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Post-Traumatic Stress and Psychosocial Difficulties Among Palestinian Refugee Children

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Abstract

Background: Children of Palestinian refugees face constant exposure to various types of war-related trauma, including night raids, which serve as a significant and unpredictable source of stress with deep psychological effects. Although there has been considerable research on the effects of war exposure, few studies have focused on the mental health consequences of night raids on refugee children. Objective: This research intended to evaluate the extent of post-traumatic stress disorder (PTSD) symptoms and psychosocial challenges faced by Palestinian refugee children subjected to night raids from 2024 to 2025, and to investigate variations based on gender, age, and degree of exposure. Methods: A descriptive cross-sectional design was utilized. The research took place in Palestinian refugee camps within the West Bank, specifically in Tulkarem and Jenin camps. The sample included boys and girls aged 8 to 14 years. Data were gathered utilizing the Strengths and Difficulties Questionnaire (SDQ) along with the UCLA Posttraumatic Stress Disorder Reaction Index (UCLA-PTSD-RI), both of which have been validated within the Palestinian setting. Independent samples t-tests were utilized to analyze differences between groups. Results: The findings showed that most children displayed moderate to high degrees of psychosocial challenges and moderate to very high degrees of PTSD symptoms. Female and younger children indicated markedly higher levels of PTSD symptoms. Boys exhibited greater levels of hyperactivity and behavioral issues. Children who observed night raids exhibited notably greater PTSD symptoms and emotional challenges than those who did not, while also displaying increased prosocial behavior scores. Conclusion: Exposure to nighttime raids leads to considerable psychological distress in Palestinian refugee children. The results emphasize the critical requirement for trauma-informed, context-aware mental health strategies aimed at children residing in refugee camps amid continuing conflict situations.

Keywords: *PTSD, psychosocial challenges, nighttime assaults, displaced youth, Palestine, SDQ, UCLA-PTSD-RI.*

Introduction

Post-traumatic stress disorder (PTSD) is a highly prevalent and debilitating mental health condition arising from exposure to traumatic events during childhood and adolescence (American Psychiatric Association, 2022). According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), PTSD may develop following direct or indirect exposure to actual or threatened death, serious injury, or sexual violence. It is characterized by four clusters

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of symptoms: intrusive experiences, persistent avoidance of trauma-related stimuli, negative alterations in cognition and mood, and marked changes in arousal and reactivity (APA, 2013). In children, intrusive symptoms may also manifest through repetitive trauma-related play (APA, 2013). Understanding how these diagnostic features translate into population-level prevalence is essential for appreciating the broader public health impact of PTSD in young people. Lifetime prevalence estimates of PTSD among trauma-exposed youth range from 3–15% in community samples to over 25% in high-risk populations (Kessler et al., 2013; Alisic et al., 2014).
In young people, PTSD is associated with impaired academic achievement, difficulties in peer relationships, socio-emotional dysregulation, and an increased risk of depression, anxiety, and behavioral disorders (Trickey et al., 2012; Furr et al., 2010).
These risks are particularly amplified in contexts of chronic political violence and armed conflict, where children's exposure to trauma is both frequent and multifaceted. Children living in armed conflict zones face particularly high risk due to repeated exposure to potentially traumatic events, including direct violence, witnessing harm to others, and destruction of their living environment (Osokina ea al., 2023; Catani., 2018; Vostanis., 2003)
In the Palestinian territories, especially in the Gaza Strip and West Bank refugee camps, exposure to armed conflict and military incursions has been widely documented (Thabet et al., 2008; El-Khodary et al., 2020). For instance, Al Ghalayini and Thabet (2017) reported that during a 51-day war, the most common traumatic experiences among Palestinian preschool children in Gaza were hearing shelling (95.5%), hearing drones (89.2%), and seeing mutilated bodies on television (81.2%).
Among the various forms of violence faced by Palestinian children, night raids are a recurrent and distressing experience that combines elements of unpredictability, fear, and direct confrontation (Boukari et al.,2024; Vostanis., 2003) Yet, despite their prevalence, the literature has not specifically addressed their impact on child and adolescent mental health, highlighting the need for focused investigation. PTSD was diagnosed in 25.7% of adolescents in Palestine, with high rates of depression and anxiety also observed (Khamis, 2012). The prevalence of PTSD in this group reached 56.8% in Gaza strip, compared to 6.3% in peacetime populations (Kolltveit et al., 2012). A recent article indicated that, even prior to the current hostilities, the prevalence of post-traumatic stress disorder among children in Gaza reached 53.5%, underscoring the profound vulnerability of a population in which 67% are refugees and 65% are younger than 25 years (Taha et al., 2024).
Findings from Palestine are consistent with reports from other politically traumatized regions, where exposure to mass violence is linked to disproportionately high PTSD prevalence (Agbaria et al ., 2021). Population-based studies in such contexts have estimated lifetime PTSD prevalence of 37% in Algeria, 28% in Cambodia, 16% in Ethiopia, and 18% in Gaza (Thabet et al., 2008).
Among Palestinian children, common exposures include witnessing bombardments and shelling or seeing images of victims on television, with 30-50% of children fulfilling diagnostic criteria for PTSD, in addition to showing elevated levels of anxiety and depressive disorders (Thabet et al., 2008)
In addition to exposure to war, children in Gaza are repeatedly subjected to violence in multiple settings—at home, in their neighborhoods, and at school (reference). This cumulative exposure exacerbates the impact of trauma, often resulting in severe mental health problems and functional impairment. The scarcity of psychological support and professional services further compounds these challenges (El-Khodary & Samara, 2020; El-Khodary et al., 2020). Reported symptoms include sleep disturbances, nightmares, and heightened psychological distress among exposed

