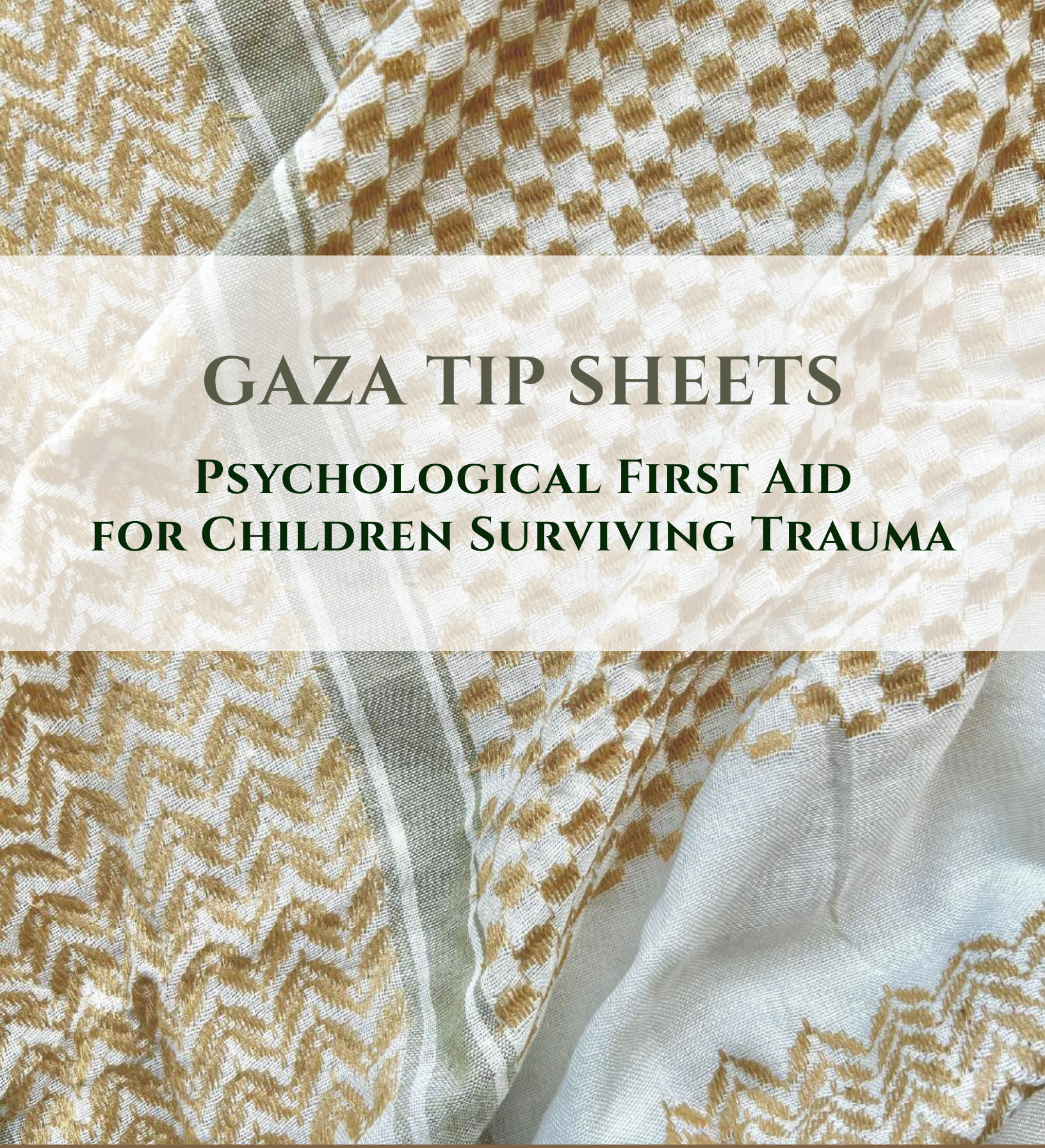

GAZA TIP SHEETS

Psychological First Aid for Children Surviving Trauma

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Introduction

The historic context of Palestine and ongoing systemic racial discrimination, human rights violations, and the indiscriminate mass killing of civilians, both past, ongoing, and present, is the backdrop for increased mental health problems and racial trauma among Palestinians in Gaza, exacerbated by the current hostilities visited by the Israeli Defence Forces (IDF) (Human Rights Watch, 2021). The scope and severity of the atrocities perpetrated by the IDF have the United Nations warning that "Palestinians are in grave danger of mass ethnic cleansing" while the International Court of Justice have issued war crime warrants on the Israeli government (UN, 2023; ICJ, 2024). Racism and discrimination are often overlooked in the international discourse surrounding Israel and Palestine, despite the egregious colonialist practices enacted through an ongoing occupation (Amaruso, et. al, 2019). Given that Palestinians in Gaza and the Westbank have been subjected to decades of oppression and exploitation since the establishment of the State of Israel in 1948 (Pape, 2015), presently experienced trauma and related mental health issues have layered impacts of historic and intergenerational trauma, for children and adults alike (Barron & Abdallah, 2015; Dubow et al., 2012; Samara, 2020).

