

Behind the Rubble: Psychological trauma of wars and human rights abuses on women and children in Gaza

Enkazın ardında: Savaş ve insan hakları ihlallerinin Gazze'deki kadın ve çocuklar üzerinde yarattığı psikolojik travma

Abstract

This paper examines the severe psychological trauma experienced by women and children in Gaza, resulting from prolonged conflict, occupation, and repeated Israeli Occupation Forces (IOF) assaults. The Israeli blockade and frequent attacks have generated a pervasive environment of violence that continuously undermines the mental health of Gaza's population, with women and children being particularly vulnerable. Many are affected by Complex Continuous Traumatic Stress (CCTS), a condition arising from chronic trauma exposure without respite. This trauma has manifested in significant mental health issues, including post-traumatic stress disorder (PTSD), anxiety, depression, developmental delays, and cognitive impairments. The genocidal violence since October 7th, 2023, has intensified these issues, with indiscriminate killings and the destruction of essential infrastructure further devastating the population. While mental health interventions have been proposed, this paper argues that meaningful psychological recovery requires addressing the root causes of the ongoing conflict. It concludes that the mental health crisis in Gaza is deeply interconnected with the Israeli Occupation and that a comprehensive approach involving the restoration of fundamental human rights and the cessation of hostilities is essential for true psychological healing.

Keywords: Gaza strip; human rights abuses; life change events; psychological stress; stress disorders; war

Öz

Bu çalışma, Gazze'deki çocukların ve kadınların on yıllardır süren çatışma, işgal ve askeri saldırılar sonucunda yaşadıkları derin psikolojik travmayı incelemektedir. İsrail ablukası ve tekrarlayan askeri saldırılar sürekli bir şiddet döngüsü yaratarak Gazze nüfusunun, özellikle de en savunmasız gruplarının ruh sağlığını sistematik olarak aşındırmıştır. Gazze'deki kadınlar ve çocuklar bu durumdan orantısız bir şekilde etkilenmekte, birçoğu iyileşme fırsatı bulamadan travmaya kronik olarak maruz kalmaları nedeniyle Karmaşık Sürekli Travmatik Stres (CCTS) yaşamaktadır. Bu travma, TSSB, anksiyete, depresyon, gelişimsel gecikmeler ve bilişsel bozukluklar dahil olmak üzere ciddi ruh sağlığı bozukluklarında kendini göstermektedir. Ayrım gözetmeksizin işlenen cinayetler ve temel altyapının tahrip edilmesiyle birlikte 7 Ekim 2023'ten bu yana yaşanan insan hakları ihlallerinin şiddeti bu sorunları daha da derinleştirmiştir. Ruh sağlığı müdahaleleri önerilmiş olsa da, baskının altında yatan nedenler ele alınmadan gerçek iyileşme başlayamaz. Bu makale, Gazze'deki ruh sağlığı krizinin ayrılmaz bir şekilde İsrail işgaliyle bağlantılı olduğunu savunmakta ve anlamlı bir psikolojik iyileşmeyi kolaylaştırmak için işgalin sona erdirilmesini ve Filistinlilere temel insan haklarının geri verilmesini içeren kapsamlı bir yaklaşım çağrısında bulunmaktadır.

Anahtar Sözcükler: Gazze şeridi; insan hakları ihlalleri; psikolojik stres; savaş; stres bozuklukları; yaşam değiştiren olaylar

Iman Farajallah^{1,2,3}

¹ Clinical Psychology, Hyde Street Community Services Clinic, San Francisco, California, USA

² Sumud Publishing Company, California, USA

³ Iman Network, Santa Clara, California, USA

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Corresponding author/Yazışma yazarı

Iman Farajallah

Clinical Psychology, Hyde Street Community Services Clinic, San Francisco, California, USA.
E-mail: imanfarj@gmail.com

ORCID

Iman Farajallah: 0009-0008-2391-6149

Definition of Terms

Trauma

The term ‘trauma’ originates from the Greek word for ‘wound’ and was initially applied to physical injuries; however, by the late 19th century, it was also extended to include psychological injuries. Trauma refers to a psychological wound. A traumatic event is characterized as a major stressor that overwhelms an individual suddenly. It threatens their life or personal integrity, leaves them feeling trapped, and triggers horror that exceeds their ability to comprehend and cope with the situation (1). The Diagnostic and Statistical Manual of Mental Disorders (DSM-5), a key diagnostic tool in mental health, defines trauma as “exposure to actual or threatened death, serious injury, or sexual violence” (2). Trauma is relevant not only to those who experience these threats or injuries directly but also to those who witness such events (3).

Traumatic event

The DSM-5 defines a traumatic event as exposure to actual or threatened death, serious injury, or sexual violence.

This exposure can happen in one or more of the following ways:

- a) Directly experiencing the event.
- b) Witnessing the event happen to others in person.
- c) Learning that a close family member or friend experienced such an event.
- d) Repeatedly being exposed to extreme or distressing details of the event (2).

Lived experience

Lived experience, a term used in phenomenological research, emphasizes the importance of individual experiences as understood by conscious individuals (4, 5).

War:

War is a state of armed conflict between countries or groups within a country. It involves organized, often prolonged violence by state or non-state actors, characterized by extreme aggression, destruction, and mortality. (5, 6, 7).

Human rights abuses:

Human rights abuses is defined as the intentional act to destroy, in whole or in part, a national, ethnic, ra-

cial, or religious group (8, 9, 10). Human rights abuses, defined here, is a term relevant to various historical and contemporary conflicts, including those impacting mental health in regions like Gaza.

Complex Continuous Traumatic Stress (CCTS):

Complex Continuous Traumatic Stress (CCTS) refers to a condition that arises from prolonged exposure to traumatic events, particularly in contexts where individuals are unable to escape the trauma, such as in situations of chronic abuse, neglect, or systemic violence. CCTS is characterized by a range of psychological and emotional responses, including difficulties in emotional regulation, interpersonal relationships, and a pervasive sense of helplessness or despair. This form of trauma is distinguished from acute trauma by its chronic nature and the ongoing impact it has on an individual’s mental health and functioning (11,12).

