

Cases of trauma due to war and violence among children in Gaza

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Abstract

Background: The conflict in Gaza has exposed children to continuous cycles of violence and trauma, profoundly affecting their mental health.

Aim: To illustrate the psychological burden on Gaza's children and highlight their complex mental health needs amid the conflict.

Methods: We report cases of 4 children receiving support from Children Not Numbers, who have lived through the violence in Gaza, illustrating the devastating impact of the conflict on their mental health.

Results: The children exhibited symptoms of trauma, including emotional dysregulation, social withdrawal, grief, and worsening of pre-existing conditions. Common factors were displacement, loss of family members, physical injuries, and lack of mental health care resources.

Conclusion: The cases highlight the severe psychological impact of the conflict on children and the urgent need for interventions to address the crisis and provide mental health services to prevent long-term consequences for the wellbeing of children in Gaza.

Keywords: war, conflict, violence, displacement, trauma, mental health, children, Gaza

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Introduction

For the past 16 years, children in Gaza have been exposed to an almost relentless cycle of wars, invasions and attacks. The repeated exposure to multiple traumatizing events associated with the conflict, including shelling, bombing, destruction of homes, family separation, physical injuries, and witnessing the wounding or loss of family members or loved ones, can have a profound effect on the social, mental, emotional, and physical wellbeing of children in Gaza. Under the United Nations Convention on the Rights of the Child (UNCRC), children have the right to be protected during conflicts, the right to survival, and the right to develop physically, mentally and emotionally (1). However, children are more vulnerable during armed conflicts and their rights are often violated (1,2). Gaza has an extremely young population and the collective impact of war constitutes a catastrophic crisis for the mental health of children. This systematic violation of children's rights threatens their immediate wellbeing and affects their physical, emotional and cognitive growth, thereby undermining their future development.

This report documents the stories of 4 children who have lived through the October 2023 war in Gaza and highlights the devastating impact of the conflict on their mental health. These children are receiving support from Children Not Numbers, a non-government organization whose mission is to provide immediate support and long-term rehabilitation to children affected by conflicts. Informed consent was obtained

from the parents to document their children's stories for this paper.

Case 1: Child F

Child F is an 11-year-old girl who was injured in a bombing in May 2024, resulting in brain haemorrhage, fractured ribs and dislocated shoulders. She had shrapnel in her back and arms and spent 2 weeks in intensive care. When Child F woke up from a coma, she learned about the loss of her cousin, who was also her closest family member. She could not eat or talk for several weeks after realising that her relative, whom she saw daily her entire childhood, died in the conflict. Her parents said she was unable to speak about her cousin for several months and experienced significant grief. In addition to the major loss of a loved one, Child F was told that her family home had been destroyed, including her room, her toys and her personal belongings.

Child F and her family had been displaced 4 times and now live in a makeshift shelter with little access to basic services. Her fear of bombings caused continuous sleepless nights; she laid awake and apprehensive of the next explosion. Her parents said her once vibrant personality had changed to an irritable character with short temper. Child F also experienced extreme emotional dysregulation during which she would throw household products, become uncharacteristically aggressive to her mother, and cry uncontrollably. She frequently refused to leave her tent or spend time with family or friends.

She told her parents: "We lost everything, I can't go to school, I can't see my friends and I have no books to read." Child F became distressed that her hair was burned in the bombing and was extremely anxious that her hair would not regrow, leading to occasional fits of rage.

Separation of Child F from her 3 sisters, who were evacuated out of Gaza for medical treatment, further compounded her sense of loss. She is anxious to be reunited with them. Despite their own experiences of trauma and displacement, her parents recognized the need for their daughter's connection to others and her need to process her grief. They purchased a mobile phone to help her communicate with her sisters. Child F found joy by creating a social media account and sharing videos of herself singing on the account. Her parents took her to her childhood home, where she sang to the rubble and expressed her grief in an adaptive manner. Child F's parents said these actions have helped her to become calmer. They were able to access counselling sessions for her through the United Nations Children's Fund (UNICEF), although this service is not available for most children in Gaza due to the high demand. However, the limited sessions have been very helpful, and the family was told that her long-term mental health treatment would begin when the war ends. It is not known if and when Child F will receive the intensive mental health support that she needs.

