the drinking problems of their siblings, however, suggests that this sample might be unrepresentative of the true risk to the children of parents with drinking problems for the development of alcohol-related (although no

other) difficulties in adulthood: 16% of this group reported a sibling with a drink problem and a further 9% were unsure, but only one member of the comparison group reported a sibling with a drink problem, and one was unsure. Path analysis showed that both parental problem drinking and family disharmony are related in complex ways to adjustment difficulties in adulthood. 'Demoralization', the largest of the four factors, was particularly related to disharmony in the family of origin: in the absence of disharmony, offspring versus comparison status was negatively correlated to demoralization in adulthood.

## 3.4 Comment on the previous studies:

From the previous studies the researcher derived that most of the study deals with children of addicted father psychological problems as a whole in general and not study the anxiety or aggression level in specific as in the study of Clark et al (2004) which result indicate that specific parent-child transmission for childhood psychopathology.

Also in the study of Kelly and Fals-Stewart (2004) the result showed that children with drug addicted father experience life time psychiatric disorder and more negative behaviors in general, one on these behavior may be anxiety.

In the study of Beyer (2008) he study the relationship between the level of drug use and the anxiety level. Also in the study of West & Prinz (1987) show that there high lightened incidence of a child symptoms of psychopathology related to parental alcoholism.

In other hand , impact of substance abuse on level of social adjustment in family members was studied by Hundson et al (2002).

While Merikangas ,Dieker and Szamtmri (1998) resulted that the children of parents with substance abuse disorders had higher rates of conduct disorder than children of parents with anxiety disorders or with no psychiatric history , the conduct disorder here may reflect many psychological symptoms as the aggression. Also there had higher rates of smoking than other children.

Chassin and colleagues (1991) found parental alcoholism to be a significant risk factor for child symptomology and substance use among 10-15 years-old offspring ,with the risk found to be stronger among those offspring of parents with current rather than remitted alcoholism . The alcoholism consider part of substance abuse.

As we read all the studies share in the presence of aggression and anxiety but in different ratio ,the main key in this differences is that talk about general effect on well-being family member as a whole not on the children in specific.

The study derived from the pervious studies many questions that important for building the study tools , as no obvious scale described and related to the study subject.

From pervious study conclude that there is no study in Gaza Strip related to the topic of the study.

The importance of these studies to me is the plan of research that all the studies are follow, and also the tools that has been applied in the research.

# Chapter Four

# Methodology

- **Methodology**
- **Population of Study**
- **Sample of the Study**
- **Tool of the Study**
- **Reliability & Validity**
- **Statistical Methods**

# Methodology

In this chapter, the researcher presents the procedures and steps that were used in the study, also explains and clarifies methodology of the study, population of the study, selecting the sample of the study, tools and statistical methods that are used in the data analysis to get the results and the findings.

## 4.1 Hypotheses of the Study:

- There are no statistical significant differences in aggression level due to gender.
- There are no statistical significant differences in anxiety level due to gender.
- There are no statistical significant differences in aggression level due to school type.
- There are no statistical significant differences in anxiety level due to school type.
- There are no statistical significant differences in aggression level due to governorate.
- There are no statistical significant differences in anxiety level due to governorate.
- There are no statistical significant differences in aggression level due to father education level.
- There are no statistical significant differences in differences in anxiety level due to father education level.
- There are no statistical significant differences in aggression level due to mother education level.
- There are no statistical significant differences in anxiety level due to mother education level.
- There are no statistical significant differences in aggression level due to economic level.
- There are no statistical significant differences in anxiety level due to economic level.
- There are no statistical significant differences in aggression level due to academic achievement level.
- There are no statistical significant differences in anxiety level due to academic achievement level.
- There are no statistical significant differences in aggression level due to child order in family.
- There are no statistical significant differences in anxiety level due to child order in family.
- There are no statistical significant differences in aggression level due to family size.
- There are no statistical significant differences in the relation between the degrees of both measurement aggression and anxiety among children of substance-abused dependent father in Gaza strip.

## 4.2 Methodology

The researchers used the analytical descriptive approach that tries to answer the basic question and analyze the phenomenon, its nature and environment, explains the relationship between components; the description is about the units, conditions, relationships, categories, ratings, or patterns that already exist. This may include the views and attitudes, as well as the processes included, the effects and directions that emerged, it means that the descriptive approach study how the phenomenon works (Abuhatab & Sadeq, 1991: 104).

## 4.3 The Population of Study

The study population consists of all children who have substance-abused father in Gaza strip, during April 2010 to December 2012. The population of the study was (450) children distributed in each governorate. And the actual sample was (196) but what the researcher can get (110) sample only, this because the substance-abused-abused father was Take-questionnaire and forget retrieved at the time of collection of questionnaires.

## 4.4 The Pilot sample of the study

A pilot sample was chosen randomly that equals (30) of children who have substance-abused-abused father in Gaza strip.

### 4.4.1 The Overall sample of study

The study sample was chosen to be totally (110) of children who have substance-abused-abused father in Gaza strip, based on the proportion of chosen children in each region, noticed that varieties of age and qualification. The demographic characteristics of the sample are shown as follows:

### 4.4.2 Demographic characteristics of the study sample

In order to figure out the features of the sample, frequencies and percentages were calculated for each of the demographic characteristics, related results are shown as follows:

**Table (1): Demographic characteristics of the study sample (N=110)**

| The variable | Category | N | % |
|---|---|---|---|
| Gender | male | 65 | 60.2 |
| | female | 43 | 39.8 |
| | Total | 108 | 100.0 |
| School type | governmental school | 46 | 45.5 |
| | UNRWA | 50 | 49.5 |
| | Other | 5 | 5.0 |
| | Total | 101 | 100.0 |
| Governorate | North | 29 | 26.3 |
| | Gaza | 65 | 59.0 |
| | Middle zone | 8 | 0.72 |
| | South | 8 | 0.72 |

| | | | |
|---|---|---|---|
| | **Total** | 110 | 100.0 |
| **Level of father's education** | **Before secondary** | 71 | 68.3 |
| | **secondary** | 27 | 26.0 |
| | **universal** | 6 | 5.8 |
| | **Total** | 104 | 100.0 |
| **Level of mother's education** | **Before secondary** | 79 | 79.0 |
| | **secondary** | 14 | 14.0 |
| | **universal** | 7 | 7.0 |
| | **Total** | 100 | 100.0 |
| **Economic level** | **Less than 1000 Nis** | 89 | 89.0 |
| | **-10002000 Nis** | 6 | 6.0 |
| | **More than 2000 Nis** | 5 | 5.0 |
| | **Total** | 100 | 100.0 |
| **Academic achievement level** | **91% and more** | 10 | 9.9 |
| | **81%- 90%** | 15 | 14.9 |
| | **%71- 80%** | 29 | 28.7 |
| | **Less than 70%** | 47 | 46.5 |
| | **Total** | 101 | 100.0 |
| **Child order in family** | **First** | 27 | 26.2 |
| | **Middle** | 54 | 52.4 |
| | **Last** | 22 | 21.4 |
| | **Total** | 103 | 100.0 |
| **Family size** | **1-4** | 12 | 11.5 |
| | **5-8** | 41 | 39.4 |
| | **more than 8** | 51 | 49.0 |
| | **Total** | 104 | 100.0 |

## From the previous table:

- **Gender:** most of the sample was males 60.2%, and the left 39.8% were females.
- **School type:** majority of the sample were in UNRWA school 49.5%, 45.5% were in governmental school, and the least were in other type of school 5.0%.
- **Governorate:** Most of the samples were living in Gaza 63.7%, 28.4% were living in North governorate, and 7.8% were living in middle zone governorate.
- **Level of father's education:** most of the sample their father have before secondary school certificate 68.3%, 26.0% their father have secondary school certificate, and only 5,8% their father have university degree .
- **Level of mother's education:** most of the sample their mother have before secondary school certificate 79.0%, 14.0% their mother have secondary school certificate, and only 7.0% their mother have university degree.
- **Economic level (monthly income)**: most of the sample their monthly income were less than 1000 Nis 89.0%, only 6.0% their income were between 1000- 2000 Nis, and 5.0% their income were more than 2000 Nis.

- **Academic achievement level**: (46.5%) of the sample their average were less than 70%, (28.7%) of the sample their average were between 71% - 80%, (14.9%) of the sample their average were between 81%- 90%, and (9.9%) their average were 90% and more.
- **Child order in family**: most of the sample their order in family were the middle 52.4%, 26.2% their order were the first, and 21.4% they were the last.
- **Family size:** 49.0% of the sample their family size were more than 8, 39.4% their family size were between 4-8, and 11.5% of the sample their family size were 1-4.

## 4.5 Sampling method

The researcher selected the study sample by using stratified random sampling method. The researcher selected the sample from Gaza strip psychiatric hospital according to the geographical distribution. The researcher took in to consideration to select all children randomly and to ensure confidentiality of data .

## 4.6 Period of the study

The study performed During April 2010 to December 2012, the researcher wrote the literature, their knowledge regarding the management of control substance-abused. Statistical analysis was carried during October 2010 and thesis writing was completed during April 2010 to December 2012. . The estimate duration of the study approximately 2 years.

## 4.7 Place of study

The study is designed to be performed among children who have substance-abused-abused father in Gaza strip psychiatric hospital according to the geographical distribution.

## 4.8 Eligibility criteria

### 4.8.1 Inclusion criteria

The inclusion criteria of the study were male and female children who have substance-abused-abused father in Gaza strip aged 13 -18 years, at the time of gathering data of the study, these are the most eligible teachers to be chosen as sample units of the study.

### 4.8.2 Exclusion criteria

There were no significant excluding criteria in this study except:

Children who have substance-abused-abused father in Gaza strip and their age less than 13 and more than 18 years. A single Substance-abused abused patient, and substance-abused abused patient that married and don't have any children.

## 4.9 Ethical considerations

The ethical consideration and procedures are very important conditions in applying the research, where all of the ethical procedures have to be followed perfectly without ignorance any of them; some of these important ethical procedures are:
Consent forms were obtained from families. The family consent form was required for inclusion in the study. That was always informed about the Characteristics of the study, its non-invasiveness, and the usefulness of the achieved results.

Every subject in the study will have an explanatory letter about the study, the researcher explained to all families that, participation is optional and emphasis confidentiality, ethical concept, respect for trust, and respect for people have been considered.

## 4.10 Pilot study

Pilot study was conducted before the real data collection in order to make modification. , and it was selected to apply the measure on them to know how it is applicable in the Palestinian environment, also for calculating the validity and reliability coefficients of the measure using appropriate statistical methods. Thus 30 participants were included in the pilot study. Few changes were done on questionnaire in cooperation with the supervisor.

### 4.10.1 Data collection tools

Data collection has been performed via interview questionnaire with the children's who have substance-abused-abused father. Where these interviews made for the children below 15 old years to measure the Aggressive for them and this interview performed with the parents to ensure the reliability. While the children who above 15 years the researcher giving questionnaire for children to fill in their homes with their parents and to ensure retrieval questionnaire researcher encourage them by giving them treatments in return. Interviews were performed using the questionnaire to obtain information about knowledge, attitude, practice and socio- demographic factors.

**The following areas were targeted in the questions:**

The children's who have substance-abused abused fathers of: sex, age, Size of family, number of family

### 4.10.2 Procedures of the study

- Researcher has looked at a number of previous studies that related to the main topic of the study in addition to some of the books and references that may serve or help the same purpose to form a concept through the exposure of the theory.
- The Researcher determined the study sample and its original community.
- The Researcher determined the study inquiries regarding the importance of the study and the previous studies.
- The study led to so the recommendations and the suggestions that have been taken in consideration.

In order to conduct a research study, and to get good and fruitful results, one of the most important roles to achieve that mission is to use the most suitable instrument. Several features should be taken in consideration when choosing an instrument;

mainly, the acceptability, applicability, procedural adequacy, reliability, and validity. In the current study, the researcher used the measurement that were design and reformed to meet the goals of the study.

### 4.10.3 The instrument of the study

The questionnaire used in the study is considered as the main instrument to get the data and information about the level of aggression and anxiety at children who have substance-abused-abused father in Gaza strip

- The Socio -Demographic part.
- The part of aggression measurement
- The part of anxiety measurement

**Socio-demographic status (developed by the researcher)**

This was gathered from children by questionnaire includes gender, school type, governorate, level of father's education, level of mother's education, economic level "monthly income of the family", academic achievement level, child order in family, family size.

**Aggression measurement**

This checklist consist of 34 statements covering three different types of aggressive behavior that's may be the children do. This checklist covers the level of aggression at children for three types of aggressive behavior. These types are: aggressive behavior toward self "12 stat", aggressive behavior toward others"12 stat" and aggressive behavior toward property"10 stat, the researcher has used a questionnaire to measure the response to the questionnaire's items as in the following table:

**Table (2) Aggression questionnaire scale**

| Response | Never | Rarely | Some times | Often | Always |
|---|---|---|---|---|---|
| Degree | 0 | 1 | 2 | 3 | 4 |

**anxiety measurement**

This checklist consist of 36 statements covering two different types of anxiety that's may be the children do. This checklist covers the level of anxiety at children for two types of anxiety disorders. These types are: physical disorders resulting from anxiety "21 stat", and psychological disorders resulting from anxiety"15 stat", the researcher has used a questionnaire to measure the response to the questionnaire's items as in the following table:

**Table (3) Anxiety questionnaire scale**

| Response | Never | Rarely | Some times | Often | Always |
|---|---|---|---|---|---|
| Degree | 0 | 1 | 2 | 3 | 4 |

### 4.11.1 Reliability and Validity of the first Measure "Aggressive behavior

#### 4.11.1.1 Validity of the Measure

The Validity of the measure "**Aggressive behavior**" was calculated shown as follows:

**Internal Consistency**

The internal consistency is the second statistical test that used to test the validity of the test. The internal consistency indicates the correlation of the total of each item/ statement with the total degree of the method. It also indicates the correlation of the total of each method with the total of the measure (Al Agha, 2004: 110).

