



Consequences of war-related traumatic stress among Palestinian young people in the Gaza Strip: A scoping review

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ABSTRACT

Background: The long-standing Israeli–Palestinian conflict has escalated since the beginning of the 20th century, resulting in a humanitarian crisis in Palestine. It has caused significant psychological and social suffering, particularly children and young people.

Objectives: Firstly, to identify and synthesize the existing knowledge available in peer review articles about the consequences of war-related trauma reactions among young people, and secondly to investigate the mechanisms of resilience in the context of Gaza Strip.

Methods: The review follows Arksey and O'Malley's methodological framework, including a systematic search of eight databases. Relevant studies were assessed according to the inclusion and exclusion criteria.

Results: The identified studies used various measurement tools and instruments to assess mental health outcomes, including post-traumatic stress disorder (PTSD), anxiety, depression, and resilience. War-related traumatic experiences were common among children. The determinants of traumatic stress that increased the of mental health problems were also identified, including exposure to violence and destruction, loss of family members and friends. Resilience and coping mechanisms have a crucial role in mitigating the negative impact of war-related trauma.

Conclusion: The mental health of children and young people in the Gaza Strip is a pressing public health concern, particularly PTSD, depression, and anxiety. Nonetheless, more qualitative research is required to address existing knowledge gaps and improve the available mental health service. This study could provide valuable insights for creating interventions and support services that are culturally tailored.

Key Practitioner Message

What is known?

- The long-standing Israeli–Palestinian conflict has caused significant psychological and social suffering among affected populations, particularly children and young people in the Gaza Strip. Studies have shown high rates of PTSD, depression, and anxiety among this population, with sociodemographic factors predicting mental health outcomes and trauma symptoms.
- Despite extensive research, significant gaps remain in

understanding the consequences of war-related traumatic stress among Palestinian young people in the Gaza Strip, indicating a need for further research and improved access to mental health services.

What is new?

- The scoping review provides new understandings into the mental health of Palestinian children and young people in the Gaza Strip due to war-related trauma, highlighting the prevalence of PTSD, depression, and anxiety, and the need for interventions that address the unique challenges faced by this vulnerable population.

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- The review also identifies gaps in the literature and offers suggestions for evidence-based interventions that can mitigate the negative impact of war-related trauma.

What is significant for clinical practice?

- The scoping review highpoints the pressing need for interventions that address the mental health challenges faced by Palestinian children and young people in the Gaza Strip due to war-related trauma, including improving access to mental health services and developing culturally appropriate support services.
- Additionally, the review identifies whether existing research had emphasized the efficacy of the intervention programs that focus on emotion regulation and mindfulness in reducing PTSD symptoms and improving emotional regulation, depression, and anxiety, providing valuable information for clinicians working with this vulnerable population.

1. Background

Gaza has been exposed to recurrent violence and escalation for many years and is in a state of constant complex humanitarian emergency (WHO, 2022). Within conflict management the term humanitarian emergency is developed in response to the high incidence of civil conflicts, in order to describe the types of conflicts that can contribute to trends in disease burdens among populations living in such contexts (Skolnik, 2019). This term is commonly used to describe a specific type of disaster characterized by a situation in which a large civilian population is affected by a combination of civil or international war, an attempt to restructure the state or society, and/or other gross atrocities (Danese et al., 2020). This may result in widespread population displacement, deteriorating living conditions, and the potential for a significant increase in mortality (Danese et al., 2020). These states of emergencies typically occurring over a limited period, however in several cases lasting much longer, as in the case of Palestine (Maxwell & Gelsdorf, 2019). Complex emergencies and armed conflict cause significant psychological and social suffering to exposed populations (Danese et al., 2020). The health impacts of the affected population placed in these contexts are large—and often underestimated, given the difficulties in collecting sufficient data on mortality and morbidity due to disruptions in the health systems (Davis et al., 2010). These impacts may be acute in the short term, but may also develop into long-term mental health conditions, with the potential of severely impacting psychosocial well-being (IASC, 2008).

1.1. Mental health among young people in Gaza

A large segment of the Palestinian population has become accustomed to a wide range of social and psychological shocks as a part of their immediate environment (Khamis, 2020). According to the World Health Organization (WHO), 1 in 5 people (22 %) of conflict-affected population have developed a wide range of mental symptoms such as depression, anxiety, post-traumatic stress disorder (PTSD), bipolar disorder or schizophrenia (WHO, 2022). The enduring and far-reaching developmental effects of chronic and severe stress experienced during early childhood, also known as early life stress, childhood adversity, child maltreatment, or childhood trauma, are well-documented (Smith & Pollak, 2020). The high prevalence of PTSD in children and adults traumatized by exposure to community violence or war trauma is well established (Woolgar et al., 2021). Previous research has investigated the course and prognosis of PTSD and other mental health symptoms, particularly in young populations (IASC, 2008). PTSD has been found to be associated with experiencing war trauma at younger age, while the development of depression is more related to recent stressors. A

significant increase in depression among children due to war has been documented (Chu & Lieberman, 2010). However, an earlier study by El-Khodary (2020) on Palestinian children found that 88.4 % experienced personal trauma, with 83.7 % witnessing trauma in others and 88.3 % observing property demolition. However, the study concluded that 53.5 % of the participants were diagnosed with PTSD (El-Khodary et al., 2020).

Resilience is an important factor, in terms of developing positive coping mechanisms among individuals. Some studies defined resilience as the ability to cope relatively well in situations of adversity (Lepore & Revenson, 2014). In the meanwhile, Ungar, 2011 defined resilience as an individual's ability to *navigate*, both individually and in interaction with others, psychologically, socially, and culturally, despite of being exposed to dramatic events (Ungar, 2011). Resilience represents a complex set of various protective factors and processes which are very important for understanding health and illness (Jakovljevic & Jakovljevic, 2019; Masten & Tellegen, 2012). According to Rutter (2012), resilience should be defined and measured as the interaction between time variant and context-dependent variables (Rutter, 2012). Ungar proposed that resilience should be assessed based on the quality of the interaction between the child and the child's environment, and the competence of each side to provide what is necessary to sustain well-being (Ungar et al., 2013). Depending on the emergency context, particular groups of people are at increased risk of experiencing social and/or psychological problems (Makwana, 2019). However, A significant gap, however, is the absence of a multisectoral, interagency framework that enables effective coordination, identifies useful practices and flags potentially harmful ones, and clarifies how different approaches to mental health and psychosocial support complement one another (Carll, 2008).

1.2. Gaza strip as a complex emergency context

Complex emergencies are often characterized by extensive violence and loss of life, massive displacement of people, widespread damage to societies and economies, the need for large-scale, multifaceted humanitarian assistance, and obstructions to such assistance by political and military constraints (OCHA, 1999). The term complex emergencies change frequently, different definitions emphasize different aspects of context. It was defined by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) as a “multifaceted humanitarian crisis in a country, region or society where there is a total or considerable breakdown of authority resulting from internal or external conflict and which requires a multi-sectoral, international response” (OCHA, 2003). After the establishment of the Israeli state in 1948, the United Nations Relief and Works Agency for Palestine Refugees (UNRWA) registered 914,221 people in 1950 as refugees in the West Bank, the Gaza Strip, Lebanon, Jordan, and Syria (Shabaneh, 2005; Welchman, 2000). In the second Arab–Israeli war in 1967, Israel occupied the remaining part of Palestine (the West Bank and Gaza Strip). Many Palestinians were displaced from the West Bank and Gaza, including around 175,000 UNRWA registered refugees, who became refugees for the second time. Today, the total refugee population registered with UNRWA numbers over 5 million, living in 58 refugee camps in Jordan, Lebanon, Syria, the Gaza Strip, and the West Bank, including East Jerusalem (Albanese, 2020; Hoff, 2015). The Gaza Strip is 46 kms long and 5 to 12 kms wide, with an area of 362 km². The Gaza Strip's population is 2.1 million (population density is 5801 persons/km²), of whom 67 % are refugees. Gaza has one of the world's youngest populations, with almost 65 % of the population under 25 years old (UNRWA, 2022).

