

# The Influence of Psychosocial Health Risks on The Resiliency of Urban Displaced Adolescents

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Publication Date: August 9, 2025

DOI: 10.5281/zenodo.16822259

## Abstract

Displacement poses significant psychosocial challenges for adolescents, threatening their coping mechanisms and resilience development. This study examined the extent of psychosocial health risks and resilience levels among urban displaced adolescents in Naga City, Philippines, while investigating the relationship between these factors. Using a descriptive correlational design, researchers surveyed 291 adolescents aged 10-17 from 25 barangays through stratified random sampling. The HEEADSS Assessment measured psychosocial risks, while the CYRM-R evaluated resilience, with data analyzed using descriptive statistics, Pearson's correlation, and regression analysis. Results identified employment stress as the most prominent psychosocial risk, though overall risk levels were mitigated by strong social and community

support. Notably, participants demonstrated high resilience despite challenges. However, analysis revealed a significant negative correlation ( $p < .05$ ) between psychosocial risks and resilience, particularly affecting emotional well-being, peer relationships, and educational outcomes. These findings emphasize the critical need for targeted interventions addressing employment stress while strengthening support systems. The study proposes "EmoRes: Empowering Emotion, Building Resilience" as a potential intervention program to enhance coping skills among this vulnerable population. This research contributes to understanding resilience mechanisms in displaced urban youth and provides evidence-based recommendations for psychosocial support programs in similar contexts.

**Keywords:** *Influence, Psychosocial Health Risks, Resilience, Urban Displaced Adolescents*

## INTRODUCTION

Urban displacement remains a critical issue in the Philippines, often resulting in compromised living conditions, unstable education, and fragmented family or peer support systems. Adolescents in such environments are exposed to elevated psychosocial health risks, including emotional distress, poor peer interactions, and susceptibility to risk-taking behaviors. These vulnerabilities can hinder their developmental trajectory and long-term well-being.

Despite these challenges, resilience which is the capacity to adapt and recover in the face of adversity, can enable adolescents to navigate such stressors. However, resilience is influenced by a complex interplay of individual, relational, and contextual factors, many of which are threatened in displaced settings.

This study focuses on understanding how psychosocial health risks affect the resilience of urban displaced adolescents. Generating this evidence is essential for informing responsive mental health programs and adolescent-focused interventions, particularly in urban poor communities. By identifying the strongest predictors of low or high resilience, stakeholders may be better equipped to design meaningful support mechanisms to promote youth well-being amid displacement.

## Review of Related Literature

### *Psychosocial Health Risks*

Urban displacement significantly increases psychosocial health risks for adolescents, impacting their mental health, social relationships, and overall well-being. Forced displacement is associated with elevated levels of anxiety, depression, and PTSD, with migrants and refugees showing higher rates of common mental disorders (WHO, 2021; UN-Habitat, 2020). Adolescents living in informal settlements often face exposure to violence, substance abuse, poor living conditions, and fragmented family support, compounding their vulnerability to mental health issues and behavioral problems.

Despite these challenges, some displaced adolescents demonstrate resilience, aided by protective factors such as personal strengths, family and peer support, education, and cultural connections (Kaar, 2021). Resilience is increasingly recognized as a dynamic process shaped by both individual and environmental contexts, highlighting the need for multidimensional and culturally responsive interventions.

Studies in conflict zones, such as the Gaza Strip, reinforce that recurrent trauma, violence, and loss are critical risk factors for depression, anxiety, and PTSD in displaced youth (Transcript, 2024). Overcrowding, unsafe environments, and lack of basic amenities increase chronic stress and emotional distress, further heightening the risk of long-term psychological problems (Viner et al., 2022). However, interventions like improved housing, mental health support, and community services can strengthen resilience and reduce these risks.

The family environment is foundational; supportive relationships and open communication foster emotional security and healthy coping, while family conflict or neglect increases the risk of anxiety, depression, and maladaptive behaviors (Resnick et al., 2020; Collins et al., 2021). Childhood adversity and dysfunctional home environments are linked to persistent mental health challenges. Similarly, school and peer relationships play a crucial role: positive environments and peer connections promote well-being and resilience, while negative experiences increase vulnerability (Juvonen et al., 2022; Harris, 2021).

Substance abuse is a major concern for displaced adolescents, with trauma, stress, and loss of social support contributing to risky behaviors (Miller et al., 2020; Ungar & Jefferies, 2021). Preventive efforts and early intervention are essential to prevent addiction and related problems. Additionally, healthy habits like proper nutrition and physical activity support mental and emotional health, while poor habits can exacerbate psychosocial risks (Smith, 2021; CDC, 2024).

