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The Impact of the War in Gaza on Pediatric Mental Health

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Abstract

Due to the military occupation and numerous violent wars that occur in the Gaza Strip, current research depicts that these occurrences not only suscept children to physical harm, but are also detrimental to children's mental health, causing lasting consequences if left untreated. The purpose of this project is to understand and analyze the impact of the wars, specifically the 2021 war, and the military occupation on Gaza's pediatric mental health. Unfortunately, children in Gaza, as well as parents, teachers, health care providers, and mental health counselors have the unique problem of navigating mental health crises in children who experience continuous violence, which makes treatment and healing even more difficult to uphold. The impact of war and violence leads to alterations in pediatric behavior, such as night terrors, nocturnal enuresis, anorexia, and outburst of crying or fighting. Specific mental health diagnoses associated with Gaza's children include generalized anxiety disorder and new-onset separation anxiety, post-traumatic stress disorder, and suicidal ideation. Culture also plays a significant role in the way in which children feel comfortable expressing their feelings, which is often misinterpreted by non-government organizations from around the world, especially from Western countries. Current mental health interventions include SSRI medication therapy, Cognitive Behavioral therapy, and pediatric mental health camps organized by non-government organizations, but funds are severely lacking, and with every violent occurrence, hope decreases.

The Impact of the War in Gaza on Pediatric Mental Health

In the year 2021, during the month of May, millions of people around the world watched in terror as bombs began raining down on the Gaza Strip. Social media and Middle Eastern news channels were an outlet to observe the tragedies that were taking place, and for the first time, the voice of many people in Gaza were heard, specifically the children. After the ceasefire was enacted, and news and social media sites shifted their focus to a new current tragedy, I still felt connected to the 2021 war in Gaza. No matter how hard I tried, I was unsuccessful in erasing the images of their destroyed homes, their rubble drowned streets, their limbless children, and their sobbing mothers from my mind. Specific thoughts also centered around the children and how this violent occurrence had affected not only their physical, but also their mental health. The people in Gaza have been living under a restrictive and violent Israeli military blockade for over a decade, but I wanted to further explore how escalades in violence affect the behavior, emotions, and mental health of Gazan children compared to their baseline behaviors. The purpose of this paper is to promote awareness for the trauma experienced by these children who live under a military occupation, by exploring the mental health crisis and outlining culturally appropriate interventions for the children of Gaza.

This paper will explore the background components that have contributed to the mental health crisis for children in Gaza. An interview with a mental health care provider in Gaza with support from the literature revealed that post-traumatic stress disorder, anxiety, and suicidal ideation were experienced by children in Gaza. The paper will conclude with a comparison between pediatric mental health intervention in the Western world compared to interventions in Palestine, and the types of interventions that are culturally appropriate for this population.

Background

The Gaza Strip and the West Bank are separated areas known as Occupied Palestinian Territories. In the last few years, Israel has waged four major wars against the people in Gaza in 2008, 2011, 2014, and 2021. The war in 2021 is the main focus of the interview, which took place from May 10th, 2021 to May 21st, 2021. According to the Anti-Defamation League (2021), “at least 248 Palestinians were killed in Gaza, and most of them were minors” (para. 8). In the year 2007, Israel issued a blockade on Gaza, making it almost impossible for Gazan citizens to leave. According to Human Rights Watch (2022), this blockade has caused Gaza to be known as an “open air prison,” causing its 2 million inhabitants to live lives under an apartheid state (para. 1). This blockade has prevented the youth from leaving Gaza to further their education, study arts, engage in sports teams, and from pursuing other opportunities (Human Rights Watch, 2022). According to Friends of Birzeit University (2017), “Palestinians in Gaza are banned from pursuing their education in the West Bank...before the blockade, 350 students from Gaza were studying at Birzeit University, today there are none” (para. 14). This shows that living under a military blockade has prevented millions of Gazan youth from pursuing their education and passions and has forced them to remain in an open-air prison with a failing economic system. According to the United Nations (2018), “with 70% youth unemployment, widely contaminated drinking water, and a collapsed health care system, Gaza has become “unlivable” (para. 1). Therefore, further researching the impact of the war in Gaza on pediatric mental health is crucial because it aids in recognizing the causes of the mental health crisis and outlining culturally appropriate interventions for the survival of the next generation of children under the military occupation.

Behaviors Observed After Trauma

After extensive research, it was found that only in recent years did mental health begin to make an appearance as a cause for concern in Gazan children. Using a connection to the Palestinian Children's Relief Fund Chicago branch [PCRFF], a doctor from the organization put me in contact with Kholoud Abu Haloub, who is a professional mental health counselor at PCRFF's new Gaza Trauma Center, located in Gaza Palestine. As this was an informal conversation, Institutional Review Board personnel deemed an official IRB was not required.

On October 3rd, 2022, an interview was conducted with Kholoud Abu Haloub over Zoom, where discussions regarding the impacts of the May 2021 war on pediatric mental health were verbalized. Patterns in behavior were noticed from the time right after the ceasefire began to about 2 weeks after (K. AbuHaloub, personal communication, October 3, 2022). Right after the ceasefire, an alteration in behavior can be seen. Some children become more aggressive, nervous, irritable, or hyperactive (K. AbuHaloub, personal communication, October 3, 2022). Teachers reported to both the parents of the children and mental health counselors how this change in behavior is demonstrated at school (K. AbuHaloub, personal communication, October 3, 2022). For example, teachers will report that a group of friends or brothers will begin aggressively fighting one another, or children will suddenly begin crying during class for no apparent reason (K. AbuHaloub, personal communication, October 3, 2022). Teachers also notice a lack of concentration from their students, and for some children, their grades begin slipping due to this lack of focus on their studies (K. AbuHaloub, personal communication, October 3, 2022). These traumatic psychological effects also extend into the home setting. Mothers will call her after noticing distinct changes in their children's behavior. For example, the children will suddenly stop eating and will refuse food (K. AbuHaloub, personal communication, October 3, 2022). Some children will also refuse to leave their house or their bedroom and insist

on always staying close to their parents (K. AbuHaloub, personal communication, October 3, 2022). It was also discussed how some mothers would bring their children, particularly their sons, to the Gaza Trauma Center about 1 month after the ceasefire. When asked why the family waited such an extended amount of time before seeking professional treatment, the mothers would express that their children claimed to be perfectly fine and would tell their parents that they are strong and not affected by the war (K. AbuHaloub, personal communication, October 3, 2022). After about 2 weeks, however, the mothers would notice that their teenage sons were suddenly suffering from nocturnal enuresis, aggressive behavior, a loss in appetite, nightmares, night terrors, and sleep walking (K. AbuHaloub, personal communication, October 3, 2022).

