

Predictors of psychological distress and positive resources among Palestinian adolescents: Trauma, child, and mothering characteristics

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Abstract

Objective: The aim was to examine how traumatic and stressful events, responses to violence, child characteristics, and mothering quality, as measured in middle childhood predict psychological distress and positive resources in adolescence.

Method: The participants were 65 Palestinian adolescents ($17 \pm .85$ years; 52% girls), who had been studied during the First Intifada (T1), during the Palestinian Authority rule (T2) and before the Second Al Aqsa Intifada (T3) in Gaza. Psychological distress was indicated by PTSD, and depressive symptoms and positive resources by resilient attitudes and satisfaction with quality of life, all measured at T3. The predictors that were measured at T1 were exposure to military violence, active coping with violence and children's intelligence, cognitive capacity, and neuroticism. Mothering quality and stressful life-events were measured at T2, the former reported by both the mother and the child, and the latter by the mother.

Results: Adolescents' PTSD symptoms were most likely if they had been exposed to high levels of traumatic and stressful experiences and had poor cognitive capacity and high neuroticism in middle childhood. Only high levels of childhood military violence and stressful life-events predicted high depressive symptoms and low satisfaction with quality of life in adolescence.

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Conclusions: Military violence in childhood forms risks for both increased psychological distress and decreased positive resources. However, child characteristics such as cognitive capacity and personality are important determinants of psychological vulnerability in military trauma.

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Introduction

War is not healthy for human beings, and children are especially vulnerable. Despite the international pledge to protect children from war violence, a great number still live in life-endangering conditions. Characteristic to modern wars is that children are forced to witness atrocities or even to take part in military activity. According to UN statistics, an estimated 2 million children have been killed in armed conflicts in the past decade. Three times as many have been seriously injured or permanently disabled, many of them in armed confrontations and landmine accidents (Bellamy, 2003; Machel, 2003). The negative consequences of military trauma on child development and mental health are of great concern (Carlson, 2001; UN & UNICEF, 1998). In this study, we examine how military trauma in middle childhood predicts psychological distress and positive resources in adolescence. The participants are Palestinians, who spent their childhood in conditions of foreign military occupation, characterized by fighting, detentions, and destruction (Abu Hein, Qouta, Thabet, & El-Sarraj, 1993; B'Tselem, 1994, 1998). The Palestinian Authority rule, following the Oslo Agreement in 1993, provided 7 relatively nonviolent years. The historical lull provided us the opportunity to study influences of childhood trauma and personal characteristics on peacetime adjustment in adolescence.

Research shows increased mental health problems among children living in conditions of war and military violence. These include PTSD that is intrusion, avoidance, and hyperarousal symptoms (Laor et al., 1997; Rosner, Powell, & Butollo, 2003; Smith, Perrin, Yule, Hacam, & Stuvland, 2002), depression (Saigh, 1991), anxiety and sleeping difficulties (Montgomery, 1998; Punamäki, 1998), and extended grief (Smith et al., 2002). War and military violence may also seriously interfere with children's and adolescents' healthy identity formation (Punamäki, 1999, 2002), moral development (Baker & Shalhoub-Kevorkian, 1999), and social relationships (Elbedour, Van Slyck, & Stern, 1998).

Despite the great burden of war trauma, not all children are similarly vulnerable. There is evidence of "war children" showing impressive signs of endurance and resilience. Resilient children are those who, despite severe adversities and trauma, do not suffer from psychological and social problems or are able even to blossom (Apfel & Simon, 2000; Rutter, 2000). Research among Palestinian children shows that resiliency could be attributed to strong ideological and social commitment (Punamäki, 1996), high self-esteem, successful and active coping (Baker, 1990), and creative problem solving (Punamäki, Qouta, & El Sarraj, 2001). It has been noted that living in chronic life-endangering conditions forces children to balance between distress and resilience and to solve conflicts between fear and courage (Punamäki & Suleiman, 1989). In this study, the conceptualization of mental health involves both psychological distress, indicated by PTSD and depressive symptoms, and positive resources, indicated by resilient attitudes and satisfaction with quality of life.

Researchers have identified several issues that explain the differences in mental health and adjustment of children living in war conditions: the trauma itself, responses to it, characteristics of the child, relationships

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