

**Deanship of Graduate Studies  
Al-Quds University**



**Relationship between Trauma, Posttraumatic Stress  
Disorder, Resilience, and Posttraumatic Growth among  
Adolescents in Gaza Strip**

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**MMH Thesis**

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**Relationship between Trauma, Posttraumatic Stress  
Disorder, Resilience, and Posttraumatic Growth among  
Adolescents in Gaza Strip**

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**Thesis Approval**

**Relationship between Trauma, Posttraumatic Stress Disorder, Resilience,  
and Posttraumatic Growth among Adolescents in Gaza Strip**

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## **Dedication**

To my family ... my father ... my mother ... my brothers and sisters ... I appreciate all the encouragement and support you gave me during my study.

Special thanks to my wife and my sons who supported me all the way to have this work being accomplished.

Murad Dawas

## **Acknowledgement**

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Many thanks to my colleagues at Al Shifa Hospital.

Murad Dawas

June 2017

**Declaration**

I certify that this thesis submitted for the degree of Master, is the result of my own research, except where otherwise acknowledged, and this study (or any part of the same) has not been submitted for a higher degree to any other university or institution.

**Signature:**

Murad

## **Abstract**

*The aim of this study is to determine the relationship between traumatic experience, posttraumatic stress disorder, resilience, and posttraumatic growth among adolescents in Gaza Strip. The sample of the study consisted of 400 secondary school students (200 males and 200 females) from the seven directorates of education in the Strip, namely North Gaza, East Gaza, West Gaza, Middle zone, East Khanyounis, West Khanyounis, and Rafah. Their age ranged between 15 – 18 years with mean age 16.67 years. Descriptive, analytic cross-sectional design was used. For data collection four instruments were used: Gaza traumatic events checklist, PTSD checklist for DSM-IV-TR, Resilience scale for adolescents, and Posttraumatic growth inventory. The study instruments were tested for validity and reliability using Cronbach alpha coefficient and it was 0.888 for Traumatic events checklist, 0.828 for Posttraumatic stress disorder checklist, 0.861 for Resilience scale, 0.888 for Posttraumatic growth inventory. For data analysis, the researcher used SPSS, and statistical analysis included frequencies, percentage, means, t test, one way ANOVA, Fisher's Least Significant Difference test, and Pearson correlation test. The results showed that the most common traumatic events were hearing the voices of the bombing on different areas of the GS (92.3%), listening to the sound of drones constantly (86.3%), and hearing the death of a friend or neighbor during the war (79.5%), and 13% of adolescents had mild trauma, 39.8% had moderate trauma, and 47.3% had severe trauma. There were statistically no significant differences at in experience of trauma related to gender, age, place of residency, family size, family income, fathers' job, and fathers' education.*

*Also, the results showed that the mean total score of PTSD was 38.6, mean intrusion was 12.97, mean avoidance was 14.39, and mean arousal was 11.24. Furthermore, 27.5% of adolescents did not show symptoms of PTSD, 38% showed at least one criteria of PTSD (B or C or D), 24% showed partial PTSD, and 10.5% showed full criteria of PTSD. There were no significant differences in total PTSD and avoidance symptoms related to gender, but girls had higher intrusion and arousal symptoms. Also there were no significant differences in PTSD related to age, place of residency, but arousal symptoms were higher among participants from North Gaza. There were no significant differences in PTSD related to family size, family income, fathers' job and level of education.*

*The results also showed that adolescents had above moderate level of resilience with mean score 80.48, and there were no significant differences in resilience levels related to gender, age, family size, family income, fathers' job and level of education, but adolescents from Khanyounis and Rafah had higher resilience compared to their counterparts from other places.*

*The results showed that the mean of total post traumatic growth was 46.05, appreciation of life 6.54 , spiritual change 5.25 , personal strength 8.04 , relating to others 15.30 , new possibilities 10.86 , and there were no significant differences in posttraumatic growth related to gender, place of residency, family size, family income, fathers' job, and level of education, but adolescents aged 15 – 16 years old had higher level of posttraumatic growth.*

*The results also reflected that there was statistically significant relationship at  $\alpha \leq 0.05$  between traumatic events and PTSD ( $r= 0.27$  ), resilience ( $r= 0.16$  ), and PTG ( $r= 0.187$ ). but the relationship between posttraumatic stress disorder and posttraumatic growth was not significant.*

*The study concluded that Palestinian adolescents are exposed to traumatic events and subsequent posttraumatic stress disorder as a result of the long term and ongoing wars beside the siege against Gaza Strip, and the results of the study raised the need for strategic mental health programs to enhance coping mechanisms and decrease the negative impact of trauma.*

## Table of contents

Dedication	i
Acknowledgements	ii
Declaration	iii
Abstract	iv
Table of contents	v
List of abbreviations	vii
List of tables	viii
List of figures	x
List of annexes	x

