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Growing up under continuous trauma: a scoping review about mental health and resilience among Palestinian mothers and children

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Abstract

Palestinian families live under conditions of chronic political violence and displacement that shape the mental health of both mothers and children. This scoping review aimed to map the existing empirical literature on mental health and resilience among Palestinian mothers and children aged 5–13 who are displaced, refugees, or living under military occupation. Guided by PRISMA-ScR, the review conducted a systematic search of PubMed, Scopus, and Web of Science, from which 13 studies met the inclusion criteria. The review integrates quantitative, qualitative, and mixed-methods research published between 1991 and 2024.

A central finding of the review is the near-total absence of research addressing maternal mental health or mother–child dyads, despite extensive evidence from other conflict-affected settings showing that caregiver well-being is a key determinant of children's health. Regarding children, findings indicate pervasive and recurrent exposure to traumatic events, with high rates of mental health problems such as post-traumatic stress, anxiety, depression, negative affect, and somatic distress—even during periods of relative political calm. Despite this, trauma-related symptoms coexist with culturally grounded protective processes. Resilience emerges as a relational, contextual, and spatial phenomenon expressed through agency, family and community support, spirituality, and school engagement. Structural inequalities strongly modulate outcomes, with children living in refugee camps reporting lower life satisfaction, greater negative affect, and higher exposure to risk.

Overall, the review highlights the need for culturally attuned, multisystemic, and methodologically diverse research—particularly studies including mothers and diaspora settings—to deepen understanding of mental health and resilience in Palestinian families living under continuous adversity.

Introduction

According to the most recent estimates from the International Organization for Migration (IOM), in 2020, there were approximately 281 million international migrants worldwide, representing about 3.6% of the global population (IOM, 2024) while 108 million people were under forced migration or displacement (UNHCR, 2022), and more than 43 million are children (UNICEF, 2023).

Over the past two centuries, the migratory movements of the Palestinian people have been closely linked to political violence, often resulting in displacement or asylum seeking. As of mid-2025, the global Palestinian population was estimated at 15.2 million—including 5.61 million in the State of Palestine, 1.9 million in the 1948 territories, and approximately 6.5 million in Arab countries (Palestinian Central Bureau of Statistics [PCBS], 2025a). Within this population, approximately 5.9 million Palestinians are registered refugees under UNRWA's mandate across its five fields of operation, and nearly 1.5 million people reside in 58 recognized refugee camps (United Nations Relief and Works Agency for Palestine Refugees in the Near East [UNRWA], 2025). Jordan hosts the largest number (about 2.39 million registered), while Lebanon counts just under 500,000 registered refugees and, in Syria, 585,610 are registered (UNRWA, 2025). Ongoing conflict has also produced extensive internal displacement, with

PCBS estimating nearly 2 million people uprooted within the Gaza Strip during 2023–2025 hostilities (PCBS, 2025b).

Migration is recognized as a social determinant of health, influencing physical and mental well-being at the individual, family, and community levels (Van der Laat, 2017). These determinants are particularly critical in protracted displacement contexts such as Palestine, where forced migration has persisted for generations. At each stage of the migration process, specific stressors contribute to the risk of developing mental disorders. Thus, people in situations of migration or with refugee status are at increased risk of depression, anxiety, post-traumatic stress disorder, suicide, and psychosis due to cumulative exposure to adversity (WHO, 2023). Cultural and language barriers, social isolation from family and community networks, and the experience of migratory grief directly impact the psychosocial well-being and mental health of migrants (Cabieses et al., 2017; Chávez, 2014; Grau & Margarit, 2017; Mera et al., 2020; Ortega, 2017).

In the context of forced migration resulting from armed conflict, risk factors are amplified by cumulative trauma experienced before migration, during transit, and in the host country (Foster, 2001). Accordingly, the refugee population face a heightened risk of mental health problems due to prolonged exposure to violence in their regions of origin, the conditions surrounding their departure, and the challenges of adapting to new sociocultural contexts (Bogic, 2015; Mesa-Vieira et al., 2022).

A similar pattern is observed among children exposed to armed conflict, who exhibit impairments in physical health and neurodevelopment (Kadir et al., 2019) as well as an increased risk of depression, anxiety, and PTSD (Dangmann et al., 2022). A systematic review on mental health in refugee children from Western countries identified high rates of PTSD and depression, and highlighted age and gender as significant risk factors, with girls showing higher rates of mental health problems (Bronstein & Montgomery, 2011). However, this review did not include studies on Palestinian children, and overall, there is a scarcity of research on this population as refugees or displaced persons.

In their context of origin, Palestinian children display particular vulnerabilities due to simultaneous exposure to structural political violence, poverty, family stress, and weakening social support networks (Diab et al., 2018a). They experience overlapping deprivations in protection and housing, reflecting chronic structural disadvantage that exacerbates psychosocial vulnerability (Jamaluddine et al., 2021). Diab et al. (2018a) found that war-related traumatic stress and adverse living conditions led to a decline in parents' mental health, impairing their ability to provide supportive and sensitive parenting. Similarly, studies focused on early motherhood in Palestinian women highlight the importance of the dyadic relationship for children's well-being (Panter-Brick et al., 2014). Punamäki et al. (2019) found that the context of war activates attachment and caregiving systems under constant threat during pregnancy and postpartum, overloading mothers and increasing the risk of traumatic and depressive symptoms. Meanwhile, Diab et al. (2018b) concluded that mothers' post-traumatic growth played a protective role in their mental health, despite high exposure to traumatic experiences. Nevertheless, research addressing

the intergenerational and dyadic dimensions of mental health among Palestinian refugee mothers and children remains scarce.

At the same time, resilience strategies have been identified within the Palestinian community, including family support and positive interactions (Punamäki et al., 2017), spirituality and social skills in children (Abualkibash & Lera, 2015), and collective values of solidarity and mutual care (Marie et al., 2018). Likewise, social resilience is expressed through Sumud, a cultural value denoting steadfastness and endurance sustained by the hope of returning to their land (Atallah, 2017; Giacaman, 2019; Hammad & Tribe, 2021). Among Palestinian mothers, resilience is deeply intertwined with caregiving roles and collective identity, with emotional strength and community belonging operating as forms of resistance (Broekhuysen & Al Shaer, 2023; Sahyoun et al., 2019; Veronese et al., 2017). These culturally grounded resilience processes may buffer the intergenerational transmission of trauma and offer insight into protective mechanisms that sustain mental health under chronic conflict.

The literature on populations exposed to armed conflict and forced migration increasingly underscores that vulnerability and resilience coexist in a dynamic and interrelated manner (Mahamid, 2020; Masten et al., 2019).

