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**Fayez Azez Mahamid**

## **Child Indicators Research**

The official Journal of the International  
Society for Child Indicators

ISSN 1874-897X

Volume 13

Number 6

Child Ind Res (2020) 13:2181-2204

DOI 10.1007/s12187-020-09739-3

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# Collective Trauma, Quality of Life and Resilience in Narratives of Third Generation Palestinian Refugee Children

Fayez Azez Mahamid<sup>1,2</sup>

Accepted: 15 April 2020 / Published online: 22 May 2020

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## Abstract

The purpose of this study was to test collective trauma, quality of life and resilience in narratives of Palestinian refugee children. The sample consisted of (30) children aged (14–16) years selected exclusively from five (5) Palestinian refugee camps (Balata, Askar, Ein Beit al-ma', Nur Shams, and Jenin) established after the 1948 Nakba in the West Bank region of Palestine. Results demonstrated that children in today's Palestinian camps suffer from collective trauma, they considered the 1948 Nakba as a 'losing' experience as it has affected all generations of Palestinian refugees. Results also showed that children in Palestinian camps suffer from poor quality of life; they live in very narrow homes and places, with lack of stadiums and recreational facilities. Participants of this research, however, appeared to demonstrate a high level of resiliency, positive self-efficacy, and responsibility to deal with difficult and stressful events; despite poor quality of life and collective traumatic experiences they have had.

**Keywords** Collective trauma · Resilience · Quality of life · Palestinian refugee children

## 1 Introduction

Children have been the unseen victims of conflict between nations throughout history. Today, the status of conflicts and wars may seem evident in many places around the world. These conflicts or armed wars may also include high levels of aggressive behaviours among victims themselves. In mental health terms, war is known to affect children's adjustment, self-concept, resilience, and quality of life (UNICEF 2005).

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✉ Fayez Azez Mahamid  
mahamid@najah.edu

<sup>1</sup> Psychologist and Counseling Department, An-Najah National University, Nablus, Palestine

<sup>2</sup> Centre for International Development, Northumbria University, Newcastle, UK

In the Israeli–Palestinian situation, the status of conflict may be seen as chronic rather than a singular, emotionally charged event. Many of the violent war-like events children face in Palestine extend on indefinitely. In Palestine, many generations of children have grown up knowing nothing except violent warlike events, conflicts, and painful events (Abdeen et al. 2008).

The effects of war and conflicts on the psychological status of children are well documented and are often expressed through deep and chronic psychological symptoms, including post-traumatic stress disorder (PTSD), anxiety, lacking in resilience and psychosocial problems (Joel et al. 2005). Palestinian children living in the occupied territories have been exposed to ongoing conflict conditions and violence, such as fire shootings, shelling, and physical injuries. As a result of this continuous violence, trauma in Palestinians, especially children, has led to the development of chronic psychological stress and bad quality of life (Baubet et al. 2009; Shalhoub-Kevorkian 2011).

Many children have been exposed to traumatic events, and therefore, the accompanying psychological and social consequences can be significant (Alisic et al. 2014). Trauma refers to exposure to actual or threatened death, serious injury or community violence, either through direct experience, witnessing it occur to others, learning that it happened to a close family member or close friend, or experiencing repeated or extreme exposure to aversive details of the traumatic event (APA 2013). The most common traumatic and stressful events that may affect children negatively include; accidents, natural and human disasters, conflicts, sudden death of a parent, sibling, or peer; physical or psychological abuse; and witnessing or being the direct victim of family, community, or school violence (Alisic et al. 2018).

Children who face traumatic events have shown many psychological, emotional and social distress reactions, which vary according to their age and sex. Young children show aggressive behaviors that are more obvious and destructive, and they may display more repetitive play and drawing activities regarding the traumatic events. For pre-school children, there is less agreement as to the level and intensity of their traumatic reactions. For this age group their responses are more determined by their parent's reaction to the events. If parents respond in a quiet way, the child can feel safe and protected (Holbrook et al. 1998; Mahamid et al. 2015).

Trauma overwhelms a child's ability to deal with stressful and chronic events. One reason that children are particularly oversensitive to the effect of trauma is that they have yet to develop the positive coping strategies demonstrated by adults. The child's mood, strength, stage of development, and family ties, as well as help and resources available to them, all contribute to how a child is able to deal with traumatic and stressful experiences (Fletcher 2003).

PTSD is a psychological reaction that happens among some people after experiencing a traumatic event, the main group of symptoms which characterize PTSD are, re-experiencing the trauma, avoidance and numbing, and hyper arousal behaviors. Traumatized children display impairment in family, social and academic performance. These children often regress and recommence thumb-sucking or bed-wetting, which can be significant signs to take into consideration when studying their level of trauma (Sanderson 2009).

As a consequence to facing many difficult and stressful events over the years, Palestinian children may appear to exhibit some or all symptoms associated with

psychological disorders such as: PTSD, anxiety, depression and emotional disorders. The question remains, however, whether displaying these symptoms necessarily means that children suffer from a lack of resilience and psychological distress, whereby requiring a form of psychosocial intervention, or whether the anxiety and sadness associated with exposure to political violence are normal reactions which will lessen with time and support they may receive from their families and the community (Saleh et al. 2014).

According to the United Nations Refugee Convention in (1951), a refugee is defined as a person who, owing to a well-founded fear of being aggrieved for many reasons such as: race, religion, nationality, membership of social or political groups, is outside the country of his or her nationality, and is incapable to, or owing to such fear, is unable to avail himself or herself to the protection of that country (UNHCR 2014).

Refugees' children often experience continuous traumatic experiences, as a result of losing family members and friends through processes of forced migration. Prolonged trauma may affect negatively on human relations, trust, attachment style, resilience, quality of life, emotion regulation, and personality among refugees (Herman 1997; Silove 1999; Van Der Kolk et al. 2005).

