

# 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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## Abstract

*This paper addresses the reality of psychological traumas being experienced by children of Gaza, aged 5-9 years old, from the point of view of their parents, from October 2023 to August 2024, during the current war in Palestine. **Section 1** establishes the context for the study, the theoretical background, the difficulties and complexities of gathering the information are identified. In **Section 2**, Trauma, with its effects, signs, symptoms for children is explored with suggestions provided for recognition of trauma responses that children may exhibit. **Section 3** sets out the main results of the research, revealing the reality of the children's experiences, overwhelmingly demonstrating that over 87% of the children in Gaza are experiencing psychological trauma. **Section 4** includes detailed analysis with findings and recommendations for immediate and longer-term actions. These recommendations should determine steps to be taken to alleviate suffering and long-term damage, by providing comprehensive support and treatment for the children. Finally, recommendations and suggestions are proposed for ways in which educators can become trauma informed, with suggestions for methods that educators may employ to support the children and their families.*

**Keywords:** Trauma; Young Children; Educators; supports.

## 1. Context for the Study

### 1.1 Palestinian Context

The children of Palestine have endured unimaginable hardships through the current war – suffering from injury, disease, hunger, ruptures of social bonds, and the loss of loved ones and displacement. The deaths of children in Gaza have numbered at least 11,000 in the year since October 7<sup>th</sup> [22]. 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. Such situations present children with increased vulnerability to psychological trauma and a greater propensity to develop maladaptive patterns, a range of negative health outcomes, and diminished quality of life [31]. In psychology, attention is increasingly on trauma because of the serious long-term consequences for mental and physical health, education, or relationships. Considering trauma for children, it was never expected that these little hearts had opened to grief at such an early time - with the devastation in Gaza contravening their most basic rights, as in 'General Principle/ Article 6 "The right to life, survival and development" [30] According to Save the Children [26], "Children can be more vulnerable to certain mental health stressors such as traumatic experiences, conflict, or significant changes in their environment, due to their ongoing development and limited coping mechanisms".

### 1.2 Study Problem

The research problem asks: **What is the reality of psychological trauma among children in Palestine in light of the war on the Gaza Strip?** Trauma has no limits amid the scenes of terror to which these children are exposed. Almost all children in Gaza are displaced, experiencing disease and famine. These factors leave long and short-term negative psychological effects on children. Investigating this problem is essential [29] also supporting the provision of trauma management. Effective efforts must be presented in an organizational / community context familiar with trauma, with a knowledge-based understanding of trauma's effects [12]

### 1.3 Research Objectives

This study identifies some impacts of challenges experienced by Gazan children 5-9 because of this war, aiming to look at this dimension through the eyes of parents/caregivers. The research problem incorporates the lens of the tumultuous political conditions experienced by the Palestinian people in the Gaza Strip.

For parents and educators, understanding trauma does not need to be specialised: having awareness of the existence and impact of trauma enables them to offer children early interventions (such as play-based) and enabling them to seek further help where needed. *"A trauma informed approach is distinct from trauma specific services or trauma systems"* [28]

### 1.4 Importance of the Study

It includes theoretical and practical importance and may contribute to each of the following:

**Practical importance:** The findings will benefit the Ministry of Education in identifying the reality of psychological trauma in both kindergarten and lower primary stages, thus helping in developing guidelines and strategies for these groups- and be useful for relevant principals. It may also provide some recommendations and suggestions to support the roles of parents, teachers and counsellors in how to deal with children as trauma occurs.

**Theoretical importance:** The results will help to inform counselling practices and may be a knowledge base for subsequent studies. Finally, the results and recommendations may improve methods and practices for dealing with psychological trauma into the future.

### 1.5 Study Limitations

#### 1.5.1 Objective Limit

The study was limited to identifying the reality of psychological trauma among Gazan children in light of the war on the Gaza Strip. The data indicates that more than 816,000 children in the Gaza Strip needed psychological assistance following the effects of ongoing Israeli *aggression there* [23]).

**1.5.2 Conceptual Limit:** limited to the terms and concepts contained in the study.

**1.5.3 Procedural Limit:** Limited to the use of the questionnaire, to collect data that determine the results of the study via the validity and stability of the scientific tool used.

