Chapter 6

Results

6.1 Introduction

In the results section, the researcher, drawing upon an eco-systemic model (Bronfenbrenner, 1979), will present the most important factors that influence the child when interacting with his or her environment. The relationship between the child and his/her family and community will be presented through holistically describing the child him/herself (i.e. temperament/personality traits, style of coping, national pride, the way of perception to trauma) and his relationship with family, schools, friends, relatives, neighbours, community (governmental and NGOs foundation) and culture.

The researcher thinks that only focusing on the child him/herself and his/her constant exposure to war or conflict trauma, without linking with the other factors which influence on the child and his re-action, is not enough to give an accurate or complete picture. Thus, it is important to show the child within the wider context of his/her family, community and culture.

In summary, the results uses the eco-systemic model in order to produce the holistic and integrated picture of the child who is exposed to trauma and the fundamental factors which could have an impact on his response.

This 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 an 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).

6.2 Exposure to chronic traumatic experiences among the Palestinian children in the Gaza Strip.

6.2.1 Exposure to traumatic events

All participants had been frequently exposed to all 34 traumatic experiences (see Appendix 1 for full list of traumatic events). The experiences with the highest exposure are shown in Table 20.

Table 20: Frequency and percentages of traumatic experiences (N: 1,137)

The statements of traumatic experiences	Item no	Frequency	(%)
Have you been exposed to humiliation by occupying forces?	21	1134	99.74
Have any of your close family members been exposed to humiliation by occupying forces?	22	1126	99.03
Have you been exposed to explosion sounds or the sound bombs?	24	1099	96.66
Have you witnessed a martyr's funeral?	29	971	85.40
Have you witnessed shelling by tanks, artillery, or military planes?	26	954	83.91
Have any of your friends, neighbours, or relatives been killed by occupying forces?	15	900	79.16
Have the occupying forces used your house, block, camp, or zone as a cordon?	11	751	66.05
Have you witnessed people being shelled and bombed?	28	736	64.73
Have any of your friends, neighbours, or relatives been injured by the occupying forces?	17	733	64.47
Have the occupied forces destroyed a land or farm of yours or of a dear person by a bulldozer.	23	731	64.29

Every Palestinian child in the study had been exposed to at least three traumatic experiences (i.e. chronic trauma) between 2000 and 2005 as shown in Table 21 and Figure 2.

Table 21: Number of traumatic experiences and percentages (N: 1,137)

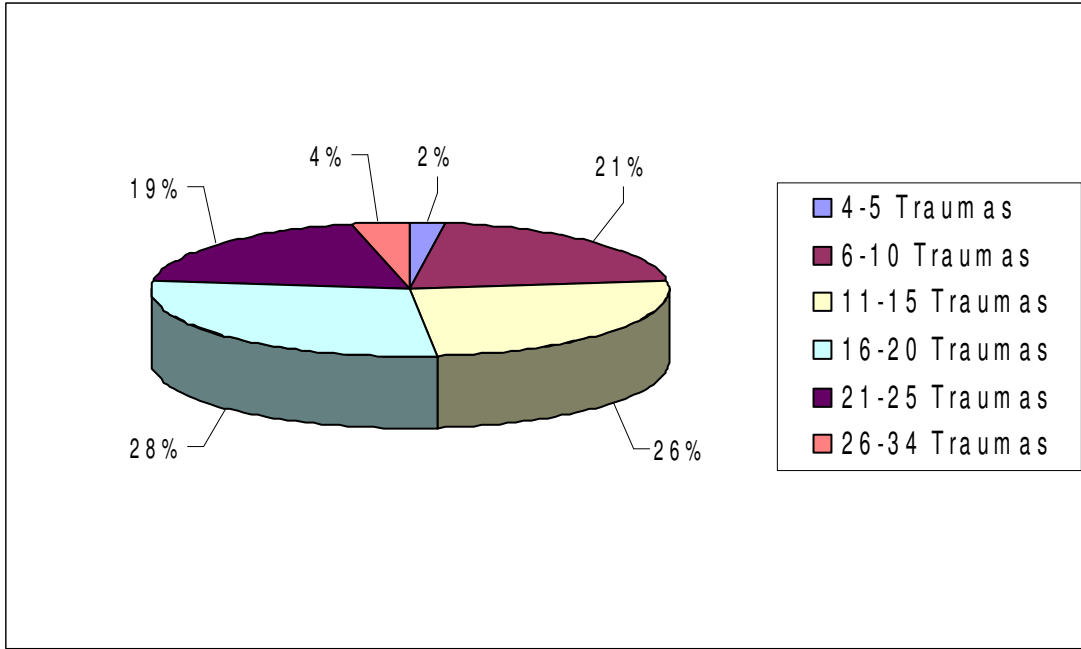| Number of the traumatic experiences	Frequency	Percentage (%)
3 traumas	3	0.3
4-5 traumas	25	2.2
6-10 traumas	233	20.5
11-15 traumas	291	25.6
16-20 traumas	323	28.4
21-25 traumas	220	19.3
26-34 traumas	42	3.7
Total	1,137	%100

Figure 2: The percentages of children who exposed to the number of traumatic events

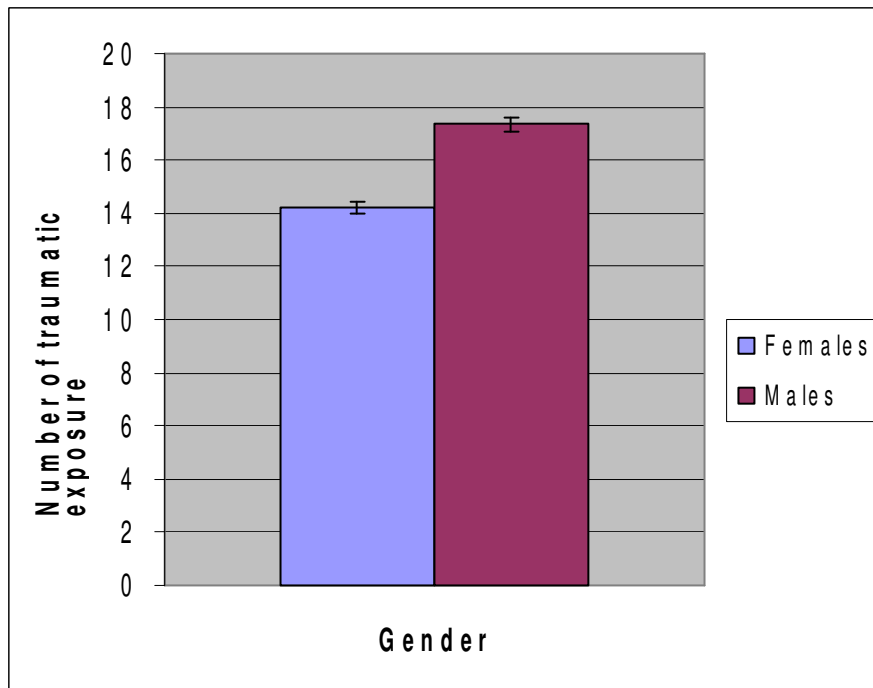## 6.2.2 Exposure to traumatic events by gender

Figure 3: Male children are more exposed to traumatic events than females (N=1,137)

Comparing gender with regard to the exposure of traumatic events a t-Test revealed that males (M=17.35, SD=5.5, ±0.0229) were significantly more often exposed to traumatic events than females (M=14.24, SD=5.8, ±0.245) with t (DF=1,135 , t=9.211, p<0.001). It means that the male children are more exposed to traumatic experiences than females.