Palestinians, old or young, who live in refugee camps in Palestine or in neighboring countries, have grown up with a national narrative of trauma. They face daily violence, lack of security, fighting, and find themselves to be refugees behind closed borders after the Palestinian catastrophe (Nakba) occurred when more than 700,000 Palestinian Arabs - about half of prewar Palestine's Arab population - fled or were expelled from their homes, during the 1948 Arab Israeli war. The term Nakba also refers to the period of war itself and events affecting Palestinians from December 1947 to January 1949 (Manna' 2013). Until now, many of the families in refugee camps in Lebanon, Jordan, Syria, the West Bank and Gaza Strip hold on to the keys of their long-lost past after 71 years of refugee experience and migration, three generations later (Saleh et al. 2014).

In the literature there are a number of studies that examine the effect of exposure to conflicts and traumatic events on children. For example: Abdeen et al. (2008) mentioned that, in general, extensive exposure to violence was accompanied with higher levels of posttraumatic distress, bad quality of life, and 'somatoform' disorders in the West Bank and Gaza strip. Children in Gaza displayed symptoms in line with PTSD more so than children in the West Bank, with females exhibiting more of the symptoms than males.

Similar findings were obtained by Baubet et al. (2009) when they found that war trauma and community violence led to psychological disorders among children living in the Gaza strip and West Bank. In addition, among the (1254) respondents, 23.2% reported post-traumatic stress disorder (PTSD), 17.3% anxiety disorders, and 15.3% depression. PTSD was more frequently identified among children less than fifteen (15) years old.

There is also empirical evidence that weapon conflicts, along with refugee experiences cause traumatic experiences for children. It was found that among forty-three (43) male and female refugees children from Iraqi and Palestinian background, around (14%) represent insecure attachment, (39%) faced a lack of trust, (42%) suffered from dismissing, (42%) had a low level of resilience and (5%) suffered from different behavioral and social problems.

In addition to high levels of posttraumatic stress disorder and comorbidity, some of the most frequently reported psychosocial problems in traumatized refugees were lacking of resilience, bad quality of life, depression and anxiety (Riber 2016; Carlsson et al. 2006; Rodenburg et al. 2001; Heuvel 1998).

There is ample evidence to suggest that individual psychosocial status can predict quality of life among various groups, including traumatized children, and the general population (Ashing-Giwa et al. 2010). It is well-known that traumatized individuals suffer from impaired quality of life after traumatic events (Ringburg et al. 2011; Holbrook 1998; Christensen et al. 2011; Wad et al. 2018). Many trauma survivors are young, and their daily activities can be highly, and sometimes permanently, affected by the consequences of trauma. Therefore, diagnosis of trauma should take into consideration any deterioration to the quality of life among traumatized people (Danielsson et al. 2018).

Since September 2000, the political violence faced by many Palestinian people led to heightened violence in the West Bank, Gaza, and East Jerusalem, and as a result caused significant deterioration to the quality of life for Palestinians living under military occupation. At the same time, classical measures as to mortality, morbidity, disability, and access to health services were being identified (Hammoudeh et al 2013).

Figure 1, represented by Giacaman et al. (2007), clarifies the challenges to quality of life among the Palestinian people.

Findings from studies conducted in recent years examining the relationship between trauma experienced and quality of life revealed contradictory findings. A study conducted by Hammoudeh et al. (2013), to investigate changes in the quality of life of Palestinians living in the Gaza strip before and after the Israeli war in the winter of 2008–2009 indicated no significant difference between the quality of life scores between 2005 and 2009. However, results did show that human insecurity and individual distress significantly increased in 2009 compared to 2005. In contrast,

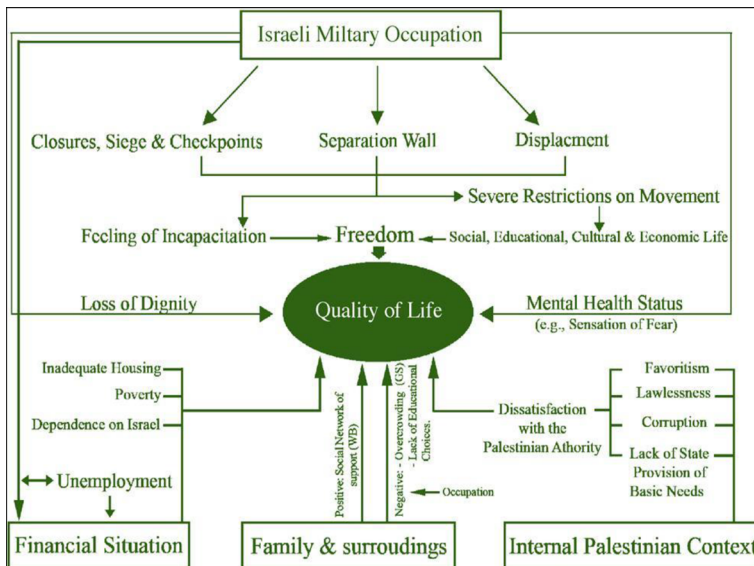


Fig. 1 'Quality of Life' determinants in the Palestinian context. Giacaman et al. (2007)

Araya et al. (2007) found that traumatic experiences increased mental distress and decreased the quality of life with age and some traumas also reduced quality of life directly. Beyer et al. (2018) found a very poor quality of life among patients who suffered from severe trauma as a result of injuries.

A number of studies have been conducted to test the effect trauma has on the long-term quality of life among survivors of trauma. Results indicated that when PTSD was present in patients with severe trauma; such trauma negatively affected their lives for many years (Danielsson et al. 2018; Bajo et al. 2018; Pepe and Veronese 2017; Al Muranak et al. 2017 & Fiore et al. 2014).

Childhood trauma can negatively affect both emotional regulation abilities and stress resilience (Aburn et al. 2018). Resilience is the process of adapting to face disasters, trauma, loss, threats, or significant sources of distress. The role of stress in trauma, and as a trigger for exacerbations, has been argued for many years. Life stresses have been ascribed as being a cause of aggravating factor of the disorder in both adults and children, regardless of the nature of the stressor (Crosta et al. 2018).