To figure out the internal consistency, the researcher calculated the correlation coefficients between the degree of each dimension and the total degree of the measure, as well as the Pearson's correlation coefficient between the degree of each statement and the total score of its related dimension, all of these are illustrated through the tables in the following:

**Table (4) Correlation coefficients between dimensions of the measure aggressive behavior and the total degree of the measure**

| Nu. | Dimension | Pearson Correlation | p- value |
|---|---|---|---|
| 1- | **Aggressive behavior toward self** | 0.82 | 0.001** |
| 2- | **Aggressive behavior toward others** | 0.89 | 0.001** |
| 3- | **Aggressive behavior toward property** | 0.91 | 0.001** |

** P-value<0.01 * P-value<0.05 // P-value>0.05

The results in the previous table showed that the correlation coefficients for the total of the measure of Aggressive behavior and all its related dimension are to be statistically significant correlated at a level of significance (p-value < 0.01), the correlation coefficients of the total measure and the dimensions are ranging between (0.82 - 0.91), this gives a clear evidence that the researcher can be sure how appropriate is the measure to be applied onto the total sample of the study.

As the scale of aggressive behavior has three dimensions, correlation coefficients have been computed between the statements of each of the three dimensions and the total score for each dimension separately, this can be seen in the following tables:

**Table (5) shows the Correlation coefficients between statements of the dimension aggressive behavior toward self and the total degree of the dimension**

| No. | Statements | Pearson Correlation | p- value |
|---|---|---|---|
| 1 | Pull my hear and scrabble myself | 0.74 | 0.001** |
| 2 | Hit my head at wall when I get angry | 0.78 | 0.001** |
| 3 | Cut my clothes when I get angry | 0.72 | 0.001** |
| 4 | Bite my fingers when I get angry | 0.73 | 0.001** |
| 5 | Hurt my body a dangerous wounds | 0.76 | 0.001** |
| 6 | Cauterize my body by Cigarettes or fire | 0.64 | 0.001** |
| 7 | Easily get angry | 0.53 | 0.001** |
| 8 | Hit my face when I get angry | 0.77 | 0.001** |
| 9 | Try to commit suicide | 0.66 | 0.001** |
| 10 | Cut my books which I study by | 0.74 | 0.001** |
| 11 | Cry and shouting severely | 0.63 | 0.001** |
| 12 | Threat by violence against myself | 0.59 | 0.001** |

** P-value<0.01 * P-value<0.05 // P-value>0.05

The results of the previous table showed that the total dimensions (Aggressive behavior toward self) have very high correlation coefficients with each of its related statements, the significance was within a level less than 0.01, Pearson's correlation coefficients were ranging between (0.53 -0.78), and this indicates that the dimensions (Aggressive behavior toward self) and its related statements have a very high amount of validity.

**Table (6) shows the Correlation coefficients between statements of the dimension aggressive behavior toward others and the total degree of the dimension**

| Nu. | Statements | Pearson Correlation | p- value |
|---|---|---|---|
| 13 | Insulted others without reason | 0.74 | 0.001** |
| 14 | Hit people and quarreled with them | 0.75 | 0.001** |
| 15 | Assaulted others by wink and … | 0.73 | 0.001** |
| 16 | Force my opinion on my brothers | 0.68 | 0.001** |
| 17 | Mock from others | 0.75 | 0.001** |
| 18 | Can't stand difference of opinion with others | 0.67 | 0.001** |
| 19 | Cut my colleagues books | 0.64 | 0.001** |
| 20 | Break my colleagues toys when I play with them | 0.62 | 0.001** |
| 21 | Destroy the property of others | 0.73 | 0.001** |
| 22 | I try rhythm among others | 0.68 | 0.001** |
| 23 | Treat with other severely | 0.57 | 0.001** |
| 24 | Use bad words against others | 0.77 | 0.001** |

**P-value * 0.01>P-value // 0.05>P-value0.05<

The results of the previous table showed that the total dimensions (Aggressive behavior toward others) have very high correlation coefficients with each of its related

statements, the significance was within a level less than 0.01, Pearson's correlation coefficients were ranging between (0.57 - 0.77), and this indicates that the dimensions (Aggressive behavior toward others) and its related statements have a very high amount of validity.

**Table (7) shows the Correlation coefficients between statements of the dimension aggressive behavior toward property and the total degree of the dimension**

| Nu. | Statements | Pearson Correlation | p- value |
|---|---|---|---|
| 25 | Break the furniture and throw it | 0.71 | 0.001** |
| 26 | Mean to break other's property | 0.69 | 0.001** |
| 27 | Break class windows | 0.81 | 0.001** |
| 28 | Ignites fire without reason | 0.77 | 0.001** |
| 29 | Urinate on the floor | 0.28 | 0.087// |
| 30 | destroy school hydrants | 0.87 | 0.001** |
| 31 | scrabbles on the walls | 0.78 | 0.001** |
| 32 | Smack the class door strongly | 0.69 | 0.001** |
| 33 | scrabbles with sharp instruments on the class furnitures. | 0.79 | 0.001** |
| 34 | Cut electricity cables | 0.75 | 0.001** |

** P-value<0.01 * P-value<0.05 // P-value>0.05

The results of the previous table showed that the total dimensions (Aggressive behavior toward property) have very high correlation coefficients with each of its related statements, the significance was within a level less than 0.01, Pearson's correlation coefficients were ranging between (0.69 - 0.87), and this indicates that the dimensions (Aggressive behavior toward others) and its related statements have a very high amount of validity. Except statement (29) which appeared to be not statistically significant (p-value>0.05), and therefore it should be deleted from the dimensions and the whole measure.

### 4.10.4.2 Reliability of the measure

The measure is said to be reliable when it gives the same results if it is reapplied in the same conditions on the same sample. (Richard, 2004). The reliability can be measured by both ways: Alpha Cronbach's and the Spilt- half techniques.

- **Cronbach's alpha**

To calculate the reliability of the test, the researcher used the following two methods:

$$\alpha = \frac{K}{K-1}\left(1 - \frac{\sum_{i=1}^{K}\sigma_{Y_i}^2}{\sigma_X^2}\right)$$

- **Cronbach's Coefficient Alpha**

The researcher calculated the reliability of the test by using Alpha Cronbach's formula, (K) is the number of items of the test, (σ2χ) is the variance of the total test marks where (σ2Y í) is the component of the test and (í) is sample questions of the test (Cronbach's and Richard, 2004). The normal range of Cronbach's coefficient alpha value between (0.0 and 1.0), and the higher values reflects a higher degree of internal consistency.

The researcher found the reliability of the overall measure aggressive behavior by calculating the Cronbach's alpha coefficient (Nu. of items = 33); where the value of alpha = (0.98), and this indicates strongly that the measure has a high reliability amount, While the Cronbach's alpha coefficient coefficients for the three dimensions of the measure were ranging in between (0.95 - 0.96), and this implies that both the whole measure and the related dimensions have a high reliability, which meets the requirements of applying the measure on the sample of the study. The following table shows the related details:

**Table (8) Cronbach's alpha values for the measure aggressive behavior and its dimension**

| No. | Dimension | Item | Cronbach's alpha |
|---|---|---|---|
| **1** | **Aggressive behavior toward self** | 12 | 0.95 |
| **2** | **Aggressive behavior toward others** | 12 | 0.96 |
| **3** | **Aggressive behavior toward property** | 9 | 0.95 |
| **Total** | | 33 | 0.98 |

- **Split half method**

The researcher calculated the reliability of the aggressive behavior measure by using split half method as another way to test the reliability, this method works by dividing the whole test items into two parts, then the correlation coefficients between the sum of items for the first part and the sum of items for the second part were calculated, Pearson's correlation coefficient for the whole measure was (0.96), and the Spearman-Brown formula was (0.98), this indicates that the test has a high degree of reliability, the following table shows the correlation coefficient and Spearman-Brown values of the whole questionnaire and its dimensions.

**Table (9) Constancy coefficient using half-split for the measure aggressive behavior and it's dimension**

| Nu. | Diemontion | Person Correlation | *Spilt- half* |
|---|---|---|---|
| **1** | **Aggressive behavior toward self** | 0.85 | 0.92 |
| **2** | **Aggressive behavior toward others** | 0.86 | 0.93 |
| **3** | **Aggressive behavior toward property** | 0.86 | 0.93 |
| **Total** | | 0.96 | 0.98 |

### 4.10.5 Reliability and Validity of the first Measure "Anxiety behavior

#### 4.10.5.1 Validity of the Measure

The Validity of the measure "**Anxiety**" was calculated shown as follows:

**Internal Consistency**

The internal consistency is the second statistical test that used to test the validity of the test. The internal consistency indicates the correlation of the total of each item/ statement with the total degree of the method. It also indicates the correlation of the total of each method with the total of the measure (Al Agha, 2004: 110).

To figure out the internal consistency, the researcher calculated the correlation coefficients between the degree of each dimension and the total degree of the measure, as well as the Pearson's correlation coefficient between the degree of each statement and the total score of its related dimention, all of these are illustrated through the tables in the following:

**Table (10) Correlation coefficients between dimensions of the measure anxiety and the total degree of the measure**

| Nu. | Dimension | Pearson Correlation | p- value |
|---|---|---|---|
| 1 | **physical disorders resulting from anxiety** | 0.88 | 0.001** |
| 2 | **psychological disorders resulting from anxiety** | 0.54 | 0.001** |

The results in the previous table showed that the correlation coefficients for the total of the measure of Aggressive behavior and all its related dimension are to be statistically significant correlated at a level of significance (p-value < 0.01), the correlation coefficients of the total measure and the dimension are ranging between (0.54 - 0.88), this gives a clear evidence that the researcher can be sure how appropriate is the measure to be applied onto the total sample of the study.

As the scale of anxiety has three dimensions, correlation coefficients have been computed between the statements of each of two dimensions and the total score for each dimension separately, this can be seen in the following tables:

**Table (11) shows the Correlation coefficients between statements of the dimension physical disorders resulted from anxiety and the total degree of the dimension**

| No. | Statement | Pearson Correlation | p- value |
|---|---|---|---|
| 1 | Pull my hear and scrabble myself | 0.49 | 0.001** |
| 2 | Hit my head at wall when I get angry | 0.55 | 0.001** |
| 3 | Cut my clothes when I get angry | 0.51 | 0.001** |
| 4 | Bite my fingers when I get angry | 0.33 | 0.035* |
| 5 | Hurt my body a dangerous wounds | 0.20 | 0.191\\ |
| 6 | Cauterize my body by Cigarettes or fire | 0.48 | 0.001** |
| 7 | Easily get angry | 0.55 | 0.001** |
| 8 | Hit my face when I get angry | 0.48 | 0.001** |
| 9 | Try to commit suicide | 0.47 | 0.003** |
| 10 | Cut my books which I study by | 0.58 | 0.001** |
| 11 | Cry and shouting severely | 0.33 | 0.053\\ |
| 12 | Threat by violence against myself | 0.54 | 0.001** |
| 13 | Insulted others without reason | -0.13 | 0.435\\ |
| 14 | Hit people and quarreled with them | 0.56 | 0.001** |
| 15 | Assaulted others by wink and … | 0.57 | 0.001** |
| 16 | Force my opinion on my brothers | -0.10 | 0.546\\ |
| 17 | Mock from others | 0.67 | 0.001** |
| 18 | Can't stand difference of opinion with others | 0.05 | 0.791\\ |
| 19 | Cut my colleagues books | 0.69 | 0.001** |
| 20 | Break my colleagues toys when I play with them | 0.59 | 0.001** |
| 21 | Destroy the property of others | 0.40 | 0.001** |

The results of the previous table showed that the total dimensions (physical disorders resulted from anxiety) have very high correlation coefficients with each of its related statements, the significance was within a level less than 0.01, Pearson's correlation coefficients were ranging between (0.33 - 0.69), and this indicates that the dimensions (physical disorders resulted from anxiety) and its related statements have a very high amount of validity. Except statement (5, 11, 13, 16, 18) which appeared to be not statistically significant (p-value>0.05), and therefore it should be deleted from the dimensions and the whole measure.

**Table (12) shows the Correlation coefficients between statements of the dimension psychological disorders resulted from anxiety and the total degree of the dimension**

| No. | Statement | Pearson Correlation | p- value |
|---|---|---|---|
| 22 | Erupts for trivial reasons | 0.74 | 0.001** |
| 23 | I cannot control an anxiety | 0.78 | 0.001** |
| 24 | I cannot see positive attitudes | 0.60 | 0.001** |
| 25 | Bothered and quickly became agitated | 0.77 | 0.001** |
| 26 | I see things is not concessional | 0.64 | 0.001** |
| 27 | Worried heavily on everything | 0.71 | 0.001** |
| 28 | I feel I am a person without value | 0.75 | 0.001** |
| 29 | I'm scared for no reason | 0.41 | 0.010* |
| 30 | I feel sad and depressed | 0.49 | 0.001** |
| 31 | My actions violent to things | 0.75 | 0.001** |
| 32 | I like to rely on the others | 0.57 | 0.001** |
| 33 | I cannot find anything gives me hope | 0.76 | 0.001** |
| 34 | I have nightmares and bad dreams | 0.42 | 0.007* |
| 35 | I have feeling of tension and nervousness | 0.76 | 0.001** |
| 36 | Is not optimistic to my future | 0.38 | 0.022* |

The results of the previous table showed that the total dimensions (psychological disorders resulted from anxiety) have very high correlation coefficients with each of its related statements, the significance was within a level less than 0.01, Pearson's correlation coefficients were ranging between (0.38- 0.77), and this indicates that the dimensions (psychological disorders resulted from anxiety) and its related statements have a very high amount of validity.