Post-Traumatic Stress Disorder (PTSD):

Unlike Complex Continuous Traumatic Stress, which arises from prolonged exposure, Post-Traumatic Stress Disorder (PTSD) typically develops after a single traumatic event. PTSD, often used to describe reactions to single traumatic events, does not fully capture the ongoing and cumulative nature of trauma to its full complexity in Gaza (2,1,13).

An understanding of these terms is essential for comprehending the complex mental health challenges faced by individuals in conflict zones like Gaza.

Mental health burden in Gaza

Gaza’s mental health crisis is deeply rooted in the broader political context, beginning with the Israeli Occupation of Palestinian territories in 1948 and exacerbated by blockades imposed in the early 2000s. The ongoing military occupation, economic hardship, and recurring wars have contributed to Complex Continuous Traumatic Stress among Palestinians in the Gaza Strip. According to the World Health Organization (WHO), repeated military operations and airstrikes have worsened the psychological well-being of civilians (14). Since 2007, the blockade has severely impacted Gaza’s economy, infrastructure, and health-care system, including mental health services, which remain significantly under-resourced (15).

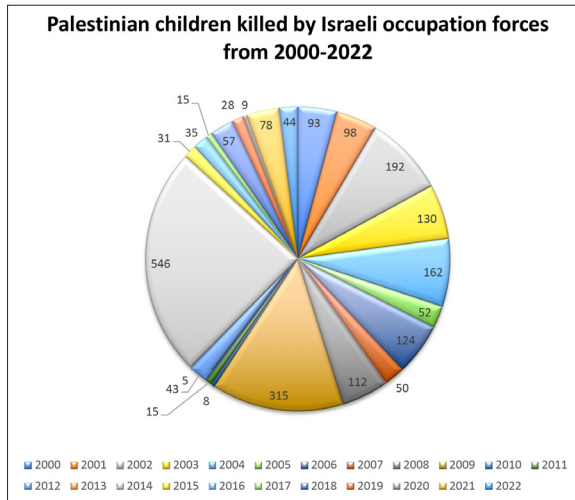


Table 1. Source: Farajallah I. My Life Is a War: Voices of Traumatized Palestinian Children under Israeli Occupation. USA: Sumud LLC; 2024.

Current mental health statistics

The recurrent wars, particularly the current 2023–2024 Israeli genocidal war, have created an environment of pervasive trauma, especially for children who are frequently exposed to bombing, displacement, and the loss of loved ones. The humanitarian crisis in Gaza has had profound psychological effects, showing signs of psychological distress, particularly among Palestinians living in the Gaza Strip. A study examining Palestinian participants who experienced multiple displacements revealed that the vast majority had endured the loss of a relative, colleague, or friend, as well as the loss of their homes and livelihoods. The findings indicated that 97.05% of participants exhibited mild depressive symptoms or greater, while 84.37% and 90.56% reported experiencing mild anxiety and mild stress symptoms or higher, respectively. Additionally, a high prevalence of life dissatisfaction was observed, with 63.40% of participants meeting the criteria for post-traumatic stress disorder (PTSD). These symptoms were significantly more common than baseline rates, highlighting the severe psychological toll of displacement and loss. (16). Exposure to bombings, displacement, and family losses has led to widespread mental health disorders, including traumatic stress disorder, anxiety, depression, and behavioral issues (17). Children, in particular, are highly vulnerable to the psychological consequences of such trauma.

Impact on children

A study conducted on children in Gaza revealed that over 95% exhibit symptoms of psychological distress, including depression, hyperactivity, aggression, and a preference for being alone. These symptoms are primarily linked to ongoing conflict, blockade, and repeated exposure to traumatic events such as bombings and the loss of family members. The mental health crisis in Gaza is compounded by the lack of resources and services available to children and their caregivers, creating a widespread impact on the community's psychological well-being (18, 19). The ongoing exposure to trauma has serious long-term implications for their development, behavior, and social functioning (20).

Pre-October 7th mental health determinants:

Since the 1948 Palestinian catastrophe 'the Nakba' 1948, Palestinians, especially children and women, were killed, injured, and/ or arrested by the Israeli Occupation. In addition, it has led to significant control and restrictions imposed on Palestinians within historic Palestine. These actions are deeply rooted in the longstanding strategies of the Israeli Occupation, which has faced accusations of human rights abuses and crimes against humanity against the Palestinian people (21, 22).

Children's mental health

Palestinian children have been profoundly impacted by arbitrary measures imposed by Israeli Occupation authorities despite numerous international agreements, treaties, and laws designed to protect children's rights. Prior to October 7th, 2023, key protections included the Convention on the Rights of the Child, which guarantees fundamental rights such as life, liberty, access to healthcare, education, psychological well-being, and the right to grow up in a peaceful and secure environment (23).

Despite global recognition of these rights, Palestinian children face significant hardships that hinder their development. The targeting of Palestinian children (illustrated in table 1), was notable during the 2014 war, during which Israeli Occupation Forces actions led to the deaths of at least 2,251 people, including between 551 and 578 children, and injuries to over 3,374 children (24). Human rights organizations and United Na-

tions reports highlight these figures, emphasizing the urgent need to safeguard the rights and well-being of Palestinian children (25).