Richardson and Waite (2002) define resiliency as an internal power that lead people to achieve self-esteem, otherness, wisdom, and harmony with a spiritual source of strength in having the ability to adapt to disasters and difficult situations. Horn et al. (2016) and Li et al. (2016) indicated a correlation between social support, hope, resilience, and quality of life in traumatized children, with resilience, hope, and social support representing around 30% of the variance in quality of life. Resilience and hardiness have been identified to reduce the effects of trauma exposure, improve neuroendocrine functioning and improve coping strategies among traumatized individuals in general, and in traumatized children in particular (Changaris et al. 2018).

Some studies tested the effect of trauma on resilience. Caldarolab et al. (2018) found that children who faced childhood trauma are less resilient compared to healthy children. The study also found a positive correlation between traumatic experiences, low resilience, and reduced quality of life among traumatized people. The study of Punamäki et al. (2011) revealed a positive correlation between high level of trauma and low level of resilience; it also mentioned that resilient groups exhibited good parental skills, mental health, exceptional behavioural practice as well as improved school performance, high cognitive functioning and enhanced physical health.

## 2 The Study

This study derives its importance from the lack of focus studies on this topic in Palestine. Additionally, this research study may contribute to expanding current knowledge regarding collective trauma, as well as help parents and practitioners who deal with collective trauma improve resilience and the quality of life among refugee children. The current study endeavours to find an answer to the following questions:

- 1 How third generation of Palestinian refugee children narrate the stories of Nakba? (Does traumatic refugee experience faced the first generation of Palestinian refugees affect negatively the third generation of Palestinian refugee children living in Palestinian refugee camps in the West Bank region of Palestine)?

- 2 What is the experience of Palestinian refugee children living in Palestinian camps under occupation (including the feelings and thoughts that accompany the daily life events of these children (traumatic and otherwise)?
- 3 What are the difficulties and challenges that face the third generation of Palestinian refugee children who living in Palestinian camps in the West Bank of Palestine? And how do they deal with these challenges?
- 4 How does continual exposure to violence and trauma affect negatively the quality of life, cognitive, emotional and social development of children in the situations of consistent geopolitical military threat?
- 5 To what extent do these children demonstrate resilience in dealing with social, academic and finical difficulties that face people living in Palestinian camps (Does continual exposure to violence affect negatively factors promoting resilience)?

Transitioning from the premise that trauma in young children is a key component for further development later in life, and is influenced by many factors in the child's environment; no research, to date, has investigated this issue among Palestinian refugee children. Therefore, this study attempts to fill in the gaps by examining the nature of the collective trauma, resilience and quality of life in the narrative of third generation Palestinian refugee children who live in Palestinian camps in the West Bank region of Palestine.

### 3 Methods

#### 3.1 Participants

The participants in the study were thirty (30) Palestinian children from third generation refugee children in five (5) Palestinian camps (Balata, Askar, Ein Beit al-ma', Nur Shams, and Jenin) in the West Bank region of Palestine. Six (6) children from each camp were selected, (17) females and (13) males, aged between (14–16) years (mean age Males = 14.92 years, SD = 0.75; mean age Females = 14.76 years, SD = 0.75). All the participants were refugees living in Palestinian camps operated by the United Nations Relief and Works Agency. All were sufficiently eligible to write and speak in Arabic to finalize the research tasks.

#### 3.2 Instruments and Procedures

The interview data consisted of thirty (30) semi-structured interviews with Palestinian children in the five Palestinian camps; all participants (interviewees and interviewer) were native Arabic speakers.

The sample of participants selected were refugee children in Palestinian camps. The activities committees in each camp were the gatekeepers in recruiting participants. The first step in collecting the data was in interviewing each activities committee to explain the aims and purposes of the study. The second step was to inform them about the research activities, the total number of children who will be interviewed, and that they will be selected from each camp using the 'snowballing' technique from those who accepted the invitation to participate in this research. The final step was in selecting and interviewing six children from the five Palestinian camps.



The survey questions conducted in the interviews were not created to be emotionally distressing in any way. The researcher informed participants that if they became distressed while completing the interview, they had the option, at any time, to discontinue their participation in the study. The investigator (being a licensed mental health professional) was available for any participant who felt an immediate negative response to the survey questions. In addition, all participants were given contact information for mental health services if symptoms were to appear at any time after the completion of the survey. The study was submitted for review by An-Najah Institutional Review Board (IRB) and received approval before data collection was initiated.

The interviews were designed to gather information about collective trauma, resilience, and quality of life among third generation refugee children in Palestinian camps. All interviewees were provided with an information sheet detailing the research agenda. The interviews were conducted in psychosocial and mental health institutes in Palestinian camps. The shortest interview lasted about forty (40) minutes while the longest interview lasted sixty (60) minutes; however, most interviews were around fifty (50) minutes.

### 3.3 Data Analysis

All interviews were audio recorded and transcribed in Arabic by a native speaking researcher. Written interviews were analysed following a thematic content analysis (TCA) methodology (Parker 2005) to identify the main themes emerging from the written material. A bottom-up data driven text analysis was applied to extract categories from the raw data (Strauss and Corbin 1990). Each interview was carefully investigated; so that concepts were identified as well as statements containing similar words were identified. The process of analysis included the following steps: (a) The researcher completed an open coding analysis moving from the participants' narratives to create the main themes of research; (b) the themes were coded and organized into structured texts; and (c) the categories or sub codes were discussed and agreed upon by five (5) judges.

### 3.4 Coding Reliability

A reliability test of the coding was implemented. Around 93% consistency was achieved with the author's original coding (Cohen's kappa = .0.931). Cohen's kappa is a statistical test to find the inter coder reliability, and a coefficient of 0.80 or over is considered acceptable.

## 4 Results

The thematic content analysis of the interview transcripts led to the identification of three major themes (*The meaning of Nakba for Palestinian refugee children, quality of life for third generation Palestinian refugee children, and resilience in third generation Palestinian refugee children*) and fifteen subthemes:

### 4.1 Meaning of Nakab for Palestinian Refugee Children

Several subthemes emerged from the analysis. Participants differed in terms of their descriptions as to the meaning of Nakba. Refugee children consider Nakba as a

traumatic experience which negatively affected the future of all Palestinians in general and in particular the people who were living in the 1948 region of Palestine. Refugee children claim people are still suffering from the ongoing effect of the Nakab until now, and that the effect of the Nakaba as a traumatic event has transferred over generations through personal narratives.

