



Agency, life satisfaction, hope, potentially traumatic events, trauma symptoms, and psychological signs. A two waves study with a sample of Palestinian children living in different geographical areas

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ABSTRACT

We sought to examine the changes over time regarding children's agency, life satisfaction, hope, psychological problems, trauma symptoms and potentially traumatic events in areas where warfare, military presence and settler-colonial violence are affecting children's lives. 965 Palestinian children, 494 males and 471 females, were assessed with the Traumatic Check List, Children Impact of events scale-Revised, Strength and difficulties scale, Children Hope Scale, Brief Multilevel Children Life satisfaction scale, and War Child Agency assessment Scale-Palestinian version. MANOVA and t-tests were run to detect differences between groups and in the two waves of data collection. Findings showed variations that suggested Palestinian children were potentially in danger of not having the capacity to take charge of their lives and losing hope. In contrast, life satisfaction, contrary to our expectations, remained stable. While the number of potentially traumatic events decreased, psychological distress and trauma symptoms among the participants increased. Girls were more hopeful than boys, and the most satisfied children were found in the West Bank. The younger children had more significant trauma symptoms, while the older children were exposed to more potentially traumatic events such as those with fewer siblings. Gaza, Jerusalem, and Bedouin areas had the highest risk of potentially traumatizing events, and children in these areas were the most exposed. Our research study revealed a worrisome decrease in agentic resources and an increase in trauma symptoms because of the widespread armed conflict, impeding their healthy development, life satisfaction and hope for the future.

1. Introduction

Children exposed to war and political violence often encounter potentially traumatic experiences that can adversely impact their physical and mental well-being, leading to the development of emotional and behavioral symptoms (Danese et al., 2020; Kadir et al., 2019; Kien et al., 2019). Trauma-related symptoms, particularly post-traumatic and depressive syndromes, tend to manifest prominently in war-affected children who are consistently exposed to conflict-related incidents over extended periods (Agbaria et al., 2021). While social and behavioral problems are frequently observed as medium and long-term reactions to severe traumas, conduct issues resulting in aggressive behaviors and peer conflicts are commonly reported in children

affected by armed conflict and military violence (Alekozay & Najm, 2023; Kovess-Masfety et al., 2023; Osmanli et al., 2021). Additionally, hyperactivity and deficits in pro-social competencies can be viewed as consequences of stress-related experiences linked to war and extreme violence, compounded by deteriorating environmental and spatial conditions that undermine the healthy development of children and early adolescents (Sakhvidi et al., 2023; Veronese et al., 2021).

For almost a century, Palestine has been a perilous environment for child development, characterized by colonial, political, and military violence, prolonged turmoil, and intractable conflict. This context has produced generations of refugee and internally displaced children living in precarious physical and psychological conditions (Hasan & Bleibleh, 2023; Nijim, 2023).

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1.1. Potentially traumatic events and children functioning

Everyday life in the occupied Palestinian territory (oPt), encompassing the Gaza Strip, West Bank, and East Jerusalem, is marked by potentially traumatic and stressful events, along with cumulative episodes of violence and aggression (El-Khodary et al., 2020; Long & Bonanno, 2020; Van Heemstra et al., 2020). This persistent exposure to cumulative and extreme stressors significantly heightens the risk of Palestinian children developing trauma-related symptoms and syndromes, posing a severe threat to their psychological well-being (El-Khodary et al., 2020; Jebri et al., 2022). Numerous studies have consistently reported an alarming prevalence and incidence of post-traumatic stress disorder (PTSD) in Palestinian children throughout the oPt (Thabet et al., 2008; Thabet & Thabet, 2015). Particularly exposed geographical areas, characterized by warfare (such as the Gaza Strip) or military violence related to the Israeli colonial occupation (such as the West Bank), have witnessed dramatic spikes in stress and trauma (Abdallah et al., 2022; Abu-El-Noor et al., 2022; Altawil et al., 2023).

The conditions of systematic and structural violence in the oPt have resulted in recorded behavioral and conduct problems, hyperactivity, and a loss of pro-social competencies among Palestinian children (Harsha et al., 2020; Mahamid, 2020; Mahamid & Bdier, 2020). In summary, the portrayal of Palestinian children affected by war and violence depicts highly vulnerable individuals profoundly impacted by their contextual circumstances, posing a severe risk to their overall development.

1.2. Children's agency as a Resource in the context of war

In contrast, agency in war-affected children has been investigated as a protective factor against psychological, emotional, and behavioral difficulties (Cavazzoni, Fiorini, & Veronese, 2022, 2023; Wessells, 2021). The capacity to exert control over their lives empowers children to navigate uncertainty and threats during prolonged conflict, fostering the development of competencies to survive extreme conditions of violence and life-threatening risks (Veronese et al., 2022; Veronese et al., 2020). Conversely, the loss of control and agency may leave children feeling incapable of navigating and responding to hazardous environments, thereby amplifying psychological difficulties (Betancourt, 2011; Masarwi, 2019).