Analysis of Pediatric Behaviors Following Trauma

When analyzing the first part of the interview, several interesting points are brought up, and there is an extensive amount of research that supports the claims. Firstly, the main symptoms that are experienced by the children in Gaza include aggression, nervousness, irritability, lack of appetite, lack of concentration, hyperactivity, decrease in appetite, nocturia, and nightmares (K. AbuHaloub, personal communication, October 3, 2022). According Ghazy (2022), “Caregivers, described concerning behavior in children and young people, with 79% reporting an increase in bedwetting over the past few years and 78% reporting that their child rarely completed tasks (para. 9). The author further describes how “59% of children” have an increase in speech, language, and communication difficulties, which is a symptom of experiencing trauma or abuse (Ghazy, 2022, para. 9). This can create long term social interaction issues with peers, problems with obtaining a decent education, and overall developmental issues (Ghazy, 2022). In the interview it was also mentioned that one common behavioral change is that children will begin crying out of nowhere (K. AbuHaloub, personal communication, October 3, 2022). This

behavior is because the children suddenly remember what they lost and/or witnessed in the war (K. AbuHaloub, personal communication, October 3, 2022). According to Ghazy (2022), another report from a 14-year-old boy from Gaza, named Amr, details how he felt during the 2021 war. He said, “During the night, I couldn’t sleep because I had a nightmare. I was really afraid that they would bomb our house or would bomb our neighbors again. I was on edge. I would tell my dad about the nightmares, and he would reassure me that it won’t happen again. Then I would try to go back to sleep” (Ghazy, 2022, para. 7). According to Ghazy (2022) Amr is not the only one who felt this way, because after consulting with “488 children and 168 caregivers and parents in Gaza”, they found almost everyone expressed a similar report (Ghazy, 2022, para. 8). The reasoning for these behaviors and symptoms being experienced by these children after the war is that these children are “living in a perpetual state of fear, worry, sadness, and grief, waiting for the next round of violence to erupt, and feeling unable to sleep or concentrate. (Ghazy, 2022, para. 11). According to Ghazy (2022), nocturia, loss of communication skills, and the inability to complete basic tasks, such as eating, are all physical signs of distress.

In the interview, it was stated that most of these children witnessed their friends and/or family members being brutally murdered in front of their eyes, while also seeing houses, schools, hospitals, and stores being bombed to ashes (K. AbuHaloub, personal communication, October 3, 2022). According to Thabet et al. (2001), researchers interviewed 286 children in Gaza and found that the two most traumatic types of events were watching television reports of mutilated people and martyrs (92.3%) and witnessing bombardment of people and houses (83.6%). It may be confusing to hear that severe trauma could come from watching news reports, but these children are witnessing such devastating action being taken in their own neighborhoods and towns. They are witnessing their friends, neighbors, colleagues, classmates, and family members being

injured or murdered, and their land being destroyed once again. The significance for incorporating a scholarly source from 2001 is to show that the mental health crisis being experienced in Gaza has been occurring for years and has only become worse in more recent times. Another terrifying aspect pertaining to these behaviors being displayed in these children is that families in Gaza are beginning to normalize them, because there is very little support for their children in this traumatic environment. Dr. Yasser Abu Jamei, director of Gaza Community Mental Health, relays a story of a family who came in to see him, because their children were experiencing trauma from a recent attack in Gaza (Al-Jazeera English, 2022). The parents only brought their 11-year-old daughter to the interview, because she was continuously experiencing episodes of nocturnal enuresis, and because of the water shortage in Gaza, it was causing a large economic strain on her parents (Al-Jazeera English, 2022). When Dr. Abu Jamei questioned the parents as to why they did not bring their son in for a psychiatric evaluation as well, they responded that their son is experiencing nightmares, sleeping disturbances, and continuously sleeps underneath his bed, because he feels safer there, but all of the children in their neighborhood are experiencing the same behaviors; therefore, they did not feel it was necessary to bring him in (Al-Jazeera English, 2022). This shows that pediatric mental health trauma is so widespread in Gaza due to the frequency in attacks and poor living condition, that the parents and children have normalized this behavior.

Stages of Development

One important theory to consider is Erikson's Stages of Development. According to Stryker (2020), many young Palestinians suffer from emotional suspicion, where they express emotions in a way that is against the normality of the Gazan society, such as outward expression of emotion, and showing pro-Muslim and pro-Palestinian politics in a way that differs from what

the society has always deemed as correct. Trust vs. Mistrust can be considered elements of suspicion (Stryker, 2020). Even when considering trust vs. mistrust aside from emotional suspicion, many Palestinian children, especially those living in Gaza, have never successfully completed this stage (usually completed between birth to 18 months), because they are unable to develop trust and feeling of safety in their environment due to the occupation and constant violent attacks (Marie et al., 2020). As for Erikson's autonomy vs. shame and doubt stage (ages 1 to 3 years old), children can experience shame and doubt when they are "made to feel small...or when they are forced to be dependent in area in which they are capable of assuming control" (Hockenberry, et al., 2022, p. 44). In terms of the children in Gaza, feelings of shame and doubt are shown when a child begins experiencing nocturia after years of being able to use the restroom independently, or when they are verbally or physically assaulted by a soldier (K. AbuHaloub, personal communication, October 3, 2022). In the initiative vs. guilt stage (ages 3-6 years old), children may feel that their activities or imagining cause unfortunate occurrences (Hockenberry, et al., 2022). Many children in Gaza experience this sense of guilt when one of their family members or friends are harmed, because they feel a sense of guilt and responsibility, even though logically, they share no blame for the occurrence (K. AbuHaloub, personal communication, October 3, 2022). In the industry vs. inferiority stage (ages 6-12 years old) children build their social relationships and learn how to interact with others (Hockenberry, et al., 2022). This is significant because in Gaza, parents and teachers often report that children are fighting with one another and having emotional outbursts as effects from the trauma that they are experiencing under the military occupation and from the wars, which inhibits their ability to socialize (K. AbuHaloub, personal communication, October 3, 2022). Another example of how this stage is unsuccessfully completed is when children and adolescents report feelings of

isolation, which further inhibits their ability to interact with their peers (Stryker, 2020). This is because every child's war and trauma experiences are unique, and within a society where emotions are often undisclosed verbally, it can be challenging to comprehend and process these emotions, leading to isolation (Stryker, 2020). Finally, in the identity vs role confusion stage (ages 12-18 years old), children develop their values, make decisions regarding their future occupation, and compare their values with those of society (Hockenberry, et al., 2022). This stage is often incomplete for many Gazan children because they are unable to leave Gaza to study and explore their country/world to have various cultural experiences (Stryker, 2020). Older children are also expected to takeover familial responsibilities, which can increase role confusion, because children are trying to figure out their own path in life, while being confined to life in Gaza (Shehadeh, 2021).