### 4.10.5.2 Reliability of the measure

The measure is said to be reliable when it gives the same results if it is reapplied in the same conditions on the same sample. (Richard, 2004).The reliability can be measured by both ways: Alpha Cronbach's and the Spilt- half techniques.

**Cronbach's alpha**

To calculate the reliability of the test, the researcher used the following two methods:

$$\alpha = \frac{K}{K-1}\left(1 - \frac{\sum_{i=1}^{K}\sigma_{Y_i}^2}{\sigma_X^2}\right)$$

**Cronbach's Coefficient Alpha**

The researcher calculated the reliability of the test by using Alpha Cronbach's formula, (K) is the number of items of the test, (σ2χ) is the variance of the total test marks where (σ2Y ί) is the component of the test and (ί) is sample questions of the test (Cronbach's and Richard, 2004). The normal range of Cronbach's coefficient alpha value between (0.0 and 1.0), and the higher values reflects a higher degree of internal consistency.

The researcher found the reliability of the overall measure anxiety by calculating the Cronbach's alpha coefficient (Nu. of items = 31); where the value of alpha = (0.88), and this indicates strongly that the measure has a high reliability amount, While the Cronbach's alpha coefficient coefficients for the three dimensions of the measure were ranging in between (0.91 - 0.93), and this implies that both the whole measure and the related dimensions have a high reliability, which meets the requirements of applying the measure on the sample of the study. The following table shows the related details:

**Table (13) Cronbach's alpha values for the measure anxiety and its dimension**

| Nu. | Dimension | Item | Cronbach's alpha |
|---|---|---|---|
| 1 | **physical disorders resulting from anxiety** | 16 | 0.91 |
| 2 | **psychological disorders resulting from anxiety** | 15 | 0.93 |
| **Total** | | 31 | 0.88 |

**Split half method**

The researcher calculated the reliability of the anxiety measure by using split half method as another way to test the reliability, this method works by dividing the whole test items into two parts, then the correlation coefficients between the sum of items for the first part and the sum of items for the second part were calculated, Pearson's correlation coefficient for the whole measure was (0.60), and the Spearman-Brown formula was (0.75), this indicates that the test has a high degree of reliability, the following table shows the correlation coefficient and Spearman-Brown values of the whole questionnaire and its dimensions.

**Table (14) Constancy coefficient using half-split for the measure anxiety and it's dimension**

| Nu. | Diemontion | Person Correlation | Spilt-half |
|---|---|---|---|
| 1 | **physical disorders resulting from anxiety** | 0.81 | 0.90 |
| 2 | **psychological disorders resulting from anxiety** | 0.93 | 0.96 |
| **Total** | | 0.60 | 0.75 |

## 4.10 statistical Methods

To answer the study questions and hypotheses, the researchers used the following statistical methods:

- Frequencies and Percentages: these are essentially used to help the researcher to describe the study sample.
- Mean, Standard deviation and percentage mean for describing the dimensions.
- Person's Correlation Coefficients to measure the degree of correlation as well to study the relation between variables.
- Cronbach's alpha coefficient and Split-half coefficient to determine the constancy of questionnaires' items.
- T-Test to determine the difference between the categories of the categorical variables (two categories).
- One-Way ANOVA to study the difference between the categories of the categorical variables (three or more categories).

# Chapter five

# Results & Discussion

- **Results of the Questions**
- **Results of the Hypotheses**
- **Discussion**
- **Recommendations**

## 5.1 Questions of the study

### Answer of the first question

- **What is the level of aggression among children of substance-abused-abused dependent father in Gaza strip?**
- **What is the level of each of the aggressive dimension: Aggressive behavior toward self, Aggressive behavior toward others, and Aggressive behavior toward property among children of substance-abused-abused dependent father in Gaza strip?**

To figure out the level of aggression among children of substance-abused-abused dependent father in Gaza strip, the followings were computed: the percentage weights, means and STD dev. for each single dimension, and the total Aggressive behavior. Related results are shown at the table below:

**Table (15) shows the results of descriptive, and percentage weight for (Aggression) and the related dimension**

| The Dimension | Nu. Stat. | Total degree | Mean | Std. Dev. | Percentage Weight% | Order |
|---|---|---|---|---|---|---|
| **Aggressive behavior toward self** | 12 | 48 | 20.92 | 12.49 | 43.6 | 2 |
| **Aggressive behavior toward other** | 12 | 48 | 21.27 | 14.42 | 44.3 | 1 |
| **Aggressive behavior toward property** | 9 | 36 | 14.31 | 11.22 | 39.8 | 3 |
| **Measurement of aggression** | 33 | 132 | 55.94 | 33.05 | 42.4 | - |

**From the previous table**

For the level of each of the aggression dimension among children of substance-abused-abused dependent father in Gaza strip the results showed that the most common dimension was aggressive behavior toward others with percentage weight equals 44.3%, then comes the dimension of aggressive behavior toward self with percentage weight equals 43.6%, then the aggressive behavior toward self with percentage weight equals 39.8%, and this shows that the sample have moderate degrees of aggression dimension among children of substance-abused dependent father in Gaza strip**.** For the Total the aggression among children of substance-abused-abused dependent father in Gaza strip, the percentage weight was 42.4%, that shows that the sample of children of substance-abused dependent father have slightly moderated amount of the overall aggression. This result reflect that there high aggression level may be due stereotyping their father's behavior as the effect of his drug dependence on family members.

**Answer of the second question**

- **What is the level of anxiety among children of substance-abused dependent father in Gaza strip?**
- **What is the level of each of the anxiety dimension: physical disorders resulting from anxiety, and psychological disorders resulting from anxiety among children substance-abused dependent father in Gaza strip?**

To figure out the level of anxiety among children of substance-abused dependent father in Gaza strip, the followings were computed: the percentage weights, means and standard dev. for each single dimension, and the total Aggressive behavior. Related results are shown at the table below:

**Table (16) shows the results of descriptive, and percentage weight for (Anxiety) and the related dimension**

| The Dimension | Nu. Stat. | Total degree | Mean | Std. Dev. | Percentage Weight% | Order |
|---|---|---|---|---|---|---|
| **physical disorders resulting from anxiety** | 16 | 64 | 38.33 | 12.29 | 59.9 | 1 |
| **psychological disorders resulting from anxiety** | 15 | 60 | 34.75 | 12.80 | 57.9 | 2 |
| **Measurement of Anxiety** | 31 | 124 | 72.58 | 20.88 | 58.5 | - |

**From the previous table**

For the level of each of the anxiety dimension among children of substance-abused dependent father in Gaza strip the results showed that the most common dimension was physical disorders resulting from anxiety with percentage weight equals 59.9%, then comes the dimension of psychological disorders resulting from anxiety with percentage weight equals 57.9%, and this shows that the sample have a high degrees of anxiety disorders among children of substance-abused dependent father in Gaza strip

For the Total the anxiety among children of substance-abused dependent father in Gaza strip, the percentage weight was 58.5%, that shows that the sample of children of substance-abused dependent father have slightly high amount of the overall anxiety. This result indicate that the children may be affected from the environment from which they life as it sometimes full of anxiety feelings.

## 5.2 Hypotheses of the Study

- **There are no statistical significant differences at ($\alpha \leq 0.05$) in aggression and anxiety level due to demographic characteristics of the sample.**

And this hypothesis sub-divided into the following hypotheses:

### 5.2.1 Due to Gender

**First hypothesis**

- **There are no statistical significant differences at ($\alpha \leq 0.05$) in aggression level due to gender.**

To figure out that, the researcher used two independent samples T-Test to figure out the differences between the **aggression levels** of children of substance-abused dependent father in Gaza strip towards the gender (male, female) of the sample.

**Table (17) shows the results of t-test for the differences of the aggression level in terms of gender**

| The Dimension | Male (N=65) | | Female(N=43) | | T-test |
|---|---|---|---|---|---|
| | Mean | Std. Dev. | Mean | Std. Dev. | |
| **Aggressive behavior toward self** | 23.81 | 12.53 | 16.47 | 11.48 | 3.08** |
| **Aggressive behavior toward other** | 24.86 | 13.71 | 15.38 | 13.77 | 3.51** |
| **Aggressive behavior toward property** | 17.63 | 11.46 | 8.92 | 8.68 | 4.49** |
| **Measurement of aggression** | 64.82 | 31.96 | 41.56 | 30.17 | 3.83** |

** P-value<0.01 * P-value<0.05 \\ P-value>0.05

**From the previous table:**

- For the **aggressive behavior toward self**. There were statistical significant differences (t-value=3.08, P-value<0.01) between the means of degrees of aggressive behavior toward self among children of substance-abused dependent father **,** the differences were toward the male children which means that the male children have a degree of aggressive behavior toward self more than female children. The mean of male children for this dimension was 23.8 while for the female was 11.5.
- For the **aggressive behavior toward others** There were statistical significant differences (t-value=3.51, P-value<0.01) between the means of degrees of aggressive behavior toward others among children of substance-abused dependent father **,** the differences were toward the male children which means that the male children have a degree of aggressive behavior toward others more than female children. The mean of male children for this dimension was 24.9 while for the female was 13.8.
- For the **aggressive behavior toward property** There were statistical significant differences (t-value=4.49, P-value<0.01) between the means of degrees of aggressive behavior toward property among children of substance-abused dependent father **,** the differences were toward the male children which means that the male children have a degree of aggressive behavior toward property more than female children. The mean of male children for this dimension was 17.6 while for the female was 8.9.
- For the **measurement aggression** There were statistical significant differences (t-value=3.83, P-value<0.01) between the means of degrees of aggression among children of substance-abused dependent father, the differences were toward the male children which means that the male children have degrees of aggression more than female children. The mean of male children for this dimension was 64.8 while for the female was 30.2.

- The pervious result reflect that a difference related to gender as male experiencing more aggression than female because the male in his nature has aggressiveness more than female as the body built may help them.

**Figure (3) shows the means for the degrees of aggression for males and females**

**Second hypothesis**

- **There are no statistical significant differences at (α≤0.05) in anxiety level due to gender.**

To figure out that, the researcher used two independent samples T-Test to figure out the differences between **anxiety levels** of children of substance-abused dependent father in Gaza strip towards the gender (male, female) of the sample.

**Table (18) shows the results of t-test for the differences of anxiety level in terms of gender**

| The Dimension | Male (N=65) | | Female(N=43) | | T-test |
|---|---|---|---|---|---|
| | Mean | Std. Dev. | Mean | Std. Dev. | |
| **physical disorders resulting from anxiety** | 39.09 | 11.81 | 37.02 | 13.26 | 0.828\\ |
| **psychological disorders resulting from anxiety** | 36.33 | 13.06 | 32.25 | 12.44 | 1.636\\ |
| **Measurement of anxiety** | 75.22 | 19.42 | 68.36 | 22.92 | 1.617\\ |

** P-value<0.01 * P-value<0.05 \\ P-value>0.05

There were no statistical significant differences (P-value>0.05) between the means of the following anxiety dimensions (physical disorders resulting from anxiety, psychological disorders resulting from anxiety) for children of substance-abused dependent father in Gaza strip toward the gender. This means that the children males and females have the same degrees of anxiety. As the anxiety differ from one person to another as a unique trait for each person regardless of the gender, especially because the presence of substance dependent father lead to anxiety .

### 4.8.3 Due to school type

**Third hypothesis**

- **There are no statistical significant differences at (α≤0.05) in aggression level due to school type.**

To figure out that, the researcher used One-way ANOVA test to figure out the differences between the aggression degrees of children of substance-abused dependent father in Gaza strip towards school type Categories (governmental, UNRWA, other).

**Table (19) shows the results of One-way ANOVA for the differences of aggression level in terms of school type**

| The Dimension | Groups | Sum of Squares | df | Mean Square | F | Sig. |
|---|---|---|---|---|---|---|
| **Aggressive behavior toward self** | Between Groups | 489.6 | 2 | 244.8 | 1.608 | 0.206\\ |
| | Within Groups | 14917.4 | 98 | 152.2 | | |
| | Total | 15406.1 | 100 | | | |
| **Aggressive behavior toward other** | Between Groups | 133.3 | 2 | 66.6 | 0.334 | 0.717\\ |
| | Within Groups | 19565.7 | 98 | 199.7 | | |
| | Total | 19698.1 | 100 | | | |
| **Aggressive behavior toward property** | Between Groups | 48.0 | 2 | 24.0 | 0.205 | 0.815\\ |
| | Within Groups | 11486.7 | 98 | 117.2 | | |
| | Total | 11534.7 | 100 | | | |
| **Measurement of aggression** | Between Groups | 1576.0 | 2 | 788.0 | 0.759 | 0.471\\ |
| | Within Groups | 101708.3 | 98 | 1037.8 | | |
| | Total | 103284.3 | 100 | | | |

** P-value<0.01 * P-value<0.05 \\ P-value>0.05

The previous table shows that there were no significant differences (P-value>0.05) between the means of the following aggression dimensions: (Aggressive behavior toward self, Aggressive behavior toward others, Aggressive behavior toward property), of children of substance-abused dependent father in Gaza strip towards school type Categories (governmental, UNRWA, other), which means that persons from all school type have the same degrees of the dimensions of aggression.

**Fourth hypothesis**

- **There are no statistical significant differences at (α≤0.05) in anxiety level due to school type.**

To figure out that, the researcher used One-way ANOVA test to figure out the differences between the anxiety degrees of children of substance-abused dependent father in Gaza strip towards school type Categories (governmental, UNRWA, other).

