

EFFECT OF TRAUMA ON SCHOOL PERFORMANCE AMONG SCHOOL-AGED CHILDREN IN GAZA STRIP

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ABSTRACT

Background: We examined the relationship between psychic trauma and school performance among preparatory school children in Gaza Strip.

Methods: A cross-sectional study was carried out at eight governmental and United Nations Relief and Work Agency (UNRWA) Preparatory School in Gaza Strip.

Data was collected through indirect method using a structural interviewed questionnaire and reviewing school records . trauma was classified to three levels mild, moderate and severe according to Gaza Traumatic Chick list , if child have 0-4 traumatic events consider mild trauma ,5-10 items consider as moderate trauma ,more than 10 items consider as severe trauma ,the most traumatic events was watching martyrs and injured people on TV , which rated 96.9%of study sample .After that the researcher study the prevalence of post traumatic stress disorder which was71.2% among the study sample developed PTSD .

School performance was assessed by getting scores in Math, Arabic language , and total average in the first half of scholastic year Concentration , attention and participation in class activities .

Results: The study showed that 19.7% of children reported mild trauma, 72.4% of them reported moderate trauma, and 7.9% reported severe trauma. Also, 71.2% of the study sample developed post traumatic stress disorder. A significant association between trauma, PTSD and low school performance was observed.

Conclusion: there is a positive association between trauma, PTSD and school performance, this association was demonstrated through lower means of scores in Math, Arabic language and total average of children after the Intifada events than before it.

Key words: Children, Trauma, PTSD, Low school performance,

Introduction

Palestinian children living in Gaza Strip has been experienced a variety of physical and psychological trauma (Thabet et al, 2002, 2004). The devastating impact of living in violence environments is well documented in earlier studies that link violence to child behavior problems, depression, anxiety, post traumatic stress disorder (PTSD), poor school achievement, and low future expectations (Fitzpatrick and Boldizar, 1993; Freeman et al., 1993; Cooley-quille et al., 1995; Horowitz et al., 1995; Schwab-Stone et al., 1995; Singer et al., 1995; Cambell and Schwarz, 1996; Saigh et al., 1997; Kilewer et al., 1998). In addition to psychological difficulties, childhood bereavement has been found to affect negatively both academic and social functioning (Rafphael, 1983). Although most bereaved youths did not experience significant psychological impairment , those how did also experienced more school and peer difficulties , more health problems , and lower self esteem compared to bereaved youths who were less distress (Martie et al., 1998).

Relationships between mental health problems and learning difficulties, especially reading failure have been well-documented (Boetsch et al., 1996). However, there is a debate about which set of problems leads to which. This seems to be particularly the

case for boys, some of whom enter school with attention and self-regulation deficits, which put them at, risk for failure. Smart et al., (1996) showed that children identified at 7 to 8 years as having reading problems were not more likely than non disable children to develop behavioral problems as a reaction to their school failure but were more likely to have entered school with adjustment problems, which were then followed by the development and persistent of reading problems (Prior et al., 1999).

A link between IQ and delinquency has been hypothesized for decades and has received steadily mounting empirical support in population-based cross sectional studies. Similarly, an extensive literature documents phenotypic overlap between reading\ achievement problems and externalizing behavior problems in children (Joel et al., 1999).

The relation between the level of traumatic experience, degree of active participation in the Intifada, and cognitive and emotional responses were studied among 108 Palestinian children of 11-12 years of age in the Gaza Strip. The result showed that the more traumatic experiences the children had and the more they participated in the Intifada, the more concentration, attention, and memory problems they had (Quota, 2000).

In a study of 271 students aged 13 and 14 years to study school stressors and children's coping strategies. The result found that the most frequent stressors were teacher's abusive behaviors in the classroom teaching and assessment. Student's coping strategies, and their school results, were determined by the intensity of school stress, anxiety, and temperamental characteristic. The researcher concluded that this study demonstrated teacher's psychological abuse as an important component of children's school stress. an over-abundant by the abuse, stress and anxiety subjects regulate their optimal level of stimulation and activation by using survival – coping strategies, destructive for their school achievement, and well being (Piekarska, 2000).