In this context, agency emerges as a catalyst for promoting life satisfaction and hope in children facing armed conflicts and challenging circumstances (Veronese et al., 2017; Veronese et al., 2018). Consequently, hope and life satisfaction have been scrutinized as crucial protective and adaptive factors for the mental well-being of children growing up in war-like conditions (Merkaš & Brajša-Zganec, 2011; Shamaï & Kimhi, 2006). Following displacement and resettlement, refugee children exhibited improved mental health when cultivating hope for the future as a means to foster positive emotions and satisfaction (Yohani, 2010; Veronese et al., 2019).

In Palestine, agency has been studied in a theoretical model that looks at it as an antecedent for life satisfaction (Marshall, 2014). In the conceptual model guiding our investigation, the agency has been shown to act as a catalyst for life satisfaction, thereby mitigating trauma symptoms and promoting mental health (Veronese et al., 2023; Veronese et al., 2019).

Palestinian children living in particularly sensitive environments, such as the refugee camps, were shown to deploy consistent agency capabilities and protect their mental health from war and violence (Habashi & Worley, 2009; Veronese et al., 2019; Veronese et al., 2020).

Our research employed a two-wave design to examine the nuanced impact of war and violence on Palestinian children residing in diverse geographical locations and living contexts. This investigation unfolds against the backdrop of escalated armed conflicts in Gaza during the summer of 2021 and persistent settler-colonial and political violence in the West Bank and East Jerusalem in the fall of 2022. By employing a

two-wave design, we aimed to capture the multifaceted outcomes, both negative and positive, experienced by these children amidst the complex dynamics of conflict and violence during these critical periods.

1.3. Purpose and hypotheses

We explored agency, life satisfaction, hope, potentially traumatic events, trauma symptoms, and psychological symptoms in a sample of Palestinian children living in different geographical areas (East Jerusalem, West Bank, and the Gaza Strip) and contexts (urban, rural, and refugee camps) in a period characterized by political turmoil in the first two areas and warfare in the third (May 2021/2022). We aimed to evaluate the resources available to children and the challenges they encounter in their daily lives within an environment marked by persistent conflict. Therefore, we hypothesized, first, that children would experience a decline in agentic competencies, hope, and life satisfaction during periods of turmoil (H1). Regarding the escalation of the Israeli/Palestinian conflict, we hypothesized that both potentially traumatic events and trauma symptoms would increase from Time 0 to Time 1 (H2). Additionally, drawing from previous research, we anticipated that younger children and boys would be more vulnerable to exposure to violence and trauma symptoms (see Cavazzoni et al., 2022; Diab et al., 2019; Khamis, 2019) (H3). Finally, we expected that children living in the more affected areas (Gaza Strip, Jerusalem East, and Bedouin communities in the West Bank) could have been exposed to more potentially traumatic events than children in the West Bank (H4). The ultimate goal of our study was to depict a Palestinian child's portrait of resources and difficulties throughout instability, war, and violence.

1.4. Study setting

To provide context for our study, it is crucial to describe the research setting, encompassing Gaza, East Jerusalem, and the West Bank. These regions, while geographically close, differ significantly in their exposure to conflict, political instability, and social conditions, all of which impact children's well-being (Rekhes, 2021).

Gaza, a densely populated and isolated strip of land, has been under a blockade for over a decade, leading to extreme economic hardship and repeated military incursions. Children in Gaza are exposed to intense and frequent conflict, with limited access to resources, healthcare, and education, resulting in a heightened vulnerability to trauma and psychological distress.

East Jerusalem, while formally annexed by Israel, remains a focal point of political tension. Palestinian children here face daily encounters with military presence, settler violence, and restrictions on movement, which contribute to ongoing stress and insecurity. The sociopolitical environment is highly volatile, with residents often experiencing forced displacement and home demolitions (Penić, et al., 2024).

The West Bank, though less isolated than Gaza, is marked by a complex system of military checkpoints, settlements, and a separation barrier. Children here are subject to a lower but still significant level of violence and instability, with frequent clashes between Israeli forces and Palestinians. The region's division into Areas A, B, and C further complicates access to services and creates a patchwork of governance, affecting children's daily lives. Within the West Bank, Bedouin communities are particularly vulnerable, living in remote areas with limited access to education, healthcare, and basic infrastructure, often facing displacement and demolitions (Massad et al., 2017).

These diverse conditions across Gaza, East Jerusalem, and the West Bank highlight the complex and varied challenges faced by children living in these conflict zones.

2. Methods

2.1. Participants

We conducted a longitudinal study with 965 Palestinian children—494 males and 471 females—assessed at two points: T0 and T1, with a one-year interval. The sample size was determined using a cluster sampling approach, targeting a 95 % confidence level and a 5 % margin of error. The target population included 2,115,370 children residing in the occupied Palestinian territories (oPt), with the sample focusing on 385 children as per [Teddlie and Yu \(2007\)](#). The final sample comprised 1,150 participants, with 383 children from each geographical area (Gaza, West Bank, and East Jerusalem). Data collection covered the entire oPt, facilitated by local research assistants who received comprehensive training from the principal investigators and their team. After collecting the questionnaires, the study included 965 children, reflecting an 88 % response rate.