The author will now describe in greater detail the sub-themes that emerged from content analysis as they correspond to the meaning of Nakba in the narratives of Palestinian refugee children.

#### 4.1.1 Forced Displacement

A sample of respondents in this study considers Nakba as a forced transfer of their families from the 1948 land to the 'diaspora'. This transfer affected not only the first generation of Palestinian refugees, but also all Palestinian refugees over the next three generations.

A 15 year old male from Jenin Camp stated that:

"In 1948 they attacked our village and villages around our village, during that attack they demolished many houses in the village and our house was one of those houses as my father said, then they transferred my family to the diaspora, they transferred all families in very difficult conditions without any support from anyone else."

Another child added:

"Nakba was the big disaster that happened to my family and other Palestinian families, when they forced transferred my family from our home to the Palestinian refugee camps, my family members and all Palestinians at that time were civilians and couldn't refuse that forced transferring. (14 year old female; Askar Camp).

Palestinian refugees suffer the double misfortunes of being both the largest refugee population in the world, and one of the oldest. The refugee issue traces its origins to the Arab-Israeli war of 1948, an event that was accompanied by the forced displacement of some three-quarter of a million Palestinians from their homes. The refugees fled to the then Jordanian-controlled West Bank, Egyptian-administered Gaza strip, the East Bank of the Jordan River, Syria, Lebanon, and further afield (Brynen and El-Rifai 2007).

The homes and properties that they left behind were seized and they were barred from returning to their homeland. In 1967, the Israeli occupation of the West Bank and Gaza saw a further three hundred thousand or so Palestinians flee from those areas, mostly to Jordan. With the natural growth of this population, and the passage of more than three generations over time, more than four million Palestinian refugees are today registered with the United Nations relief and works agency (UNRWA), and a majority of these Palestinian refugees still live in exile in the diaspora (Cox and Connell 2003). This forced transfer of the first Palestinian refugee families from their homeland to the diaspora still exists in Palestinians' collective unconsciousness via stories and tales; therefore, third-generation Palestinian refugee children consider Nakba as a forced transferred experience shaping their suffering until this moment.

### 4.1.2 Losing Experience

Participants believed that the loss of their homes, relatives, and memories were as a result of the Nakba. This experience of losing everything negatively affected all Palestinian families and all generations after Nakba. Third generation children consider the Nakba as a traumatic and losing experience faced by their families.

“In 1948 after the war between the Arabs and Israelis, my family lost their home in our beautiful village Sabareen beside Haifa City. My father told me many things about the beauty of our village, and now, we lost our home.” (16 year old female; Balata Camp).

Another child reported:

“After Nakba my grandfather lost his land, he owned more than 100 dunams in the Zaireen region, all Palestinian families in my village lost their homes and stranger people live now in our homeland.” (15 year old female; Ein Beit al-ma' Camp)

A profound sense of loss among Palestinian refugees was associated with the destruction of the village community fabric. The dispersed Palestinian communities usually settled in several different regional host villages, with some members seeking refuge outside the country. Nevertheless, their experience was overshadowed by the grief over their lost communities and homeland (Ghnadre-Naser and Somer 2016). Participants shared a nostalgic yearning for their lost homesteads and a longing for a life intimately shared with relatives, friends, and neighbours.

### 4.1.3 Refuge Experience

The majority of children in the study considered the Nakba as a traumatic refugee experience faced by the Palestinian people who lost their homes and beloved land, and are now living in Palestinian camps in very harsh environments and with difficult living conditions.

“Refugee experience means ongoing pain for me and for all Palestinian children who live in camps; it is really very difficult to live in a camp” (14 year old male; Nur Shams Camp).

One interviewee commented:

“Nakba caused to my family to live the refugee experience with no home, no shield and no support, refugee experience mean for all refugees migration, dispersion and loneliness” (15 year old female; Jenin Camp).

Palestinian camps were established to accommodate Palestinian refugees who now live in predominantly brick houses that have been built in a haphazard piecemeal manner and look less like temporary ‘camps’ and more like permanent low income housing settlements. Building materials used in constructing refugee camps, include cement, iron, stone, galvanized metal, bricks, concrete and sand (Alnsour and Meaton 2014). The majorities of Palestinian refugees are confined to camps or segregated settlements where they are partially dependent on humanitarian

assistance and often live in dire socio-economic circumstances. Refugees also suffer from social exclusion and being discriminated against in the labour market (Hanafi et al. 2012). The meaning of Nakba for Palestinian children relates to the refugee experience and accompanying pain not only for the first generation of Palestinian refugees, who were physically displaced from their homeland, but also for all generations of Palestinian refugees whose suffering continues until now. The difficult living conditions in Palestinian camps cause much suffering for refugees, which add to the level of tragedy.

#### 4.1.4 Lack of Security and Hope

Most of study's sample participants mentioned that for them, Nakba means a lack of security and hope. They consider the refugee experience as a traumatic and ongoing event affecting all aspects of their lives. Hope for the future is one of most aspects negatively affected by trauma. Traumatic experiences do not just affect the past of traumatized individuals, but also their present and future.

“When you live in a camp you feel threatened all of the time, it's difficult to feel safe as a result of soldiers' incursions and arrests all of the time. I don't know if my family will still live in the camp or if they will transfer us again as they did before with our grandparents.” (16 year old female; Balata Camp).

Another child explained:

“Nakba and refugee experience shattered the hope among all of us, I wished that my family didn't leave our home during the Arab – Israeli war, we now live here without hope for the future and security, our future and lives are unclear.” (14 year old female; Ein Beit al-ma' Camp).