**1.5.4 Human Limit:** The study was limited to children aged 5-9 in the Gaza Strip, their number exceeded (284,458), based on the statistics of the Palestinian Central Agency [22] sample size 386 parents.

**1.5.5 Spatial Limit:** The study was limited to the Gaza Strip to understand the local context. As stated in Agbaria [1] "understanding contextual factors and developing locally recognized survey measures is of great importance in future research, mental health provision, and public health planning in Palestine".

**1.5.6 Time Limit:** This study was carried out during the second half of 2024.

## 2. Literature on Trauma

### 2.1 Psychological Trauma and PTSD

The concept of traumatic stress emerged in the field of health and psychiatry at least four decades ago. It was shown that an event may be a trauma for one person and not for another, for example a child who has been taken out of the house suffers differently from his brother who was taken out of his home as well. How individual responses are physically and psychologically disabled by an event, will contribute to whether the effect is painful or not: SAMHSA's Trauma and Justice Strategic Initiative, [28] states "Emotional and psychological trauma is the result of very stressful events that shatter your sense of security, and make you feel helpless in a risky world". Dr. Gabor Maté has said [17] that trauma is what happens inside the person because of the bad things that have happened.



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' [6]. "Oweis stated that all children in the Gaza Strip are facing severe emotional difficulties and require mental health and psychosocial support. He mentioned that children are experiencing symptoms such as dissociation, anxiety, fear, nightmares, sleep disorders, and withdrawal" [20]. According to the American Psychiatric Association, "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. An individual may experience this as emotionally or physically harmful or life-threatening and may affect mental, physical, social, and/or spiritual well-being" [24].

## 2.2 Trauma and Children

'Adverse Childhood Experiences', including stress and trauma, have been identified as factors showing a lasting impact on children experiencing them. The ACEs study [8] showed that early adversity increased likely problems in later life, including physical, mental, and behavioural problems. Further research has led to additional factors being added including witnessing violence outside the home. The allostatic load [10] where the stress is chronic and ongoing, worsens the impact. Understanding these factors is crucial for teachers and parents to mitigate traumatic impacts in young children. The UK Trauma Council identify several indicators a child will suffer from Trauma/PTSD, including: *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* [32]

## 2.3 Trauma symptoms and Mitigation

Trauma in children can cause 1) Re-experiencing painful thoughts or images through memories, dreams, or intrusive thoughts; 2) Cognitive states and negative moods related to trauma. 3) Altered physical arousal associated with trauma; and other types of adjustment difficulties, including poor relationships and connections, avoiding traumatic memories, and emotional and behavioural problems where symptoms are called **trauma-related**, although they may not fully meet the criteria for post-traumatic stress disorder [9,23]

Steps can be taken to mitigate and alleviate trauma. For professionals/counsellors, in the case of war, Awad [3] suggests measures such as encouraging the child to express what is inside them, helping them find vocabulary that expresses the loss of security inside them. Okeke et al [19] examines some common reactions to shock so that carers can offer suitable support such as *Regression; thinking that the event is their fault: Sleep disorders: Feeling helpless and powerless.*

## 2.4 Post Traumatic Stress Disorder

The impact usually lasts from a few days to a few months, and then gradually subsides during treatment. A person may feel a negative response when triggered by memories such as the anniversary of the event. If the person is unable to move on from the event, this suggests that the person suffers from Post-Traumatic Stress disorder (PTSD) and is unable to process their emotions. Whatever the traumatic event, the loss of a sense of security must be dealt with, at least temporarily. A natural reaction to this loss is sadness [24].

## 2.5 Previous Studies

There have been several previous studies on trauma, including some related to Palestine. These include the following:

**Shaheen's and Attia study [27]**, (Post-traumatic stress among Gaza Strip students after the 2022 aggression) recommended especially the need to implement counselling programs within schools and universities to mitigate trauma.

**Spyska, L. [29]** explored the concept of psychological trauma, and its impact on the prospects of human life. The study demonstrated the attitude that trauma can affect different personality components, including motivation, volition, emotions, and self-esteem.

