**Adolescents from Closed Religious Communities Dropping Out of Israeli Ultra-Orthodox Education: Unique Risk Factors**

TITLE PAGE

**Abstract**

Given the increased awareness of exacerbated risks to teenagers in closed religious communities, this quantitative study examines unique risk factors and anticipated risk behaviours among 333 ultra-Orthodox adolescents (53% male/47% female) living in three localities with large ultra-Orthodox populations. All had either dropped out of the ultra-Orthodox educational system, were in the process of doing so, were being moved to alternative settings (85%), or had dropped out of education completely (15%). Staff from ultra-Orthodox educational or at-risk youth treatment frameworks collected survey data from the adolescents using the ‘snowball method’. Hierarchical regression indicated that traditional risk factors – being male, having friends who take drugs, having a history of sexual trauma and switching junior high schools – are key to predicting risk behaviours. Risk factors unique to this community were also significantly associated with being part of a newly religious family, experiencing difficulties managing school religious demands, and fragile religious faith. Particularly notable risks are sexual trauma and having friends who take drugs, especially among girls. The findings can provide professionals working with at-risk adolescents from closed religious communities with insights needed to develop more effective intervention and prevention strategies.

**Keywords**

school disengagement; at- risk youth, closed religious communities; faith schools; ultra-Orthodox Jewish community

**PLAIN LANGUAGE SUMMARY**

**Introduction**

Considerable professional and academic literature examines factors contributing to the phenomenon of at-risk youth (Belfield & Levin 2007; Brekke 2014; Chen, 2018; Etzion & Romi, 2015; Rumberger & Lim 2008), particularly those in minority groups (Marks et al., 2020; Neblett et al., 2012). Studies emphasize that the social and developmental context in which such youths grow up ( schools, families, and communities) affect risks (Juarez et al., 2006; Makarova & Birman, 2015; Marks et al., 2020).

Awareness of the heightened risks faced by adolescents living in closed religious communities (CRCs) and of the need to relate to their cultural and religious context when providing them services has increased recently (Itzhaki et al., 2018a; Kali & Romi, 2021; Ubani et al., 2020; Unger, 2006)., CRCs can be considered ‘collective societies,’ distinct from ‘individualist societies’ and characterised by high levels of group cohesion, support, and expectations group norm conformity (Hofstede, 1980; Itzhaki et al., 2018b; Kali & Romi, 2021).

During the identity formation process – a major developmental challenge for all adolescents (Erikson, 1968) – youth in CRCs are expected to defer to a collective identity which may differ from the wider secular culture (Kuusisto, 2010, 2011). In Israel there is increased concern for at-risk youth among the ultra-Orthodox (UO or Haredi) community. UO youths’ failure to acquire skills and knowledge needed for operating in the larger secular world, coupled with their gradual disengagement from family and community support circles, creates risks and challenges for them, their parents, and service providers (Itzhaki et al., 2018b; Itzhaki-Braun, 2021; Itzhaki-Braun & Yablon, 2022; Kali et al., 2019; Nadan et al., 2019). Professionals worry that they may not be providing these CRCs with services responsive to their population’s cultural and social norms (Juarez et al., 2006; Keesing et al., 2020; Marks et al., 2020; Seider & Graves, 2020).

**Research goals**

This study of at-risk UO youth in Israel first examines to what extent the factors known to contribute to risk behaviours among adolescents in the general population *also* contribute to risk behaviours among UO adolescents. It then assesses whether there are unique factors in the community’s particular sociocultural context contributing to risk behaviours. Finally, it examines the role of gender differences in risk factors or behaviours.

**UO Jewish youth in Israel**

The UO community constitute about 13% of the Israeli population (Cahaner & Malach, 2021), and authorities identify at least 17% of UO adolescents as being at risk (defined as having dropped out of UO formal education frameworks or receiving services from authorities providing services to at-risk youth), with only few (2%) receiving treatment from recognized treatment professionals (Blass, 2015; Weissblai, 2019).

The percentage of UO students in Israel’s secondary education system increased from 4% in 1980 to 28% in 2020. Nearly half of Israeli OU children and youth come from poor families (49% vs. 29% of all Israeli children) and more than twice as many UO students drop out of school by the eighth grade (4% vs. 1.6%). About half of UO dropouts are not integrated into alternative frameworks supervised by the education system (vs. 1.2% of all Israeli children) (INCC, 2021).