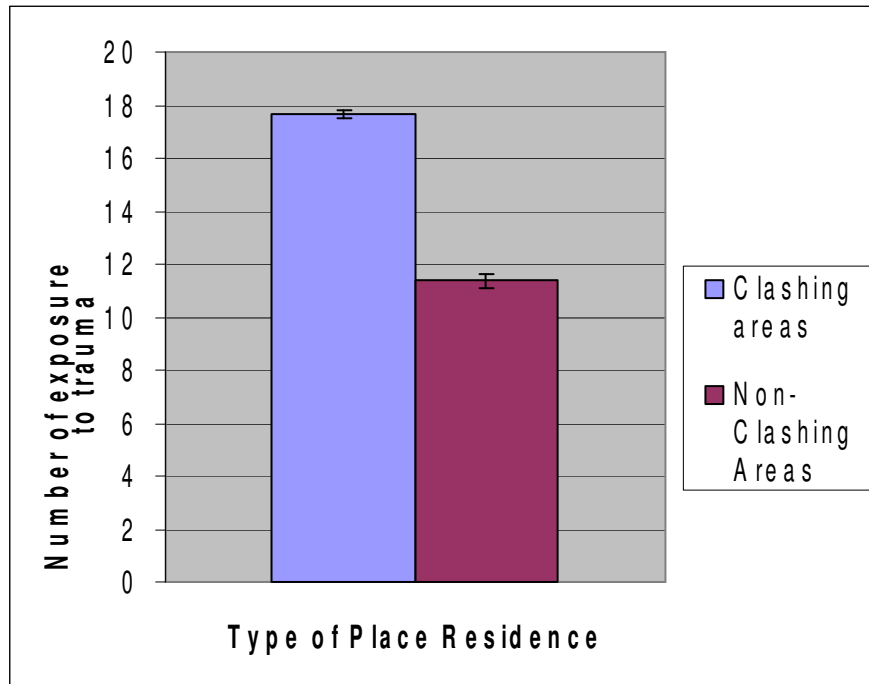**6.2.3 Exposure to traumatic experience by residence (clashing or non clashing areas)**

Figure 4: Exposure to traumatic experiences regard to place of residence (N=1,137)

The results reveal a significant different between participants from clashing areas (M=17.66, SD=5.1, ± 0.185) and participants from non-clashing areas (M=11.36, SD=4.9, ± 0.25) with regard to the exposure of traumatic event (t = 19.69, Df=1,135, P<0.001, effect size=5.01). This indicates that children from clashing area are most exposed to traumatic events.

6.2.4 Age differences with regard to the exposure to traumatic events

A One-way-ANOVA analysis revealed that there were no significant differences between age groups (10-12; 13-15; 16-18 years) with regard to traumatic experiences in the clashing areas [F= (2,762)= 0.744, p=0.475, N=766).

6.3 Types of the traumatic events Palestinian children in the Gaza strip have been exposed to

6.3.1 Type of traumatic events

The participants who were exposed to several traumatic events were grouped into five types as shown below in Table 22 and Figure 5.

Table 22: The frequencies for prevalence of type of the traumatic events

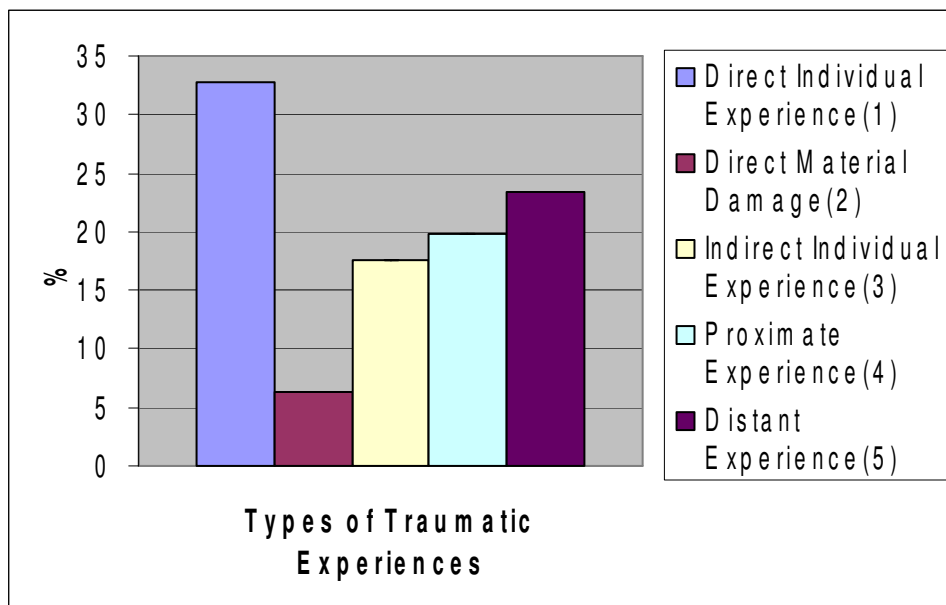| Types of traumatic experiences	Percentage of Overall (n=1,137) (%)	Percentage of clashing areas (N=766) (%)	Percentage of non clashing areas (N=371) (%)
Direct individual experiences	32.72	32.80	32.47
Direct material damage	6.37	6.59	5.67
Indirect individual experiences	17.57	25.57	19.31
Proximate	19.81	10.16	23.41
Distant	23.41	24.77	24.77
Total	100%	100%	100%

Figure 5: Types of Traumatic Experiences (N=1,137)

6.3.2 The traumatic event that influence the development of PTSD most

Table 23: Linear regression coefficient of traumatic experiences and the overall symptoms of PTSD for clashing areas (N=766).

Independent variables: Types of the traumas	R	R Square	F	Sig. F	T	Sig. T	Coefficient regression
1-Has your house been completely destroyed by shelling or bulldozing?					2.869	.004	.110
2- Has your house been partially destroyed by shelling or bulldozing?					3.008	.003	.115
7-Have you been injured to the degree that you lost consciousness?	.473	.224	5.004	.000	2.784	.006	.109
18-Has anyone of your close family members been killed in front of your eyes by occupying forces?					2.789	.005	.116
19-Has anyone been killed in front of your eyes by occupying forces?					3.425	.001	.154
26-Have you witnessed shelling by tanks, artillery, or military planes?					3.074	.002	.121

** It is significant at the 0.01 level (2-tailed)

The above traumatic events in Table 23 (e.g., destroying completely or partially the house, injuring to the degree of lost consciousness, killing of family members or someone in front of eyes, witnessing shelling by occupying forces) were affected clearly to development of PTSD symptoms more than the rest of types of the traumatic events amongst participants (R^2=.22, p<0.01, Regression Coefficient Value= 0.10 to 0.15).

6.4 PTSD symptomatology level among Palestinian children

6.4.1 The prevalence levels of PTSD

It was found that 41% of the children in the Gaza Strip suffer from PTSD. Of these, 20% suffer from acute level of PTSD which included (severe and very severe level), 22% suffer from moderate levels of PTSD, and 58% suffer from low levels of PTSD. It was also found that 41% of children suffered from PTSD in clashing zones and 40% of children suffered from PTSD in non-clashing zones (See Table 24 & Figure 6).

Table 24: The levels of PTSD symptomatology

Symptoms levels of PTSD (Overall score)		Lower score	Upper Score	Frequency	Percentage ** (%)
Clashing & Non clashing zones (N: 1,137)	Very severe	154	204	8047	3.46
	Severe	103	153	7536	4.33
	Moderate	52	102	10397	8.96
	Mild	1	51	13849	23.88
	Total	1	204	39829	**40.63**
Clashing zones (N: 766)	Very severe	154	204	5781	3.70
	Severe	103	153	5448	4.65
	Moderate	52	102	7236	9.26
	Mild	1	51	9180	23.50
	Total	1	204	27645	**41.11**
Non clashing zones (N: 371)	Very severe	154	204	2266	2.99
	Severe	103	153	2088	3.68
	Moderate	52	102	3161	8.35
	Mild	1	51	4669	24.68
	Total	1	204	12184	**39.70**

*The classification for the symptoms levels were based on Pynoos's criteria (Pynoos *et al*., 1987).