Research indicates significant psychological impacts of the conflict on children in Gaza. Save the Children found that 95% of children exhibit signs of trauma, such as anxiety, sadness, and behavioral challenges (26). Symptoms included nightmares, bed-wetting, and emotional detachment. Many children also experience chronic fear and hopelessness. Prolonged exposure to trauma during critical developmental periods can lead to irreversible changes in brain function (27). Studies on the psychological impacts of the conflict on Gaza's youth indicate that many children suffer from Complex Continuous Traumatic Stress symptoms that interfere with their development and ability to function in daily life (28). A longitudinal study revealed that children in Gaza display symptoms of trauma, with many exhibiting behavioral problems such as aggression, social withdrawal, and emotional dysregulation. Along with cognitive symptoms such as lack of concentration, inattentiveness, incoherent speech patterns, and a deterioration in school performance. Emotional symptoms included sadness, anxiety, fear, worry, restlessness, and fear of the future. Additionally, many of these children exhibited physical symptoms, such as scars, wounds, loss of limbs, loss of eyesight, muscle pain in the chest, swelling, vomiting, diarrhea, constipation, and difficulty breathing (29). These children often display a constant state of hyperarousal, which makes recovery difficult, especially when they are repeatedly exposed to cycles of violence.

While much attention is often given to the trauma experienced by children in war zones, it is essential to approach trauma in the Gaza Strip with caution, mainly when using terms such as Post-Traumatic Stress Disorder (PTSD). PTSD traditionally refers to the psychological impact of a single traumatic event, which inadequately encapsulates the nature of trauma experienced in protracted war zones like Gaza. Instead, Complex Continuous Traumatic Stress recognizes the profound and ongoing effects of repeated and prolonged exposure to trauma, which significantly differs from the consequences of isolated traumatic incidents. Palestinian children in Gaza endure constant exposure to prolonged trauma, being subjected to violence, bombings, and the psychological toll of living

Palestinian children injured by Israeli occupation forces from 2008-2022

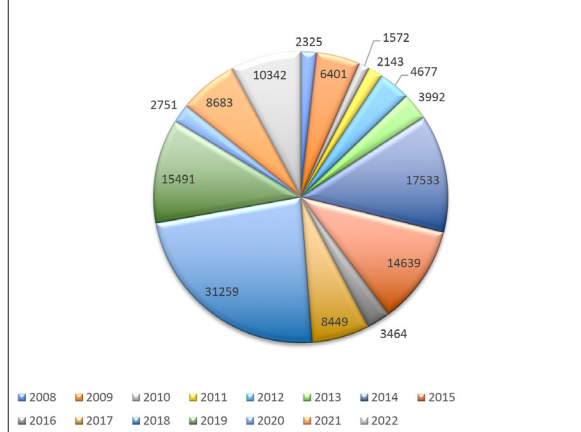


Table 2. Source: Farajallah I. My Life Is a War: Voices of Traumatized Palestinian Children under Israeli Occupation. USA: Sumud LLC; 2024.

under blockade (29). Due to the blockade imposed on the Gaza Strip and the restricted borders controlled by both Israel and Egypt, Palestinians in Gaza are trapped with nowhere to go, facing continuous exposure to war. Israel controls one border of this “concentration camp,” while Egypt controls the other, with neither allowing Palestinians in Gaza to leave. This ongoing entrapment makes it inappropriate to frame their psychological responses in terms of PTSD, as the traumatic events are not confined to a specific time frame, nor is there an end in sight (29). The continuous presence of violence, such as drone bombings, creates a context in which trauma persists indefinitely.

Impact of the blockade on access to healthcare, food, and education

Moreover, the blockade also extends to the food supply, further exacerbating the stress and hardship. Even before the current escalation, Gaza residents were deprived of access to healthy, culturally significant foods such as hummus, fruits, olives, and fresh produce. Instead, what was allowed into the region often consisted of unhealthy, processed options like soda, chips, and instant noodles. This deprivation not only impacts physical health but also contributes to the ongoing psychological distress faced by the population. Complex Continuous Traumatic Stress Disorder has existed for over 75 years and has repeatedly impacted generations of Palestinian children.



Table 3. Source: Martyrs, State of Palestine. Available from: https://www.pcbs.gov.ps/site/lang__ar/1405/Default.aspx

The role of the Israeli wars and blockade in exacerbating mental health struggles

The Israeli-continued wars on Gaza inflicted more devastation and casualties than the previous major assaults, with a disproportionate number of Gazan children losing their lives. A 2014 investigation by Defense for Children International Palestine revealed that Palestinian children aged six and older had endured three major Israeli Occupation Forces offensives, including Operation Cast Lead (2008-2009) and Operation Pillar of Defense (2012) (30). Tragically, eight out of ten of Gaza's 900,000 children were dependent on humanitarian assistance at that time, as noted by the United Nations Development Program (31). Furthermore, the majority of Palestinian children aged seven and below have spent their entire lives under the Israeli siege and blockade imposed since 2007 (31).

Generational transmission of trauma among families

Generations of Palestinian families continue to cope with the long-term effects of war, holding space in their grief for both survivors and the generations lost. Personal accounts from families affected by the conflict reveal the depth of psychological distress. Um Hani, a mother who lost her son in the 2014 bombings, describes her experience. "My son had chosen to remain home during the shelling, as his wife was undergoing in-vitro fertilization and needed to con-

tinue working to afford the procedures. She added, "He made his living from his chicken farm" (29). This tragedy illustrates the deep personal and psychological costs of the conflict.

Economic deprivation as a driver of chronic stress

Israel has employed a comprehensive strategy of economic and physical constraints on Gaza, intensifying since June 2007 (32). According to Human Rights Watch, these measures include the closure of Gaza, severe restrictions on Palestinian mobility, and strict controls on goods flow, which have profoundly impacted the civilian population, especially children. This multifaceted approach has exacerbated unemployment, poverty, and limited access to healthcare and education, forcing 70% of Gaza's population to rely on humanitarian aid (33). The blockade also restricts access to basic necessities such as food, water, and electricity while limiting the ability of Palestinians to leave Gaza, even for vital medical treatments (33).

Exposure to Violence: Historical trauma from previous wars and military operations

Psychological warfare tactics have been employed to instill fear and uncertainty in the population. Constant drone surveillance, sniper attacks, and periodic bombings contribute to an atmosphere of perpetual anxiety and trauma. Survivors like Um Hani, who witnessed one son killed and another wounded in the bombings, describe the profound psychological impact on their families. Her wounded son became extremely anxious, having witnessed the death of his brother.