Case 2: Child S

Child S is a 9-year-old girl with undiagnosed autoimmune disease that caused paralysis in both legs in March 2024. She had a difficult time engaging in physical therapy due to intense pain. She had previously spent about 5 months in the hospital, refusing physiotherapy and rehabilitation during much of that time. Before the war, Child S was described as a lively, intelligent child, who was socially engaged. Her mother commented: "She used to laugh and play outside. Now, she just sits quietly, staring at her legs." While she was receiving rehabilitation treatment at the hospital, she did not have access to a wheelchair for many months due to restrictions on the supply of medical equipment, leading to further feelings of isolation.

Child S's mother reported that she was as equally concerned about her daughter's mental health as the physical pain. Child S initially refused to eat or drink and sometimes reacted by hitting her mother. Her mother described her as someone in "deep depression," as she refused to speak to anyone including her rehabilitation team. Child S exhibited hypervigilance and sensitivity to loud noise and sudden movement, which occurs regularly in Gaza due to the war.

Child S visited a psychologist once in July 2024 and her mother said she became more engaged with her rehabilitation treatment following the visit. Unfortunately, however, she became disengaged from the programme. Her physiotherapist started home visits, but she refused to participate. Child S was readmitted for a short period in October 2024, when her medical

provider noted that she likely experienced psychogenic seizures secondary to stress.

Child S was approved for medical evacuation in July 2024 but her mother was not approved to accompany her. Given that her father was deceased, the refusal became incredibly difficult for both Child S and her mother to process. Child S has not been able to evacuate Gaza and she continues to experience a decline in her mental health. Her family has tried several times to consistently access psychological support for her, but the severely damaged healthcare infrastructure in Gaza offers limited mental health care. Child S's mother wishes she could provide her daughter with toys or activities to distract and motivate her to reengage in rehabilitation. However, such items are either not available or are not affordable to most Palestinians in Gaza. Her mother commented: "This is why our kids become really sick, mentally and physically."

Child S is in a cycle of trauma intertwined between her physical and mental wellbeing. She requires physical rehabilitation but cannot engage without support for her mental health and, her physical health will likely continue to contribute to further deterioration of her mental health. Child S's case highlights the importance of integrating mental health support into the health system and into the Gaza community more broadly.

Case 3: Child M

Child M, a 6-year-old girl, has been exhibiting behaviours consistent with autism spectrum disorder since the age of 3. Initially, her mother observed that she did not respond to her name or achieve age-appropriate developmental milestones such as potty training. Despite a successful surgery to remove fluid behind her ears and adenoids, her situation remained largely unchanged. Child M primarily used to express herself through screaming. She was enrolled in an early intervention programme at age 4, which enabled her to make progress in adaptive skills. She started using verbal communication at age 5 for the first time.

Unfortunately, this positive trajectory was abruptly interrupted in October 2023, when violence escalated in Gaza. When she was forced to stop attending kindergarten, Child M once again stopped speaking. The situation further deteriorated when her father was injured in an attack and died on 2 November 2023. The loss deeply affected her because she had a very close bond with him, making her to withdraw from social interactions and to refuse eating and drinking.

Child M's mental health further deteriorated in June 2024 when she became ill, with pain, fever and abscesses in her body and organs. She required a lengthy hospital admission to stabilize her medical condition. Although her condition became stabilized, there was continuous ambiguity about her clinical diagnosis given the limited medical resources in Gaza. Child M's mother continues to take her to the hospital 3 times a day for intravenous

medication but she responds with screaming and anxiety during each hospital visit.

As her mother had to play the dual role of caregiver and provider, Child M's condition worsened. She suffered from multiple health issues, leading to significant weight loss and deterioration in her physical and emotional wellbeing. Child M's behaviour, which previously showed some improvement, was worsened. She typically refused to eat and became increasingly withdrawn, preferring solitude and refusing to engage in any activities she once enjoyed. Her mother reported excessive anxiety herself as she navigated parenting her 2 young children (Child M and her 4-year-old brother) without a spouse. She wished she could access a speech and language pathologist and a child psychologist for her daughter, both of which are unavailable during the current conflict.