** Equation of the percentage = (Summation of frequencies * 100) / (Upper score * N)
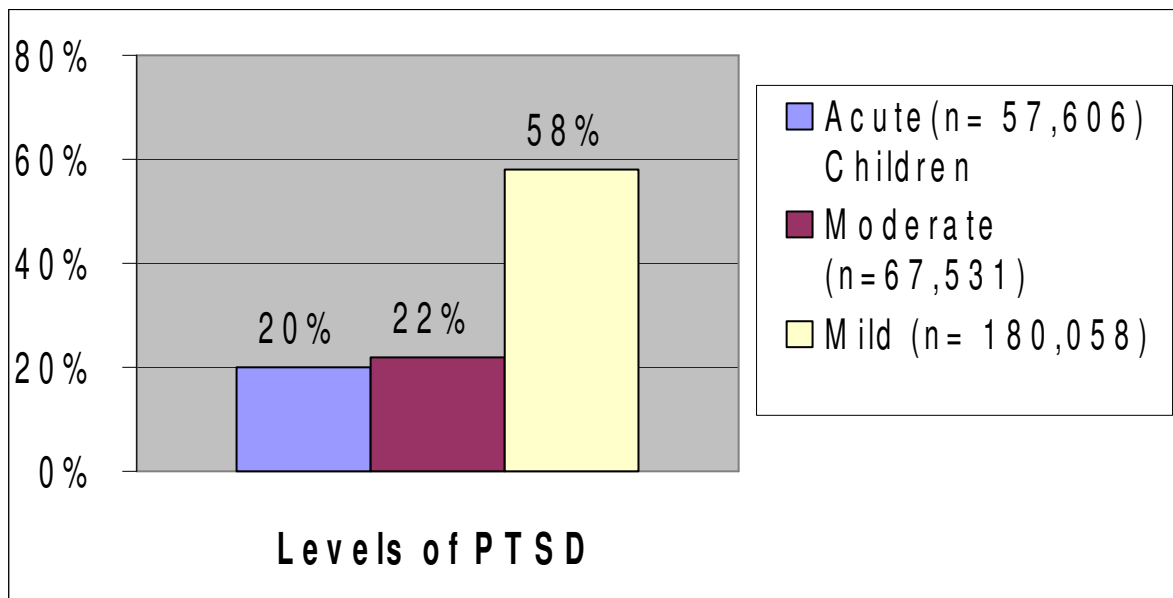
Figure 6: Levels of PTSD Symptomatology

6.4.1.1 Dimensions of PTSD symptomatology

There are five dimensions of PTSD symptoms with different levels as show in Table 25 and Figure 7

Table 25: Dimensions of the levels of PTSD symptomatology * (N: 1,137)

Levels of PTSD	Dimensions PTSD	Lower score	Upper score	Frequency	Percentage * (%)
Very sever	Somatic symptoms	25	32	930	2.55
Sever		17	24	1012	3.70
Moderate		9	16	1542	4.47
Mild		1	8	2140	23.52
Total		1	32	5624	**14.12**
Very sever	Cognitive symptoms	34	44	2297	4.59
Sever		23	33	2018	5.37
Moderate		12	22	2507	10.02
Mild		1	11	3092	24.72
Total				9914	**24.89**
Very sever	Emotional symptoms	31	40	2192	4.81
Sever		21	30	1964	5.75
Moderate		11	20	2178	9.57
Mild		1	10	2524	22.19
Total				8858	**22.24**
Very sever	Social behavioural problems	40	52	1626	2.75
Sever		27	39	1374	3.09
Moderate		14	26	2385	8.06
Mild		1	13	3418	23.12
Total				8803	**22.10**
Very sever	Dysfunction of academic performance	28	36	1002	2.44
Sever		19	27	1168	3.80
Moderate		10	18	1785	8.72
Mild		1	9	2675	26.14
Total				6630	**16.64**

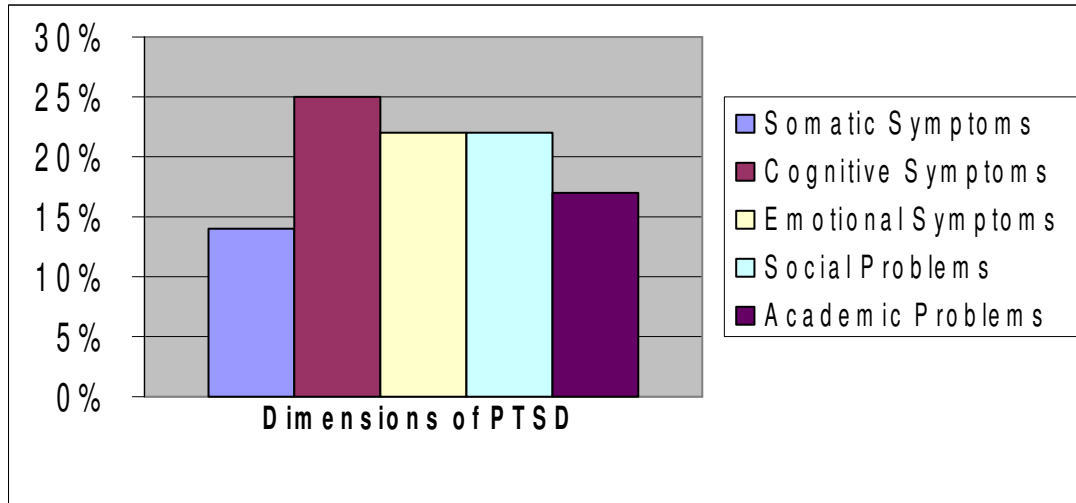 * Equation of the percentage = (Summation of frequencies * 100) / (Upper score * N)

Figure 7: Dimensions of PTSD Symptoms

6.4.1.2 The prevalence of PTSD syndrome

The prevalence of syndrome PTSD means that participants might suffer from one or more syndrome. The symptoms on the PTSD scale consisted of five syndromes such as somatic symptoms, cognitive symptoms, emotional symptoms, social behavioural problems, and dysfunction of academic performance. The prevalence of these syndromes is shown below in Table 26 and Figure 8.

Table 26: The prevalence of syndrome to be associated in PTSD

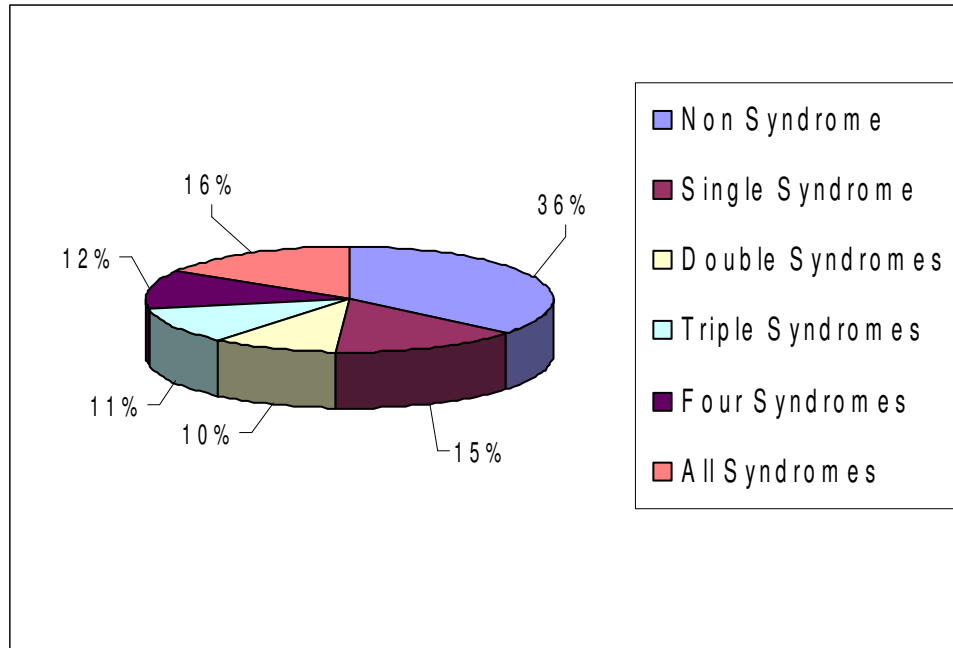| Symptoms of PTSD	N	Percentage %
Non syndrome symptoms	410	36.1
Single syndrome	172	15.1
Double syndromes	116	10.2
Triple syndromes	126	11.1
Four syndromes	137	12.0
All syndromes	176	15.5
Total	1137	100

Figure 8: Syndrome to be associated in PTSD

6.4.2 The relationship between chronic traumatic events and PTSD

A regression analysis was performed to check the relationship between traumatic experiences and its subsidiary components and the symptoms of PTSD of participants who live in clashing areas.