In terms of emotional suspicion, expression of emotions and political views in a way that differs from society is often looked down upon (Stryker, 2020). These children are expected to take over as heads of the household, and expression of emotion in an unconventional way may cause them to appear weak or incapable (Shehadeh, 2021). These stages of development show that the military occupation and violent acts of war are inhibiting Gaza's pediatric population from successfully moving through Erikson's Stages of Development. In another study conducted by Burgin et al. (2022), children who are victims of war often experience a disruption in all their needs based on Maslow's Hierarchy. The study shows how the children's basic needs, such as food, shelter, and lack of war are also in jeopardy, which further impacts every other level of the pyramid (Burgin et al., 2022). Therefore, these changes in behavior are the symptoms of witnessing and experiencing traumatic events, especially at such a young age.

Analysis on Gender, Ages, and Culture

A final intriguing point that requires further analysis from the interview is the difference between behaviors that are experienced by children of different genders. According to Thabet et al. (2001), boys were significantly more exposed to high levels of trauma compared to girls in Gaza. The reason for this is most likely the common global gender-based war system, in which females are encouraged to remain at the home, whereas males are the ones who mostly defend the home and family, as well as help to rebuild the town and clean up the destruction once the ceasefire is enacted. In a study conducted by Shehadeh (2021), the differences in psychological well-being of 357 Palestinian children (160 males and 197 females), in occupied Hebron, were recorded, based on gender and age. Data was collected from children, their mothers, and their teachers. In the study, Shehadeh (2021) analyzed gender and age differences in emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems, and total difficulties. Although the study was not conducted in Gaza, it still emits usable data, as it is from the same country and these children are under the same occupation. When the mothers were asked to fill out the table, they reported that they noticed more severe emotional problems in their daughters (Shehadeh, 2021). Teachers reported higher levels of conduct/behavior problems as well as peer relationship issues in the boys in their class compared to the girls (Shehadeh, 2021). When the children themselves filled out the tables, the girls reported more emotional issues, whereas the boys reported more conduct and relationship issues (Shehadeh, 2021). During the interview, it was reported that many of the teenage/young adult boys that are treated for mental health symptoms often try to hide their emotional pain and trauma from the war, but then behaviors, such as aggression, nocturia, and night terrors are experienced, which forces them to seek treatment (K. AbuHaloub, personal communication, October 3, 2022). According to the University of Michigan (2012), it was found that since Palestinian children are exposed to an

unnatural level of violence on a regular basis, through the military occupation and wars, they are at an increased risk for displaying aggressive behaviors. According to University of Michigan (2012), boys are at an increased risk for violence and aggression compared to girls. This is because males physically experience more violence compared to their female counterparts (Wagner, 2020).

There is also a difference in how emotions are expected to be shown across culture. According to Lim (2016), Western culture is related to high emotional arousal, whereas Eastern culture is related to low emotional arousal. This means that in the West (USA and Europe) it is more acceptable to express emotions despite gender, whereas in the East, emotions are viewed as more private and public displays of emotion are often looked down upon. According to Shehadeh (2021), cultural context impacts the tendency to avoid expressing feelings and often brush off these feelings, in order to appear strong. For Palestinian males specifically, they are expected to take over as head of the household and may feel that they need to be strong for their family, especially for their mothers and younger siblings, as many of these children have lost their fathers during the occupation (Shehadeh, 2021). According to Stryker (2020), Palestinians have very specific gender expectations for family and professional life, and these aspects are often seen as a form of honor and political resistance against the occupation. This shows that Palestinian males often feel pride but also pressure in taking care of their families and having professional jobs, because it shows that despite the occupation, they can still rise above and continue their traditional roles.

In terms of mental health differences related to age, Dr. Shehadeh's study found that children less than 12 years old were reported to have problems related to hyperactivity, whereas older children were less likely to report their psychological symptoms (Shahadeh, 2021). It can be

wondered if children less than 12 are naturally prone to being more hyperactive, however, according to Marie et al. (2020), “between the ages of 9 and 12 years old, children can distinguish between conflicting emotions, and between others’ accidental and intentional behaviors” (p. 8). This shows that although hyperactivity may be a mundane characteristic of a young child, they are still able to control their behaviors and be more aware of their actions starting from around age nine. This makes the hyperactivity significant, because it shows that this may be a way of acting out due to the trauma. When looking at the mental health crisis in Gaza from a Western perspective, there has been an influx of Western mental health non-government organizations [NGOs] into Palestine to “fix” these young people (and particularly young, violence prone males...) (Stryker, 2020, p. 306). These assumptions often come from a lack of understanding of the culture and population that is being treated. Therefore, there is a difference in the way pediatric males and females express their feelings towards the occupation and violence.

The Display of Specific Mental Health Diagnoses

The interview also centered around the specific mental health symptoms and diagnoses that the children were experiencing due to the trauma. It was discussed how depression, post-traumatic stress disorder, insomnia, hypersomnia, severe guilt, suicidal ideation, and anxiety were mental health problems most frequently seen in pediatric patients at the Gaza Trauma Center (K. AbuHaloub, personal communication, October 3, 2022). Most of the information regarding the behavior and emotions of these children is provided by their caregivers and parents, who detailed how the children would display signs of depression, such as being continuously sad for 2 weeks or more, and how they have lost pleasure in activities that they used to perform with excitement and enjoyment (K. AbuHaloub, personal communication,

October 3, 2022). In terms of anxiety, many children show symptoms of separation anxiety when away from their parents (K. AbuHaloub, personal communication, October 3, 2022). One interesting symptom that was discussed was how many children feel severe guilt after the attacks have occurred because they feel responsible for the deaths or injuries that inflict their loved ones (K. AbuHaloub, personal communication, October 3, 2022). For example, a young boy was taken to the Gaza Trauma Center by his mother for severe symptoms of depression after a 3-day attack that occurred in Gaza in 2022 (K. AbuHaloub, personal communication, October 3, 2022). He verbalized how he was playing soccer with his brother outside and left to go inside the house to drink water (K. AbuHaloub, personal communication, October 3, 2022). While he was inside the house, an Israeli soldier shot and murdered the boy's little brother; therefore, the boy has continued to feel guilty for the death of his brother (K. AbuHaloub, personal communication, October 3, 2022). He expressed that if he had just taken his brother inside with him then none of this would have happened (K. AbuHaloub, personal communication, October 3, 2022). This thought process is also consistent with Erikson's initiative vs. guilt stage (Hockenberry et al., 2022). Therefore, three important mental health crises protrude as especially significant in this context, because not only are they reoccurring, but they also have cultural implications. These three crises are post-traumatic stress disorder, anxiety, and suicidal ideation.

