

predisposes to a maladaptive outcome.”¹² It is argued that resilience concerns the extent to which an individual is stable and capable to recover from the negative effects of harmful conditions.¹³ An ordinary course of development and adaptation along with well-thought-out policy and practice are required to enhance resilience in ways that can contribute to children’s development if they experience psychosocial difficulties and related problems.¹⁴

There is direct and indirect exposure to violence among Palestinian children and adolescents, particularly those in Gaza and West Bank.¹⁵ People living in the Gaza Strip have been pitifully affected by the military conflict over the last decades, principally after 2008. A growing number of studies have specifically focused on trauma effects, stemming from the protracted conflict, among people living there.^{16,17,18} Results of these studies showed that individuals, particularly children and adolescents, who live in conflict settings experience numerous traumatic events, such as witnessing bombardment of buildings and the killing of people, watching mutilated bodies, etc. Results also highlighted a considerable development of mental health difficulty, specifically PTSD.

Wars on the Gaza Strip from 2008 to 2014

At the end of December 2008, the Israeli army launched a military operation in the Gaza Strip, which lasted for 21 days. This operation resulted in the deaths of 1440 Palestinians from Gaza, including 431 children, and at least 14,000 houses were destroyed or partially damaged.¹⁹ Another eight-day operation commenced in November 2012, in which 158 Palestinians were killed, 102 of whom were civilians, including 27 children.²⁰

The longest and most dreadful military operation on the Gaza Strip started in August 2014 lasting for 52 days, which was more destructive than the wars in 2008 and 2012. It was also the first operation to cause destruction of large towers, and a few neighborhoods entirely. A report showed that 2,131 Palestinians were killed, 501 of whom were children and adolescents, and more than 11,000 were wounded.²¹ In 2014, over 110,000 Palestinians were internally displaced in UNRWA shelters or with host families, and 108 individuals were homeless. Approximately 18,000 housing units were destroyed.

During the 2014 war, many families from the Al-Nasr area, having received warning calls from the Israeli army to evacuate their houses, managed to escape to the Al-Nasr Pediatric Hospital, where the principal researcher once worked. Even though the hospital was equipped only to deal with medical pathologies among children, a huge

number of wounded from different ages were brought to the hospital for surgical intervention. When we received those families and injured persons, and when providing them with necessary emergency services, we witnessed obvious symptoms of panic and fear, especially among children and adolescents who were fearfully holding their parents’ hands. The authors acknowledge that it was of utmost importance to not only provide instant medical care, but also to carry out research into the impact of these traumas on the affected populations to eliminate detrimental consequences in the end. The significance of the current study lies in investigating the development of PTSD as a psychological disorder among Gazan adolescents, and how resilient they were after the 52-day war, as well as examining the relationship between frequent exposure to traumatic events, PTSD, and resilience.

Methodology

Participants

Four hundred and eight Gazan adolescents (209 boys and 199 girls) were recruited with the help of 10 Community-Based Organizations (CBO) located in the five governorates of the Gaza Strip. The number of participants was 420 in the beginning, but 12 of them dropped out during the course of data collection. Participants’ ages ranged from 13 to 18 years ($M=15.49$, $SD=1.71$).

Proportional convenience sampling was used. We prepared a list of active CBOs from all areas in the Gaza Strip and then we divided them into five categories according to the five governorates. Two CBOs were selected randomly from each governorate by using simple random sampling. Ten CBOs were contacted and informed about the purpose of the study; with their help, we accessed the target group of adolescents to participate in the current study. The number of participants required from each governorate was calculated according to the density of their respective population. Inclusion criteria were that participants had to be adolescents regardless of gender, living in the Gaza Strip, aged from 13-18 years, and to have lived through the 52-day war in 2014. We excluded all adolescents who were outside Gaza during the war, who had been diagnosed with mental disorder or psychological disturbance prior to the war.

Instruments

Sociodemographic questionnaire

Included in the questionnaire were age, gender, place and type of residence, number of siblings, parents' education and occupation, and family income.