Table 27: The Linear regression coefficient between the traumatic experiences and the symptoms of PTSD for clashing groups (N=766).

Independent variables	R	R Square	F	Sig. F	T	Sig. T	Coefficient regression
The number of traumatic experiences	.394	.155	140.331	.000	11.846	.000	.394
The frequencies of traumatic experiences	.177	.031	24.762	.000	4.976	.000	.177
The traumatic experiences (overall score)					10.706	.000	.376
The frequencies of traumatic experiences (overall score)^	.397	.158	71.535	.000	1.572	.116	.055

^ The frequencies of traumatic experiences means that each traumatic event repeat its self again , but the number of traumatic event means that traumatic events repeat differently of more than items of checklist of traumatic events.

The results in Table 27 showed that the traumatic events significantly predict PTSD symptoms and there is positive relationship between exposure to traumatic events and symptoms of PTSD (R2=.39, p<0.001, Regression Coefficient Value=0.39). It means that whenever the traumatic experiences increase, the symptoms of PTSD will proliferate. Furthermore, the study found a similar relationship between the frequency of traumatic experience and symptoms of PTSD (R2=.17, p<0.001, Regression Coefficient Value=0.17). However, the strongest effective factor increasing symptoms of PTSD was the traumatic experiences (R2=0.15, p<0.001, Regression Coefficient Value=0.37) more than frequency of traumatic experiences (R2=0.15, p>0.05, Regression Coefficient Value=0.05).

Furthermore, a significant positive correlation between exposure to traumatic experiences and symptoms of PTSD (r=0.38; p < .000) was found. Therefore, whenever exposure to the traumatic experiences increase, the symptoms of PTSD will proliferate. See Figure 9.
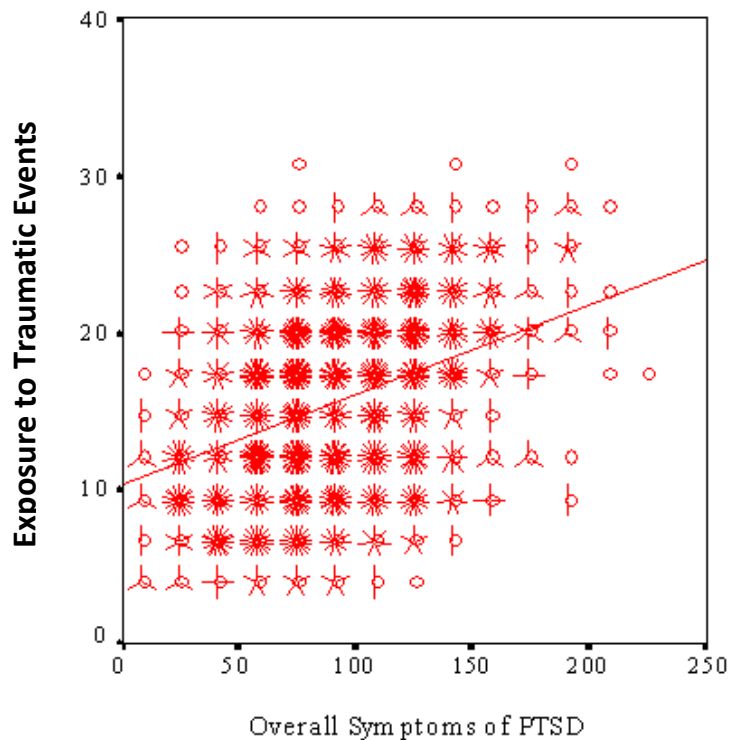

Figure 9: *Exposure to the traumatic experiences lead to an increase in symptoms of PTSD (N=1,137)*

6.5 Moderating Factors

6.5.1 *The variables are most likely to be associated with symptoms of PTSD*
Table 28: *The most associative variables to overall symptoms of PTSD* (N=766).

Independent variables	R	R Square	F	Sig. F	T	Sig. T	Coefficient regression
Age					-3.731	**.000**	-.118
Gender					-4.758	**.000**	-.149
Family size					-.397	.691	-.012
Monthly family income					-1.838	.066	-.062
Educational level to father	.710	.504	26.529	.000	-.181	.857	-.006
Type of the father job					.521	.603	.016
Educational level to mother					-1.221	.223	-.039
The religious commitment to the individual					.238	.812	.008
The religious commitment to the family					.261	.794	.008
Traumatic experiences (overall)					8.530	**.000**	.273
Frequency of Traumatic experiences (overall)					2.743	**.006**	.084
Family support					-1.985	**.048**	-.087
Friend support					1.578	.115	.060
Relatives support					1.792	.074	.075
Spiritual & Religious Support					1.642	.101	.064
Governmental & NGOs support					.667	.505	.024
School support					-2.736	**.006**	-.093
Negative Personality Traits(overall)					6.019	**.000**	.629

The results indicated that main variables which are related directly to the symptoms of PTSD were traumatic experiences (overall), negative personality traits (overall), gender, age, frequency exposure to traumatic experience, school support and family support.

There is positive relationship between the traumatic experiences and symptoms of PTSD (R^2=.50, $p<0.001$, Regression Coefficient Value=.273). It means whenever the overall number of traumatic experiences is raised, the symptoms of PTSD increased. In addition, the overall of negative personality traits is associative variable to overall symptoms of PTSD (R^2=.50, $p<0.001$, Regression Coefficient Value= .629. There is positive relationship between overall of negative personality traits and symptoms of PTSD. It means whenever negative personality traits raised, the symptoms of PTSD increased.

The gender is associative variable to overall symptoms of PTSD (R^2=.50, $p<0.001$, Regression Coefficient Value= -.149). Regarding previous research results, it means that the female children are suffered more than male one's from symptoms of PTSD. Also, the age is associative variable to overall symptoms of PTSD (R^2=.50, $p<0.001$, Regression Coefficient Value= -.118). Regarding to the previous results in current research, it means that the young children suffered more than older children from symptoms of PTSD.

The overall of frequency exposure to traumatic experiences is associative variable to overall symptoms of PTSD (R^2=.50, $p<0.01$, Regression Coefficient Value= .084). Therefore, there is positive relationship between frequency exposure to traumatic experiences and symptoms of PTSD. It means whenever the frequency exposure to traumatic experiences raised, the symptoms of PTSD increased.

The school support is associative variable to overall symptoms of PTSD (R^2=.50, $p<0.01$, Regression Coefficient Value= -.093). Subsequently, there is negative relationship between school support and symptoms of PTSD. It means whenever school support raised, the symptoms of PTSD decreased.

The family support is associative variable to overall symptoms of PTSD (R2=.50, p<0.05, Regression Coefficient Value= -.087. There is negative relationship between family support and symptoms of PTSD. It means whenever family support raised, the symptoms of PTSD decreased.

6.5.2 Gender moderate PTSD symptoms

Table 29: The result of t-test for the symptoms PTSD with regard gender (N=1,137).

Symptoms PTSD	Gender	No	Mean	Std. deviation	T	DF	P	Level Sig.	Effect size
Somatic symptoms	Male	498	9.57	5.407	5.103	1135	.000	***	0.22
	Female	639	11.29	5.789					
Cognitive symptoms	Male	498	29.41	12.440	1.857	1135	.064	ns	0.24
	Female	639	30.81	12.790					
Emotional symptoms	Male	498	16.13	7.067	11.571	1135	.000	***	0.37
	Female	639	21.14	7.390					
Social behavioural disorders	Male	498	17.57	10.057	.911	1135	.362	ns	0.21
	Female	639	18.13	10.572					
Academic behavioural disorders	**Male**	498	15.26	8.128	2.216	1135	.027	*	0.19
	Female	639	14.17	8.321					
Total of symptoms PTSD	Male	498	87.94	38.185	3.256	1135	.001	**	0.41
	Female	639	95.54	39.764					

* It is significant at the 0.05 level (2-tailed)
** It is significant at the 0.01 level (2-tailed)
*** It is significant at the 0.001 level (2-tailed)
ns It is not significant at the 0.05 level (2-tailed)

Comparing gender with regard to PTSD symptoms (overall score) a t-Test revealed that females (M=95.54, SD=39.764, ±1.711) suffered significantly more often from PTSD symptoms than males (M=87.94, SD=38.185, ±1.573) with t (DF=1,135 , t=3.256, p<0.01). Similarity, a t-Test revealed that females suffered significantly more often from somatic and cognitive symptoms than males with t (DF=1,135 , t>5.103, p<0.01), while males (M=15.26, SD=8.128) suffered significantly more often suffered from academic behaviour problems than females (M=14.17, SD=8.321) with t (DF=1,135 , t=2.216, p<0.05). (See Table 29 and figure 10).