This set of psychological tip sheets focuses on more acute needs due to the present day atrocities, serving as a form of psychological first aid, in effect. These tips hope to offer families and adults around children currently impacted by trauma improved coping skills, ideally enabling a greater sense of control over the wellbeing of these children; the adult caregivers of children in ongoing traumatic situations and stressors themselves suffer negative impacts on their mental health due to an inability to maintain safety for the children whom they are tasked with protecting.

These tips are brief and limited to ensure they are digestible and applicable in a circumstance where the luxury to develop in-depth skills is likely unavailable due to ongoing trauma. **The best way to address trauma is to prevent trauma. In this case, prevention means advocating for a ceasefire, an end to occupation, and active advocacy for anti-racism and equal human rights.**

The provision of these tip sheets do not preclude the safety and well being of any other group. Rather, these tips are meant to provide service to a marginalized group of people who have been the subject of ongoing human rights violations and genocide (UN, 2024). Equity based practice indicates the importance of addressing the needs of those most disadvantaged, first and foremost.

Children & Trauma

Traumatic and life-threatening experiences can produce a variety of psychological conditions and mental health symptoms in children that have long term effects, including but not limited to Post Traumatic Stress Disorder, Depression, a variety of Anxiety Disorders, behavioral problems, and attachment difficulties (Catani, 2018; Constandinides et al., 2011; Larson et al., 2017). Though some mental health symptoms can exist across all diagnoses, this tip sheet is not meant to diagnose or help those working with surviving children with diagnoses, but to focus on symptom management and reduction to improve quality of life and reduce the likelihood (but not necessarily eliminate the risk) of future mental illnesses.

"The infliction of war and military aggression upon children must be considered a violation of their basic human rights and can have a persistent impact on their physical and mental health and well-being, with long-term consequences for their development" (Bürgin et al., 2022).

Trauma ultimately removes a sense of safety and control from an individual's life, which dysregulates both physical and psychological functioning necessary for everyday living. The following tips are aimed to return some semblance of control, at least individually, to children, whose environment is otherwise torn apart. Addressing these immediate mental health symptoms and issues may not completely prevent the onset of current and ongoing psychological consequences of the human rights violations and atrocities faced by these children, but they may be able to mitigate the severity of the symptoms and provide a means by which these children have more successful coping mechanisms as a form of psychological first aid.

Panic Attacks

- During times of danger, our body changes breathing rate to ensure we have enough energy to respond to the fight-or-flight reaction. This change in breathing may also produce panic symptoms; acute psychological worry and physical symptoms that accompany it can co-occur, or may occur independently. Physical symptoms may include shortness of breath, rapid heart rate, dizziness, a sense of impending doom (even at times of safety), narrowed vision, tingling sensations in limbs, tightness in chest, and nausea.
- In moments of safety, helping children change their breathing style and focus attention on the external environment can help mitigate these physical symptoms and assist in maintaining clear and alert thinking, ultimately helping them better engage in critical thinking skills necessary to survive life-threatening situations (Gerbarg & Brown, 2024).
- The last sheet helps adults walk children through an exercise to manage panic symptoms.

Being on High Alert and Fearful

Being on high alert, or hyper vigilance, and fear in situations that are no longer harmful or risky are common in children and adults who have experienced trauma.

- Signs of hyper-vigilance in children
    - Appearing jumpy, restless, and having difficulty sleeping
    - Scanning their surroundings for danger in many different ways
    - Discomfort in crowded places
    - Distress in response to loud noises
    - Being disproportionately startled in response to unexpected movements, sounds, or anything that reminds them of previous harm.
- For children who are perpetually in danger, this high alert makes sense and is functional. But, it may also begin to occur in places or times that are not dangerous.
- How we approach this will depend on whether the child is still in a place of harm (e.g., Gaza) or now in a place of physical safety without ongoing threat of harm. If still in danger, these responses in areas that remain perpetually unsafe, can be helpful for survival. When in a safe situation, children need to reestablish a sense of safety so their alarms are not always going off and creating distress.

Avoidance

Some children experiencing high levels of being in an alert or fearful state will avoid situations that remind them of previous trauma.