Sexual health education and resources are also important, as lack of access increases the risk of STIs, unintended pregnancies, and emotional issues (WHO, 2021). Overall, strong family support, positive peer relationships, and stable socio-economic conditions are associated with better mental health and greater resilience (Olsson et al., 2021; Resnick et al., 2020).

In summary, urban displaced adolescents face multiple, interconnected psychosocial health risks, but targeted interventions, strengthening family, community, and institutional supports, can foster resilience and enhance their coping capacities in adverse environments.

### ***Resilience***

Despite significant adversity, many urban displaced adolescents demonstrate resilience, supported by protective factors such as family bonds, community resources, and individual coping strategies (Masten & Motti-Stefanidi, 2020). Emotional support from families, engagement with local organizations and schools, and strong peer networks enhance their ability to adapt and recover. Education plays a particularly vital role, providing stability, restoring normalcy, and boosting psychosocial well-being even in unstable, conflict-affected environments (World Bank, 2024; Wright & Thomas, 2021). Individual strengths like emotional regulation and problem-solving, as well as cultural identity, further reinforce resilience. However, chronic adversity, social isolation, and economic hardship can undermine these strengths and increase vulnerability (Brown, 2020; Garcia, 2020). Strengthening protective factors, such as supportive relationships, community engagement, and access to education, is essential to help displaced adolescents cope effectively and maintain their mental health (Mental Health First Aid USA, 2022).

Urban displaced adolescents face heightened psychosocial health risks due to instability, disrupted support systems, and exposure to multiple stressors, manifesting in emotional distress, behavioral issues, and poor mental health. These risks can be understood through Neuman's Systems Model, which conceptualizes individuals as open systems continually challenged by intrapersonal, interpersonal, and extrapersonal stressors (Hannoodee & Mulla, 2023). In displacement settings, stressors such as anxiety, family conflict, and environmental instability can overwhelm adolescents' "lines of defense," tilting the balance toward psychosocial vulnerability. This systems perspective underscores the need to assess diverse risk domains and supports interventions that not only target individual coping but also strengthen family and community resources.

Despite these risks, many adolescents demonstrate notable resilience. Garmezy's Resilience Theory complements the systems approach by highlighting the protective factors such as competence, supportive relationships, and effective caregiving that buffer negative outcomes even in the face of adversity (PositivePsychology.com, 2025). According to Garmezy, resilience is not simply an inherent trait but a dynamic process nurtured by both internal strengths and external supports. This aligns with research findings that emphasize the importance of family cohesion, community engagement, access to education, and adaptive coping skills as critical for adolescent resilience in challenging environments.

By integrating Neuman's and Garmezy's frameworks, this study adopts a holistic lens to examine how risk and protective factors interact to shape psychosocial outcomes among displaced adolescents. This theoretical foundation also guides the design of targeted interventions like the EmoRes program, aimed at reinforcing both personal and systemic resources to bolster emotional and psychosocial coping skills in this vulnerable group.

### ***Synthesis and Research Gap***

Existing literature underscores the dual reality faced by urban displaced adolescents—heightened exposure to psychosocial risks, yet also a demonstrated potential for resilience when adequate supports are present. Most studies have focused on qualitative descriptions or program evaluations conducted in international or post-conflict settings. However, limited quantitative research has explored these interconnections within the specific sociocultural context of the Philippines.

This study addresses that gap by employing a descriptive correlational quantitative design to examine how multiple psychosocial health risk domains relate to resilience levels among urban displaced adolescents in Naga City. By using a modified HEEADSS tool to assess risk and the standardized CYRM-R to measure resilience, the research provides empirical evidence that can inform context-sensitive interventions such as EmoRes. The findings aim to contribute to policy and program development focused on safeguarding adolescent mental health amid displacement.

## Statement of The Problem

This study aimed to determine the influence of psychosocial health risks on the resilience of urban displaced adolescents in Naga City. The research explored the relationship between various psychosocial challenges and the adolescents' capacity to adapt and recover from adversity.

Specifically, it sought to answer the following questions:

1. What is the extent of psychosocial health risks experienced by urban displaced adolescents in relation to the following parameters?

