



“THE REALITY OF PSYCHOLOGICAL TRAUMA AMONG CHILDREN IN PALESTINE IN LIGHT OF THE WAR ON THE GAZA STRIP FROM THE POINT OF VIEW OF PARENTS”

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OVERVIEW

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- **SECTION TWO: LITERATURE ON TRAUMA**
- **SECTION THREE: RESEARCH RESULTS**
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SECTION ONE : CONTEXT FOR THE STUDY

- The worsening situation for children in the West Bank and Gaza Strip, such as the increase in the rate of bombing and destruction, is leading to a rise in trauma rates.
- The data indicates that more than 816,000 children in the Gaza Strip needed psychological assistance following the effects of ongoing Israeli aggression there (Palestinian Central Bureau of Statistics, 2024).
- Effective efforts must be presented in an organizational / community context familiar with trauma, with a knowledge-based understanding of trauma's effects (Huang et al. 2014, P2).



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RESEARCH OBJECTIVES:

This study identifies impacts of challenges experienced by Gazan children because of this war, particularly among children aged 5-9, through the eyes of parents/caregivers. The study was limited to the Gaza Strip to understand the local context.

Practical importance: The findings will benefit the Ministry of Education in identifying the reality of psychological trauma in both kindergarten and lower primary stages,

Theoretical importance: The results will help to inform counselling practices and may be a knowledge base for subsequent studies.



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SECTION TWO: LITERATURE ON TRAUMA

- Psychological trauma occurs where ‘a person’s capacity to protect their own well-being becomes overwhelmed ...so that they require external support to be able to heal ’(Barnardos, 2023).
- Post-traumatic stress disorder (PTSD) is a psychiatric disorder that may occur in people who have experienced or witnessed a traumatic event, series of events or set of circumstances” (Psychiatry.org, 2022).



TRAUMA AND CHILDREN

- ACEs: ‘Adverse Childhood Experiences’, including stress and trauma, have been identified as factors showing a lasting impact on children experiencing them (Felitti et al, 1998) with long term effects including physical, mental and behavioural problems
- Allostatic Load shows ongoing stress worsens the impact (Guidi et al, 2021)
- Indicators for the child likely to suffer from Trauma/PTSD *include (UK Trauma Council 2024):*
 - *thinking that they were going to die during the traumatic event*
 - *psychological difficulties before such events*
 - *stressful life events beforehand; family difficulties afterwards*
 - *carers having mental health problems after the event*
 - *lack of social support and social isolation after the events*
- There have been previous studies related to trauma in Palestine



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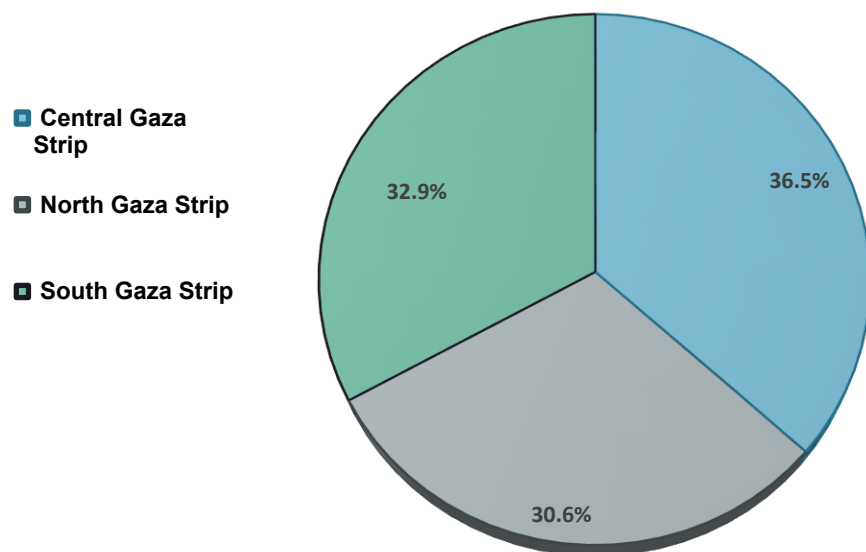


