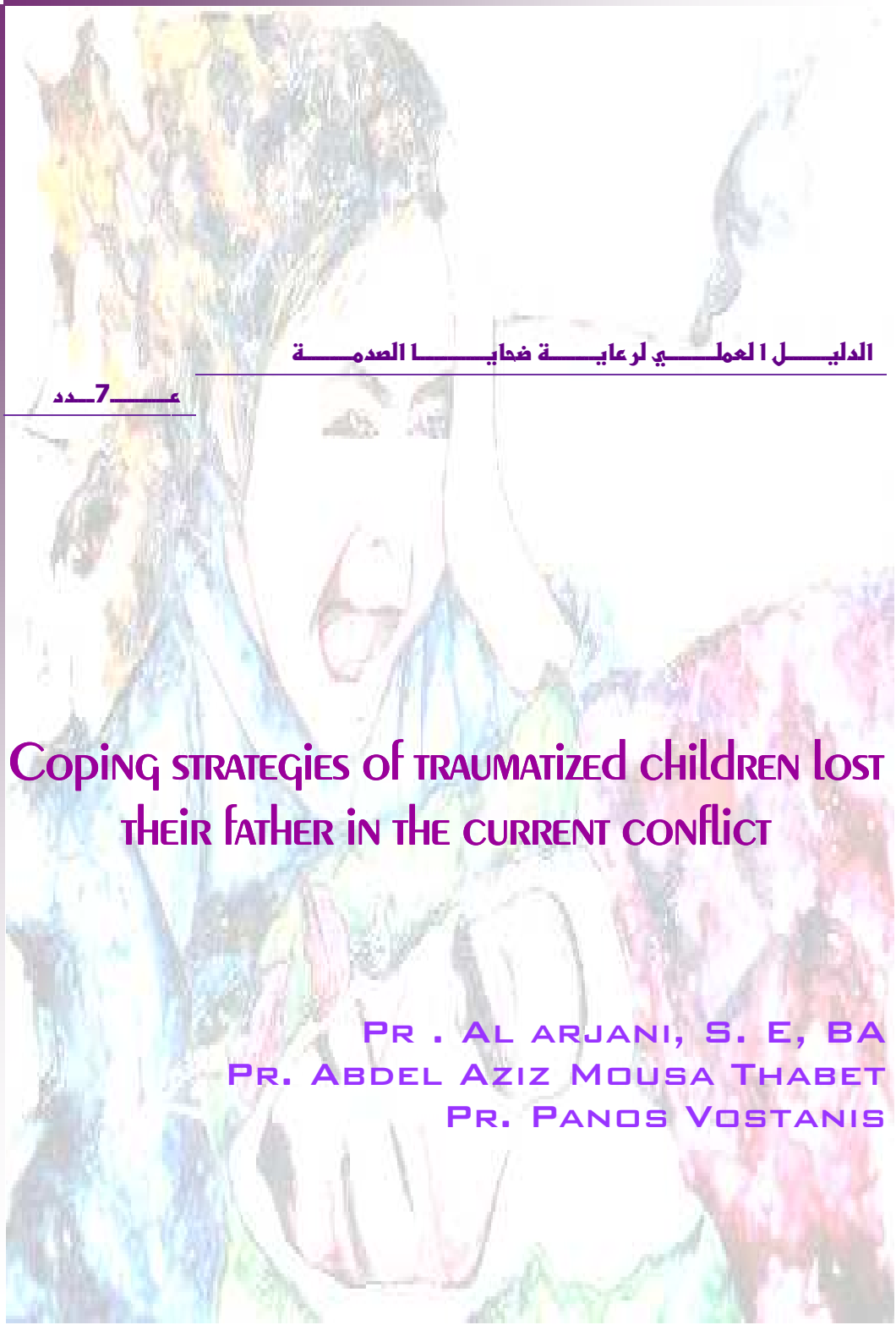
الدليل العملي لرعاية ضحايا الصدمة النفسية



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عدد 7

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عدد 7 - 2012

إصدارات شبكة العلوم النفسية العربية

نحو تيسير خدمات الرعاية النفسية لضحايا الصدمة

Coping strategies of traumatized children lost their father in the current conflict

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Abstract

Background: The study aimed to examine the traumatic events that experienced by children lost their father in the current conflict and the coping strategies that adopted by them in front of stressful situations and father loss crisis.