- a. Home and family
- b. Education
- c. Employment
- d. Eating habits and exercise
- e. Emotions
- f. Activities and peer relationships
- g. Drug/substance use
- h. Sexual health development

2. What is the level of resilience of urban displaced adolescents in terms of the following components?

- a. Protective factors
- b. Risk factors
- c. Adaptation and coping

3. Does the extent of psychosocial health risks significantly influence the level of resilience among urban displaced adolescents?

4. What health intervention program may be proposed based on the results of the study?

## Objectives and/or Research Hypotheses

Given the increasing psychosocial challenges faced by urban displaced adolescents, this study aimed to determine the extent of psychosocial health risks experienced by this population across key domains such as home and family, education, employment, health behaviors, emotional well-being, peer relationships, substance use, and sexual development. It also sought to assess their level of resilience in terms of protective and risk factors, as well as coping and adaptation strategies. Further, the study examined whether psychosocial health risks significantly influence the level of resilience among these adolescents. Based on the results, a responsive and contextually appropriate health intervention program was proposed to support their psychosocial well-being.

In line with these objectives, the study tested the hypothesis that there is a significant influence of psychosocial health risks on the level of resilience of urban displaced adolescents.

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## METHODOLOGY

### Research Design

A descriptive-correlational quantitative research design was adopted, providing a non-experimental approach suitable for assessing the extent of psychosocial health risks, resilience levels, and the relationship between them among urban displaced adolescents. Structured surveys systematically profiled participants' psychosocial experiences and coping capacities. To ensure internal consistency of the survey scales, reliability analysis using Cronbach's alpha was performed, confirming that the instruments measured the intended constructs dependably. The association between psychosocial health risks and resilience was examined using Pearson's  $r$ , while the coefficient of determination ( $R^2$ ) indicated how much variance in resilience could be explained by these risks. Overall, this approach offered both descriptive and inferential insights to guide the development of a targeted intervention program.

### Participants

Urban displaced adolescents aged 10 to 17 from 25 out of 27 barangays in Naga City served as respondents, excluding Dinaga and San Francisco due to the absence of displaced adolescents. Using Cochran's formula, a sample size of 291 was calculated from a population of 1,188, with a 95% confidence level and 5% margin of error. Proportional stratified random sampling was applied, allocating respondents per barangay based on population size and ensuring fair representation through random selection coordinated with the DSWD and Sanggawadan Federation leaders and members.

### Instruments

The study employed a modified HEEADSS tool to assess psychosocial health risks and the standardized Child and Youth Resilience Measure-Revised (CYRM-R) to evaluate levels of resilience. Both instruments underwent content validation and reliability testing prior to data collection.

### Procedure

Institutional and local permissions were secured, alongside ethical clearance. Instrument validation and a field test with 15 non-participating adolescents ensured clarity and reliability. After community orientation sessions and obtaining informed parental consent and adolescent assent, the researcher personally administered and explained the instruments in scheduled, private assemblies.

### Data Analysis

Data were analyzed using:

- Descriptive statistics (means, standard deviations) to summarize psychosocial risk and resilience levels
- Pearson's correlation to determine the relationship between psychosocial risks and resilience
- Regression analysis to assess the influence of risk factors on resilience. All analyses were conducted using SPSS.

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## RESULTS

- Present findings with tables and figures

**Table 1.** Mean Scores of Psychosocial Health Risks by Domain

Domain	Mean	Interpretation
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Employment	3.53	High
Home and Family	2.34	Low
Activities & Peer Relationships	2.30	Low
Eating Habits & Exercise	1.97	Low
Education	1.85	Low
Emotion	1.57	Very Low
Sexual Health Development	1.44	Very Low
Drug/Substance Use	1.10	Very Low
Overall Risk	2.01	Low

Legend: Very Low (1.00-1.80), Low (1.81-2.60), Moderate (2.61-3.40), High (3.41-4.20), Very High (4.21-5.00)

**Table 2.** Mean Scores of Resilience

Domain	Mean
Risk Factors	3.53
Protective Factors	2.34
Adaptation & Coping	2.30
Overall Resilience	1.97

Legend: Very Low (1.00-1.80), Low (1.81-2.60), Moderate (2.61-3.40), High (3.41-4.20), Very High (4.21-5.00)

- **Descriptive stats**

Most psychosocial health risks rated Low or Very Low, except for Employment (High).

Mean resilience score was high (4.17), with strong performance across all subdomains.

- **Inferential stats**

There was a statistically significant negative correlation between overall psychosocial health risk and resilience ( $r = -0.476$ ,  $p < .001$ ).

Regression analysis showed that psychosocial health risks accounted for 22.66% of the variance in resilience ( $r^2 = 0.2266$ ).