SECTION THREE: RESEARCH RESULTS

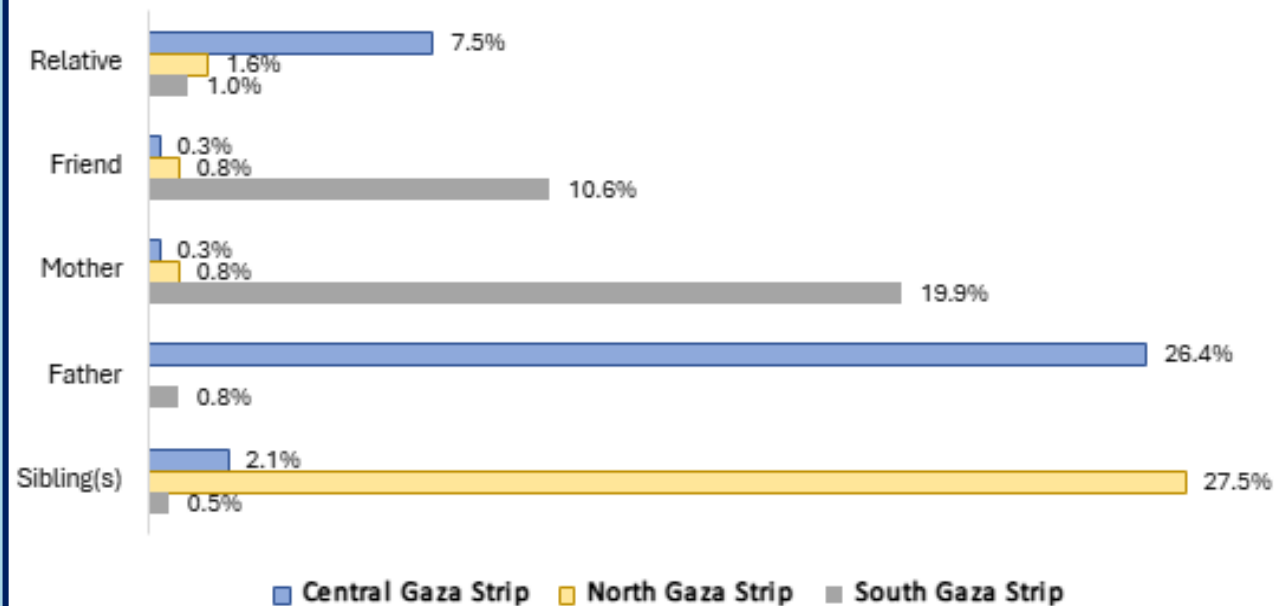
Survey: The survey questions focused on the trauma effects displayed by children, as witnessed by parents and carers. Questions were based on typical trauma responses exhibited by children, and sought to establish the degree to which the children were showing such symptoms.

Characteristics of the Study Sample: The distributions of the study sample members were monitored according to the qualitative variables in the questionnaire, namely: age, gender, place of residence, number of family members, number of displacements

Respondent by Region



Distribution of Respondent by Location





PROFILE OF CHILDREN/FAMILIES FROM RESPONSES

- The highest percentage of children are males, reaching 57.0%, while the percentage of females was 43.0%, 220 males to 166 females.
- The highest percentage of children are concentrated in the age group (5<less than 6 years) (35.8%), in second place came children concentrated in the age group (8<less than 9 years) (28.2%).
- The majority of children in the sample reside in the middle of the Gaza Strip (36.5%), Southern Gaza Strip with (32.9%), and Northern Gaza Strip (30.6%).
- 66.8% have four or more children, 31.1% of families with three children.
- 49.0% of households were displaced three times, 30.6% were displaced three times



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EXAMPLES OF OBSERVATIONS BY RESPONDENTS ^{*}(DISTRESSING CONTENT)

- A large number of responses referred to effects of noise, such as explosions, bombs, buildings collapsing, which induced traumatic responses; in many cases hearing any loud noise would bring back the reaction.
- *Repeated panic attacks and screaming”, and another “Severe fear when hearing the sound of explosions, rapid heartbeat, and sudden screaming”*
- Fear of death was prevalent, leading to sleep issues, for example through ideations that the building would collapse on them whilst asleep, with one carer stating that the child was impacted by *“The death of the mother and father after the house collapsed on them”*.



