

Introduction

- Palestinians are the largest single group of refugees in the world, one in three refugees world wide is a Palestinian. It is estimated that there are about 7 million Palestinian refugees in the world (UNRWA, 2007). Palestinian children and their parents live under occupation and mostly in a war zone since 1948 till now.

- Chronic trauma means that traumatic events (e.g. combat experiences, physical injury, direct threats to life, domestic violence) occur several times over an extended period of time, and that these traumas are often multiple, severe, and recurring (Kinzie, 2001a, Kaysen *et al.*, 2003). In general, research on combat veterans and other survivors of traumatic experiences found that more time spent in potential danger can lead to more severe symptoms of PTSD both in childhood and adulthood (e.g., Norris *et al.*, 2003; Kaysen *et al.*, 2003; Eth, 2001).

- The consequences of violence of occupation against the Palestinian people affect on several aspects such as somatic, psychological, social, and functional. Most of the studies were conducted in Gaza Strip or West Bank found that Palestinian children living in war zones are at high risk of suffering from PTSD, somatoform disorders, psychosocial problems (e.g., Qouta & El-Sarraj, 2004; Husain *et al.*, 1998; Thabet, Abed, & Vostanis, 2002).



Aims

- In the present study we aimed to explore the relationship between chronic traumatic events and symptoms of Post Traumatic Stress Disorders (PTSD) among children in the Gaza Strip. Our research questions were:

1. What is the relation between the chronic traumatic events and symptoms of PTSD among Palestinian children?
2. What are the most traumatic that influenced the development of PTSD?
3. What are the most prevalent types of PTSD?

Method

Participant

- The sample consisted of 1,137 children aged between 10-18 years (mean age: 14.36; SD 1.79), randomly cluster selected from all parts of the Gaza Strip. 43.8% of the sample were boys (n: 498), while 50.3% were girls (n: 639). 19.9% (n: 226) = primary schools (ages: 10-12 years), 47.5% (n: 540) = preparatory school (ages: 13-15 years), and 32.6% (n: 370) = secondary school (ages: 16-18 years).

Measurements

Development of questionnaires

- Checklist of Traumatic Experiences (CTE) and Symptoms PTSD Scale (SPTSDS) have been developed by the researcher (Altawil), and tested to ensure their validity and reliability.

*Corresponding Author's email: M.ataw@herts.ac.uk

* This study is one part of a big research about the chronic trauma in Palestine.

¹ Dr. Mohamed Altawil, MA, PhD in Mental Health, and PhD Candidate in Psychology by Clinical Research, University of Hertfordshire, Hatfield, UK.

² Dr. Pieter W Nel, Consultant Clinical Psychologist, Doctorate in Clinical Psychology, and Academic Tutor, University of Hertfordshire, Hatfield, UK.

³ Prof. Abdalla Asker, Head of Psychology Department, Zagazig University-Egypt.

⁴ Mr. Steve Davies, Consultant Clinical Psychologist, and Deputy Program Director, Doctorate in Clinical Psychology Course, University of Hertfordshire, Hatfield, UK.

⁵ Prof. David Winter, Consultant Clinical Psychologist, and Program Director, Doctorate in Clinical Psychology Course, University of Hertfordshire, Hatfield, UK.

⁶ Mr. Muthanna Samara, PhD Candidate in Development Psychology, University of Warwick, Coventry, UK.



Two new scales were developed:

1. Checklist of traumatic experiences

This scale was adapted from the Gaza Traumatic Event Checklist (Abu Hein *et al.*, 1993) and the Trauma Questionnaire Scale (Qouta & El-Sarraj, 2004), and includes 34 items covering the most traumatic events that a Palestinian child may have been directly exposed to during the war and the occupation period.

2. Symptoms PTSD Scale (SPTSDS)

This scale was adapted from the Children Post Traumatic Stress Reaction Index (CPTSD-RI) (Pynoos, Frederick, & Nader 1987), (World Health Organization ICD-10, 1992), (American Psychiatric Association DSM-IV,1994), (El-Khosondar, 2004), (Hawajri, 2003). The scale consists of fifty one items which included five dimensions (somatic, cognitive, emotional symptoms, social behavioural and academic behavioural disorder), and based on the procedure of Pynoos *et al.* (1987) scoring norms were created. Items were rated from 0 (never) to 4 (always).