**Table (20) shows the results of One-way ANOVA for the differences of anxiety level in terms of school type**

| The Dimension | Groups | Sum of Squares | df | Mean Square | F | Sig. |
|---|---|---|---|---|---|---|
| **physical disorders resulting from anxiety** | Between Groups | 19.6 | 2 | 9.8 | 0.061 | 0.941\\ |
| | Within Groups | 15646.1 | 98 | 159.7 | | |
| | Total | 15665.7 | 100 | | | |
| **psychological disorders resulting from anxiety** | Between Groups | 521.1 | 2 | 260.6 | 1.575 | 0.212\\ |
| | Within Groups | 16210.7 | 98 | 165.4 | | |
| | Total | 16731.7 | 100 | | | |
| **disorders resulting from anxiety** | Between Groups | 236.8 | 2 | 118.4 | 0.265 | 0.768\\ |
| | Within Groups | 43772.6 | 98 | 446.7 | | |
| | Total | 44009.3 | 100 | | | |

** P-value<0.01 * P-value<0.05 \\ P-value>0.05

The previous table shows that there were no significant differences (P-value>0.05) between the means of the following anxiety dimensions (physical disorders resulting from anxiety, psychological disorders resulting from anxiety), of children of substance-abused dependent father in Gaza strip towards school type Categories (governmental, UNRWA, other), which means that persons from all school type have the same degrees of the dimensions of anxiety due to the presence of substance dependent father**.**

### 5.2.3 Due to governorate

**Fifth hypothesis**

- **There are no statistical significant differences at (α≤0.05) in aggression level due to governorate.**

To figure out that, the researcher used One-way ANOVA test to figure out the differences between the aggression degrees of children of substance-abused-abused dependent father in Gaza strip towards governorate Categories (North, Gaza, Middle zone, South).

**Table (21) shows the results of One-way ANOVA for the differences of aggression level in terms of governorate**

| The Dimension | Groups | Sum of Squares | df | Mean Square | F | Sig. |
|---|---|---|---|---|---|---|
| **Aggressive behavior toward self** | Between Groups | 502.1 | 2 | 251.0 | 1.607 | 0.206\\ |
| | Within Groups | 15463.4 | 99 | 156.2 | | |
| | Total | 15965.5 | 101 | | | |
| **Aggressive behavior toward other** | Between Groups | 592.0 | 2 | 296.0 | 1.477 | 0.233\\ |
| | Within Groups | 19840.1 | 99 | 200.4 | | |
| | Total | 20432.2 | 101 | | | |
| **Aggressive behavior toward property** | Between Groups | 287.7 | 2 | 143.8 | 1.132 | 0.326\\ |
| | Within Groups | 12575.0 | 99 | 127.0 | | |
| | Total | | 101 | | | |
| **Measurement of aggression** | Between Groups | 12862.7 | 2 | 1897.9 | 1.765 | 0.177\\ |
| | Within Groups | 3795.8 | 99 | 1075.6 | | |
| | Total | 106480.3 | 101 | | | |

** P-value<0.01 * P-value<0.05 \\ P-value>0.05

The previous table shows that there were no significant differences (P-value>0.05) between the means of the following aggression dimensions: (Aggressive behavior toward self, Aggressive behavior toward others, Aggressive behavior toward property), of children of substance-abused-abused dependent father in Gaza strip towards governorate Categories (North, Gaza, Middle zone, South), which means that persons from all governorate have the same degrees of the dimensions of aggression. The researcher interpret this result that the children in Gaza Strip live the same social level and the experience of drug dependence is similar for the most of them regardless of the area they live.

**Sixth hypothesis**

- **There are no statistical significant differences at (α≤0.05) in anxiety level due to governorate.**

To figure out that, the researcher used One-way ANOVA test to figure out the differences between the anxiety degrees of children of substance-abused-abused dependent father in Gaza strip towards governorate Categories ((North, Gaza, Middle zone, South).

**Table (22) shows the results of One-way ANOVA for the differences of anxiety level in terms of governorate**

| The Dimension | Groups | Sum of Squares | df | Mean Square | F | Sig. |
|---|---|---|---|---|---|---|
| **physical disorders resulting from anxiety** | Between Groups | 497.0 | 2 | 248.5 | 1.587 | 0.210\\ |
| | Within Groups | 15504.8 | 99 | 156.6 | | |
| | Total | 16001.8 | 101 | | | |
| **psychological disorders resulting from anxiety** | Between Groups | 225.4 | 2 | 112.7 | 0.656 | 0.521\\ |
| | Within Groups | 17002.9 | 99 | 171.7 | | |
| | Total | 17228.3 | 101 | | | |
| **Measurement of anxiety** | Between Groups | 2501.6 | 2 | 1250.8 | 2.845 | 0.063\\ |
| | Within Groups | 43531.0 | 99 | 439.7 | | |
| | Total | 46032.6 | 101 | | | |

The previous table shows that there were no significant differences (P-value>0.05) between the means of the following anxiety dimensions (physical disorders resulting from anxiety, psychological disorders resulting from anxiety), of children of substance-abused-abused dependent father in Gaza strip towards governorate Categories (North, Gaza, Middle zone, South), which means that persons from all governorate have the same degrees of the dimensions of anxiety. The researcher interpret this result that the children in Gaza Strip live the same social level and the experience of drug dependence is similar for the most of them regardless of the area they live.

### 5.2.4 Due to father education level

**Seventh hypothesis**

- **There are no statistical significant differences at (α≤0.05) in aggression level due to father education level.**

To figure out that, the researcher used One-way ANOVA test to figure out the differences between the aggression degrees of children of substance-abused-abused dependent father in Gaza strip towards father education level Categories (before secondary, secondary, universal).

**Table (23) shows the results of One-way ANOVA for the differences of aggression level in terms of father education level**

| The Dimension | Groups | Sum of Squares | df | Mean Square | F | Sig. |
|---|---|---|---|---|---|---|
| **Aggressive behavior toward self** | Between Groups | 528.3 | 2 | 264.2 | 1.843 | 0.164\\ |
| | Within Groups | 14475.1 | 101 | 143.3 | | |
| | Total | 15003.4 | 103 | | | |
| **Aggressive behavior toward other** | Between Groups | 694.1 | 2 | 347.1 | 1.664 | 0.195\\ |
| | Within Groups | 21069.6 | 101 | 208.6 | | |
| | Total | 21763.7 | 103 | | | |
| **Aggressive behavior toward property** | Between Groups | 66.4 | 2 | 33.2 | 0.262 | 0.770\\ |
| | Within Groups | 12828.0 | 101 | 127.0 | | |
| | Total | 12894.5 | 103 | | | |
| **Measurement of Aggression** | Between Groups | 4365.6 | 2 | 2182.8 | 2.027 | 0.137\\ |
| | Within Groups | 108746.7 | 101 | 1076.7 | | |
| | Total | 113112.4 | 103 | | | |

**** P-value<0.01 * P-value<0.05 \\ P-value>0.05**

The previous table shows that there were no significant differences (P-value>0.05) between the means of the following aggression dimensions: (Aggressive behavior toward self, Aggressive behavior toward others, Aggressive behavior toward property), of children of substance-abused dependent father in Gaza strip towards father education level Categories (before secondary, secondary, universal), which means that persons with all father education level have the same degrees of the dimensions of aggression. This interpreted as that all the dependent father have similar psychological symptoms related to drug use , these symptoms reflected on the children on similar manner; so the level of father's education not affect on the aggression level.

**Eighth hypothesis**

- **There are no statistical significant differences at (α≤0.05) in anxiety level due to father education level.**

To figure out that, the researcher used One-way ANOVA test to figure out the differences between the anxiety degrees of children of substance-abused dependent father in Gaza strip towards father education level Categories (before secondary, secondary, universal).

**Table (24) shows the results of One-way ANOVA for the differences of anxiety level in terms of father education level**

| The Dimension | Groups | Sum of Squares | Mean Square | F | df | Sig. |
|---|---|---|---|---|---|---|
| **physical disorders resulting from anxiety** | Between Groups | 101.8 | 50.9 | 0.314 | 2 | 0.731\\ |
| | Within Groups | 16349.9 | 161.9 | | 101 | |
| | Total | 16451.7 | | | 103 | |
| **psychological disorders resulting from anxiety** | Between Groups | 1577.3 | 788.6 | 5.191 | 2 | 0.007** |
| | Within Groups | 15344.7 | 151.9 | | 101 | |
| | Total | 16922.0 | | | 103 | |
| **Measurement of anxiety** | Between Groups | 2631.0 | 1315.5 | 2.979 | 2 | 0.055\\ |
| | Within Groups | 44595.6 | 441.5 | | 101 | |
| | Total | 47226.6 | | | 103 | |

** P-value<0.01 * P-value<0.05 \\ P-value>0.05

The previous table shows that there were no significant differences (P-value>0.05) between the means of the following anxiety dimension (physical disorders resulting from anxiety), of children of substance-abused dependent father in Gaza strip towards father education level Categories (before secondary, secondary, universal), which means that persons with all father education level have the same degrees of the dimensions of anxiety.

There were statistical significant differences (F-test = 5.19, P-value<0.01) between the degrees of psychological disorders resulting from anxiety among children of substance-abused dependent father in Gaza strip towards father education level Categories (before secondary, secondary, universal), the test of LSD (Least Square Differences) was used to figure out the differences in between the categories of father education level. The test showed that the children whose their father have before secondary certificate suffer from psychological disorders resulting from anxiety more than children whose their father have secondary certificate and these difference were significant differences, and the result showed that there no statistical significant differences between other group. . This interpreted as that all the dependent father have similar psychological symptoms related to drug use , these symptoms reflected on the children on similar manner; so the level of father's education not affect on the anxiety level.

**Table (25) shows the results of LSD for the differences of degrees of psychological disorders resulting from anxiety in terms of father education level**

| The Dimension | Education level | N | Means | Before secondary | secondary | universal |
|---|---|---|---|---|---|---|
| psychological disorders resulting from anxiety | Before secondary | 71 | 36.7 | 1 | 0.003** | 0.679 \\ |
| | Secondary | 27 | 28.1 | - | 1 | 0.055\\ |
| | Universal | 6 | 38.9 | - | - | 1 |

### 5.2.5 Due to mother education level

**Ninth hypothesis**

- **There are no statistical significant differences at (α≤0.05) in aggression level due to mother education level.**

To figure out that, the researcher used One-way ANOVA test to figure out the differences between the aggression degrees of children of substance-abused dependent father in Gaza strip towards mother education level Categories (before secondary, secondary, universal).

**Table (26) shows the results of One-way ANOVA for the differences of aggression level in terms of mother education level**

| The Dimension | Groups | Sum of Squares | df | Mean Square | F | Sig. |
|---|---|---|---|---|---|---|
| Aggressive behavior toward self | Between Groups | 66.7 | 2 | 33.3 | 0.220 | 0.803\\ |
| | Within Groups | 14675.7 | 97 | 151.3 | | |
| | Total | 14742.4 | 99 | | | |
| Aggressive behavior toward other | Between Groups | 93.0 | 2 | 46.5 | 0.214 | 0.808\\ |
| | Within Groups | 21109.9 | 97 | 217.6 | | |
| | Total | 21202.9 | 99 | | | |
| Aggressive behavior toward property | Between Groups | 40.2 | 2 | 20.1 | 0.156 | 0.856\\ |
| | Within Groups | 12500.2 | 97 | 128.9 | | |
| | Total | 12540.4 | 99 | | | |
| Measurement of Aggression | Between Groups | 589.2 | 2 | 294.6 | 0.260 | 0.772\\ |
| | Within Groups | 110112.2 | 97 | 1135.2 | | |
| | Total | 110701.4 | 99 | | | |

**** P-value<0.01 * P-value<0.05 \\ P-value>0.05**

The previous table shows that there were no significant differences (P-value>0.05) between the means of the following aggression dimensions: (Aggressive behavior toward self, Aggressive behavior toward others, Aggressive behavior toward property), of children of substance-abused dependent father in Gaza strip towards mother education level Categories (before secondary, secondary, universal), which means that persons with all mother education level have the same degrees of the dimensions of aggression .The researcher interpret that the mother education level not a significant as it not help the mother in adapting their children to cope with their children aggression because drug dependence of father may increase the level of stressors among those mothers.

**Tenth hypothesis**

- **There are no statistical significant differences at (α≤0.05) in anxiety level due to mother education level.**

To figure out that, the researcher used One-way ANOVA test to figure out the differences between the anxiety degrees of children of substance-abused dependent father in Gaza strip towards mother education level Categories (before secondary, secondary, universal).

**Table (27) shows the results of One-way ANOVA for the differences of anxiety level in terms of mother education level**

| The Dimension | Groups | Sum of Squares | df | Mean Square | F | Sig. |
|---|---|---|---|---|---|---|
| **physical disorders resulting from anxiety** | Between Groups | 26.0 | 2 | 13.0 | 0.078 | 0.925\\ |
| | Within Groups | 16202.3 | 97 | 167.0 | | |
| | Total | 16228.3 | 99 | | | |
| **psychological disorders resulting from anxiety** | Between Groups | 46.6 | 2 | 23.3 | 0.135 | 0.874\\ |
| | Within Groups | 16722.8 | 97 | 172.4 | | |
| | Total | 16769.5 | 99 | | | |
| **Measurement of Anxiety** | Between Groups | 85.3 | 2 | 42.6 | 0.088 | 0.916\\ |
| | Within Groups | 47119.3 | 97 | 485.8 | | |
| | Total | 47204.6 | 99 | | | |

**** P-value<0.01 * P-value<0.05 \\ P-value>0.05**

The previous table shows that there were no significant differences (P-value>0.05) between the means of the following anxiety dimension (physical disorders resulting from anxiety, psychological disorders resulting from anxiety), of children of substance-abused dependent father in Gaza strip towards mother education level Categories (before secondary, secondary, universal), which means that persons with all mother education level have the same degrees of the dimensions of anxiety. The researcher interpret that the mother education level not a significant as it not help the mother in adapting their children to cope with their children anxiety because drug dependence of father may increase the level of stressors among those mothers.