Therefore, examining resilience alongside trauma is essential for understanding not only the damage caused by conflict, but also the adaptive mechanisms that enable survival and meaning-making in protracted crises. The literature includes ethnographic and theoretical studies on Palestinian resilience (Giacaman, 2019; Marie et al., 2018; Ryan, 2015) as well as studies focused on adolescents (Afifi et al., 2011; Mahamid, 2020; Wilson et al., 2011), but fewer studies centered on children in middle childhood.

Cumulative knowledge highlights an urgent need to develop robust, multisystemic frameworks to assess resilience in tandem with trauma (Lordos & Hyslop, 2021). At the same time, amid the ongoing humanitarian crisis in Palestine, traditional approaches to mental health research have largely focused on individual symptoms and recovery, overlooking the broader ecological systems that influence adaptation. Given the prolonged nature of armed conflict and forced displacement, it is essential to adopt a multisystemic perspective that considers the interconnections between personal, familial, community, and institutional factors.

Accordingly, this review examines the mental health and resilience of Palestinian children and their mothers who are displaced or refugees. A scoping review thus provides a methodological foundation to synthesize fragmented evidence, identify conceptual and measurement gaps, and guide culturally and contextually grounded research on resilience under conditions of chronic political violence and displacement.

Method

As part of the design of a study on Palestinian mothers and children in Chile, a scoping review was conducted to explore the state of the art on mental health and resilience among displaced or refugee

mothers and children aged 5 to 13 years. For this review, the age range for "middle childhood" was defined as extending up to 13 years old. This decision was informed by the input of a team member with extensive fieldwork experience among Palestinian children and youth. Based on their clinical and developmental observations, Palestinian children tend to exhibit developmental patterns and psychosocial characteristics consistent with middle childhood up to approximately age 13. Beyond this age, there is a notable emergence of behaviors, interests, and social roles that align more closely with early adolescence. This culturally and contextually grounded insight supported the delimitation of the target population for this review.

The review followed a systematic process of identification, screening, and selection of peer-reviewed empirical studies, integrating both qualitative and quantitative methodologies. The search strategy was designed in alignment with the PRISMA-ScR guidelines and included records published up to September 2024.

A comprehensive database search was conducted using PubMed, Scopus, and Web of Science. The search indicators included the following Boolean structure: (AB=(palestinian OR "arab-israelis" OR "israeli arabs")) AND (AB=(child OR childhood OR infant OR mother OR motherhood)) AND (AB=(displaced OR refugees)) AND (AB=("mental health" OR depression OR anxiety OR wellbeing OR traumatic OR trauma OR resilience)).The search was conducted with articles published until September, 2024.

The initial search yielded 106 records. After removing duplicates, 63 records remained. These were screened based on predefined inclusion and exclusion criteria. Inclusion criteria were: (1) studies focused on Palestinian children aged 5–13 and/or their mothers, exposed to violence, displaced or refugees; (2) empirical research using qualitative or quantitative methodologies; (3) publications in English, German, or Spanish; and (4) studies evaluating or relating to any mental health indicator. Exclusion criteria were: (1) theoretical articles, book chapters, or technical documents; (2) program descriptions or systematizations that did not include results or mental health measurements; and (3) publications in other languages.

During the selection stage, titles and abstracts were reviewed independently by pairs of researchers and then reviewed by the core team to ensure compliance with the inclusion criteria. In cases of disagreement, full texts were assessed, and decisions were made by team consensus. After full-text assessment, 55 articles were considered for eligibility. Of these, 15 were selected in the initial round, and a final sample of 13 studies was included in the review. Two articles were excluded at this stage for not reporting full data or for evaluating constructs unrelated to mental health or resilience. These phases are summarized in Fig. 1.

Results

All articles included in the review were published in English and focused primarily on children’s experiences. In most cases, mothers participated only as reporters of their children’s mental health,

without consideration of their own experiences as mothers or as women themselves. The publication period spans from 1991 to 2024, with 69% of the studies (9 articles) published since 2017.

Regarding methodological approaches, the studies employed a range of quantitative designs, using standardized surveys and psychometric scales, as well as statistical analyses such as ANOVA and SEM. Qualitative methodologies were also identified, including ethnographic techniques, interviews conducted in community settings, and the use of children's drawings and accompanying narratives. These studies predominantly applied content analysis and critical discourse analysis. A smaller number of mixed-methods studies combined quantitative phases with qualitative explorations to contextualize findings, such as the work of Cavazzoni et al. (2021). Consistent with PRISMA-ScR guidelines, no critical appraisal of study quality was conducted, as the aim of this review was to map the existing evidence.

Notably, none of the included studies directly examined maternal mental health. Existing research centers are almost exclusively focused on children, with mothers involved only as informants. This gap represents a major limitation in literature; particularly concerning mothers' own mental health needs and experiences.

Geographically, the studies were conducted mainly on the Gaza Strip and the West Bank, spanning both urban and rural settings. Several studies also examined populations living in refugee camps or other refugee contexts. One exception was the study by Beauregard et al. (2017), which analyzed the case of a Palestinian boy born in Lebanon and raised in Canada.

Across the reviewed literature, findings center overwhelmingly on children's experiences. The main themes identified were mental health and resilience. High exposure to multiple traumatic experiences was consistently documented, even during periods of relative political stability. Children exhibited elevated rates of mental health difficulties, including post-traumatic stress, depression, negative affect, and somatic symptoms. Resilience emerged as a form of collective resistance, with agency, social support, and life satisfaction identified as protective factors operating across multiple ecological systems. These results are described in further depth in the following sections.

A detailed overview of the included studies is presented in Table 1. The following sections provide a thematic synthesis of the findings, organized into two overarching domains: mental health and trauma, and resilience.