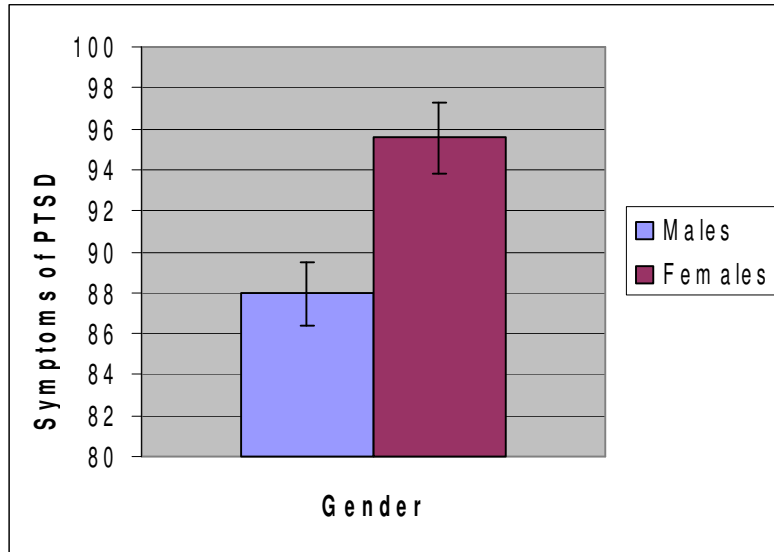**Figure 10:** Females suffered from symptoms of PTSD (overall score) more than males

6.5.3 Age moderating PTSD symptoms

A One-way-ANOVA analysis revealed that there were significant differences between age groups (10-12; 13-15; 16-18 years) with regard to symptoms of PTSD in the clashing areas [$F = (2,762) = 7.508$, $p=0.001$, N=766). It was found significant difference by Post-Hoc analysis (Scheffe Test) that children aged 13-15 years significantly suffer from symptoms of PTSD (M=101.82, SD=39.965), more than children aged 16-18 years (M= 90.05, SD=36.467) and children aged 10-12 (M=94, SD=40.234) as shown in Figure 11.
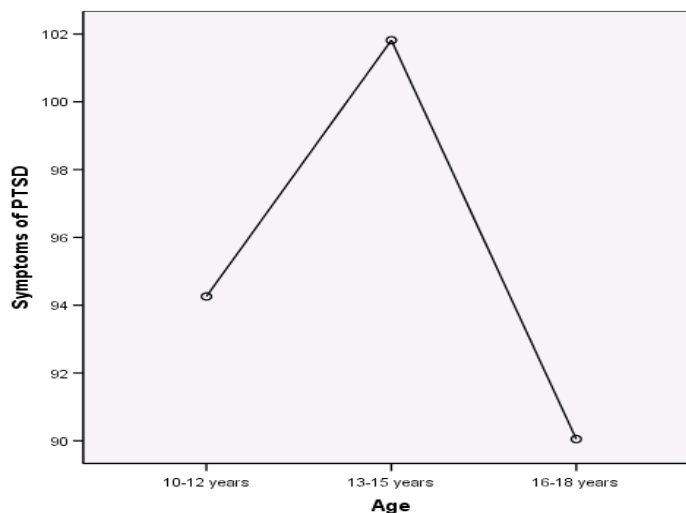

Figure 11: Middle aged group of children suffered from symptoms of PTSD more than old and young children

6.5.4 The types of traumatic events moderate PTSD symptoms

Table 30: Linear regression coefficient between the types of traumatic experiences and the symptoms of PTSD for clashing areas (N=766).

Independent variables Types of the traumas	R	R Square	F	Sig. F	T	Sig. T	Coefficient Regression	Level Sign.
Direct individual experience	.414	.171	46.79	.000	2.665	.008	.110	**
Indirect individual Exp.					2.965	.003	.132	**
Proximate					4.156	.000	.149	***
Direct material damage					4.585	.000	.164	***
Distant					.925	.356	.043	ns

*** It is significant at the 0.001 level (2-tailed)
**   It is significant at the 0.01 level (2-tailed)
ns   It is not significant at the 0.05 level (2-tailed)

The results in Table 30 show that the types of traumatic events significantly predicted PTSD symptoms for those who live in the clashing areas. Specifically, those who were exposed to direct material damage, proximate, indirect individual experience, and direct individual experience were found most strongly to develop PTSD (R2=.171, p<0.01, Regression Coefficient Value=.110 to .164), except distanced experience (R2=.171, p=0.35, Regression Coefficient Value=.043) which has non-significant impact in developing PTSD**.**
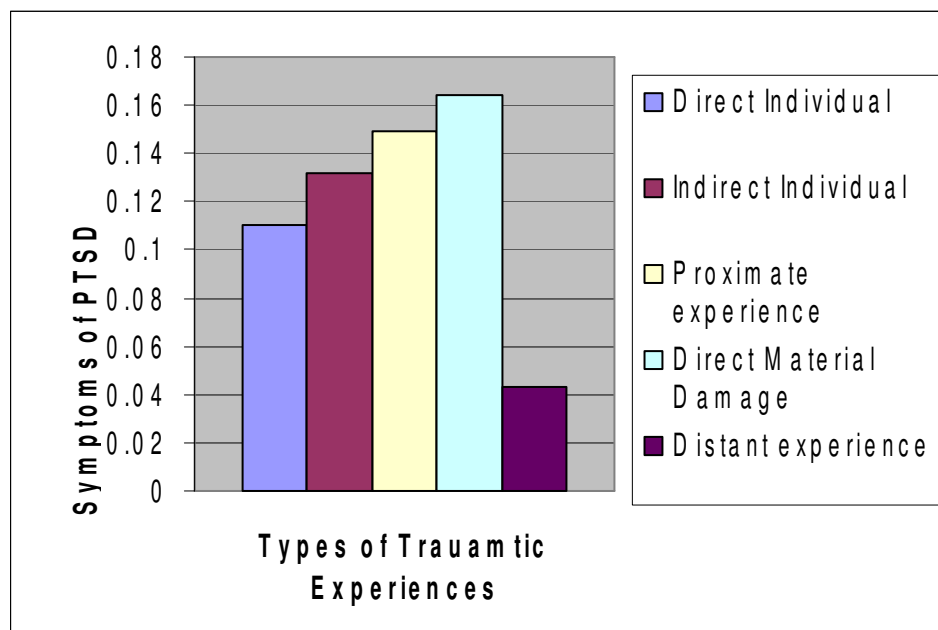

Figure 12: Different impact of types of traumatic experiences on PTSD

6.5.5 Place of residence moderating PTSD symptoms

Table 31: The result of t-test between symptoms of PTSD and the place of residence with regard to "clashing or non clashing areas," (N=1,137).