children (Thabet & Vostanis, 2020; Qouta et al., 2008).
Epidemiological studies also suggest gender differences in PTSD prevalence. Studies have shown that adolescent girls are more likely than boys to develop PTSD after trauma exposure, with lifetime prevalence of around 8% in girls compared to 2–3% in boys (McLaughlin et al., 2013; Tolin & Foa, 2006). In war-affected contexts, girls often present with internalizing symptoms such as anxiety and depression, while boys tend to exhibit externalizing behaviors (Thabet & Vostanis, 2000; Qouta et al., 2003). Findings from studies among Palestinian children are mixed, with some reporting significant gender differences and others finding none (El-Khodary et al., 2020; Qouta et al., 2003).
Although a large number of studies investigated the impact of the Israeli-Palestinian protracted conflict on Palestinian children's psychological wellbeing (Thabet., 2013), there are—as far as we know—no studies investigating the particular impact of night raids onto Palestinian children. Although it is well documented that witnessing a traumatic event can impact a person's later mental health (El-Helah., 2010; Thabet et al 2006), the circumstances of night raids on children have not been investigated. Usually, Israeli soldiers surround the house, knock with their guns on the doors, sometimes blow-up doors or launch tear gas and sound bombs. The family members are usually handcuffed with plastic cuffs and blind folded (The Ministry of Detainees and Ex-Detainees Affairs., 2012; Addameer., 2011). Age at the time of trauma has also been examined as a potential risk factor for PTSD in children and adolescents under 18 years, with some studies suggesting developmental differences in vulnerability, while others report no significant effects (Trickey et al., 2012).
To adequately capture both symptom severity and functional impairment in these high-risk populations, validated assessment tools are required. The UCLA PTSD Reaction Index (UCLA-PTSD-RI) is a semi-structured instrument that evaluates exposure to traumatic events and the frequency of PTSD symptoms in the past month, in line with DSM-5 criteria (Steinberg et al., 2004; Doric et al., 2019).
The *Strengths and Difficulties Questionnaire* (SDQ) is frequently used to assess psychosocial functioning, measuring emotional symptoms, conduct problems, hyperactivity, peer relationship problems, and prosocial behavior (Goodman, 1997). Using both the UCLA-PTSD-RI and the SDQ allows for a more comprehensive understanding of the psychological and functional impact of traumatic exposure.
Given the inconsistent findings regarding gender- and age-related differences in PTSD symptoms, and the limited research on the specific impact of night raids, the present study examines whether these factors significantly influence children's mental health in refugee camp settings. Building on prior research, it is hypothesized that children exposed to war present higher PTSD symptom levels than non-exposed peers (Shehadeh et al., 2015; Shehadeh et al 2016), and that girls exhibit higher PTSD scores than boys, potentially reflecting gender-related differences in trauma processing and emotional expression (Shehadeh et al., 2015). The application of validated tools in a high-risk, conflict-affected population aims to fill a critical gap in the literature, guide the development of targeted mental health interventions in similar contexts, and contribute to the design of training programs for emergency healthcare providers and community professionals working with trauma-exposed children. Addressing the mental health needs of children in conflict-affected areas requires not only evidence-based interventions but also system-level approaches to ensure accessibility, sustainability, and integration into emergency and primary healthcare services (Taha et al., 2024).

