

Introduction

1. Introduction

Traumatic events are increasing in different parts of the world (Lee *et al.*, 2002), and in many recent armed conflicts the majority of the victims have not been soldiers, but women and children (Hjern *et al.*, 1998). As a result, the effects of warfare and political violence on the mental health of children have received increasing attention during the last decade. Although precise figures on the numbers of children and families affected are not known, it has been estimated that in a recent period of ten years, over ten million children have been traumatized by war around the world (United Nations, 2000). There has been substantial research in the phenomenology and prevalence of post-traumatic stress disorders (PTSD) in at-risk groups of children from different ethnic groups and cultures. The previous studies have shown that children and adolescents exposed to traumatic experience in a disaster can suffer from high levels of post-traumatic stress (Yule *et al.*, 2000).

As was noted above, traumatic experiences and conflicts are a reality for many people throughout the world (Qouta & El-Sarraj, 2004). They affect hundreds of thousands of people every year: victims, their relatives, their friends, disaster workers, and witnesses. In recent years there has been a significant increase in mortality in nearly all types of disasters (Ursano *et al.*, 1994). Our knowledge about the effect of violent trauma on children's mental health derives from researching the experiences of both human-made and natural disasters. Studies on the effect of war on civilians come from the experience of the Second World War, contemporary conflicts in the Middle East, South Africa, Ireland and Bosnia, as well as the effect of urban violence targeted at American children.

Clinical practices in childhood trauma are today based on a wealth of research and case studies found in hundreds of publications in scientific literature (Eth, 2001). The current research will focus on the most important risk factors leading to trauma for Palestinian children living in Gaza. It will also describe the different types of traumatic experiences suffered by children in this area. This study is therefore in line with Wayment's (2004) suggestion that there is a continued need for empirical examination of the causes and consequences of distress reactions following collective losses.

There are no standard responses to traumatic experiences. The levels of intensity of post-traumatic stress disorders and distress experienced are not clearly related. So a rape, death, or loss of property can cause different levels of distress depending on protective factors relating to the individual, and his/her family and community. For example, some people respond without a problem to their initial displacement and have symptoms of stress later, while others have symptoms at the beginning that later disappear (De Jong, 2002). One of the important mediators that can have a moderating and protective effect on children is their family support. The role of the family and the reactions of parents have been shown in the British studies after World War II as well as in studies in kibbutzim and among Palestinians (Punamaki, 1987; Williams, 1990). Other mediators are: stage of development (Pynoos *et al.*, 1996); personality (Giel, 1998); the coping style of the child (Punamaki & Suleiman, 1990; Shisana & Celentano, 1987); the ideological commitment of the child (Baker, 1990; Punamaki, 1996); and social support (Shisana & Celentano, 1987; Halpern, 1982). In addition, Joseph *et al.*, (1993) report that effective coping strategies, social support in a crisis and self-efficacy are the three factors that many authors regard as crucial to post-trauma recovery.

In spite of these factors, people who go through traumatic experiences usually have symptoms of stress or other problems afterwards. The trauma happens to many competent, healthy, strong, good people. No one can completely protect him or herself from traumatic experiences. But also, the symptoms and problems depend on many things, including a person's life experiences before the trauma, a person's own natural ability to cope with stress, kinds of help and support a person gets from family, friends, and professionals immediately following the trauma. Moreover, not all individuals with high levels of trauma exposure develop PTSD; it depends on the moderating factors (Dempsey, 2002).

For more than 60 years, people in Palestine have suffered various levels of trauma as a result of the occupation of their land. During my work as a school counsellor in the Gaza Strip, I came into contact with many Palestinian children who have been exposed on a daily basis to traumatic experiences since the beginning of the second Intifada (uprising) against the occupation on 28th October 2000. They suffered negative psychological, social, and educational effects such as: insomnia, fear of the dark, phobias, depression, bedwetting, social withdrawal, negative social-interaction, aggressive behaviour, forgetfulness, and truancy from

school. These are indicators that having a normal childhood in Palestine is unlikely in the current circumstances and that the future psychological well-being of Palestinian children is being compromised by on-going traumatic experiences. In my experience, many Palestinians view the territories as an open prison. It is so overcrowded with Palestinian refugees that normal life is impossible (Qouta & El-Sarraj, 2004). What is more, daily traumas form the experience of each generation. When a child listens to a parent or grandparent, s/he hears similar stories of uprooting, poverty, and violence that he sees around him today. S/he has little or no hope that the circle of suffering will end.

Palestinian children who grew up in the Intifada depicted children in their drawings as being beaten or shot by soldiers (Garbarino, Kostelny, & Dubrow, 1991). A study by (Abu Hein *et al.*, 1993) found a high rate (25%) of conversion fits in Palestinian children that were living in the Gaza strip and were exposed to traumatic events during the war. Another study of 108 Palestinian children in the Gaza strip found that the number of traumatic experiences was related to high levels of neuroticism, and impairment of attention, concentration and memory (Qouta, Punamaki & El Sarraj, 1995).