The attrition rate for the study was approximately 16.52 %. Out of the 1,156 Palestinian children initially contacted and tested, 965 agreed to participate. Despite this initial attrition, all 965 participants completed the study at both T0 and T1. This 100 % response rate at both time points can be attributed to the fact that the participants were students enrolled in schools, making them easier to identify and follow over time. The structured environment of the schools, along with the researchers' established presence within these institutions, facilitated consistent follow-up and ensured that all participants remained engaged throughout the study.

2.2. Instruments and procedures

Children were recruited from governmental, United Nations-administered, and private schools. Initially, school principals were approached to explain the research protocol. After obtaining permission from the school administrations and the children's parents or guardians, the assistant researchers were introduced to the teachers by school counselors. The research instruments were administered during regular school hours, with support from both school counselors and teachers.

We carefully informed children and their families about the study's objectives and obtained written parental consent and verbal assent from the children before starting the research. Completing the research protocol took approximately 40 min. To ensure child protection, preparatory measures were implemented in the classrooms designated for the study. Children, organized into small groups, were sensitively introduced to the research objectives by school counselors and researchers, with additional support from teachers. This approach facilitated a thorough exploration of the children's understanding and willingness to participate, ensuring individual attention and a supportive environment. The settings provided a safe space for students to express their perceptions and opinions freely ([Veronese & Castiglioni, 2015](#)). Data collection occurred in two waves: the first from January to July 2021 and the second from January to May 2022.

Between T0 and T1, Gaza experienced a military offensive in May 2021 and confronted the second wave of COVID-19, which also affected the West Bank.

The War Child Agency Assessment Scale – Palestinian version (WCAAS-Pal) assesses children's agency through a comprehensive and ecological framework ([Veronese et al., 2023](#)). This instrument measures various aspects of children's agency using an exploratory approach that is both bottom-up and multi-faceted. The WCAAS-Pal consists of 42 items rated on a Likert-type scale from 1 (not at all) to 5 (very much), including sample items such as "I can identify places that I enjoy and that are relaxing" and "Discovering things about the world helps me feel in control of my life." In this study, the total score was used to evaluate the variable of children's agency. The scale was administered in Arabic, with a conventional forward- and back-translation process adhering to established standards, showing good internal consistency (T0: $\alpha = 0.80$;

T1: $\alpha = 0.83$).

The Children's Hope Scale (CHS; Snyder et al., 1996) measures hope by focusing on two dimensions: agency and pathways toward future goals. This scale evaluates children's perceptions of their ability to initiate and sustain actions towards desired goals and their perceived competence in producing directions for these goals. The CHS includes six items rated on a Likert-type scale from 1 (not once) to 6 (all the time), with sample items such as "When I have a problem, I can come up with lots of ways to solve it" and "I think I am doing pretty well." The instrument was administered in Arabic using a standard forward- and back-translation procedure, with satisfactory internal consistency (T0: $\alpha = 0.74$; T1: $\alpha = 0.82$).

The Children Revised Impact of Event Scale-Arabic Version (CRIES-13A; Veronese & Pepe, 2021) is designed to measure psychological trauma through dimensions of intrusion, avoidance, and hyperarousal. This 13-item scale uses a four-point Likert scale, with sample items such as "Do you think about erasing the event that shocked you from your memory?" and "Do you have difficulty concentrating?" The internal consistency of the CRIES-13A was good (T0: $\alpha = 0.83$; T1: $\alpha = 0.90$).

The Strengths and Difficulties Questionnaire-Arabic version (SDQ; Alyahri & Goodman, 2006) assesses psychological and social issues through 25 items. It measures emotional symptoms, conduct issues, hyperactivity-inattention, peer problems, and pro-social behavior. The combined score of the scales excluding the pro-social behavior scale reflects psychological difficulties. Sample items include various characteristics related to these domains, and the internal consistency was satisfactory (T0: $\alpha = 0.76$; T1: $\alpha = 0.80$).

The Brief Multidimensional Students' Life Satisfaction Scale (BMSLSS; Seligson et al., 2003) provides a comprehensive measure of life satisfaction by evaluating cognitive facets of subjective well-being. The scale comprises six items across multiple domains, including family, friendships, school, self, and living environment, rated from very dissatisfied to very satisfied. Sample items are: "I would describe my satisfaction with my family life as..." The BMSLSS was administered in Arabic, and it showed satisfactory internal consistency (T0: $\alpha = 0.75$; T1: $\alpha = 0.84$).

The Trauma Checklist, Palestinian version (TCL; Abu Laila, Thabet, & Vostanis, 2009) measures exposure to traumatic events relevant to the Palestinian context. This checklist includes items reflecting distressing conditions such as shelling and witnessing violence over the prior six months. The instrument showed excellent internal consistency (T0: $\alpha = 0.96$; T1: $\alpha = 0.91$).