### **Chapter (1): Introduction and background**

1.1	Introduction	1
1.2	Research problem	3
1.3	Justification of the study	4
1.4	General objective	5
1.5	Specific objectives	5
1.6	Questions of the study	6
1.7	Context of the study	6
1.7.1	Demographic and political context	6
1.7.2	Economic context	7
1.7.3	Health care system	8
1.8	Definition of terms	9
1.9	Lay out of the study	10

### **Chapter (2): Conceptual framework and literature review**

2.1	Conceptual framework	11
2.2	Literature review	13
2.2.1	Background	13
2.2.2	Traumatic events	15
2.2.3	Posttraumatic stress disorder (PTSD)	18
2.2.3.1	Diagnosis of PTSD	19
2.2.3.2	Predictors and prevalence of PTSD	22
2.2.4	Resilience	24
2.2.5	Posttraumatic growth (PTG)	28
2.2.6	Association between trauma, PTSD, resilience, and PTG	32

### **Chapter (3): Methodology**

3.1	Study design	37
3.2	Study population	37
3.3	Study sample and sampling method	37
3.4	Setting of the study	38
3.5	Period of the study	38
3.6	Eligibility	38
3.6.1	Inclusion criteria	38
3.6.2	Exclusion criteria	39
3.7	Tools of the study	39
3.7.1	Description of tools of the study	39
3.7.1.1	Traumatic events checklist	39
3.7.1.2	Posttraumatic stress disorder checklist	39
3.7.1.3	Resilience scale for adolescents [Thabet et al., 2015]	40
3.7.1.4	Posttraumatic growth inventory (PTGI) (Tedeschi & Calhoun, 1996)	40



3.8	Ethical and administrative considerations	41
3.9	Data collection	41
3.10	Data entry and analysis	41
3.11	Limitation of the study	42
<b>Chapter (4): Results and discussion</b>		
4.1	Sociodemographic characteristic for study participants	43
4.2	Exposure to traumatic events	45
4.2.1	Frequency of exposure to traumatic events	45
4.2.2	Severity of traumatic events	46
4.2.3	Differences in traumatic events in relation to selected variables	46
4.3	Post-traumatic Stress Disorder (PTSD)	49
4.3.1	Level of PTSD	49
4.3.2	Differences in PTSD in relation to selected variables	50
4.4	Resilience	57
4.4.1	Level of resilience	57
4.4.2	Differences in resilience related to selected variables	58
4.5	Post traumatic growth (PTG)	61
4.5.1	Level of PTG	61
4.5.2	Differences in PTG related to selected variables	63
4.6	Relationship between traumatic events and PTSD, resilience, and PTG	66
4.7	Discussion	67
4.8	Conclusion	78
4.9	Recommendations	79
	References	80
	Annexes	95
	Arabic Summery	110

## **List of Abbreviations**

<b>APA</b>	American Psychiatric Association
<b>CMHP</b>	UNRWA Community Mental Health Program
<b>DSM</b>	Diagnostic and Statistical Manual of Mental Disorders
<b>GS</b>	Gaza Strip
<b>GDP</b>	Gross Domestic Product
<b>MOH</b>	Ministry of Health
<b>NGOs</b>	Non-Governmental Organizations
<b>PCBS</b>	Palestinian Central Bureau of Statistics
<b>GCMHP</b>	Gaza Community Mental Health Program
<b>PNA</b>	Palestinian National Authority
<b>PTG</b>	Posttraumatic Growth
<b>PTGI</b>	Posttraumatic Growth Inventory
<b>PTSD</b>	Post Traumatic Stress Disorders
<b>SAMHSA</b>	Substance Abuse and Mental Health Services Administration
<b>UNRWA</b>	United Nations Relief and Works Agency for Palestine Refugees in the Near East
<b>WB</b>	West Bank
<b>WHO</b>	World Health Organization
<b>WMH</b>	The World Mental Health

## List of Tables

<b>N0.</b>	<b>Table</b>	<b>Page</b>
3.1	Distribution of study participants by directorates	38
4.1	Socio-demographic characteristics of study participants	43
4.2	Frequency of exposure to traumatic events among study participants	45
4.3	Severity of traumatic events among study participants	46
4.4	Differences in traumatic events related to gender	46
4.5	Differences in traumatic events related to age	47
4.6	Differences in traumatic events related to place of residency	47
4.7	Differences in traumatic events related to family size	47
4.8	Differences in traumatic events related to family monthly income	48
4.9	Differences in traumatic events related to fathers' job	48
4.10	Differences in traumatic events related to fathers' education	48
4.11	Mean and standard deviation of PTSD among study participants	49
4.12	Prevalence of PTSD symptoms	49
4.13	Differences in PTSD related to gender	50
4.14	Differences in PTSD related to age	51
4.15	Differences in PTSD related to place of residency	52
4.16	Differences in PTSD related to family size	53
4.17	Differences in PTSD related to family monthly income	54
4.18	Differences in PTSD related to fathers' job	55
4.19	Differences in PTSD related to fathers' education	56
4.20	Mean and standard deviation of resilience among study participants	57
4.21	Differences in resilience related to gender	58
4.22	Differences in resilience related to age	58
4.23	Differences in resilience related to place of residence	58
4.24	Differences in resilience related to family size	59
4.25	Differences in resilience related to family monthly income	59
4.26	Differences in resilience related to fathers' job	60
4.27	Differences in resilience related to fathers' education	60
4.28	Participants response on PTG scale	61