OU families are typically large (an average of seven children per family), patriarchal and authoritarian (Lahav, 2015), and are among the poorest in Israel (44% vs. XX% live below the poverty line (Israel Central Bureau of Statistics, 2021). This community separates itself from secular society, living in enclosed neighbourhoods, with separate education systems, clearly defined dress codes, and rigid observance of Jewish law (Itzhaki-Braun & Sulimani-Aidan, 2020).

Moreover, there are vast differences between secular society’s norms and values and those of the UO educational system, which emphasise proper religious behaviour, modest clothing, and intensive religious studies (Cahaner, 2020; Malchi, 2020). Adolescents with difficulties adjusting to these demanding standards may drop out of UO educational frameworks, eventually either integrating into alternative community educational-therapeutic frameworks or avoiding any formal educational frameworks (Chernovitsky & Feldman, 2018; Kali & Romi, 2021; Palay, 2021). This process is often accompanied by gradual disengagement from community and parental connections (Elfassi et al., 2016; Itzhaki et al., 2018b; Itzhaki-Braun & Sulimani-Aidan, 2021) and may precipitate involvement in risk behaviours, including drug and alcohol use, criminal activity, and risky sexual encounters.

Adolescents failing to conform to community standards typically face blame, rejection, and exclusion (Kali & Romi, 2021). In response to growing need, the community’s leadership has recently become more willing to receive assistance from professionals outside of the community (Malchi, 2020; Weissblai, 2019).

**Theoretical framework**

**Factors contributing to risk behaviours**

***Individual level***

At the individual level, impulsivity and fraught emotional states (Juarez et al., 2006), attention deficit hyperactivity disorder (ADHD)-related symptoms (Budman & Maeir, 2022; Resnick, 2000), and exposure to extreme situations, including sexual harassment (Marks et al., 2020), are risk factors contributing to risk behaviours. This study focuses on emotional difficulties, ADHD symptoms, and exposure to sexual trauma.

***Family level***

Parents play a pivotal role in amplifying or reducing adolescents’ exposure to risky situations, the adolescent-parental relationships significantly affecting youths’ involvement in risky behaviours. help youth cope Lamong

Contributing to risk behaviours are parental neglect, lax supervision, low parental involvement in school matters, conflicts between parents, and negative parental attitudes about adolescents’ adjustment problems (Morley et al., 2000; Itzhaki-Braun et al., 2020; Juarez et al., 2006). In addition, families with limited resources or status (e.g., social connections and roles within the community) appear to contribute to risk among religious minorities, especially when the family is new in the community. Finally, having another school dropout in the family also increases the risk for youth (Ben Yair & Rosenal, 2014). We focus on the following family influences: parental family status, parents’ involvement, having siblings who dropped out of the education system, and being a newly religious family.

***Peer group***

Friends become increasingly significant during adolescence (Erikson, 1968; Harris, 1995), when youth spend more time with friends and less with parents. Interaction with peers enables the development and practice of social skills and the re-examination and consolidation of personal identity (Geldhof et al., 2013; Merrin et al., 2015; Reifman et al., 1989). Peer relationships are also crucial in determining further related adolescence risk behaviours by buffering adverse childhood experiences (Freeman & Brown, 2001; Zielinski & Bradshaw, 2006) and are associated with healthy adolescent development, such as helping to prevent dropouts (Virtanen et al., 2020). Variables relating to friends involved in maladaptive behaviour have likewise been identified as risk factors (Duncan & Raudenbush, 2001; Yoon, 2020), with peers’ alcohol and drug use and bullying found to be significantly associated with gang involvement (Merrin et al., 2015). Our study focused on friends’ drug use and bullying.

***School system***

Youth spend much of their time in school, and their school-based experiences are highly significant in their personal development. Frequent transitions between schools (Baker et al., 2001; Ruff & Keim, 2014), early dropping out, low academic achievement, and perceived unfair treatment and demands from school staff (Marks et al., 2020), have been identified as contributing to risk behaviours (Brooks, 2006). The transition between elementary school and high school and the search process for finding a suitable new framework were also identified as critical (Hanewald, 2013). However, significant supportive adults in school can reduce risk (Wright & Masten, 2015). We examined the contribution of frequent transitions between schools, academic difficulties, the ability to meet religious schools’ demands, and having a supportive adult.