Hope for the future can play a major role in strengthening resilience and social well-being. Hope is identified in various professions including psychology, social work and counselling as a corner stone in coping, overcoming distress, and living under unusual and painful life experiences (Yohani 2010; Snyder et al. 1999). Palestinian refugee camps seem to be evermore exposed to violence and military incursions, clashes between internal factions and indiscriminate demolitions of private dwellings; in addition, a chronic lack of infrastructure makes daily life extremely difficult and uncertain (Veronese et al. 2011). These difficult conditions may negatively affect the hope for a promising future among Palestinian refugee children.

#### 4.1.5 Re- Experiencing Pain

The majority of respondents in this study reported that the Nakba means a re-experiencing of pain all of the time, for all Palestinians, over three generations and 71 years after that event. As an unusual event, full of collective traumatic, it carried over to the consciousness of refugee children all painful memories and triggers related to the original crisis.

As a 15 year old child who lives in Askar Camp close to the Nablus region recalled:

“I feel that I re-experience and remember the pain of Nakba and losing our home when I listen or see something that reminds me of our homelands, we will never forget that until the last day of our lives” .

And in the words of another child:

“I always feel frustrated and in pain when I remember the stories of how my grandfather regarded our beautiful house in Yafa and how Palestinian people lived in that period of time. They had everything they needed to be happy in this life, and they lost all of that suddenly. It was really very painful for me when I went last year with my family on a journey to visit Yafa and we found another family living in our home.” (14 year old female; Jenin Camp).

The collective nature of traumas asserts that all memories are formed and organized within a collective context. This suggests that each individual memory is part of, or an aspect of, the social group. In this view, virtually all events, experiences and perceptions are shared by an individual's interaction with others, and memories are most likely to be formed if people think collectively about the event. This sharing process is also essential in remembering collective events (Espinoza 2002). Another important aspect of collective memories is their role in creating and maintaining individual and collective identity. Becoming a member of a social group involves assuming and internalizing the common traditions and social representations shared by the group, in other words, sharing the group's collective memories (Marshall 2014; Páez et al. 1997). The collective experience associated with the refugee experience that Palestinian refugees have gone through, is always retrieved by talking about topics related to this painful and collective event, as re-experiencing pain is one of the most important dimensions in regard to trauma in general, and to collective trauma in particular.

#### 4.1.6 Lack of Justice and Equality

The entire sample of participants in this study reported that the Nakba for refugee children related to a lack of social justice and equality. The displacement of Palestinian refugees between countries represents a historical tragedy that points to the lack of justice and double standards.

A participant stated that:

“For me as a female child who lives in Nur Shams camp, I consider Nakba as a moral cause, it's really unfair to live here in this camp, and other people live in our house in the city of Haifa” (15 year old female; Nur Shams Camp).

Another child added:

“The world has been oppressing us as Palestinian refugees and has not given us any of our rights, there is no international justice in this world, and the world always stands beside the mighty people not beside weak people like us.” (14 year old male; Ein Beit al-ma' Camp).

Palestinian refugees consider the Nakba as both a moral and ethical cause, where they abide by the rights of their case in international law, and basic justice, and demand a return to their homeland and full compensation for their losses (Ali 2013). The question of return dominated their narratives as they all affirmed that someday “we will return” and it is only a matter of time until their right is fully implemented. With the ongoing fragmentation of Palestine, the Nakba will continue to be reflected in Palestinians daily lives.

## 4.2 Quality of Life in Third Generation Palestinian Refugee Children

Quality of life is defined as a degree of satisfaction or dissatisfaction felt by people within various aspects of their lives. It is the provision of necessary conditions for happiness, hope and joy (Ferriss 2010). Participants of this study mentioned that children in Palestinian camps live in very difficult conditions some of which include lack of basic services not to mention lack of security, all within constricting environments such as narrow homes and Buildings. These conditions are made worse when combined with high levels of aggressive behaviours perpetrated by soldiers' incursions and arrests.

What follows is how participants expressed their quality of life in Palestinian camps.

### 4.2.1 Lack of Basic Services

Most of the children who participated in this research indicated that there are insufficient services when it comes to hygiene in Palestinian camps. Children expressed that they do not have sanitary school environments, as most of surrounding areas and classes are not clean and unhygienic, health services are very poor, and health services sectors in camps are generally inactive.

A 16 year old interviewee from Jenin camp mentioned:

"In the camp we live a very difficult life, not like other children around the world, or even Palestinian children, our life are very difficult and not easy. We don't have good schools in the camp, and there are also no good services in the camp".

Another child stated:

"In our camp there are insufficient water resources, also all of the water resources in the camp are not clean and not drinkable, usually waste accumulates in the roads of the camp, it is difficult to imagine more difficult living conditions such as our camp." (15 year old female; Nur Shams Camp).

Most of the basic services in Palestinian camps are under the responsibility of UNRWA, but many of these services are lacking, Nowadays, Palestinian refugee camps are a model of poor environmental conditions lacking of green and planted areas, or open spaces to deal with overcrowding (Al-Khatib et al. 2005). Al-Ein refugee camp near Nablus in the West Bank of Palestine is an example of the lacking and insufficient services provided to refugees. When this camp was established in 1950, there were no health facilities. By 1957, there was a large tank of water that was considered as a source of water for the whole camp. Men and women had a shared toilet, which was stressful and hazardous. By 1962, the camp was provided with electricity by the municipality of Nablus. By 1965, the sewage network was established in the camp, and it's still available until this day but needs to be upgraded (Habib et al. 2006; Viterbo 2016).

### 4.2.2 Lack of Security

Children in the sample expressed that the soldiers' incursions and attacks, especially during the night, cause them a sense of panic and a constant feeling that everything

around them is unsafe. This is in addition to the spread of violence and armed conflicts within the camp itself.

One child confirmed:

“I witness aggressive behaviours between children and people in the camp, and as a result of that I feel the threat of being attacked. Children in the camp are really aggressive, more than other children; I always see a clash of hands between children in the camp. (15 year old male; Askar Camp).