Five years after the Gulf war, the researchers assessed the internalizing, externalizing stress, and post traumatic symptoms of 81 children aged 8-10 years whose homes were damaged in the SCUD missile attack, as well as general and post traumatic symptoms, defensive style and object relations in their mothers to assess the long-term consequences of the SCUD missile attack in Israel on children as a function of their mothers psychological functioning, family cohesion, and the event itself. The result found that there was a significant decrease in severity in most symptom domains and an increase in avoidant symptoms in the children. Greater severity of symptoms was associated with being displaced, living in a family with inadequate cohesion, and having a mother with poor psychological functioning. The association between the symptoms of children and mother was strong among the younger children. Posttraumatic symptoms increased in one third of the children and decreased in one third over the last 30 months of the study. Sever posttraumatic symptoms were reported in 8% of the children (Laor, 2001).

In keeping with society's expectations concerning education and school performance and attendance, most children attend school on a regular and voluntary basis. However, for some children, school attendance is so distressing emotionally that they have difficulty attending school, a problem that often results in prolonged absence from school (Burke and Silverman, 1987; Kingt al., 1995). Fortunately, there have been significant developments over the past decade in relation to science-based assessment and treatment and treatment practices which should help in the early identification and sound management of school refusing children (Bernstein, 2001).

It is clear that children's exposure to war is a risk factor for PTSD and other adjustment problems. However, war exposure involves multiple traumatic events, including experiencing or witnessing violent acts (e.g., killings, rape, torture) or the results of violent acts (e.g., seeing dead bodies, or bombed buildings), as well as experiencing nonviolent trauma such as homelessness or starvation.

In another study 59 children between the ages of 7 and 14 years with a history of trauma and posttraumatic stress disorder symptoms were assessed with the clinician-administered PTSD scale for children and adolescents to examine the frequency and intensity of post traumatic stress disorder symptoms and their relation to clinical impairment, to examine the requirement of meeting all DSM-IV symptom cluster criteria (i.e., criteria B, C, D), and to examine the aggregation of PTSD symptoms clusters across developmental stages.

The result of the study says that children fulfilling requirements for two symptom clusters did not differ significantly from children meeting all three-cluster criteria with regard to impairment and distress. Reexperience (cluster B) showed increased aggregation with avoidance and numbing (cluster C) and hyper arousal (cluster D) in the later stages of puberty. The researchers concluded that frequency and intensity of symptoms might both contribute to the phenomenology of pediatric PTSD. Children with sub threshold criteria for PTSD demonstrate substantial functional impairment and distress (Carrion, 2002).

Exposure to violence in childhood has been associated with lower school grades. However, the association between violence exposure and performance on standardize test (such as IQ or academic achievement) in children. It is also not known whether violence exposure itself or subsequent symptoms of trauma are primarily responsible for negative outcomes (Undersea, 2003).

The aim of the study is to assess the effect of trauma on school performance as one of the indicators for cognitive abilities among middle school children in Gaza Strip.

Methodology

Subjects

The population frame for this study consisted of male and female pupils in the preparatory schools living in three governorates of Gaza Strip in both UNRWA and MoEd schools. The sample selected consisted of 500 Palestinian pupils in preparatory schools from both UNRWA and MoEd schools as follows, 100 pupils from Bet-lahia (village), 300 from Gaza city, and 100 from Al-Nussirate refugee's camp. The sample selection was multi-stages random selection; the first was cluster random selection included all the UNRWA and MoEd schools in Bet-Lahia, Gaza, and Al-Nussirate refugee's camp. The we selected two schools in Bet-Lahia, one was UNRAW and the other was MoEd school, 4 schools from Gaza city, 2 from UNRAW and the other from MoEd, and in Al-nussirate refugees camp two schools for UNRAW. The second stage was stratified cluster selection of classes, in Bet-Lahia and Al-nussirate children were selected randomly from one class, and consider all pupils in this class as subject and invite all pupils in this class to participate in the study, because we need 50 participants from each schools, but in Gaza city we need 75 participants from each schools, so we select three classes from each school then we applicant the third stage in which a systematic random selection of participants inside the class which known as, systematic seat order, by this way, each pupils was given a number, then each pupils who had odd number was given a participation invitation letter. According to the first stage of sampling, cluster random selection of 8 schools, 5 of them for UNRWA and 3 for MoEd. The data was collected on April 2005.

The sample consisted of 482 children, 240 of them were boys (49.8%) and 242 were girls (50.2%). According to age, 72.6% of the sample members were 14 years-old, and 27.4% were 15 years-old. A total of 71.2% of the children live in cities, 27% live in camps, and 1.9% live in villages. According to family income, 27.2% of children family monthly income gain less than 800 NIS, 25.3% between 800-1500 NIS, and 18.9% between 1500-2200 NIS, and 28.6% monthly income more than 2200 NIS.