### 5.2.6 Due to economic level

**Eleventh hypothesis**

- **There are no statistical significant differences at (α≤0.05) in aggression level due to economic level.**

To figure out that, the researcher used One-way ANOVA test to figure out the differences between the aggression degrees of children of substance-abused dependent father in Gaza strip towards economic level Categories (less than 1000 Nis, between 1000- 2000 Nis, more than 2000 Nis).

**Table (27) shows the results of One-way ANOVA for the differences of aggression level in terms of economic level**

| The Dimension | Groups | Sum of Squares | df | Mean Square | F | Sig. |
|---|---|---|---|---|---|---|
| Aggressive behavior toward self | Between Groups | 41.0 | 2 | 20.5 | 0.135 | 0.874\\ |
| | Within Groups | 14787.5 | 97 | 152.4 | | |
| | Total | 14828.5 | 99 | | | |
| Aggressive behavior toward other | Between Groups | 167.1 | 2 | 83.6 | 0.383 | 0.683\\ |
| | Within Groups | 21187.3 | 97 | 218.4 | | |
| | Total | 21354.4 | 99 | | | |
| Aggressive behavior toward property | Between Groups | 48.1 | 2 | 24.1 | 0.185 | 0.832\\ |
| | Within Groups | 12650.5 | 97 | 130.4 | | |
| | Total | 12698.6 | 99 | | | |
| Aggressive behavior | Between Groups | 432.1 | 2 | 216.0 | 0.189 | 0.828\\ |
| | Within Groups | 110783.9 | 97 | 1142.1 | | |
| | Total | 111216.0 | 99 | | | |

The previous table shows that there were no significant differences (P-value>0.05) between the means of the following aggression dimensions: (Aggressive behavior toward self, Aggressive behavior toward others, Aggressive behavior toward property), of children of substance-abused dependent father in Gaza strip towards economic level Categories (less than 1000 Nis, between 1000- 2000 Nis, more than 2000 Nis), which means that persons from all levels have the same degrees of the dimensions of aggression .This result due the difficult nature of drug dependence, because if the father high socioeconomic status he will have the money to use more drugs this mean

more drug dependence bad effects on children , and when the father is poor the poverty itself will increase the level of aggression.

**Twelfth hypothesis**

- **There are no statistical significant differences at (α≤0.05) in anxiety level due to economic level.**

To figure out that, the researcher used One-way ANOVA test to figure out the differences between the anxiety degrees of children of substance-abused dependent father in Gaza strip towards economic level Categories (less than 1000 Nis, between 1000- 2000 Nis, more than 2000 Nis).

**Table (28) shows the results of One-way ANOVA for the differences of anxiety level in terms of economic level**

| The Dimension | Groups | Sum of Squares | df | Mean Square | F | Sig. |
|---|---|---|---|---|---|---|
| **Physical disorders resulting from anxiety** | Between Groups | 12.8 | 2 | 6.4 | 0.039 | 0.962\\ |
| | Within Groups | 16015.8 | 97 | 165.1 | | |
| | Total | 16028.6 | 99 | | | |
| **Psychological disorders resulting from anxiety** | Between Groups | 170.6 | 2 | 85.3 | 0.502 | 0.607\\ |
| | Within Groups | 16498.4 | 97 | 170.1 | | |
| | Total | 16669.1 | 99 | | | |
| **Disorders resulting from anxiety** | Between Groups | 180.5 | 2 | 90.2 | 0.188 | 0.829\\ |
| | Within Groups | 46655.9 | 97 | 481.0 | | |
| | Total | 46836.4 | 99 | | | |

**** P-value<0.01 * P-value<0.05 \\ P-value>0.05**

The previous table shows that there were no significant differences (P-value>0.05) between the means of the following anxiety dimension (physical disorders resulting from anxiety, psychological disorders resulting from anxiety), of children of substance-abused dependent father in Gaza strip towards economic level Categories (less than 1000 Nis, between 1000- 2000 Nis, more than 2000 Nis)., which means that persons with all economic levels have the same degrees of the dimensions of anxiety. This result due the difficult nature of drug dependence, because if the father high socioeconomic status he will have the money to use more drugs this mean more drug dependence's bad effects on children, and when the father is poor the poverty itself will increase the level of anxiety among the child.

### 5.2.7 Due to academic achievement level

**Thirteenth hypothesis**

- **There are no statistical significant differences at (α≤0.05) in aggression level due to academic achievement level.**

To figure out that, the researcher used One-way ANOVA test to figure out the differences between the aggression degrees of children of substance-abused dependent

father in Gaza strip towards academic achievement level Categories (90% and more, between 81%- 90%, between 71% - 80%, less than 70%).

**Table (29) shows the results of One-way ANOVA for the differences of aggression level in terms of academic achievement level**

| The Dimension | Groups | Sum of Squares | df | Mean Square | F | Sig. |
|---|---|---|---|---|---|---|
| **Aggressive behavior toward self** | Between Groups | 1935.1 | 3 | 645.0 | 4.845 | 0.003** |
| | Within Groups | 12914.2 | 97 | 133.1 | | |
| | Total | 14849.3 | 100 | | | |
| **Aggressive behavior toward other** | Between Groups | 3634.3 | 3 | 1211.4 | 6.395 | 0.001** |
| | Within Groups | 18376.6 | 97 | 189.4 | | |
| | Total | 22011.0 | 100 | | | |
| **Aggressive behavior toward property** | Between Groups | 2045.4 | 3 | 681.8 | 6.248 | 0.001** |
| | Within Groups | 10585.0 | 97 | 109.1 | | |
| | Total | 12630.4 | 100 | | | |
| **Aggressive behavior** | Between Groups | 23428.3 | 3 | 7809.4 | 8.446 | 0.001** |
| | Within Groups | 89685.0 | 97 | 924.6 | | |
| | Total | 113113.2 | 100 | | | |

**** P-value<0.01 * P-value<0.05 \\ P-value>0.05**

**From the previous table we can notice**

- There were statistical significant differences (F-test = 4.85, P-value<0.01) between the degrees of **aggressive behavior toward self** among children of substance-abused dependent father in Gaza strip towards academic achievement level Categories (90% and more, between 81%- 90%, between 71% - 80%, less than 70%), the test of LSD (Least Square Differences) was used to figure out the differences in between the categories of academic achievement level. The test showed that the children whose their average less than 70% suffer from aggressive behavior toward self more than children from other group (90% and more, between 81%- 90%, between 71% - 80%) and these difference were significant differences, and the result showed that there no statistical significant differences between other group.
- There were statistical significant differences (F-test = 6.40, P-value<0.01) between the degrees of **aggressive behavior toward others** among children of substance-abused dependent father in Gaza strip towards academic achievement level Categories (90% and more, between 81%- 90%, between 71% - 80%, less than 70%), the test of LSD (Least Square Differences) was used to figure out the differences in between the categories of academic achievement level. The test showed that the children whose their average less than 70% suffer from

aggressive behavior toward others more than children from other group (90% and more, between 81%- 90%, between 71% - 80%) and these difference were significant differences, and the result showed that there no statistical significant differences between other group.

- There were statistical significant differences (F-test = 6.25, P-value<0.01) between the degrees of **aggressive behavior toward property** among children of substance-abused dependent father in Gaza strip towards academic achievement level Categories (90% and more, between 81%- 90%, between 71% - 80%, less than 70%), the test of LSD (Least Square Differences) was used to figure out the differences in between the categories of academic achievement level. The test showed that the children whose their average less than 70% suffer from aggressive behavior toward property more than children from other group (90% and more, between 81%- 90%, between 71% - 80%) and these difference were significant differences, and the result showed that there no statistical significant differences between other group.
- There were statistical significant differences (F-test = 8.45, P-value<0.01) between the degrees of **measurement of aggression** among children of substance-abused dependent father in Gaza strip towards academic achievement level Categories (90% and more, between 81%- 90%, between 71% - 80%, less than 70%), the test of LSD (Least Square Differences) was used to figure out the differences in between the categories of academic achievement level. The test showed that the children whose their average less than 70% suffer from measurement of aggression more than children from other group (90% and more, between 81%- 90%, between 71% - 80%) and these difference were significant differences, and the result showed that there no statistical significant differences between other group.

**Table (30) shows the results of LSD for the differences of degrees of aggression measurement in terms of academic achievement level**

| The Dimension | Education level | N | Means | %90and more | 81%- 90% | %71- 80% | less than 70% |
|---|---|---|---|---|---|---|---|
| Aggressive behavior toward self | %90and more | 10 | 11.48 | 1 | 0.294\\ | 0.094\\ | 0.002** |
| | 81%- 90% | 15 | 16.45 | - | 1 | 0.555\\ | 0.020* |
| | %71- 80% | 29 | 18.63 | - | - | 1 | 0.032* |
| | less than 70% | 47 | 24.56 | - | - | - | 1 |
| Aggressive behavior toward other | %90and more | 10 | 9.58 | 1 | 0.126\\ | 0.105\\ | 0.001* |
| | 81%- 90% | 15 | 18.25 | - | 1 | 0.924\\ | 0.026* |
| | %71- 80% | 29 | 17.83 | - | - | 1 | 0.004** |
| | less than 70% | 47 | 27.45 | - | - | - | 1 |
| Aggressive behavior toward property | %90and more | 10 | 7.86 | 1 | 0.467\\ | 0.405\\ | 0.002** |
| | 81%- 90% | 15 | 10.98 | - | 1 | 0.979 | 0.009** |
| | %71- 80% | 29 | 11.06 | - | - | 1 | 0.001** |
| | less than 70% | 47 | 19.29 | - | - | - | 1 |
| Measurement of Aggression | %90and more | 10 | 28.98 | 1 | 0.290\\ | 0.096\\ | 0.001** |
| | 81%- 90% | 15 | 42.18 | - | 1 | 0.570\\ | 0.002** |
| | %71- 80% | 29 | 47.70 | - | - | 1 | 0.001** |
| | less than 70% | 47 | 71.48 | - | - | - | 1 |

**Fourteenth hypothesis**

- **There are no statistical significant differences at (α≤0.05) in anxiety level due to academic achievement level.**

To figure out that, the researcher used One-way ANOVA test to figure out the differences between the anxiety degrees of children of substance-abused dependent father in Gaza strip towards academic achievement level Categories (90% and more, between 81%- 90%, between 71% - 80%, less than 70%).

**Table (31) shows the results of One-way ANOVA for the differences of anxiety level in terms of academic achievement level**

| The Dimension | Groups | Sum of Squares | df | Mean Square | F | Sig. |
|---|---|---|---|---|---|---|
| **physical disorders resulting from anxiety** | Between Groups | 1612.0 | 3 | 537.3 | 3.568 | 0.017* |
| | Within Groups | 14609.8 | 97 | 150.6 | | |
| | Total | 16221.8 | 100 | | | |
| **psychological disorders resulting from anxiety** | Between Groups | 1931.8 | 3 | 643.9 | 4.260 | 0.007** |
| | Within Groups | 14663.6 | 97 | 151.2 | | |
| | Total | 16595.4 | 100 | | | |
| **Anxiety** | Between Groups | 4127.2 | 3 | 1375.7 | 3.116 | 0.030* |
| | Within Groups | 42828.8 | 97 | 441.5 | | |
| | Total | 46956.0 | 100 | | | |

**** P-value<0.01 * P-value<0.05 \\ P-value>0.05**

**From the previous table we can notice**

- There were statistical significant differences (F-test = 3.57, P-value<0.01) between the degrees of physical disorders resulting from anxiety among children of substance-abused dependent father in Gaza strip towards academic achievement level Categories (90% and more, between 81%- 90%, between 71% - 80%, less than 70%), the test of LSD (Least Square Differences) was used to figure out the differences in between the categories of academic achievement level. The test showed that the children whose their average was (between 81%-90%, less than 70%) suffer from psychological disorders resulting from anxiety more than children whose their average was 90% and more and these difference were significant differences, and the result showed that there no statistical significant differences between other group.
- There were statistical significant differences (F-test = 4.26, P-value<0.01) between the degrees of psychological disorders resulting from anxiety among children of substance-abused dependent father in Gaza strip towards academic achievement level Categories (90% and more, between 81%- 90%, between 71% - 80%, less than 70%), the test of LSD (Least Square Differences) was used to figure out the differences in between the categories of academic achievement level. The test showed that the children whose their average was (between 71%-80%, less than 70%) suffer from psychological disorders resulting from anxiety more than children whose their average was 90% and more and these difference were significant differences, and the result showed that there no statistical significant differences between other group.
- There were statistical significant differences (F-test = 3.12, P-value<0.01) between the degrees of measurement of anxiety among children of substance-abused dependent father in Gaza strip towards academic achievement level Categories (90% and more, between 81%- 90%, between 71% - 80%, less than

70%), %), the test of LSD (Least Square Differences) was used to figure out the differences in between the categories of academic achievement level. The test showed that the children whose their average was (between 71%- 80%, between 81%- 90%, less than 70%) suffer from psychological disorders resulting from anxiety more than children whose their average was 90% and more and these difference were significant differences, the result showed that there no statistical significant differences between other group as the children achievement not enough to help the child in coping with his feeling toward the experience of having dependent father ,thereby having anxiety and aggression.