For children who are still living in areas under attack:

Avoidant responses are realistic and necessary survival mechanisms that we don't want to inhibit or remove. However, we do want to give these children practical skills to help them stay safe. This skill building allows them to also understand which settings and situations may be relatively safer.

- Numerous health agencies have declared no place safe in Gaza at this current time, and places deemed safe have been attacked.
    - It would be helpful to identify which areas are at least marginally safer for these children so they may have a sense of reprieve from the exhaustion of needing to always remain on high alert.
    - Children will also need help identifying safe people, such as remaining with family or others they know, to help feel supported in the burden of being watchful for threats.

For refugee children who are safe and now in neighbouring regions not at risk of being bombed:

These individuals, though physically safe, may still feel at risk. They may also have family remaining in Gaza, so fears of safety and high alert might relate to worry for family and friends. In spite of an ongoing compromised safety for their extended community, these refugee children may be able to engage in a process where they feel increasingly safe. Symptoms of traumatic stress often dissipate within 1-2 months of returning to safety and prior routines. Given the severity of what they have gone through, these timelines may not apply to Palestinian children who have survived what has happened in Gaza.

- Having children whose symptoms persist gradually sit through situations that they find frightening, but in which they are physically safe, can help them learn to turn off the body and mind's alarm system. For example, if they are in an area with loud noises, remind them they are safe, provide comfort, and sit with them in the place they were frightened until the internal alarm system gradually subsides.
- Calm demeanour, low voices, patience, and kind reassurance all help reaffirm safety and assist in turning off the body's alarm system.
- Children for whom this de-escalation is too difficult must have an opportunity to remove themselves from the situation and be offered a chance to try again later. The child should be helped to set the pace according to their comfort whenever possible.
- Forcing a child to engage in these exercises against their will or in a way that feels discordant can replicate feelings of loss of control, worsening trauma symptoms.
- Comfort and de-escalation of their hyper-vigilance can happen quickly in many cases, but given the severity of trauma experienced by these children, they will need substantial space and time to engage with these exercises, potentially weeks or months, in some cases.

Behaviour Problems

Many children, especially boys, may externalize their internal emotional state resulting from trauma through aggressive physical or oppositional behaviours.

- Gentle and firm consequences for problematic behaviours can help offer structure for these children.
- To heal and reduce some of these behaviours, these children will need opportunities for structured activity and play, as well as an emotionally safe space to talk about what happened and how they feel about it.
- Messages of support and love, along with gentle and firm boundaries, can also reaffirm feelings of safety, often lost in situations of war and trauma.
- Blaming or shaming the child, punishing the child physically, and isolating the child will only worsen mental health symptoms, behaviour problems, and exacerbate the effects of trauma.

Withdrawal

Children who withdraw, sometimes becoming mute or refusing to talk in response to trauma, require gradual encouragement and calm and gradual movement into social circles.

- Structured activities, such as school or tasks that contribute to family and community can also help with reengagement.
- Games and guided engagement with other children may also aid with comfort in social situations.
- Tips on storytelling and play that can help this further are noted below.

Consistency and Routine

Creating consistency and daily routines for children that they are familiar with can help them feel safe can help improve mental health stability and recover from traumatic experiences. This is not typically manageable when children and their families are under attack. But for children and families who may have escaped Gaza, consider the following tips.

- Reaffirm that children now have a safe space and safe.
- Make sure caretakers are the same whenever possible.
- Regular sleep schedules, if possible, help stabilize mood

These tips can be carried out to some degree even while in Gaza or unsafe places.

- Meals with important people who are safe to children.
- Maintain Religious practices
- Structured activities like school, or consistent times of learning or moments to reaffirm messages of hope and resilience on a regular basis.

Recreating Community & Family

Creating community and new family is essential to the ongoing recovery for the high number of wounded children with no surviving family (WCNSF).

- Grouping together orphaned children with no surviving immediate family, with other family, or in smaller groups may help create the social connection and support necessary for emotional well being and to help develop psychological resilience.
- A Big Sister/Big Brother model could help both younger and older children connect, providing either a supportive or helping role.

Increasing Autonomy in Healthcare

Many children in Palestine have lost one or more limbs as a result of the ongoing war.

Clinicians can help grow children's sense of autonomy by increasing incidental choices in healthcare whenever possible (e.g., choosing the color of bandaid, which day in the week they take off from injectable medication, if applicable) to empower them and remind them that they, too, have a voice. Research indicates that increasing children's autonomy has a positive impact on development (Froddi et al., 1985).

Play and Safety

Play helps sustain distraction, focus, community, and create hope. Helping withdrawn children join play, or gradually building play with them helps them achieve the positive effects of play.