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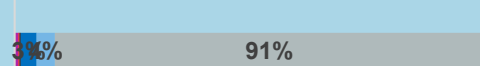
CAUSES AND FEELINGS RE TRAUMA

Cause of trauma

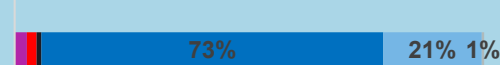
The cause of the child's shock is the demolition of the house



The child's trauma is caused by the exposure to gunfire either directly or indirectly.

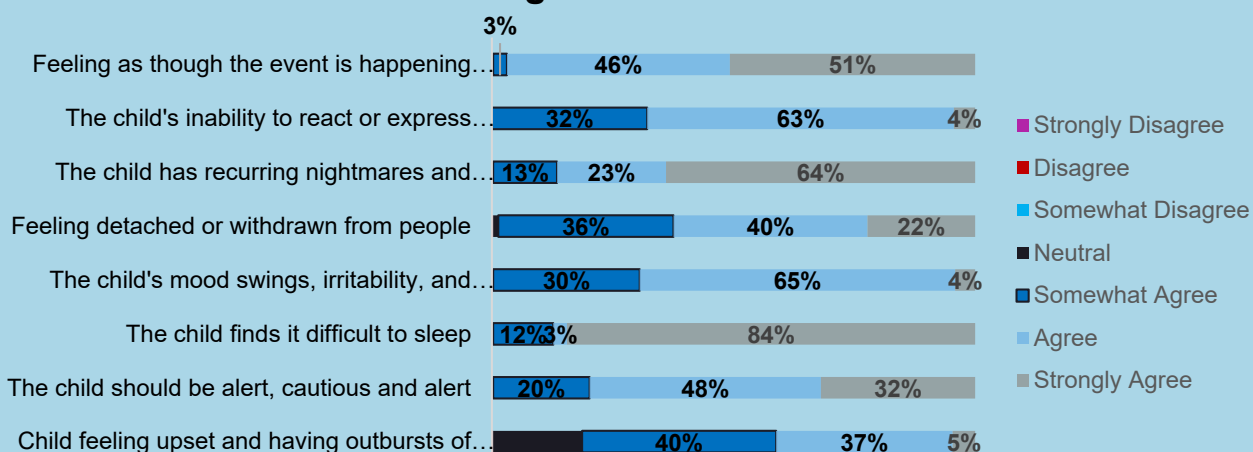


The cause of the child's shock, is watching a family member being assaulted by occupation soldiers



- Strongly Disagree
- Disagree
- Somewhat Disagree
- Neutral
- Somewhat Agree
- Agree
- Strongly Agree

Feelings related to traumatic events



EXAMPLES OF ANALYSIS

- One concerning response in relation to PTSD is the strong majority of children feeling that they do not have a future and expecting bad things to happen

Child feels he does not have a future



The child is expecting bad things to happen





RECOMMENDATIONS: IMMEDIATE AND LONGER TERM

- Bring this report to the attention of decision makers
- Develop Training Courses for kindergarten staff on becoming Trauma Aware
- Develop training for kindergarten staff on play-based mitigation activities
- Develop training courses for primary school teachers on becoming trauma aware
- Develop training courses for teachers on appropriate mitigating measures in the classroom

Recommendations *(continued)*

- Develop parenting supports to help deal with trauma in children with ideas for activities and how to get support
- Develop resources for kindergarten staff, teachers and parents on communicating on difficult topics, such as discussing death.
- Plan for grief counselling for families and children, and counselling in schools (as also suggested by Shaeen and Attia, 2024)
- Repeat this survey after six months/one year to determine longer term impacts and to identify comparative statistics after a period of time.
- Use the data collected to conduct further studies on the variables identified.



IN CONCLUSION:

The researchers pay tribute to the parents and families that responded to this survey under such arduous circumstances. It is hoped that the recommendations will be implemented, as soon as possible, enabling these children to begin to heal from the trauma.

Thank you/Shucran.