Table 1

Description of the Included Studies

Author (Year)	Objective	Participants (Age, gender, geographical location)	Desing, instruments and analyses techniques	Results
Manzanero et al. (2024)	Determine the prevalence of exposure to traumatic events and examine the symptoms of traumatic stress.	521 children (43.2% girls, 56.8% boys), between 11 to 13 years old, from the Gaza Strip, residing in areas: Rafah, Khan Yunis, Wustah, Gaza City, and North Gaza. All of them attended UNRWA elementary schools. Data collected between December 2014 and May 2015, months after the Israeli army attacks on the Gaza Strip.	Quantitative, cross-sectional study design. Iraqi Version-Arabic of Harvard Trauma Questionnaire (HTQ; Shoeb et al., 2007) Analysis of Variance (ANOVA) and chi-squared tests (χ^2) to test for statistically significant differences. Effect Size, Multidimensional Scaling (MDS) and Machine Learning Techniques.	A variety of traumatic experiences were identified among the participants: witnessed shelling, burning, or razing of residential areas (84.45%), witnessed mosques desecration or destruction (72.69%), confined to home because of outside shelling and violence (69.87%), exposed to combat situations (63.53%), witnessed corpses (63.15%), forced to flee from their home (53.51%). 26.29% of children present clinical symptoms of Post-Traumatic Stress Disorder (PTSD). The authors identified two modalities of PTSD: (1) Socially Preserved PTSD: characterized by individuals who maintain some level of social support and functioning despite their traumatic experiences. These children may exhibit symptoms of PTSD but still have access to supportive relationships and resources that help them cope with their trauma. (2) Socially Weakened PTSD: refers to children who experience more severe symptoms of PTSD and have

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				diminished social support. These individuals may struggle more significantly with their mental health, leading to greater impairment in their daily functioning and emotional well-being.
Veronese et al. (2021)	Investigate the association between agency and life satisfaction among Palestinian children living amidst political and military violence.	250 children between 7–13 years (45.2% boys, 54.8% girls, median age: 12). Participants without a previous mental health diagnosis, and exposure to acts of violence two months prior. Geographic Location: West Bank and Gaza Strip, including rural areas, urban areas, and refugee camps. Data were collected between November 2017 and April 2018 during a relatively calm period for Palestine.	Quantitative exploratory study. Instruments: Multidimensional Student's Life Satisfaction Scale (MSLSS; Huebner, 2004; Veronese and Pepe, 2018). Positive and Negative Affect Scale for Children (PANAS-C; Watson et al., 1988). Children's Impact of Event Scale (CRIES-13; Veronese and Pepe, 2021); Children's Hope Scale (CHS; Haroz et al., 2017). Analysis: Structural Equation Modelling (SEM).	Approximately half of the interviewees reported having been exposed to more than one event related to political violence. War episodes were only reported by children living on the Gaza Strip. Palestinian children demonstrated high levels of trauma-related symptoms, with a mean total score above the PTSD cut-off (≥ 30), no significant differences in terms of gender. Agency (defined how the capacity of children to act and mobilize individual and collective resources available in their environment) indirectly reduced trauma symptoms through its positive effects on life satisfaction. Also, life satisfaction significantly reduced trauma symptoms and negative emotions, could be a protective strategy against the psychological impacts of violence. Children's satisfaction with their school and living environment reflects their efforts to

Author (Year)	Objective	Participants (Age, gender, geographical location)	Desing, instruments and analyses techniques	Results
				regain a sense of control over their lives. Older children, especially girls, reported lower scores in agency, life satisfaction, and positive affect, suggesting a decline in these protective factors as they age, potentially due to accumulated exposure to adverse conditions.
Cavazzoni et al. (2021)	Examine the differences in agency, life satisfaction, affectivity, and symptoms of trauma among Palestinian children, focusing on how gender and living context influence these factors.	For the qualitative sample: 75 children aged 7 to 13 years old (mean age of 10.27 years, SD = 1.38), being 68% females and 32% males. For the quantitative sample (n = 250), a mean age of 11.58 years (SD = 1.49). Geographic Location: urban areas (Nablus), refugee camps (Dheisheh, Jabalia), and rural areas (Fasayel) in the West Bank and Gaza Strip.	Mixed-method sequential explanatory design. Quantitative instruments: Multilevel Student's Life Satisfaction Scale [MSLSS] (Huebner 1994; Veronese & Pepe, 2018); Children's Hope Scale (Snyder et al. 1991; Veronese et al. 2019); Children's Impact of Event Scale [CRIES-13] (Horowitz et al., 1979; Veronese &Pepe 2013); Positive and Negative Affect Scales (Watson et al., 1988; Veronese and Pepe, 2017). Qualitative data were collected through drawings and 'talking while walking' interviews.	Girls reported higher satisfaction in school but also higher levels of negative affect. Older girls exhibited lower levels of life satisfaction and agency. Children's satisfaction with their life, as well as negative and positive affects and trauma symptoms, did not statistically differ between Gaza Strip and West Bank's participants. Children in the West Bank showed higher levels of agency compared to those in Gaza. Refugee children were less satisfied with their lives compared with children living in rural and urban areas. They also reported lower satisfaction scores concerning the domains of family, school and living environment, and the lowest scores in positive emotions.

Author (Year)	Objective	Participants (Age, gender, geographical location)	Desing, instruments and analyses techniques	Results
			Thematic analysis for qualitative data to identify gender and context-specific differences. Correlation analysis to explore relationships among the quantitative measures.	The constant threat of violence and lack of safe recreational spaces deeply affected children's sense of stability and well-being, particularly in Gaza. Refugee children faced overcrowded and unhealthy living conditions, social fragmentation and resource scarcity, which impeded their well-being and development. Girls expressed a sense of vulnerability in public and private spaces due to both external violence and societal norms. Girls viewed education as a pathway to empowerment and gender equality, describing schools as one of the few safe spaces for personal growth and social interaction. Gendered societal norms were described as a barrier for girls. While boys enjoyed greater autonomy and access to outdoor space.
Veronese et al. (2020).	Explore the spatial agency that Palestinian children use to counter the current trauma and political violence, maintaining positive functioning and subjective well-being.	29 children from a primary school in Dheisheh refugee camp, West Bank. Ages ranged from 7 to 13 years. Gender is not specified.	Qualitative research, using drawings and guided interviews. After drawing, randomly selected children (seven girls, three boys) were asked to continue the conversation in the places themselves: the	Five key themes were identified related to children's use of space: 1.- The mosque is a place of spiritual resistance: Pray to control and reduce negative emotions and to mobilize positive feelings. Spirituality as a means to confront the occupation and reclaim freedom.

