

Abstract

This research aimed to explore, in depth, some of the moderating factors relating to Palestinian children in the Gaza Strip who have been exposed to chronic traumatic experiences, particularly the children who are doing well or show low levels of PTSD. It formed part of a larger study (Altawil, 2008) about the effects of chronic traumatic experiences on Palestinian children in the Gaza Strip.

The sample consisted of six children interviewed by using a semi-structured interview. They were aged between 13-18 years. These children had all been exposed to at least 15 traumatic events which for some of them should have been severe, yet they showed low level symptoms of PTSD. They had all been living in clashing areas in the Gaza Strip.

The measurements were made using a semi-structured interview. The participants were interviewed in Arabic and the interview schedule was also translated into English.

The results revealed that the moderating factors and levels of influence which protected children from developing PTSD are positive personality traits, ideological commitment, a network of psychosocial support, entertainment and adaptation or acclimatization.

The study concluded that although some children in Gaza who have been exposed to traumatic experiences seem to be doing reasonably well at present, there is a significant risk that they will continue to be exposed to further traumatic experiences. If these and other less fortunate children in Gaza do not get adequate help (both preventative and reactive), we might face the prospect of a lost generation of Palestinian children.



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 7.5 million Palestinian refugees in the world (UNRWA, 2008). 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 recent study, Altawil (2008) was conducted quantitative study among 1,137 children aged between ten and 18 years randomly selected from all parts of the Gaza Strip to participate in the study. This study found that every child in Palestine is likely to have been exposed to at least three traumatic events. Importantly, this study also found that 41% of the participants suffered from Post-Traumatic Stress Disorders (PTSD). This indicates that there are potentially more than 300,000 children in the Gaza Strip in need of psychological, social, and medical services in the areas of rehabilitation and therapeutic treatment. The study revealed that the support of family, friends, relatives, teachers, and spiritual leaders can be of great help. In addition to this, positive traits of personality can reduce the effects of PTSD (Altawil,2008).



Method

Design:

The sample consisted of six children interviewed by using a semi-structured interview. They were aged between 13-18 years. The participants were selected because of the high levels of traumatic events they experienced and low levels of PTSD they suffered.

Participants:

Six of these children were selected who fully met the criteria from the 'hot' areas in the Gaza Strip (areas of highest exposure to traumatic experiences). The participants were selected through schools and classes in the Gaza Strip. The participants were interviewed in Arabic using a semi-structured interview. The interview schedule was also translated into English.

Measures:

The schedule of semi-structured interview was developed according to the research question; this schedule was based on four main subjects:

- Exposure to the traumatic events.
- Issues around identity.
- Issues around support.
- Issues around coping .

Six interviewers were recruited to conduct the interviews. The translation of transcripts into English was done by two qualified persons in the UK (Arabic and English native speakers).

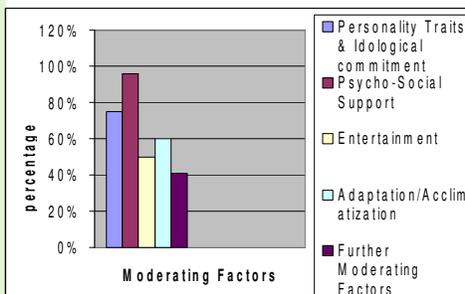
Data analysis:

Interviews were analysed using a Thematic Content Analysis (TCA) (Braun and Clarke (2006).



Results

What are the Possible Reasons for Different Re-actions to Chronic Trauma?



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¹ This study is one part of a big research about the chronic trauma in Palestine.

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Discussion

The results revealed that the moderating factors and levels of influence which protected children from developing PTSD are:

1- Positive personality traits (e.g., the patriotic sense, ambition and hope, religion and faith, courage and boldness, social person, determination and will).

2- Ideological commitment (e.g., culture of challenge, a strong belief in obligatory resistance to the occupation and the patience to do so)

3- Network of psychosocial support (e.g., family, friend, relatives, neighbours, teachers and community support).

4- Entertainment (e.g., sport and hobbies, sense of freedom gained from healthy activity, or following recreational programs like drama).

5- 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 will also help a child adapt.

The importance of positive personality traits in the children along with a network of psycho-social support is emphasised in both current studies (Altawil,2008) and supported by previous studies like those of Webb, 2004; McNally, 2003; Mohlen *et al.*, 2005.

Entertainment, for example, alleviates suffering by being a positive distraction. Sport, hobbies, the mental and physical freedom experienced when playing-all these have proved to be a good influence on health and morale (Qouta & El-Sarraj, 2004; Grady, 2004; Webb,2004). Entertainment is an influential factor in one of the levels of support for children who experienced trauma.



Clinical implications

The extent to which children in the Gaza Strip have been traumatized calls attention to the urgent need for clinical intervention to help alleviate their distress. Then, intervention will be offered depending on the severity of the disorders and the resources available for the treatment of trauma.

The children, who did not show symptoms of PTSD, should still be kept under observation, because it might be that the symptoms of PTSD will occur later on.

This group of children are still living in constant war and occupation circumstances and should be afforded preventive and supportive activities and programs as a precaution against arousing symptoms of PTSD.

Conclusion

Although some children in Gaza who have been exposed to traumatic experiences seem to be doing reasonably well at present, there is a significant risk that they will continue to be exposed to further traumatic experiences. If these and other less fortunate children in Gaza do not get adequate help (both preventative and reactive), we might face the prospect of a lost generation of Palestinian children.