Another said;

“I see soldiers break into the camp on most nights, and they shoot and arrest people from different age groups. Soldiers were aggressive with us when they attacked our home to arrest my oldest brother”. (16 year old male; Jenin Camp)

A 14 year old female from Ein Beit al-ma' Camp stated:

“I couldn't sleep for a length of a time when soldiers entered the camp. I was very scared at that time, and I try at night to sleep under the bed due to the intensity of my fear of army intrusions.”

Children and adolescents living in war-zones are sometimes described as a lost generation, who are aggressive and revengeful. Consequently, not only is there an assumption that all children growing up under occupation are traumatized, but also that their trauma will reemerge in the form of future violence and aggression if not properly treated in the present (Marshall 2014). Empirical evidence substantiating the claim about aggressiveness among war-traumatized children is, however, scarce and conflicting. Instead, anecdotal arguments are numerous, based on the intuitive view that the human mind is a reflection of outside reality-when you live with violence, you become violent yourself (Qouta et al. 2008). Since Palestinian refugee children live in aggressive and very difficult environments, as a result of occupation, poor, and difficult economic situations, they expressed that life in camps is very difficult and there are many forms of aggressive behaviors that are clearly noticeable.

#### 4.2.3 Buildings and Homes in the Camp Are Very Narrow

Participants of this research mentioned that buildings and homes in the camps are very narrow and provide unsuitable living conditions. According to respondents, there are many people living in small housing units without any type of privacy.

“Our house is very narrow and uncomfortable; we are ten people living in two bedrooms and a lounge. It is difficult to find any kind of privacy in our property. Neighbors can easily know and see what is happening in our home.” (16 year old female; Balata Camp).

A 16 year old female from Jenin camp echoed the sentiments by stating:

“I don't like the overcrowding of buildings in the camp. It's really difficult to walk and move in the camp. People in the camp live in a big jail, not like settlers who live in homes with gorgeous gardens, balconies, and unpolluted water. ”

Displaced into tents at first, Palestinian refugees are now settled down in the camps where they have constructed houses and expanded into large families. This evolution however, took place under the limitations of the same piece of land that was offered to the refugees at that time. Housing in refugee camps is thus now characterized by a high population density, lack of adequate set back line in all directions, small size homes, with inadequate ventilation and sunlight into the house. This situation is assumed to be coupled with poverty, unemployment or unskilled labour work of the people living in the camp (Al-Khatib et al. 2005). In a study by Al-Khatib et al. (2003) found that the room density rates in al-Ama'ri refugee camp in the West Bank of Palestine were 68.1% with a high density (3–5 persons per room) and 12.8% overcrowded (more than 5 persons per room) respectively.

#### 4.2.4 Lack of Stadiums and Recreational Activities

A majority of participants in the study mentioned that children in Palestinian camps do not have any recreational facilities, stadiums, and open play spaces. They feel children in the camp have no chance at play and fun as other Palestinian children do, namely those who live in towns and villages.

A 16 year old male participant from Nur Shams Camp expressed;

“In the camps we don't have any appropriate places for play, we are jealous of children who live in cities, they have football stadiums and all facilities to enjoy and spend a fun time”.

Another child said;

“We don't have any recreational places; we usually play football in the road, many children from our camp faced car accidents because they spend most of their times in the road” (15 years female; Ein Beit al-ma'Camp).

The sense of isolation from recreational activities by children in the camps is further exemplified by the lack of recreational activities at camp schools. Primary and preparatory levels schools in the camp are operated by UNRAWA, but they only provide the bare minimum of necessities to run the schools. Schools lack necessary heating in the winter, and provide no libraries for recreational reading. There is no private daycare center, nor appropriate playground or playing space for children (Sayigh 2005; Defense for Children International Palestine 2017). There are no recreational places inside the camp. The only place to play football and other similar games is in the street. Unfortunately, there is no safe and suitable place to play in the camp, there are no also public gardens, therefore, children spend most of their time in the street. For the children of the camp, the street represents the playground, the park, and the place where they spend most of their time.

#### 4.3 Resilience in Third Generation Palestinian Refugee Children

Growing up on the streets children may learn to find resiliency within themselves (Horn et al. 2016). Resiliency defined as an internal power that leads people to



achieve self-esteem, otherness, wisdom, and harmony with a spiritual source of strength, allowing them to adapt to disasters and difficult situations (Changaris et al. 2018). Children in the sample group expressed high levels of resiliency in dealing with traumatic and painful experiences. Respondents express this theme through perceived self-efficacy, effective coping strategies, psychological hardiness, and responsibly as follows:

#### 4.3.1 Perceived Self-Efficacy

Perceived self-efficacy is an individual's belief in their internal ability to achieve goals. Bandura (1982) defines it as a personal judgment of how well one can execute courses of action required to deal with prospective situations. Participants of this research expressed high levels of positive perceived self-efficacy in wanting to achieve their goals in this life.

A 14 year old female refugee from Nur Shams camp expressed:

“I am proud of myself as a female who was born in a refugee camp, and despite difficult situations children in Palestinian camps face day after day, I trust myself and I will continue my studies to be a doctor to medicate my people in the camp.”

Another stated:

“I respect myself as a child who lives in a Palestinian camp. We are not like other children who have all of what they need. I work after school to fund myself and fund my family. I do not get things easily, but I am sure I will achieve my ambitions and complete my education. (15 year old female; Balata Camp).

Bandura (2001) claims that efficacy beliefs are the foundation of human “agency,” which enable individuals to exercise control over the nature and quality of their life. Social cognitive theory is rooted in the view that individuals are agents continually engaged in their own development and who make life “occur” by their own actions. As such, self-efficacy beliefs are revealed in the way people respond to an external scenario; those who believe they will succeed expend more energy and interest, which in fact increases the likelihood of a positive result of their actions (Berte et al. 2019). Self-efficacy can help to deal with dangerous and stressful situations, and it is considered to be one of the main factors that protect against trauma (Darawshy and Haj-Yahia 2018). Palestinian refugee children demonstrated a high level of perceived self-efficacy, which in itself is considered one of the main factors that helped those children to deal effectively with daily life stressors and traumatic experiences.