***Community level***

The availability of resources and the degree of cohesion in providing them in the community may mitigate or exacerbate adolescents’ risk behaviours (Chinman et al., 2005). Living in distressed neighbourhoods also exacerbates risk (Duncan & Raudenbush, 2001). Religious belief and/or involvement in communal religious activities have been identified as reducing risk (Butler-Barnes et al., 2017; Cattelino et al., 2014; Clubb et al., 2001; Kyle, 2013; Sinha et al., 2007), as has feeling community cohesion and belonging (Clubb et al., 2001; Elfassi et al., 2016; Itzhaki-Braun & Sulimani-Aidan, 2021; Klonover et al., 2022; Saarelainen, 2018). Kali and Romi (2021) point to the process of social re-evaluation of the individual and the family social capital, tracing adolescent behaviourial change as a possible mechanism for marginalizing at-risk CRC youth. The present study examined the role of religious belief that may not conform to community norms and exposure to the internet and online content outside of the community in the context of youth risk behaviours.

**The current study**

Few studies have examined at-risk UO youths, due to community resistance to having researchers and professionals come from outside the community, and most of these have focused on male adolescents (Itzhaki et al., 2018a, 2018b; Itzhaki-Braun et al., 2020; Itzhaki-Braun & Sulimani, 2020; Lifshitz, 2017) or rely on qualitative research (Kali et al., 2019; Kali & Romi, 2021; Malchi, 2020; Nadan et al., 2019; Saban, 2020). The present study addresses these shortcomings by involving professionals already working in the UO community, employing quantitative methods, and addressing gender differences.

**Methods**

Using validated survey questions and hierarchical regression to identify the main risk factors associated with risky behaviours among these youth living in CRCs in Israel who had dropped out of UO educational system or were in the process of doing so. The study explores the additional hypothesis that environmental, cultural, and social factors – the ecological context of CRCs– may lead to unique risk behaviours among UO youth.

**Study participants**

The study involved 333 at-risk UO adolescents (53% male, 47% female) aged 13–18 living in one of three Israeli localities with large UO populations (about 50% or more of the total) with low socioeconomic ranking (1–3 out of 10). Most (85%) had dropped out of their educational frameworks or were in the process of doing so or of being moved to alternative frameworks, while 15% had left the educational system completely. Most (77%) lived with their parents and grew up in families with relatively unusual characteristics for the UO community: a majority (68%) were from newly religious families (their parents not having grown up in UO homes or educated in UO schools) (15% of the general UO population), and 26% had divorced parents (vs. 4% among the general UO population). A significant proportion (43%) had siblings studying in non-UO institutions or who had dropped out of their UO educational framework (33%).

**Procedures**

Adolescents were recruited by UO staff employed in alternative educational-therapeutic frameworks for at-risk UO youth or as local UO street counsellors, using the ‘snowball method’. They administered surveys to adolescents between March and June 2021 after obtaining parental consent. Notably, almost all those parents and students approached consented to participation. The procedure and the questionnaire received ethical approval from the appropriate government authority.

**Instruments**

Informed by the social-ecological framework, data were gathered across the levels considered important in the ecological framework: individual, family, peer groups, school and community. Additionally, sociodemographic data were collected on characteristics of the adolescents and their families, along with at-risk youth behaviours generally and those specific to UO youth. Each is described below together with the specific survey instruments.

***Sociodemographic characteristics***

The sociodemographic data collected included age, gender, country of birth, place of residence, parents’ declared religious affiliations, whether the family was newly religious, parents’ marital status, number of siblings, whether the youth resided with their parents, and whether any of their siblings had dropped out of school. These questions were based on the 2020 Israel Central Bureau of Statistics social survey questionnaire (Israel Central Bureau of Statistics, 2020), which has repeatedly been shown as valid and reliable.

***Family: Parents’ involvement in their children’s lives***

The respondents were asked two questions about parental involvement: ‘Do your parents know where you spend time in afternoons’? and ‘Do your parents know what is happening in relation to school’? These two questions used a 4-point Likert scale and were part of a questionnaire developed by Friedman and Fischer (2003) and validated as reliable indicators for parental knowledge of children’s leisure time and school-related behaviour.

***Peer group: risk behaviour***

Based on the Health Behaviour in School-aged Children (HBSC) questionnaire (Harel-Fisch et al., 2019), respondents were asked to answer one yes/no question: ‘Do you have friends who use drugs?’

***School: integration into school system***

Nine questions were included to elicit data regarding respondents’ difficulties in integrating into school frameworks. In addition to asking about the number of elementary and high schools attended, we asked the following yes/no questions: were they currently studying in any educational setting; had they been professionally diagnosed with ADHD; could they turn to any school staff member for help when needed; and had they encountered difficulties coping with school religious requirements. Respondents were also asked three general questions, using a 4-point Likert scale, about whether they had encountered academic, social and emotional difficulties during the past year. These questions were based on validated items used to identify risk factors for at-risk youth by Lifshitz (2017) and the 2018 *School Climate Questionnaire* for students of the [Israel] National Authority for Measurement and Evaluation in Education (2018). All questions were adapted to UO schools’ specific characteristics and needs.