Author (Year)	Objective	Participants (Age, gender, geographical location)	Desing, instruments and analyses techniques	Results
			children guided the researcher around their familiar places and narrated their experiences in vivo. Thematic content analysis (TCA) applied to both written and drawn materials.	2.- School as a source of happiness and self-improvement, and as a safe place where to engage in activities of playing and socializing. Education as a means to empower women's rights. 3.- Internal spaces, like home, as places where to feel protected and safe. Home as a familiar environment where to experience freedom and self-realization. 4.- Community spaces as places for fun and active participation. Public spaces as symbols of belonging to a collectivity: shared sense of coherence and unity. These are places where to engage in the healing process through collective narrative practices. 5.- Outdoor spaces in the camp, despite environmental hazards and the Israeli occupation.
Veronese & Pepe (2018)	Adapt an instrument that evaluates life satisfaction in children.	Palestinian primary school children (N = 1215, 58.6% girls, 41,4% boys). Age: 6–11 years old (M = 8 years). Living in refugee camps	Cross-sectional and quantitative design. Data was collected at a single time point. Instruments: Multidimensional Student's Life Satisfaction Scale [MSLSS] (Huebner 1994); Positive	The results supported a robust four-factor 14-item structure (RMSEA = .030; NFI = .973, TLI = .981; CFI = .985) with good internal reliability. Medium-high scores were obtained in the dimensions of life satisfaction (family, friends, school and environment),

Author (Year)	Objective	Participants (Age, gender, geographical location)	Desing, instruments and analyses techniques	Results
		(Bureij, Gaza Beach Camp, Jabalia, Rafah).	and Negative Affect Scale - Child Version [PANAS-C] Arabic version (Veronese et al. ,2017); Revised Children's Impact of Event Scale [CRIES] (Veronese & Pepe, 2013). Exploratory and confirmatory factor analysis, invariance testing and Pearson correlation for test divergent validity.	indicating a positive perception of children towards these areas of their lives. Results from the PANAS-C scale indicated moderately high levels of positive affect (M = 42.9, SD = 4.97) and lower levels of negative affect (M = 33.9, SD = 7.30), highlighting children's emotional resilience in adverse contexts. Mean scores were observed on the intrusion (M = 22.3, SD = 5.52) and avoidance (M = 12.8, SD = 3.26) subscales of the CRIES, reflecting symptoms of psychological trauma associated with exposure to political and military violence. For Palestinian children, being part of a collectivist society and living in conditions of widespread "social suffering" helps explain why social dimensions of life satisfaction (family, friends, school) are more salient than the individual dimensions.
Veronese et al. (2017a)	To assess the interrelationships among life satisfaction, affect balance (positive and negative affect), and symptoms of trauma in Palestinian children living in a	Palestinian children (N = 1276; 41.5% boys and 58.5% girls) recruited through primary schools. Age: 6–11 years (M = 8)	Cross-sectional, quantitative study Instruments: Multidimensional Student's Life Satisfaction Scale [MSLSS] (Huebner 1994); Positive and Negative	Life satisfaction contributed to better affect balance in children, which in turn, mitigated the impact of traumatic events (intrusion and avoidance symptoms). Positive affect was linked to increased life

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	context of low-level warfare (ongoing confrontation between a regular army and armed groups or guerrilla fighters).	Children who have experienced or witnessed war-related violence in the past three months. Gaza Strip refugee camps: Bureij, Gaza Beach Camp, Jabalia and Rafah.	Affect Scale - Child Version [PANAS-C] (Veronese et al. ,2017); Revised Children's Impact of Event Scale, intrusion and avoidance symptoms [CRIES] (Veronese & Pepe, 2013). Analysis: Structural Equation Modelling (SEM).	satisfaction, while negative affect amplified trauma symptoms. Avoidance behaviors were viewed as an adaptive coping mechanism, helping children regulate intrusive traumatic memories. Life satisfaction and positive affect act as protective factors, supporting children's ability to adapt to adverse conditions. Life satisfaction levels did not vary significantly between boys and girls. Girls reported higher levels of trauma symptoms, specifically intrusion and avoidance. They also showed greater negative affect, contributing to a greater psychological impact of trauma in this group. The relationship between life satisfaction and trauma symptoms appears to weaken with age, suggesting a progressive reduction in protective resources in older children.
Veronese et al. (2017b)	Explore children's self-perceived protective and risk factors that can strengthen their ability to adapt to a	Palestinian children (N = 200), between 6 to 11 years, 104 boys and 96 girls.	Exploratory, qualitative study. Collection through narrative game series. They were first invited to	Both boys (77.41%) and girls (52.46%) reported having directly experienced traumatic events related to war, episodes of political

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	traumatic life context.	Children were recruited at primary schools located in four refugee camps in the Gaza Strip (Bureij, Gaza Beach Camp, Jabalia, and Rafah) in the aftermath of the Israeli military operation “Pillar of Defence” in 2012.	represent their war experiences using drawing and other art therapy techniques. The children's narratives about their creations were recorded on video and then transcribed and translated from Arabic to English. Qualitative content analysis.	violence (40.22% of the boys and 34.30% of the girls), domestic violence (30.16 of boys; 3.3% of girls), or community violence (5.3% boys, 2.2% girls). Satisfaction with school, friends, and the living environment, family and personal satisfaction, along with play, contribute to children's good psychological functioning and mental health. Girls mentioned more sources of protection than risks; in contrast, boys perceived themselves more at risk than protected. In boys, the most serious self-reported risks were related to the environmental and emotional dimensions, followed by family and health. Play, self, sociability, and school were perceived as protective factors against traumatic experiences. In girls, they seemed to enjoy more protective resources such as friends, family, personal resources, sociability, school, and spirituality. Girls seemed to prefer intimate and domestic forms of agency such as spirituality, with sociability interpreted as something that takes place in a domestic setting; while boys described agency as living and

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				populating external spaces such as the street, the neighborhood playground, etc.
Beauregard et al. (2017)	Explore how a Palestinian refugee boy expresses his multiple identities and makes sense of them through his drawings.	Student called Ali, 9-year-old Palestinian refugee boy, born and raised in Lebanon who lives in Canada. His parents are Palestinian refugees. Ali is part of the Art & Storytelling program, in a Canadian multiethnic elementary school.	Case study, qualitative. A program of 12 weekly workshops, each one hour long, led by art therapists. Data: Two self-portraits and 13 free drawings by Ali were analyzed, observing his evolution on drawings and behaviors throughout the workshops. Interview with the mother and teacher.	Ali's drawings evolved significantly over time, reflecting a gradual integration of his Palestinian, Lebanese, and Canadian identities. By the end of the program, he demonstrated that he was more comfortable expressing his identity and had a clearer connection between his home and his school. The mother identifies as Palestinian, despite having been born abroad and raised in Lebanon. It expresses loyalty to Palestine and a strong ethnic identity affiliation that seems to have been transmitted to Ali. However, for Ali, this tie might have been fragilized by his parents' migration project. At the beginning, his drawings evoked a wounded identity, especially due to the level of chaos, confusion and lack of space, related to aspects of trauma. He befriended a Lebanese classmate, whom he integrated into his drawings, visually exploring different ways of merging and separating his multiple identities.