#### 4.3.2 Effective Copying Strategies

Coping is defined as constantly changing cognitive and behavioral efforts to manage specific external or internal demands that are appraised as taxing or exceeding the resources to the person (Thabet and Vostanis 2015). Participants in the study indicated high levels of effective problem solving techniques in dealing with different situations.

“When I face any problems, I try to think positively about the problem, then I try to find appropriate solutions for that problem, I think all problems can be solved by dialogue and discussion” (16 year old male; Jenin Camp).

A child asserted that:

“I try to solve problems face me by thinking of all alternatives, when I face difficulties in solving my problems, I ask for help from my schools counselor of or from one of my family members, I think children in camps have more effective strategies in solving problems than other children Because they are more mature than the rest of the children.” (16 year old female; Askar Camp).

Young people in Palestinian refugee camps commonly used coping strategies such as self-reliance and optimism; engaging in activities that were demanding of themselves and within their control such as getting their bodies in shape and getting better grades. They were constantly exploring ways to figure out how to deal with problems or tensions on their own (Thabet and Vostanis 2015). Coping strategies in Palestinian refugee children is more collective. Individuals are part of the community and they resolve their problems and get their support within community networks, since professional assistance is rarely available. Thus, the support of the family and certain groups in the community may be more vital than professional counseling (Lewando Hundt et al. 2004).

### 4.3.3 Psychological Hardness

Hardness defined as an ability that allows individuals to deal with stressors without developing psychological distress and physical illness. Children in the sample study demonstrated high levels of hardness to challenge and deal with stressors (Maddi 2013).

A 16 year old female from Ein Beit al-ma' Camp revealed:

“I think that the stressors I have faced increased my strength to challenge future difficulties in an appropriate manner. Children in Palestinian camps face many stressful situations that will make them stronger and resilient.”

A 15 year old male from Balata camp looked to his family for inspiration as he stated;

“As a child who lives in Palestinian camps I learned from my family how I can challenge problems and difficulties that face me all the time. I am not that spoiled child who has everything and cannot do anything.”

Another participant explained:

“We are stronger than the occupation. They will never move us again from our land; we are stronger than our jail and jailers.” (14 year old female; Nur Shams Camp).

Children living in refugee camps were found to be demonstrating high levels of hardness; being more resilient, optimistic and satisfied with their lives than children living in rural and urban areas (Veronese et al. 2012). Among Palestinian refugee

children, high intimacy and low rivalry could protect mental health from negative impacts of prolonged trauma. Good parenting indicated by adequate monitoring, support, and affection are consistently found to predict psychological hardness, indicated by their protective role (Veronese and Cavazzoni 2019).

#### 4.3.4 Responsibility

Responsibility is defined as a feeling of duty to deal with what comes up, being accountable and/or being able to act in many situations independently (Oppland 2015). The majority of participants in the study demonstrated high levels of responsibility and sense of seriousness in dealing with daily situations as in the following opinion.

“I think that children in Palestinian camps have more responsibility than other children. Families in the camp raise their children to take responsibility because of the difficult conditions in the camp, which require us to be more responsible to succeed in life.” (15 year old male; Balata Camp).

Another child expressed:

“I see myself more responsible than children who live in cities or villages. We don't have lands, money and/ or buildings. Children in camps take responsibility at an early age, no one can help us if we don't help ourselves to be responsible.” (16 year old female; Balata Camp).

Palestinian refugee children living in conditions of political violence and war trauma have been described as “growing up too soon” and taking social and political responsibilities with ample maturation (Qouta and Saraj 2004). Despite exposure to severe adverse and traumatic experiences, Palestinian refugee children do not suffer from significant mental health problems. Some of these children may even show high levels of responsibility, developmental competence, and even become emotionally stronger following the trauma (Punamäki et al. 2011).

## 5 Discussion

The aim of this study was to test collective trauma, resilience, and quality of life among third-generation children in Palestinian refugee camps. In answering the first question, how third generation of Palestinian refugee children narrate the stories of Nakba, results indicated that third generation children in Palestinian camps still suffer from collective trauma related to Nakba, refugee experience and accompanying pain. This result reflects the deep impact of Nakba not only on the first generation of Palestinian refugees, but also on their children who still suffer from trauma. Original refugees have transferred feelings and thoughts related to Nakba to their children, as trauma could be transferred over generations through narratives, stories, and folktales.

While results of second question about the experience of Palestinian refugee children living in Palestinian camps under occupation indicated that difficult conditions in

Palestinian camps work as triggers that can make trauma live for a long period of time. Children in Palestinian camps suffer from incursion and attacks by soldiers and settlers most of the time, and this will also increase the effect of ongoing trauma in people who live in camps in general and among children in particular. Additionally, the bad economic situation in Palestinian camps and the aids stopping for UNRAWA and other institutes who deal with human, social and psychological issues in Palestinian camps make the situation very complicated.

These findings supported by some studies indicate that Palestinian children in refugee camps suffer from collective trauma and related disorders. The negative effect of camp environment on continuity of posttraumatic stress disorders among refugee children is also well documented as mentioned in a study done by Abdeen et al. (2008) who assessed the association between exposure to occupation and the severity of posttraumatic symptoms and the inter-relationship between posttraumatic symptoms, functional impairment, somatic complaints, and coping strategies in school children. Results showed that extensive exposure to violence was associated with higher levels of posttraumatic distress and more somatic complaints in both the West Bank and Gaza regions.

Results are in line with Baubet et al. (2009) who described the occurrence and treatment of traumatic disorders in refugee children of the Gaza Strip and Nablus district of the West Bank of Palestine. Results showed among 1254 children, 23.2% reported posttraumatic stress disorders, 17.3% for anxiety disorders, and 15.3% for depression. Factors significantly associated with PTSD included being witness to murder, or physical abuse, receiving threats, and property destruction or loss.

Results also agreed with Al Muranak et al. (2017) who tested adjustment to trauma in Palestinian refugee children exposed to ongoing military violence. Results showed that subjective well-being, life satisfaction and family support related positively with effective strategies in dealing with trauma among children in refugee camps.