**Agbaria et al.'s study [1]** explored the prevalence of PTSD among Palestinian children and adolescents exposed to political violence. The study showed both the prevalence of PTSD and that understanding contextual factors through locally recognised survey measures is of great importance in future research, mental health provision, and public health planning in Palestine.



**Marie et al. [15]** aimed to provide a systematic review of well-established literature and 24 varied studies related to anxiety disorder (along with PTSD) in Palestine. The results showed that anxiety disorders and PTSD are among the most common mental disorders in Palestine. Findings indicate that a significant percentage of Palestinians suffer from serious issues implying distinct challenges and barriers.

**Mahamid's [16]** study aimed to test collective trauma, quality of life and resilience in the narratives of Palestinian refugee children, in five Palestinian refugee camps in the West Bank (Balata , Ein Beit El Maa, Askar , Jenin, and Nour Shams), which were established after the Nakba in 1948; the results showed that children suffered from collective trauma and poor quality of life, as they lived in homes and restrictive places lacking playgrounds and recreational facilities.

### 3. Research Results

#### 3.1 Research context

The research was conducted under a state of active war, with bombings, devastation, death and absence of basic humanitarian necessities, such as food, water, power. This necessitated a change of strategy regarding data collection.

**3.1.1 Study Sample Population:** The study population consisted of children aged (5-9) years in the Gaza Strip. The total population was 284458, the recommended sample size for that population would be 385 responses. The survey collected 386 responses.

**3.1.2 Data collection tools:** Because of challenging circumstances regarding Wi-Fi and power outages, interviewers were recruited who conducted in-person interviews with parents.

**3.1.3 Survey:** The survey questions used in the interviews sought to elicit accurate information regarding 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. The questions were graded based on a Likert (1932) 7-point Scale. The language used was Arabic, the researchers built the questionnaire with the following steps: Review the theoretical literature related to psychological trauma; Review previous research and studies that have examined the subject of psychological trauma; The objectives to be achieved from the interview were determined and the general objective of the study was achieved; based on this the interview questions were prepared.

#### 3.2 Analysis Methodology

The Survey Responses were gathered and analysed using the SPSS Statistical Programme. Validity and reliability were assessed using recognised tools. The full SPSS report is available.

#### 3.3 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. Some examples of the results are shown here:

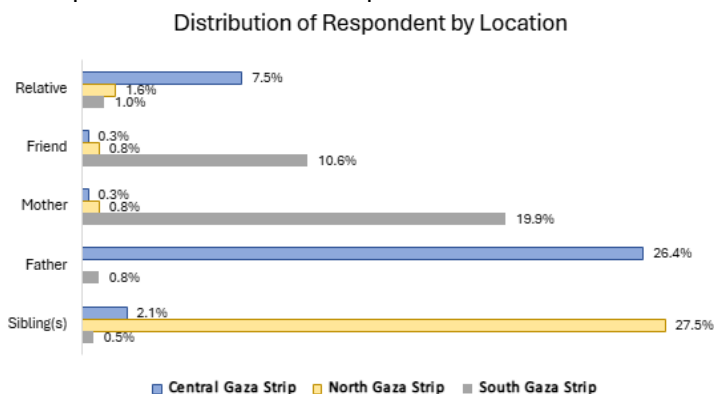


Fig. 1 Distribution of Respondent by location and relationship to child



## 3.4 Narrative Impact on the Children as Reported by Parents

Parents were asked to provide examples of types of trauma and its effects as experienced by children. 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. One child had *"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"*. One response observed *"The trauma reflects the size of the unexpected accumulations the child is experiencing, which causes him to feel unable to express or deal with reality."* Several responses described particular challenges facing children, these reflected the real horror of the situation, showing that children are witnessing situations that will be difficult to erase or manage in their memories, for example *"Seeing corpses and explosions in the area where we used to live before the displacement"* and especially *"Watching my brother as animals eat corpses during the displacement"*.