Dimensions of PTSD	Description of area	N	Mean	Std. deviation	T	DF	P	Level Sig.	Effect Size
Somatic symptoms	Clashing	766	**11.32**	5.688	6.795	1135	.000	***	0.25
	Non-Clashing	371	8.92	5.338					
Cognitive symptoms	Clashing	766	**31.52**	12.645	5.140	1135	.000	***	0.26
	Non-Clashing	371	27.46	12.234					
Emotional symptoms	Clashing	766	**19.68**	7.468	4.711	1135	.000	***	0.21
	Non-Clashing	371	17.42	7.842					
Social behavioural disorders	Clashing	766	**18.96**	10.403	5.076	1135	.000	***	0.26
	Non-Clashing	371	15.67	9.889					
Dysfunction Academic Performance	Clashing	766	**15.08**	8.347	2.506	1135	.012	*	0.21
	Non-Clashing	371	13.77	7.989					
Total of symptoms PTSD	Clashing	766	**96.56**	39.110	5.432	1135	.000	***	0.41
	Non-Clashing	371	83.24	38.031					

* It is significant at the 0.05 level (2-tailed).
** It is significant at the 0.01 level (2-tailed).

The results in Table 31 showed that comparing place of residence with regard to all dimensions of PTSD symptoms and its overall score. A t-Test revealed that children who live in clashing areas (M=11.32 to 96.56, SD=5.68 to 39.11) suffered significantly more often from PTSD symptoms than children who live in non-clashing areas (M=8.92 to 83.24, SD=5.33 to 38.03) with t (DF=1,135 , t=2.506 to 6.795, p<0.05). See overall symptoms of PTSD regard to place of residence in Figure 13.
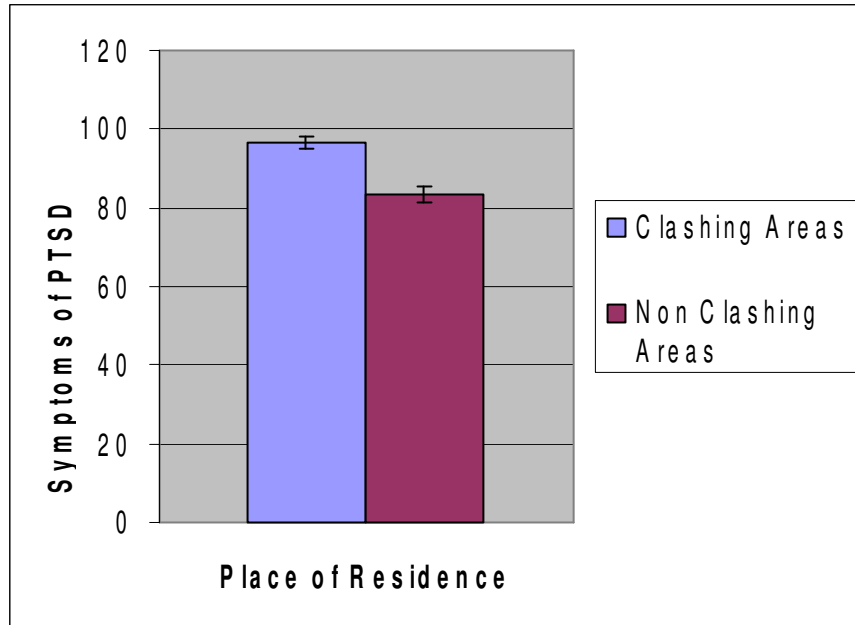
Figure 13: Children in clashing areas (±1.413) suffered from PTSD more than children in non clashing (±1.974) areas.

6.5.6 **Large extended family size moderate PTSD symptoms**

A significant positive correlation between extended family size^^ (M=9.35, SD=2.88) and total symptoms of PTSD (M=92.21, SD=39.24) (r=0.081; p<0.01) was found. Therefore, whenever family size increase, the symptoms of PTSD will proliferate.

Table 32: T-test between the symptoms of PTSD with regard large family size, (N=1137) ^^

Symptoms PTSD	**family size**	**Mean**	**SD**	**T**	**DF**	**P**	**Level Sig.**	**Effect size**
Total of symptoms PTSD	low	89.55	40.299	2.450	1112	.014	*	0.41
	High	95.40	37.511					
Somatic symptoms	low	9.93	5.650	4.094	1112	.001	***	0.17
	High	11.34	5.629					
Cognitive symptoms	low	29.35	12.956	2.424	1112	.016	*	0.22
	High	31.22	12.202					
Emotional symptoms	low	18.60	7.898	1.776	1112	.076	ns	0.16
	High	19.43	7.363					
Social behavioural problems	low	17.36	10.596	1.719	1112	.086	ns	0.23
	High	18.44	9.829					
Dysfunction of Academic performance	low	14.30	8.338	1.328	1112	.184	ns	0.20
	High	14.97	8.027					

* It is significant at the 0.05 level (2-tailed)
*** It is significant at the 0.001 level (2-tailed)
Ns It is not significant at the 0.05 level (2-tailed).
^^ Low of large family size ranged (1-9) & high of extended family size ranged (10 -30).

Furthermore, comparing to large family size with regard to symptoms of PTSD, a t-Test revealed that children who live in high family size (M=95.40, SD=37.51, ±1.755, N=457) suffered significantly more often from symptoms of PTSD than children who live in low family size (M=89.55, SD=40.30, ±1.572, N=657) with t (DF=1,112 , t=2.45, p<0.05). Similarity, children who live in high family size (M=31.22, SD=12.20) suffered significantly more often from cognitive symptoms of PTSD than children who live in low family size (M=29.35, SD=12.96) with t (DF=1,112 , t=2.42, p<0.05). Furthermore, children who live in high family size (M=11.34, SD=5.63) suffered significantly more often from somatic symptoms of PTSD than children who live in low family size (M=9.93, SD=5.65) with t (DF=1,112 , t=4.09, p<0.001) See Table 32 and Figure 14.
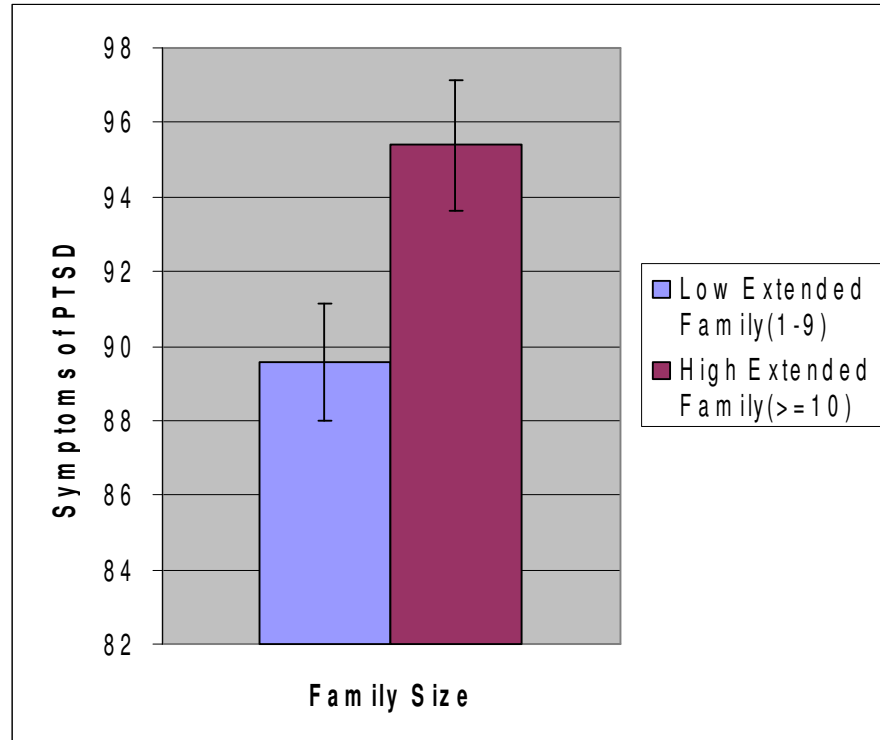
Figure 14: Children in high large family size suffered from PTSD more than other.

