

## **Prevalence of Behavioural Problems among Adolescents in Pakistan**

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### **Abstract**

*A large number of adolescents involved in high risk behaviours such as abuse, bullying, and self-harm have shown to have trajectory of the symptoms largely misunderstood in the schools and college settings as disciplinary problems. Particularly in Pakistani setting, where mental health issues among adolescents are on rise, an early identification and school based intervention can drastically reduce the emotional and behavioural problems and provide a healthy mechanism of coping for the students. This research fills the gap in the literature by examining prevalence of behavioural problems among students in high secondary schools and colleges of Pakistan. The research was cross sectional in nature and was carried out in 2018-2020. 1258 (male and female) students across different public sector colleges of Punjab and Federal Government Pakistan participated in study survey comprising of Youth Self Report Form to assess internalizing and externalizing behavioural problems. Results: The study revealed high scores on externalizing and internalizing behavioural problems. The findings revealed that among the current study's sample (n=1258), 19% exhibited internalizing behaviors (n = 239), 15% displayed externalizing behaviors (n = 199), 17.72% showed co-occurring behaviors (n = 223), and 47% were categorized as having no problems (n = 597). The presence of externalizing and internalizing behavioral is notably high within educational institutions in Pakistan. Thus, there is an urgent necessity for effective interventions to address these behavioral issues.*

**Keywords:** *Adolescents, Externalizing Behavioural Problems, Internalizing Behavioural Problems*

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## **Introduction**

Emotional instability and psychological maladjustment is one of the great hurdles against the peaceful wellbeing of an individual. The interest in the current study arose after serious concerns from the alumni of different public sector colleges regarding the low interest of adolescents towards studies and increasing number of behavioural problems in college campuses.

According to cognitive behavioural paradigm, our thinking patterns have great impact on our behaviour. Similarly social learning plays an imperative role in acquiring and manifestation of behaviour. The 42nd World Health Assembly paid special attention to adolescents and acknowledged them as a critical element for the health of future generations through their opted health choices, actions and behaviour (Ali, 2014). Habits that are developed during the adolescent affect not only their present performance but also their future life prospects. Government and international health agencies are working on betterment of youth throughout the world to address the health and behaviour related concerns of children and adolescents (Bruno, 2010).

As per the Population Reference Bureau, 32% of Pakistan's youth belong to the age bracket of 10 to 24 years (Ali, 2014). Given Pakistan's socioeconomic conditions, the emotional needs of youth often remain unfulfilled. Both parents and teachers struggle to address adolescents' emotional and behavioral needs due to various challenges, leading to diverse behavioral issues. These problems, such as increased violence, aggression, depression, and anxiety, can profoundly impact the quality of life for young people and their families. Moreover, they pose significant risks to their future success, safety, and well-being, as well as that of their loved ones (Garcia, 2014).

Two types of behavioral problems commonly observed in children and adolescents are internalizing and externalizing behavioral problems. According to Achenbach & McConaughy (1997), internalizing behavioral problems encompass social withdrawal, feelings of inferiority, depression, anxiety, and somatic complaints (Achenbach et al., 1997). On the contrary, externalizing behavioral problems involve conflicts with others, irritability, aggression, antisocial tendencies, rule-breaking, and difficulties in maintaining interpersonal relationships. Delinquency and aggression are classified as primary externalizing behavioral problems by Achenbach and Rescorla (2001), while anxiety, depression, and

withdrawal are considered the main components of internalizing behavioral problems by (Deković et al., 2004). Additionally, the current study also investigated other behavioral problems such as bullying and class absenteeism.

Literature reviews suggest that errors in thinking patterns, known as cognitive distortions, can lead to various psychopathological behaviors. These distortions may include both self-debasing and self-serving thoughts, contributing to externalizing behavioral problems like aggression and delinquency, or internalizing problems such as depression and anxiety (Barriga et al., 2008). Different perspectives, such as ecological theory, highlight the significance of families and neighborhoods in shaping the psychological well-being of children and adolescents (Garcia, 2014), offering insight into the association between the adolescent age period and the manifestation of internalizing and externalizing behavioral problems. The ecological perspective emphasizes the physical aspects of neighboring cultures and societies, such as their lifestyle, access to resources, availability of basic health facilities, and quality of housing. These factors are believed to significantly impact the physical, social, emotional, and psychological well-being of adolescents, who were the focus of the present study (Garcia, 2014). Concerningly, many areas where data was collected, such as Hazro, Pindigheb, and Jand, lack adequate health facilities and basic amenities like gas. Additionally, numerous suburbs of Rawalpindi face poor living conditions. These environmental factors are believed to play a crucial role in the overall well-being, thought patterns, and behavioral outcomes of adolescents residing in these areas.