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				The support of his teacher and the school environment played a crucial role in his adaptation and healing process. For refugee students who have been uprooted, relying on one's own cultural identity of origin could play a protective role.
Massad et al. (2017)	To examine the mental health status of Bedouin children in the West Bank, with attention on the impact of exposure to traumatic events and the role of maternal mental health on children's vulnerability to psychiatric disorders.	455 Bedouin children ranging in ages from 5 to 6, 11 to 12, and 15 to 16 years old. Randomized sample of 18 Bedouin communities of West Bank, including East Jerusalem. Data was collected between October and November 2014.	Quantitative study, cross-sectional design, household survey method. Instruments: Strength and Difficulties Questionnaire [SDQ] (Goodman et al., 2003) administered to both the child's mother, teacher and child (11–16 years old); 19-item Gaza Traumatic Event Checklist (Thabet et al., 2006); self-rated mental health item [SRMH] (Ahmad et al. 2014). Analyses: Pearson correlation, chi-square, binary logistic regression and linear regression analysis.	In the overall sample, 44% of Bedouin children had probable psychiatric disorders. Significant differences in exposure to traumatic events were observed between children with low SDQ scores (low risk of poor mental health) and children with high SDQ scores (probable psychiatric disorder). The most frequent mental health problem was probable oppositional/conduct disorder, with the highest prevalence in children aged 6–7 years. Peer relationship problems were most likely in children aged 11–12 years. Child age, gender, maternal education and maternal mental health were not associated with lower scores in SDQ.
Marshall (2014)	To understand the role of international ONGs in	36 children, participants in the trauma relief projects,	Qualitative ethnographic research,	From institutional discourse, Palestinian children are portrayed as passive victims of

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	producing forms of childhood political subjectivity, and how children transform such discursive constructions of Palestinian childhood.	were distributed into research groups, of 6 members each one. In total, they were formed: 2 groups of girls, 2 groups of boys, and 2 mixed groups of girls and boys, all aged 10–13 years of age. Location: Balata refugee camp, northern West Bank.	participant observation. Collected data: Texts from humanitarian aid organizations, reports and websites. With children focus group, interviews and visual methodologies were implemented (drawing, mental mapping, journaling, photo-diaries, participatory video, and child-led photo tours of the camp). Critical discourse analysis.	nameless violence, and thus in need of external intervention. The analysis of ONGs discourses revealed three general themes: (1) the invisibility of the occupation as a source of violence; (2) the potential violence and aggression of Palestinian children if left untreated; (3) the view that individual creativity and personal self-expression are the keys to freeing children from the emotional and psychological stress of violence. While trauma relief projects seek to create well-balanced Palestinian youths through projects which emphasize individual creative self-expression, Palestinian youth take these creative tools and use them in a politics of anti-occupation resistance. Children recognize the psychological impact of violence and harsh living conditions due to the occupation, generating diverse emotional responses among them. They see themselves as being active members of a community in resistance, building creative projects that highlight places of play in the refugee camp, the physical traces of violence in the spaces

Author (Year)	Objective	Participants (Age, gender, geographical location)	Desing, instruments and analyses techniques	Results
				and stories of resilience of their community.
Marshall (2013)	To examine the ways in which Palestinian children interpret and transform the discourse of trauma and the aesthetics of suffering that dominates representations of Palestinian childhood.	Children between 10 to 13 years. 36 children were distributed into research groups, of 6 members each one. Balata refugee camp (West Bank)	Qualitative ethnographic study based on participatory research. It includes extended fieldwork, participant observation, visual research activities, focus group and direct interaction with children and adults. Discourse analysis. Critical reflection on the visual, affective, and aesthetic methodologies used in research with children.	Refugee children use the concept of beauty (*jameel*, *hilwa*) to narrate everyday resistance in overcrowded and precarious living conditions, valuing care, neighborhood solidarity, and family love. They construct imagined futures that are more just and secure, articulating hope, dignity, and religious faith as life-affirming acts rooted in an Islamic aesthetic of care. The girls, in particular, affirm that maintaining clean, decorated, and tidy homes in the camp is not just an aesthetic issue but a spiritual, political, and symbolic act of resistance. This type of narrative constitutes a form of cultural and aesthetic resilience that does not deny trauma but rather redefines it, in contrast to the victimizing humanitarian narrative.
Veronese et al. (2011)	To explore the levels of optimism, life satisfaction, and perceived happiness in a group of Palestinian children living in different contexts.	Palestinian children (n = 216). Age between 9–11 years (M = 10, DS ≈ 1.98); 119 boys (55.1%) and 97 girls (44.8%).	Cross-sectional quantitative study. Instruments: Youth Life Orientation Test (YLOT; Ey et al, 2005), the Subjective	High levels of optimism, life satisfaction, and subjective happiness were found across all subgroups, even in contexts of extreme poverty and violence.

Author (Year)	Objective	Participants (Age, gender, geographical location)	Desing, instruments and analyses techniques	Results
	It seeks to understand these variables as protective factors for positive adjustment to the trauma caused by political and military violence.	Residents of the urban area (Nazareth, Israel), Tulkarem (West Bank), rural area (Assalam and Shufia village) and refugee camp (Nur Shams).	Happiness Scale (SHS; Lyubomirsky et al, 1999) and the Face Scale (FS; Abdel-Khalek, 2006) (all self-report). Analyses: Comparative analysis was performed between subgroups by geographic area, and gender differences were assessed using ANOVA and correlations between variables.	Children in the Nur Shams refugee camp reported the highest levels of both optimism and subjective happiness. Children in Tulkarem city reported the lowest levels of life satisfaction. There were no significant gender differences in optimism or perceived happiness; however, girls reported higher life satisfaction than boys. Positive correlations were found among optimism, happiness, and life satisfaction, while a negative correlation was observed between age and life satisfaction.
Baker (1991)	To examine the psychological consequences of military and political violence on Palestinian children; to assess how demographic factors and trauma levels influence their symptoms, and to compare their coping mechanisms with those of children in similar contexts.	130 palestinian children, (ages from 6 to 14 years old, 72 boys and 58 girls. Location: West Bank (Village = 68; City = 52; Refugee Camp = 20). Representative sample The data used for the study were collected nine months after the onset of the Intifada.	Descriptive and correlational observational study. Data were collected using a self-constructed instrument focused on: demographic information, the degree of traumatic environment (high, medium, low), psychological symptoms (assessed through mothers), and opinions regarding the Intifada (asked to	On a scale from 1 to 3, they reported a moderate level of behavioral problems (MD = 1.55), with fights, jealousy, and disruptive behavior being the most common, and psychosomatic problems (MD = 1.56), with frequent symptoms such as difficulty sleeping, nightmares, and headaches or stomach aches. Psychopathological symptoms presented a lower level (MD = 1.36), with the most common being: fear of soldiers or leaving home, and depression.

