

Conclusion

This research was conducted on a representative sample of Palestinian children in the Gaza Strip, and the required assessments were implemented after updating and ensuring their validity and reliability.

The Palestinian people have been exposed to chronic traumatic experiences throughout the sixty years of wars, conflicts, crises, displacement and the occupation which has had so many effects on all aspects of their lives, in particular on the mental and physical health of children and their families.

As the Palestinians continue to be exposed to the disasters of war and conflict, they have not got any opportunity to reconstruct and develop what has been destroyed. Thus, since 1948, the Palestinian people have been exposed to several traumatic events and have experienced a war or a revolution or an uprising approximately every seven to ten years.

As a result to the occupation and the uprising of the Palestinian people for freedom and an independent state, Palestinian children and their families in the Gaza Strip and West Bank were exposed to several traumatic experiences such as demolition of their houses, detention, shelling, humiliation or killing or injuring them selves or their families or neighbours or relatives. The circle of violence and ongoing exposure to the traumatic experiences affected the children and their families severely and has led to significant mental health disorders.

In study one, 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 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 Personality Assessment Questionnaire (PAQ).

The first study in the current research found that every child in Palestine had been exposed to at least three traumatic events during the Al-Aqsa Intifada (2000-up to date). The Palestinian children have not just been exposed to chronic traumatic experiences, but they are also affected by dreadful circumstances such as lack of food, medicine, fuel, green areas, clean

water, regular cut of power, high percentage of unemployment, continuing of refugee status and loss of hope (PCBS; B'Tselem; UNRWA, 2007). It should also be noted that the poverty in Gaza is very high. Nearly 87% of the population lives below the poverty line.

Importantly, it is estimated that children in the Gaza Strip form 53.3% of the total population, meaning that there are 742,200 children. This first study found that 41% (approximately 305,000) of the child population in Gaza is suffering from PTSD. Overall, the exposure to chronic traumatic experiences led to an increase in the symptoms of PTSD among Palestinian children in the Gaza Strip. The most prevalent types of PTSD were:

- a) 25% children suffering from cognitive symptoms (e.g., a child might take a long time to get to sleep, or be unable to stop thinking about the trauma he was exposed to, or feel everything around him was not safe).
- b) 22% children suffering from emotional symptoms (e.g., the child feeling alone, suffering from nightmares, easily getting tense and nervous, feeling sad and fearful, bed wetting).
- c) 22% children suffering from social behavioural disorders (e.g., aggressive and rude behaviour, rejecting a teacher's or parent's authority, having difficulty enjoying games and hobbies).
- d) 17% children suffering from dysfunction of academic performance (e.g., difficulty in concentrating on studying, increasingly bad academic performance, difficulties in paying attention during school lessons, disruptive behaviour at school).
- e) 14% children suffer from somatic symptoms (e.g., headaches, stomach-ache, hypochondriasis, somatization).

The researcher believes that most of the children who suffer from symptoms of PTSD in Gaza do not get appropriate or sufficient treatment. Evidently, this society is currently facing a humanitarian disaster and therefore need urgent help, support and treatment. If we suppose that every psychiatrist/therapist would be able to provide treatment for one child (as in an individual therapy) or seven children (as in a group therapy), we require more than 10,000 specialists. Unfortunately, this number is not available in Palestine nor is it available in the surrounding countries.

It should be noted that the researcher collected his data of study one prior to March 2006. Since this date people in the Gaza strip have witnessed and experienced the worst humanitarian and political situation since 1948. Therefore it is probably safe to assume that people who suffer from PTSD, including children, have significantly increased.

The results of the first study encouraged the researcher to investigate this phenomenon in more depth to determine the reasons behind the rest of the Palestinian children not showing symptoms of PTSD. The first study found some of the reasons why children who were exposed to severe traumatic events suffered from PTSD. Therefore, this second study (qualitative) set out to interview a number of these children to understand clearly why they were doing well in spite of exposure to severe traumatic events.

In study two (qualitative), the aim was to explore, in 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 are doing well. The sample consisted of six children interviewed 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 from the children who took part in first study. In the second study, the research found the possible moderating factors is likely similar with study one, which had led to a reduction in the symptoms of PTSD, in spite of having been exposed to severe traumatic experiences like other participants. These moderating factors protected the children and alleviated symptoms of PTSD in the following ways:

- a) 96% from psychosocial support (e.g., family, friend, relatives, neighbours, teachers and community support).
- b) 75% from positive personality traits (e.g., the patriotic sense, ambition and hope, religion and faith, courage and boldness, social person, determination and will).
- c) 60% from adaptation or acclimatization (e.g., not thinking constantly about traumas or difficulties, usually facing up to traumas and difficulties and a collective sharing of grief and anxiety). Diligence at school and activities like painting or talking which give opportunities for emotional debriefing also helped the children to adapt.
- d) 50% from entertainment (e.g., sport and hobbies, sense of freedom from healthy

activity, following recreational programs like drama).