Another significant theoretical perspective suggests that social disorganization can have adverse effects on adolescents and their families, putting them at risk (Chabrol et al., 2011). Social disorganization theory underscores societal shortcomings such as poverty, limited resources, inadequate infrastructure, absence of libraries, insufficient transportation systems (particularly to tourist destinations), weak law enforcement, and limited social support, especially for female adolescents. Additional factors contributing to social disorganization include aggressive neighbours and unsupportive family members. Collectively, these factors contribute to poor psychological and mental health outcomes (Garcia, 2014).

**Aims:** Aim of the present research was to find out the prevalence of

internalizing and externalizing behavioural problems among adolescents in Pakistan.

### **Method**

The study was cross sectional in nature. Before the start of study, ethical approval was obtained from Fatima Jinnah Women University Ethical Review Board. A thorough survey of the areas was undertaken by the researcher. Interview of the parents and significant others of the students indicated low levels of tolerance, care and empathy towards the adolescents. Informed consent was taken from every participant student before filling the protocols of the study. Voluntary participation, Anonymity, confidentiality and right to withdraw were ensured for every participant during the whole process.

### **Sample**

Sample of the research were 1258 college students (males = 443, females =815) selected proportionately from 28 colleges of Higher Education Institutes of Federal and Punjab Government. Adolescents who were enrolled in colleges during session 2018-2020 in grade 11<sup>th</sup> to 14<sup>th</sup> were target of current study. College students were chosen from these districts due to the diverse geographic and socioeconomic backgrounds represented among the student population in these colleges. The research was carried out in those colleges of Punjab Pakistan where socioeconomic status of the parents of adolescents is not elite and mostly hope for that their children after successful education will provide them financial assistance by getting employed. Low attendance of students, decreasing interest in studies, increasing reports of violent and aggressive behaviours in the counselling centres of the colleges provided a strong background for conduction of this study. Ratio of unemployment of the parents as per college records was very high. The staff of different colleges have expressed serious concern about bullying and antisocial behaviour of students at multiple platforms. There have been reports of student disengagement towards their studies and frequent vandalism and aggressive outbreaks both inside and outside the classroom. Atypical behaviour, class bunk attitude and aggressive and violent behaviours were also reported by female campuses.

### **Tools**

The participants were assessed through demographic data sheet, Youth

self-report form after taking informed consent.

*(a) Youth Self Report Form (YSR)*

Youth Self-Report Form [2-21] was used to assess problematic behaviours. Youth self-report inventory comprises of 112 items. The YSR includes 14 items that assess social desirability. It measures two distinct categories of behavioral issues: externalizing and internalizing. Externalizing problems consist of two subscales: Delinquent and Aggressive Behavior (Sanchez et al., 2013).

Internalizing behavioral problems encompass Somatic complaints, Withdrawn behavior, Depression, and Anxiety. Items intended to measure the Anxious/Depressed subscale include statements for example “I am too fearful or anxious,” and “I cry a lot”. The subscale intended to measure “Aggressive Behaviour” includes items for example “problems related to temper, attention seeking and screaming, I am mean to others and arguing a lot”. The subscale meant for measuring Delinquent behaviour includes items such as “lying, vandalism, use of alcohol, stealing and using of substances”. “Affective Problems subscale” that is intended to measure depression, from the YSR is consistent with DSM-IV TR (2004) and DSM V (2013) diagnostic criteria of depressive disorders (Barriga, Landau, Stinson, Liao & Gibbs, 2000) The “Affective Problems subscale” items include “crying, being worried, screaming, considering oneself worthless, sad and self-harm or suicidal tendencies”.

The alpha reliability coefficients for Affective subscale, Delinquent Behaviour and Aggressive Behaviour as mentioned in the manual of Youth Self Report Inventory are “.82, .66 and .72, respectively”. The norms for the Youth Self-Report Inventory were established using a large and diverse sample of youth from various socio-economic backgrounds (Crawford et al., 2001); (Tabachnick & Fidell, 2007). Test-retest reliabilities for the Youth Self-Report form range from 0.47 to 0.79, while internal consistencies fall between 0.71 to 0.95 according to the manual of the Youth Self-Report Inventory (Crawford et al., 2001). Additionally, the YSR Scale demonstrates higher internal consistency among urban youth and across diverse racial/ethnic groups. Cronbach's alphas for externalizing and internalizing scales among African American youth ranged from 0.87 to 0.95 (Tabachnick & Fidell, 2007).