Though reengagement for withdrawn children who may be non-responsive to interventions may be a slow process, contact with family or community sustained engagement can help.

For traumatized children, promoting more collaborative forms of play can help them build social cohesion with their peers. Play that divides participants into adversarial groups (e.g., winners and losers), in essence mimicking the environment and context that inflicted their initial trauma, should be avoided.

Working on shared goals can help these children connect with others, as well.

Storytelling, and Reminders of Hope and Control

Trauma has reduced children to become innocent bystanders in their own lives while the world around them writes stories of tragedy, danger, and atrocities. Storytelling can be a powerful means to instil lessons, foster hope, and return authorship to these children. Didactic, or collaborative exercises, can help these children engage in storytelling.

Similarly, art, music, and theatre can be great ways to indirectly work with the emotional distress and inner turmoil that occur for traumatized children. These art forms give children creative outlets to work out their fears or, in the case of theatre, allow them to portray different roles that can promote empowerment.

With this most recent catastrophic genocidal attack against Palestinians in Gaza, community resilience and hope are suffering greatly. Hope and resilience may be instilled in children and sustained by repeating culturally informed and faith-based stories to these children. Adults and caregivers can also help children by modelling and normalizing feelings of fear, worry, and grief, relating to ongoing loss of safety. Stories of hope, and the methods by which we achieve it, are contagious and help promote community resilience, which is essential for children.

Finding Age-Appropriate Ways for Children to be Helpful.

A core component of trauma is the visceral sense of helplessness felt during the experience. Returning agency and a sense of control to children helps them heal.

- Assigning children age-appropriate tasks and roles with titles provides a way to help them enter into an action state and feel part of the solution.
- Rewards, social praise, and "promotions" could be possible components.

Managing Panic Attacks

Breathe. More slowly. From your nose and your tummy.

Physical changes in our body are one way our alarm gets triggered with anxiety. Our body does this by breathing faster, taking in more oxygen more quickly. Increased rates of breathing lead to a rapid heart rate and other physical symptoms, such as nausea, dizziness, or chest pains. Younger children may have difficulty describing these physical sensations specifically and use vague descriptors like "feeling sick" or having a "tummy ache". These physical symptoms may exist in isolation, but often occur in response to something that makes them feel anxious. Anxiety-provoking situations for these children can include incidents that remind them of prior traumatic events, as well as small details from these events (e.g., a sight, a sound, an object) that may trigger the body's alarm system, change breathing, and produce panic.

Breathing more slowly from one's tummy and nose (sometimes called belly breathing) helps slow the intake of oxygen into our bodies and turn off the physical anxiety alarm. (Gerbarg & Brown, 2024). Below are steps to help children engage in belly breathing. New coping strategies work best when practiced in a state of calm. Though this can be challenging — at the very least — in an active war zone, look for moments of calm to practice these exercises. A regular practice of relaxation or mindfulness, even while calm, can help to reduce stress and anxiety levels overall. Once the strategy becomes more natural, children can also use the skill to help settle specific moments of high anxiety.

Breathing Exercises to Manage Panic & Fear

Belly breathing is a way to help children (and adults) manage panic attacks by changing the way they breathe, and thereby turning off their bodies alarm system that may go off when it does not need to be on.

What you need:

- A space to sit or lie down
- Your hands or your child's hands

1. To practice belly breathing, ask your child to lie or sit comfortably and place their hands (or your hand) on their belly.

2. As you count to three, ask them to inhale deeply through their nose. Tell them to fill their belly with air as they inhale; they should feel it get bigger and bigger and bigger throughout the count to three. They will be able to see their hands, or your hand that sits atop their belly, rise as their belly fills with air. You can pretend that the hands are little people taking a ride on a boat. Many children like the example of filling a balloon with air, or waves on the ocean and taking hands which are like little people, for a ride up and down as their tummy slowly fills with air and then empties.

3. Ask them to exhale to a slow count to four. Tell them they might see their hands (little people) fall as they feel their belly shrinking and shrinking throughout the count to four.

4. Do five to ten rounds of belly breathing to get started or more if they are enjoying it.

5. Afterward, ask your child how it felt. Is there a difference in how they feel now? What did they notice about their stuffed toy as they inhaled and exhaled? How did it feel when they let their breath out? Could you help them try this the next time they feel anxious or could they try it themselves?

6. Remind them that this slow breathing, from their nose and with their tummy — not from their mouth and with their chest — is a way to turn off the body's alarm system when it doesn't need to be on.

The children are always ours, every single one of them, all over the globe; and I am beginning to suspect that whoever is incapable of recognizing this may be incapable of morality.

- James Baldwin

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