The long-standing Israeli–Palestinian conflict has escalated since the beginning of the occupation in 1948, reaching its zenith towards the end of the 20th and beginning of the 21st century: starting with the First Intifada in 1987, then the El-Aqsa Intifada in 2000, and more recently, the strikes and retaliations in the Gaza Strip. A blockade on land, air, and sea was imposed by Israel following the Hamas takeover of the Gaza

Strip in 2007; this was followed by four Israeli wars on the Gaza Strip in 2009, 2012, 2014, and 2021. The blockade continues to have a devastating effect, as people's movement to and from the Gaza Strip—as well as access to markets, both at economic level and access to retail or food stalls—remains severely restricted. Since 2007, Egypt has largely kept its border with Gaza closed. In the last three years, additional restrictions were imposed to try to restrict the spread of the coronavirus. The Rafah Crossing into Egypt and the Erez Crossing into Israel were both closed for about 240 days; they reopened for only 125 days in 2020, according to United Nations Office for the Coordination of Humanitarian Affairs (OCHA) figures (Albanese, 2020; Hoff, 2015; OCHA, 1999; Shabaneh, 2005; UNRWA, 2022).

Palestine's economy and its capacity to create jobs have been devastated, resulting in the impoverishment and de-development of a highly skilled and well-educated society. In 2020, the average unemployment rate stood at 49 %—one of the highest in the world. Access to clean water and electricity remains at crisis level and impacts nearly every aspect of life. The electricity shortage has severely affected the availability of essential services (particularly health, water, and sanitation services) and continues to undermine Gaza's fragile economy (especially the manufacturing and agriculture sectors). The several years of conflict and blockade have left 80 % of the population dependent on international assistance and donations. According to 2021 OCHA data, 77 % of those with severe need of humanitarian assistance are in the Gaza Strip (Luísa Teixeira Francisco e Gontijo¹ et al., 2022).

Israeli military attacks, blockades, and widespread hopelessness have led to a humanitarian crisis in Gaza, with significant adverse effects on children and young people's mental health (Veronese et al., 2021). Palestinian children exposed to traumatic events relating to the conflict are reported to have at least mild-intensity PTSD reactions (Thabet, 2017). Post-traumatic stress disorder (PTSD) is a disorder that develops in some people who have experienced a shocking, scary, or dangerous event (NIMH, 2023). It leads to symptoms like flashbacks, avoidance, and emotional distress. Conflict can increase the risk of PTSD, while limited support and social stigma make it harder to recover (NIMH, 2023). Herman et al. (2011) claim that positive stress is important for healthy development, but resilience is acquired when a child or adult can avoid prolonged stress or the effects are buffered by relationships (Hermans et al., 2011). Both clinical and public health interventions improve resilience among people suffering from maltreatment, violence, or destructive relationships. War has a catastrophic effect on the health and wellbeing of nations. Several studies have shown that conflict situations cause more mortality and disability than any major disease (Lopez-Ibor et al., 2005; Murthy & Lakshminarayana, 2006). However, our understanding of the extent to which mental health symptoms are linked to trauma resulting from war in the Gaza Strip remains limited. Stress in Gaza can affect people's economic status, healthcare access, social support, education, family dynamics, and mental health outcomes. It's vital to ensure equitable mental health support for all, given the unique challenges in the region (Bangpan et al., 2019). Furthermore, there is scant knowledge regarding; (a) the degree to which certain factors moderate this association and (b) the consequences of war-related trauma stress on the mental health of the Palestinian people over the long-term—especially those who are under 19 years old in the Gaza Strip. In this study, we aimed firstly, to identify and synthesize the existing knowledge available in peer review articles about the consequences of war-related trauma reactions among young people, and secondly to investigate the mechanisms of resilience in the context of Gaza Strip.

1.3. Identifying the research questions

The current scoping review summarizes and synthesizes findings that explored the existing peer reviewed articles and investigate the consequences of war-related trauma reactions among young people living in the Gaza Strip. It reviews what characterizes young Palestinians mental

health problems, and which mechanisms can promote resilience and protect young Palestinian people from mental health challenges when confronted with stressors from war-related experiences.

2. Methods

This scoping review adhered to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines (Tricco et al., 2018). A scoping review offers a broad overview of the evidence related to a particular topic, generally with the aim of determining the range of available evidence and addressing a broader research question (Arksey & O'Malley, 2005; Levac et al., 2010; Munn et al., 2018; Pham et al., 2014). Our review also followed the methodological framework proposed by Arksey and O'Malley (Arksey & O'Malley, 2005) and further enhanced by Levac and Colquhoun (Levac et al., 2010). The framework entails specifying the research question; identifying the relevant literature; selecting the relevant studies; charting the data; and collating, summarizing, and reporting the results.

2.1. Eligibility criteria of relevant studies

Selected relevant studies were assessed according to the following inclusion criteria: studies that (1) were published in academic and peer-reviewed journals, (2) were either quantitative or qualitative, (3) answered one of the research questions (4) were published in English, and (5) addressed Palestinian young people under 19 years old living in the Gaza Strip.

The authors excluded studies that did not address the mental health of young people under 19 years old and living in the Gaza Strip. Studies addressing caregiver or households were excluded, as those did not answer one of the research questions. Finally, we excluded all studies not published in English.

2.2. Information sources and search strategy

The first systematic search was conducted in June 2022 using eight databases: Academic Search Elite via EBSCO, CINAHL via EBSCO, Embase via Ovid, SocINDEX via EBSCO, PsycInfo via Ovid, APA PsycNet, Scopus, and MEDLINE via Ovid. The authors decided to limit the search further by including studies published between 2011 and 2022, with no specific age group. A second search was conducted in October and November 2022 by including additional search terms describing war-related mental health issues in Gaza Strip. Again, limited to English written articles and published in peer review journals (See Table 1).

The search strategy was developed by the authors and a senior university librarian. Authors searched titles and abstracts which relevant to the consequences of war-related trauma keywords among young people living in the Gaza Strip. See Appendix 1 and Appendix 2 for full and

Table 1
First and second search strategy.

First search conducted in June 2022.	
Concepts	Search terms – both text words and subject terms
Mental health	(Long-term stress OR Acute stress OR Acute stress disorder OR Acute Stress Disorder OR Posttraumatic stress disorder OR Psychological Stress OR Mental health stigma OR Mental Health OR Resilienc* OR Mental stress)
	AND
Gaza Strip	Gaza
Second search conducted in October and November 2022	
Mental health	(Long-term stress OR Acute stress OR Acute stress disorder OR Acute Stress Disorder OR Posttraumatic stress disorder OR Psychological Stress OR Mental health stigma OR Mental Health OR Resilienc* OR Mental stress OR Physiological stress OR war-related trauma OR battle injur* OR War-related injur* OR War OR War-related stress)
	AND
Gaza Strip	Gaza

detailed search strategy. The search strategy included both subject terms (e.g., MESH) and text words associated with the main concepts in our study aim: war, stress, and Gaza. Boolean operators (OR, AND) were used to expand and narrow the search.

2.3. Selection process

The authors worked independently at each screening stage. Following de-duplication, the titles and abstracts were screened and were removed if they didn't meet inclusion criteria. Full texts of remaining articles were read to assess eligibility for inclusion. Papers with unclear selection criteria were discussed among all authors.

2.4. Data collection process and data items

The first author and other co-authors have performed independent double extraction of the relevant data from the selected articles. This was undertaken by first author of the included article and citation year, sample size, participant demographics, study design, aims of the study, measurement tools, and key findings.

2.5. Synthesis methods

Study characteristics and key findings regarding the consequences of war-related trauma reactions among young people living in the Gaza Strip were tabulated, narratively summarized, and synthesized.