Gaza Traumatic Events Checklist (GTEC)²²

The GTEC is 28-item self-report checklist comprised of three sections that characterize typical traumatic events that Palestinians in Gaza could have experienced during the 52-day war in 2014: (1) Witnessing acts of the violence (e.g., firing by tanks and heavy artillery, shooting and/or killing of a friend and/or relative, demolishing houses; (2) having experiences of loss, injury and destruction within the family and among other close persons; and, (3) being a victim of the violence (e.g., being beaten, shot, or injured). Participants indicated whether they had experienced these events by endorsing either (0) no or (1) yes. The GTEC had an internal consistency of $\alpha=0.89$.

Posttraumatic Stress Disorder Scale-DSM-IV (Arabic version)

Items on the PTSD scale are related to DSM-IV criteria that help in providing initial PTSD diagnostic information since, at the material time, the DSM-V had not been published. The adolescent version of the PTSD scale, which is designed for adolescents aged 13 years and over, consists of 17 questions divided into three sections. It is suitable for administrating in classroom settings. The first section comprises re-experiencing symptoms (five items). The second section includes avoidance symptoms (seven items). The third section contains arousal symptoms (five items). A three-point scale was used for rating PTSD symptoms: 0=never/rarely, 1=sometimes, and 2=a lot/often. The Arabic version of the Posttraumatic Stress Disorder Scale⁶ was used in the current study.

Child and Youth Resilience Measure (CYRM-28)²³

The CYRM-28 is a 28-item self-report measure, which was developed by using confirmatory factor analysis. It contains three subscales reflecting the main categories of resilience. The first subscale represents individual factors that are categorized as five items for personal skills, two items for peer support, and four items for social skills. The

second subscale concerns caregiving with two items related to physical caregiving and five items related to psychological caregiving. The third subscale consists of contextual components that promote a sense of belonging, namely three items related to spirituality, five items related to culture, and two items related to education. Items of CYRM-28 are rated on a three-point scale: 0=never/rarely, 1=sometimes, and 2=a lot/often. Higher scores indicate higher levels of resilience. The CYRM-28 has been utilized in numerous studies and demonstrated an adequate internal consistency with Cronbach's alpha of $\alpha=94.2$.

Procedure

The current study was conducted six months after the 52-day war on Gaza in 2014. After we contacted CBOs and explained the aim and described the procedure of the study, with their help, we collected the desired sample of adolescents to implement the study. Prior to conducting the study, oral assent from adolescents and written consent from their parents was obtained. The researcher with the help of three trained field workers, on 10 separate days, visited the CBOs and collected data by interviewing participants and supporting them to complete the checklists. If participants were unclear about specific statements from the checklist and self-report questionnaires these were carefully clarified for them. It was taken into account that some participants might be retraumatized after being exposed to questions related to their traumatic experiences. After completing data collection, all participants were provided with individual psychological support, and those who showed severe traumatization symptoms received the appropriate psychological interventions.

Results

Sociodemographic characteristic

Table 1 shows the sociodemographic characteristics of the sample of 408 adolescents.

Table 1. Sociodemographic characteristics

Item	No	%
Place of residence		
North Gaza	72	17.6
Gaza	132	32.4
Middle area	60	14.7
Khan-Younis	96	23.5
Rafah	48	11.8
Type of residence		

Own	295	72.3
Rent	57	14
Camp	12	2.9
With family	44	10.8
Number of siblings		
4 and less	58	14.2
5-7 siblings	198	48.5
8 and more	152	37.3
Family monthly income (New Israeli Shekel NIS)		
Below 1200	301	73.8
1201-2000	49	12
2001-3000	34	8.3
More than 3000	24	5.9
Paternal education		
Not educated	12	2.9
Preparatory	32	7.8
Elementary	68	16.8
Secondary	158	38.7
Diploma	29	7.1
Undergraduate	97	23.8
Post-graduate	12	2.9
Maternal education		
Not educated	17	4.3
Preparatory	27	6.6
Elementary	71	17.4
Secondary	209	51.2
Diploma	27	6.6
Undergraduate	54	13.2
Post-graduate	3	0.7
Paternal job		
Unemployed	214	52.5
Skilled worker	53	13
Civil employee and working	83	20.3
Civil employee not at work and getting salary	38	9.3
Merchant	20	4.9
Maternal job		
House wife	373	91.4
skilled worker	9	2.2
Merchant	4	0.1
Civil employee and working	18	4.4
Civil employee not at work and getting salary	4	1.0