Table 1: Characteristics of the study population

Variables	No.	%
Sex		
Male	240	49.8
Female	242	50.2
Age		
14 years	350	72.6
15 years	132	27.4
Place of residency		
City	343	71.1
Camp	130	27
Village	9	1.9
Address		
Gaza	285	59.1
North Gaza	106	22
Mid zone	91	18.9
Family monthly income		
Less than 800 NIS	131	27.2
900-1500 NIS	122	25.3
1600-2200 NIS	91	18.9
More than 2300 NIS	138	28.6
Paternal education		
Not educated	12	2.5
Elementary	57	11.8
Preparatory	61	12.7
Secondary	125	25.9
Diploma	54	11.2
University	134	27.8
High education	39	8.1
Maternal education		
Illiterate	21	4.4
Elementary	30	6.2
Preparatory	70	14.5
Secondary	232	48.1
Diploma	37	7.7
University	78	16.2
High education	14	2.9
Paternal job		
Unemployed	165	34.3
Simple worker	79	16.4
Skilled worker	25	5.2
Employee	143	29.7
Trader	70	14.4
Maternal job		
Home wife	421	87.3
Employee	43	8.9
Simple worker	18	3.8

The study was performed in the beginning of second trimester of the scholastic year 2003-2004.

Instruments

The personal and Demographic data

It includes demographic data such as, age, sex, place of residency, level of education, and type of work of parents.

The socio-economic questionnaire contains information contains information about the family assistance resources and monthly income. (Palestinian central bureau of statistics 2003).

The Gaza Traumatic Event Chick list

It is a chick list in which 19 events that commonly occurs during times of political and military violence in Gaza Strip. The original chick list was based on previous chick list used in Gaza Strip (Thabet et al, 2001, 2002).

Few items were not present in the first Intifada check list of 1987 , so we added to the checklist of the current Intifada traumatic events, and was rated by children as a dichotomy, "Yes" or "No". The chick list was rating the children level of exposure to traumatic events , the children who reporting 4 events or less , were classified as " low exposure" , those children who reported 5-10 events were classified as "moderate exposure " and those children who reported 11 events or more classified as " severe exposure " .

Structured Clinical Interview for the DSM-IV (First et al., 1996).

The SCID PTSD module is a structured clinical interview that reflects the DSM-IV criteria for PTSD. Following a preface that provides examples of traumatic incidents that individuals may encounter, situational reactivity is assessed. The next four subtests assess for reexperiencing symptoms, avoidance and numbing symptoms, increased arousal, and duration of symptoms. Clinically significant impairment is determined by the examiner.

It composed of 17 items self reported scale designed to score symptoms of post traumatic stress disorder reactions of children aged (6- 16) years .alpha Cronbach's for Inter- rater reliability for this instrument when administered by a clinician has been reported to be high, with a Cohen k of 0.87 for agreement between items .The CPTSD-RI has been translated into Arabic and validated for this culture. The 17 DSM-4 symptoms items of (CPTSD-RI) can be categorized as follows:

Items 1-4, 17: represents criteria B (intrusive re-experiencing).

Items 5-11: represents criteria C (avoidance and numbness).

Items 12-16: represents criteria D (hyper arousal reaction). This index was developed to measure the two most characteristics aspects of post traumatic psychopathology, namely the strengths of unpleasant, intrusive thoughts and the energy spent in trying to block them out of consciousness. Items are rated as "never" "0", "sometimes" "1", and "often" "2".

We estimated a cut-off point for the presence of post traumatic stress disorder reactions according to DSM-4 diagnostic criteria.

School performance

The components of school performance included scores in language, score in math, and total average of pupils in the first

trimester of the scholastic year, class participation and concentration and attention.

A scoring technique was employed for these components. A total score for school performance was calculated where each of these factors was represented in the total score by equal proportion in relation to other components. The total score will calculate as the mean for these six components scores.

Statistical analysis

The collected data was entered by the statistical package for social sciences (SPSS) software, version 10. Frequency distribution and descriptive statistics were used to presents the data. Statistical significant of the results was established when the P-value was less than 5% (p 0.05).

Categorical data were compared by chi-square. Two groups of normally distributed continuous variables were compared by t-test.

Average and standard deviation for some variables were calculated and presented. Relevant associations were investigated with Pearson product –moment correlations when normally distributed.