It was a tragedy that one of my sons was a martyr and the other was wounded. The wounded son is very nervous after the incident because he had accompanied his brother who was martyred—he saw the death of his brother. One went to the hospital while the other to the graveyard. The wound remains inside me, that my son died before seeing his child. —Um Hani (29)

The effects of displacement are equally devastating. The U.N. Office for the Coordination of Humanitarian Affairs (OCHA) reported that the 2014 offensive caused the highest rate of internal displacement in Gaza since 1967, with nearly 500,000 people—28%

of Gaza's population—displaced at the height of the conflict (34). The loss of homes and separation from families have added to the psychological burden. One mother, whose family now lives in a tent, expressed concern for her children, who have shown signs of distress, such as bed-wetting and nail-biting (28). Others, like a woman who fled with her ten children during the 2014 war, recall the fear and chaos of trying to find safety amidst the ground invasion and bombings (29). The blockade has also severely limited access to resources necessary for recovery. Israeli restrictions on the entry of construction materials have obstructed the rebuilding of homes destroyed in the 2014 offensive, leaving approximately 65,000 people without shelter (33). Furthermore, restrictions on travel through the Erez and Rafah crossings prevent many Gazans from seeking medical treatment or pursuing education and job opportunities elsewhere. These restrictions have led to widespread feelings of hopelessness, particularly among young people who see no prospects for their future within Gaza. Many attempt dangerous journeys to escape the blockade, often risking their lives through smuggling routes in hopes of a better future abroad (33).

The psychological toll of the blockade and repeated conflicts is profound, particularly for children and women. The ongoing shortage of medical supplies and specialized care has left many children without adequate healthcare. At the same time, malnutrition and food insecurity remain widespread due to the blockade's impact on food availability. The World Food Programme (2021) reported that 68% of Gaza's population relied on humanitarian assistance to meet their basic food needs (35). The combination of physical deprivation, psychological trauma, and restricted mobility creates a cycle of suffering that continues to affect Gaza's population, particularly its women.

The profound psychological impact of war in Gaza has permeated all aspects of family life, affecting not only the present but also the future of children. One woman expressed her distress, noting, "There is no work. I have four sons, and they don't work, so they can't marry. They all live with me in one room" (35). Many women in focus groups similarly reported that young people in Gaza are increasingly looking to leave due to the lack of opportunities. The border closures,

enforced by both Israel and Egypt, have resulted in nearly two million people in Gaza facing severely restricted access to essential resources, education, healthcare, and employment opportunities (33). This situation has fostered a pervasive sense of hopelessness among the youth, with many believing that their aspirations can only be fulfilled by leaving Gaza (29).

The decision to leave, however, is fraught with challenges. Young Gazans seeking a better life must navigate a complicated web of restrictions and regulations, often turning to dangerous smuggling routes to reach destinations in Europe, the Middle East, or beyond. This perilous journey exposes them to numerous risks, including exploitation and human trafficking. Despite these dangers, for many, the prospect of escape represents a fragile hope for a better future (29).

The impact of young Gazans leaving their families, particularly on mothers, is profound. In Gaza's close-knit communities, mothers often serve as the emotional anchors of their families, investing immense love and hope in their children's futures. When a young person decides to emigrate, the entire family experiences emotional and psychological strain. Mothers, in particular, face a complex mix of emotions: pride in their child's determination to seek a better life, fear for their safety on the perilous journey, and heartbreak at the possibility of never seeing their child again (28).

Mothers in Gaza also bear the practical consequences of their children's departure. The constant worry for their children's safety is compounded by fears about their challenges in foreign lands, including cultural and language barriers (31). These anxieties can significantly affect mothers' mental and emotional well-being as they navigate the uncertainty of their children's fates. The absence of their sons and daughters leaves an emotional void difficult to fill, as families lose not only a beloved member but also a potential source of financial support in a region where unemployment is pervasive (31).

In addition to the emotional and financial toll, mothers often shoulder the burden of maintaining connections with their children abroad. This involves navigating complex international communication systems and dealing with bureaucratic processes, which can be overwhelming (25). The combined emotional, psychological, and logistical pressures exacerbate the

already immense challenges mothers face in Gaza, further straining family bonds and contributing to a pervasive sense of loss and uncertainty.

The blockade's impact is especially acute for women, who, due to traditional gender roles, often bear the brunt of caregiving responsibilities in addition to managing their own trauma. Mothers, daughters, and wives are expected to maintain family cohesion under extremely challenging circumstances. This dual burden, coupled with the inability to access adequate mental health support, has created chronic mental health crisis. Women are often the first responders to the psychological needs of their children and families, yet their own mental health needs frequently go unaddressed. As a result, mental health disorders, including anxiety, depression, and PTSD, have become endemic among women in Gaza. Studies indicate that Palestinian women in Gaza are disproportionately affected by PTSD, with many experiencing intrusive thoughts, hyperarousal, and emotional numbing as they struggle to cope with the unrelenting pressures of life under siege (36).

Furthermore, the World Health Organization (WHO) has reported a significant increase in mental health disorders across Gaza, with women being particularly vulnerable. WHO data shows a sharp rise in cases of anxiety and depression, as women grapple with the ongoing violence and stress of the blockade (37).

The compounded trauma of military aggression, social instability, and economic deprivation has created a situation where women's mental health needs remain largely unmet. The intergenerational transmission of trauma is a growing concern, as untreated psychological conditions in mothers can have long-term effects on children, perpetuating cycles of trauma across generations (38).

Decades of conflict, particularly during periods of intensified Israeli Occupation military assaults, have inflicted lasting psychological damage on Gaza's population, disproportionately affecting women. Studies have shown heightened levels of PTSD, anxiety, and depression among Palestinian women due to repeated exposure to violence, displacement, and family loss (39).