PTSD, Anxiety Disorder, and Suicidal Ideation

PTSD

According to the DSM-5, post-traumatic stress disorder (PTSD) criteria include "exposure to the traumatic event, the presence of some specific symptoms, persistent avoidance of stimuli, negative alteration in cognition, mood, arousal, and reactivity associated with the traumatic event" (Marie et al., 2020, p. 5). Regarding the specific symptoms demonstrated in an individual

suffering from PTSD, there are three main characteristics, including “re-experiencing, avoidance, and hyperarousal” (Abu-El-Noor et al., 2022, p. 49). Re-experiencing symptoms include nightmares and flashbacks; avoidance symptoms include diminished interest and emotional detachment; and hyperarousal symptoms include irritability, difficulty concentrating, and hypervigilance (Abu-El-Noor et al., 2022). Almost all of these symptoms were demonstrated by the children being treated at the Gaza Trauma Center, showing that they were indeed suffering from PTSD (K. AbuHaloub, personal communication, October 3, 2022).

According to the documentary *Raising of America*, children living in an environment with constant stress often experience an altered stress response (Adelman, 2015). The systemic nervous system causes human beings to develop a fight or flight response in the face of imminent danger, but when a person is experiencing PTSD, the body continues to release stress chemicals even when the danger is no longer present (Adelman, 2015). According to the Center for Disease Control and Prevention [CDC] (2022), this creates an altered and unhealthy stress response, leading to the “development of chronic diseases, problems with attention, decision making, and learning, altered brain development in children, and a weakened immune system” (para. 10). This shows that experiencing PTSD for extended periods of time is posing the children in Gaza for long-term physical, mental, and cognitive complications, and impairments.

In the year 2014, Israel waged a deadly 51-day war against the people of Gaza. It resulted in the death of “2,191 people and left 10,895 injured” (Abu-El-Noor et al., 2022, p. 48). During this war, an unarmed protest in Gaza began, called the “Great March of Return,” in which the people of Gaza called for the return of Palestinians to their homeland after being displaced and an end to the occupation (Abu-El-Noor et al., 2022, p. 48). The protesters were met with open firing from the Israeli soldiers, which resulted in the death of “337 Palestinians and 31,000 injuries” (Abu-

El-Noor et al., 2022, p. 48). During this war and protest, many children and adolescents were severely affected, either by being injured themselves, or seeing family members or friends being injured or murdered. After this war, “the rate of PTSD among Palestinian children was 53.6%” and 34.5% of Palestinian adolescents in Gaza were also diagnosed with PTSD (Abu-El-Noor et al., 2022, p. 52). In this study, which studied rates of PTSD among the victims of the Great March of Return, the reasoning behind these high levels of PTSD, not only among the children, but among all of Gaza’s inhabitants, is because “experiencing injury to self and other, witnessing violence and witnessing death” all increases an individual’s risk for developing PTSD (Abu-El-Noor et al., 2022, p. 52). This shows that being exposed to continuous violence and traumatic events increases the risk for developing PTSD. Other factors that may contribute to high levels of PTSD among children in Gaza is that they were born and have lived their entire lives under a military occupation (since the year 2006), and have witnessed the 2008, 2011, 2014, and 2021 wars in Gaza, not to mention the numerous offenses and murders that take place on a daily basis (Abu-El-Noor et al., 2022). Another study sampled 1,137 children from the Gaza Strip and had them complete a Checklist of Traumatic Experiences, Symptoms of Post-Traumatic Disorder Scale, and the Personality Assessment Scale (Marie et al., 2020). The results found that “41% of the children suffered from PTSD” (Marie et al., 2020, p. 6).

One interesting perspective about PTSD in Palestine comes from Dr. Samah Jabr, who is a psychiatrist and the chair of the mental health unit at the Palestinian Ministry of Health. In an interview with Dr. Jabri conducted by Olivia Goldhill, Dr. Jabri stated believes that PTSD is a Western concept because it describes a traumatic event that occurred in the past and most likely will not happen again, whereas for a Palestinian living in Gaza who had their house bombed, “the threat of having another bombardment is a very real possibility” (Goldhill, 2019, para. 3).

According to Goldhill (2019), Dr. Jabr describes the trauma that is experienced by Palestinians as being “repetitive, continuous, and ongoing,” and she also describes how the type of trauma and reactions that follow is much more severe in Palestinians than in other people who suffer from PTSD (para. 3). When Palestinians experience ongoing traumatic events, it alters their personality and their entire belief system. Their emotional stress is so severe to the point where it causes somatic symptoms (Goldhill, 2019). For example, according to Goldhill (2019), Dr. Jabr describes an interaction with a patient that she had after he was sent to her for a psychiatric consultation. The man was suffering from ongoing breathlessness, and the cause could not be determined even after a comprehensive physical examination (Goldhill, 2019). After developing rapport with her patient, Dr. Jabr described how her client revealed to her that his breathlessness began after he was attacked by Israeli soldiers, who dehumanized him by forcing him to use filthy words against his wife and mother, otherwise he would have severe consequences (Goldhill, 2019). Ever since this event, the man has been so ashamed that his body expressed the suffering through a continuous state of breathlessness (Goldhill, 2019). These somatic symptoms of stress can also be shown in the pediatric population, such as with their nocturia and anorexia. One similarity that is important to point out, no matter what age group of the population, is developing rapport is extremely important, as it can be used to uncover the root problem. In the interview, it was also described how many of the pediatric patients revealed their trauma and symptoms to their mental health counselor after feeling comfortable and developing a sense of trust with them (K. AbuHaloub, personal communication, October 3, 2022).

In the documentary *The Raising of America*, it discusses how children who are raised in inner city neighborhoods also experience continuous traumatic stress disorder, because they are continuously being exposed to violence either within and/or outside of the home (Adelman,

2015). This lack of safety is to the point where many children are not allowed to play outside or leave their parents' side (Adelman, 2015). This is extremely similar to findings in Gaza, because both groups of children lack safety and are continuously exposed to violence.

To put into perspective the impact of trauma that the children in Gaza are experiencing in comparison to children living in the United States, Adverse Childhood Experiences [ACEs] can be used to analyze the impact of trauma experienced from childhood. According to the CDC (2022), ACEs are “potentially traumatic events that occur in childhood from ages 0-17, such as experiencing abuse, violence, or neglect; witnessing violence, substance use, and/or mental health illness in the home; and having a family member attempt or die by suicide” (para. 1-2). ACEs also include living in a racially segregated neighborhood and exposure to violence, such as gun violence (CDC, 2022). This applies to the children in Gaza because they are living under an occupation that is segregating the Gaza Strip from the rest of Palestine and Israel, and they are constantly facing military attacks and violence. Children who experience ACEs are at an “increased risk for developing chronic diseases, such as depression, heart disease, cancer, and diabetes” (CDC, 2022, para. 10). Many of the impacts of ACEs on childhood development are similar to the behaviors being shown by children in Gaza, in that they both experience unstable relationships, depression, and difficulty with finances (CDC, 2022). Wagner et al. (2020), sampled 2,481 youth ages 15 to 24 living in the West Bank and East Jerusalem and found that 45.7% of the sample reported global distress, 55.2% reported depression, and 37.0% reported anxiety. The researchers correlated these symptoms with the amount and type of violence that the individuals have been exposed to and found that 85.0% of the sample had experienced at least one violent event in their lifetime, with 46.7% reporting being a personal victim and 70.8% having witnessed violence against a close friend or relative (Wagner et al., 2020). The results of

the study found that exposure to a violent event does not have to be direct to influence a person's mental health (Wagner et al., 2020). Therefore, being exposed to violence, whether it be through watching a news report or physically visualizing it can lead to PTSD.