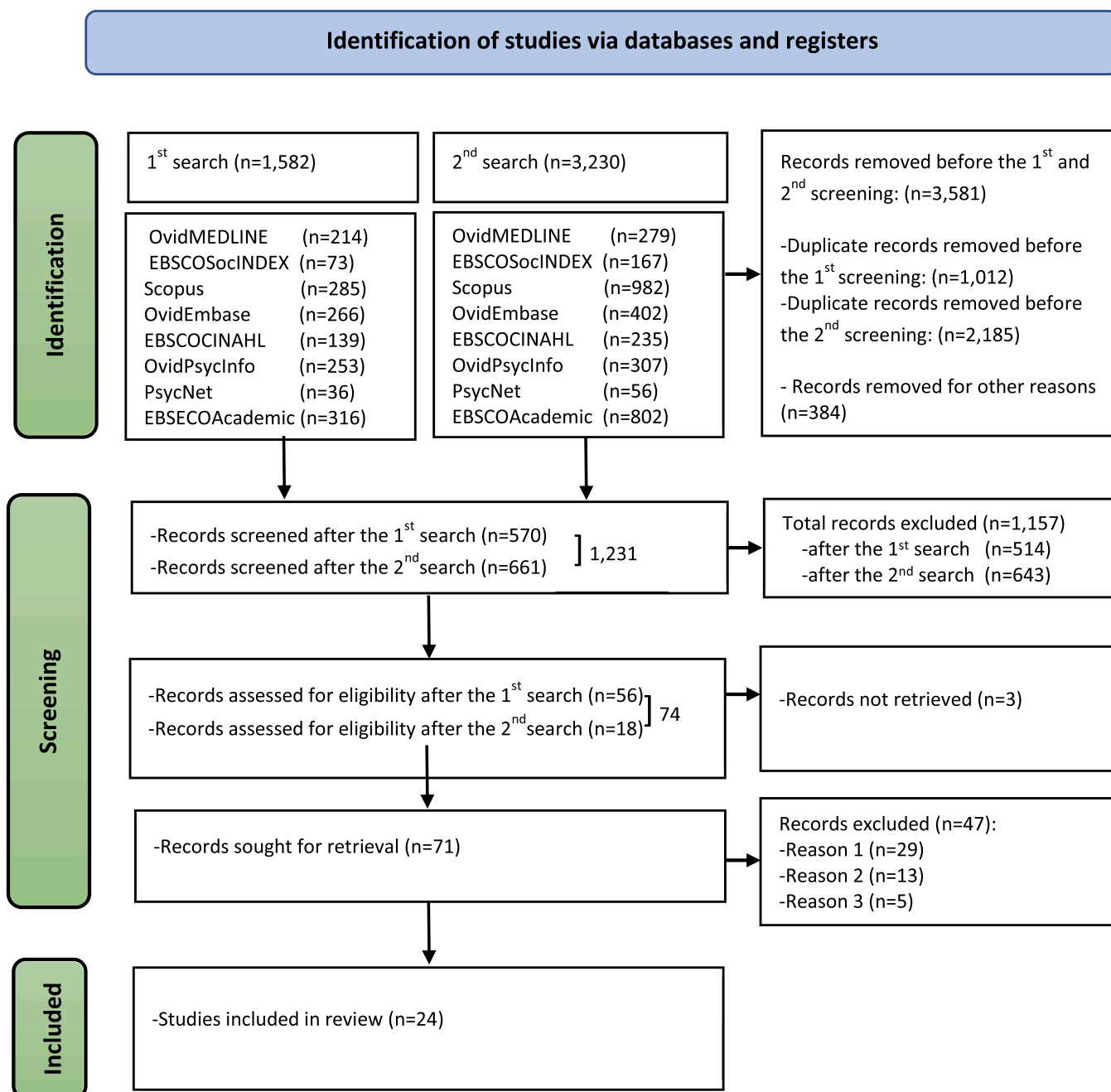


Fig. 1. PRISMA flow of information through the different phases of a scoping review.

3. Results

3.1. Study selection

The electronic database searches yielded a total of 4812 records. The first search resulted in total of 1582 references. After removing duplicates in the reference management tool, Endnote, 570 references were uploaded to Rayyan software. By screening titles and abstracts in pairs, the research team assessed 56 records as eligible.

The second search resulted in total of 3230 references. Removing duplicates in the reference management tool, Endnote, 661 references were uploaded to Rayyan software. The research team assessed the eligibility of 18 records.

In total 74 records were assessed for eligibility. The research team retrieved and screened 71 articles in full-text and included 24 articles in this review. In total, 47 articles were excluded during the data extraction, due to several reasons. The first reason was the insufficient description of the study participants, the second reason was the lack of clarity as to whether the study focused on the outcome of war-related trauma stress among Palestinian children and young people living in the Gaza Strip and the third reason was due to lack of full text. A complete list of excluded publications that were read in full text is available upon request from the corresponding author. The study selection procedure is shown in the PRISMA Flow diagram in Fig. 1 (Tricco et al., 2018).

3.2. Description and characteristics of included studies

There was a total of 10,962 mixed-gender participants from the 24 studies. Most studies were quantitative, and all were published after 2011. Sample sizes ranged from 64 to 1850, with 21 studies from the Gaza Strip, 3 from the Gaza Strip and West Bank, and only 1 from the Gaza Strip and South Lebanon (see Table 2).

The scoping review identified several mental health outcomes related to war-related trauma among Palestinian adolescents in the Gaza Strip. These outcomes include traumatic war experiences, post-traumatic symptoms such as PTSD, depression, stress and anxiety, behavioral and emotional symptoms, resilience and coping strategies, and the impact of sociodemographics, such as trauma exposure and economic pressure (see Table 3).

3.3. Mental health profile of young Palestinians

3.3.1. War-related trauma

According to Manzanero et al. (2021), most of the children in the Gaza Strip have been exposed to various war-related traumatic experiences such as bombardments, residential area destruction, confinement to their homes, witnessing mosque desecration, being forced to flee, and witnessing chemical attacks (Manzanero et al., 2021). El-Khodary and Samara (2020) found that over half of the participants in their study reported exposure to violence in different contexts and met the diagnostic criteria for PTSD according to the DSM-V (El-Khodary & Samara, 2020). Hashemi et al. (2017) identified 17 war-related traumatic experiences of children in Gaza, with being injured or having a family member injured by the occupying forces being the most common, while being used as a human shield or arrested were the least reported (Hashemi et al., 2017). Khamis (2012) reported that about 30 % of Palestinian adolescents had experienced a high-magnitude traumatic event due to war, with family members being killed or injured and houses being demolished being the most common types of trauma (Khamis, 2012). Diab et al. (2019) found that none of the emotion regulation strategies could protect a child's mental health from the negative impact of war trauma (Diab et al., 2019). Peltonen et al. (2014) identified four groups of children based on their exposure to war trauma and the presence or absence of PTSD: resilient, traumatized, vulnerable, and spared (Peltonen et al., 2014). Veronese et al. (2022) identified

eight main themes that influenced the mental health and psychological functioning of children, including school, social relations, military occupation, national and political identity, mosques and spirituality, environment, and mental health (Veronese et al., 2022).

3.3.2. Post-traumatic stress disorder and symptoms

According to Al Ghalayini and Thabet (2017), the most common traumatic experiences reported by Palestinian preschool children in the Gaza Strip during a 51-day war were hearing shelling (95.5 %), hearing drones (89.2 %), and seeing mutilated bodies on television (81.2 %) (Al Ghalayini & Thabet, 2017). Khamis (2012) reported that PTSD was prevalent in 25.7 % of the adolescents, with depression and anxiety being highly prevalent (Khamis, 2012). Another study by Kolltveit et al. (2012) reported that PTSD rate was 56.8 % compared to 6.3 % in peacetime populations (Kolltveit et al., 2012). Additionally, Thabet et al. (2014) found that total number of traumatic events showed a significant positive relationship with PTSD symptoms, but no correlation was found between post-traumatic growth (PTG) and PTSD (Thabet et al., 2014).

According to Manzanero et al. (2021), children in conflict zones suffered physical harm, torture, and property damage, and some even lost consciousness due to nearby explosions (Manzanero et al., 2021). Hashemi et al. (2017) found that the most commonly reported post-traumatic symptoms among children were hyperarousal, re-experiencing, depressive, and somatic symptoms, with feeling upset and jumpy the most frequently reported (Hashemi et al., 2017). In their study, 120 children were referred for further evaluations, due to the severity of their symptoms. Khamis (2015) noted that higher levels of war trauma in Palestinian children led to a higher risk of emotional disorder symptoms and 30 % developing PTSD (Khamis, 2015). Harb and Schultz (2020) reported that a significant percentage of children in the Gaza Strip reported having recurrent nightmares with themes related to life-threatening situations (Harb & Schultz, 2020). El-Khodary and Samara (2019) highlight that children in conflict zones experienced moderate to severe somatic, cognitive, emotional, social, and academic dysfunction symptoms (El-Khodary & Samara, 2019). Moreover, exposure to violence in four contexts was associated with higher levels of total difficulties and depression symptoms in children, according to a study by El-Khodary and Samara (2020) (El-Khodary & Samara, 2020).