Methods

Study Design

An analytical cross-sectional study design was adopted in this study. This design was considered the most appropriate for achieving the study objectives, as it allowed for the collection of data from the study sample at a specific point in time (during the period 2024-2025), thus enabling a description of the current state of PTSD and psychosocial difficulties among the sample participants. The methodological objective was to measure the level of PTSD psychosocial difficulties among Palestinian refugee children exposed to night raids and then to analyze this data to detect the presence of statistically significant differences in these levels attributable to the independent variables specified in this study, namely: gender, age and exposure to night raids.

Participants

The study employed a purposive sampling method to recruit a total of (148) Palestinian refugee children. The final sample comprised 77 males (52.1%) and 71 females (47.9%). Participants were categorized into two age groups: 106 children (71.7%) aged up to 14 years old, and 42 (28.3%) aged between 14 and 19 years. It is important to note that all data concerning the sample, including their exposure t night raids and subsequent symptoms, were collected via proxy reports from their parents or primary caregivers.

Inclusion and Elusion Criteria:

Specific criteria were applied to ensure the participants' relevance to the study objectives:

- Inclusion Criteria: Participants were required to: 1) be Palestinian refugees, 2) fall within one of the specified age groups (under 14 or 14-19 years old), 3) provide written informed consent from a parent or caregivers.
- Exclusion Criteria: Children were excluded from participation if they: 1) had a diagnosed severe intellectual disability or major neuropsychiatric disorders that, in the parent's assessment, significantly impaired the child's daily functioning or understanding, or 2) were receiving intensive trauma-focused psychotherapy in the six months preceding the study.

Table 1 Participant socio-demographic characteristics

	Total group (n=148)
Gender	
Male	77 (52.1%)
Female	71 (47.9%)
Age	
> 14 years	106 (71.7%)
>14-19 years	42(28.3%)
Did see the night raids process	
Yes	80 (54.1%)
No	68 (45.9%)

Note. N(%); *p<.05; ***p<0.001

Ethical consideration

This study was conducted in full compliance with the highest ethical standard in scientific research. Written informed consent was obtained from the parents of the participants as they were

minors, emphasizing the voluntary nature of participation and their right to withdraw at any time. To ensure the participants' psychological safety, the study team was trained to handle sensitive topics with competence and respect. Complete data confidentiality was guaranteed through the use of identification codes and secure storage procedures. As part of the researchers' commitment, all the families were provided with information about local available psychological support services after their participation ended.

Procedure

Data on the mental health of school-aged children were collected during 2024-2025 using the "Strengths and Difficulties" questionnaire Self-report questionnaire (Goodman & Scott, 1999) and Posttraumatic Stress Reaction Index (UCLA-PTSD-RI) (Rodriguez, Steinberg, & Pinos, 1999) which were completed anonymously by participants. For children under the age of 12, parents completed the questionnaires for them. The first author or a consultant trained in research methodology visited these participants in their homes. Children and mothers were informed of the research and its objectives, and their consent to participate was sought. Selected children were invited to complete the questionnaire. The researcher continued to provide support to respondents as needed. The questionnaire was accompanied by written information about the study objectives, privacy and confidentiality, contact information for the researcher, information about referrals for mental health support, and instructions for completing the questionnaire. The researcher returned the following week to collect the completed questionnaires. Referrals for mental health support were available to all participants upon request.

Measures

After conducting a sociodemographic questionnaire, children and their parents, were asked to complete a self-report questionnaire on children's mental health, strengths, and difficulties (SDQ) and the UCLA PTSD Index, used in the Palestinian context. Before use, it was discussed with a group of five experts from Palestinian universities to ensure their validity for the research objectives and participants.