**Table (32) shows the results of LSD for the differences of degrees of anxiety measurement in terms of academic achievement level**

| The Dimension | Education level | N | Means | %90 and more | 81%- 90% | %71- 80% | less than 70% |
|---|---|---|---|---|---|---|---|
| Physical disorders resulting from anxiety | %90and more | 10 | 28.93 | 1 | 0.015* | 0.121\\ | 0.004** |
| | 81%- 90% | 15 | 41.40 | - | 1 | 0.168\\ | 0.993\\ |
| | %71- 80% | 29 | 35.97 | - | - | 1 | 0.066\\ |
| | less than 70% | 47 | 41.37 | - | - | - | 1 |
| Psychological disorders resulting from anxiety | %90and more | 10 | 23.85 | 1 | 0.128\\ | 0.037* | 0.001** |
| | 81%- 90% | 15 | 31.55 | - | 1 | 0.636\\ | 0.072\\ |
| | %71- 80% | 29 | 33.41 | - | - | 1 | 0.104\\ |
| | less than 70% | 47 | 38.17 | - | - | - | 1 |
| Measurement of anxiety | %90and more | 10 | 54.83 | 1 | 0.038* | 0.048* | 0.003** |
| | 81%- 90% | 15 | 72.85 | - | 1 | 0.696\\ | 0.528\\ |
| | %71- 80% | 29 | 70.23 | - | - | 1 | 0.189\\ |
| | less than 70% | 47 | 76.80 | - | - | - | 1 |

### 5.2.8 Due to child order in family

**Fifteenth hypothesis:**

- **There are no statistical significant differences at (α≤0.05) in aggression level due to child order in family.**

To figure out that, the researcher used One-way ANOVA test to figure out the differences between the aggression degrees of children of substance-abused dependent father in Gaza strip towards child order in family Categories (first, middle, last).

**Table (33) Shows the results of One-way ANOVA for the differences of aggression level in terms of child order in family**

| The Dimension | Groups | Sum of Squares | df | Mean Square | F | Sig. |
|---|---|---|---|---|---|---|
| Aggressive behavior toward self | Between Groups | 751.5 | 2 | 375.7 | 2.348 | 0.101\ \ |
| | Within Groups | 16005.6 | 100 | 160.1 | | |
| | Total | 16757.1 | 102 | | | |
| Aggressive behavior toward other | Between Groups | 908.4 | 2 | 454.2 | 2.104 | 0.127\ \ |
| | Within Groups | 21583.4 | 100 | 215.8 | | |
| | Total | 22491.8 | 102 | | | |
| Aggressive behavior toward property | Between Groups | 528.0 | 2 | 264.0 | 2.035 | 0.136\ \ |
| | Within Groups | 12969.5 | 100 | 129.7 | | |
| | Total | 13497.4 | 102 | | | |
| Aggressive behavior | Between Groups | 2743.2 | 2 | 1371.6 | 1.181 | 0.311\ \ |
| | Within Groups | 116183.7 | 100 | 1161.8 | | |
| | Total | 118927.0 | 102 | | | |

**** P-value<0.01 * P-value<0.05 \\ P-value>0.05**

The previous table shows that there were no significant differences (P-value>0.05) between the means of the following aggression dimensions: (Aggressive behavior toward self, Aggressive behavior toward others, Aggressive behavior toward property), of children of substance-abused dependent father in Gaza strip towards child order in family Categories (first, middle, last), which means that persons in all orders in their family have the same degrees of the dimensions of aggression.

**Sixteenth hypothesis:**

- **There are no statistical significant differences at ($\alpha \leq 0.05$) in anxiety level due to child order in family.**

To figure out that, the researcher used One-way ANOVA test to figure out the differences between the anxiety degrees of children of substance-abused dependent father in Gaza strip towards child order in family Categories (first, middle, last).

**Table (34) shows the results of One-way ANOVA for the differences of anxiety level in terms of child order in family**

| The Dimension | Groups | Sum of Squares | df | Mean Square | F | Sig. |
|---|---|---|---|---|---|---|
| **physical disorders resulting from anxiety** | Between Groups | 152.2 | 2 | 76.1 | 0.473 | 0.625\\ |
| | Within Groups | 16089.5 | 100 | 160.9 | | |
| | Total | 16241.7 | 102 | | | |
| **psychological disorders resulting from anxiety** | Between Groups | 237.9 | 2 | 118.9 | 0.718 | 0.490\\ |
| | Within Groups | 16573.3 | 100 | 165.7 | | |
| | Total | 16811.2 | 102 | | | |
| **Anxiety** | Between Groups | 44.0 | 2 | 22.0 | 0.047 | 0.954\\ |
| | Within Groups | 47120.7 | 100 | 471.2 | | |
| | Total | 47164.7 | 102 | | | |

**** P-value<0.01 * P-value<0.05 \\ P-value>0.05**

The previous table shows that there were no significant differences (P-value>0.05) between the means of the following anxiety dimension (physical disorders resulting from anxiety, psychological disorders resulting from anxiety), of children of substance-abused dependent father in Gaza strip towards child order in family Categories (first, middle, last), which means that persons in all orders in their family have the same degrees of the dimensions of anxiety.

### 5.2.9 Due to family size

**Seventeenth hypothesis:**

- **There are no statistical significant differences at (α≤0.05) in aggression level due to family size.**

To figure out that, the researcher used One-way ANOVA test to figure out the differences between the aggression degrees of children of substance-abused dependent father in Gaza strip towards family size Categories (1-4, 5-8, more than 8).

**Table (35) shows the results of One-way ANOVA for the differences of aggression level in terms of family size**

| The Dimension | Groups | Sum of Squares | df | Mean Square | F | Sig. |
|---|---|---|---|---|---|---|
| **Aggressive behavior toward self** | Between Groups | 1823.9 | 2 | 912.0 | 6.603 | 0.002** |
| | Within Groups | 13948.8 | 101 | 138.1 | | |
| | Total | 15772.8 | 103 | | | |
| **Aggressive behavior toward other** | Between Groups | 1730.9 | 2 | 865.4 | 4.363 | 0.015* |
| | Within Groups | 20032.8 | 101 | 198.3 | | |
| | Total | 21763.7 | 103 | | | |
| **Aggressive behavior toward property** | Between Groups | 1082.3 | 2 | 541.1 | 4.549 | 0.013* |
| | Within Groups | 12015.7 | 101 | 119.0 | | |
| | Total | 13098.0 | 103 | | | |
| **Aggressive behavior** | Between Groups | 6425.7 | 2 | 3212.9 | 3.042 | 0.052\\ |
| | Within Groups | 106686.6 | 101 | 1056.3 | | |
| | Total | 113112.4 | 103 | | | |

**** P-value<0.01 * P-value<0.05 \\ P-value>0.05**

**From the previous table we can notice:**

- There were statistical significant differences (F-test = 4.60, P-value<0.01) between the degrees of **aggressive behaviour toward self** among children of substance-abused dependent father in Gaza strip towards family size Categories (1-4, 5-8, more than 8), the test of LSD (Least Square Differences) was used to figure out the differences in between the categories of family size. The test showed that the children whose their family size between "5-8" suffer from aggressive behaviour toward self-more than children whose their family size between "1-4", and the children whose their family size between "more than 8" suffer from aggressive behaviour toward self-more than children whose their family size between "5-8" and these difference were significant differences, and the result showed that there no statistical significant differences between other group.
- There were statistical significant differences (F-test = 4.36, P-value<0.01) between the degrees of **aggressive behavior toward others** among children of substance-abused dependent father in Gaza strip towards family size Categories (1-4, 5-8, more than 8), the test of LSD (Least Square Differences) was used to

figure out the differences in between the categories of family size. The test showed that the children whose their family size between "more than 8" suffer from aggressive behaviour toward self more than children whose their family size between "5-8" and these difference were significant differences, and the result showed that there no statistical significant differences between other group.

- There were statistical significant differences (F-test = 4.55, P-value<0.01) between the degrees of **aggressive behavior toward property** among children of substance-abused dependent father in Gaza strip towards academic achievement level family size Categories (1-4, 5-8, more than 8), the test of LSD (Least Square Differences) was used to figure out the differences in between the categories of academic achievement level. The test showed that the children whose their family size between "more than 8" suffer from aggressive behaviour toward self more than children whose their family size between "5-8" and these difference were significant differences, and the result showed that there no statistical significant differences between other group.
- For the measurement of aggression; there were no significant differences (P-value>0.05) between the means of aggression degrees of children of substance-abused dependent father in Gaza strip towards family size Categories (1-4, 5-8, more than 8), which means that persons with all family size have the same degrees of aggression.

**Table (36) shows the results of LSD for the differences of degrees of aggression measurement in terms of academic achievement level**

| The Dimension | Education level | N | Means | 1-4 | 5-8 | more than 8 |
|---|---|---|---|---|---|---|
| Aggressive behavior toward self | 1-4 | 12 | 16.24 | 1 | 0.017* | 0.799\\ |
| Aggressive behavior toward other | 5-8 | 41 | 25.56 | - | 1 | 0.001** |
| | more than 8 | 51 | 17.20 | - | - | 1 |
| | 1-4 | 12 | 25.07 | 1 | 0.973\\ | 0.078\\ |
| | 5-8 | 41 | 25.22 | - | 1 | 0.007** |
| | more than 8 | 51 | 17.03 | - | - | 1 |
| Aggressive behavior toward property | 1-4 | 12 | 14.41 | 1 | 0.319\\ | 0.346\\ |
| | 5-8 | 41 | 17.99 | - | 1 | 0.003** |
| | more than 8 | 51 | 11.10 | - | - | 1 |

** P-value<0.01 * P-value<0.05 \\ P-value>0.05

**Eighteenth hypothesis:**

- **There are no statistical significant differences at (α≤0.05) in anxiety level due to academic achievement level.**

To figure out that, the researcher used One-way ANOVA test to figure out the differences between the anxiety degrees of children of substance-abused dependent father in Gaza strip towards family size Categories (1-4, 5-8, more than 8).

**Table (36) shows the results of One-way ANOVA for the differences of anxiety level in terms of family size**

| The Dimension | Groups | Sum of Squares | df | Mean Square | F | Sig. |
|---|---|---|---|---|---|---|
| **physical disorders resulting from anxiety** | Between Groups | 1014.4 | 2 | 507.2 | 3.318 | 0.040* |
| | Within Groups | 15437.3 | 101 | 152.8 | | |
| | Total | 16451.7 | 103 | | | |
| **psychological disorders resulting from anxiety** | Between Groups | 1331.2 | 2 | 665.6 | 4.188 | 0.018* |
| | Within Groups | 16052.3 | 101 | 158.9 | | |
| | Total | 17383.4 | 103 | | | |
| **Measurement of Anxiety** | Between Groups | 5956.4 | 2 | 2978.2 | 7.289 | 0.001** |
| | Within Groups | 41270.2 | 101 | 408.6 | | |
| | Total | 47226.6 | 103 | | | |

**** P-value<0.01  * P-value<0.05  \\ P-value>0.05**

**From the previous table we can notice:**

- There were statistical significant differences (F-test = 3.32, P-value<0.05) between the degrees of physical disorders resulting from anxiety among children of substance-abused dependent father in Gaza strip towards family size Categories (1-4, 5-8, more than 8), the test of LSD (Least Square Differences) was used to figure out the differences in between the categories of family size. The test showed that the children whose their family size between "more than 8" suffer from psychological disorders resulting from anxiety more than children whose their family size between "1-4" and these difference were significant differences, and the result showed that there no statistical significant differences between other group.

- There were statistical significant differences (F-test = 4.19, P-value<0.05) between the degrees of psychological disorders resulting from anxiety among children of substance-abused dependent father in Gaza strip towards family size

Categories (1-4, 5-8, more than 8), the test of LSD (Least Square Differences) was used to figure out the differences in between the categories of family size. The test showed that the children whose their family size between "more than 8" suffer from psychological disorders resulting from anxiety more than children whose their family size between "5-8" and these difference were significant differences, and the result showed that there no statistical significant differences between other group.

- There were statistical significant differences (F-test = 7.29, P-value<0.01) between the degrees of measurement of anxiety among children of substance-abused dependent father in Gaza strip towards academic family size Categories (1-4, 5-8, more than 8,the test of LSD (Least Square Differences) was used to figure out the differences in between the categories of family size. The test showed that the children whose their family size between "more than 8" suffer from psychological disorders resulting from anxiety more than children whose their family size between ("1-4", "5-8") and these difference were significant differences, and the result showed that there no statistical significant differences between other group.

**Table (37) shows the results of LSD for the differences of degrees of anxiety measurement in terms of family size**

| The Dimension | Education level | N | Means | 1-4 | 5-8 | more than 8 |
|---|---|---|---|---|---|---|
| **physical disorders resulting from anxiety** | **1-4** | 12 | 44.39 | 1 | 0.310\\ | 0.026* |
| | **5-8** | 41 | 40.25 | - | 1 | 0.067\\ |
| | **more than 8** | 51 | 35.45 | - | - | 1 |
| **psychological disorders resulting from anxiety** | **1-4** | 12 | 35.44 | 1 | 0.467\\ | 0.259\\ |
| | **5-8** | 41 | 38.46 | - | 1 | 0.005** |
| | **more than 8** | 51 | 30.85 | - | - | 1 |
| **Anxiety** | **1-4** | 12 | 85.41 | 1 | 0.246\\ | 0.002** |
| | **5-8** | 41 | 77.67 | - | 1 | 0.004** |
| | **more than 8** | 51 | 65.01 | - | - | 1 |

**** P-value<0.01** *** P-value<0.05** **\\ P-value>0.05**

**Nineteenth hypothesis:**

- **There are no statistical significant relation at (α≤0.05) between the degrees of both measurement aggression and anxiety among children of substance-abused dependent father in Gaza strip.**

To figure out that, the researcher used person correlation test to figure out the relation between the aggression and the anxiety degrees of children of substance-abused dependent father in Gaza strip :

**Table (38) shows the results of person correlation for the relation between aggression and anxiety**

| Dimension | Physical disorders resulting from anxiety | Psychological disorders resulting from anxiety | Measurement of anxiety |
|---|---|---|---|
| Aggressive behavior toward self | 0.53** | 0.55** | 0.55** |
| Aggressive behavior toward other | 0.52** | 0.58** | 0.54** |
| Aggressive behavior toward property | 0.44** | 0.45** | 0.40** |
| Measurement of aggression | 0.46** | 0.52** | 0.46** |

**** P-value<0.01 * P-value<0.05 \\ P-value>0.05**

The result showed that there is statistically significant positive relationship between both measurements aggression and anxiety among children of substance-abused dependent father in Gaza strip ($r = 0.462$, p-value<0.01), and these mean that whenever the degrees of measurement aggression increase the degrees of the measurement anxiety will increase too among children of substance-abused dependent father in Gaza strip, and vice versa.