3.3.3. Measurement tools and instruments used in the scoped studies

The studies reviewed in the scoping review used various measurement tools and instruments to assess the impact of war-related trauma on the mental health of Palestinian adolescents in the Gaza Strip. These tools include the Gaza Traumatic Event Checklist (GTECL), Spence Children's Anxiety Scale (SCAS), Posttraumatic Stress Disorder Reaction Index (UCLA PTSD-RI), Posttraumatic Growth Inventory (PTGI) short form, Child PTSD Symptom Scale—parent form (CPSS), Harvard Trauma Questionnaire (HTQ), Peritraumatic Dissociative Experiences Questionnaire, post-traumatic stress symptoms (PTSS) (CRIES) assessment, War-Traumatic Events Checklist (W-TECh), Emotion Regulation Questionnaire for Children (ERQ), Depression Self-Rating Scale, Strengths and Difficulties Scale (SDQ), Mental Health Continuum—Short Form (MHC-SF) for youth, Children's Impact Event Scale, and Strengths and Difficulties Questionnaire. These measurement tools and instruments were used to assess various mental health outcomes, including PTSD, anxiety, depression, and resilience (see table 4).

3.4. Coping mechanisms to promote mental health

3.4.1. Sociodemographic status

Various studies have identified sociodemographic factors as important predictors of mental health outcomes and trauma symptoms among Palestinian children. These factors include age, gender, parents' education level, and father's employment (Al-Krenawi & Graham, 2012;

Table 2
Summary of data extraction from the 24 studies.

Author, year	Place of study	Study method & design	Population	Mental Health Outcome (Measurement)	Study Aim	Main Findings
Hashemi et al., 2017	Gaza Strip	Quantitative study; used Open Data Kit (ODK) software	986 children and adolescents aged between 6 and 18 years	Traumatic war experiences and post-traumatic symptoms were evaluated.	To examine the nature of post-traumatic nightmares in young adolescents in primary school in Gaza	The study identified 17 war-related traumatic experiences of children in Gaza, with a mean of 4 events reported. The most common experiences were being injured or having a family member injured by the occupying forces, while being used as a human shield or arrested were the least reported. The screened children exhibited hyperarousal, re-experiencing, depressive, and somatic symptoms, with feeling upset and jumpy being the most reported. Children with the highest 10 % of post-traumatic symptoms were referred for further evaluations, resulting in 120 children being referred.
Khamis, 2012	Lebanon and Gaza Strip	Quantitative study	600 adolescents aged 12–16 years, from the Gaza Strip and South Lebanon	Demographics questions, a brief question asking about the presence of physical injury related to war, PTSD questions based on DSM-4 PTSD criteria, depression questions, somatic symptoms that usually accompany depression or PTSD, and two items were developed asking about fear related to sleeping or being alone.	To investigate the impact of war, religiosity, and ideology on PTSD and psychiatric disorders in adolescents from the Gaza Strip and south Lebanon	Palestinian adolescents who experienced war had high rates of traumatic events, with PTSD, depression, and anxiety being common. Economic pressure was related to negative outcomes, while religiosity was linked to less depression and anxiety, and having a family member killed or an ideological outlook reduced depression and anxiety.
Khamis, 2015	Gaza Strip	Quantitative study	205 males and females aged 9–16 years	The study measured demographics and trauma exposure, economic pressure, religiosity and ideology, PTSD, anxiety and depression, coping strategies, neuroticism, behavioral and emotional disorders trauma.	To assess the long-term effects of war on children's psychological distress and examine the associations between coping and mental health outcome	About 30 % of Palestinian children who experienced higher levels of war traumas developed PTSD and were at higher risk of comorbid emotional symptoms and neuroticism. Children from lower-income families reported higher levels of emotional and behavioral disorders and neuroticism. Emotion-focused coping was associated with emotional and behavioral problems, neuroticism, and PTSD, while problem-focused coping was negatively associated with neuroticism and PTSD.
Al Ghalayini & Thabet, 2017	Gaza Strip	Quantitative study	399 mothers of preschool children, and 165 boys and 234 girls, aged 3–6 years	The Gaza Traumatic Event Checklist (GTECL), Child PTSD Symptom Scale-parent form (CPSS) and Spence Children's Anxiety Scale (SCAS) were used.	To investigate the relationship between war trauma and anxiety and PTSD among preschool children in the Gaza Strip	The most commonly reported traumatic experiences by mothers for their children were: hearing shelling of the area by artillery (95.5 %), hearing loud noises from drones (89.2 %) and seeing mutilated bodies on TV (81.2 %). The mean number of traumas experienced by preschool children was 8.3. PTSD prevalence was 6 % with scores higher in children aged five and older. The mean for total anxiety was 49.84, generalized anxiety was 10.7, social anxiety was 8.4; specific phobia was 21.1, and separation anxiety was 9.65. There were significant associations between trauma and PTSD and anxiety as well as a significant association between PTSD and anxiety.

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Table 2 (continued)

Author, year	Place of study	Study method & design	Population	Mental Health Outcome (Measurement)	Study Aim	Main Findings
Al-Krenawi & Graham, 2012	Gaza Strip and West Bank	Quantitative study	971 adolescents (521 from the West Bank and 450 from the Gaza Strip)	Scales measuring traumatic events, PTSD, peer relations, mental health, aggression, and family functioning were used.	To compare political violence in Gaza and the West Bank, and identify implications for policy makers and researchers regarding Palestinian well-being	Exposure to political violence was linked to mental health symptoms, PTSD, and aggression measures. Those exposed to more political violence had higher levels of mental health symptoms, PTSD, family problems, and aggression. Economic status was the main predictor of mental health, PTSD, family and social functioning, and hostility. Gender, parental education, and religion also had significant effects on mental health and family functioning.
Manzanero et al., 2021	Gaza Strip	Quantitative study	1850 young people aged 6–15 years	The Harvard Trauma Questionnaire (HTQ) was divided into three sections: number of traumatic events, measurement of risk of neurological complications, and measurement of trauma symptoms.	To study war-related trauma and its effects on children living in the Gaza Strip	Most children were exposed to bombardments and residential area destruction, forced to flee, and witness to chemical attacks. The children suffered physical harm, torture, and destruction of property; 3.94 % suffered from loss of consciousness due to nearby explosions
El-Khodary & Samara, 2020	Gaza Strip	Quantitative study	1029 children and adolescents aged 11–17 years	The War-Traumatic Events Checklist (W-TECh) was used.	To investigate the effect of cumulative exposure to violence on mental health among children and adolescents living in the Gaza Strip	A significant percentage of the participants reported exposure to violence in different contexts, and over half of them met the diagnostic criteria for PTSD according to the <i>DSM-V</i> . Boys reported higher levels of violence and depression symptoms, while girls reported higher levels of PTSD symptoms. Children and adolescents from low socioeconomic status and non-refugee groups were more likely to be exposed to violence and have mental health problems.
El-Khodary & Samara, 2019	Gaza Strip	Quantitative study	572 students aged 12–18 years	The War-Traumatic Events Checklist (W-TECh) and Trauma-Informed Positive Education (TIPE) model were used.	To investigate the effectiveness of a psychosocial support counselling programme with children who were exposed to war trauma	Almost all children and adolescents in Gaza had experienced war-related traumatic events, such as witnessing shelling and destruction, and a majority met PTSD criteria one month after the 2014 war. Age, gender, and parental education and employment were significant factors affecting exposure.
Veronese et al., 2019	Gaza Strip	Quantitative study	200 boys aged 6–11 years	The children took part in a range of narrative games to represent their war experiences using drawing and other art therapy techniques or to role-play terrifying episodes that they had experienced during the war and the strategies they had drawn on to cope.	To identify and discuss factors that contribute to reinforcing the ability of children living in refugee camps on the Gaza Strip to adjust to their traumatic life context, as well as to the risk factors they perceive in their daily lives, which are characterized by loss and dispossession	Of the total participants—104 boys and 96 girls—78 % of the boys (81 of 104) and 52 % of the girls (50 of 96) reported directly experiencing traumatic events related to war. Both genders also reported experiencing episodes of political violence, with 39 % of the boys (41 of 104) and 38 % of the girls (36 of 96) reporting such experiences. Domestic violence was reported by 31 % of the boys (32 of 104) and only 3 % of the girls (3 of 96). Lastly, a small percentage of both boys (6 %; 6 of 104) and girls (2 %; 2 of 96) reported experiencing community violence.
Harb & Schultz, 2020	Gaza Strip	Quantitative study	64 students aged 12–16 years	Structured interview and self-reported post-traumatic nightmares.	To examine the nature of post-traumatic nightmares in young adolescents in primary school in Gaza	Half of the students reported having nightmares containing surreal and bizarre dream elements. Of these students,