Strength and Difficulties Questionnaire (SDQ) (Goodman & Scott, 1999): This self-report questionnaire is widely used to assess the mental health of youth (Goodman & Scott, 1999; Goodman, 1997). It contains 25 items scored on a Likert scale from 0 to 2 (not true, somewhat true, and definitely true). It also includes five subscales (prosocial behavior, hyperactivity, emotional symptoms, conduct problems, and peer problems), in addition to an overall difficulty score (the sum of 20 items from the four problem scales). In this study, we used the Arabic translation and validated of the SDQ for adolescents, which has previously been used in Palestine (Thabet et al., 2000), Shehadeh et al., 2015, 2016). The questionnaire contains 25 items rated on a Likert scale from 0 (false) to 2 (definitely true), in addition to a total difficulty score. a Cronbach's alpha of .89 of the total problem score, and 0.86. A total problem scores higher than 20 (pc 85 in our sample) was considered a high score (cut-off score). For the subscales emotional problems and hyperactivity, conduct problems, peer problems scale scores higher than 7 (percentile 85) were considered high scores.

The University of California, Los Angeles Posttraumatic Stress Reaction Index (UCLA-PTSD-RI, Rodriguez, Steinberg, & Pinos, 1999): This self-report questionnaire is based on DSM-IV criteria for PTSD and has been widely used in research on PTSD in children and adolescents (Steinberg et al., 2004), as well as in Palestine (Shehadeh et al., 2015, 2016; Abdin et al., 2008; Thabet et al., 2004), The 22 items are rated on a Likert scale from 0 (never) to 4 (always). In this

study, we used the Arabic version, adapted to the Palestinian context. In this study, the UCLA-PTSD-RI demonstrated sufficient internal reliability, exhibiting a Cronbach's alpha of 0.81 for the overall symptom score. Rodriguez et al. (1999) state that a total score of 38 or above indicates the presence of clinically significant PTSD symptoms

Statistical Analysis
Descriptive statistics, Means and t-test analyses were used to present sample's demo graphic characteristics and prevalence of psychological problems and PTSD symptoms. Descriptive analyses were conducted to analyze possible differences between groups of children according to (age, gender, exposed to night raids or not). Analyses were performed using SSPS (version 20).
Study settings:
The research took place in Palestinian refugee camps located in the Gaza Strip from 2024 to 2025, following escalated military actions and nighttime incursions. Data were collected from children residing in these camps, which have repeatedly endured armed conflict, displacement, and related psychosocial stressors. Participants were recruited from the refugee camps of Toul Karem and Jenin, including children whose families had been displaced during this period. Questionnaires were completed with the assistance of parents or caregivers to ensure accurate reporting. The sample included children aged 8–14 years, representing both genders. The study setting constitutes a high-risk environment for trauma exposure, allowing for the investigation of the specific impact of night raids on the mental health of Palestinian children in a context of ongoing conflict.

Main Question
What are the levels of Post-Traumatic Stress Disorder (PTSD) symptoms and psychosocial difficulties among Palestinian refugee children exposed to night raids during the period 2024–2025?

Sub-Questions

1- Are there statistically significant differences in PTSD symptom levels according to gender, age, and level of exposure to night raids?
2- Are there statistically significant differences in psychosocial difficulties according to gender, age, and level of exposure to night raids?

Results
The findings showed that most Palestinian refugee children residing in camps displayed moderate to high levels of psychosocial challenges according to the Strengths and Difficulties Questionnaire (SDQ ,(along with moderate to very high levels of post-traumatic stress symptoms evaluated by the UCLA-PTSD Reaction Index (Tables 3 and 4 .(The increased average scores on SDQ subscales and PTSD symptoms indicate the profound psychological effect of residing in refugee camps and experiencing night raids.

Table 2: Arithmetic averages and standard deviations of the questionnaire item*s(UCLA PTSD-Index)*