## General Discussion :

- The result of this study showed that the sample of children of substance-abused dependent father have slightly moderated amount of the overall aggression. The pervious result consistent with the study of Christoffern and soothhill (2003).

- Result in this research showed that the sample of children of substance-abused dependent father have slightly high amount of the overall anxiety. The pervious result consistent with the study of Beyer (2008) also agree with the study of Clark, et al (2004).

- **There are no statistical significant differences at ($\alpha \leq 0.05$) in aggression level due to gender.**

  The researcher sees that the result showed from the previous tables that the aggression due to gender favored to the male children of substance-abused dependent father in Gaza strip .This is agree with the study of Osborne and Berger (2009).

- **There are no statistical significant differences at ($\alpha \leq 0.05$) in anxiety level due to gender.**

  The researcher sees that the result showed from the previous tables that the anxiety level due to gender favored to the female of children of substance-abused dependent father in Gaza strip , while its agree with the previous studies due to gender especially the study of Osborne and Berger (2009).

- **There are no statistical significant differences at ($\alpha \leq 0.05$) in aggression & anxiety level due to school type.**

  The researcher sees that the result showed from the previous tables that the aggression& anxiety level due to school type, was very low for both gender also for the type of the schools (governmental, UNRWA, other) in Gaza Strip , with less than 70 % of effecting to the children of substance-abused dependent father in Gaza strip .There is no study that investigate the relationship between anxiety and aggression level due to school type.

- **There are no statistical significant differences at ($\alpha \leq 0.05$) in aggression & anxiety level due to governorate.**

  The researcher sees that the result showed from the previous tables that the aggression& anxiety level due to governorate, it were two governorates ( Gaza and North Gaza ) for the patient how flocking to the mental health hospital . For the children of substance-abused dependent father in Gaza was affected more than the other. While this because of the high rate of unemployed parents and difficult to get a job in the Gaza over the northern Gaza narrowly but influential at the same time. There is no study that investigate the realtionship between anxiety and aggression level due to governorate.

- **There are no statistical significant differences at ($\alpha \leq 0.05$) in aggression & anxiety level due to father education level.**

  The researcher define the result showed from the table that backed to aggression & anxiety level due to father education level.

There were statistical significant differences (F-test = 3.12, P-value<0.01) between the degrees of measurement of anxiety among children of substance-abused dependent father in Gaza strip towards academic achievement level Categories, this results agree with the study of Rebecca Kringold (2010) .

- **There are no statistical significant differences at (α≤0.05) in anxiety level due to economic level**

Lindsey Capaldi (2008) indicate that poverty affect the way a child grows up as well. Also the study of Mohammed Yousefi and Piran (2012) showed that father addiction will disrupt the family's economic status.

- **Recommendations :**

  - Do contract: seminars, lectures, meetings, and workshops, specializing in breeding and care children; to overcome their behavioral problems, especially for males as they are hostile and have more aggressiveness than females.
  - The production of educational TV programs, derived from the principles of our Islamic religion, then offered for children in their spare time; to reduce hostilities.
  - To guide decision makers toward establishment of clubs, and cultural and sports centers; to bring their children; strengthen their affiliation, and directing them proper educational destination.
  - To provide public libraries, with stories of Muslim children, that: call to love, intimacy, and cooperation among themselves.
  - To activate the role of community institutions in cooperation; training of child-rearing, And to identify the various aspects of growth, and manifestations, and its problems, using researchers Specialists in the field of psychology.

- **Suggestions :**

Researcher recommends further studies that address the current study variables, namely:

  - Study the effectiveness of the pilot program; to reduce aggressive behavior in children behaviorally.
  - Study aspects of aggressive behavior in children behaviorally and ordinary.
  - Study aspects of the aggressive behavior of children with special needs.
  - Study of aggressive behavior and its relationship to some personal characteristics in children behaviorally.
  - Study the relationship socialization aggressive behavior in children

- **Obstacles of the Study**

- I didn't get the approval of some of family to fill in the questionnaire.
- Transportation difficulties for visit home some substance-abused-abused fathers.
- Difficult to convince many family to fill in the questionnaire because they felt afraid to bear any consequences due to fill out, and difficult to convince them that filling should be with the utmost transparency so as not to lose the study credibility and importance by explaining clearly the importance of research and the objectives of the study and that it will not be any names or addresses in the research.

- Lack of references and the lack of previous studies discussing this issue in the Gaza Strip or statistics updated that can help the researcher in the study and trying to look for references and studies done in other countries in the world.
- Lack of previous studies about this topic in English literatures.

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# Appendixes

## Appendix (1)

**اسماء المحكمين على اطروحة رسالة ماجستير اسمائهم كالتالي:**

| الرقم | اسم المحكم | مكان العمل |
|---|---|---|
| 1 | د. ختام السحار | دكتوراة علم نفس – الجامعة الاسلامية |
| 2 | د عاطف الاغا | دكتوراة علم نفس – الجامعة الاسلامية |
| 3 | د جميل الطهراوى | دكتوراة علم نفس – الجامعة الاسلامية |
| 4 | د حكمي الرومي | بكالوريوس طب– ماجستير علم نفس – مستشفى الطب النفسي/ قسم الأطفال |
| 5 | د. ياسر الشاعر | بكالوريوس طب– ماجستير علم نفس – مستشفى الطب النفسي/ قسم الأطفال |

## Appendix (2)

**الاستبيان في صورته الأولية ( قبل التعديل)**

**الأخ الطالب /ة**

**هذا بحث علمي يخدم المجتمع يرجي منك قراءته والإجابة علي فقراته جميعها دون استثناء مع العلم بان نتائج هذا العلم سرية والاستخدام لأغراض البحث العلمي فقط .**

**وشكرا علي تعاونكم**

**أولا : البيانات الشخصية**

**الجنس** : ذكر ☐ أنثي ☐

نوع المدرسة: حكومة ☐ وكالة ☐ أخري ☐

**المحافظة:** الشمال ☐ غزة ☐ الوسطي ☐ الجنوب ☐

**مستوي تعليم الأب :**

ماقبل الثانوي ☐ ثانوي ☐ جامعي ☐

**مستوي تعليم الأم :**

ماقبل الثانوي ☐ ثانوي ☐ جامعي ☐

**المستوي الاقتصادي (الدخل الشهري للأسرة) :**

ما دون 1000 شيكل ☐ 1000-2000 شيكل ☐ أكثر من 2000 شيكل ☐

**معدل التحصيل الدراسي :**

90% فما فوق ☐ 80 الى 90 ☐ 70 الى 80 ☐ أقل من 70 ☐

**ترتيب الطفل الولادي :**

الأول ☐ الأوسط ☐ الأخير ☐

**حجم الأسرة :**

( 1-4) ☐ (5-8) ☐ اكثر من 8 ☐

**المحور الأول السلوك العدواني ويشمل**

**1-1 السلوك العدواني نحو الذات**

**2-1 السلوك العدواني نحو الآخرين**

**3-1 السلوك العدواني نحو الممتلكات**

| | | دائما | غالبا | احيانا | نادرا | لا يفعل |
|---|---|---|---|---|---|---|
| **السلوك العدواني نحو الذات** | | | | | | |
| 1 | انتف شعري و اخربش نفسي | | | | | |
| 2 | اضرب راسي بالحائط عند الغضب | | | | | |
| 3 | اقطع ملابسي عندما اغضب | | | | | |

| | | دائما | غالبا | احيانا | نادرا | لا يفعل |
|---|---|---|---|---|---|---|
| 4 | أعض اصابعى غيظا عند الغضب | | | | | |
| 5 | اجرح جسمي جروح خطيرة | | | | | |
| 6 | اكوي جسمي بالسجائر أو بالنار | | | | | |
| 7 | اغضب بسهولة | | | | | |
| 8 | الطم وجهي عند الغضب | | | | | |
| 9 | أحاول الانتحار | | | | | |
| 10 | اقطع كتبي التي ادرس فيها | | | | | |
| 11 | اصرخ وابكي بشدة | | | | | |
| 12 | اهدد بالعنف ضد الذات | | | | | |
| **السلوك العدواني نحو الآخرين** | | | | | | |
| 13 | اسب الآخرين بدون سبب | | | | | |
| 14 | أقوم بضرب الآخرين واعمل مشاكل معهم | | | | | |
| 15 | الاستهزاءعلى الآخرين بالغمز واللمز | | | | | |
| 16 | افرض رأى على اخوتى بالقوة | | | | | |
| 17 | اسخر من الآخرين | | | | | |
| 18 | لا احتمل لاختلاف في الرأي مع الآخرين | | | | | |
| 19 | أمزق كتب ودفاتر زملائي | | | | | |
| 20 | اكسر العاب زملائي عندما العب | | | | | |
| 21 | اتلف حاجات الآخرين | | | | | |
| 22 | أحاول الإيقاع بين الآخرين | | | | | |
| 23 | أعامل الآخرين معاملة قاسية | | | | | |
| 24 | استعمل كلمات سيئةضد الآخرين | | | | | |
| **السلوك العدواني نحو الممتلكات** | | | | | | |
| 25 | اكسر الأثاث وارميه برجلى | | | | | |
| 26 | اتعمد تحطيم ممتلكات الغير | | | | | |
| 27 | اكسرنوافذ الصف | | | | | |
| 28 | أشعل النار بدون سبب | | | | | |
| 29 | أتبول علي الأرض | | | | | |

| | | دائما | غالبا | احيانا | نادرا | لا يفعل |
|---|---|---|---|---|---|---|
| 30 | أخرب صنابير مياه المدرسة | | | | | |
| 31 | أخربش علي الجدران | | | | | |
| 32 | ادفع باب الصف بشدة | | | | | |
| 33 | أخربش بأدوات حادة علي أثاث الصف | | | | | |
| 34 | اقطع أسلاك الكهرباء | | | | | |

**ثالثا القلق ويشمل:**

**1: الاضطرابات الجسدية الناتجة عن القلق**

**2: الاضطرابات النفسية الناتجة عن القلق**

**1. الاضطرابات الجسدية الناتجة عن القلق**

| | | دائما | غالبا | أحيانا | نادرا | لايفعل |
|---|---|---|---|---|---|---|
| 1 | أتنفس بضيق في صدرى عند بذل المجهود | | | | | |
| 2 | أحس بجفاف الفم | | | | | |
| 3 | أحس برجفة في رجلي | | | | | |
| 4 | أحس بزغللة في عيني | | | | | |
| 5 | اشعر بصداع ودوخة | | | | | |
| 6 | أحس باختناق وانسداد في الحلق | | | | | |
| 7 | ينتابني العرق في جسمي | | | | | |
| 8 | اشعر بدوخة شديدة | | | | | |
| 9 | اشعر بغثيان في المعدة | | | | | |
| 10 | اشعر بالبرودة والحرارة في جسمي | | | | | |
| 11 | أتوتر بسرعة عندما يغضبنى احد | | | | | |
| 12 | أحس بنمنمة في يدي | | | | | |
| 13 | أخاف من الموت أو حدوث شيء فضيع | | | | | |
| 14 | أحس كان شيئا يقف في حلقي | | | | | |
| 15 | اشعر بان بسرعة شديدة عندما اتوتر قلبي يدق | | | | | |

| | | دائما | غالبا | أحيانا | نادرا | لايفعل |
|---|---|---|---|---|---|---|
| 16 | تزعجني الاصوات العالية | | | | | |
| 17 | اتنهد كثيرا | | | | | |
| 18 | اخاف علي صحتي | | | | | |
| 19 | أحس بالرعشة والرجفة في اطرافى | | | | | |
| 20 | اشعر الم في صدري وعدم الراحة | | | | | |
| 21 | ينتابني إسهال متكرر عندما اتضايق | | | | | |

**2: الاضطرابات النفسية الناتجة عن القلق**

| | | دائما | غالبا | أحيانا | نادرا | لايفعل |
|---|---|---|---|---|---|---|
| 22 | استفز لأتفه الأسباب | | | | | |
| 23 | لاستطيع السيطرة علي القلق | | | | | |
| 24 | لا استبصر المواقف الايجابية | | | | | |
| 25 | أتضايق وانفعل بسرعة | | | | | |
| 26 | أري الأمور غير ميسرة | | | | | |
| 27 | اتوتربشدة على كل شئ | | | | | |
| 28 | أحس باننى شخص بلا قيمة | | | | | |
| 29 | اشعر بالخوف دون سبب | | | | | |
| 30 | اشعر بالحزن والاكتئاب | | | | | |
| 31 | ردودى عنيفة للأشياء | | | | | |
| 32 | أحب الاعتماد على الآخرين | | | | | |
| 33 | لا اجد شئ يعطيني الأمل | | | | | |
| 34 | أري كوابيس وأحلام مزعجة | | | | | |
| 35 | يمتلكني الشعور بالتوتر والعصبية | | | | | |
| 36 | متشائم علي مستقبلي | | | | | |