The most frequently reported traumatic experiences, from greatest to least, were watching mutilated bodies on TV; hearing shelling of the area by artillery; hearing the loud voice of drones; being forced to leave your home with family members due to shelling; and, inhalation of bad smells due to bombardment. Results showed that 10.6% of the participants had experienced five or less traumatic events; 40.9% had experienced six to 10 traumatic events; and, 48.5% had experienced more than 10 traumatic

events. The mean for number of traumatic experiences was $M = 10.91$ ($SD = 4.80$). Figure 1 illustrates the severity of traumatic events according to their number. Boys ($M = 11.79$, $SD = 4.83$) noted significantly greater numbers of traumatic experiences than girls $M = 9.98$ ($SD = 4.60$), $t = 3.87$, $p = 0.001$.

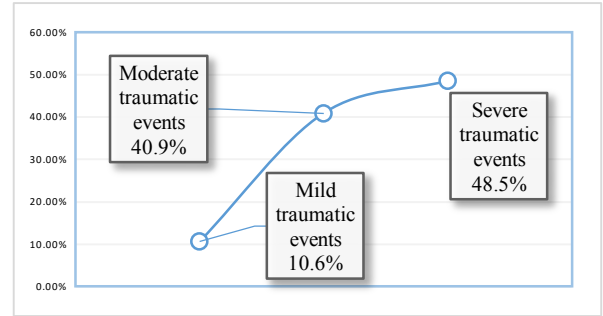


Figure 1. Severity of traumatic events

Posttraumatic Stress Disorder

Results indicated that recurrent and intrusive distressing recollections of the event (including images, thoughts, or perceptions), exaggerated startle response, acting or feeling as if the traumatic event were recurring, efforts to avoid activities, places, or people that arouse recollections of the trauma, and efforts to avoid thoughts, feelings, or conversations associated with the trauma were the most frequently experienced posttraumatic reactions in on their respective order. The mean average for total scores in the PTSD scale was $M = 29.53$ ($SD = 12.96$); for re-experiencing symptoms $M = 9.95$ ($SD = 4.71$), for avoidance symptoms $M = 10.37$ ($SD = 5.48$), and for arousal symptoms $M = 9.21$ ($SD = 4.87$). Table 2 depicts the prevalence of PTSD symptoms based on DSM-IV criteria for PTSD. There was no statistically significant difference between boys and girls for total PTSD scores and subscales, $t = 1.07$, $p = 0.29$.

Table 2. Prevalence of PTSD symptoms

PTSD diagnosis	No	%
No PTSD	82	20.1
One symptom (B or C or D)	127	31.1
Partial PTSD	121	29.7
Full PTSD	78	19.1

The results showed statistically significant differences in total PTSD symptoms, $F(4, 403) = 3.850$, $p = 0.004$, avoidance symptoms, $F(4, 403) = 3.497$, $p = 0.008$ and arousal symptoms, $F(4, 403) = 3.850$, $p = 0.007$ according to place of residence. To find out the differences between groups, we ran an LSD post-hoc. The results showed that adolescents from the middle area of the Gaza Strip

reported the highest level for total PTSD symptoms ($M = 33.43$, $SD = 10.57$), avoidance symptoms ($M = 11.68$, $SD = 3.99$), and arousal symptoms ($M = 10.46$, $SD = 4.17$). Adolescents from North Gaza reported the lowest total PTSD symptoms ($M = 25.88$, $SD = 12.07$), avoidance symptoms ($M = 9.07$, $SD = 5.25$), and arousal symptoms ($M = 7.61$, $SD = 4.62$).

Resilience skills

Results demonstrated that the more frequently endorsed of the resilience statements, from most to least, were: "Getting an education is important to me", "I am proud of my nationality", "I feel safe when I am with my caregivers", "Spiritual (religious) beliefs are a source of strength for me", "I am proud of my family background", and, "My caregivers stand by me during difficult times". Table 3 shows the means and standard deviations of resilience factors/skills. There were statistically significant gender differences for social skills only. Boys ($M = 11.21$, $SD = 3.47$) reported higher social skills than girls ($M = 10.28$, $SD = 3.34$), $t = 2.75$, $p = 0.01$.