A complementary line of research pursued by Dimitry (2011) reviewed the literature on the mental health of children and adolescents living in areas of armed conflict in the Middle East, specifically Palestine, Lebanon and Iraq. Seventy-one eligible studies were included. The main findings were that children and adolescents living in these conflict zones are exposed to high levels of traumatic experiences.

Results of the third question about difficulties and challenges that face the third generation of Palestinian refugee children who living in Palestinian camps showed that Palestinian refugee children live in bad conditions and they have a bad quality of life. Palestinian refugee children live in a very difficult environment meaning, they don't have any basic services compared with other residents in the West Bank of Palestine. They also suffer from lack of security, aggressive behaviors, community and domestic violence, since soldieries and settlers attack Palestinian camps most of the time to catch wanted youth and children who throw stones.

Results of the fourth question regarding how does continual exposure to violence and trauma affect negatively the quality of life among Palestinian refugee children, results revealed that the military occupation/lack of freedom and its consequences on life were clearly top determinants for the quality of life. The political context of military occupation and instability were generally seen as an important cause of daily life problems including mental health states and the loss of dignity (highly valued in the local culture) contributing to a negative impact on life quality among children in Palestinian camps.

Children in Palestinian camps live in very narrow homes and small places which make them feel as if they live in a big jail; homes are also unhealthy and not suitable for necessary living conditions. Children do not have any chance to play freely in safe environments like children outside the camps, since there are no recreational places in camps. As a result of this, they suffer from a high level of distress and psychosocial problems. Most of the buildings and homes in the camps are lack privacy and the streets are very narrow and can't accommodate more than two persons when they meet in the same street.

The present outcomes are consistent with those reported by Thabet and Thabet (2015a, b) who investigated the relationships between stressors due to restriction of Palestinian movement, traumatic events due to the war on Gaza, and psychological symptoms and equality. Results showed only 12.5% of participants said that they evaluate their life as being good, and 27.1% said they enjoy their life as a reaction to participants who reported anxiety symptoms such as nervousness or shakiness inside, feeling tense or keyed up; while participants with symptoms of depression reported feeling sad, and weak in parts of their body.

Results are in harmony with Fiore et al. (2014) who explored perceived happiness and life satisfaction in a group of Palestinian children living in urban districts, rural areas, and a refugee camp in the West Bank of Palestine. Results indicated that children in Palestinian camps showed low perceived happiness and life satisfaction in comparison with children who live in urban districts.

Finally, the present findings are also aligned with the study conducted by Amsler et al. (2018) on severe traumatic experiences and quality of life in children who live in Palestinian camps. Results showed that severe traumatic experiences substantially affected their quality of life; results also revealed that when psychosocial problems increased among refugee children, the level of quality of life decreased.

Results of the fifth question, to what extent Palestinian refugee children demonstrate resilience in dealing with social, academic and financial difficulties that face people living in Palestinian camps; results indicated that Palestinian children who live in refugee camps have a high level of resiliency despite the difficult conditions, bad quality of life, and ongoing traumatic events. Exposure to adversity or trauma does not necessarily lead to impairment and the development of psychopathology in all exposed children. Some children are resilient in the face of stressful life events and appear to develop healthy psychosocial functioning. According to the ecological model multiple child-, family-, and society-related factors may explain the occurrence of resilience among Palestinian refugee children.

Individual characteristics and protective factors that may predict Palestinian child resilience under occupation in traumatic environments are pre-trauma strengths and resources such as family support, constructive coping strategies, flexible and creative cognitive-emotional processing of trauma and emotional balanced.

These findings are in line of some studies who indicate that Palestinian children who live in Palestinian camps are resilient and have high level of psychological hardness in dealing with trauma and stressful events such as Thabet and Thabet (2015a, b) who investigated the effect of traumatic events due to eight days of military escalation on children PTSD, anxiety, resilience, relationship of between children and mental health problems. Results revealed that common resilience items were 94.6% said they were proud of their citizenship, 92.4% said they feel safe when they were with their

caregivers, 91.4% said that their spiritual (religious) beliefs were a source of strength for them, and 91% said they were proud of their family background.

These findings coordinate with Massad et al. (2009) on the factors associated with resilience and vulnerability in mental health among children in the Gaza Strip in 2007. Results showed high level of resilience among children in Gaza strip, factors associated with resilience were maternal rated good health, higher maternal level of education, and less child exposure to traumatic events.

Results are in association with Gillham et al. (2008) who explored the construct of resilience by Palestinian youth in the 10th to 12th grades at schools in and around Ramallah in the West Bank of Palestine. A key finding reveals the normalization of everyday life in fostering resiliency within abnormal living conditions. Palestinian youth, nonetheless, paint a picture of resilience that reveals contradictions and tensions.

The present study contains several basic limitations that need to be acknowledged and addressed. First, the sample is a convenience sample of defined geographic areas and not a random sample. Secondly, the study was based on the use of qualitative data collected through the use of semi-structured interview. Thirdly, study instruments and their psychometric characteristics have not been tested for this population specifically and may produce atypical results.

## 6 Conclusion

This study tested collective trauma, quality of life, and resilience among third generation refugee children in Palestinian camps in the West Bank of Palestine. Results of the study showed that children in Palestinian camps suffer from collective trauma, and that children consider the Nakba as a traumatic experience, that not only affected their past, but also their present and future. It was identified that trauma could transfer over generations through narratives, tales and stories. Participants indicated they live in very difficult environments with poor quality of life; they do not have the basic needs to live normally as other children, which may increase their suffering and cause the continuity of trauma. Despite all of those difficult conditions, participants showed high level of resiliency in dealing with difficult situations and traumatic events. They demonstrated positive self-efficacy, a high level of psychological awareness, responsibility, and positive problem solving strategies. Such positive outcomes are all good indicators that these children may achieve success and become beneficial members of the overall Palestinian society, if they receive appropriate help and support from the Palestinian governing body and non-governmental psychosocial institutes.

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