***Measures specifically related to UO communities***

***Maintaining a religious lifestyle***

Respondents were asked whether they used the internet (yes/no) and how they defined the fragility of their religious beliefs using a 5-point Likert scale. These questions were based on the 2020 Israel Central Bureau of Statistics social survey questionnaire, which has repeatedly been shown as valid and reliable.

***Sexual trauma***

Respondents were asked a yes/no questions about whether they been sexually assaulted, using a single item with high validity as part of the HBSC questionnaire (Harel-Fisch et al., 2019).

***Risk behaviours***

To appraise the number of a respondents’ risk behaviours, we asked about the following behaviours (using a 5-point Likert scale from 1/never to 5/more than 3 times a month): returning home late; involvement in fights; receiving a beating from peers; drinking alcohol for nonreligious reasons; and smoking cigarettes. In addition, respondents were asked three yes/no questions: had they ever consumed drugs, been arrested, or met with probation officers. These questions were based on the HBSC questionnaire (Harel-Fisch et al., 2019). The scale’s reliability, measured using Cronbach’s alpha, was 0.69 95% CI (0.60-0.76). For each participant, we calculated the number of risk behaviours, totalling each yes/no question with answers of 5 on the Likert scale (more than 3 times a month). The possible range was 0 to 8.

**Data analysis**

Overall, 7.37% of the data was missing. Little’s Missing Completely at Random test (MCAR; Little, 1988) was performed to analyse the pattern of missing data, revealing that the data were not MCAR, χ2(1) = 9.81, p =.002. Using the finalfit R package’s ‘missing\_compare’ function, we explored the pattern of missing data between participants with and without data on the three primary outcome measures – dropped out of school (yes/no), emotional difficulties, and the number of risk behaviours. Of the 57 comparisons we performed, only two significant patterns were detected: participants with missing data on the ‘dropped out of school’ measure were more likely to be boys than girls, p =.012, and participants with missing data on the emotional risk measure were less likely to exhibit ADHD, p =.004. Given this pattern, we employed the Multiple Imputation (Rubin, 2009) procedure via the mice R package (Van Buuren & Groothuis-Oudshoorn, 2010) to handle missing data. In multiple imputations, missing data were imputed to create 50 complete datasets, analyses were performed on each dataset, and a pooled result was reported such that analyses comprised data on all cases (i.e., n = 333). The algorithm used to predict missing data in binary measures was logistic regression following a pre-processing lasso variable selection step, and we used random forest estimation for ordinal and/or quantitative measures.

Next, we examined the presence of multivariate outliers through the Minimum Covariance Determinant approach using the Routliers R package. We detected 39 multivariate outliers. Hence, robust analyses were selected to avoid biasing the models’ results. Specifically, to predict the number of risk behaviours (0 thru 8), we conducted a hierarchical robust negative binominal regression (an analysis best fitted for count data with negative binominal distribution) using the robmixglm R package and nbinom family. In the first step of the analysis, we introduced measures that were highlighted as potential risk factors for at-risk youth: parental family status (married, unmarried), whether parents knew where the adolescent was spending time, whether parents were involved in what happened in school, whether the adolescent lived with parents (yes/ no), whether sibling(s) had dropped out of school (yes/no), whether the adolescent had switched elementary or junior high school (yes/no), academic difficulties, having an adult to turn to at school, friends who do drugs (yes/no), gender (boys, girls), ADHD (yes/no), sexual trauma (yes/no), and degree of emotional difficulties. In the second step of the analysis, we added measures that might serve as unique risk factors in CRC: coming from a newly religious family (yes/no), difficulties managing religious demands at school, fragile faith, and internet exposure (yes/no). In the final step of the analysis, we added the 2-way interactions between gender and all other variables. To facilitate interpretation and avoid multicollinearity, quantitative measures were centred around their grand mean and dichotomous measures as 0.5 and -0.5 (i.e., effect coded with a 1-point difference between values). Interaction terms that still caused multicollinearity were excluded from the analyses and significant interactions were probed by simple slopes test using the interactions R package.