Depending on place of residence, there were statistically significant differences in the scores for personal skills, $F(4, 403) = 3.097$, $p = 0.016$, peer component, $F(4, 403) = 3.359$, $p = 0.010$, and psychological relationship with caregiver, $F(4, 403) = 2.614$, $p = 0.035$. To find out the differences between groups, we ran LSD post-hoc. Results showed that adolescents from North Gaza had the highest scores for personal skills ($M = 14.75$, $SD = 3.01$), peer relationships ($M = 6.20$, $SD = 1.57$), and psychological relationship with caregiver ($M = 16.45$, $SD = 3.52$). Whilst, the lowest scores for personal skills ($M = 13.20$, $SD = 3.62$), peer component ($M = 5.31$, $SD = 1.99$), and psychological relationship with caregiver ($M = 14.99$, $SD = 3.92$) were observed among adolescents from Gaza.

There were also statistically significant differences, regarding monthly income, personal skills, $F(4, 403) = 3.736$, $p = 0.011$, and social skills, $F(4, 403) = 2.839$, $p = 0.038$. LSD post hoc showed that adolescents from families with a monthly income between 2001 and 3000 NIS ($M = 15.79$, $SD = 2.67$) reported higher personal skills compared to other groups. Adolescents from families with an income of more than 3000 NIS ($M = 12.54$, $SD = 2.75$) endorsed more social skills than all other participants.

Results revealed statistically significant differences, regarding number of siblings, peer relationships, $F(4, 403) = 3.093$, $p = 0.046$, social skills, $F(4, 403) = 2.873$, $p = 0.050$, and psychological relationship with caregiver, $F(4, 403) = 4.012$, $p = 0.019$. LSD post hoc results showed that

adolescents with four or fewer siblings reported higher scores for peer relationships ($M = 6.26$, $SD = 1.63$), and social skills ($M = 11.72$, $SD = 2.95$) than adolescents who with five to seven siblings or those with more than eight siblings. Adolescents with five to seven siblings were reported having better psychological relationships with their caregiver ($M = 16.04$, $SD = 3.44$) than participants in other categories.

Table 3. Means and SD of resilience factors/skills

Item	Mean	SD
Total resilience	82.15	15.31
Personal skills	14.01	3.40
Peer relationships	5.68	1.96
Social skills	10.75	3.43
Physical relationship with caregiver	5.19	2.22
Psychological relationship with caregiver	15.51	3.90
Spiritual beliefs	9.36	2.27
Culture factors	14.87	3.91
Educational factors	6.79	1.78

Traumatic experiences, posttraumatic stress disorder, and resilience

Pearson's correlation coefficient showed a significant positive relationship between total number of traumatic events and total PTSD ($r = 0.418$, $p = 0.001$), re-experiencing symptoms ($r = 0.399$, $p = 0.001$), avoidance symptoms ($r = 0.366$, $p = 0.001$), and arousal symptoms ($r = 0.315$, $p = 0.001$). The total number of traumatic events negatively correlated with personal skills ($r = -0.119$, $p = 0.05$) and peer relationships ($r = -0.099$, $p = 0.05$). PTSD was negatively correlated with total resilience ($r = -0.122$, $p = 0.05$), personal skills ($r = -0.136$, $p = 0.01$), social skills ($r = -0.125$, $p = 0.05$), and psychological relationship with caregiver ($r = -0.134$, $p = 0.01$).

Simple linear regression analysis was used to test whether number of traumas predicted the development of PTSD. The overall model was significant, $F(1,406) = 85.76$, $p = .000$, $R^2 = .17$. Results showed a significant positive relationship between total number of traumas reported and PTSD, $\beta = .418$, $t = 9.26$, $p = .000$. Simple linear regression analysis was also conducted to test if total number of traumas reported and PTSD negatively or positively correlated with total resilience scores. Results showed that total number of traumas did not predict resilience, $F(1,406) = 1.66$, $p = .197$, while total PTSD was a significant predictor for resilience, $F(1,406) = 6.102$, $p = .014$, $R^2 = .015$. A significant negative

relationship between total PTSD and resilience was found, $\beta = -1.22$, $t = -2.47$, $p = .014$.