Author (Year)	Objective	Participants (Age, gender, geographical location)	Desing, instruments and analyses techniques	Results
			children and classified as 'positive,' 'negative,' or 'neutral'). Analysis: One-Way Analyses of Variance (ANOVA) and Chi-Square.	Behavioral and psychosomatic problems were most severe in children from refugee camps, villages and those aged 9 years and older. No significant differences were found by gender. The degree of exposure to traumatic experiences was associated with psychosomatic and psychopathological problems, but not with behavioral problems. The degree of exposure to traumatic experiences was not significantly associated with children's perception of the Intifada. 85% of children held a positive opinion, regardless of the level of trauma experienced.

Mental health, trauma, and modulation of the social context.

Across the reviewed studies, it is evident that Palestinian children have experienced high and recurrent exposure to multiple traumatic events, both direct and indirect. These include bombings, destruction of residential areas and mosques, witnessing corpses, confinement at home due to violence, and forced displacement, with rates often exceeding 60% of participants (Manzanero et al., 2024). Even outside acute attacks, nearly half of the children report exposure to more than one potentially traumatic event (Veronese et al., 2021), underscoring the chronic nature of these threats. Qualitative work conducted during and after military assaults similarly reveals widespread experiences of war-related violence, domestic and community violence, and environmental insecurity (Veronese et al., 2017b; Marshall, 2013). Together, these findings underscore the pervasive and recurrent nature of traumatic exposure among Palestinian children, even across distinct political periods and forms of military aggression.

This continuous exposure is reflected in high rates of mental health difficulties. Studies report elevated symptoms of post-traumatic stress, intrusion, avoidance, hypervigilance, sleep disturbances, anxiety, and

negative affect, sometimes accompanied by behavioral disorders and difficulties in peer relationships. (Manzanero et al., 2024; Veronese et al., 2017a; Veronese & Pepe, 2018). Following the First Intifada (around 1990), behavioral and psychosomatic problems were reported, including increased rates of depression, fear of soldiers, psychosomatic problems, nightmares, and fear of leaving home (Baker, 1991).

In other studies, approximately 25–44% of children meet criteria or present probable psychiatric disorders, depending on age and context (Manzanero et al., 2024; Massad et al., 2017). Importantly, Manzanero et al. (2024) identified two distinct response profiles to trauma: (1) socially preserved PTSD, in which children present symptoms but remain functionally adapted due to social support, and (2) socially weakened PTSD, characterized by more severe symptoms accompanied by isolation and deterioration in social functioning. Gender patterns also emerge; girls tend to report higher rates of trauma symptoms and negative affect, with a greater negative impact and reduced agency as they age; whereas boys more frequently externalize distress or express it through risk-taking behavior or play (Cavazzoni et al., 2021; Veronese et al., 2017a).

Taken together, these studies emphasize that children's mental health is shaped not only by exposure to violence but also by the social and ecological context in which they live. Positive affect, life satisfaction, and supportive relational environments consistently emerge as protective factors that buffer the severity of trauma symptoms (Veronese et al., 2017a; Veronese et al., 2011). The evidence also shows that positive and negative affect often coexist in children's daily lives, and this interplay functions as a regulatory mechanism: positive affect—nurtured through family, school, spirituality, and community—can mitigate the impact of trauma-related symptoms, thereby moderating the overall psychological toll of violence (Veronese et al., 2017a; Veronese et al., 2011).

More broadly, children with greater access to meaningful social support across different ecological systems demonstrate fewer trauma symptoms and better psychological functioning. In contrast, structural conditions and contextual inequalities shape marked differences in well-being: children living in refugee camps report lower life satisfaction, reduced positive affect, and heightened negative affect compared to those in urban or rural settings (Cavazzoni et al., 2021). In this context, structural inequalities, overcrowded living conditions, lack of safe recreational spaces exacerbate the sense of vulnerability and social fragmentation (Cavazzoni et al., 2021; Veronese et al., 2020). The findings suggest that children's mental health reflects a dynamic interplay between trauma exposure and contextual resources.

Resilience: life satisfaction, agency, and resistance.

A second major topic identified across the reviewed literature concerns resilience, understood not as an individual trait but as a relational, spatial, and contextual process emerging under conditions of political violence, displacement, and structural deprivation. The studies show how Palestinian children develop forms of agency —understood as the capacity to act and mobilize individual and collective resources

available in the environment—which constitute acts of everyday resistance (Marshall, 2014; Veronese et al., 2021, 2020).

An important contribution comes from studies showing how children actively challenge humanitarian discourses that frame them as passive victims. Rather than focusing solely on suffering, they mobilize creative and cultural practices—such as art, storytelling, and play—to produce alternative narratives that affirm identity and collective resistance (Beauregard et al., 2017; Marshall, 2013, 2014). These practices operate as emotional and political resources that transform experiences of violence into shared meaning-making processes, reinforcing the collective nature of agency in this context (Marshall, 2014).

This agency is also expressed in everyday domestic practices, particularly among girls, who engage in activities such as decorating or beautifying the home as symbolic gestures of care, dignity, and spiritual resistance (Marshall, 2013). Gender norms shape how agency is enacted: while girls' agency often emerges in private or spiritual domains, boys tend to associate their sense of agency with public and community spaces—patterns that the reviewed studies consistently link to broader sociocultural expectations.

Regarding life satisfaction, the reviewed studies agree that it plays a fundamental role as a protective factor against the impact of traumatic experiences. Veronese et al. (2021) concluded that agency contributes to reducing the effects of traumatic symptoms indirectly by enhancing life satisfaction. In another study with Palestinian children aged 6 to 11 living in refugee camps, researchers reported medium-high levels of life satisfaction, especially in domains such as family, friends, school, and environment (Veronese and Pepe, 2018). These findings suggest that, despite structural violence, social support and emotional bonds sustain key dimensions of emotional well-being. However, this resilience does not manifest uniformly. Cavazzoni et al. (2021) showed that children living in the Gaza Strip and refugee camps exhibit significantly lower levels of life satisfaction, especially in relation to family, environment, and school. These territorial differences are associated with adverse material conditions, overcrowding, limited access to safe spaces, and sustained exposure to violence.