2.3. Data analysis

We used percentages and frequencies to describe our demographic variables—gender, age, school, residence, context, and family members—showing the distribution and grouping of data points for each variable. The same group of children was assessed at both T0 and T1. All measurement instruments, including the WCAAS, SDQ, BMSLESS, CHS, TCL, and CRIES scales, were administered at both time points. Differences between the means of the study groups at the initial and subsequent measurements were analyzed using a paired sample *t*-test.

To examine the effects of demographic variables—gender, age, school, residence, context, and family members—on the WCAAS, SDQ, BMSLESS, CHS, TCL, and CRIES scales, we employed Multiple Analysis of Variance (MANOVA). Finally, the least significant difference (LSD) post hoc test was used to explore the significance of differences between group variables.

2.4. Ethical considerations

We provided a comprehensive explanation of the study's objectives to children and their families, informing them that children could choose to answer partially or discontinue the survey at any point if they felt uncomfortable or disturbed by any questions. All data were kept confidential and analyzed in aggregate form. Participation in the study

was voluntary, and no rewards were offered. During school hours, trained personnel from the local area collected the questionnaires in the classroom. Children not participating in the research were engaged in school activities supervised by teachers while data collection occurred. Data were collected anonymously, with each child assigned a unique code number for identification during the second wave of administration. The data were then securely stored in a password-protected online drive, accessible only to the designated researchers. The research protocol adhered to the ethical standards of the APA (American Psychological Association, 2010) and was approved by the Evaluation Ethics Boards of the University of Milano-Bicocca (Protocol N. 368) and An-Najah National University of Nablus (N. 18-Sept' 19).

3. Findings

The study sought to test four primary hypotheses concerning the well-being of Palestinian children living in conflict zones. First, we hypothesized that children would experience a decline in agentic competencies, hope, and life satisfaction during periods of turmoil (H1). Our findings offer partial support for this hypothesis. While a decline was observed in agentic competencies and hope, life satisfaction remained stable across the study period. In terms of geographical distribution, the

sample included 36.8 % of children from cities, 34.8 % from villages, 27.3 % from internally displaced Palestinian camps, and 0.9 % from Bedouin communities. By region, 60.5 % of the children were from the West Bank, 9.7 % from Jerusalem, and 29.7 % from the Gaza Strip. Age-wise, 36.3 % of the participants were aged 8–10, 36.2 % were aged 11–12, and 26.5 % were aged 13–14. Descriptive measures (see Table 1) show variations in WCAAS, SDQ, BMSLSS, CHS, TCL, and CRIES scales across demographic variables, supporting the need for a nuanced understanding of the children's experiences.

Second, we hypothesized that both potentially traumatic events and trauma symptoms would increase from Time 0 to Time 1 due to the escalation of the Israeli/Palestinian conflict (H2). The Paired Samples *t*-test results (see Table 2) partially confirm this hypothesis. While trauma symptoms indeed increased, the occurrence of potentially traumatic events actually decreased between T0 and T1. Significant differences were noted in the WCAAS, CHS, and TCL scales, with higher scores at T0, indicating an initial resilience that may have waned over time. Meanwhile, significant increases in SDQ and CRIES scales were observed at T1, suggesting a worsening of psychological difficulties and trauma symptoms.

Third, we anticipated that younger children and boys would be more vulnerable to exposure to violence and trauma symptoms, drawing on

Table 1
Means and standard deviations for study variables (N = 965).

Variables			WCAAS	SDQ	BMSLSS	CHS	TCL	CRIES	
Gender	Male	M	4.06	1.77	4.31	3.66	1.78	2.03	
		S.D	0.34	0.18	0.61	0.67	0.23	1.21	
	Female	M	4.08	1.75	4.38	3.81	1.75	1.87	
		S.D	0.33	0.18	0.57	0.57	0.21	1.27	
Age	8–10	M	4.07	1.76	4.38	3.72	1.74	2.08	
		S.D	0.34	0.19	0.61	0.69	0.21	1.27	
	11–12	M	4.08	1.76	4.36	3.78	1.76	1.81	
		S.D	0.32	0.18	0.57	0.57	0.22	1.20	
	13–14	M	4.06	1.76	4.27	3.69	1.80	1.96	
		S.D	0.34	0.17	0.58	0.63	0.22	1.24	
School	Public	M	4.10	1.75	4.38	3.77	1.71	1.85	
		S.D	0.32	0.17	0.57	0.62	0.16	1.18	
	Private	M	4.04	1.76	4.33	3.71	1.78	1.95	
		S.D	0.33	0.18	0.62	0.63	0.22	1.26	
	UNRAWA	M	4.07	1.76	4.29	3.72	1.80	2.12	
		S.D	0.35	0.18	0.58	0.66	0.27	1.30	
	Israeli authority	M	4.10	1.75	4.40	3.75	1.83	1.73	
		S.D	0.40	0.18	0.48	0.55	0.16	0.96	
	Residence	West bank	M	4.10	1.75	4.34	3.77	1.71	1.77
			S.D	0.33	0.18	0.60	0.63	0.20	1.24
		Jerusalem	M	4.06	1.77	4.34	3.78	1.78	1.62
			S.D	0.40	0.17	0.52	0.54	0.17	1.04
Gaza		M	4.02	1.77	4.34	3.65	1.86	2.43	
		S.D	0.32	0.18	0.60	0.64	0.26	1.16	
Context	Refugee camp	M	4.08	1.76	4.30	3.75	1.82	2.06	
		S.D	0.33	0.18	0.55	0.62	0.25	1.31	
	Urban/ city	M	4.04	1.77	4.34	3.76	1.71	1.75	
		S.D	0.34	0.18	0.60	0.59	0.17	1.19	
	Village	M	4.09	1.75	4.38	3.70	1.77	2.07	
		S.D	0.33	0.17	0.62	0.67	0.23	1.20	
	Bedouin community	M	3.96	1.80	4.17	3.37	2.13	2.47	
		S.D	0.24	0.24	0.61	0.43	0.36	1.43	
	Family members	2–4	M	4.08	1.79	4.35	3.69	1.85	2.26
			S.D	0.32	0.19	0.55	0.68	0.26	1.18
		5–7	M	4.06	1.75	4.35	3.75	1.73	1.84
			S.D	0.34	0.17	0.58	0.60	0.21	1.24
8–10		M	4.11	1.75	4.29	3.73	1.79	1.99	
		S.D	0.33	0.19	0.67	0.68	0.21	1.25	