**Results**

**Predicting the number of risk behaviours**

Results are presented in Table 1. The analysis indicated that the traditional risk factors explained 22.36% of the variance, reflecting a moderate-sized model regarding its effect size (Cohen, 1988). Specifically, having friends who take drugs, being a boy, and having a history of sexual trauma were all significantly and uniquely linked with a greater degree of risk behaviours. Two marginally significant results also emerged, indicating that switching junior high schools and having parents unaware of where the adolescent spends time are associated with more risk behaviours.

Adding the unique risk factors in CRCs in the second step of the analysis significantly added 4% to the explained variance of risk behaviours, *Δχ2*(4) = 17.33, *p* = 0.0017 (a weak addition with respect to effect size; Cohen, 1988). The analysis revealed that coming from a newly religious family and difficulties in managing religious demands at school were significantly associated with more risk behaviours, beyond the contribution of traditional risk factors. One marginally significant result also emerged, indicating that having fragile religious faith is associated with more risk behaviours.

[Table 1 insert here]

The model (step 3 in Table 1) also revealed two significant interactions with participants’ gender: friends who do drugs × gender, and sexual trauma × gender. As shown in Figure 1, exposure to friends who take drugs (*b* = 0.89, *z* = 4.24, *p* = 0.00002) and/or experiencing sexual trauma (*b* = 0.66, *z* = 4.45, *p* < 0.00001) significantly increased the number of risk behaviours for girls, but not for boys (*b* = 0.22, *z* = 1.65, *p* = 0.099; *b* = 0.08, *z* = 0.77, *p* = 0.441, respectively, for boys). Overall, the model explained 32.58% of the variance, which reflects a substantial-sized effect (Cohen, 1988).

[Figure 1 insert here]

**Discussion**

This study examined several variables contributing to risk behaviours among at-risk UO youth, understanding that living in a CRC is an atypical context. The findings indicate that factors arising out of the UO community’s special context contributed significantly to adolescent risk behaviours, including: coming from a newly religious family (Ben Yair & Rosenal, 2014), difficulties managing religious demands at school, and fragile religious faith (Chernovitsky & Feldman, 2018; Kali & Romi, 2021; Kaufman. 2020; Palay, 2021). These three factors are related to key circles in which UO at-risk youth operate: the individual, the family, and the educational framework.

The significance of each factor in the development of risk behaviours may be better understood as resulting from the degree of the adolescent’s and the family’s social and cultural capital within CRCs.

[Figure 2 insert here]

In particular, the resources of ‘newly religious’ parents who joined the community at a later stage of their lives is complicated. Such parents can be likened to ‘immigrants’ into the CRC, a status that limits their social and cultural capital. Further, they lack a sufficiently high level of religious education to help their children in their religious studies (Assari & Caldweel, 2019; Kaplan, 2007), and are not familiar enough with the characteristics and nuances of different types of UO learning frameworks to select a suitable education framework for their children within the community. Furthermore, such families sometimes lack social support networks within the new community (Kaplan, 2007), resulting in their having more limited access to information that could help them cope with their children’s difficulties. Moreover, the UO community has an ambiguous attitude toward newly religious families, who are viewed, at least in part, with fear and/or a lack of appreciation for their secular backgrounds. Sometimes the community applies even *more* demanding religious behavioural standards to the newly religious, who are expected to prove that the family has cut itself off from its past. This strictness is difficult for their children, who are not always partners in the decision to move to the UO community (Kaplan, 2007; Saban, 2020).

The social and cultural context in CRCs also plays an important role. UO schools have strict requirements regarding ordinary and religiously-related behaviours (Cahaner, 2020; Malchi, 2020). There is no tolerance for any fragility in adolescents’ religious faith, which is perceived as posing a ‘spiritual risk’ that undermines the adolescent’s sense of belonging to the community and the cohesion of the community. These are, in turn, critical to the development of the UO adolescent’s identity (Gemara et al., 2021; Keesing et al.,2020; Nadan et al., 2019). Students who cannot learn how to conform to the UO schools’ religious demands face immense adaptation obstacles which further contributes to dropping out (Chernovitsky & Feldman, 2018; Kali & Romi, 2021; Kaufman. 2020; Palay, 2021). Indeed, UO schools, fearing that these students’ behaviours and beliefs will affect other students, tend to expel students who deviate from the behaviour deemed appropriate (Budman & Maeir, 2022; Finkelman, 2011; Itkin-Ofer, 2019; Lifshitz, 2017).