Number	Items	M	Percentage	The level
1 d4	I watch out for danger or things that I am afraid of.	2.68	54%	A high degree
2 b4	When something reminds me of what happened, I get very upset, afraid, or sad.	2.33	47%	Middle degree
3 b1	I have upsetting thoughts, pictures, or sounds of what happened come into my mind when I do not want them to.	2.93	59%	A high degree
4 d2	I feel grouchy, angry, or mad.	2.48	51%	Middle degree
5 b2	I have dreams about what happened or other bad dreams.	2.92	60%	A high degree
6 b3	I feel like I am back at the time when the bad thing happened, living through it again.	2.91	60%	A high degree
7 c4	I feel like staying by myself and not being with my friends.	3.30	66%	A high degree
8 c5	I feel alone inside and not close to other people.	3.27	65%	A high degree
9 c1	I try not to talk about, think about, or have feelings about what happened.	2.64	53%	A high degree
10 c6	I have trouble feeling happiness or love.	3.06	63%	A high degree
11 c6	I have trouble feeling sadness or anger.	2.99	62%	A high degree
12 d5	I feel jumpy or startle easily, like when I hear a loud noise or when something surprises me.	2.49	50%	Middle degree
13 d1	I have trouble going to sleep or I wake up often during the night.	2.89	58%	A high degree
14 of	I think that some part of what happened is my fault.	2.79	56%	A high degree
15 c3	I have trouble remembering important parts of what happened.	3.04	61%	A high degree
16 d3	I have trouble concentrating or paying attention.	2.77	55%	A high degree
17 c2	I try to stay away from people, places, or things that make me remember what happened.	2.40	53%	Middle degree
18 b5	When something reminds me of what happened, I have strong feelings in my body, as my heart beats fast, my headaches, or my stomach aches.	2.82	56%	A high degree
19 c7	I think that I will not live a long life.	3.19	64%	A high degree
20 d2	1 have arguments or physical fights.	2.86	57%	A high degree
21 c7	I feel pessimistic about my future.	3.13	63%	A high degree
22 of	I am afraid that the bad thing will happen again.	2.74	55%	A high degree
	The overall score of the scale	2.88	58%	A high degree

Table 3: Arithmetic averages and standard deviations of the questionnaire items*(SDQ)*

No	**Hyperactivity problems**			
	Axis paragraphs	**M**	**Percentage**	**The level**
1.	Restless, overactive, cannot stay still for long	2.07	69%	Middle degree
2.	Constantly fidgeting or squirming	1.98	66%	Middle degree
3.	Easily distracted, concentration wanders	2.10	70%	Middle degree
4.	Thinks things out before acting	1.93	64%	Middle degree
5.	Good attention span, sees chores or homework through to the end	1.93	64%	Middle degree
	Total degree	2.0000	67%	Middle degree
	Conduct problems			
	Axis paragraphs	**M**	**Percentage**	**The level**
6.	Often loses temper	1.85	62%	Middle degree
7.	Generally, well behaved, usually does what adults request	1.95	65%	Middle degree
8.	Often fights with other youth or bullies them	1.93	64%	Middle degree
9.	Often lies or cheats	2.15	72%	Middle degree
10	Steals from home, school or elsewhere	2.10	70%	Middle degree
	Total degree	1.99	68%	Middle degree
	Emotional problems			
	Axis paragraphs	**M**	**Percentage**	**The level**
11	Often complains of headaches, stomach-aches or sickness	1.80	60%	Middle degree
12	Many worries or often seems worried	2.02	67%	Middle degree
13	Often unhappy, depressed or tearful	2.15	72%	Middle degree
14	Nervous in new situations, easily loses confidence	2.05	68%	Middle degree
15	Many fears, easily scared	2.15	72%	Middle degree
	Total degree	2.0341	68%	Middle degree
	Peer problems			
	Axis paragraphs	**M**	**Percentage**	**The level**
16	Would rather be alone than with other youth	2.39	80%	A high degree
17	Has at least one good friend	1.73	58%	Middle degree
18	Generally liked by other youth	1.83	61%	Middle degree
19	Picked on or bullied by other youth	2.24	75%	Middle degree
20	Gets along better with adults than with other youth	2.20	73%	Middle degree
	Total degree	2.0780	69%	Middle degree
	prosocial behavior			
	Axis paragraphs	**M**	**Percentage**	**The level**
21	Considerate of other people's feelings	1.95	65%	Middle degree
22	Shares readily with other youth, for example CD's, games, food	1.80	60%	Middle degree
23	Helpful if someone is hurt, upset or feeling ill	1.85	62%	Middle degree
24	Kind to younger children	1.78	59%	Middle degree

25	Often offers to help others (parents, teachers, children)	1.88	63%	Middle degree
	Total degree	1.99	66%	Middle degree

Table 4. PTSD Filling by mothers

	Gender	N	M	SD	T	*p*	Age	M	SD	t	*p*
Total PTSD	M	77	2.69	.751	2.110	.022	<14	2.77	.626	2.673	.031
	F	71	2.94	.582			<14-19	2.57	.624		