## Appendix (3)

**الاستبيان باللغة العربية بعد التعديل:**

**الأخ الطالب /ة**

**هذا بحث علمي يخدم المجتمع يرجي منك قراءته والإجابة علي فقراته جميعها دون استثناء مع العلم بان نتائج هذا العلم سرية والاستخدام لأغراض البحث العلمي فقط .**

**وشكرا علي تعاونكم**

**أولا : البيانات الشخصية**

**الجنس :** ذكر ☐ أنثي ☐

نوع المدرسة: حكومة ☐ وكالة ☐ أخري ☐

**المحافظة:** الشمال ☐ غزة ☐ الوسطي ☐ الجنوب ☐

**مستوي تعليم الأب :**

ماقبل الثانوي ☐ ثانوي ☐ جامعي ☐

**مستوي تعليم الأم :**

ماقبل الثانوي ☐ ثانوي ☐ جامعي ☐

**المستوي الاقتصادي (الدخل الشهري للأسرة) :**

ما دون 1000 شيكل ☐ 1000-2000 شيكل ☐ أكثر من 2000 شيكل ☐

**معدل التحصيل الدراسي :**

90% فما فوق ☐ 80 الى 90 ☐ 70 الى 80 ☐ أقل من 70 ☐

**ترتيب الطفل الولادي :**

الأول ☐ الأوسط ☐ الأخير ☐

**حجم الأسرة :**

(1-4) ☐ (5-8) ☐ اكثر من 8 ☐

**المحور الأول السلوك العدواني ويشمل**

**1-1 السلوك العدواني نحو الذات**

**2-1 السلوك العدواني نحو الآخرين**

**3-1 السلوك العدواني نحو الممتلكات**

| | | دائما | غالبا | احيانا | نادرا | لا يفعل |
|---|---|---|---|---|---|---|
| **السلوك العدواني نحو الذات** | | | | | | |
| 1 | اشد شعري و اخربش نفسي | | | | | |
| 2 | اضرب راسي باالحائط عند | | | | | |

| | | دائما | غالبا | احيانا | نادرا | لا يفعل |
|---|---|---|---|---|---|---|
| | الغضب | | | | | |
| 3 | اقطع ملابسي عندمااغضب | | | | | |
| 4 | أعض اصابعى غيظا عند الغضب | | | | | |
| 5 | اجرح جسمي جروح خطيرة | | | | | |
| 6 | اكوي جسمي بالسجائر أو بالنار | | | | | |
| 7 | اغضب بسهولة | | | | | |
| 8 | الطم وجهي عند الغضب | | | | | |
| 9 | أحاول الانتحار | | | | | |
| 10 | أمزق كتبي التي ادرس فيها | | | | | |
| 11 | اصرخ وابكي بشدة | | | | | |
| 12 | اهدد بالعنف ضد الذات | | | | | |
| | **السلوك العدواني نحو الآخرين** | | | | | |
| 13 | اشتم الآخرين بدون سبب | | | | | |
| 14 | أقوم بضرب الآخرين والتشاجر معهم | | | | | |
| 15 | اعتدى على الآخرين بالغمز واللمز | | | | | |
| 16 | افرض رأى على اخوتى بالقوة | | | | | |
| 17 | اسخر من الآخرين | | | | | |
| 18 | لا احتمل لاختلاف في الرأي مع الآخرين | | | | | |
| 19 | أمزق كتب ودفاتر زملائي | | | | | |
| 20 | اكسر العاب زملائي عندما العب | | | | | |
| 21 | اتلف حاجات الآخرين | | | | | |
| 22 | أحاول الإيقاع بين الآخرين | | | | | |

| | | دائما | غالبا | احيانا | نادرا | لا يفعل |
|---|---|---|---|---|---|---|
| 23 | أعامل الآخرين معاملة قاسية | | | | | |
| 24 | استعمل كلمات بذيئة ضد الآخرين | | | | | |
| | **السلوك العدواني نحو الممتلكات** | | | | | |
| 25 | اكسر الأثاث وارميه بقدمي | | | | | |
| 26 | اتعمد تحطيم ممتلكات الغير | | | | | |
| 27 | أحطم نوافذ الصف | | | | | |
| 28 | أشعل النار بدون سبب | | | | | |
| 29 | أتبول علي الأرض | | | | | |
| 30 | أخرب صنابير مياه المدرسة | | | | | |
| 31 | أخربش علي الجدران | | | | | |
| 32 | اصفع باب الصف بشدة | | | | | |
| 33 | أخربش بأدوات حادة علي أثاث الصف | | | | | |
| 34 | اقطع أسلاك الكهرباء | | | | | |

**ثالثا القلق ويشمل:**

**1: الاضطرابات الجسدية الناتجة عن القلق**

**2: الاضطرابات النفسية الناتجة عن القلق**

**1:الاضطرابات الجسدية الناتجة عن القلق**

| | | دائما | غالبا | أحيانا | نادرا | لايفعل |
|---|---|---|---|---|---|---|
| 1 | أتنفس بصعوبة عند بذل المجهود | | | | | |
| 2 | أحس بجفاف الفم | | | | | |
| 3 | أحس برجفة في رجلي | | | | | |
| 4 | أحس بزغللة في عيني | | | | | |
| 5 | اشعر بصداع ودوخة | | | | | |
| 6 | أحس باختناق وانسداد في الحلق | | | | | |

| | | دائما | غالبا | أحيانا | نادرا | لايفعل |
|---|---|---|---|---|---|---|
| 7 | ينتابني العرق في جسمي | | | | | |
| 8 | اشعر بالدوار | | | | | |
| 9 | اشعر بغثيان في المعدة | | | | | |
| 10 | اشعر بالبرودة والحرارة في جسمي | | | | | |
| 11 | أتوتر بسرعة عندما يستفزني احد | | | | | |
| 12 | أحس بنمنمة في يدي | | | | | |
| 13 | أخاف من الموت أو حدوث شيء فضيع | | | | | |
| 14 | أحس كان شيئا يقف في حلقي | | | | | |
| 15 | اشعر بان بسرعة شديدة عندما اتوتر قلبي يدق | | | | | |
| 16 | تزعجني الاصوات العالية | | | | | |
| 17 | انتهد كثيرا | | | | | |
| 18 | اقلق علي صحتي | | | | | |
| 19 | أحس بالرعشة والرجفة في جسمي | | | | | |
| 20 | اشعر الم في صدري وعدم الراحة | | | | | |
| 21 | ينتابني إسهال متكرر عندما اتضايق | | | | | |

**2: الاضطرابات النفسية الناتجة عن القلق**

| | | دائما | غالبا | أحيانا | نادرا | لايفعل |
|---|---|---|---|---|---|---|
| 22 | أثور لأتفه الأسباب | | | | | |
| 23 | لاستطيع السيطرة علي القلق | | | | | |
| 24 | لا استبصر المواقف الايجابية | | | | | |
| 25 | أتضايق وانفعل بسرعة | | | | | |
| 26 | أري الأمور غير ميسرة | | | | | |
| 27 | اقلق بشدة على كل شئ | | | | | |
| 28 | أحس باننى شخص بلا قيمة | | | | | |
| 29 | اشعر بالخوف دون سبب | | | | | |
| 30 | اشعر بالحزن والاكتئاب | | | | | |

| | | دائما | غالبا | أحيانا | نادرا | لايفعل |
|---|---|---|---|---|---|---|
| 31 | أفعالي عنيفة للأشياء | | | | | |
| 32 | أحب الاعتماد على الآخرين | | | | | |
| 33 | لااجد شئ يعطيني الأمل | | | | | |
| 34 | أري كوابيس وأحلام مزعجة | | | | | |
| 35 | يمتلكني الشعور بالتوتر والعصبية | | | | | |
| 36 | غير متفائل علي مستقبلي | | | | | |

## Appendix (4) The questionnaire after modification:

This is a scientific research that servers the community please read and answer all its sections carefully with no exceptions , all these answer will be private and only for the purpose of the scientific research .

thank you for you cooperation.

**First : Personal Information**

Gender : male ☐ female ☐

School type :governmental school ☐ UNRWA ☐ other ☐

Governorate :North ☐ Gaza ☐ Middle zone ☐ South ☐

Level of father's education:

Before secondary ☐ secondary ☐ universal ☐

Level of mother's education:

Before secondary ☐ secondary ☐ universal ☐

Economic level:

Less than 1000 Nis ☐ 1000- 2000 Nis ☐ More than 2000 Nis ☐

level:

90% and more ☐ 80 - 70 ☐ 90 - 80 ☐ less than 70% ☐

Child order in family:

First ☐ Middle ☐ last ☐

Family size: (4-1) ☐ ( 8-5) ☐ more than 8 ☐

**First Section : Aggressive behavior , including :**

1-1 Aggressive behavior toward self

2-1 Aggressive behavior toward others

3-1 Aggressive behavior toward property

| | | Always | Often | Sometimes | Rarely | Not do |
|---|---|---|---|---|---|---|
| **Aggressive behavior toward self** | | | | | | |
| 1 | Pull my hear and scrabble myself. | | | | | |
| 2 | Hit my head at wall when I get angry | | | | | |
| 3 | Cut my clothes when I get angry | | | | | |
| 4 | Bite my fingers when I get angry | | | | | |
| 5 | Hurt my body a dangerous wounds | | | | | |
| 6 | Cauterize my body by Cigarettes or fire | | | | | |
| 7 | Easily get angry | | | | | |
| 8 | Hit my face when I get angry | | | | | |
| 9 | Try to commit suicide | | | | | |
| 10 | Cut my books which I study by | | | | | |
| 11 | Cry and shouting severely | | | | | |

| | | Always | Often | Sometimes | Rarely | Not do |
|---|---|---|---|---|---|---|
| 12 | Threat by violence against myself | | | | | |
| **Aggressive behavior toward others** | | | | | | |
| 13 | Insulted others without reason | | | | | |
| 14 | Hit people and quarreled with them | | | | | |
| 15 | Assaulted others by wink . | | | | | |
| 16 | Force my opinion on my brothers | | | | | |
| 17 | Mock from others | | | | | |
| 18 | Can't stand difference of opinion with others | | | | | |
| 19 | Cut my colleagues books | | | | | |
| 20 | Break my colleagues toys when I play with them | | | | | |
| 21 | Destroy the property of others | | | | | |
| 22 | I try rhythm among others | | | | | |
| 23 | Treat with other severely | | | | | |
| 24 | Use bad words against others | | | | | |
| **Aggressive behavior toward property** | | | | | | |
| 25 | Break the furniture and throw it | | | | | |
| 26 | Mean to break other's property | | | | | |
| 27 | Break class windows | | | | | |
| 28 | Ignites fire without reason | | | | | |
| 29 | Urinate on the floor | | | | | |
| 30 | destroy school hydrants | | | | | |
| 31 | scrabbles on the walls | | | | | |
| 32 | Smack the class door strongly | | | | | |
| 33 | scrabbles with sharp instrument on the class furniture | | | | | |
| 34 | Cut electricity cables | | | | | |

**Second Section : Anxiety . and including :**

1. **physical disorders resulting from anxiety**
2. **psychological disorders resulting from anxiety**

**1. Physical disorders resulting from anxiety**

| | | Always | Often | Sometimes | Rarely | Not do |
|---|---|---|---|---|---|---|
| 1 | Pull my hear and scrabble myself. | | | | | |
| 2 | Hit my head at wall when I get angry | | | | | |
| 3 | Cut my clothes when I get angry | | | | | |
| 4 | Bite my fingers when I get angry | | | | | |
| 5 | Hurt my body a dangerous wounds | | | | | |
| 6 | Cauterize my body by Cigarettes or fire | | | | | |
| 7 | Easily get angry | | | | | |
| 8 | Hit my face when I get angry | | | | | |
| 9 | Try to commit suicide | | | | | |
| 10 | Cut my books which I study by | | | | | |
| 11 | Cry and shouting severely | | | | | |
| 12 | Threat by violence against myself | | | | | |
| 13 | Insulted others without reason | | | | | |
| 14 | Hit people and quarreled with them | | | | | |
| 15 | Assaulted others by wink and … | | | | | |
| 16 | Force my opinion on my brothers | | | | | |
| 17 | Mock from others | | | | | |
| 18 | Can't stand difference of opinion with others | | | | | |
| 19 | Cut my colleagues books | | | | | |
| 20 | Break my colleagues toys when I play with them | | | | | |
| 21 | Destroy the property of others | | | | | |

**2. Psychological disorders resulting from anxiety**

| | | Always | Often | Sometimes | Rarely | Not do |
|---|---|---|---|---|---|---|
| 22 | Erupts for trivial reasons | | | | | |
| 23 | I cannot control an anxiety | | | | | |
| 24 | I cannot see positive attitudes | | | | | |
| 25 | Bothered and quickly became agitated | | | | | |
| 26 | I see things is not concessional | | | | | |
| 27 | Worried heavily on everything | | | | | |
| 28 | I feel I am a person without value | | | | | |
| 29 | I'm scared for no reason | | | | | |
| 30 | I feel sad and depressed | | | | | |
| 31 | My actions violent to things | | | | | |
| 32 | I like to rely on the others | | | | | |
| 33 | I cannot find anything gives me hope | | | | | |
| 34 | I have nightmares and bad dreams | | | | | |
| 35 | I have feeling of tension and nervousness | | | | | |
| 36 | Is not optimistic to my future | | | | | |