The current research (study one and study two) has also found that some children were exposed to traumatic experiences but did not develop PTSD, and when the researcher examined the reasons, he found that these particular children received a high level of support from family, friends, relatives, teachers, spiritual support, ideological commitment, and national pride as well as Governmental and NGO institutions. In addition, the positive traits of personality can reduce the effects of PTSD. Despite good support and positive personality traits, these children, are likely to remain vulnerable to developing PTSD at any later time because of the continuous exposure to traumatic events and difficult living circumstances in the Gaza strip. In my view the results of this research strengthens the case for these children to be provided with preventive and supportive activities and programs to help protect them from developing symptoms of PTSD.

The importance of positive personality traits in the children along with a network of psycho-social support is emphasized in both studies and supported by previous studies like those of Webb, 2004; McNally, 2003; Mohlen *et al.*, 2005. The first and second studies disagreed on only one detail. The findings in the first study suggested that an increase in the network of psycho-social support and positive personality traits both helped to reduce the symptoms of PTSD among the Palestinian children in the Gaza Strip. However, the personality traits were more significant than the network of psycho-social support. However, the findings in the second study, on the other hand, suggested that the network of psycho-social support (e.g. family support, friend support, relatives', neighbours' and community support, teachers' support) was more significant than personality traits.

The interaction between individual personality traits and networks of psycho-social support is important to understand before effective support for these children can begin. It is useful to view this, as the qualitative study does, as a number of interacting circles or contexts which work together to protect the child from developing symptoms of PTSD. The first circle is family support; the second is the community of friends, relatives, neighbours and teachers; the third is the child' personality, beliefs, ambitions; hopes and ideological commitment. All these factors work to distract the child from dwelling on traumatic events and also empower him to

confront them.

The strength of this research was obvious through the original idea, which most of the previous studies that have been conducted on Palestinian children living in war zones in the Gaza Strip or West Bank have only focused on a small number of traumatic experiences. The present study, however, aimed at examining the range of traumatic experiences for children living in Gaza Strip using a large sample. Five new questionnaires were adapted to measure Palestinian children's exposure to a large number of possible traumatic events. These questionnaires after adaptation in the current study were more related to the culture of the participants, and asked more appropriate research questions in order to fill in the gaps of previous questionnaires. The wide sample of 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.

Several qualitative studies about the effects of exposure to war trauma have selected their participants from children or adolescents who suffered from PTSD. The current project, through the second study, tried to understand the different ways children coped, in spite of being exposed to severe traumatic experience (more than 15 traumas). The current qualitative study attempts a broader understanding of the reasons behind the normal reaction of children who are exposed to severe traumatic experiences. In addition, the researcher thinks that the qualitative study is important in order to fill in the gaps of the quantitative study.

The limitations for the study one were in collecting data which was not easy because the field work was both dangerous and constantly interrupted by the conflict. Adaptation of the questionnaires to be used required a lot of work and time. In addition, a large number of participants were very difficult to find, especially in a war area. Access to clashing areas was prevented by the occupying forces and eventually all the border crossings were closed. The researcher faced some challenges to complete this work in a limited period of time in addition to spending some time in translating it into English and doing proof-reading. The areas that he visited for this research were areas of armed conflict. In order to carry out this research with a large sample of 1,138 children, the researcher had no choice but to visit these areas of armed conflict. Several attempts to return to Gaza over the past two years failed due to the

unfortunate closure of the borders which form the only crossing points into and out of Gaza via Egypt. Data input on computers was often interrupted by power cuts – a familiar event in Gaza.

The limitations of the qualitative study arose from collecting data, which was not easy because the field work was both dangerous and constantly interrupted by the conflict. In addition, the number of participants was small, but the researcher tried to increase the number of interviews. There were few interviewees because:

- a) Several attempts to return to Gaza over the past two years failed due to the unfortunate closure of the borders which form the only crossing points into and out of Gaza via Egypt.
- b) Interviewing for the second part of this study had to be delegated to others when it became impossible to get entry to Gaza.
- c) The children interviewed were often scared and so their concentration became very hard to sustain.
- d) Recording data on computers was often interrupted by power cuts – a familiar event in Gaza.

This research lend further support to the impression that Palestinians have not had the opportunity to reconstruct all that has been destroyed throughout the years of war and conflict. They are currently in dire need of a professional service institution with the capacity to provide psychological, social and health services for the victims of war. This is required to assist both young and old, but particularly children. The war and the long term occupation have resulted in Palestinian children being exposed to chronic traumatic events which violate every child's rights: the right to live, to learn, to be healthy, to live with his/her family and community, to develop his/her personality, to be nurtured and protected, and the right to enjoy childhood (UNRWA, 2007). It is unlikely that anyone could have a normal childhood in Palestine in the current circumstances. The future psychological well-being of Palestinian children is being compromised by their on-going traumatic experiences.

Palestinian children and their families currently have no hope that the circle of suffering will end. If this traumatized society gets no help in the near future, then the community will become too weak to recover and we might face the prospect of a lost generation of children.