WCAAS: War Child Agency Assessment Scale.

SDQ: strengths and difficulties questionnaire.

BMSLSS: brief multilevel students life satisfaction scale.

CHS: Child hope scale.

TCL: trauma check-list.

CRIES: Children revised impact of events scale.

Table 2
Differences at T0 and T1 in the study variables (N = 961).

Variable	Measure	M.	S.D.	Sig
WCAAS	T0	4.07	0.33	0.000**
	T1	3.93	0.95	
SDQ	T0	1.76	0.18	0.000**
	T1	2.19	0.25	
BMSLESS	T0	4.34	0.59	0.37
	T1	4.32	0.60	
CHS	T0	3.73	0.63	0.000**
	T1	3.39	0.53	
TCL	T0	1.76	0.22	0.000**
	T1	1.19	0.16	
CRIES	T0	1.95	1.24	0.000**
	T1	1.96	1.24	

Differences are significant at the 0.01 level (2-tailed) **.

WCAAS: War Child Agency Assessment Scale.

SDQ: strengths and difficulties questionnaire.

BMSLESS: brief multilevel students life satisfaction scale.

CHS: Child hope scale.

TCL: trauma check-list.

CRIES: Children revised impact of events scale.

previous research (H3). The Multiple Analysis of Variance (MANOVA) results (see Table 3) partially support this hypothesis. The findings indicate that younger children exhibited more significant trauma symptoms, while boys displayed lower levels of hope compared to girls. Interestingly, the Least Significant Difference (LSD) post hoc analysis (see Table 4) revealed that the 13–14 age group had significantly higher TCL scores than other age groups ($F = 3.4$; $p < 0.05$). Moreover, younger children aged 8–10 showed higher CRIES scores ($F = 3.74$; $p < 0.001$), underscoring their heightened vulnerability.

Finally, we hypothesized that children living in the most affected areas (Gaza Strip, East Jerusalem, and Bedouin communities in the West Bank) would have been exposed to more potentially traumatic events than those in the West Bank (H4). This hypothesis is largely supported by our findings. Children residing in Gaza, Jerusalem, and Bedouin communities showed significantly higher levels of exposure to potentially traumatic events and TCL scores. The analysis further revealed that West Bank residents exhibited higher WCAAS scores compared to other regions ($F = 3.70$; $p < 0.001$), while children from Bedouin communities had notably higher TCL scores ($F = 12.57$; $p < 0.001$). Additionally, significant differences in CRIES scores were found in favor of Gaza residents ($F = 24.04$; $p < 0.001$). The results also pointed out that families with 2–4 children exhibited higher TCL scores, indicating that family size might play a role in the children's trauma experiences.

4. Discussion

This study aimed to examine the effects of ongoing conflict on Palestinian children's well-being, focusing on changes in agency, hope, life satisfaction, psychological difficulties, trauma symptoms, and exposure to potentially traumatic events. Our findings provide partial confirmation of the hypotheses and offer insight into how these variables interact within a conflict-affected context.

We hypothesized that children would experience a decline in agentic competencies, hope, and life satisfaction during periods of turmoil (H1). Our results partially support this hypothesis. While a decline in agency and hope was evident, life satisfaction remained stable. This stability in life satisfaction, despite the declines in agency and hope, might reflect an adaptive response or a baseline level of resilience. Previous research has highlighted the role of cultural and community resilience in preserving life satisfaction amid adversity (Marshall, 2014; Veronese et al., 2012; Veronese et al., 2013). The persistence of life satisfaction could be

attributed to strong social and familial support systems that provide a buffer against the adverse effects of conflict.