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Table 2 (continued)

Author, year	Place of study	Study method & design	Population	Mental Health Outcome (Measurement)	Study Aim	Main Findings
Peltonen et al., 2014	Gaza Strip	Quantitative study	482 children aged 10–13 years	To assess post-traumatic stress: CRIES (13-item), war trauma: 31 events capturing Palestinian children's experiences in Gaza, friendship quality: 8-item questionnaire, loneliness: Children's Loneliness scale, attachment style: Coping Strategies Questionnaire, Security Scale, social capacity: Eudaimonic scale of MHC-SF, prosocial behavior: 5 items of SDQ.	To identify the percentage of resilient children, and to examine how family-related social relations, and school-related social, and child responses, as well as to predict the occurrence of resilience	79.7 % reported recurrent similar nightmares, with 48 % reporting nightmares containing surreal or unreal dream elements, 90 % dreaming that their life was under threat, and 69 % dreaming of immediate or catastrophic threat to their lives. Nightmare frequency was significantly associated with reduced functioning, according to teacher and student ratings. Nightmare intensity was related to reduced student-rated functioning.
Peltonen, Kangaslampi, Qouta et al., 2017	Gaza Strip	Quantitative study Case-control study	240 children aged 10–12 years	War trauma checklist was used.	To identify the content categories of earliest memories (EM) among Palestinian children living in war conditions	Thirty-three percent of children were in the "resilient" group, 20 % in the "spared" group, 20 % in the "vulnerable" group, and 27 % in the "traumatized" group. High-quality friendships were particularly associated with boys' resilience, with resilient boys having better friendships than those in the vulnerable and traumatized groups. In challenging circumstances, high-quality friendships may contribute to resilience in boys, partly due to significant peer relations. Children's earliest memories were more likely to involve playing and visiting nice places (43 %) than trauma or accidents (30 %) or miscellaneous other memories (27 %). Girls were more likely to remember social events, while boys were more likely to remember trauma or accidents. War trauma was associated with less positive memories and more specific memories. Mental health did not significantly affect memory content.
Peltonen, Kangaslampi, Saranpaa et al., 2017	Gaza Strip	Quantitative study Case-control study	197 children aged 10–12 years	Self-report to measure PD, three months post-war, as well as Trauma Memory Quality and PTSD symptoms Impact of Event Scale, six months later questionnaires were used. Exposure to war trauma was assessed by a checklist.	To test the hypotheses that greater PD is associated with more PTSD symptoms, and that associations would be mediated by disorganized and non-verbal memories about the traumatic event	Of the children studied, 240 were assessed at T1, and T3 measurements were available for 197. There were no significant differences between dropouts and those remaining in age, number of traumatic experiences or post-traumatic stress symptoms (PTSS) at T1, but more boys than girls dropped out before T3, and dropouts reported more peritraumatic dissociation. Forty percent of the variance in the latent post-traumatic stress symptoms variable, and peritraumatic dissociation had an indirect effect on post-traumatic symptoms via effects on trauma memory.
Kolltveit et al., 2012	Gaza Strip	Quantitative study	139 adolescents aged 12–17 years	The Gaza traumatic checklist, revised child impact of event scale, revised children's manifest anxiety scale, depression self-rating scale for children were used.	To examine, among adolescents in Gaza, the relationship between exposure to war stressors and psychological distress as well as the effects of age, gender, and socioeconomic status	The prevalence of PTSD was 56.8 % compared to 6.3 % in peacetime populations. The study also identified several risk factors for PTSD, including exposure to war, being female, being older, and having an unemployed father. Exposure to

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Table 2 (continued)

Author, year	Place of study	Study method & design	Population	Mental Health Outcome (Measurement)	Study Aim	Main Findings
Lange-Nielsen et al., 2012	Gaza Strip	Quantitative study Intervention study	139 adolescents aged 12–17 years	Distress was assessed at baseline and at post-test.	To investigate the short-term effect of a writing for recovery intervention among adolescents living in the war-torn Gaza strip, where the political conflict is ongoing	war, being female, and being older were significant risk factors for anxiety, whereas being female was the only significant risk factor for depression. Baseline levels of distress were similar between the two groups. A significant decrease in PTSD symptoms was observed, but there were no significant differences between the intervention and WLC groups. Anxiety symptoms showed no significant changes in either group, while depression symptoms increased in the intervention group only.
Lera & Abualkibash, 2022	Gaza Strip and West Bank	Quantitative study	837 students from the 8th, 9th, and 10th grade, 300 from the Gaza Strip and 537 from the West Bank	Mental health was measured and assessed through 3 questionnaires including trauma, basic psychological needs (BPN) satisfaction, and resilience.	To explore the relationship between the satisfaction of BPN and resilience in adolescents exposed to different levels of adversity in Palestine	There were significant differences in exposure to traumatic events between the Gaza Strip (0.61) and the West Bank (0.29). In both regions, BPN satisfaction was positively associated with resilience. While the West Bank showed a mediating effect of BPN satisfaction on the negative impact of trauma on resilience, the Gaza Strip exhibited an interactive effect, where BPN satisfaction and the higher level of trauma positively influenced resilience.
Diab et al., 2019	Gaza Strip	Quantitative study with a stratified random sampling method	482 children aged 10–13 years	Effective emotion regulation (ER) was assessed by the Emotion Regulation Questionnaire and mental health by post-traumatic stress (Children's Impact Event Scale), depressive, and psychological distress (Strengths and Difficulties Questionnaire) symptoms, and by psychosocial well-being (Mental Health Continuum-Short Form)	To answer the question: How can functional ER protect children's mental health from war trauma?	The study examined 42 war trauma events and their impact on children's mental health. Results indicated that no emotional regulation (ER) strategies could fully protect a child's mental health from war trauma's negative effects. However, self-focused ER was associated with lower depressive symptoms, and other-facilitated ER correlated with higher psychological well-being. In contrast, controlling emotions posed a comprehensive risk for children's mental health. Gender differences were observed in ER's protective role, with self-focused and distractive ER strategies making boys more vulnerable.
Punamäki et al., 2015	Gaza Strip	Quantitative study Intervention study	240 children aged 10–13 years	PTSS (CRIES) assessments were used at 3 (T1), 5 (T2), and 11 (T3) months after the war.	To identify distinct subgroups of children according to their PTSS after the war on Gaza	Most children (76 %) belonged to the "recovery, while Resistant and Increased symptoms represented 12 % each. Attachment relations and children's cognitive-emotional processes influenced trajectory membership. Factors like paternal secure attachment and negative posttraumatic cognitions affected Resistant, while parental war trauma and avoidant attachment influenced Recovery. Children's own war trauma showed no significant difference between trajectories.
Punamäki et al., 2014	Gaza Strip	Quantitative study Intervention	482 children aged 10–13 years	Emotion regulation was assessed with the Emotion Regulation Questionnaire for	To examine whether a psychosocial intervention (Teaching Recovery	Results show that the TRT intervention was not effective in changing emotion regulation

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Table 2 (continued)