Internal consistency of the questionnaire was indexed by means of chronbach (alpha value).

Results

Type of and severity of trauma

The results showed that the most common type of traumatic events were: Watching pictures of martyr in the TV injured persons (96.9%), hearing of incursion of the area (92.5%), and witnessing bombardment by aircraft (82.0%), while the least common events were: witnessing the demolishing of own home (4.8%), watching homes demolishing in TV (3.1%), and being shot by bullets (1.5%).

Table (2): Types and frequency of traumatic events (No = 482 children)

No	Traumatic event	No	%
1.	Watching pictures of martyr in the TV injured persons and	467	96.9
2.	Hearing of incursion of the area	466	92.5
3.	Witnessing bombardment by aircraft	395	82.0
4.	Witnessing targeted assignation by aircraft	298	61.8
5.	Witnessing the incursion	240	49.8
6.	Hearing of the killing of a friend	167	34.6
7.	Witnessing the shooting of a friend	113	23.4
8.	Witnessing the bombardment of people homes	107	22.2
9.	Witnessing the raids of his or neighbor homes	82	17
10.	Witnessing the demolishing of a friend home	71	14.7
11.	Hearing of the killing of close relative	67	13.9

12.	Witnessing destroying of the their lands	62	12.9
13.	Witnessing killing of close relative	58	12.0
14.	Witnessing killing of close family member	45	9.3
15.	Witnessing the killing of a friend	40	8.3
16.	Witnessing the bombardment of own home	35	7.3
17.	Witnessing the demolishing of own home	23	4.8
18.	Watching homes demolishing in TV	15	3.1
19.	Being shot by bullets	7	1.5

In this point the researcher classified the trauma to three degrees mild, moderate and severe according to number of items the child answer it "yes" as follows 0-4 ,the child exposed to mild trauma , 5-11 child exposed to moderate trauma and the child who answer "yes" more than 11 items of trauma chick list exposed to severe trauma .

Table (3) shows that 19.7% of the sample's members reported mild trauma, where as 72.4% reported moderate trauma, and 7.9% reported severe trauma.

Table (3): Severity of the traumatic events

Severity of trauma	No.	%
Mild	95	19.7
Moderate	349	72.4
Severe	38	7.9

The results showed differences between male and female of trauma level these differences explained that males were more traumatized than females where the mean for male 7.154 and standard deviation where 2.86, for female it was lower mean for them = 6.086 and standard deviation =2.36. The differences were statistically significant at (t=4.631, p-value = 0.000).

The relation between trauma and sex

The result showed that there is a positive relation between trauma and sex. Figure (11) explains that 10.8% of males exposed to severe trauma while 5% of female, at the same time 24% of females exposed to mild trauma while 15.4% of males .it was Statistically significant at (chi square= 9.864, p-value = 0.007).

The relationship between place of residency and trauma

The result showed that there is a positive relation between place of housing and trauma, and statistically significant at (chi square = 11.528, p-value = 0.021). figure (12) explains that 12.1% of sample's members who live in mid zone exposed to severe trauma , 11.3% of north Gaza and 5.3% of Gaza exposed to severe trauma , at the same time 23.5% of sample's members live in Gaza exposed to mild trauma , 13.2% of north Gaza , and 15.4% of mid zone exposed to mild trauma .

Child post-traumatic stress disorder reactions

In table (4) we can note that the most common symptoms reported by children were felt as thoughts of events was re-occurring and the second was to be upset by some thing which reminded , but at the same time the most less symptoms occurred were to feel distant or cut off from other people and the second one was to have distressing dreams of the events .

Table (4): Child post-traumatic stress disorder reactions according to DSM IV scale
(No =482 children)

No	Items	Never	Sometimes	Always
1	Have you had painful images memories or thoughts of the event?	15.6	68.7	15.8
2	Have you had distressing dreams of the event?	37.6	53.1	9.3
3	Have you felt as though the event was re-occurring?	21	47.7	31.3
4	Have you been upset by something which reminded?	23.7	45.4	30.9
5	Have you been avoiding any thoughts or feelings about the event?	20.5	43.6	20.5
6	Have you been avoiding doing things or going into situations which remind you about the event?	36.9	47.7	15.4
7	Have you found yourself unable to recall important parts of the event?	72.2	17.8	10.0
8	Have you had difficulty enjoying things?	32.6	45.9	21.6
9	Have you felt distant or cut off from other people?	60.8	30.7	8.5
10	Have you been unable to have sad or loving feeling?	41.7	47.1	11.2
11	Have you found it hard to imagine along life span fulfilling your goals?	33.4	45.6	21.0
12	Have you had trouble falling asleep or staying sleep?	42.7	41.9	15.4
13	Have you been irritable or had outbursts of anger?	25.3	61.0	13.7
14	Have you had difficulty concentrating?	30.7	53.9	15.4
15	Have you felt on edge, been easily distracted, or had to stay on guard?	56.6	33.4	10.0
16	Have you been jumpy or easily startled?	29.9	49.4	20.7
17	Have you been physically upset by reminders of the event?	44.0	41.5	14.5