## 4. Data Analysis, Results and Recommendations

### 4.1 Scale and Causes of Trauma

The research question sought to establish the reality of psychological traumas among children in Palestine. The results showed that the 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 to **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% as seen:

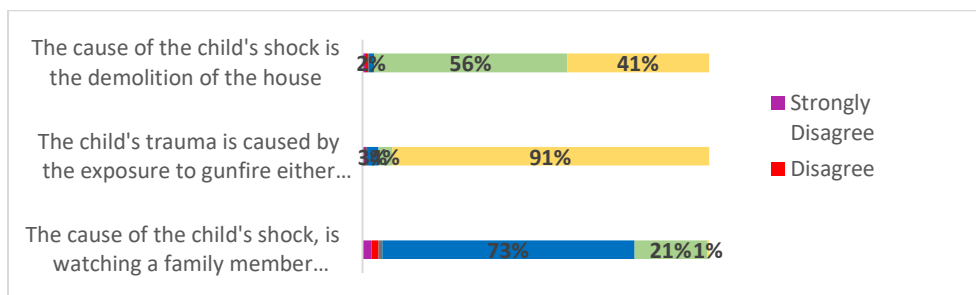


Fig.2 Cause of trauma

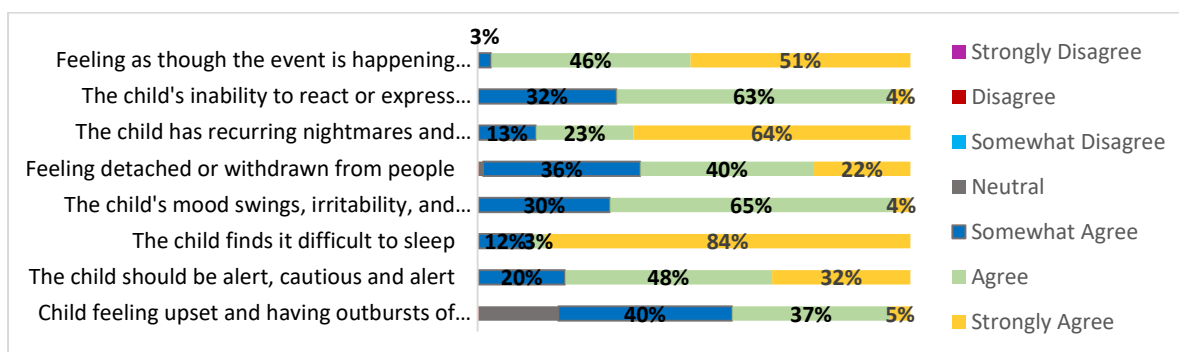


Fig. 3 Feelings Related to Traumatic Events

**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 (related to behaviour change) **(the child feels upset and tantrums)** with an approval rate of 75.24%;

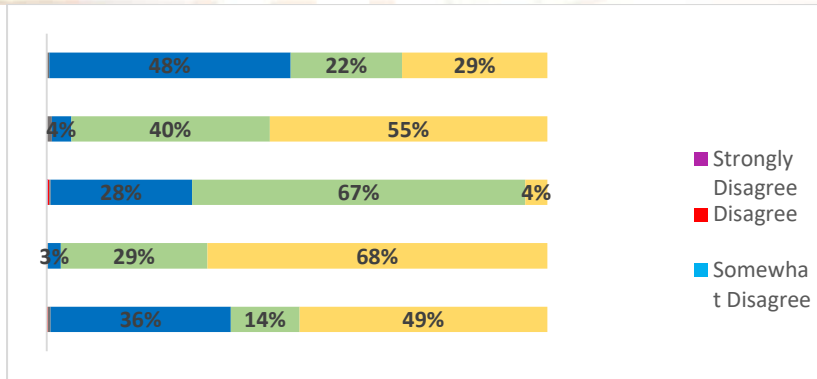


Fig. 4 Behaviour changes related to traumatic events and the statement **(the child's inability to express emotions)**, showed majority agreed:

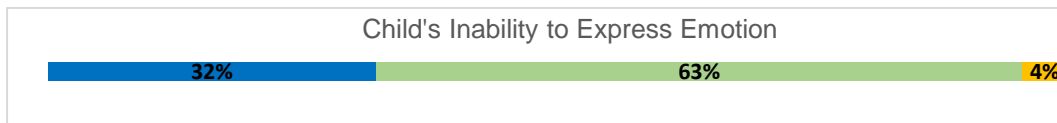
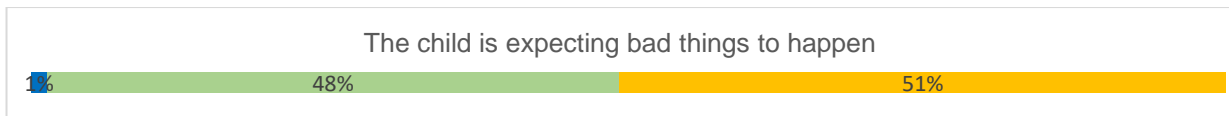
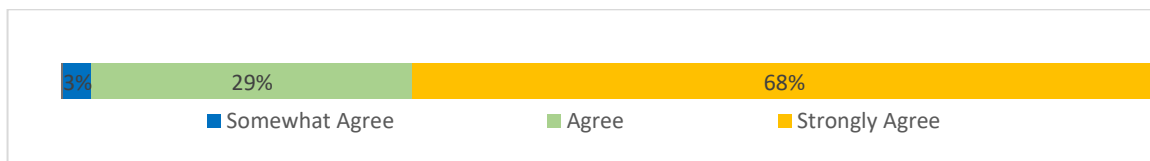


Fig.5 Child's Inability to Express Emotions

The effect of variables including age, gender, place of residence, number of family members, number of displacements were examined (full results in the SPSS analysis); there were gender differences, in favour of male children. 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 Fig. 6 & 7.



There were statistically significant differences between the average prevalence of psychological trauma according to place of residence. The source of the differences is between the category of place of residence (in the centre of the Gaza Strip) and in the north and center of the Gaza Strip, and in favour of the residents of the central Gaza Strip. This could indicate increased instances of bombing in one region more than another.

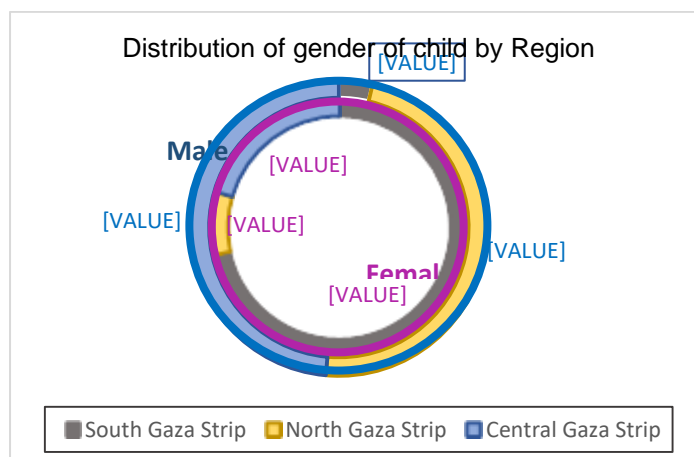


Fig. 8 Distribution of gender of child by region

**For the variable of displacements there were also differences**, the main source of the differences is between the category **of the number of displacements** (twice) and each of the categories (three times) and (other) and in favour of the category (twice). Full figures available. Multiple displacements can be seen to be excessively disruptive for the families, especially the children, with the ensuing uncertainty and repeated loss of familiar surroundings and people. In summary, the parents included in the study sample (386) see to a high degree that there are many negative psychological, social and health effects on children in the Gaza Strip, as a result of the war there that has continued since October 2023.

#### 4.4 Recommendations

The findings of the survey indicate a serious level of trauma among the Gazan children. Recommendations fall into short-term mitigation measures, and longer-term actions. These will support educators/ parents in responding to the needs of the children in their care, and offer ideas to enable professional counsellors and therapists to gain detailed knowledge and experience. In addition, it is vital that policy makers prioritise this area, both through provision of adequate mental health supports, and supportive educational tools and activities in relevant settings, whether school or kindergarten.

#### Recommended Actions

- 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
- 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.

#### 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.

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