Anxiety

In terms of anxiety, the DSM-5 criteria for generalized anxiety disorder includes excessive worrying for at least 6 months, difficulty controlling this worry, difficulty concentrating, restlessness, irritability, and muscle tension, and this excessive worrying is not related to another mental health disorder or substance use (Halter, 2018). The main cause of anxiety for Gazan children is their feelings of lack of safety, due to the Israeli occupation (Marie et al., 2020). This is because the violence could escalate at any second. One example of how the military occupation is causing a lack of safety, leading to heightened anxiety levels, is shown through the public school system. In Area C in Gaza, all public schools are managed by Israeli military forces, and in 2012, 69.4% of the students reported suffering from psychological conditions and social difficulties (Marie et al., 2020). Marie et al. (2020), conducted a literature review exploring the impact of the occupation on the anxiety levels of Palestinian children living in the Gaza strip. One study focused on 237 randomly selected children living in the Gaza strip from 112 different schools, with ages ranging from 9 to 12 years (Marie et al., 2020). The children answered questions on the Revised Manifest Anxiety Scale, and the results revealed that the main physiological anxiety symptoms experienced by these children include “insomnia, nightmares, and sweating” (Marie et al., 2020, p. 5). Another study conducted in the Gaza Strip, in areas experiencing high rates of continuous shelling and military violence, focused on a sample size of 197 children ages 9 to 18. These children completed the Revised Children's

Manifest Anxiety Scale, Children's Revised Impact of Event's Scale, and the Gaza Traumatic Checklist. The results yielded extremely high levels of PTSD and anxiety (Marie et al., 2020).

Another factor that increases rates of anxiety among Gazan children is the issue of child labor. There is a heightened prevalence of child labor in Gaza because of the high generalized unemployment rate, which was 46.6% in 2022 (Gisha, 2023). A study conducted in Gaza collected data over two months from 780 children and measured their anxiety symptoms based on the Spence Children's Anxiety Scale. It found that children who were taken out of school to sell items on the street, had a low family income (less than \$300/month), lacked health insurance, and lived in camps, experienced higher levels of anxiety compared to unemployed children who studied in school (Marie et al., 2020). In terms of the impact of gender on anxiety levels in Gazan children, it is well documented that girls suffer from higher levels of anxiety than boys, however, in a study conducted in Palestine, it was found that boys suffer from higher levels of anxiety, but are less likely to seek treatment, compared to their female counterparts (Marie et al., 2020). This is due to the stigma surrounding mental health treatment, and the idea that men who seek treatment for anxiety are weak, however, the difference in anxiety levels experienced in Palestine between boys and girls requires further research (Marie et al., 2020).

According to Wagner et al. (2020), several studies regarding gender differences in exposure to violence in the Middle East have yielded results showing that although females are less exposed to violence compared to males, they report more symptoms of psychological distress, such as depression and anxiety (Wagner et al., 2020). When analyzing this piece of information, it would make sense to assume that boys report their psychological symptoms less than girls, although they may be struggling with the same or even more psychological distress, due to their direct involvement in the violence.

One interesting factor that contributes to anxiety is whether a child has both or only one parent. According to Marie et al. (2020), Gazan children who have only one parent experience lower levels of anxiety because marital and parental conflicts often lead to increased child anxiety. This could show that the whole family system is affected by the consequences of occupation, but more research is required related to this finding.

Another study looked at the difference in anxiety levels between Arab Palestinian adolescent students and Jewish adolescent students, all living in northern Palestine, including occupied Haifa. The researchers analyzed a sample of 1800 Jewish students and 2351 Palestinian students and found that although the effects of war had similar effects on both students, the Palestinian students reported higher levels of PTSD symptoms (Marie et al., 2020). An explanation for these results is that although the students were exposed to the same war events, the Arab students had less shelter and security, and felt much less support from the government (Marie et al., 2020).

Another type of anxiety that was detailed during the interview was separation anxiety. According to Hockenberry et al. (2022), separation anxiety is an expected finding in children ages 6-30 months, indicating that it is an abnormal reaction and a traumatic stress response in older children. According to a video titled “What is Trauma Doing to Young People in Gaza”, “9 out of 10 children in Gaza feel unsafe when they are alone” (Al-Jazeera English, 2022, 0:54). According to Tarazi (2021), a mental health and Psychosocial Support advisor for Save the Children in Occupied Palestine, a 10-year-old girl named Amal, who lives in Gaza and experienced the last major attack on May 10th, 2021, was interviewed about her experience. Amal said, “I feel a lot of terror...we started sleeping in the hallway because I’m so afraid. I can’t go anywhere without my mum or dad. The windows in our house shattered on us and my

mum had to protect us... I stay up all night long, I can't sleep from the sound of their airstrikes” (Tarazi, 2021, para. 8). These reports show how children exposed to war trauma are experiencing separation anxiety and feel unable to go anywhere without their parents. This type of separation anxiety is common in children who have experienced traumatic events. According to Liu (2017), 15% of New York City's children were surveyed after 9/11, and 12% of these children were found to have developed separation anxiety (para. 5). This shows that despite the culture and country that a child comes from, trauma affects them in similar ways.

A final study that was analyzed by Marie et al., (2020) described how maternal anxiety can impact offspring and lead to the development of mental health disorders and physiological harm. According to Marie et al., (2020), “Maternal anxiety may be associated with behaviors that hurt placenta functioning, blood flow, or nutritional supply to the developing fetus” (p. 9). Marie et al. (2020) also described how maternal anxiety is associated with emotional and behavioral problems in the offspring. This shows that simply being born in Gaza is a risk factor for developing anxiety and mental health disorders. Overall, children in Gaza experience extremely high levels of anxiety and are even predisposed to developing anxiety in the womb.