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## DISCUSSION

The present study investigated the extent of psychosocial health risks and their influence on resilience among urban displaced adolescents in Naga City. The findings revealed generally low levels of psychosocial health risks across most domains, with employment-related stress emerging as the most pronounced concern. Conversely, resilience was rated high among participants, indicating notable adaptive capacities despite the adversities associated with displacement.

### Interpretation of Findings

The study revealed that urban displaced adolescents experience varying degrees of psychosocial health risks across multiple domains. Among the eight assessed domains, Employment emerged as the most

pressing concern, with a mean score of 3.53, interpreted as High. Notably, this elevated risk likely reflects not only direct experiences with work and early labor but also strong perceived expectations or pressures to contribute financially to the household, particularly in settings of poverty and economic hardship. The domains of Home and Family (2.34), Activities and Peer Relationships (2.30), Eating Habits and Exercise (1.97), and Education (1.85) were interpreted as Low, indicating manageable yet noteworthy challenges in familial support, social engagement, physical health, and academic life. Meanwhile, Emotion (1.57), Sexual Health Development (1.44), and Drugs/Substance Use (1.10) were rated Very Low, which may imply either minimal reported risk in these areas or possible underreporting due to factors such as sensitivity and stigma.

Despite these stressors, the adolescents demonstrated generally high levels of resilience across assessed domains. The "Risk Factor" domain was rated Very High (mean = 4.22), while both "Protective Factor" (mean = 4.20) and "Adaptation and Coping" (mean = 4.08) were rated High. The overall mean resilience score (4.17) indicates that, despite significant challenges, these adolescents possess a robust capacity to adapt, cope, and benefit from protective factors within their environments that indicate strong internal and external support systems, effective coping strategies, and a capacity for recovery and growth even amidst displacement-related adversity.

A significant inverse relationship was found between psychosocial health risks and resilience (Pearson  $r = -0.476$ ,  $p = 0.000$ ), suggesting that as psychosocial stressors increase, adolescents' resilience levels tend to decrease. The coefficient of determination ( $r^2 = 0.2266$ ) indicates that 22.66% of the variability in resilience can be attributed to the extent of psychosocial risks. This confirms the hypothesis that psychosocial health risks significantly influence the level of resilience among urban displaced adolescents. These findings align with existing research asserting that increased exposure to psychosocial stress compromises emotional regulation, adaptive functioning, and mental well-being among youth facing displacement and marginalization.

While the overall psychosocial risk level was low, the low rating in emotional well-being, in contrast to high resilience, presents a critical insight. Emotional well-being, although a subcomponent of psychosocial health, may not always reflect the overall risk level but is nonetheless a core element influencing resilience. The contrast between high resilience and low emotional scores signals a potential dissonance, where adolescents appear resilient externally but may still struggle internally, particularly with affective regulation.

To address these psychosocial and emotional gaps, the EmoRes program (Empowering Emotions, Building Resilience) was conceptualized. This intervention directly responds to the observed needs in emotional well-being, peer interactions, family relationships, and health behaviors. Grounded in Garmezy's Resilience Theory (as cited in Luthar et al., 2000) and Neuman's Systems Model, EmoRes provides structured sessions focused on emotional expression, peer support, and culturally tailored resilience strategies. While not intended to eliminate structural challenges such as poverty or displacement, the program seeks to bolster adolescents' capacity to emotionally self-regulate, relate positively with others, and maintain psychosocial equilibrium in the face of adversity.

### Comparison to Existing Studies

The findings of the current study align with previous literature highlighting the intricate interplay between psychosocial health risks and resilience among adolescents, particularly those in vulnerable contexts. Despite the generally low levels of psychosocial health risks observed among urban displaced adolescents, the domain of Employment emerged with the highest mean score. This reflects the observations of UN-Habitat (2020), which emphasized the economic vulnerabilities of urban populations, particularly youth, who often experience displacement due to urban development and are forced to confront financial uncertainties at an early age.

Moreover, the very low scores in domains such as Emotion, Drug/Substance Use, and Sexual Health Development suggest limited engagement in high-risk behaviors but also point toward possible underreporting or lack of access to relevant psychosocial services concerns similarly raised by Miller et al, (2020). Their research noted that adolescent substance use and risky behaviors tend to be strongly influenced by peer norms and environmental stressors. These factors may be minimized in close-knit or culturally conservative displaced communities but still require targeted preventive support.