The Youth Self-Report form can be completed in just 15 minutes. Scoring categories for the YSR range from 0 to 2: a score of 0 is assigned

if the respondent selects "not true," a score of 1 is given for "somewhat or sometimes true," and a score of 2 is assigned for "very true or often true" responses (Sanchez et al., 2013).

*(c) Demographic Data Sheet and Informed Consent*

Demographic data sheet was used to obtain basic information about students for example age, sex, marital status, family system, present college, past school/ college, family income, mother tongue and birth order. Participants provided informed consent before completing the questionnaires.

**Procedure**

All questionnaires in the current study were administered individually to each participant, typically in small groups consisting of 5 to 10 participants at a time. Total 1350 participants from different male and female colleges of Rawalpindi division were invited to be the part of current study and fill the questionnaires. 1258 participants filled the questionnaire. Informed consent was taken from all the participants. Accordingly, all analyses are based on responses provided by 1258 participants who completed Youth Self-Report Form and demographic data sheet. 875 of the participants were females and 443 males

**Data analysis**

*Normality Test*

In order to assess normality of the data before data analysis, normality test was performed. The normality test was conducted due to the wide distribution of the sample, which encompassed students from 28 different colleges situated in various locations. Statistically, "normal" refers to a bell-shaped curve that is symmetrical, with the highest frequency of scores concentrated in the middle and fewer frequencies as you move towards the extremes (Tabachnick & Fidell, 2007). Graphs and statistics were used to assess whether the data meets normality assumptions or vice versa (Tabachnick & Fidell, 2007). For that purpose, Histograms of the variables of the study were visually examined. No major deviations were observed from the data set. Scores on all the subscales of Youth Self Report Form were observed to be normally distributed in the current research work. Further kurtosis and skewness values were checked for all the subscales of YSR to check for normal distribution. Values on none of the subscale were above 1 (as mentioned in table (I) indicating data is normally distributed and is suitable for further analysis.

**Table 1: Kurtosis and Skewness values of subscales of Youth Self-report Inventory (n=1258)**

Variables	Kurtosis	Skewness
Externalizing	.83	.69
Internalizing	1.2	.80
Aggressive behaviour	1.20	.95
Delinquents	2.3	.99
Attention problems	.31	.26
Thought problems	.70	.65
Anxiety depression	.52	.63
Conduct	2.1	.60
Withdrawn	2.6	.99
Social Problems	.46	.48

### Sampling Distribution

There were 815 female contributors in the current research work. Data was obtained from 17 different colleges from every tehsil of Rawalpindi Division and Islamabad. As shown in Table 2, out of 815 participants, 149 were from district Attock, while 667 were from District Rawalpindi. Data was obtained both from Federal Government and Higher Education Department Punjab colleges. Statistics are explained in form of table 2.

**Table 2: Distribution of sample collected from Women Colleges (n=815)**

Colleges	No. students	%	Colleges	No. students	%
GGW Attock	50	4.0	GGCW B Block Rawalpindi	46	3.7
GACW Peshawar Road Rawalpindi	43	3.4	GPGC 6 <sup>TH</sup> ROAD Satellite Rawalpindi	49	3.9
GACW Dhoke Kala Khan Rawalpindi	60	4.8	FGPCW Kashmir Road Rawalpindi	50	4.0
GACW Jand	44	3.5	GACW Hazro	27	2.1
GACW Dhoke Hassu	50	4.0	GACW Pindi Gheb	28	2.2
VNC Rawalpindi	50	4.0	GACW Jhanda Chichi Rawalpindi	67	5.3
FGCW Abid Majeed Road Rawalpindi	34	2.7	GACW Muslim Town Rawalpindi	3	.2
GACW Dhoke Mangtal Rawalpindi	44	3.5	GACW Gawal mandi Rawalpindi	1	.1

Note: GACW= Government Associate College for Women, FGPCW, Federal Government Post Graduate College for Women, VNC= Vaqar- un- nisa, GGCW= Government Graduate College for Women

There were 443 male participants in the current study. Data was obtained from 11 different colleges. As shown in Table 2, out of 443 students, 143 were from district Attock, 16 were from Islamabad, and 349 were from district Rawalpindi. Statistics are explained in form of table 3.