Author, year	Place of study	Study method & design	Population	Mental Health Outcome (Measurement)	Study Aim	Main Findings
		-case control study		Children (ERQ). War trauma consists of 31 events. Posttraumatic stress symptoms by using Impact Event Scale. Depressive symptoms by using the Depression Self-Rating Scale. Psychological distress by using the Strengths and Difficulties Scale (SDQ). Psychosocial well-being by using the Mental Health Continuum-Short Form (MHC-SF) for youth.	Techniques; TRT) could increase functional ER and decrease dysfunctional ER, and whether the positive ER change mediates the intervention effects on children's mental health in a war context	(ER), but there was a general decrease in ER intensity. ER did not mediate the intervention effects on children's mental health, but the decrease in the ER intensity was associated with better mental health, indicated by the decrease in posttraumatic, depressive, and distress symptoms and the increase in psychosocial well-being.
Qouta et al., 2012	Gaza Strip	Quantitative study Intervention -case control study	242 children aged 10–13 years	Peritraumatic Dissociative Experiences Questionnaire, Impact of Event Scale, CRIES, The Depression Self-Rating Scale and The Strengths and Difficulties Scale (SDQ) tools were used.	To examine the effectiveness of a psychosocial intervention in reducing mental health symptoms among war-affected children, and the role of peritraumatic dissociation in moderating the intervention impact on posttraumatic stress symptoms (PTSS).	Intervention was effective in reducing PTSS among boys at T2, and both the symptom level and proportion of clinical PTSS among girls with low peritraumatic dissociation.
Thabet & ElRabbaiy, 2018	Gaza Strip	Quantitative study	83 orphan children aged 12–14 years	Gaza Traumatic Events Checklist, Posttraumatic Stress Disorder Reaction Index (UCLA PTSD-RI), Posttraumatic Growth Inventory (PTGI) short form were used.	To explore the impact of trauma on war-exposed orphans in the Gaza Strip reporting symptoms of posttraumatic stress disorder (PTSD) and posttraumatic growth (PTG).	Participants experienced 3–28 traumatic events. The middle age group (12–14 years) reported higher levels of PTSD than younger and older groups. Almost half reported no PTSD symptoms. The PTGI scale found that most reported stronger religious faith and learned about the goodness of people. There was a positive relationship between total traumatic events and PTSD symptoms, but no correlation between PTSD and PTG.
Thabet et al., 2014	Gaza Strip	Quantitative study	358 adolescents aged 15 to 18 years	Gaza Traumatic Event Checklist (GTECL), Spence Children's Anxiety Scale (SCAS), UCLA PTSD Index for DSM-IV and A-Cope Adolescent-Coping Orientation for Problem experiences were used.	To investigate types of traumatic events due to war on Gaza experienced by Palestinian adolescents in relation to PTSD and anxiety and coping strategies as mediating factor.	Participants experienced 3 to 28 traumatic events. children reported more traumatic events than younger and older children; 49.4 % reported no PTSD symptoms, 32.5 % reported partial PTSD, and 18.1 % reported full criteria of PTSD. Children in the middle age group (12–14 years) reported higher levels of PTSD than younger and older groups. The PTGI scale, 78.31 % reported that they had a stronger religious faith, with 70.7 % stating they learned a great deal about how wonderful people are. Regarding the total post-traumatic growth among orphaned children, the mean was 25.27. There was a statistically significant positive relationship between total traumatic events due to war and PTSD, numbness symptoms, and arousal symptoms. However, there was no correlation with PTG, nor was there a correlation between PTSD and PTG.
Veronese & Barola, 2018	Gaza Strip	Qualitative study- school-based intervention	64 children aged 8–14 years; 36 control and 28 intervention	This was a counselling intervention in the aftermath of war, ritualizing bodily resistance through play, and externalizing life storylines through shields.	To strengthen survival skills and psychological functioning in children who have experienced war and political violence in the Gaza Strip	The experiential narrative intervention improved life satisfaction and happiness in children, with the intervention group reporting higher scores for all dimensions of life satisfaction, overall happiness,

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Table 2 (continued)

Author, year	Place of study	Study method & design	Population	Mental Health Outcome (Measurement)	Study Aim	Main Findings
Veronese et al., 2022	Gaza Strip and West Bank	Qualitative study	75 children aged 7–13 years	All the children were asked to draw a map on a white piece of A3 paper representing all the significant places in their neighbourhoods, label whether they perceived them as safe or unsafe, and describe them.	To explore interrelated relationship between the perceived insecurity and the children’s psychological well-being	and positive affect than the control group. Although the effect size varied, the intervention group surprisingly reported higher negative affect and pessimism scores than the control group, while the control group was more optimistic. Females scored higher than males for overall life satisfaction and satisfaction with friends. The study revealed a network of sources of security and insecurity that impact children’s mental health and functioning. Through the thematic content analysis, eight main themes were identified, including school and associativism, social relations and home as a source of security/insecurity, military occupation as a source of insecurity, national and political identity as a source of safety, mosques and spirituality as a source of safety/unsafety, the environment as a source of security/insecurity, and mental health.

Table 3
Mental health outcomes identified by the scoping review.

Mental health outcome	Number of studies
Traumatic war experiences and post-traumatic symptoms (PTSD) (Al-Krenawi & Graham, 2012; Al Ghalayini & Thabet, 2017; Diab et al., 2019; El-Khodary & Samara, 2019, 2020; Harb & Schultz, 2020; Hashemi et al., 2017; Khamis, 2015; Kolltveit et al., 2012; Manzanero et al., 2021; Peltonen, Kangaslampi, Qouta et al., 2017, 2017; Punamäki et al., 2015; Punamäki et al., 2014; Thabet et al., 2014; Thabet & ElRabbaiy, 2018; Veronese et al., 2019)	17
Depression, stress, and anxiety (Al Ghalayini & Thabet, 2017; Diab et al., 2019; Khamis, 2012, 2015; Kolltveit et al., 2012; Lange-Nielsen et al., 2012; Punamäki et al., 2014; Qouta et al., 2012; Thabet et al., 2014)	10
Social network and family support (Al-Krenawi & Graham, 2012; Khamis, 2015; Veronese et al., 2022)	3
Behavioral and emotional disorders trauma (Diab et al., 2019; Khamis, 2015; Punamäki et al., 2014)	3
Resilience and coping strategies (Khamis, 2015; Lera & Abualkibash, 2022; Peltonen et al., 2014; Thabet et al., 2014)	4
Sociodemographics and trauma exposure, economic pressure (Khamis, 2012, 2015; Peltonen et al., 2014)	3
Religiosity scale, ideology scale, and trauma exposure (Khamis, 2015; Veronese & Barola, 2018)	2

El-Khodary & Samara, 2019; Khamis, 2012; Manzanero et al., 2021). One study found that females scored higher than males for overall life satisfaction and satisfaction with friends (Veronese & Barola, 2018), while another reported that 65.5 % of children who directly experienced war-related traumatic events were boys and 25 % were girls (Veronese et al., 2019). Although boys had higher levels of violence and depression symptoms, girls reported higher levels of PTSD symptoms (El-Khodary & Samara, 2020). Additionally, exposure to war, being female, being older, and having an unemployed father were identified as the main risk factors for developing PTSD, while being female and older were

Table 4
Types of measurement tools and instruments used in the scoped studies.