Women in Gaza often witness traumatic events of violence, such as the destruction of homes, injury, and death of loved ones, and widespread devastation caused by Israeli Occupation Forces operations. The

repetitive nature of traumatic events and the ongoing blockade, which limits access to resources and support, create a cycle that perpetuates and deepens mental health issues.

The 2020 study by Thabet et al. revealed the following traumatic experiences as most common among women in Gaza: hearing artillery shelling (97.5%), experiencing sonic booms of jet fighters (95%), witnessing mutilated bodies on television (94.2%), hearing the loud buzzing of drones (93.3%), and seeing shelling marks on the ground (88.6%). These findings underscore the severe psychological impact of living in a conflict zone (40). These recurring experiences of trauma contribute to a heightened sense of fear, helplessness, and anxiety, significantly increasing the prevalence of PTSD and other psychological disorders among women (41).

The Social and Cultural Implications of Trauma

War-related trauma among women in Gaza extends beyond individual mental health issues, impacting broader social and cultural roles. Palestinian women often serve as the foundation of their communities, fulfilling traditional caregiving and support roles that help maintain social cohesion. However, the ongoing conflict has disrupted these traditional roles by displacing women from their homes and communities, leading to increased psychological stress. The blockade further hinders women's ability to fulfill caregiving roles by restricting access to social support, mental health services, and essential resources (42).

Stigma and cultural barriers: Challenges in seeking mental health support due to societal norms.

The stigma surrounding mental health issues in Palestinian society can prevent women from seeking help. Mental health problems are often viewed as a personal weakness, leading to shame and social isolation. Women who experience psychological distress may be reluctant to seek treatment for fear of being labeled as "crazy" or unfit to care for their families. This cultural stigma, combined with the lack of available services, further exacerbates the mental health crisis in Gaza (43). Women are often left to cope with their trauma in silence, without the support or resources they need to heal.

After October 7th mental health determinants Immediate psychological impact: The surge in child and civilian casualties and displacement

Prior to the recent escalation of the Israeli genocidal war on the Gaza Strip, UNICEF reported that one million children in the occupied Palestinian territories were in need of humanitarian assistance (44). This exposure is expected to lead to severe long-term psychological and developmental consequences (45). Since October 7, over 13,000 children have been reported killed in Gaza (46). In addition, at least 17,000 children have been orphaned or separated from their families, leaving the surviving children to endure life-long physical and emotional trauma (47).

Between October 7, 2023, and September 2024, the Israeli Occupation and human rights abuses in the Gaza Strip resulted in the deaths of approximately four children every hour. This ongoing aggression has had a devastating impact on the civilian population, particularly children, who have borne the brunt of the conflict. These acts of violence have exacerbated an already dire situation, with children being exposed to daily bombings and the destruction of homes and communities, further intensifying their psychological trauma (48). Limited access to therapeutic interventions due to the ongoing blockade, warfare, and genocidal actions has led to an increase in chronic mental health conditions such as PTSD, anxiety, and depression among children (49). The current genocidal war on the Gaza Strip has led me to believe that nearly 100% of its residents are experiencing significant mental health challenges.

The data (illustrated in Table 3) from the Palestinian Central Bureau of Statistics reveals that over 16,000 children and over 11,000 women were killed. Over 4500 children and women have been missing since the Israeli human rights abuses started on October 8th, 2023, against the Palestinians in the Gaza Strip, and most of those who were killed are children and women.

These children are often represented in statistics, yet each has an individual story and future, now rendered uncertain by the conflict. These are children who once had dreams — of becoming doctors, teachers, artists, and athletes. But those dreams have been interrupted, stolen by the cruelty of the Israeli human rights abuses.

Personal narratives illustrating acute psychological reactions

Many children in Gaza have witnessed the loss of loved ones, often in traumatic and violent circumstances, either finding their loved ones' bodies being shredded to pieces or their heads being cut off their bodies due to the Israeli Occupation bombing. Aya Riyadh, an 18-year-old survivor, reports experiencing an injury, trauma, and constant fear that she might be next to other members of her family; she told me the heartbreaking reality that unfolded when the Israeli Occupation bombed her home and killed her brother Musaab Riyadh, who was ten years old. Musaab was born in the Al-Bureij refugee camp. Musaab had a life full of dreams and was cut short too soon. Born during the 2014 conflict, Musaab's life was cut short on June 4th, 2024, in a bombing that profoundly affected his family. "He was taken from us in one devastating moment, which changed the entire life of his family forever."

Musaab's sister recounts the day's events, expressing pain and disbelief. "I was praying," she said, "prostrated on the ground. And then, nothing. No sound, no light, just a silence filled with smoke, dust, and suffocation. I couldn't move under the weight of the rubble, and my leg was injured. I longed to hear any sound, anything to reassure me that my family was alive."

She heard her mother calling out, frantic to know if her children were okay. As she managed to rise, she saw her sister Dima on the couch, miraculously unharmed, and soon found Rahaf and Muhammad alive. But amidst the chaos and confusion, they hadn't realized their world had already been shattered.

Her brother Muhammad, searching through the debris, noticed a pair of legs at the apartment door. They couldn't imagine it would be Musaab. Meanwhile, injured downstairs, their father forced himself up to check on the family. It was he who saw the unimaginable: Musaab, lying at the door, beheaded. In his pain, he tried to comfort them all, saying, "No worries, it's nothing," shielding them from the full horror of what had happened.

Still, they hoped Musaab had just fainted and would be okay. But when his sister drew closer and realized the truth, she felt the world collapse. It was then that she saw her mother wail for the first time, and in that moment, she thought, "There is no life after this."



Picture 1. Musab Abu-Riziq, 10 years old, was Killed by the Israeli Occupation on July 4th, 2024 (Photo courtesy of Iman Khalid).

The family gathered around Musaab, their tears falling onto his lifeless body. And yet, another voice called out — their brother Mahdi, trapped beneath rubble, crying for help. Despite their grief, they rushed to him.