**Table 3: Distribution of sample collected from Boys Colleges (n=443)**

Colleges	No. of Students	%	Colleges	No. of Students	%
GHABC Rawalpindi	28	2.2	GABC Jand	3	.2
GGBC Asghar Mall Rawalpindi	61	4.8	Islamabad model college G-6/2 Islamabad	16	1.3
FG Liaqat Ali college Rawalpindi	35	2.8	GABC Basal	30	2.4
GABC Pindigheb	18	1.4	GGBC 6 <sup>th</sup> Road S/T Rawalpindi	50	4.0
FG Sir Syed College Rawalpindi	41	3.3	GGBC Attock	82	6.5

Note: FG= Federal Government, GABC= Government Associate boys college: GGBC= Government Graduate Boys College

## Results

### Gender and Youth Self-report Form Subscales

Mean, standard deviations, and t-tests were computed to assess gender differences across various externalizing and internalizing subscales. The findings revealed that male participants scored higher than females on most subscales. However, standard deviation values were slightly lower for male participants compared to females. The statistics are described in table 4.



**Table 4: Gender wise differences in mean and standard deviation in externalizing and internalizing behavioural problems**

Mean	Gender	N	Mean	Standard Deviation	Standard Error Mean
Somatic complaints	Girls	815	4.8	2.8	.10
	Boys	443	4.6	2.4	.11
Withdrawn	Girls	815	3.1	2.4	.084
	Boys	443	2.7	2.1	.10
Anxiety depression	Girls	815	12.3	4.7	.16
	Boys	443	12.12	4.6	.22
Social Problems	Girls	815	5.3	3.0	.12
	Boys	443	4.9	2.4	.12
Thought Problems	Girls	815	4.6	2.4	.08
	Boys	443	4.7	2.1	.10
Attention Problems	Girls	815	6.5	2.7	.09
	Boys	443	6.3	2.5	.12
Delinquents	Girls	815	7.5	3.9	.13
	Boys	443	7.5	3.3	.16
Aggressive Behaviour	Girls	815	11.5	5.1	.18
	Boys	443	10.5	4.1	.19
Internalizing	Girls	815	20.3	7.7	.27
	Boys	443	19.5	6.8	.31
Externalizing	Girls	815	19.2	7.7	.27
	Boys	443	18.1	6.4	.30
Obsessive Compulsive	Girls	717	10.2	4.8	.17
	Boys	390	9.4	4.4	.22
Conduct	Girls	815	10.2	4.8	.16
	Boys	443	10.2	4.2	.20

### **Classification of scores into internalizing and externalizing behavioural problems**

After tabulating the scores of every participant, it was analysed whether scores fall in extreme categories of internalizing and externalizing behavioural problems. The criteria was based on previous studies by on Achenbach and Rescorla (2001), Frey and Epkins (2002) and Bruno's (2010) recommendations that most accurate mark of differentiation between clinical and non-clinical sample was T scores between 60 and 63 (Achenbach & Rescorla, 2001); (Bruno, 2010). Four distinct categories were identified in current study namely "internalizing, externalizing, co-

occurring and no problem” (1) Internalizing-problem group (IP), “if the participant scores above the 80th percentile on the Internalizing scale and below the 60th percentile in the Externalizing scale” (Garnefski et al., 2001); (2) Externalizing-problem group (EP): if the participants scored above the 80th percentile on the Externalizing sub scale and below the 60<sup>th</sup> percentile of the Internalizing subscale (Garnefski et al., 2001); (3) Internalizing-and-Externalizing-problem group (IEP), if the participants scored above the 80<sup>th</sup> percentile on internalizing and externalizing subscales (Garnefski et al., 2001).; and 4: No-problem group (NP), if the participant scored below the 60<sup>th</sup> percentile on both internalizing and externalizing subscales (Garnefski et al., 2001).

The findings from the current study's sample (n=1258) revealed that 19% exhibited internalizing issues (n = 239), 15% displayed externalizing problems (n = 199), 17.72% had co-occurring difficulties (n = 223), and 47% fell into the no problem category (n = 597). Mean age and sample sizes for each problem category are detailed in Table 5.