Case 4: Child H

Child H is a 4-year-old boy who was born deaf. For the first years of his life he was unable to express basic needs like hunger, resulting in emotional and behavioural outbursts. He had a cochlear implant procedure in March 2022 at the age of 2. His parents reported that he received mental health and behavioural support, including social skills training. Child H started acquiring adaptive skills, learning how to talk, and began interacting with his family meaningfully. The treatment team supported the parents in managing his emotions by creating a positive reinforcement system with toys and chocolates, and he responded incredibly well to this.

Child H lost his hearing again in October 2023 due to the malfunction of his cochlear implant. Given the continuous conflict in Gaza, there was no access to a technical service to fix the device and they could not access a new device. Following the sudden loss of his hearing, his behaviour changed dramatically. He became easily frustrated, slept excessively and withdrew from play. His parents said he observed other children around him playing but seemed unaware of what they were doing. They were unable to access resources to facilitate an age-appropriate reinforcement system, and the family's living condition—residing in a tent with insufficient hygiene, water and nutrition—further contributed to the deterioration of the child's condition.

Child H's parents remain hopeful for a surgery and a new cochlear implant for their son. They desire mental health support to help manage their child's behaviour once the situation stabilises and is safe, as well as to communicate with him effectively. Child H's parents said although hospitals and aid agencies offered help with medicine and food, they have not been able to access mental health support for their son. They reported experiencing severe depression because of the failure to effectively ease their son's distress and the inability to communicate with him. Like many other children in Gaza, the longer Child H is unable to receive the psychological support he requires (along with the

physical equipment), the more detrimental it would be to his long-term prognosis and recovery.

Discussion

The stories of the 4 children reflect the overwhelming psychological burden experienced by children in Gaza. Children like the ones mentioned in this paper, who have lost family members, exhibit symptoms consistent with trauma and emotional dysregulation. Children with autism in the context of war, like Child M, are known to respond with selective mutism and/or a refusal to engage socially with peers and family members (3). These cases are not isolated, they are part of a larger pattern that has been documented by various studies on mental health and emotional function among children in Gaza (4–9). In June 2024, UNICEF estimated that almost all of Gaza's 1.2 million children needed mental health and psychosocial support. Without urgent intervention, the relentless violence and trauma against the citizens and children of Gaza will intensify their mental health crisis, which is already at its breaking point.

It is important to note that 3 of the 4 cases in this report involved children who had pre-existing medical or developmental disabilities before the conflict, which made them vulnerable to psychological distress. Mass displacement and unstable living conditions are known to exacerbate psychological trauma, and several studies have shown that displacement significantly increases the risk of anxiety and depression, especially among children and adolescents (10–13). Three of the children had been displaced multiple times during the conflict, having to go through the emotional toll of displacement and loss of home, school and family members within weeks. The inability to attend school reflects a broader experience of many children in Gaza who are being actively deprived of educational opportunities. An estimated 92.9% of the educational infrastructure in Gaza has been either damaged or destroyed since the beginning of the war (14) and the remaining school buildings are often used to accommodate displaced Gazans seeking safety.

Another recurrent theme in the narratives of these children was separation from family members. Several children have experienced both physical and emotional trauma because of separation. For instance, Child F felt "left behind", abandoned and disconnected when her sisters were evacuated. The emotional trauma of losing a cousin (Child F) and a father (Child M) has certainly exacerbated the symptoms of physical ailments, significantly affecting recovery. Physical and emotional abandonment among children and youth can profoundly impact their psychological wellbeing and increase the risk of developing physical, emotional, cognitive, and behavioural and social problems later in life (15,16).

The broad array of complex psychological symptoms, such as emotional dysregulation, hypervigilance, social withdrawal, and hopelessness observed in these children align with reports of trauma symptoms exhibited by children who have experienced wars and humanitarian

crises in other settings (5,11,17–25). These findings highlight the vulnerability of children to the effects of trauma, as they often lack the psychological readiness and coping skills to process and manage traumatic experiences effectively (26). This underdeveloped ability to handle trauma can lead to long-term emotional, cognitive and behavioural challenges.