Other studies highlight that high levels of life satisfaction in domains such as family, school, and friendships contribute significantly to emotional balance and the mitigation of traumatic symptoms (Veronese et al., 2017a, 2011). In particular, the combination of high life satisfaction and elevated levels of positive affect is associated with better psychological adjustment and lower post-traumatic symptomatology (Veronese et al., 2017a). Age and gender also modulate these protective factors: girls—especially at more advanced school ages—report lower levels of life satisfaction and agency yet attribute high symbolic and emotional value to school (Cavazzoni et al., 2021). Veronese et al. (2021) further identified that, as age increases, protective factors such as agency, life satisfaction, and positive affect tend to decrease, particularly among girls, potentially due to accumulated exposure to adverse conditions.

Children also identify important sources of satisfaction associated with their immediate environment—play, friends, spirituality, and family (Veronese et al., 2017b). Gender differences are again notable: while

boys report greater perceptions of risk and link their agency to public spheres, girls tend to find more protective resources in private spheres, reinforcing a form of resilience more grounded in domestic and relational spaces (Veronese et al., 2017b; Marshall, 2013).

Finally, spatial agency refers to how boys and girls construct subjective relationships with the places they inhabit, resinifying them as spaces of refuge, care, and resistance (Veronese et al., 2020). Veronese et al. (2020) identify five types of spaces with resilient meanings: (1) internal spaces such as the home, understood as an environment of safety and protection; (2) the school, as a source of happiness, personal growth, and safe socialization; (3) the Mosque, as a space of spiritual resistance; (4) community spaces, associated with social cohesion, enjoyment, active participation, and belonging; and (5) outdoor spaces, which remain meaningful despite being limited by the risks of violence and destruction. Gender differences are also evident in spatial agency: while girls tend to appropriate indoor spaces such as the home or school, boys identify with public spaces such as streets or the neighborhood (Veronese et al., 2017b). These differences reflect not only gender norms but also differentiated strategies for emotional coping and making sense of experiences of conflict, displacement, and structural violence (Veronese et al., 2020, 2017b).

Discussion

Across the reviewed studies, a consistent pattern emerges: Palestinian children experience very high and chronic exposure to traumatic events, with widespread prevalence of symptoms of post-traumatic stress, anxiety, depression, and somatic distress, among others. At the same time, resilience emerges as a relational and contextual process in which children actively engage with their social environments to generate meaning and preserve well-being. The findings reveal a dynamic, dialogical relationship between trauma and resilience rather than a dichotomous opposition, coexisting within complex ecological systems (Betancourt et al., 2013). Mental health outcomes are shaped not only by exposure to political violence but also by the quality of social ties, access to supportive environments, and children's capacity to resist and exercise agency. Children's experiences lie along a continuum between trauma and resilience, where adaptation and harm coexist and mutually modulate each other.

The review also exposes major gaps: no study directly examined maternal mental health, and very few studies examined Palestinian children outside the Middle East, with only one case study conducted in the diaspora (Beauregard et al., 2017). This highlights a need to expand research beyond the Palestinian territories to better understand the experiences of displaced and refugee Palestinian families globally. Furthermore, the complete absence of studies addressing maternal mental health stands in contrast to evidence from other conflict-affected contexts (Broekhuysen & Al Shaer, 2023; Diab et al., 2018a; Diab et al., 2018b; Punamäki et al., 2019). For example, Panter-Brick et al. (2014) found that caregiver psychological distress prospectively predicts children's symptoms and mediates the impact of conflict exposure. This gap limits our ability to understand intergenerational trauma, dyadic resilience, and caregiving processes within displaced Palestinian families.

The reviewed studies collectively portray a context of prolonged, multifaceted, and cumulative trauma, reflecting decades of structural violence, military attacks, displacement, overcrowded living conditions, and restrictions on mobility. These findings align with global evidence showing that children exposed to chronic conflict experience heightened risk of PTSD, depression, and anxiety, particularly when exposed to life-threatening events such as bombings, armed assaults, and witnessing death (Betancourt et al, 2013; Kadir et al., 2019; Masten et al., 2019). Palestinian children are not exposed to isolated traumatic events but to ongoing adversities, a pattern more consistent with cumulative or continuous traumatic stress.

Despite the heavy focus on psychopathology, it is notable that no study applied the construct of post-traumatic growth to this population. This absence is theoretically meaningful: post-traumatic growth assumes that the traumatic event has ended, allowing space for reflection and reconstruction. For Palestinian children, particularly in Gaza, traumatization remains active, ongoing, and structurally produced. This absence of growth frameworks underscores that the violence affecting Palestinian children is not post-traumatic but peri-traumatic and continuous, a reality further exacerbated by the intensification of the conflict and large-scale destruction in Gaza in recent years.

One of the most notable findings is the distinction between socially preserved and socially weakened PTSD (Manzanero et al., 2024), which illustrates how social networks modulate functional impairment in war contexts. Children who maintain supportive connections with family, peers, or community institutions show better functioning despite trauma, whereas those who become socially isolated exhibit more severe symptomatology. Additionally, multiple studies document the coexistence of positive and negative affect, high life satisfaction in specific domains, and children's active engagement in meaning-making. This pattern may correspond to cultural frameworks of Sumud, which describe resilience not as individual coping, but as culturally embedded resistance sustained by family, community, spirituality, and connection to land (Atallah, 2017; Giacaman, 2019; Marie et al., 2018).

In this regard, agency emerges as a central construct that reframes Palestinian children not as passive victims but as political and relational actors who resist humanitarian discourses that depict them as helpless (Marshall, 2013, 2014). Through art, storytelling, domestic practices, creative play, and community participation, children cultivate continuity, identity, and dignity. This form of agency challenges pathologizing narratives and highlights the relational, cultural, and spatial dimensions of resilience. As noted in the results: spatial agency enables children to reorganize their practices in relation to place, generating predictability, security, and symbolic refuge under forced displacement.

The review underscores the need for an intersectional understanding of Palestinian children's mental health and resilience that integrates geography, gender, age, and the pervasive influence of structural violence. Territorial inequalities emerge sharply, as children living in refugee camps consistently exhibit worse psychological outcomes, a pattern aligned with global refugee research. Camp environments are characterized by overcrowding, insecurity, limited access to green and recreational spaces, poverty, and fragile infrastructures, all of which intensify trauma exposure while constraining access to protective

resources. These findings resonate with ecological resilience theories emphasizing that developmental well-being is shaped by the quality and availability of environmental resources (Masten et al., 2019; Panter-Brick, 2014).

Gendered patterns further complicate this landscape, as girls display higher rates of internalizing symptoms, reduced agency as they grow older, and stronger emotional attachment to school as a protective and stabilizing space. These observations are consistent with Bronstein and Montgomery's (2011) review of refugee children and broader evidence showing that girls in conflict zones tend to internalize distress more intensely than boys. In contrast, boys more often externalize distress or seek forms of agency in public spaces, whereas girls enact resilience within domestic or spiritual domains, highlighting the need for gender-sensitive frameworks when examining adaptation in contexts of chronic political violence.

