Listening to Children's Voices in War : A Study on Emotions, Coping, and Needed Support

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Preparation:

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Imelda Graham, M. Phil., is a researcher, author and trainer specialising in Trauma, Early Years Development and Adult Learning. Imelda has worked with disadvantaged communities throughout her career. She worked for two years in a refugee camp in Greece, establishing a kindergarten for the children in the camp and learning supports for adults. Imelda works with ULS (Universal Learning Systems) in the Erasmus + programme on many projects.
Imelkda has worked with Palestinian colleagues on the CARE Project, to develop and deliver quality early years education in Palestine. Together with the MoE in Palestine, Imelda has completed two research studies dealing with the trauma experienced by young Gazan children during the current war situation. Imelda is currently studying Trauma-Informed Care with University College Cork.

PALESTINIAN CONTEXT:

- Previous Research lacks **the children's voices:** Research shows that war studies usually marginalize children's direct voices and rely on adults to interpret their experiences.
- Context **of the current study:** This study is the second part of a previous study that revealed that 87% of Gaza's children had post-traumatic stress disorder (PTSD).
- **Work methodology:** 24 children were interviewed directly in October 2024 as the war continued, using the "Lundy model" ethically.
- **Interviews**: The interviews with the children focused on three axes: the psychological and physical impact, their coping mechanisms, and support needs.
- Comprehensive **recommendations: Covering all aspects of the children's lives**
- *(NB: Although the participating children did not have amputations, the recommendations included supporting injured children due to the high rates of amputations in Gaza*).

Study Methodology:

Listening to Children's Voices

- Children**'s right to participate:** Involving children in research and decisions that affect their lives is an inherent right of them.
- **Lundy Model:** This model is derived from the United Nations Convention on the Rights of the Child as a practical framework for gathering children's views in a genuine and reliable way.
- The **four elements of the model:** It consists of four equally important elements: Space, Voice, Audience, and Influence.
- Importance **of Impact:** The paragraph emphasizes that the element of "influence" is essential; without it, the process becomes merely a formal or tokenistic participation with no real value.

The Lundy Model (2007)

Children in War and Natural Disasters

- **Psychological Impact:** Wars cause children psychological trauma, depression and deep anxiety.
- **War vs. Disasters:** Children of natural disasters recover with support after a crisis, while children of ongoing wars are deprived of stability and a period of recovery.
- **The specificity of Gaza:** Gaza's children face endless and continuous trauma, which increases their risk of chronic mental disorders and intergenerational trauma.

Recovery and Protective Factors

- **Key Factors for Trauma Recovery:**
  - **Secure parental attachment.**
  - **The emotional capacity of educators to self-control.**
  - **Social support.**
  - **Structured therapeutic and psychological interventions.**

- **The importance of relational health (Perry study):** Strong attachment in the early years enhances children's ability to recover from adversity.

After ACE: The four pillars of the HOPE model for shock mitigation:

- **Relationships:** Safe and supportive.
- **Environment:** Stable.
- **Participation:** Social and civic.
- **Growth:** Emotional.

- **Basis of recommendations:** Integrate the pillars of the HOPE model with evidence-based interventions (e.g., trauma storytelling therapy).

Research Results

- Trauma **is linked to the reality of life: Children**'s psychological disorder cannot be separated from the harsh physical and structural conditions surrounding them.

- Consequences **of instability:** Continued displacement and severe shortages of food, water and shelter compound emotional suffering and fail fragile attempts to cope.

- **Long-term risks (if no interventions):**
  - Poor organization and emotional discipline.
  - Disintegration and disruption of family bonds and attachment.
  - Decline in achievement of educational and education outcomes.
  - A significant risk of "inheriting trauma across generations."

DATA ANALYSIS, AND RESULTS

4.1 Scale of Trauma (from first study, 2024))

- The research question sought to establish the reality of the psychological trauma among children in Palestine. The results showed that the percentage of average parents' approval of the total score of the scale of psychological trauma among children in Palestine in light of the war on the Gaza Strip amounted t**o 87.32%,** this result indicates the high level of psychological trauma among these children

- The highest degree was in accordance with statement No. (1), which states: **The cause of the child's trauma is exposure to direct or indirect shooting,** with a very high approval rate of 97.52%,; **The child has difficulty sleeping,** ranked second in approval with a rate of 95.93%, **the child's fears / of the dark** ranked third with a parental approval rate of 95.15%.

- In the penultimate place came the statement **(the child feels upset and tantrums)** with an approval rate of 75.24%, and the statement **(the child's inability to express emotions),** had an approval rate of 81.75%.

Recommendations

Child Protection and Safe Environments

- Create child-friendly spaces that provide safety and daily routines.
- Strengthening family unity and supporting unaccompanied minors.
- Training the community and teachers to monitor the risks of abuse and neglect.
- Activating secure reporting and monitoring mechanisms.

Mental Health and Psychosocial Support (MHPSS)

- Expanding child-focused psychological services.
- Providing psychological first aid through (play, music, art, and storytelling).
- Create clear diversion pathways for children in need of specialist care.
- Integrate programs to deal with grief and loss, and relieve sleep disorders and nightmares.

Recovery (1)

Educational

- Restore the routine of education (formal or non-formal) as soon as possible.
- Integrate social-emotional learning (SEL) and psychoactive activities within education.
- Adopt flexible teaching methods that take into account poor concentration and memory problems caused by trauma.
- Support religious and cultural activities (such as memorizing the Quran) in flexible and stress-free ways to restore a sense of accomplishment.

Recovery (2)

Family Support

- Provide programs to support parents and provide them with trauma management skills and positive communication.
- Encourage joint family coping mechanisms such as play and daily routines.
- Involve parents in psychological support programs to relieve their stress.
- Activating community activities to promote collective adaptation and mutual assistance.

RECOVERY (3)

Basic needs and Security

- Providing food, water, and shelter as they are directly related to psychological well-being.
- Improve aid distribution to reduce long and humiliating queues.
- Reduce frequent displacement and communicate honestly with family to alleviate anxiety.
- Integrate psychosocial support and child protection as a key pillar of humanitarian planning with long-term sustainable funding.

Conclusion

- Beyond **traditional narratives:** The study proved that children's first-hand experiences are much deeper than what traditional adult assessments or reports convey.
- **Depth of disruption:** The war has produced deep traumas and disruptions in children's psychological, social, and cognitive lives; they are structurally linked to harsh living conditions and ongoing displacement.
- **The Lundy Model Success:** It provided a systematic framework that allowed children to safely express their opinions, and to fill the gap of their lack of direct voices in the literature of war.

Conclusion…continued

- **The need for multi-level interventions:**

The study recommends psychosocial support programs that address immediate needs and build for long-term recovery, while strengthening the role of family, school, and community.

- Policy **Making and the Future:**

The findings underscore the urgent need for policies that protect children and reduce the transmission of trauma across generations, with the design of programs centered around the child's vision.

Thank You!