Measurement tools	Number of studies
Gaza Traumatic Event Checklist (GTECL) (Al Ghalayini & Thabet, 2017; Kolltveit et al., 2012; Thabet et al., 2014; Thabet & ElRabbaiy, 2018)	4
Spence Children’s Anxiety Scale (SCAS) (Thabet et al., 2014)	1
Posttraumatic Stress Disorder Reaction Index (UCLA PTSD-RI) (Thabet et al., 2014; Thabet & ElRabbaiy, 2018)	2
Posttraumatic Growth Inventory (PTGI) short form (Thabet & ElRabbaiy, 2018)	1
Child PTSD Symptom Scale-parent form (CPSS) (Al Ghalayini & Thabet, 2017)	1
Spence Children’s Anxiety Scale (SCAS) (Al Ghalayini & Thabet, 2017)	1
Harvard Trauma Questionnaire (HTQ) (Manzanero et al., 2021)	1
Peritraumatic Dissociative Experiences Questionnaire (Qouta et al., 2012)	1
PTSS (CRIES) assessment (Peltonen et al., 2014; Punamäki et al., 2015)	2
War-Traumatic Events Checklist (W-TECh) (El-Khodary & Samara, 2019, 2020; Hashemi et al., 2017; Peltonen, Kangaslampi, Qouta et al., 2017)	4
Emotion Regulation Questionnaire for Children (ERQ) (Diab et al., 2019; Punamäki et al., 2014)	2
Depression Self-Rating Scale (Punamäki et al., 2014)	1
Strengths and Difficulties Scale (SDQ) (Punamäki et al., 2014)	1
Mental Health Continuum–Short Form (MHC-SF) for youth (Diab et al., 2019; Punamäki et al., 2014)	2
Children’s Impact Event Scale (Diab et al., 2019)	1
Strengths and Difficulties Questionnaire (Diab et al., 2019)	1

significant risk factors for anxiety, and being female was the only significant risk factor for depression (Kolltveit et al., 2012).

Religiosity and ideology were also found to have an impact on mental health outcomes. One study showed that religiosity was associated with less depression and anxiety, while ideology was associated

with more depression and less anxiety. Having a family member killed and ideology attenuated depression and anxiety, while economic pressure and religiosity exacerbated anxiety (Al-Krenawi & Graham, 2012; Khamis, 2012). However, another study found that 78.3 % of traumatized children reported having a stronger religious faith and a positive view of humanity (Thabet et al., 2014). Additionally, parental education was found to have significant effects on mental health and family functioning, and factors such as paternal secure attachment and negative post-traumatic cognition affected the “resistant” trajectory, while parental war trauma and avoidant attachment style influenced the “recovery” trajectory (Al-Krenawi & Graham, 2012; Punamaki et al., 2015).

3.4.2. Resilience and coping mechanisms

According to Khamis (2015), emotion-focused coping was associated with emotional and behavioral problems, neuroticism, and PTSD, while problem-focused coping was negatively related to neuroticism and PTSD (Khamis, 2015). Peltonen et al. (2017) found that war trauma was linked to fewer positive memories and more specific memories, and that girls remembered social interactions more often, while boys recalled trauma and accidents (Peltonen, Kangaslampi, Qouta et al., 2017). Lera and Abuakibash (2022) reported that basic psychological needs (BPN) satisfaction was positively associated with resilience in Palestinian adolescents in both the Gaza Strip and the West Bank (Lera & Abuakibash, 2022). In the West Bank, BPN satisfaction mediated the negative impact of trauma on resilience, while in the Gaza Strip, it interacted with higher trauma levels, positively affecting resilience (Lera & Abuakibash, 2022). Peltonen et al. (2014) discovered that boys in the resilient group had significantly better friendships compared to those in the vulnerable and traumatized groups. Additionally, girls in the spared group had better friendships than those in the traumatized group (Peltonen et al., 2014).

3.4.3. Intervention programmes

In a study of 240 children who experienced traumatic events, Peltonen et al. (2017) found that peritraumatic dissociation predicted post-traumatic stress symptoms six months later, partially mediated by trauma memory quality. Intervention programmes have been shown to be effective in reducing the prevalence of PTSD diagnosis and symptoms in conflict-affected areas (Peltonen, Kangaslampi, Qouta et al., 2017). However, the effectiveness of interventions may vary, based on factors such as age and symptoms. For example, El-Khodary and Samara (2019) found a significant reduction in PTSD symptoms in younger children but not in older ones, while depression symptoms decreased significantly for both age groups (El-Khodary & Samara, 2019). Lange-Nielsen et al. (2012) also found that intervention programmes led to a reduction in PTSD symptoms in conflict-affected children (Lange-Nielsen et al., 2012). Targeted interventions that address the mental health needs of children and adolescents affected by conflict are crucial. Punamäki et al. (2014) reported that an intervention programme that targeted emotion regulation did not mediate the intervention effects on mental health, but the decrease in ER intensity was associated with better mental health outcomes (Punamäki et al., 2014). Qouta et al. (2012) found that intervention programmes reduced the proportion of clinical PTSD symptoms in both boys and girls with low peritraumatic dissociation (Qouta et al., 2012). Additionally, Veronese and Barola (2018) found that an experiential narrative intervention led to higher scores for all dimensions of life satisfaction among children in the intervention group compared to control groups (Veronese & Barola, 2018).

4. Discussion

This scoping review synthesizes existing knowledge available at the peer reviewed studies to explore the mental health challenges faced by young Palestinians in the Gaza Strip who have grown up in a protracted conflict. The review also identifies the characteristics of these challenges and mechanisms that can promote resilience in facing war-related

trauma. This review offers valuable insights for researchers and practitioners working to support the well-being of children and young Palestinian people.

4.1. War-related experiences

There has been a visible increase in studies addressing traumatic war experiences and PTSD among Palestinian children and young people (Al-Krenawi & Graham, 2012; Al Ghalayini & Thabet, 2017; Diab et al., 2019; El-Khodary & Samara, 2019, 2020; Harb & Schultz, 2020; Hashemi et al., 2017; Khamis, 2015; Kolltveit et al., 2012; Manzanero et al., 2021; Peltonen, Kangaslampi, Qouta et al., 2017, 2017; Punamaki et al., 2015; Punamäki et al., 2014; Thabet et al., 2014; Thabet & ElRabbaiy, 2018; Veronese et al., 2019), as well as studies addressing depression, stress, and anxiety (Al Ghalayini & Thabet, 2017; Diab et al., 2019; Khamis, 2012, 2015; Kolltveit et al., 2012; Lange-Nielsen et al., 2012; Punamäki et al., 2014; Qouta et al., 2012; Thabet et al., 2014). We found that Palestinian adolescents in the Gaza Strip had a high prevalence of PTSD, alongside depression and anxiety. This study is consistent with previous research that has demonstrated high rates of PTSD, depression, and anxiety in adolescents exposed to war-related trauma (Agbaria et al., 2021; Thabet & ElRabbaiy, 2018; Thabet, 2017; Veronese et al., 2021). Thabet mentioned that Palestinian children have been the victims of trauma and violence due to war and conflict, and that they are at great risk of developing mental health problems such as PTSD, depression, anxiety, hyperactivity, and somatic symptoms (Thabet, 2017).

This scoping review finds that anxiety symptoms such as special thoughts to stop bad things from happening and nightmares are common among adolescents exposed to war-related trauma. A study by Thabet et al. revealed that most young people experience fear for their lives and suffer post-traumatic nightmares, which often contain surreal and bizarre dream elements and high levels of threat (Thabet & ElRabbaiy, 2018). This is consistent with previous studies that have shown that traumatic nightmares are a hallmark symptom of PTSD and are associated with increased distress and impairment (Mairs-Houghton, 2012), as well as a high prevalence of anxiety symptoms among adolescents exposed to war-related trauma (Al-Krenawi & Graham, 2012; Alpak et al., 2015; Thabet & ElRabbaiy, 2018). Furthermore, this scoping review reveals several determinants of traumatic stress that have identified an increase in the likelihood of mental health problems among Palestinian young people in the Gaza Strip, including exposure to violence and destruction, the loss of family and friends, displacement, and economic hardship (Agbaria et al., 2021; Thabet et al., 2008).

This scoping review confirms the role of resilience and coping mechanisms in mitigating the negative impact of war-related trauma on Palestinian adolescents. It found that good peer relationships, emotional regulation (ER) strategies, and BPN satisfaction are important factors in promoting resilience (Thabet & ElRabbaiy, 2018; Thabet et al., 2007). This is in line with other studies which emphasize that a focus on fostering positive peer relationships may enhance resilience and mitigate the negative impact of war-related trauma (Thabet & ElRabbaiy, 2018). Similarly, interventions that facilitate BPN satisfaction have been shown to enhance resilience in high-adversity environments (Frydenberg, 2018; Mansfield & Beltman, 2019).