Procedure

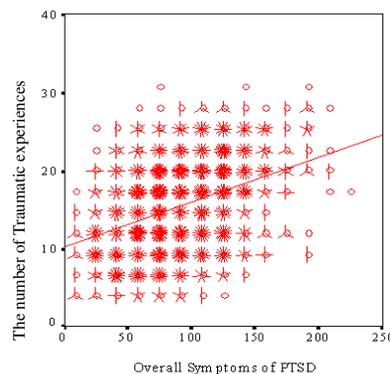
- Ethical approval for the study was obtained from the University of Hertfordshire, the Palestinian educational ministry and UNRWA's Education Programme. Participants completed the questionnaires in two sessions with a trained researcher and a school counsellor. Each session included 7 to 10 children and both sessions lasted approximately 1 hour (primary school children were given extra time). All scales were tested prior to administration to ensure reliability and validity (including a pilot study). Those scales are available in English and Arabic.



Results I

Whenever exposure to the traumatic experiences increase, the symptoms of PTSD will proliferate.

It was significant correlation (N=1,137 ; r=0.38; p < .000)



Results II

The traumatic experiences that most influenced the development of PTSD symptoms are shown below:

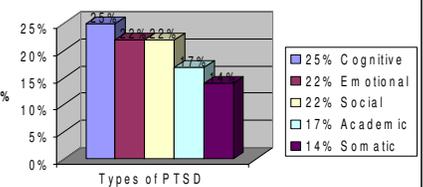
Table1. The most traumatic experiences that influenced the development of PTSD (N: 1,137)

The statements of traumatic events	Frequency	(%)
Destroying completely the house	128	11.26
Destroying partially the house.	271	23.83
Injuring to the degree of lost consciousness	115	10.11
Killing family members in front of eyes.	162	14.25
Killing someone in front of eyes.	582	51.19
Witnessing shelling.	954	83.91

Results III

The most prevalent types of PTSD

Figure 1: The most prevalent types of PTSD



Discussion

- Every child in Palestine had been exposed to at least three traumatic events for the last five years in Al-Aqsa Intifada (Altawil *et al.*, 2006). The current study found that exposure of the Palestinian children to chronic trauma increase the symptoms of PTSD. Thus, many studies have found that a child or an adult who has been exposed to traumatic events for a long time is in danger of developing more severe PTSD symptoms or psychological problems (e.g., Norris *et al.*, 2003; Yule, 2001; Qouta & El-Sarraj, 2004).

- The traumatic experiences that most influenced the development of PTSD symptoms was destroying completely or partially the house etc. Similarly, several studies found that great exposure to traumatic events has been associated with greater level of PTSD (e.g., Bramsen *et al.*, 2000; Ishii, 2003; Nelson-Goff & Schwerdtfeger, 2004).

- The findings showed that 41% (305195) of Palestinian children suffered from symptoms PTSD (Altawil *et al.*, 2006). Most children where not receiving any treatment for their symptoms. Subsequently, the most prevalent types of PTSD were: 25% (76,298) of Palestinian children suffered from cognitive symptoms; 22% (67,143) of them suffered from emotional symptoms; 22% (67,143) of them suffered from social behavioural disorders; 17% (51,883) of them suffered from academic behavioural disorders, and 14% (42,728) of them suffered from somatic symptoms. Many studies agreed with these results (e.g., Thabet & Vostanis, 2000; Rummens & Seat, 2004; Hutchison, 2005; Wayment, 2004; Mollica *et al.*, 2001).



Conclusion

- Gaza Strip is now an open prison. It is so overcrowded with Palestinian refugees that normal life is impossible. Daily traumas form the experience of each generation. When a child listens to a parent or grandparent, he hears similar stories of uprooting, poverty, and violence that he sees around him today. He has no hope that the circle of suffering will end. If this traumatised society gets no help in the near future, then the community will become too weak to recover.