4.29	Mean and standard deviation of post traumatic growth	62
4.30	Differences in PTG related to gender	63
4.31	Differences in PTG related to age	63
4.32	Differences in PTG related to place of residency	64
4.33	Differences in PTG related to family size	64
4.34	Differences in PTG related to family monthly income	64
4.35	Differences in PTG related to fathers' job	65
4.36	Differences in PTG related to fathers' education	65
4.37	Relationship between traumatic events & PTSD, resilience, and PTG	66

## **List of Figures**

<b>No.</b>	<b>Figure</b>	<b>Page</b>
2.1	Diagram of conceptual framework	11

## **List of Annexes**

<b>No.</b>	<b>Annex</b>	<b>Page</b>
1	Traumatic events checklist	95
2	Posttraumatic stress disorder checklist	100
3	Resilience scale for adolescents [Thabet et al., 2015]	102
4	Posttraumatic growth inventory (PTGI)	105
5	Approval letter from Al Quds University	107
6	Approval letter from Ministry of Education	108
7	Name of assigned schools	109

## **Chapter One**

### **1.1 Introduction**

Exposure to trauma, is an overwhelming experience for those who witnessed or affected by trauma and can have severe and chronic psychological consequences. Trauma is a psychologically distressing event outside the range of usual human experience, often involves a sense of fear, terror and helplessness (Perry, 2006). The American Psychiatric Association – APA, (2000) defined traumatic event as "an event or events that involve actual or threatened death or serious injury, or a threat to the physical integrity of self or others".

Psychological reactions to physical threat and environmental instability include fear, anger, helplessness, isolation, irritability, nervousness, and confusion (Webster and Harris, 2009). In addition, children and adolescents exposed to high levels of conflict and violence may be especially likely to develop diagnosable mental health problems such as posttraumatic stress disorder (PTSD), depression and anxiety. This was evidenced by a study examined the impact of exposure to war trauma in Gaza Strip (GS) reported high rates of PTSD and anxiety scores above previously established cut-offs (Thabet, et al., 2008). On the other hand, along with the inherent negative responses to trauma, individuals may perceive a number of positive changes which reveal Posttraumatic Growth (PTG). Recently, in the positive psychology, there is a growing body of literature suggesting the existence of perceived positive outcomes in the aftermath of a traumatic event. PTG is the most used construct to describe the positive changes experienced as a result of the psychological and cognitive efforts made by individuals in order to deal with challenging circumstances (Calhoun and Tedeschi, 2001). PTG is the individual's struggle with the new reality in the

aftermath of trauma that is crucial in determining the extent to which posttraumatic growth occur (Calhoun and Tedeschi, 2004).

Resilience represents a dynamic process that encompasses an efficient adaptation in aversive circumstances (Bonanno, 2004). As a transformative process, resilience is characterized by three distinct but interconnected dimensions: recovery, resistance, and reconfiguration (Calhoun and Tedeschi, 2006).

PTG is considered as an outcome of the reconfiguration process, however, PTG is distinguished from resilience, as it is related to only the positive changes, and not to both positive and negative outcomes (Lepore and Revenson, 2006). This distinction has been the object of some controversy. Calhoun and Tedeschi, (2004) emphasized that the level of adversity experienced by traumatic survivors who develop PTG is higher than that of resilient individuals. Nevertheless, the relation between resilience, PTG, and PTSD remains contradictory, with some inconclusive results. Resilience was found to be negatively associated with PTSD and growth (Levine et al., 2009). In contrary, Bensimon (2012) suggested that resilience is related positively with growth but negatively with PTSD, while Linley and Joseph, (2004) reported that PTG does not occur in everyone who experienced stressful circumstances, and some individuals may not experience positive changes as a result of the trauma.

In GS with frequent wars (2008 – 2009, 2012, 2014) by the Israeli military forces, and internal political conflict and violence in the recent years, many people were victims of the war and violence, and consequently could be experiencing psychological disturbances. In this study the researcher is going to examine the relationship between trauma, PTSD, resilience, and PTG among adolescents in GS to highlight the impact of these traumatic events on psychological status of adolescents.