6.5.7 **Monthly family income (high, moderate, low) moderating PTSD symptoms**

The results reveal that 61.17% of the participants belonged to families with a low family income; 8.37% of them belonged to families with a moderate family income; and 30.44% of them belonged to high level of income as shown in Figure 15.
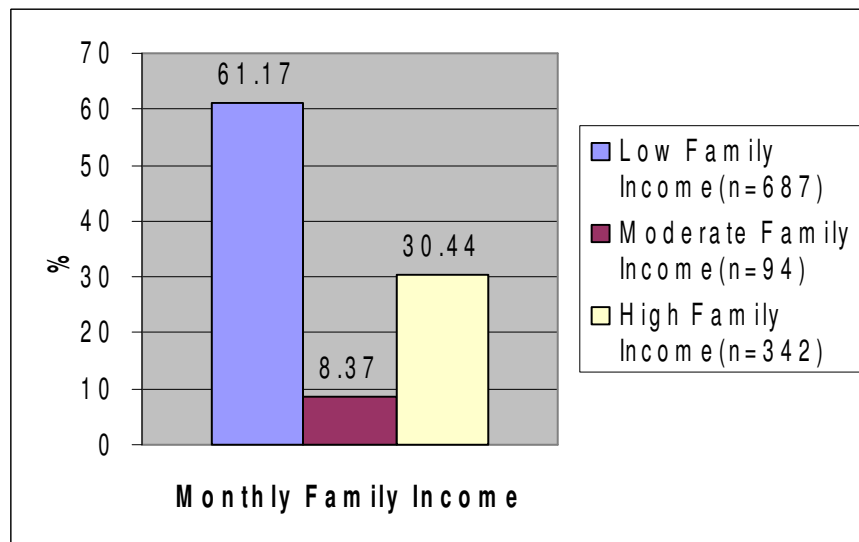

Figure 15: Distribution of levels family income in the clashing zones

Furthermore, a One-way-ANOVA analysis revealed that there were significant differences between monthly family income (low, moderate, high) and symptoms of PTSD (overall score) [F= 2, 1120) = 8.72, p=0.001, effect size=0.41). It was found significant difference by Post-Hoc analysis (Scheffe Test) that children who belonged to families with a low family income, suffered significantly from symptoms of PTSD (M=95.99, SD=39.01), more than children who belonged to families with a moderate income (M= 86.64, SD=36.05), or children who belonged to families with a high income (M=85.86, SD=39.735) as shown in Figure 16.

Similarly, with all dimensions of PTSD symptoms, there were significant differences between monthly family income (low, moderate, high) and somatic, cognitive, emotional symptoms, social and academic behavioural problems of PTSD [F= (2,1120)= 3.07 to 7.11, p< 0.05, effect size=0.17 to 0.23). It was found significant difference by Post-Hoc analysis (Scheffe Test) that children who belonged to families with a low family income, suffered significantly more from symptoms of PTSD than children who belonged to families with a high or moderate income.
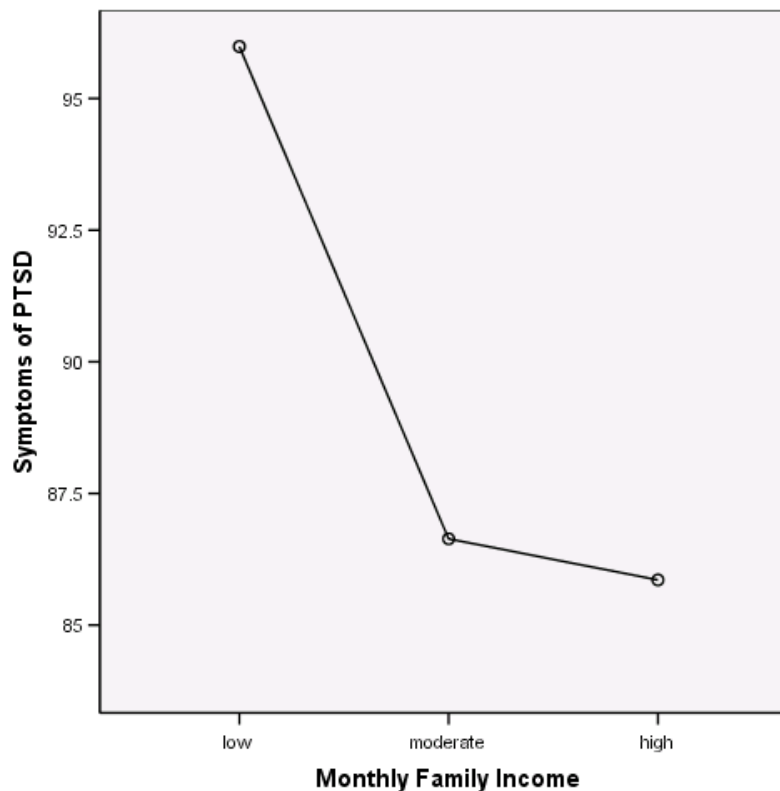

Figure 16: Children who live in low family income suffered more than others

6.5.8 The educational level of the parents' moderating PTSD symptoms

6.5.8.1 *The educational level of father' affect differently in development of PTSD symptoms on their children.*

A One-way-ANOVA analysis revealed that there were significant differences between the father's educational level (very low, low, moderate, high^) and symptoms of PTSD (overall score) [F= (3, 1126) = 5.36, p=0.01, effect size=0.41). It was found significant difference by Post-Hoc analysis (Scheffe Test) that children whose fathers have very low of educational level (illiterate) suffer significantly more from symptoms of PTSD (M=107.57, SD=36.79) compared to the participants who their fathers have high of educational level (under and post graduate) (M=86.72, SD=39.323) as shown in Figure 17.

Similarity with most of dimensions of PTSD symptoms, there were significant differences between the father's educational level and somatic, cognitive symptoms, social and academic behavioural problems of PTSD [F= (3, 1126) = 3.80 to 6.07, p< 0.05, effect size=0.17 to 0.24). It was found significant difference by Post-Hoc analysis (Scheffe Test) that children whose fathers have very low or low of educational level suffer significantly more from symptoms of PTSD compared to the participants whose fathers have moderate or high of educational level.
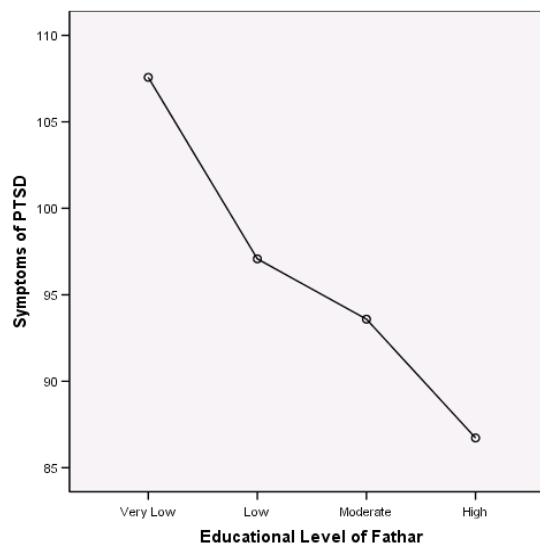

Figure 17: Children who their fathers have very low educational level suffered from PTSD more than other categories.

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^ The father's educational level (very low= illiterate, low= primary school (class1 to 6), moderate=preparatory and secondary school (class 7 to 12), high= under or/and post graduate)

6.5.8.2 *The educational level of the mother' affect differently in development of PTSD symptoms on their children.*

A One-way-ANOVA analysis revealed that there were significant differences between the mother's educational level (very low, low, moderate, high^) and symptoms of PTSD (overall score) [F= (3, 1121) = 4.15, p=0.01, effect size=0.43). It was found significant difference by Post-Hoc analysis (Scheffe Test) that children whose mothers have low of educational level suffer significantly more from symptoms of PTSD (M=98.60, SD=38.47) compared to the participants whose mothers have high of educational level (M=86.66, SD=41.91) as shown in Figure 18.