The rescuers came, but the sight was too much to bear. Rescue workers removed Musaab's body, indicating they would return for his remains. "These words, surreal and unbearable, left me and my family numb with pain", Aya stated.

Musaab's family was taken to a shelter, separated in the chaos. The next day, they were reunited, but nothing would ever be the same. Slowly, they began to process the trauma that had shattered their lives.

She continues, "The most important thing to understand is this: Musaab was not just a number, not just another casualty. He was a child full of life, full of promise. He was brilliant, so quick with his answers that he already had the solution before you could finish a question. Musaab had dreams. He wanted to be a policeman. But those dreams were stolen from him, taken by a war that also took his life."

She questions Why? Musaab wasn't carrying a weapon; he wasn't throwing a stone. He was just a child, innocent. For what crime was he killed? For what sin was his future snatched away?"

Like Musab and Aya, thousands of Palestinian children in the Gaza Strip have endured experiences too painful for words, their young lives marked by loss, trauma, and devastation. They have seen their homes reduced to rubble, their schools destroyed, and their neighborhoods transformed into war zones. For these children, safety is a distant memory, and survival has become their daily reality.

The effects of loss and displacement have left many children orphaned, creating significant mental health challenges and forcing them to confront a world without the familial bonds that once provided them with care and stability. The absence of parents and siblings leaves these children to face profound pain and fear alone, often without the emotional and psychological support they need. While extended family members take some in, and others find temporary refuge in shelters or with compassionate neighbors, these arrangements cannot replace close family relationships' emotional security and nurturing. The loss of a mother's affection, a father's

guidance, and the companionship of siblings have lasting repercussions on their emotional development.

Children face enduring psychological trauma, including symptoms of anxiety, PTSD, and depression. The constant exposure to war, the sound of explosions, the sight of loved ones being injured or killed, and the ongoing fear of further attacks create a pervasive sense of insecurity. This trauma often manifests in nightmares, heightened anxiety, and a loss of hope, replacing the joy and curiosity that once characterized their childhoods with despair. Beyond their immediate needs for food, water, and shelter, these children require comprehensive psychological support to address the deep-rooted trauma they have experienced. It is imperative that these children receive the care and opportunity to heal so they can begin to rebuild their lives, reclaim their aspirations, and envision a future where peace and dignity are tangible realities rather than distant hopes.

Women's mental health

Conflict in Gaza affects all individuals, yet women and girls face unique gender-specific risks that are exacerbated by ongoing hostilities and violence. Since early October, an estimated 37 mothers are killed daily, leaving families devastated and children increasingly vulnerable. Furthermore, nearly one million women and girls have been forcibly displaced, subjected to heightened protection risks in overcrowded shelters that lack basic necessities and privacy (50). The conditions in these shelters further undermine their safety and dignity, particularly for women who are already vulnerable.

The conflict has also led to a rise in the number of widows and female-headed households. The UN estimates that at least 3,000 women have become widows, assuming the roles of primary providers and caregivers, many of whom are in urgent need of protection and food assistance. Furthermore, the conflict has left an estimated 10,000 children without fathers (51). In a society where gender-based discrimination is entrenched in structural and legal frameworks, widows are particularly disadvantaged. Laws in Palestine often place women under the guardianship of male relatives, leaving widowed women facing heightened socio-economic challenges and discrimination (52).



Figure 2. Hanadi Alaf, 36 years old, pregnant, fled her home with her five little children from the Shuja'iyya in the North of Gaza to the South (Photo courtesy of Iman Khalid).

Women in Gaza also bear the brunt of caregiving responsibilities, particularly for elderly or disabled family members who are unable to flee. In many cases, it is women who remain behind to care for these vulnerable family members, further exacerbating their exposure to danger (53).

In shelters, the situation for women and girls is dire. Due to limited facilities, many individuals adopt alternative sanitation practices, such as using buckets or resorting to open defecation (54). Access to basic menstrual hygiene products is severely limited, with over two-thirds of women and girls unable to obtain sanitary pads, a figure that rises to nearly 90% in makeshift shelters (55). Gaza's 690,000 menstruating women and adolescent girls face critical challenges due to a severe shortage of sanitary products and limited access to clean water and washing facilities (55). Many are forced to use rags for menstrual hygiene, while the lack of clean water further exacerbates the risk of infections and poor hygiene. Nearly three-quarters of these women lack privacy for washing, compounding their vulnerability.

The ongoing conflict has disproportionately affected healthcare for women, including maternal health, mental health, and general medical care. Nearly 50,000 pregnant women are currently in Gaza, with over 5,500 expected to give birth in the coming month (50). Among the 677,000 people on the brink of famine, an estimated 15,000 are pregnant women, further increasing the risks to both mothers and newborns (50).



Picture 3. A drawing by a young displaced girl.

The destruction of healthcare infrastructure has escalated the dangers associated with pregnancy, leading to higher risks of complications and maternal mortality. The disruption of essential medical services has made childbirth and maternal care increasingly hazardous, exacerbating the already precarious living conditions faced by women in Gaza.

Hanadi Alaf, 36 years old, pregnant, fled her home with her five little children from the Shuja'iyya in the North of Gaza to the South amid intense Israeli Occupation bombardment. Hanadi lives in a little tent at a school shelter, suffering from malnutrition and living in constant fear of being bombed by the Israeli Occupation. "We were so scared. It's our first time living through a war like this. We've never seen anything like it. The bombing was relentless. I fled from the North to the South with my young children. We're a family of seven, but it was just me and the kids – my husband stayed behind in the North. Our family was torn apart, separated by this war. It's been especially hard for me, being pregnant with no one to help, and my children are still so young. We're crammed into this tiny space, sleeping in two small areas. There's barely room for us as it is, and I can't even begin to imagine where I'll put the baby once he's born. If I make space for him, where will my other children sleep? Everything is difficult in war, but this pregnancy has made it even harder.