4.2. Sociodemographic factors

The present study has identified sociodemographic factors such as age, gender, parents' education level, and father's employment as important predictors of mental health outcomes and trauma symptoms among Palestinian children (Al-Krenawi & Graham, 2012; El-Khodary & Samara, 2019; Khamis, 2012; Manzanero et al., 2021). Girls scored higher score than boys for life satisfaction (Veronese & Barola, 2018). However, several studies highlight that exposure to war, being female, being older, and having an unemployed father were identified as the

main risk factors for developing PTSD, while being female and older were significant risk factors for anxiety, and being female was the only significant risk factor for depression (El-Khodary & Samara, 2020; Kolltveit et al., 2012).

4.3. Intervention programmes

This study reveals that intervention programmes have been shown to be effective in reducing the prevalence of PTSD symptoms in conflict-affected areas. Several studies have examined the effectiveness of intervention programmes in reducing PTSD symptoms among conflict-affected children. A study by Epping et al. (2015) found that intervention programmes led to a reduction in PTSD symptoms among war-affected children in Uganda (Epping-Jordan et al., 2015). Similarly, a study by Slewa-Younan et al. (2015) found that intervention programmes significantly reduced the prevalence of PTSD symptoms among children (Slewa-Younan et al., 2015).

These findings support the effectiveness of intervention programmes in reducing PTSD symptoms in conflict-affected children. However, our scoping review highlights that the effectiveness of interventions may vary, based on factors such as age and symptoms. This scoping review found that intervention programmes led to a reduction in PTSD symptoms in conflict-affected children. Children and young people in Gaza Strip often use emotion-focused coping to temporarily relieve emotional distress caused by conflict and living conditions. However, this may not address the root causes of their challenges as reported by O'Donnell et al. (2014). In addition O'Donnell found that cognitive behavioral therapy (CBT) was effective in reducing PTSD symptoms in children and young people (O'Donnell et al., 2014). Another study by Slone et al. (2013) found that children, at age 7–13 years, benefited more from school-based intervention programmes compared to older children (Slone et al., 2013). Adapting evidence-based treatments like TF-CBT for local use is consistent with successful previous efforts (Murray et al., 2013; Patel et al., 2011). A balanced approach that combines emotion-focused and problem-focused coping is essential to support the well-being of Gaza's youth (O'Donnell, K., 2014). Several studies in our scoping review confirmed that intervention programmes that target ER did not mediate the intervention effects on mental health, but they did decrease ER intensity. This was confirmed by other studies (Franzke et al., 2015; Newnham et al., 2018). Moreover, several studies found that mindfulness-based intervention programmes were effective in improving emotion regulation and reducing symptoms of depression and anxiety among war-affected adolescents (Amone-P'Olak et al., 2014; Betancourt et al., 2012; McMullen et al., 2012).

The literature on the mental health of Palestinian young people highlights several key findings and gaps. Studies have found high rates of depression, anxiety, PTSD, and other mental health problems among Palestinian young people, especially those who have experienced trauma and violence. Exposure to political violence and conflict, such as the Israeli–Palestinian conflict, is a significant risk factor for poor mental health. Cultural and social factors—for example, stigma surrounding mental illness, gender roles, and social support—also play a role in mental health. However, there are also several gaps in the literature. While there is a growing body of literature on the mental health of Palestinian young people, there is limited research on specific populations, such as refugees and disabled young people living in Gaza Strip (see table 5.1 and 5.2). Palestinian young people also face significant barriers to accessing mental health services, including a shortage of mental health professionals, limited funding, and restrictions on movement and access to health care facilities. Furthermore, while quantitative research is important, there is also a need for more qualitative research that explores attitudes towards mental health support and the experiences of Palestinian young people, in their own words. Qualitative research can help to identify the cultural and social factors that influence mental health and inform the development of culturally appropriate interventions.

Table 5.1
Knowledge in the literature Palestinian young people's mental health.

Current focus in the literature
<ul style="list-style-type: none"> • Mental health problems are prevalent among Palestinian young people: Studies have found high rates of depression, anxiety, PTSD, and other mental health problems among Palestinian young people, especially those who have experienced trauma and violence. • Political violence and conflict are major risk factors for poor mental health: Research has shown that exposure to political violence and conflict, such as the Israeli–Palestinian conflict, can have a significant impact on the mental health of Palestinian youth. • Traumatic events: Traumatic events like the loss of family members, displacement, and living under occupation have been linked to higher rates of mental health problems. • Cultural and social factors play a role in mental health: Cultural and social factors, such as stigma surrounding mental illness, gender roles, and social support, have been found to influence the mental health of Palestinian youth. • Access to mental health services is limited: Palestinian youth face significant barriers to accessing mental health services, including a shortage of mental health professionals, limited funding, and restrictions on movement and access to health care facilities.

Table 5.2
Gaps in the literature Palestinian young people's mental health.

Gaps identified
<ul style="list-style-type: none"> • Limited research on specific populations: While there is a growing body of literature on the mental health of Palestinian youth, there is limited research on specific populations, such as refugees and disabled youth. • Lack of longitudinal studies: Longitudinal studies that track the mental health of Palestinian youth over time are rare. More longitudinal studies could help researchers to understand how mental health changes over time and identify risk and protective factors. • Limited research on interventions: There is limited research on the effectiveness of interventions for Palestinian youth with mental health problems. More research is needed to identify effective interventions and to evaluate their impact. • Need for more qualitative research: While quantitative research is important, there is also a need for more qualitative research that explores attitudes towards mental health support, and the experiences of Palestinian youth in their own words. Qualitative research can help to identify the cultural and social factors that influence mental health and inform the development of culturally appropriate interventions.

Finally, addressing the mental health needs of Palestinian young people requires targeted interventions, improved access to services, and further research. Standardized tools, family support, and cultural sensitivity are key to promoting mental health and well-being among populations affected by war-related trauma and stress.

5. Strengths and limitations

The strength of our scoping review lies in the rigorous and systematic approach to data search, selection, and extraction, involving five authors and ensuring data collation quality by involving a highly qualified library specialist. One of the most important strengths of our study that it highlighted the lack of qualitative research approach addressing mental health in Gaza strip. It could be a starting point and motivations to other researchers to conduct further research studies in mental health disorders, especially these days (Abudayya, A. et al., 2023). Additionally, our review focuses on mental health outcomes in Palestinian youth in Gaza who have experienced and still imposed to war-related trauma. This study highlights the need for future research in this domain. Additionally, the search was limited to specific databases and languages, and we did not extensively search grey literature sources, which may have led to some relevant studies being missed. Moreover, while our review highlights the mental health outcomes of Palestinian young people in Gaza Strip who have experienced war-related trauma, it is

important to note that we have only reported on existing studies. Finally, this review highlights the need for future research in this area.

6. Conclusion

In conclusion, this scoping review identified high rates of PTSD, depression, and anxiety among Palestinian youth people in the Gaza Strip who have experienced war-related trauma, and the determinants of traumatic stress that increase the likelihood of mental health problems. Gender, age, parents' education level, and father's employment are important predictors of mental health outcomes and trauma symptoms among Palestinian children. Good peer relationships, ER strategies, and BPN satisfaction have been found to promote resilience and mitigate the negative impact of war-related trauma. Intervention programmes targeting emotion regulation and mindfulness have been shown to be effective in reducing PTSD symptoms and improving ER, depression, and anxiety among war-affected adolescents. However, there are significant gaps in the literature, including limited research on specific populations and the need for more qualitative research. Addressing these gaps is crucial to inform the development of culturally appropriate interventions and support services and to improve the mental health outcomes of Palestinian young people in the Gaza Strip. Additionally, addressing the barriers to accessing mental health services is crucial to improving mental health outcomes in this population.

Authors' contributions

AA and RT conceived the study. GTFB, HBN, and RA participated in the design of the study. AA, RT, GTFB, HNB, and RA undertook the literature review process. All authors drafted the manuscript. All authors read and approved the final manuscript.

Declaration of Competing Interest

The authors declare that they have no competing interests that could potentially influence the objectivity or impartiality of the study. There are no financial or non-financial relationships, affiliations, or connections that could be perceived as conflicting with the research outcomes or the integrity of the study.

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Supplementary materials

Supplementary material associated with this article can be found, in the online version, at [doi:10.1016/j.mhp.2023.200305](https://doi.org/10.1016/j.mhp.2023.200305).

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