



## Post-traumatic stress and psychiatric disorders in Palestinian adolescents following *intifada*-related injuries

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### ABSTRACT

This study was designed to assess the occurrence of post-traumatic stress disorder (PTSD) and psychiatric disorders (i.e., anxiety and depression) in Palestinian adolescents following *intifada*-related injuries. It was hypothesized that a combination of pre-trauma variables (e.g., age, geographic location), trauma-specific variables such as trauma recency, type of trauma (deliberately violent vs. accidental), and post-trauma variables (e.g., social support, coping strategies, belief in fate) would be predictive of these psychological sequelae. The participants were 179 boys who were injured during *Al-Aqsa intifada* and as a result sustained a permanent physical disability. They ranged in age from 12 to 18 years ( $M = 16.30$ ,  $SD = 1.64$ ). Questionnaires were administered in an interview format with adolescents at home. Approximately 76.5% of the injured victims qualify as having PTSD and that the disorder had a heterogeneous course, with excess risk for chronic symptoms and comorbidity with other psychiatric disorders such as anxiety and depression. Among all the predictors in the PTSD, anxiety and depression models, only geographical location, fatalism, and negative coping were significant predictors. In conclusion, post-traumatic reactions and psychiatric disorders in adolescents involved in armed conflict injuries can persist for several months. Given the apparent significant relationship between psychological sequelae of *intifada*-related injuries and certain predictors (i.e., negative coping style and fatalism), treatments such as trauma-focused cognitive behaviour therapy may yield positive results. Negative coping and fatalism should be addressed more directly during therapy.

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While political violence accounts for the greatest number of childhood injuries in the Palestinian territories, there has been little study on the psychological sequelae in children and adolescents. The Palestine Red Crescent Society estimates that during the period of *Al-Aqsa intifada* from September 29, 2000, to April 30, 2007, Palestinians suffered more than 31,531 injuries of which many were injuries in children (PRCS, July 2007). Studies have shown that the acquisition in later life of a permanent disability, unlike an affliction with which one is born, is a catastrophic and traumatic event that is outside the range of normal human experiences, such as bereavement (Khamis, 1993b). Research into a wide variety of catastrophes shows

that the characteristic that makes these events so devastating to the victims is the extent to which they are sudden, dangerous, and overwhelming. The traumatic nature of the experience of the injured of the *intifada* and their reaction to victimization demands an unnaturally rapid adjustment. With more normal changes in life, a process of “anticipatory socialization” enables the child to prepare psychologically for the new attitudes, values, and behaviors required in the new role. No such process occurred prior to the *intifada* victims acquiring their injuries (Khamis, 1993a).

The majority of post-traumatic stress disorder (PTSD) research investigating trauma-related risk factors has examined the factors within trauma type (e.g., war veterans, rape victims, etc.). However, a variety of psychological

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and adjustment problems have been associated with sustaining serious bodily injuries in people who have experienced war atrocities (Khamis, 1993a, 1993b; Randitz et al., 1998), including post-traumatic stress disorder (PTSD, Khamis, 2005, 2000a, 1993b), anxiety and depression (Khamis, 2000a), and low self esteem (Khamis, 1993b), however, no clear pattern of relations has emerged across studies. While some studies reported strong relationships between type, severity, and recency of injury and PTSD (Miller, El-Masri, & Qouta, 2000; Randitz et al., 1998) other studies reported association only with maladjustment (Khamis, 1993b) but not with PTSD (Khamis, 1993a). The differences in the specific findings of these studies preclude firm conclusions regarding the nature of the problems that political violence is likely to produce. Nevertheless, trauma length and severity have been found to account for more of the variance in PTSD and psychiatric disorders than pre-trauma variables (Qouta, Punamäki, Montgomery, & El Sarraj, 2007; Randitz et al., 1998) including child characteristics and parents' sociodemographics.

Also, research results have been inconsistent in regard to the source of the trauma. While some studies found no substantial evidence that deliberately violent trauma rather than accidental trauma was more likely to be associated with PTSD (e.g., Green et al., 1990), other studies have found higher PTSD rates where there was deliberate trauma (Resnick, Kilpatrick, Dansky, Saunders, & Best, 1993).