**p<.05, **p<.01, ***p<. 001, PTSD: posttraumatic stress disorder as measured by the USCL-PTSD-Index*

Table 5. PTSD Filling by mothers- seeing the night raids

	Did see the night raids process	N	M	SD	T	*p*
Total PTSD	yes	80	3.5836	.6295	0.85	0.039
	No	68	3.3160	.7136		

**p<.05, **p<.01, ***p<. 001, PTSD: posttraumatic stress disorder as measured by the USCL-PTSD-Index*

Table 6 . SDQ Filling by mothers

	Gender	N	M	SD	T	*p*
Hyperactivity	M	77	2.069	.4655	1.2	.000
	F	71	1.911	.3233		
Conduct problems	M	77	2.095	.412	.92	.000
	F	71	1.968	.344		
	Did see the night raids process	N	M	SD	T	*P*
Emotional problems	yes	84	2.133	.311	1.42	0.000
	No	64	1.960	.457		
Prosocial	Yes	84	2.095	.484	1.50	0.000
	No	64	1.890	.333		

*p<.05, **p<.01, ***p<. 001, SDQ: Scoring symptom scores by the SDQ Questionnaire for age 4-17.

Psychosocial Difficulties (SDQ)

According to Table 3, children exhibited moderate levels on the majority of SDQ subscales. Average scores showed moderate degrees of hyperactivity issues (M = 2.00, 67%), conduct issues (M = 1.99, 68%), emotional issues (M = 2.03, 68%), peer issues (M = 2.08, 69%), and prosocial behavior (M = 1.99, 66%). The highest mean for an individual item was noted for preference for solitude (M = 2.39, 80%), suggesting increased challenges related to peers.

Gender and Age Differences in PTSD

Independent samples t-tests showed significant gender disparities in PTSD symptoms indicated by mothers (Table 4). Female children indicated notably elevated PTSD symptom levels (M = 2.94, SD = 0.58) in contrast to males (M = 2.69, SD = 0.75), t(146) = 2.11, p = .022.

Age differences were found to be statistically significant, as younger children (<14 years) indicated greater levels of PTSD symptoms (M = 2.77, SD = 0.63) in contrast to older children

aged 14–19 years (M = 2.57, SD = 0.62), t (146) = 2.67, p = .031.

Gender Differences in Psychosocial Difficulties

According to Table6, male children showed marginally elevated levels of psychosocial difficulties in comparison to females. Boys exhibited notably greater hyperactivity issues (M = 2.07, SD = 0.47) compared to girls (M = 1.91, SD = 0.32), t (146) = 1.20, p < .001. Likewise, boys displayed a higher incidence of conduct problems (M = 2.10, SD = 0.41) compared to girls (M = 1.97, SD = 0.34), t(146) = 0.92, p < .001.

Effects of Witnessing Night Raids

Children who claimed to have seen night raids exhibited considerably greater levels of psychological distress than those who did not. Concerning PTSD symptoms (Table 5), children who experienced night raids indicated notably greater PTSD scores (M = 3.58, SD = 0.63) compared to those who did not experience raids (M = 3.32, SD = 0.71), t(146) = 0.85, p = .039. In a similar vein, SDQ findings (Table 6) indicated that children who experienced night raids reported notably greater emotional difficulties (M = 2.13, SD = 0.31) in contrast to those who did not (M = 1.96, SD = 0.46), t (146) = 1.42, p < .001. Interestingly, children who observed night raids displayed higher prosocial behavior scores (M = 2.10, SD = 0.48) compared to those who did not see the raids (M = 1.89, SD = 0.33), t (146) = 1.50, p < .001, indicating a rise in social awareness and altruistic actions alongside emotional turmoil.

Discussion

The current study assessed the levels of post-traumatic stress disorder (PTSD) and psychosocial difficulties within Palestinian refugee children subjected to night raids in refugee camps during the ongoing war between 2024–2025. The results showed high levels of PTSD symptoms and psychosocial problems between children, approving the critical psychological consequence of living under chronic political violence and repetitive traumatic experiences.