**Table 5: Mean, age, standard deviations, and sample size of the problem categories.**

Problem Categories	Male			Female			Total (M+F)
	M	SD	N	M	SD	N	
1) Externalizing	19.28	.81	80	19.67	.85	119	199
2) Internalizing	19.16	.93	149	19.54	1.13	90	239
3) Co-occurring	19.09	.91	119	19.06	.87	104	223
4) No Problem	19.23	.87	467	19.99	.96	130	597

The ANOVA results from the current study revealed no significant age differences among problem categories for both males,  $F(3, 424) = .6785$ ,  $p = .38$ , and females,  $F(3, 489) = 2.41$ ,  $p = .14$ . Comparing the current sample's results with Achenbach and Rescorla's (2001) normative data, a higher percentage of participants in each problem category was observed in the current study, exceeding the 10% threshold for categorizing participants into the four problem categories. It's worth noting that scoring below the T score of 60 does not indicate the absence of externalizing or internalizing behavioral problems (Achenbach & Rescorla, 2001). Detailed statistical values are provided in

Table 6 for all subcategories of behavioral problems, revealing significant gender differences at a 95% confidence interval.

**Table 6: t test values to describe the gender differences between the subscales of youth self -report inventory and externalizing internalizing behavioural problems**

Behavioural Problems	Test Value = 0					
	T	df	Sig. (2-tailed)	Mean Difference	95% Confidence Interval of the Difference	
					Lower	Upper
Obsessive Compulsive	69.8	1257	.00	9.8	9.6	10.1
Conduct Problem	78.6	1257	.00	10.2	97	10.4
Somatic complaints Problem	62.31	1257	.00	4.7	4.6	4.9
Withdrawn	46.6	1257	.00	3.1	2.8	3.1
Anxiety Depression	91.5	1257	.00	12.2	11.1	12.4
Social Problems	64.2	1257	.00	5.1	5.3	5.3
Thought problems	69.5	1257	.00	4.6	4.5	4.8
Attention problems	85.8	1257	.00	6.4	6.3	6.6
Delinquents	70.7	1257	.00	7.5	7.3	7.85
Aggressive behaviour Problems	81.3	1257	.00	11.1	10.9	11.4
Internalizing	95.7	1257	.00	20.1	19.6	20.4
Externalizing	90.9	1257	.00	18.7	18.3	19.3

## Discussion

There were repeated reports from my colleagues serving in different public sector colleges of both Punjab and Federal Government about the aggressive, irritable behaviours of students. Therefore this study aimed to find out prevalence of internalizing and externalizing behavioural problems among college students in Pakistan. College students have significant importance for any country. But youth in our country have to go through different crises due to limited resources to fulfil their needs and ambition resulting maladaptive thinking and behaviours. Hence, identifying behavioral issues in youth is crucial for recognizing problematic behaviors early on, enabling timely intervention to prevent further deterioration. Utilizing a sample of college students aged 16-23 in the study of externalizing and internalizing behavioral problems facilitates the generalization of study results. Previous studies has indicated that there is rapid increase in depression between the age of 13- 15 and reaches to the maximum level between the ages of 17- 18

(Barriga et al., 2008). Likewise, Broberg et al. (2001) found that externalizing problems reach their peak levels at ages 16 and 17. The current study is different from these studies as they have focused on incarcerated youth as sample of the study compared to current study where college students are the participants. Similarly, sample belonged to different countries in those studies (Owens, 2006).

The current research further examined the prevalence of internalizing, externalizing, co-occurring, and no problem categories. Findings indicated that 19% of the participants suffered from internalizing behavioural problems ( $n = 239$ ), 15% from the externalizing behavioural problems ( $n = 199$ ), 17.72% had co-occurring internalizing and externalizing behavioural problems ( $n = 223$ ), and 47.45% no problem ( $n = 597$ ). Findings from the previous studies validate these findings. For instance, Barriga (2000) identified that 42% of the variance in externalizing behavioral problems was uniquely associated with internalizing behavioral problems. Likewise, McConaughy and Achenbach (year) determined that 51% of youth exhibiting deviant behaviors, as indicated by scores above the 82nd percentile on externalizing behaviors in the YSR, also demonstrated deviance in internalizing behavioral problems.

Implications: Utilizing a substantial sample of college students enhances the generalizability of findings compared to populations such as community-based, mentally ill, or referred and incarcerated youth. Additionally, the inclusion of both male and female participants from diverse colleges for the examination of bullying, victimization, and internalizing and externalizing behavioral problems adds valuable insights to the existing literature. Examining gender differences provides more universally applicable results, differing from previous studies that focused solely on males. Given the high prevalence of internalizing and externalizing behavioral problems among college students in Pakistan, it is recommended that counseling centers be established in each college to support student well-being.

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