In this research, two studies were conducted in order to examine the psychological, social, somatic and educational effects of chronic traumatic experience on Palestinian children over the five years of the Al-Aqsa Intifada. Additionally, to investigate factors that possibly moderate the effects of PTSD, and to understand the reasons behind why some children are, in spite of being exposed to severe traumatic events, are still doing well.

Firstly, a quantitative study was conducted which aimed to explore the long-term effects of war and occupation on the Palestinian children in the Gaza Strip. The sample consisted of 1,137 children aged between 10 and 18 years who were randomly selected from all parts of the Gaza Strip to participate in the study. The participants completed a Checklist of Traumatic Experiences (CTE), a Symptoms of Post Traumatic Stress Disorder Scale (SPTSDS) and a Personality Assessment Questionnaire (PAQ).

The quantitative study will be presented in seven chapters as shown below:

The first chapter will present the definitions of Post Traumatic Stress Disorders (PTSD) in both of DSM-IV and ICD-10, primary and secondary traumatic stress, and chronic traumatic

experiences. In addition to the rate of PTSD, the impact of traumatic experiences on children and adolescents who live with war and violence will be examined, such as the physical effects of trauma, the psychological effects, the social effects, effects of trauma on the family and the effects of trauma on education. Finally, the impact of chronic traumatic experiences will be described.

In the second chapter some factors will be presented, which play important roles in response to traumatic experiences such as age and developmental level, gender, family, school, culture, friends, temperament/personality traits, style of coping, amount of trauma, type of degree of trauma, social and community support and spiritual/religious support.

In third chapter the origins of modern conflict in Palestine will be presented. It will focus on the most important events in this area since 1917. Also, it provides background information about Gaza Strip, the Palestinian refugees, the first Intifada which started in December 1987, the Oslo peace agreement in September 1993, and the second Intifada in September 2000. In addition, in this chapter the consequences of the violence of war and occupation in Palestine are discussed.

The fourth chapter will focus on the Middle East such as Israel, Lebanon, Iraq, Kuwait, Afghanistan and Palestine. It will also provide a brief synopsis of the main studies carried out in each geographical area such as Middle East, Far East (e.g. Cambodia, India, Sri Lanka), The Balkan Region (e.g. Croatia, Bosnia), African Countries (e.g. South Africa, Uganda, Angola, Kenya).

The fifth chapter presents a description of the methods used for this study as a quantitative study. This study consisted of 1,137 children aged between 10-18 years. A wide sample for this study was selected by clustering random groups representing most of the children in the Gaza Strip based on location, schools (e.g., elementary, preparatory, secondary), gender and age. This represents 0.081% of the child population of the Gaza Strip (1.4 million) (PCBS, 2006). Five new questionnaires were adapted as a result of conducting pilot studies. In addition, ethical issues such as informed consent, confidentiality and the consequences of participation were considered. This chapter also includes descriptions of the procedure to establish validity (e.g., referees validity, discriminatory analyses, concurrent validity) and

reliability (e.g., internal consistency, split-half method, Cronbach's Alpha, test-retest). In addition, an explanation is given of the procedural method for the current study.

The sixth chapter shows the results of the quantitative study which presented the psychological, social, somatic and educational effects of chronic traumatic experience on Palestinian children over the fifth year of the Al-Aqsa Intifada. Also, showed the prevalence of exposure to traumatic experiences and its type and symptoms of PTSD; the types of traumatic experiences have Palestinian children in the Gaza strip been exposed to; the levels of PTSD symptomatology among the participants; the relationship between exposure to traumatic experiences amongst the participants and their symptoms of PTSD; and the factors that might moderate PTSD symptoms amongst the participants (e.g., gender, age, type of trauma, place of residence (clashing or non-clashing area), family size, monthly family income, the educational level of the parents, individual personality traits, psychosocial support).

The seventh chapter, the findings of quantitative study are discussed in light of the literature view, previous studies and the background of participants as shown below.

Secondly, a qualitative study aimed to explore, in more depth, the moderating factors relating to Palestinian children who have been exposed to chronic traumatic experiences, particularly the children who show low levels of PTSD. Therefore, this study aimed to understand the reasons why they were doing well. The sample consisted of six children interviewed in Arabic by using a semi-structured interview. They were aged between 13-18 years. The participants were selected according to the amount of traumatic events and level of PTSD experienced by children who took part in first study. The sample included four boys and two girls. Overall, five of the children were at the preparatory school (ages: 13-15 years), and one case was at secondary school (age 16-18 years).

The qualitative study will be presented in one chapter (chapter 8). In this chapter, the researcher presents some details about the theory of thematic content analysis such as definition of thematic content analysis, the advantages and disadvantages and the phases of content analysis. The researcher will also introduce the research question of the qualitative study, its aim, method, procedure, validity and reliability which includes the Inter-Rater Reliability. In addition, there is an explanation of data analysis and a list of framework-Code Categories. Finally, the researcher presents the results and discussions.