The significant inverse relationship between psychosocial health risks and resilience ( $r = -0.476$ ) supports the findings of Masten et al, (2020), who asserted that resilience is not merely the absence of risk but a dynamic, adaptive process. Their multisystem resilience framework emphasizes that both internal factors (e.g., emotional regulation) and external supports (e.g., family, peers, school) must work together to foster adolescent well-being.

This is further corroborated by the present study's results on resilience indicators, where strong protective and coping factors were observed. These outcomes echo the emphasis of Harris (2021) on the value of peer relationships and extracurricular involvement in bolstering adolescent resilience, especially in settings marked by instability. Similarly, Juvonen, et al, (2021) highlighted the school environment's role in adolescent psychosocial development, noting that disrupted access to education and peer interaction can impact psychosocial health, an observation reflected in the low ratings for Education and Peer Relationships in this study.

Overall, while the study is rooted in the localized experience of urban displaced adolescents in the Philippines, the results reinforce global findings on the complex yet modifiable nature of psychosocial risk and resilience in youth. The alignment of these findings with established literature strengthens the case for culturally relevant, community-based psychosocial interventions.

### Implications for Practice And Policy

The findings of this study highlight the need for proactive psychosocial support systems targeting urban displaced adolescents. The significant inverse relationship between psychosocial health risks and resilience suggests that increased exposure to stressors, particularly employment related pressures and emotional instability can weaken adaptive capacity. As such, mental health professionals, community health workers, and educators should prioritize early screening and intervention for emotional distress, family-related concerns, and peer relationship issues.

In practice, school- and community-based programs like the proposed EmoRes: (Empowering Emotions, Building Resilience) intervention can serve as effective platforms for promoting resilience through group-based emotional regulation workshops and peer support initiatives. Integrating resilience training into the existing school curriculum or youth outreach programs may enhance coping skills and emotional regulation in vulnerable adolescents.

From a policy standpoint, local government units (LGUs) and social service agencies should develop inclusive mental health and psychosocial support (MHPSS) frameworks tailored to displaced populations. Strengthening referral pathways, increasing access to adolescent-friendly services, and providing livelihood training or financial aid may alleviate employment-related stress. Policies that promote multisectoral collaboration, linking education, health, and social welfare, can ensure that adolescents receive holistic care, enhancing both their emotional well-being and long-term resilience.

### Study Limitations

This study has several limitations that should be considered. First, data were self-reported, which may be influenced by social desirability bias, especially in sensitive areas such as emotional well-being,

substance use, and sexual behavior. Second, the study was limited to selected urban barangays in Naga City, affecting the generalizability of the findings to other displaced populations in different settings. Third, the cross-sectional design restricts the ability to determine causality between psychosocial health risks and resilience. Fourth, the resilience scale focused mainly on individual factors, overlooking broader structural supports and trauma history that could affect outcomes. Lastly, external factors such as school interruptions or ongoing community stressors may have influenced participants' responses during data collection. Future research may benefit from using longitudinal or mixed-method approaches and broader geographic coverage.

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## CONCLUSION

This study explored the influence of psychosocial health risks on the resiliency of urban displaced adolescents. Results revealed that while the overall level of psychosocial health risks among participants was low, specific domains such as Employment presented high-risk levels, reflecting the economic vulnerability of this population. Conversely, domains such as Emotional Well-being, Sexual Health Development, and Drug/Substance Abuse showed very low risk levels. Importantly, a significant inverse correlation was found between psychosocial health risks and resilience ( $r = -0.476$ ,  $p < 0.01$ ), suggesting that as psychosocial risks increase, resilience tends to decrease. This highlights the crucial role of addressing these risks to support and enhance adolescent resilience.

## Recommendations for Future Research Or Implementation

Based on these outcomes, future research is recommended to:

Utilize longitudinal or mixed-methods designs to examine the causal pathways between risk exposure and resilience.

Incorporate broader ecological and structural factors, including community support, policy frameworks, and trauma history, to capture a more comprehensive understanding of adolescent resilience.

Develop and test culturally responsive interventions like EmoRes: Empowering Emotions, Building Resilience, which can be implemented by student nurses or health professionals to support emotional regulation and resilience building among displaced youth.

For practical application, school and community-based mental health programs should be strengthened to proactively address identified psychosocial risk domains. Policy efforts must also prioritize economic support and inclusive education programs to reduce the burden of displacement and promote long-term well-being among adolescents.

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## REFERENCE

Brown, J. D. (2020). The impact of risk factors on resilience: Addressing adversity and promoting well-being. *Journal of Psychological Resilience*, 15(3), 45-58.