Similarity with some dimensions of PTSD symptoms, there were significant differences between the mother's educational level and somatic, cognitive symptom and social behavioural problems of PTSD [F= (3, 1121) = 2.91 to 5.11, p< 0.05, effect size=0.20 to 0.27). A significant difference was found by Post-Hoc analysis (Scheffe Test) that children who their mothers have very low or low of educational level suffer significantly more from symptoms of PTSD compared to the participants whose mothers have moderate or high of educational level.
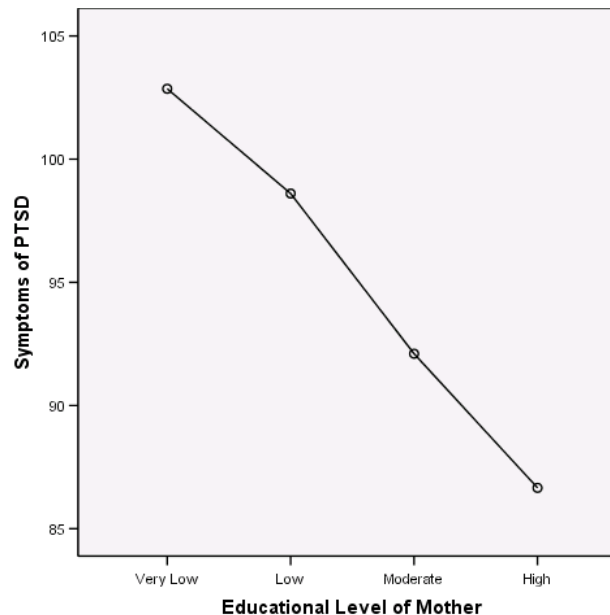

Figure 18: Children who their mothers have low educational level suffered more than others.

^ The mother's educational level (very low= illiterate, low= primary school (class1 to 6), moderate=preparatory and secondary school (class 7 to 12), high= under and post graduate)

6.5.9 Individual personality traits moderating PTSD symptoms

Table 33: Linear regression coefficient between the negative personality traits and the symptoms of PTSD for clashing groups, (N=766).

Independent variables	R	R Square	F	Sig. F	T	Sig. T	Coefficient regression
Personality assessments (overall score)	.594	.353	415.488	.000	20.384	**.000**	.594
Hostility & aggression					4.773	**.000**	.172
Dependency					3.089	**.002**	.092
Negative self-esteem	.598	.358	60.121	.000	2.848	**.005**	.110
Negative self-adequacy					2.181	**.030**	.085
Emotional unresponsiveness					3.205	**.001**	.110
Emotional instability					4.118	**.000**	.151
Negative world view					6.290	**.000**	.219

The results in Table 33 showed that personality traits contribute significantly to predict PTSD symptoms. Also, there is a strong positive correlation between negative aspects of the personality traits (overall score) and symptoms of PTSD (R2=.35, p<0.001, Regression Coefficient Value=.594). Thus, the symptoms of PTSD increase whenever the level of negative aspects of the personality traits increases. In addition, dimensions of negative personality traits (e.g., hostility & aggression, dependency, Negative self-esteem, negative self-adequacy, emotional unresponsiveness, emotional instability, negative world view) have positive correlation with symptoms of PTSD (R2=.36, p<0.05, Regression Coefficient Value=.085 to .219).
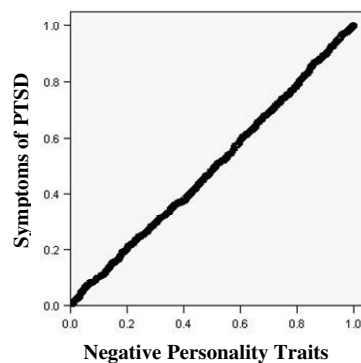

Figure 19: Whenever the negative of the personality traits raised, the symptoms of PTSD increase

6.6 Psychosocial support influence PTSD symptoms

Table 34: Linear regression coefficient between the network of psychosocial support and the symptoms of PTSD for clashing groups, (N=766).

Independent variables	R	R Square	F	Sig. F	T	Sig. T	Coefficient regression
Network of the psychosocial support	.030	.001	.685	.408	-.828	.408	-.030
Family					-6.220	**.000**	-.325
Friend					.195	.845	.009
Relatives & neighbours	.245	.060	6.917	.000	1.604	.109	.083
Spiritual & religious					-2.761	**.006**	-.125
Governmental & NGOs					1.616	.106	.070
School					-.667	.505	-.028
National pride					-2.615	**.009**	-.116

The results in Table 34 showed that the network of psycho-social support does not contribute significantly to predict PTSD symptoms (R2=.001, p<0.001, Regression Coefficient Value= -.030). However, it still indicates that there is negative correlation between psycho-social support and symptoms of PTSD which means the symptoms of PTSD decrease whenever the level of psycho-social support increases. Furthermore, there is a strong negative correlation between each of family, spiritual-religious support and national pride with symptoms of PTSD (R2=.060, p<0.01, Regression Coefficient Value=.-.116 to -.325). Thus, whenever the level of spiritual-religious support, national pride and family support raised the symptoms of PTSD decreased as shown in Figure 20.

6.7 Network of psychosocial support or personality traits reducing symptoms PTSD.

A regression analysis was performed on the network of psychosocial support and personality traits and their subsidiary components are predictive variables (independent), and the symptoms of PTSD and its subsidiary components are dependent variables for the clashing groups only.

Table 35: Linear regression coefficient between the network of psychosocial support and personality traits with and the symptoms of PTSD for clashing groups, (N=766).

Independent variables (overall score)	R	R Square	F	Sig. F	T	Sig. T	Regression coefficient
Network of psycho-social support	.541	.293	157.566	.000	1.049	.294	.033
Personality assessment					17.557	.000	.547

The results reveal that components of psychosocial support (such as family, spiritual/religious and national pride) and personality traits contribute significantly to the prediction of symptoms post traumatic stress disorders PTSD. Therefore, the increase of the above specific components of psycho-social support and positive personality traits contribute to reduce the symptoms of PTSD among the Palestinian children in the Gaza Strip. However, the personality traits ($R2=.293$, $p<0.001$, Regression Coefficient Value= .547) were more often significant than network of psycho-social support ($R2=.293$, $p=0.29$, Regression Coefficient Value= .033), which was minimal effect.
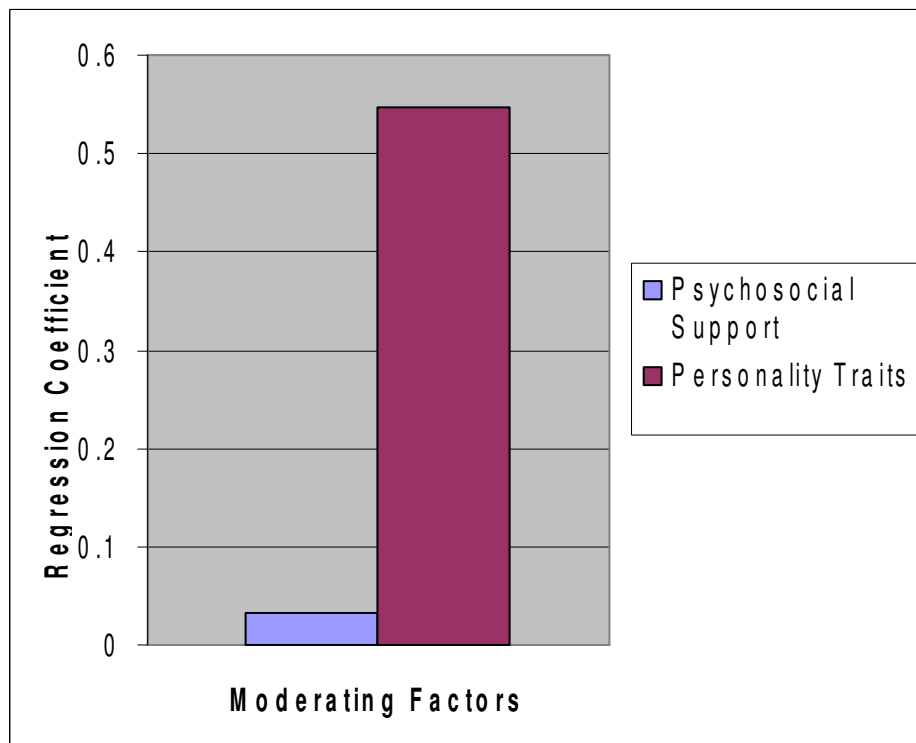

Figure 20: Factors contribute to reduce symptoms of PTSD