The findings confirm factors previously identified as reasons for at-risk behaviours, including: being male, moving from junior high school to high school, experiencing sexual trauma, and having friends who take drugs, with the last two factors especially affecting girls. However, these variables hold unique significance in the UO community. According to previous studies (Hanewald, 2013), UO adolescent boys drop out during the key stages of the transition to a religious boarding school (yeshiva) at the end of the eighth grade, or several months following this transition, the main reason being the difficulty parents and their children face in finding a suitable yeshiva.

Dropping out of a yeshiva due to educational, behavioural, social or religious difficulties leads to further transitions between educational frameworks (Palay, 2021). This process may be particularly severe among boys, as boys’ UO teachers have mainly in-depth religious knowledge but less training in dealing with behavioural or emotional problems (Finkelman, 2011; Itkin-Ofer, 2019; Lifshitz, 2017).

One of this study’s disturbing findings relates to the unique difficulties at-risk UO adolescent girls face, particularly two risk factors –sexual trauma and having friends who take drugs. The risk process is especially accelerated among UO girls (Kaufman, 2020; Keesing et al., 2020), and their rehabilitation in the community is more challenging than for males due to the greater perceived damage of girls’ risk behaviours to the family and the community’s reputations, and to the family’s social capital (Kali et al., 2019). Studies among UO adolescent girls have been more limited, but it appears that the tight social supervision of ​​community norms around modesty leads to precipitous labelling of girls as deviant if they appear to engage in risk behaviours. Following rapid social exclusion, they experience feelings of guilt, shame or a tendency toward emotional distress and self-harm (Korbman et al., 2022; Lusky-Weisrose et al., 2021; Rosmarin et al., 2018; Saban, 2020).

Notably, the experience of sexual trauma among UO adolescent girls occurs within an environment of silence about sexual abuse in UO society characteristic of CRCs. Risk zones within CRCs are not clear for the adolescent since there is an equivocal deference between the private and public zones and the risks they pose (Keesing et al., 2020). The difficulty of exposing sexual abuse in UO society is complicated by the community’s fear that, harm will be done to the girl’s future, the family’s reputation, and her potential matchmaking prospects. This silence often leads to failure to treat the problem, exacerbating accompanying emotional difficulties that may worsen the girl’s situations and lead to behavioural and emotional deterioration, risk behaviours and dropping out (Lusky-Weisrose et al., 2021; Saban, 2020).

How can educational and welfare teams respond in the UO community’s schools without harming community values? The findings offer social workers and educational professionals insights into the UO community’s nuanced requirements, emphasizing the need to focus on identifying and providing guidance to newly religious families (Ben Yair & Rosenal, 2014), expanding educational and welfare professionals’ tools for coping with UO students’ emotional and behavioural difficulties (Finkelman, 2011; Itkin-Ofer, 2019; Lifshitz, 2017) and raising awareness that can increase sensitivity and expand professional tools for locating and treating girls who experienced sexual trauma (Korbman et al., 2022; Lusky-Weisrose et al., 2021; Saban, 2020). In addition, the findings indicate a need for guidance at the critical juncture of the transition between elementary and high school for children and their parents in choosing a yeshiva, and during the first months of learning there (Palay, 2021; Malchi, 2020).

In recent years, initial steps in these directions have been taken, especially among educational and social teams (Kessing et al., 2020; Palay, 2021). Expanding these efforts is a priority, as is the professionalization in the fields of prevention and treatment. The awareness and the capacity of educational teams in schools must be improved, and systematic approaches for appropriately interacting with students unable to cope well with UO schools’ strict requirements must be formulated. It is also important to expand the professional tools available to the educational teams for dealing with UO adolescents’ emotional and behavioural difficulties.

**Study limitations**

There are several methodological limitations to be noted when analysing the data and drawing conclusions. First, the sampling method was based on the ‘snowball method’ only in educational institutions agreeing to participate in the study; these may not be representative of all UO at-risk youth. Second, this examination relies only on the perspectives of the UO youth surveyed. To achieve a more comprehensive and deeper understanding, the perspectives of UO parents and educational staff should also be studied. Third, a comparative analysis with other UO communities in the world and with other CRCs (e.g., the Amish or religious Muslim communities) would help in determining whether there are similar underlying risk behaviours and risk factors among other CRCs. Additionally, causality should not be assumed on the basis of our statistical analysis. Finally, to facilitate participation and avoid partially completed questionnaires, we selected several single-item questions to capture several indices of the UO population. The use of single-item questions prevents reliability assessment, although all items were based on valid and reliable scales. Future studies should address these methodological challenges to enhance our understanding of the challenges involved and help develop tools for meeting them.

**Notes on Contributors**

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