She added: "I'm struggling to breathe, and there's no nutritious food for me to eat. I'm suffering from malnutrition – we're surviving on canned food, and I already had health problems before the war started: electrical activity in my brain, depression, hypothyroidism. The pregnancy has only made things worse,

and the malnutrition is making it unbearable. I've passed my due date, and I might need a cesarean section, but there's no support or proper nutrition for pregnant women here. It's hard to sleep, with the constant bombing, the mosquitos, and the unbearable heat. We're so exposed, with just a few blankets around us. Every morning, I wake up with my daughters, and we walk far to fill water. We're staying on the fourth floor of a school, so we go up and down the stairs, carrying heavy water containers back up for cleaning, cooking, and washing. It's exhausting, especially being pregnant and without my husband here to help. My daughters do what they can, but they're so young."

When Hanadi was asked about her wish, she replied: "My only wish? For this war to end. Even though I know I'll give birth in this war, and my suffering will continue, I pray to Allah that this war will end soon. We just want peace."

Psychologically Hanadi is living in Complex Continuous Traumatic Stress, resulting from the persistent fear of harm and the uncertainty surrounding her and her children's survival. The lack of access to essential needs such as food, shelter, and healthcare further contributes to her emotional strain. Her sleep deprivation, malnutrition, and existing health conditions, including depression and hypothyroidism, exacerbate her physical and mental exhaustion, leaving her with diminished coping resources.

Despite these immense challenges, Hanadi demonstrates resilience, drawing strength from her faith. However, the cumulative effects of trauma, anxiety, and physical depletion put her at a high risk for long-term psychological consequences. Hanadi conditions underscores the need for urgent psychological and social support to address Hanadi and Palestinian women living in the Gaza Strip immediate mental health needs and the longer-term effects of their experiences during the Israeli genocidal war.

Current mental health challenges in the 2023-2024 war

Mental health issues in the occupied Palestinian territory are influenced by several factors, most notably recurrent escalations of hostilities and the effects of living under occupation (56). In 2020, an estimated 45% of women in the Gaza Strip were reported to suffer from

moderate to severe mental health disorders. Among female children, approximately 50% were believed to experience mild, moderate, or severe mental health issues (57). The trauma induced by ongoing Israeli military aggression, including wars and bombings, as well as the protracted nature of the crisis, has contributed to a pervasive sense of despair, anxiety, and psychological instability (58). This situation is further evidenced by the increasing self-reported symptoms of psychosocial distress and trauma, particularly in the Gaza Strip (59). The prevalence of anxiety and depressive disorders among women in Gaza is considerably high. Women in Gaza experience high levels of anxiety, depression, and trauma due to the compounded stress of war and caregiving (60). The societal stigma surrounding mental health, particularly for women, often prevents them from seeking help, further compounding their psychological distress (49).

The 2023–2024 conflict has severely exacerbated the already fragile mental health situation in Gaza, further destabilizing an already vulnerable population. According to the UN's Mental Health and Psychosocial Support (MHPSS), a UN comprehensive strategy to address the severe psychological impact of conflict and displacement, nearly all of Gaza's 1.2 million children require mental health and psychosocial support. It reported that many children in Gaza display severe symptoms, including depression, anxiety, regressive behaviors (e.g., bedwetting in older children), and suicidal thoughts. The destruction of homes and family structures has left many without critical coping mechanisms (61). An estimated 3,000 additional female-headed households were created within six weeks of the conflict's escalation, increasing the burden on women to provide for and protect families (62).

The relentless airstrikes, mass casualties, and widespread displacement have compounded the psychological trauma faced by Palestinians. With the war continuing for nearly a year, the mental health crisis has deepened, resulting in severe psychological consequences. The restrictions on humanitarian access, particularly to essential mental health services and medications, have intensified the suffering, especially among vulnerable groups such as children, women, and individuals with pre-existing psychiatric disorders (63).



Figure 4. Hanan El-Fayoumy, a 32-year-old woman with her children at the UN school shelter (Photo courtesy of Iman Khalid).

In addition to the Israeli genocidal war, extreme weather conditions further aggravate health and mental health risks. Palestinians in Gaza not only express grief over the loss of loved ones and damage to their cultural and social fabric but also voice concerns about basic survival needs, including safety, food, and water, which have become critical issues (64). Mental health professionals providing mental health and psychosocial support services through UNRWA report a sharp rise in symptoms of depression, stress, anxiety, and trauma, particularly among children. Common trauma manifestations include sleep disturbances, nightmares, emotional numbness, and increased aggression (65).

Current mental health impact on children and women

Children are among the most affected, exhibiting symptoms such as nightmares, difficulty concentrating, aggressive behavior, fear, anxiety, and speech problems, including stuttering amongst young children due to the Israeli genocidal war. The lack of normalcy and security has significantly deteriorated their mental well-being (66). The mental health impact on children was evident from the early days of the conflict. Since October 2023, more than 625,000 school-aged children have been denied access to education due to the forced closure of schools, many of which have been repurposed as emergency shelters for internally displaced persons (67). This disruption has caused significant developmental setbacks. Additionally, children exposed to extreme violence, the loss of relatives, orphanhood, or disabilities face severe mental health challenges (68). A drawing by a young displaced girl intensely illustrates the overwhelming fear and helplessness as bombs rain from the sky, capturing the profound trauma experienced by children as they attempt to make sense of the devastation surrounding them.

Personal testimonies from women in Gaza highlight the immense psychological toll they endure as they struggle to provide for their families amidst the ongoing conflict and human rights abuses. Hanan El-Fayoumy, a 32-year-old woman, suffers from trauma, depression, and anxiety. Her husband was killed by the Israeli Occupation Forces, and she was forcibly displaced from the Shuja'iyyah neighborhood to the south of Gaza. In addition to her grief, she faces extreme hardship in providing for her seven children: "I can't even get them the things they need most. I can't even get diapers. I was crying in the streets but couldn't find anyone to give me diapers for my son."