Several studies have examined the role of pre-trauma factors in the etiology of PTSD, depression and anxiety. The results of these studies were inconsistent (Dyregrov & Yule, 2006). While some studies indicated that younger age (Khamis, 1993a; Weisenberg, Schwarzwald, Waysman, Solomon, & Klingman, 1993) and residential patterns (Khamis, 2005) were associated with PTSD, other studies have indicated that PTSD symptomatology significantly increased with older age (Elbedour, Van Slyck, & Stern, 1998; Khamis, 2005; Thabet, Abed & Vostanis, 2004) but not with residential patterns (Thabet et al., 2004).

Although little has been written on factors that may serve to ameliorate the effects of sustaining serious bodily injuries during the *intifada*, there is a growing body of literature documenting the role that moderating factors can play in buffering the negative sequelae of traumatic life events. One variable that intrigued researchers is social support. There is abundant evidence that perceived availability of support buffers the effects of traumatic events on mental health (Cohen, 1992; Dyregrov & Yule, 2005; Hobfoll & Vaux, 1993; Pine & Cohen, 2002; Meiser-Stedman, 2002), however, the relatively meager research on support transactions has failed to show an association between actual receipt of support and adjustment to stressors (Bolger, Zuckerman, & Kessler, 2002). For example, perceived social support exhibited a different pattern of relations with outcome domains among the injured of the *intifada*. Khamis (1993a, 1993b) indicated that differences in perceived social support did not account for variation in PTSD symptomatology whereas it was more closely associated with the victims' psychosocial adjustment, suggesting that social support may affect those processes involved in adjustment without appreciably reducing the arousal associated with stress.

Another variable that may influence the course of children and adolescents' adjustment to acute health crises is coping (Dyregrov & Yule, 2006; Moos, 1982). Although coping and support are easily distinguished in principle, they typically co-occur. Furthermore, their effects can be difficult to disentangle. The availability of social support is influential in the prediction of coping behaviour and can also facilitate coping strategies by removing some of the distress that can hamper certain coping efforts. Because of the presence of a social network that allows for the provision of support, it can be predicted that people with access to such support will be more likely to seek social support as a coping strategy (Terry, 1991). Holahan and Moos (1987) found that individuals with nonsupportive family environments use more avoidance strategies than individuals with high levels of family support. Thus, the constructs of perceived support and coping appear to be important factors in a complex and interactive stress process including life events, chronic life strains, coping, and social support (Pearlin, Lieberman, Menaghan, & Mullin, 1981). Nevertheless, prior research on coping and PTSD has shown that more reliance on approach coping and less reliance on avoidance coping is associated with better symptom outcomes (Wolfe, Keane, Kaloupek, Mora, & Wine, 1993). Avoidance coping, such as not thinking about the problem, relying on externalization and wishful thinking, and engaging in emotional discharge (e.g., crying, shouting) to vent negative affect (Moos, 1993) is associated with greater PTSD severity (Sutker, Davis, Uddo, & Ditta, 1995).

Another important psychological mechanism in the personality of individuals in the Arab society is belief in the power of fate (Ammar, 1973; Barakat, 1980). According to Ammar (1973) fatalism is usually a justification for the misfortune that befalls, as epitomized by the Arab saying, "What is written on the forehead, must be seen by the eye". He concludes that if one believes in fate one can correlate the presence of anxiety about sickness, and misfortunes to self-improvement (Ammar, 1973). Belief in the power of fate is found in many other communities. Kardiner (1939) maintains that such a mechanism is a tendency to shift personal responsibility on to others or on to supernatural forces. He claims that "the belief in fate shifts the responsibility from those who actually have power or advantages and places it upon a kind of mechanistic conception of human destiny. The chief function of the belief is to compel the individual to accept his role in life, and not bother those who exploit him; though he is given some right to attempt to alter his fate. If this fails, he has only fate to blame" (p. 314). Similar constructs have been proposed by social psychologists in dealing with victimization. Theorists have suggested that reactions to victimization may be affected by such motives as the desire to maintain a belief in a just world (Lerner, 1971; Lerner & Mathews, 1967), the desire to protect oneself from blame (Shaver, 1970) and external locus of control (Craig, Hancock, Chang, & Dickson, 1998). A belief that one has no control over life events is closely linked to fatalism. There is considerable evidence indicating that a positive sense of control over one's life is essential for maintaining health and well-being. Those with a strong sense of control

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