Prevalence of PTSD

The study revealed that 71.2% of the sample's members developed PTSD, while 28.8% didn't develop PTSD. The results showed that 68.8% of males developed PTSD; where as 73.6% of females developed PTSD. The result shows there was no significant statistically difference between sex ($X^2= 1.355$, p-value 0.144).

Relationship between trauma and PTSD

The result showed a positive and statistically significant relationship between trauma and PTSD at (chi square= 13.987, p-value= 0.001), and correlation coefficient of Person =0.753, table (10) appeared that 92.1% of sample's members who exposed to severe trauma developed PTSD, and 71.9% of sample's members who exposed to moderate trauma developed PTSD, where as 60% of sample's members who exposed to mild trauma they developed PTSD.

Average marks of pupils before and after Intifada

Table (11) showed that pupils marks average deteriorated for pupils who exposed to severe trauma more than pupils who exposed to moderate trauma and more than pupils who exposed to mild trauma. This deterioration of marks average increase with increasing of severity of trauma due to Intifada events.

Table (5)
Severity of trauma and marks average

Severity of trauma	Subject	Before Intifada	After Intifada	T	p-value for this	Pearson correlation	SD
Mild	Math	64	47.6	0.126	0.443	-0.077	2.49
	Language	65.1	51.2	0.029	0.481		2.64
	General average	66	63	0.642	0.26		0.97
Moderate	Math	59.4	37.2	4.216	0.00	-0.235	1.44
	Language	60.4	40.8	4.691	0.00		1.57
	General average	63.9	59.7	5.213	0.00		0.611
Severe	Math	59.8	38.9	9.721	0.00	-0.518	3.85
	Language	54.7	34.6	7.364	0.00		3.97
	General average	57.5	50.3	5.297	0.00		1.82

Pupils marks average according to development of PTSD

Table (5) appeared that pupils who exposed trauma and developed PTSD were affected negatively more than pupils who were not developed PTSD, which means that marks average deteriorated severely in pupils who developed PTSD, in comparison of pupils who were not developed PTSD

Table (6): Effect of PTSD on marks averages

Development of PTSD	Subject	Before	After	t	p-value
Not developed	Math	65.8	63.6	1.236	0.108
	Language	64.6	64.4	0.451	0.321
	General average	65.2	64.5	0.324	0.372
Developed	Math	59	47.7	8.45	0.00
	Language	59.8	41.3	9.54	0.00
	General average	60.2	41	7.46	0.00

Table (6) appeared that the mean of school performance for pupils who developed PTSD lower than the mean for pupils who didn't develop PTSD.

The table showed that there is a positive and statistically significant relationship between PTSD and the mean of school performance at ($t = 3.644$, $p\text{-value} = 0.0013$),

Discussion

In this study the researcher found that the most common traumatic events were , children watching the pictures of martyrs and injured people in TV, hearing of incursions , witnessing the bombardments by aircraft and witnessing targeted assignation by aircraft , but on the other hand , the least common traumatic events experienced by children of the study were as follow , being shot by bullets, witnessing home demolishing , witnessing the bombardment of one own home , witnessing the killing of a friends and witnessing the killing of close family members .

It is logic and expected result , because every one can watch TV, but not every one is an active in participation in Intifada events to be shot by bullets , or to be live near Israeli settlements to be home demolishing or to loss one of family members or one of the friends .

There are several studies which supported our findings in the current study , some of these studies were local as, (Thabet et al, 2001) where as they found that the most common type of traumatic events was watching pictures of victims on TV and the last one was to being shot by bullets.

Regional studies as (Macksoud et al, 1996) when they found in a study carried out in Lebanon that children developed post traumatic stress disorder reactions, when they exposed to displacement and when witnessing violent acts.