Hanan also described her attempts to earn a small income by selling bread to support her children: "I bought bread and started selling it in front of the bakery, but it was difficult for me and my young daughter to sit and sell there." She explained how she manages to survive with her children, stating, "With 5 shekels a day, I just manage to keep the kids quiet. It's not about me; they don't know anything."

Interventions and recommendations

In response to the mental health crisis that Palestinians are experiencing, including women and children, it is essential to end the Israeli Occupation and its genocidal policies against the Palestinian people.

Studies indicate a pressing need for increased investment in mental health infrastructure, including training more mental health professionals, expanding community mental health services, and integrating mental health care into primary health care settings. Public awareness campaigns and policy changes are essential for destigmatizing mental health care and improving access to services. The ongoing conflict in Gaza (2023–2024) has led to a significant mental health crisis, with an estimated 22.1% of the population (approximately 452,600 individuals) experiencing mental health disorders, including 5.1% (104,450 individuals) suffering from severe conditions such as schizophrenia, bipolar disorder, and major depression. Among Gaza's 1.2 million children, almost all require psychosocial support, exhibiting symptoms like anxiety, depression, regressive behaviors, and suicidal ideation. The closure of Gaza's sole specialized mental health treatment center has exacerbated the crisis, leaving thousands without access to essential care. Compounding this issue, the broader healthcare system is strained by ongoing physical trauma cases, a shortage of medical professionals, and a lack of infrastructure. Persistent exposure to violence, displacement, and loss has created conditions where traditional frameworks of post-trauma are insufficient, as trauma remains continuous rather than episodic. Addressing these challenges requires urgent investment in community-based mental health services, integration of mental health care into primary healthcare settings, and a significant expansion of professional training to meet the growing demand for support services (69,70,71).

International and local organizations should consider implementing innovative solutions to improve mental health care for women and children in Gaza. Research indicates that community-based interventions, such as group therapy and psychosocial support sessions, show promise in addressing trauma among children in Gaza. Research reveals that 88% of children in Gaza have experienced personal trauma, with high

rates of PTSD (69%), severe anxiety (95%), and moderate to severe depression (40%) (72, 73,74). Programs like the “Sourire (Smile) Program,” which employs creative activities led by trained psychologists, have reached over 10,000 children, leading to improvements in emotional expression and reductions in aggressive behaviors (72,75). Additionally, a randomized controlled trial of psychosocial interventions demonstrated significant reductions in PTSD and anxiety, as well as enhanced resilience and family functioning (75). These interventions frequently incorporate a family-centered approach, recognizing the importance of caregivers in the recovery process and in promoting community cohesion (76).

Establishing child-friendly spaces is essential for providing children with safe environments that support mental health and emotional well-being.

For women, programs focusing on empowerment through skill-building, education, and social support may be beneficial. Group counseling and skills training offered by organizations can alleviate mental health symptoms while promoting economic independence.

CONCLUSION

Decades of occupation, siege, and wars have contributed to unprecedented levels of psychological trauma among Palestinian children and women in Gaza in the current conflict. The prolonged occupation, beginning in 1948, has had long-lasting impacts on Gaza’s population, impacting basic human rights and contributing to severe humanitarian conditions. The genocidal violence since October 8th, 2023, has further intensified the humanitarian crisis, with women and children bearing the brunt of the trauma. The widespread impact on civilians, along with significant infrastructure damage, has contributed to a severe mental health crisis in Gaza. Women and children, repeatedly exposed to war and violence, are particularly vulnerable to mental health disorders, with many developing Complex Continuous Traumatic Stress (CCTS), a condition marked by chronic exposure to trauma without the opportunity for recovery. CCTS is highly prevalent in Gaza, where chronic exposure to violence and instability creates profound psychological challenges. A study of 1,029 children found that 88.4% experienced

personal trauma, 83.7% witnessed violence, and 88.3% observed property destruction; over 53% met PTSD criteria, underscoring the impact of prolonged exposure to trauma without recovery opportunities (76). Additionally, 92.4% of children reported feeling unsafe due to the ongoing conflict, illustrating the pervasive psychological strain characteristic of CCTS (77).

The recurrent cycles of violence in Gaza have contributed to a mental health crisis marked by widespread anxiety, depression, and deteriorating social support systems. For children, the trauma manifests in developmental delays, cognitive impairments, and attachment issues, while women often face complex trauma that is harder to treat than acute forms of PTSD. In Gaza, children exposed to prolonged conflict and violence often experience trauma that manifests as developmental delays, cognitive impairments, and attachment issues, while women face complex trauma that is challenging to treat due to its chronic nature. Surveys indicate that 80% of Gaza’s children report depression, grief, and fear, with more than half contemplating suicide and three in five engaging in self-harm. Behavioral symptoms include bedwetting, disordered eating, and difficulty concentrating, exacerbated by restricted access to essential services and ongoing violence. Women, as caregivers, face compounded trauma, managing their own mental health deterioration while addressing children’s psychosocial needs, with 79% of parents reporting severe behavioral changes in children due to chronic stressors. This cumulative trauma framework highlights the necessity for tailored mental health interventions in such contexts (21, 78, 79).

The lack of safe spaces and ongoing threats hinder recovery, contributing to pervasive psychological distress. The protracted conflict has left generations of Palestinians trapped in a cycle of trauma that cannot be addressed through mental health interventions alone.

Long-term improvements in mental health outcomes require that the cycle of war and violence must be broken and human dignity and rights must be upheld. In addition, broader systemic changes should include enhanced social support and access to fundamental rights. The mental health crisis in Gaza is deeply intertwined with the structural violence of the Israeli Occupation. Mental health interventions alone may be insufficient without addressing underlying so-

cial and political conditions. Adequate mental health support for Palestinian women and children may require a comprehensive approach, including ending the occupation and sustainable solutions supported by local and international communities. Addressing underlying political, social, and economic factors may support long-term mental health recovery and resilience for Palestinians.

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