Discussion

The current study investigated PTSD and resilience among adolescents in the Gaza Strip after the 52-day war in 2014. Unsurprisingly, similar to the results of this study, the experience of watching mutilated bodies on TV was found to be the most commonly recorded traumatic event in studies.^{25,26} This does not negate the diversity of traumatic events among Palestinians, especially Gazans, who have been suffering from armed conflict since 1948. We believe that each period has its own characteristics, which in turn reflect the type and severity of its traumatic events and the development of PTSD. The surrounding environmental characteristics as well as the nature of war seem to play a significant role in anticipating the nature and severity of traumatic events and the development of PTSD. Results from a study conducted before the Second Intifada in 2000 indicated that tear gas inhalation and witnessing day raids were reportedly the most prevalent traumatic events, and 72.8% of the participants showed mild PTSD reactions while the rest reported PTSD reactions ranging between moderate and severe.¹⁸ Another study conducted in 2004, after the Second Intifada and before the withdrawal of the Israeli army from the Gaza Strip, found that witnessing funerals and inhalation of tear gas were the most commonly recorded traumatic events and moderate PTSD levels were reported.²⁷

A noticeable change in the type and number of traumatic events was recorded particularly with the start of military operations against Gaza in 2008. For instance, a study in 2008 found that nearly half of the participants experienced at least 16 traumatic events. The experience of being humiliated (either themselves or a family member) was the most prevalent of the traumatic events reported in the 2008 war.²⁸ Unlike the 2008 and 2014 wars, the 2012 war was the shortest in Gaza's recent history. The Israeli army relied only on air-strikes without ground invasion at the time. Less severe traumas were reported compared to the results of the current study.²⁹ We attribute this, as we mentioned earlier, to the nature, duration, and severity of war.

From the results of research over many years, the gradual development of PTSD can be deduced, which undoubtedly increased most in the last war in 2014, especially among children and adolescents (e.g., 19.1% of adolescents in this study showed full PTSD). As discussed above, Gazans have been suffering from armed conflict,

remarkably intensifying after 2008, for a long time, and thus, it can be argued that the population have a cumulative experience of trauma, which in turn explains the most recorded PTSD reaction in the current study.

As the principal researcher lived through the previous wars on Gaza, he noticed that people from North Gaza were subject to recurrent violence, while those from the middle area faced the least impact compared to the other four governorates in the 2008 and 2012 wars. These observations are consistent with current results that indicate adolescents from the middle area, who experienced intense attacks for the first time in the 52-day war, had the highest total PTSD, avoidance, and arousal symptoms. While those from North Gaza, who are used to intense armed clashes, showed the highest scores for personal skills, peer relationship, and psychological relationship with caregiver and resilience skills. It is noteworthy that people living in North Gaza showed less resilience compared with those living in Gaza or Khan Younis after the 2012 war.³⁰

The current results indicated that boys reported being less affected by traumatic events, less traumatized, and more resilient than girls. Consistently, it was found that boys were more resilient, felt more capable of controlling their emotions, and challenging others than girls.^{17, 30} Studies on PTSD found contradictory results in terms of gender differences. While a study revealed higher rates of PTSD among women when compared with men,³¹ another study demonstrated the reverse.³² Notwithstanding, exceptions, due to factors related to the environment and the time period, can be found. For instance, it was suggested that there is no significant difference between men and women in terms of rates of exposure to traumatic events.^{33, 34}

Pursing an education was the highest resilience factor that adolescents reported. The adolescents we studied acknowledged having an education as an important factor by which they could overcome trauma. It is important to note that literacy rates in the Gaza Strip are among the highest in the world at 96.8%.³⁵ It is likely that adolescents living in communities with educated adults are better able to look to them as role models when developing their own ambitions.

Even though we anticipated a strong relationship between trauma and PTSD, as many studies^{36, 37, 38, 39, 40, 41} have reported over the years, the current results showed significant but weak-moderate relationship. Significant albeit weak relationships were also reported between resilience and trauma, and PTSD. These weak-moderately significant relationships could be unique to the sample population.