Suicidal Ideation

The third most significant crisis that is impacting Gazan youth is suicidal ideation. According to AbuJarbou (2020), “an estimated 38% of Gaza's youth have considered suicide at least once”, and an average of 562 Gazan youth attempt suicide every year (para. 1). This high level of suicide is due to the amount of trauma, ongoing war, and difficult living conditions in Gaza, including frequent bombings, attacks, water and food insecurity, recurrent electricity cuts, and suffering. There may also be an underreporting of suicide attempts and ideation because of the taboo of discussing suicide from a religious perspective. Islam is the dominant religion in Gaza,

and there are clear rules in Islam stating that suicide is forbidden, because only God has the right to give and take life; therefore, it may be shameful for some youth to report their suicidal ideation because they may feel they are displeasing God or their families (Veronese et al., 2021).

There are two significant themes to be extracted from this high level of suicidal ideation. First, the suicide rate is highest amongst young men ages 18 to 30, as they make up a total of 75% of the suicide deaths (AbuJarbou, 2020). This is because many of these men face societal expectation that they will provide for their families, protect them, and shoulder their burdens (AbuJarbou, 2020). With the youth graduate unemployment rate at about 58% and the stigma that is associated with men seeking mental health treatment, many young Gazan men resort to suicide as their way to cope with and escape the nightmare they are living every day (AbuJarbou, 2020). In a study conducted by Veronese et al. (2021), “26.5% of Palestinian middle schoolers, ages 13-15 years old reported suicidal ideations”, and there was a higher prevalence among boys compared to girls (26.6% compared to 24.4.%) (p. 296). This is significant because it shows that Palestinian boys understand their expectations from a young age, and they also fail to seek mental health services starting from a young age. Reported health behaviors that are associated with suicide ideation among these students includes “marijuana and tobacco use, isolation, worry-induced insomnia, and peer violence in school” (Veronese et al., 2021, p. 296). This shows that the trauma that these children face causes them to resort to unhealthy coping behaviors, further enhancing their suicidal ideation.

According to a study conducted by the World Health Organization in 2010, 2,607 students in Gaza reported anxiety and loneliness, which were factors leading to suicidal ideation (Veronese et al., 2021). Factors contributing to anxiety and loneliness include experiencing bullying and physical assault in school (Veronese et al., 2021). This is very intriguing because it

shows that although these children are all experiencing the same trauma and war events, it actually causes them to drift apart and experience chronic loneliness rather than sympathize and band together. This may be because the violence is ongoing, and everyone is experiencing different losses. It may also be a result of a lack of mental health treatment and services in Gaza, and the lack of desire to seek mental health treatment. Mental health illnesses may also be seen as a weakness, causing the topic to be kept suppressed and private, resulting in the victims having to deal with it alone, which can contribute to loneliness.

Another significant theme to be extracted from this high level of suicidal ideation is the impact of Gazan resistance culture on the perspective of hope in the youth. In Palestine, there is a concept called “Samud Culture,” or resilience culture, which is the mindset that despite experiencing continuous trauma and adversity, the Palestinian people are devout to their country (Marie et al., 2021). The significance of this mindset is that it creates feelings of resilience and hope in people and pushes them to adapt to their constantly changing environment and persevere. In the study conducted by Veronese et al. (2021), the authors hypothesized that this resilience mindset would set apart the individuals who were experiencing suicidal ideation compared to those who were not, however, their hypothesis was proven wrong. The results of their study revealed that the “Samud culture mindset had no significance between the suicide risk group and no-risk group” (p. 303). This is because although Gazan youth are able to adapt to their environment, feelings of hopelessness still exist, and resilience is not enough to protect the youth from suicide, in the context of consistent violence and military occupation (Veronese et al., 2021). To further support this idea that the resilience culture is not enough to overcome trauma, Wagner et al. (2020), “used ratings from parents and teachers of 350 kindergarten students” and found that “psychological resistance was negatively associated with trauma” (p. 99). This

indicates that as trauma increases, mental resilience decreases. However, Wagner et al. (2020) also noted that other studies have found that only slight psychiatric symptomatology amongst Gazan youth have been found when exposed to violence, and they credit this to the resistance culture (Wagner et al., 2020). Therefore, suicidal ideation is a significant problem amongst Gazan youth, and is particularly high among the young men, and it would be naïve to believe that a culture of resistance could protect the youth from suicidal ideation when they experience ongoing trauma.

Interventions: Barriers, Current Treatments, Cultural Implications, Coping Methods, Cultural Humility and Competency, and Recommendations

Barriers to Interventions

According to Betancourt et al. (2014), experts have pinpointed 5 essential elements of immediate mass trauma intervention, which include “a sense of safety, calming, a sense of self and community efficacy, connectedness, and hope” (para. 2). When discussing interventions to improve the mental health crisis in Gaza, it is difficult to know where to even begin, because these children lack a sense of safety, calm, and hope as previously discussed. Not only is there a pediatric mental health crisis, but there is also an ongoing military occupation; oppression; food, water, financial, and electricity insecurities; as well as widespread fear, injury, and disabilities. Implementing Maslow’s Hierarchy is helpful in this scenario because Gazan children do not have their physiological needs or safety needs met (which are the bottom cores of the pyramid); therefore, they are more concerned with consuming their next meal and safely making it to school and back home rather than their mental health. According to Brady (2020), the current Palestinian mental healthcare system lacks money and resources. According to Brady (2020), “The budget for mental health services is 2% of the entire budget allocated to the Ministry of

Health, and 73% of this budget is spent on the psychiatric hospital” (para. 1). In the West Bank, there are currently only 20 psychiatrists in the whole population, and according to Marcus (2021), Gaza has only one currently practicing psychiatrist as of the year 2021. Many non-government organizations (NGOs), such as the “Palestine Trauma Center, Palestine Counseling Center, and the Treatment and Rehabilitation Center have a common goal of providing mental health services to the public but operate on very low funding” (Brady, 2020, para. 2). It is also difficult because there is such a high demand for mental health services, but a lack of modern medicine available to Palestinians and weak management systems for these NGOs (Brady, 2020).

Current Interventions

As discussed in the interview and supported by Marie et al. (2020), the most common mental health treatment that is used in Gaza is Cognitive Behavioral Therapy (CBT), and according to Marie et al., (2020), selective serotonin reuptake inhibitors are prescribed as well. CBT is a 12-session based therapy which first utilizes the DSM-5 PTSD Checklist and the Pediatric Emotional Distress Scale (K. AbuHaloub, personal communication, October 3, 2022). After the assessment, the mental health practitioner provides psychological trauma education to the child and caregiver, regarding the effects of the trauma (K. AbuHaloub, personal communication, October 3, 2022). As the sessions continue, education related to techniques to cope with stress, emotions, and behavior are implemented (K. AbuHaloub, personal communication, October 3, 2022). The emphasis on establishing a routine is also used. According to Substance Abuse and Mental Health Services Administration [SAMHSA] (2022), one of the tips of coping for traumatic events and disasters is to establish and maintain a routine (para. 6). The child is also encouraged to verbalize their thoughts and feelings during these

sessions as well (K. AbuHaloub, personal communication, October 3, 2022). After the treatment, the child is given the same assessments as given in the beginning and the scores are compared to ensure that the treatment was effective (K. AbuHaloub, personal communication, October 3, 2022). However, a lack of funding, access to medication, and lack of healthcare providers can make this treatment difficult to implement and continue (Betancourt et al., 2014).