In world study for (Pfefferbaum, et al 1995) they found that, watching TV of the blast in Oklahoma City was the primary predictor for developing post traumatic stress disorder among the children who watch the event on TV.

In this study, the researcher put 19 traumatic events which represent all possible types of trauma in Al-Aqsa intifada. The researcher classified the severity of trauma as follow , the child who exposed to 0-4 traumatic events known to have mild trauma , child who exposed to 5-11 traumatic events , known to have moderate trauma , and child who has more than 11 traumatic events from 19 traumatic events which represents trauma chick list in the questionnaire known to have severe trauma .

The research findings revealed that 15.4% of boys exposed to mild trauma, where as 24% of girls exposed to mild trauma. For moderate trauma we found 73.8% of boys and 71% of girls, and at the same time, 10.8% of boys exposed to severe trauma, while 5% of girls exposed to sever trauma.

We can interpret these findings to more actively and participation in Intifada events for boys, which increasing the risk to be exposed to more traumatic events, thus to be in severe trauma category, 10.8% of boys have severe trauma in comparison to 5% of girls. On the other hand mild trauma was higher in girls than in boys it was 24% for girls and 15.4% for boys, it is due to the nature of Arab and eastern societies in which girls staying at home most time so, she is most time watching TV, with out actively participating in Intifada.

In Gaza governorate we found 23.5% of sample's members exposed to mild trauma, we should mention here that Gaza governorate consider the best economically area in Gaza Strip, while mild trauma in North Gaza and mid zone were 13.2 and 15.4. At the same time highest level of severe trauma recorded in mid zone which was 12.1%, then in North Gaza which was 11.3 % and the lowest level of severe trauma recorded in Gaza governorate which was 5.3%.

We can interpret these findings for more than one reasons, first, mid zone and North Gaza involved many Israeli settlement, which consider hot points,

Second , many Israeli military invasions happened and re-occupation or parts of North Gaza happened for several days , the last reason we can mention is that targeted assignation by aircraft happened in AL-Nussirate refugees camp two weeks only before data collection more than 15 killed and more than 50 persons injured in those attack , all these reasons affect on the results .this result can be supported by study of (Thabet et al, 2001) when they found that the children living in hot areas and near Israeli settlement were more exposed to trauma than others .

The findings of our study indicated that the most common post traumatic stress disorder reactions experienced by the children was to be felt as thoughts of the events was re-occurring , to be upset by some thing which reminded , to feel difficulty enjoying things , and hard to imagine a long life span fulfilling their goals . In fact these reactions happened due to cumulative trauma through three years of Intifada events and continuous Israeli terrorism against Palestinian people, but we fear from these findings to be complicated to more serious psychological problems such as major depression and others.

our findings here supported by the result of (Thabet, et al ,2001) where , they found that the most common post traumatic stress disorder reactions were , waves of strong feelings about the events , being distressed when thinking about the events and reminder it .

Conclusion

The purpose of this study was to assess a possible relationship between traumatic events of the AL-Aqsa Intifada on school performance among preparatory school children in Gaza Strip.

This study considers as pioneer in this field in Palestine, which investigates the current Intifada events and its consequences in the psychological trend, and its effects on school performance. Trauma, and post traumatic stress disorder reactions were not only a psychological problems, but it is

political, economical, and social in its origins. So we couldn't deal with this important issue separately of the political and general conditions in the area. It is obvious from this study and other studies that children are highly vulnerable to have post traumatic stress disorder reactions, as well as other population categories, as a result of direct and indirect exposure to traumatic events.

This problem was more complex during Al-Aqsa Intifada and they are in great need for immediate interventions. So on the light of these results we recommend of the following:

1- Holding directive public courses, especially for parents to explain how to deal with problems, which appear early and recognize the unfamiliar behaviors.

2- Distributing psycho directive associations and programs all over the governorates and focus on the areas which face the oppression of the occupation.

3-Exerting efforts to obtain a free directive phone line works day and night to give advice direction and reply the public questions.

4- Intensifying informational activity in different national and governmental broad casting stations to present psycho and social rehabilitation programs.

5- Publishing regular leaflets through associations and centers which concern with psych and social sides and distribute it for every person as possible.

6- Activating the role of the associations which concern with this field by opening new branches as much as they can all over the governorates.

7- We ask the ministry of education to do the best to deal with this issue and to activate the teachers and psychologists who work in MoE to discover any behavioral problems in the students.

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