A recurrent theme in each case was the lack of mental health resources. The healthcare system, which was already strained before October 2023, has been further weakened by violence, leaving only about half of the medical facilities partially operational (27–29), which now provide treatment mainly for emergency cases. Even when psychological support is available, factors such as displacement, evacuation orders, restrictions and movement challenges and transport across the Gaza Strip mean that many children simply cannot access the services. The lack of consistent and comprehensive access to health care means that the physical and mental health needs of the children are being largely unaddressed. Although Child F and Child S were referred to therapy, the inconsistency in service access left them without the regular support at a critical point in the process of their recovery from trauma. The family of Child M has struggled to find proper care and his condition continues to worsen in the absence of the necessary interventions.

The implications of these cases for public health policymaking are significant. There is an urgent need to rebuild Gaza's healthcare infrastructure and prioritise

mental health services for children. Policymakers must focus on making mental health care accessible and consistent, especially for children who have experienced trauma, who will likely be a significant proportion of the population. There is a need for child welfare organizations to implement training programmes for community members so they can provide psychological support in conflict situations. Interventions should empower parents and caregivers on the fundamentals of psychological support for children. The international community should mobilize resources to make mental health services available and accessible to all children in Gaza.

Conclusion

These narratives illustrate the severe psychological toll experienced by children in Gaza. Their stories reflect a broader mental health crisis due to the limited access to psychological support, and the constant threat of violence which prevents healing. Immediate action is needed to address these issues. We advocate a permanent ceasefire as a step towards stability, as well as rebuilding and restoration of health care services, particularly mental health support. Without these interventions, the psychological burden on Gaza's children will continue to increase, with potential for long-term consequences for their wellbeing.

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Conflict of Interest: None declared.

Cas de traumatisme dus à la guerre et à la violence chez les enfants à Gaza

Résumé

Contexte : Le conflit à Gaza a exposé les enfants à des cycles continus de violence et de traumatismes, affectant profondément leur santé mentale.

Objectifs : Illustrer la charge psychologique qui pèse sur les enfants de Gaza et souligner leurs besoins complexes en matière de santé mentale dans le contexte du conflit.

Méthodes : Nous rapportons les cas de quatre enfants bénéficiant du soutien de l'ONG Children Not Numbers et ayant vécu la violence à Gaza, illustrant ainsi l'impact dévastateur du conflit sur leur santé mentale.

Résultats : Ces enfants présentaient des symptômes de traumatisme, notamment une dysrégulation émotionnelle, un repli social, un état de deuil ainsi qu'une aggravation de troubles préexistants. Les facteurs communs comprenaient le déplacement, la perte de membres de la famille, les blessures physiques et le manque de ressources en santé mentale.

Conclusion : Ces cas mettent en évidence l'impact psychologique grave du conflit sur les enfants et le besoin urgent en matière d'interventions pour faire face à la crise et fournir des services de santé mentale en vue d'éviter les conséquences à long terme sur le bien-être des enfants à Gaza.

حالات الرضوح الناجمة عن الحرب والعنف بين أطفال غزة

شرين لطيف، إيناس عبد الرؤوف المعليق، هاني شابو، فاطمة رشيد، ميريد كيلى، ندى خطري، هنا أليس كينج، نيل فورني

الخلاصة

الخلفية: تسبب الصراع في غزة في تعريض الأطفال لدورات متواصلة من العنف والصدمات، الأمر الذي أثر على صحتهم النفسية تأثيراً شديداً. **الأهداف:** هدفت هذه الدراسة الى بيان العبء النفسي الواقع على أطفال غزة وتسليط الضوء على احتياجاتهم المعقدة في مجال الصحة النفسية في خضم الصراع الدائر.

طرق البحث: نورد حالات 4 أطفال عايشوا العنف الذي عانته غزة، ويتلقون دعماً من مجموعة "أطفال لا أرقام"، مع توضيح الأثر المدمر للصراع على صحتهم النفسية.

النتائج: ظهرت على الأطفال أعراض الصدمة، ولا سيما الخلل العاطفي، والانسحاب الاجتماعي، والحزن، وتفاقم الحالات الموجودة من قبل. وكانت العوامل المشتركة هي النزوح، وفقدان أفراد الأسرة، والإصابات البدنية، وغياب موارد الرعاية الصحية النفسية.

الاستنتاجات: تسلط هذه الحالات الضوء على الأثر النفسي الشديد للصراع على الأطفال، والحاجة الملحة إلى تدخلات للتصدي للأزمة وتوفير خدمات الصحة النفسية لمنع العواقب الطويلة الأجل على عافية الأطفال في غزة.

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