Cultural Implications for Interventions

According to Betancourt et al. (2014), a study tried to implement Short Term Crisis Intervention Therapy for children in Gaza ages 9-15 to aid them with their PTSD symptoms. In the study, the children were randomized into one of three groups. The first group's treatment included a seven-session group with drawing, free play, storytelling, and expression of feelings. The second group was assigned a four-session education intervention, and the last group was the control group, which received no treatment (Betancourt et al., 2014). After three months, neither group one nor group two's interventions were found to help the children in their PTSD symptoms. The researchers believe this is because they did not actively try to encourage the children to open up and express their feelings (Betancourt et al., 2014). Therefore, it can be assumed that therapy is most effective when the client actively discusses their feelings, so that interventions can be properly commenced. This is a particularly important point when discussing Gazan children, because they live in a culture of emotional privacy as previously discussed. According to Shehadeh (2021), "the cultural context (in Palestine) impacts a tendency to avoid expression of feelings" (p. 40). Also, as stated in the interview, many of the children try to act brave and pretend that the violence did not traumatize them (K. AbuHaloub, personal communication, October 3, 2022). According to Shehadeh (2021), "older children in Palestinian society are expected to takeover...as head of the household" (p. 40). This suppression of emotion

and large pressure of responsibility can make it difficult to seek treatment for Gazan youth, because they may begin feeling shame and embarrassment for seeking mental health assistance, especially if the people around them are not seeking treatment.

Another significant factor affecting the effectiveness of interventions is whether the parents/caregiver is involved. In the interview, it was discussed how some CBT sessions include just the child, whereas other sessions include the parent and child (K. AbuHaloub, personal communication, October 3, 2022). Betancourt et al., (2014), supports this intervention by stating “a strong evidence base supports the claim that secure and consistent caregiver relationships are critical in order for children to weather the extreme stressors of war and conflict” (para. 18). The importance of the role of caregivers and parental support is also highlighted by Stephens (2007), who is the director of Illinois State University Child Care Center and author of a parenting column. She emphasizes strategies to help children cope with fear and anxiety during wartime. This includes being observant of your child’s play themes, avoiding long separations, being aware of your child’s behavior changes, being patient and approachable with your child, and extending empathy (Stephens, 2007). Stephens (2007) also details how parents can approach their children by verbalizing a change that they observe in their child’s behavior. This would be an opportune time to ask the child if there is something that is bothering them. In the field of nursing, active listening and validating feelings is part of this concept, because it provides clients with feelings of safety and validation. It is also important for parents to give their child time to overcome their fears, and to spend extra quality time with them, in order to promote feelings of attachment, trust, and security between the parent and child (Stephens, 2007).

When applying this advice to children in Gaza, the need for parental and child support during and after traumatic attacks is emphasized (K. AbuHaloub, personal communication,

October 3, 2022). The cultural expression of emotions in Gaza may create barriers between parents and their children in verbalizing their thoughts and feelings, especially in adolescents, as they are expected to take over as head of their households. This could also be related to Erikson's Stage of Development of identity vs. role confusion. This is because the adolescents are "overly preoccupied with the way they appear in the eyes of other..." causing them to fear appearing weak or incapable (Hockenberry et al., 2022, p. 45). Many parents may have difficulty with being able to spend extra time with their children following the attack because they are more focused on the survival of their family, such as obtaining food, clean water, keeping the house warm in the midst of a power outage, and finding work to financially support their families. Some children have also lost their parents in the conflict, which leaves them without a sense of support and security. It is unrealistic for parents to be expected to mitigate the effects of the war on their own, and according to Liu (2017), teachers and medical personnel should also be trained regarding the effects of the trauma on children. This is important because the interview also detailed that many of the parents bring their children for mental health therapy at the request of the child's teacher, because many children demonstrate different behaviors at school when around their peers compared to when they are around their parents (K. AbuHaloub, personal communication, October 3, 2022). Therefore, incorporating additional support from trusted individuals outside of the family unit is also crucial in mitigating the effects of trauma on mental health.

Finding Ways to Cope Under the Occupation

Despite the negative connotations associated with therapy, many of those who fully immerse themselves in the experience often receive positive outcomes. According to Stryker (2020), three young Palestinian men in Ramallah were interviewed regarding their opinions on therapy. One of

the men, named Ahmed, discussed how he was facing employment problems, and desired to study abroad (Stryker, 2020). After submitting an application, it was accepted, and he would be expected to leave in a few weeks (Stryker, 2020). However, ten days before his set departure date, the Israeli government declined his visa application and refused to provide a reason (Stryker, 2020). Ahmed described feeling depressed, and attributed his visa rejection to an incident that happened a few years ago, in which he was wrongfully incarcerated because he was accused of helping a friend illegally find work in Israel and did not possess enough money to pay a fine issued by the Israeli Defense Force [IDF] (Stryker, 2020). After leaving prison, Ahmed described how he could not stop trembling, which led him to secretly seek mental health therapy from an NGO clinic (Stryker, 2020). In therapy, he learned how to navigate his emotions and became empowered to look for opportunities within Ramallah, which inspired him to become the manager of a garden center, teach gardening classes, and join a farmers' market to sell locally grown produce (Stryker, 2020).

The narrative of the next man, named Janek, details how self-expression and immersion in hobbies and interest can create a sense of hope amongst the chaos. This young man he did not find assistance in therapy, but rather began working for a friend at his tattoo parlor and found satisfaction and purpose in telling stories through body art (Stryker, 2020).

The final narrative is told by a man named Khalil, who refused to attend therapy, but created a club at his university for the purpose of decreasing the feelings of isolation among the youth (Stryker, 2020). At this club, everyone is welcome (Stryker, 2020). They have a space to do homework, talk, sit in silence, and play musical instruments, but the purpose is to just have people around (Stryker, 2020). These narratives show how Palestinian youth are finding ways to cope with their mental health trauma and try to find a sense of “normalcy” under the occupation,

as some seek therapy, others find interest in a hobby, and some look for support groups (Stryker, 2020).