Regarding our second hypothesis (H2), which anticipated an increase in potentially traumatic events and trauma symptoms from Time 0 to Time 1, the results showed a mixed picture. Although trauma symptoms did increase, the frequency of potentially traumatic events actually decreased. This finding suggests a possible shift in the nature or perception of traumatic events over time. It aligns with studies indicating that while the intensity of conflict-related trauma may fluctuate, the psychological impact often persists or even intensifies due to cumulative stressors (El-Khodary, 2020a, b; Veronese et al., 2020). The observed increase in trauma symptoms, despite fewer reported potentially traumatic events, could reflect an escalating severity or lasting impact of earlier traumatic experiences.

Our third hypothesis (H3) posited that younger children and boys would be more vulnerable to exposure to violence and trauma symptoms. The data partially confirmed this, showing that younger children had more significant trauma symptoms. However, boys exhibited lower levels of hope than girls, which may be related to cultural expectations and the different ways boys and girls cope with conflict. Previous studies have suggested that boys in conflict settings may experience increased psychological strain due to societal pressures and roles (Cavazzoni et al., 2022; Diab et al., 2019). This differential impact underscores the need for gender-sensitive interventions that address the unique vulnerabilities of boys and girls.

Our final hypothesis (H4) predicted that children in the Gaza Strip, East Jerusalem, and Bedouin communities in the West Bank would experience higher exposure to potentially traumatic events. This hypothesis was largely supported by the data, which indicated that children in these areas faced significantly higher trauma exposure. The Gaza Strip, in particular, continues to be one of the most conflict-affected regions, where frequent military incursions and severe socio-economic conditions exacerbate trauma (Massad et al., 2017). The elevated trauma levels in Bedouin communities and East Jerusalem also reflect the compounded effects of displacement, marginalization, and ongoing violence.

The stability in life satisfaction, coupled with rising trauma symptoms, highlights the complex interplay between immediate and long-term psychological effects of conflict. Although life satisfaction remained constant, the increasing trauma symptoms suggest that children are experiencing deeper psychological strains. This pattern is consistent with the literature, which points to a potential buffering effect of life satisfaction that does not fully counteract the adverse impacts of trauma (Veronese et al., 2022; Veronese & Pepe, 2020). The decline in agency observed may further contribute to the increased psychological difficulties, indicating that while children might maintain a semblance of life satisfaction, their diminished sense of control and hope exacerbates their trauma responses.

In conclusion, our study underscores the profound impact of conflict on various dimensions of children's well-being. The findings suggest that while some aspects of life satisfaction may remain stable due to cultural and social factors, other areas such as agency and trauma symptoms are significantly affected. These results highlight the need for comprehensive and contextually sensitive interventions that address both the immediate and long-term psychological needs of children in conflict zones.

4.1. Limitations and strengths

Our inferences are simple reflections not supported by associations between variables tested in this study. We cannot, so, draw causality conclusions. In future research, SEM or machine learning methodologies will help better define conceptual models linking life satisfaction, agency, traumatic experiences, symptoms of trauma, and mental health. Multi waves longitudinal studies will be more exhaustive than just a two points investigation. Finally, quantitative research does not represent

Table 3
Results of MANOVA test for differences between study variables (N = 965).

Source	Dependent variable	SS	DF	MS	F	Sig
Gender	WCAAS	0.20	1	0.20	1.7	0.18
	SDQ	0.06	1	0.06	1.90	0.16
	BMSLSS	1.06	1	1.06	2.97	0.08
	CHS	5.00	1	5.00	12.45	0.000**
	TCL	0.144	1	0.144	3.38	0.06
	CRIE	4.99	1	4.99	3.46	0.06
AGE	WCAAS	0.02	2	0.01	0.09	0.91
	SDQ	0.01	2	0.00	0.25	0.77
	BMSLSS	1.95	2	0.97	2.74	0.06
	CHS	0.69	2	0.34	0.86	0.42
	TCL	0.33	2	0.16	3.94	0.02**
	CRIE	10.78	2	5.39	3.74	0.02**
School	WCAAS	0.15	3	0.05	0.45	0.71
	SDQ	0.018	3	0.00	0.17	0.91
	BMSLSS	0.929	3	0.31	0.86	0.45
	CHS	0.447	3	0.14	0.37	0.77
	TCL	0.307	3	0.10	2.40	0.06
	CRIES	3.53	3	1.17	0.81	0.48
	Residence	WCAAS	0.84	2	0.42	3.70
SDQ		0.05	2	0.02	0.86	0.42
BMSLSS		0.34	2	0.17	0.47	0.62
CHS		1.48	2	0.74	1.85	0.15
TCL		1.47	2	0.73	17.34	0.000**
CRIES		69.21	2	34.60	24.04	0.000**
Geographical areas		WCAAS	0.20	3	0.06	0.59
	SDQ	0.05	3	0.01	0.50	0.67
	BMSLSS	0.45	3	0.15	0.42	0.73
	CHS	1.51	3	0.50	1.26	0.28
	TCL	1.60	3	0.53	12.57	0.000**
	CRIES	5.70	3	1.90	1.32	0.26
	Family members	WCAAS	0.45	2	0.22	2.00
SDQ		0.09	2	0.05	1.47	0.23
BMSLSS		0.37	2	0.18	0.52	0.59
CHS		0.02	2	0.01	0.03	0.99
TCL		0.67	2	0.33	7.89	0.000**
CRIES		1.63	2	0.81	0.56	0.56
Error		WCAAS	104.42	919	0.11	
	SDQ	30.87	919	0.03		
	BMSLSS	328.13	919	0.35		
	CHS	369.09	919	0.40		
	TCL	39.08	919	0.04		
	CRIES	1322.40	919	1.43		
	Corrected total	WCAAS	106.71	932		
SDQ		31.23	932			
BMSLSS		333.59	932			
CHS		380.05	932			
TCL		45.98	932			
CRIES		1459.00	932			