Building on calls by Marie et al. (2018) to situate Palestinian resilience within its cultural and political context, the findings of this review align with multisystemic models of resilience, particularly Ungar's framework (Ungar et al., 2021, 2023). This model emphasizes that resilience emerges in the presence of adversity and results from dynamic processes across interdependent systems—including the individual, family, community, and institutions—that persist, resist, adapt, or transform in response to contextual stressors. The results observed in the reviewed studies reflect these principles, as protective processes such as play, spirituality, family support, friendship networks, school environments, and community cohesion collectively shape children's emotional regulation and meaning-making. These findings also resonate with ecocultural and collective coping perspectives, highlighting the culturally grounded nature of resilience in protracted displacement. Furthermore, spatial theories of place-making and attachment (Scannell & Gifford, 2010) illuminate how micro-spaces, such as the home, school, mosque, and neighborhood, operate as anchors of continuity, identity, and symbolic resistance amid structural violence. A troubling implication follows: if resilience depends on access to these relational and spatial ecosystems of protection, then the recent large-scale destruction of homes, schools, and community infrastructures in Gaza raises profound concerns about the future psychological well-being of its children.

Methodologically, the reviewed studies consistently employ psychometric instruments translated and adapted into Arabic for the Palestinian context, providing reliable and comparable quantitative assessments of children's mental health and well-being. These tools offer important diagnostic and analytic value, which can be strengthened when complemented with qualitative approaches that illuminate dimensions less accessible through standardized measures. Ethnographic methods, narrative interviews, and children's drawings, in particular, are especially useful for capturing culturally situated meanings, spatial and emotional experiences, and forms of agency that enrich and contextualize quantitative findings. Future research would benefit from integrating culturally attuned measurement tools with multisystemic, dyadic, and family-level designs, as well as incorporating spatial, narrative, and affective methodologies to enhance the ecological validity and cultural resonance of studies conducted both in Palestine and in diaspora settings.

This review presents several strengths, including a systematic search strategy and the inclusion of diverse quantitative, qualitative, and mixed methods designs. By integrating spatial, cultural, and ecological interpretations, it offers an integrative understanding of how trauma, resilience, and contextual dynamics intersect in a population exposed to continuous and ongoing violence. Nevertheless, the findings should be interpreted with caution due to limitations including the small number of eligible studies, heterogeneity in research designs, the absence of research on mothers or parent–child dyads, and language restrictions that may have excluded relevant regional literature. Moreover, potential publication bias favoring studies conducted in Gaza and the West Bank may limit the visibility of experiences in diaspora settings. Taken together, these strengths and limitations highlight the need for more comprehensive, culturally attuned, and methodologically diverse research to deepen our understanding of Palestinian children's mental health and resilience.

Declarations

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Ethics Approval and Consent to Participate: Not applicable. This study is a scoping review based exclusively on the analysis of previously published literature and did not involve the collection of primary data from human participants or animals.

Consent for Publication: Not applicable.

Data Availability: All data analyzed during this study are derived from previously published studies, which are cited in the reference list. The extracted data supporting the findings of this review are presented within the article and its supplementary materials, where applicable.

Competing Interests: The authors declare that they have no competing interests.

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Figures

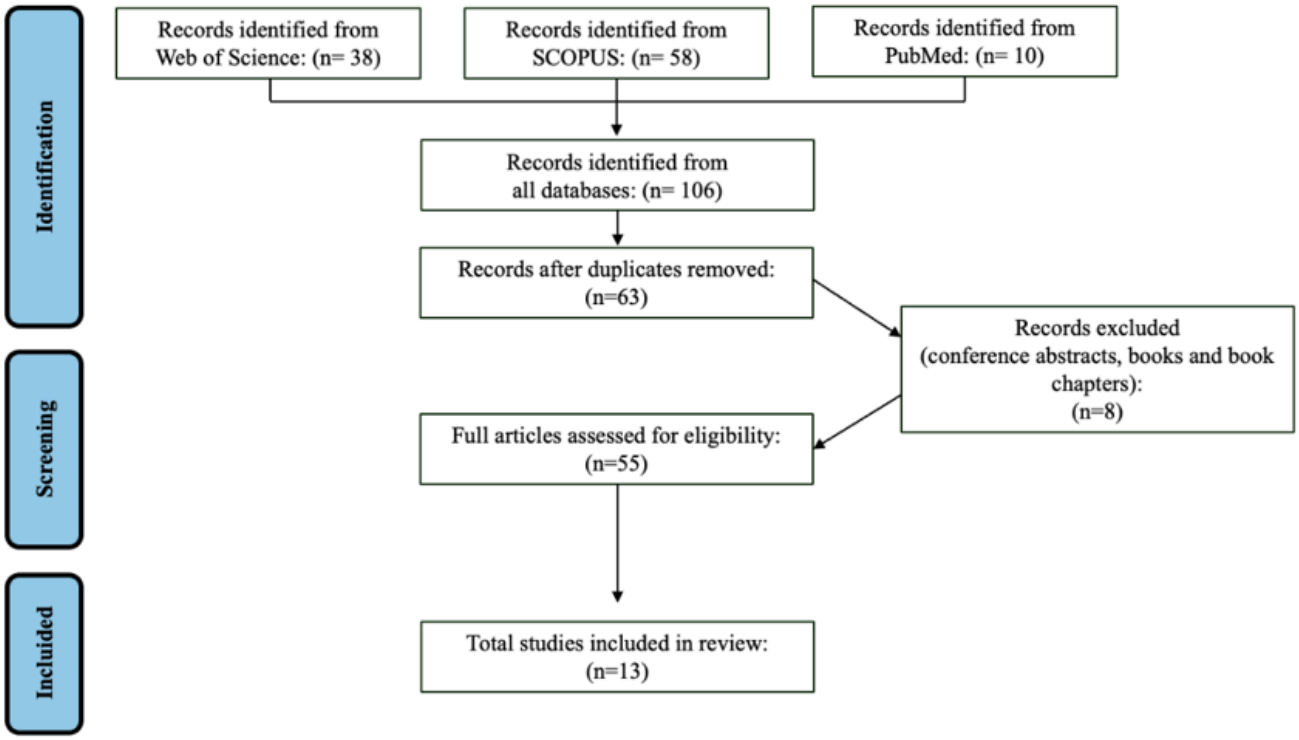


Figure 1

PRISMA-ScR Flow Diagram.