Cultural Humility and Competency

One of the most important yet overlooked ways to support Gazan youth mental health is by acknowledging and validating their trauma and the emotions that come with it. According to the documentary titled “The Raising of America,” it was described how it is important to give young people support instead of labeling them as “bad,” and how acknowledging trauma is the first step towards healing (Adelman, 2015). According to Stryker (2020), there have been many NGOs that enter Palestine with the mindset of “what is wrong with these Palestinian children,” and these “violence prone males” (p. 306). Children who endure trauma are more prone to violent outbursts, as well as behavioral and emotional issues, but instead of being labeled and ostracized, they need to be validated and treated with compassion and support rather than scorn (Shehadeh, 2021). It is also important to provide culturally competent care for these children. NGOs that send psychologists and psychiatrists from the Western world need to be adequately equipped to observe and treat different trauma response signs and symptoms, as every culture expresses trauma differently. They also need tools, scales, and assessment tests that are developed for that specific culture and situation as well, because other generalized assessments may not fit the needs of those individuals. For example, Gazan culture revolves around emotional privacy, and it is often seen that rather than discussing their feelings, many boys in Gaza have behavioral outbursts (Shehadeh, 2021). Assessments for these children could begin with asking their views on mental health and therapy, as well as their parents’ views on the topic. This aids in gauging a better sense of what kind of therapy will work best and if the child is willing to cooperate. It also assesses what kind of benefit therapy will emit for this individual,

how supportive and involved the family will be, and if the child is suppressing their feelings or not.

A personal intervention that I came up with to support the children in Gaza was international cards of support. Inspired by St. Jude's Cancer Center, my idea was to create a link on the Palestinian Children's Relief Fund (PCRF) website where people can choose a virtual card and a prewritten message to fill it. The virtual artwork on the cards would be drawn by children in Gaza and the messages would be supportive statements in Arabic to express strength, compassion, and support for the recipients. The significance of the artwork being drawn by Gazan children is to give them the opportunity to express their creativity and have it be viewed and acknowledged across the world. The country of residence of the sender will also be identified to show the children that they have global supporters. After one hundred cards are submitted, a PCRF advisor in Gaza will be able to print the cards and distribute them to a school in Gaza. The purpose behind this intervention was to provide support for these children in the form of words, and to visually inform these children that they have supporters all around the world who are acknowledging and validating their trauma. When I pitched the idea to the Gaza Trauma Center, my idea was rejected because they felt that these cards would bring little support, and instead suggested that monetary donations would be more beneficial. As someone who is not living in Gaza, it is difficult to understand what type of support is needed and not needed, especially in a cultural and environmental context. I was inspired by a pediatric cancer center in the United States, and although this intervention may be beneficial for hospitalized pediatric cancer patients, it may not be beneficial to children who are suffering from mental health trauma under a military occupation in Gaza. Although the idea was thoughtful, it may not be the best intervention for the children of Gaza.

Recommendations

A definite way to support children in Gaza is by financially donating to credible organizations, which use donations towards medical relief, food, necessary hygiene supplies, and for funding schools. According to Abuasi (2020), from Save the Children in Occupied Palestine, “the healthcare system in Palestine relies heavily on humanitarian aid and assistance. However, this funding and aid could easily be subjected to budget cuts from countries like the United States. Currently, the Ministry of Health does not allocate any funds to mental health services” (para. 1). This is significant because it shows that the Israeli government can easily cut funding for Gaza and allocate the money elsewhere, and it also shows that Palestine does not have a mental health fund allocated by their government, and instead relies on underfunded NGOs to implement mental health treatment. The reasoning behind this could be a lack of funding and a pressing need for issues that are deemed more significant than mental health, as evidenced by Maslow’s Hierarchy of Needs. Upon further analysis, it may also be deemed unnecessary to fund resources for mental health due to the frequency of attacks, especially in Gaza, indicating that if the mental health trauma is under control, it may spiral again after the next traumatic event, evoking feelings of hopelessness and the need to seek therapy again.

According to Marie et al., (2020), interventions should be based around recruiting more community mental health nurses in Gaza, for the purposes of implementing secondary and tertiary prevention in the community, through pediatric mental health screenings following traumatic events and by initiating CBT and possibly SSRI treatment. It is important to recognize that an ending to the occupation would be seen as primary prevention, since it is the main cause of mental health disorders among the Gazan pediatric population, but secondary prevention through screening and early treatment, and tertiary prevention, through actively following up

with a community mental health nurse to prevent any further mental health deterioration, whether inside or outside of school, be made mandatory (Marie et al., 2020).

Finally, there are many amazing humanitarian organizations, such as Palestinian Children's Relief Fund, Save the Children, and Islamic Relief, which all send certified groups and collect donations for the purposes of providing aid to the people of Gaza. These groups are also implementing interventions to treat the mental health of Gaza's children. For example, PCRFB has created a Gaza Pediatric Mental Health Initiative program, and some of their events include peer support group therapy and summer camps for children with trauma. The only recommendation would be to increase the frequency of these events, and to train volunteers in Gaza on how to continue these events even when the PCRFB volunteers are not present. These therapy groups could also be implemented into the school systems, to increase attendance. Therefore, several factors, such as a lack in resources and funding make it difficult for Gaza to make mental health a priority for their children, but new initiatives are beginning and have the potential to be successful and impactful with the help of people everywhere.

Limitations

Since the topic of pediatric mental health being specifically studied in Gaza is a relatively new concept, the scholarly literature is present but other sources of information were utilized as well to write this paper, such as Al-Jazeera news and press statements by Save the Children. These sources add value to the paper by incorporating a global political perspective to the situation and providing the most current statements by experts in the field. The limitation of these news sources is that they are biased towards the Palestinian people.

Conclusion

Overall, pediatric mental health disorders are a severe issue in Gaza, but without the proper resources to address it, the youth will continue to suffer. These children are living in the world's largest open-air prison, and have an extremely limited opportunity to leave, for the purpose of pursuing opportunities or simply to save their lives. With an extensive number of factors threatening the lives of the people in Gaza, such as a lack of food, employment, water, shelter, and safety, these mental health disorders are most likely appearing due to situational factors, which can only be fully addressed if the military occupation were to end. Continuous trauma is difficult to treat and address, because the trauma can be treated, but will certainly reappear, and with every recurrence, hope is diminished. The need for international aid to address the mental health crisis in Gaza is crucial, as these people are in desperate need of financial and humanitarian assistance. Donating to NGOs that specifically support pediatric mental health, either financially or physically, such as PCRF, can greatly benefit the people of Gaza. Nurses can also assist with educating the community about the importance of mental health, in clinics, hospitals, and schools around Gaza. They can also train and teach volunteers in Gaza regarding signs and symptoms of pediatric mental health crises, and aid them in understanding and using screening tools, creating a plan of care with the child and their family, implementing culturally appropriate interventions, and evaluating the success of the treatment after it finishes. Therefore, the pediatric mental health crisis in Gaza will continue to persist unless the political differences are put aside, and health and humanity are placed at the forefront.

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