(**) $p \leq 0.01$.

WCAAS: War Child Agency Assessment Scale.

SDQ: strengths and difficulties questionnaire.

BMSLSS: brief multilevel students life satisfaction scale.

CHS: Child hope scale.

TCL: trauma check-list.

CRIES: Children revised impact of events scale.

the complex picture of the children of Palestine. We recommend ethnographic and qualitative studies to explain and give a more profound sense of our preliminary statistics.

The study acknowledges potential threats to internal validity, particularly in the context of the intense living situations experienced by the participants. Response bias, Hawthorne effect, and social desirability could influence the accuracy of the gathered data. These biases might manifest as participants providing responses they believe align with societal expectations or perceived norms rather than reflecting their

genuine experiences.

To address these threats, the study likely employed several methodological strategies. For instance, efforts may have been made to ensure the confidentiality and anonymity of participants' responses, minimizing the likelihood of social desirability bias. Additionally, researchers may have utilized established survey and interview techniques designed to mitigate response bias, fostering an environment where participants feel comfortable expressing their true thoughts and experiences. While the specific control measures are not explicitly outlined,

Table 4
Results of LSD post hoc for the significance of differences between groups (N = 965).

TCL				
Age	8–10	11–12	13–14	
8–10		–0.01	–0.06*	
11–12			–0.04*	
13–14				
CRIES				
Age	8–10	11–12	13–14	
8–10		0.25*	0.11	
11–12			–0.14	
13–14				
WCAAS				
Residence	West bank	Jerusalem	Gaza	
West bank		0.02	0.07*	
Jerusalem			0.05	
Gaza				
TCL				
Residence	West bank	Jerusalem	Gaza	
West bank		–0.07*	–0.013*	
Jerusalem			–0.06*	
Gaza				
CRIES				
RESIDENCE	West bank	Jerusalem	Gaza	
West bank		0.20	–0.66*	
Jerusalem			–0.86*	
Gaza				
TCL				
Family number	2–4	5–7	8–10	
2–4		0.11*	0.05*	
5–7			–0.06*	
8–10				
TCL				
Context	Refugee camp	Urban/city	Village	Bedouin community
Refugee camp		0.10*	0.05*	–0.24*
Urban/city			–0.04*	–0.34*
Village				–0.29*
Bedouin community				

(*): $p \leq 0.05$.

WCAAS: War Child Agency Assessment Scale.

SDQ: strengths and difficulties questionnaire.

BMSLSS: brief multilevel students life satisfaction scale.

CHS: Child hope scale.

TCL: trauma check-list.

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the consideration of these potential biases is crucial for interpreting the study's results accurately and ensuring the internal validity of the findings.

Our findings contribute to the existing literature on resilience and resistance, particularly in the context of persistent political violence. The study emphasizes the need for interventions that strengthen resilience and resistance mechanisms in children facing protracted conflict.

Additionally, the study identifies potential contradictions, such as the stable nature of life satisfaction despite decreasing agency and increasing trauma symptoms. This recognition prompts further exploration and raises critical questions about the intricate relationships between these variables.

In conclusion, our study's strengths lie in its comprehensive and contextualized approach, coupled with a longitudinal design that captures the evolving dynamics of children's experiences in the face of war-like conditions and violence. The identification of nuanced trends, consideration of various factors, and relevance to current challenges contribute to the study's significance and potential impact on future research and interventions.

4.2. Implications to practice

The research findings have far-reaching implications across the realms of pediatric nursing, encompassing practice, research, education, policy, and theoretical frameworks.

In pediatric nursing practice, nurses must cultivate expertise in trauma-informed care to effectively address the complex psychological needs of children exposed to ongoing trauma in conflict settings (Kamali et al., 2020). This proficiency includes recognizing collective trauma, source of resilience, resistance, and agency indicators, delivering compassionate care, and facilitating access to specialized community based mental health services. Empowerment-based interventions oriented at valorizing indigenous care knowledge are paramount. Nurses should implement strategies that empower children, nurturing their agency, hope, and life satisfaction as a route for resilience and survival skills empowerment (Veronese & Barola, 2018). This involves creating opportunities for self-expression, incorporating effective play therapy, and organizing support groups (Ariyo et al., 2021).