The results of regression analysis revealed that trauma, constituting 17%, was a significant predictor of PTSD, which was a significant predictor for resilience with $R^2 = .015$. Congruent with our findings, exposure to trauma has been found in other studies to be positively correlated with PTSD and negatively correlated with resilience, as well as PTSD was negatively correlated with resilience.^{42, 43, 44} In other words, exposure to trauma increases the likelihood of developing PTSD, which in turn risks having an adverse impact on resilience levels.

Recommendations

To reduce current levels of PTSD and to prevent occurrence of traumatic experiences, the researcher recommends: 1) restriction by parents and caregivers of those TV programs that display violence and war reports, which necessarily requires the cooperation of local governmental bodies; 2) conscious selection by parents and caregivers of TV programs to ensure their suitability for children and adolescents; 3) establishing supportive and therapeutic programs that encourage affected adolescents to express their feelings and emotions, and providing appropriate counselling sessions for them; 4) training of mental health workers by the Ministry of Health to enhance the quality of mental health services; 5) establishing and following an effective plan of therapeutic interventions especially for those with severe PTSD symptoms; 6) directing the attention of parents and caretakers to the importance of education among adolescents (as a resilience factor); 7) building skills among the population in Gaza concerning coping mechanisms, especially for children and adolescents exposed to conflicts and wars; 8) raising awareness among teachers, parents and caregivers about ways to foster resilience among students; and, 9) conducting more studies concerned with the resilience factors and ways to increase resilience among people living in Gaza. Particularly, the findings of this study related to the significant relationships between resilience and sociodemographic factors, such as family income and the number of siblings require further research.

Limitations

Despite the contribution the current study has made, there are certain limitations. First, we acknowledge there may have been participants with mental health difficulties, especially PTSD, which had not been diagnosed previously. Their inclusion will not have been intended. Another possible limitation was that many participants were retraumatized and some showed symptoms associated with panic disorder, which prompted us to

provide psychological support for a substantive period after the study.

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مختص

الهدف: تخت هذه الدراسة على معرفة نسبة انتشار الرغرب ملبعد للارض والحصول على معلومات عن طبيعة الرغرب في مناطق غز قبعد حرب 4104 ولتتي لمبتحرت لمدة 24 يوماً. **المنهجية:** يتم اختيار عينة عشوائية من 414 مراقب لثراوت اعمارهم بين 01-04 عام من الامم لملخاطات لخدمه في قطاع غزرة وبمعاودة من لاجيدي من الامم لمرسات لادمم في عتبت عتقي جدمع ليل لانتبيلت لخدم اربعة ليليليات (تتبع لبعين التتبع ان لحدث الصادم لذي س ج لفي لدمتبة الاليليين لدمر الهين كان قنا مدة مقياس لرب ملبعد للارض، ولتتبع ان الصاب على لظف ال وليليلين (التتبع بعين التتبع ان لحدث الصادم لذي س ج لفي لدمتبة الاليليين لدمر الهين كان قنا مدة لاحت لدمشوه في التتبعون. اظمرت لنتائج ليض ان لي قرب من نصف لاش لاريقن عتعرض وادم لي قول عن 01 احدث صدمه ونسبة 0.0 % فيم اظمروا لدمعير لكالم لالرب ملبعد للارض (اي قنت ممش ليخص ميب الضطر ابيويب كالمه). لوصول على التتبع كان ليند الاشر اعير ليلين لدمر الهين كع امل صابة نفسية. انتبطل لعدد الاح لاليليات لادمم لتي عترضل ه لدمر الهين لي لي ا مع ضطراب ملبعد لدمم ولبها مع الصابة. ليضاً انتبطل لضرطراب ملبعد لدمم شربها مع الصابة. **النتائج:** عتعرض لدمر الهين لتي عترضل ه لدمر الهين لي لي ا مع ضطراب ملبعد لدمم ولبها مع الصابة. ليضاً انتبطل لضرطراب ملبعد لدمم شربها مع الصابة. كما وتلعب الصابة دوراً مهم في تقليل التغيير للضرطراب والضرطرابات ملبعد لدمم. نصيب لدمم من الاحات حول عوامل الصابة النفسية لخص قبعد الإطلاع على النتائج لنتبع لاليليات في هذه الدراسة.

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