Centers for Disease Control and Prevention. (2024, June 12). Nutrition, physical activity, and weight status. Chronic Disease Indicators. <https://www.cdc.gov/cdi/indicator-definitions/npa.html>

Garcia, A. J. (2020). Understanding the impact of risk factors on resilience and mental health. *Journal of Clinical Psychology*, 76(4), 512-528.



Harris, K. M. (2021). The role of peer relationships and extracurricular activities in adolescent development. *Journal of Youth and Adolescence*, 50(3), 563-578. <https://doi.org/10.1007/s10964-020-01361-5>

Hannoodee, S., & Dhamoon, A. S. (2023). Nursing Neuman systems model. StatPearls Publishing. <https://www.ncbi.nlm.nih.gov/books/NBK560658/>

Juvonen, J., Lessard, L. M., Kline, N. G., & Graham, S. (2022). Young adult adaptability to the social challenges of the COVID-19 pandemic: The protective role of friendships. *Journal of Youth and Adolescence*, 51(3), 585-597. <https://doi.org/10.1007/s10964-022-01573-w>

Kaar, C. (2021). Protective factors for resilience among refugee children and adolescents living in refugee camps: A systematic literature review. *Journal of Refugee Studies*, 34(2), 215-230. <https://doi.org/10.1093/jrs/feab021>

Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development*, 71(3), 543–562. <https://doi.org/10.1111/1467-8624.00164>

Masten, A. S., & Motti-Stefanidi, F. (2020). Multisystem resilience for children and youth in disaster: Reflections in the context of COVID-19. *Adversity and Resilience Science*, 1(1), 95-106. <https://doi.org/10.1007/s42844-020-00010-w>

Mental Health First Aid USA. (2022, January 12). How protective factors can promote resilience. <https://www.mentalhealthfirstaid.org/2022/01/how-protective-factors-can-promote-resilience/>

Miller, M., Alberts, A., Hecht, M. L., Krieger, J. L., & Pettigrew, J. (2020). Adolescent substance use: Developmental considerations and role of the social network. *Current Opinion in Psychology*, 39, 92-97. <https://doi.org/10.1016/j.copsyc.2020.08.003>

Moore, C. (2019, December 30). Resilience theory: What research articles in psychology teach us. PositivePsychology.com. <https://positivepsychology.com/resilience-theory/>

Olsson, C. A., McGee, R., Nada-Raja, S., & Williams, S. M. (2021). Family and peer influences on adolescents' mental health. *Journal of Adolescence*, 45(5), 1343-1357.



Resnick, M. D., Bearman, P. S., Blum, R. W., Bauman, K. E., Harris, K. M., Jones, J., & Udry, J. R. (2020). Protecting adolescents from harm: Findings from the National Longitudinal Study on Adolescent Health. *American Journal of Public Health*, 87(12), 1932-1939.

Smith, J. D. (2021). The impact of diet and exercise on adolescent mental health and well-being. *Journal of Adolescent Health*, 68(4), 487-492. <https://doi.org/10.1016/j.jadohealth.2020.11.021>

Transcript: The trauma of life and death in Gaza. (2024, October 24). *Financial Times*. <https://www.ft.com/content/6c9aba19-afeb-40d6-a833-8605029736ae>

UN-Habitat. (2020). World cities report 2020: The value of sustainable urbanization. United Nations Human Settlements Programme. <https://unhabitat.org/World%20Cities%20Report%202020>

Ungar, M. (2021). Adolescent substance use and psychosocial health: Implications for prevention and intervention. *Journal of Adolescent Health*, 47(3), 312-325.

Viner, R. M., Russell, S. J., Croker, H., Packer, J., Ward, J., Stansfield, C., Mytton, O., Bonell, C., & Booy, R. (2020). School closure and management practices during coronavirus outbreaks including COVID-19: A rapid systematic review. *The Lancet Child & Adolescent Health*, 4(6), 397-404. [https://doi.org/10.1016/S2352-4642\(20\)30177-2](https://doi.org/10.1016/S2352-4642(20)30177-2)

World Bank. (2024, April 22). Education in fragile, conflict & violence contexts. <https://www.worldbank.org/en/topic/education/brief/education-in-fragile-conflict-violence-contexts>

World Health Organization. (2021, November 18). Adolescent sexual and reproductive health. <https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy>

Wright, M. O., & Thomas, E. (2021). Resilience-building strategies in school environments. *Child Development Perspectives*, 14(3), 132-147.