In the domain of pediatric nursing research, we recommend both quantitative and qualitative longitudinal studies (Curtis, & Drennan, 2013; Tuthill et al., 2020). These studies can track the evolving mental health and survival skills of children in conflict zones, providing insights into intervention effectiveness and changing environmental factors. Interdisciplinary collaboration with psychology and social work can yield a comprehensive understanding of children's mental health and enhance the efficacy of interventions (Betancourt et al., 2013).

Pediatric nursing education should include cultural competence development and child participation (Almutari et al., 2017). Nurses need to understand cultural nuances that shape children's experiences of trauma and agentic competencies. Furthermore, nurses should master psychosocial care skills, including trauma-informed communication and empathetic support for children and their families.

In terms of policy implications, child-centric policies are crucial. Policymakers should prioritize the mental health needs of children in conflict zones, ensuring access to specialized mental health services and valorizing children voice and participation in the care process (Coyné et al., 2018). Adequate resources should be allocated to bolster mental health infrastructure and train professionals.

The study's findings call for immediate nuanced nursing interventions in contexts marked by war-like conditions and violence affecting children. Nurses can focus on tailoring support for vulnerable groups, such as younger children and boys who may face specific challenges. Regional differences highlight the need for geographically targeted interventions, acknowledging the varying impacts on children in different areas.

Family-centered care is crucial, recognizing the protective role of larger families and involving family members in the support process. Trauma-informed care is essential, with nursing interventions equipped to identify and address trauma symptoms. Community engagement and education can promote resilience, and mental health support services should be integrated to address the increasing psychological difficulties over time. Identity-centric interventions in places like refugee camps can inform strategies to enhance life satisfaction. A holistic approach, involving collaboration with other healthcare providers and continuous monitoring and evaluation, is vital for the adaptability of interventions in response to the evolving nature of the situation.

In sum, the psychological conditions of children in Palestine seemed to worsen in parallel with their living conditions; agency is at risk and cannot sustain any more life satisfaction and hope, putting children at risk of traumatization and psychological impairment.

5. Conclusions

In May 2021, Gaza experienced an 11-day conflict between Hamas and Israel, marked by intense airstrikes and rocket fire, leading to significant civilian casualties and widespread destruction. The COVID-19

pandemic exacerbated the crisis, straining Gaza's healthcare system and limiting access to essential services due to ongoing blockades. In East Jerusalem and the West Bank, COVID-19 also imposed severe challenges, with increased infection rates and disruptions in healthcare access amid heightened political tensions.

In 2021, the West Bank saw a surge in settler attacks, particularly in areas around Hebron and Nablus, targeting Palestinian homes, property, and agricultural lands. These attacks intensified the already volatile environment, contributing to heightened insecurity and exacerbating the humanitarian crisis.

Quality of life in Palestine is decreasing yearly, getting the child's life at risk of disruption, loss of hope and satisfaction, and exposing children to psychological and traumatic burdens (Jabr & Berger, 2022). Hence, agency, hope and life satisfaction can be considered notable protective factors for children's mental health (Akesson, 2015). The Palestinian Children's portrait is at risk of being darkened by heightened potentially traumatizing experiences and symptoms of trauma due to the increasingly worsened living conditions (Shalhoub-Kevorkian, 2019).

Psychological interventions should not be addressed only to symptom reduction and contention (Masten et al., 2015). Psychosocial programs must be oriented to empowering child victims of war and violence's agentic resources, life satisfaction and hope for the future to straighten children's survival skills and resistance in the wake of severe violence, conflict and violations of human rights (Hettich et al., 2020; Mahamid & Veronese, 2021; Veronese & Barola, 2018). This way, psychological and clinical models must begin to view the child as a strong social actor. Children can actively and positively affect their psychological well-being and functioning resources through self-liberating practices that foster agency, hope, and life satisfaction amidst the ongoing traumatic experience (Gilligan, 2009; Shalhoub-Kevorkian, 2020). Accordingly, as shown in many researches and clinical studies (D'Amico et al., 2016; Mitchell & Ezcurra, 2017; Wessells, 2017), psychosocial and clinical intervention should be participatory, child-centered, and focused on the child's agency and life satisfaction empowerment.

Finally, theoretical frameworks in pediatric nursing should acknowledge child agency as a central component of well-being. Additionally, nursing theories and models should adopt an agency-informed approach, guiding care that recognizes children's competences and skills of survival and supports their recovery (Cavazzoni et al., 2022).

In summary, this research underscores the urgent need for pediatric nursing to address the unique challenges faced by children in conflict zones recognizing their vulnerability and competence when human rights are severely violated (Diab et al., 2018). Trauma-informed care and agency-centered, empowerment-based interventions, interdisciplinary collaboration, and child-centered approaches are crucial to promoting the mental health and well-being of these vulnerable populations.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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rubble of their home after Israeli bombardments. His memory remains a inspiration of resilience, compassion, and hope.

Data availability

The data that has been used is confidential.

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