Interpretation of findings

Aligned with previous studies (Thabet et al., 2008; El-Khodary et al., 2020; Taha et al., 2024), the majority of participating children demonstrated moderate to severe PTSD symptoms. The present results reveal that children who witnessed night raids demonstrated significantly higher levels of PTSD and emotional difficulties than those who did not. This endorses the hypothesis that direct exposure to unpredictable and violent events, such as military raids into homes, has mainly distressing effect on the developing child, confirming feelings of fear, helplessness, and loss of safety. Gender differences were also observed, with girls presenting higher PTSD scores than boys, which is consistent with previous findings (McLaughlin et al., 2013; Tolin & Foa, 2006). These differences may indicate diversity in emotional processing, coping strategies, and social expectations, where girls often internalize distress through anxiety and depressive symptoms, meanwhile boys usually express distress through externalizing behaviors such as hyperactivity or conduct problems (Thabet & Vostanis, 2000; Qouta et al., 2003). Age-related differences showed that younger children presented higher PTSD symptoms than older adolescents. This might be linked to developmental factors, as younger children have more limited cognitive and emotional capacities to understand or process traumatic events, making them more vulnerable to prolonged psychological distress (Trickey et al., 2012). Furthermore, the chronic exposure to

collective trauma, lack of parental protection, and repeated loss of safety may cumulatively intensify vulnerability in younger children.

Comparison with previous research

This study strengthens the increasing number of evidence that Palestinian children's mental health is extremely affected by continuous exposure to war-related trauma. The results are compatible with earlier research documenting high PTSD prevalence rates in Gaza and the West Bank (Thabet et al., 2008; Khamis, 2012; El-Khodary & Samara, 2020). However, this study distinctively focuses on night raids, an underexplored traumatic experience that integrated components of fear, uncertainty, and direct confrontation conditions that are mainly harmful for children's psychological development. Children who witnessed night raids also showed higher prosocial scores. This paradoxical finding suggests the possible emergence of compensatory empathy and social connectedness among children facing shared adversity, a phenomenon previously observed in war-affected populations (Shehadeh et al., 2015). These adaptive behaviors can be considered as resilience mechanisms that coexist with psychological distress.

Strengths and Limitations

The strength of this study that it used validated instruments (SDQ and UCLA-PTSD-RI) within the Palestinian context. Regarding the study limitation, there were several that need to be considered. The study designs the cross sectional prevents causal inference and the reliance on parental reports for younger children may introduce bias. Finally, the sample was limited to refugee children in the West bank, which can't be generalized for other children in Palestine especially in Gaza context.

Implications

The results of the study highlight the urgent need to implement specialized mental health programs and trauma-informed interventions targeting children and their parents. These programs should aim to enhance understanding of trauma concepts and their consequences on children's mental health and development. Moreover, there is a necessity to establish community-based mental health services that involve school and kindergarten teachers, counselors, and healthcare providers, with a focus on group therapeutic interventions such as systemic family therapy and psychodrama for children to address behavioral and emotional problems. Furthermore, mental health professionals and educators must be trained to recognize trauma symptoms early and to provide safe spaces for expression and recovery.

Conclusion

This research presents strong evidence that Palestinian refugee children subjected to night raids from 2024 to 2025 experience substantial psychological distress, reflected in increased PTSD symptoms and psychosocial challenges. The results highlight that residing in refugee camps amid ongoing political violence represents a significant risk factor for children's mental well-being.
Significantly differences were noted based on gender, age, and exposure to nighttime raids. Girls and younger kids were especially susceptible to PTSD symptoms, whereas boys exhibited more externalizing issues, such as hyperactivity and behavioral problems. Children who directly observed night raids faced the greatest risk, showing heightened PTSD symptoms and emotional challenges. Simultaneously, the rise of increased prosocial behavior in these children indicates

the presence of both distress and positive social reactions, potentially representing resilience and mutual coping strategies amidst situations of collective trauma.

In summary, the findings highlight that night raids constitute a unique and profoundly distressing experience that requires dedicated focus in both research and practical applications. Meeting the mental health needs of refugee children affected by such experiences necessitates all-encompassing, trauma-sensitive, and culturally aware interventions that engage families, educational institutions, and community resources. In the absence of prompt and ongoing psychological assistance, the lasting developmental and mental health effects on this at-risk group are expected to endure.

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