Method: The sample consisted of 250 children from the martyrs families in Gaza strip governorates by representative sample of 112 males and 138 females aged 10-16 years old. The researcher used descriptive analytical design to represent the entire sample of the population. However, the researcher used some of modified scales from which; socioeconomic questionnaire for children lost their father in the current conflict developed by the researcher; Gaza Traumatic event checklist (Thabet, 2004); and A COPE (Carver, 1989) translated and modified to Palestinian community by the researcher.

Results: The most common traumatic event for children lost their father in the current conflict was witnessing photos of martyrs and injured in TV by 92.8%.

There were significant differences between trauma levels according to sex in favor of males from the martyrs children.

There were significant differences between trauma levels according to age in favor of older children who classified between "13-16" years.

The most used coping strategy was religious coping (86.4%), but the lowest coping strategy was substance use (30.3%).

There were significant differences between positive reinterpretation and growth, religious coping according to sex in favor of females.

There were significant differences between the means of positive reinterpretation and growth, mental disengagement, focus on and venting of emotion, use of instrumental social support, active coping, religious coping, restraint, and planning according to trauma levels in favor of severe traumatic events.

There were significant differences between the means of denial, restraint, and suppression of competing activities according to the type of residence to the advantage of children lost their father in the current conflict who live in villages.

There were significant differences between the means of use of instrumental social support, active coping, denial, behavioral disengagement, acceptance, and suppression of competing activities according to mothers' educational level for the benefit of illiterate mothers.

There were significant differences between the means of positive reinterpretation and growth, use of instrumental social support, active coping, religious coping, suppression of competing activities, and planning according to family income in the interest of families with low income.

Introduction

Due to current war and conflict many children lost their fathers and found life very difficult to cope, especially with the daily problems they face in life. Children of martyrs (killed father) are looked at as children of heroes and in the same time they have to cope with the loss of the father figure at home. In study of children with absent fathers due to loss or separation, teachers reported that boys were less in moral development (Stantrock, 1975). Lack of adequate parental care following the loss accounted the increase in mental health disorder and there was some evidence that it acted as a 'vulnerability factor' increasing risk of depression during on year follow-up period, in the presence of severe life event or major difficulty (Bifulco et al, 1987). Furthermore, most individuals who experience the loss or potential loss of a person or thing to which they ascribe importance in their lives undergo the process of 'normal grief (Tully, 2003). Families are the most central core and enduring influence in children's lives; the health and well-being of children are inextricably linked to their parents' physical, emotional, social health, social circumstances, and child-rearing practices (Village, 2003). Children experience the same traumatic events in different ways, as anyone who has lost loved one " martyrs" will be different responses to the event. This is caused by different degrees of involvement: the children's distance from the "traumatic event" and complex individual characteristics that render children more or less vulnerable to the impact of life events. Coping defined as "constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person People are using different types of coping strategies that are directed toward resolving the stressful relationship between the self and the environment (problem-focused coping) or toward palliating negative emotions that arise as a result of stress (emotion-focused coping) (Lazarus and Folkman, 1984).

Mahjoub et al (1989) in a study of 218 Palestinian children selected showed that the experience of the children appears quite painful, the categories pain, martyr, hopelessness, death, separation, and disaster. The children coped with trauma spiritually (pray). Where, Spirito et al (1995) in study of coping with everyday and disease related stressors by chronically ill children and adolescents. Children coped by blaming others, resignation. Adolescents were less inclined to use blaming others and wishful thinking, but use resignation more than younger children. Compas et al (1996) in study of distress and coping in children of cancer parents found that emotion – focused coping differ as a function of age, but sex was not significant as covariate, also preadolescents children reported significantly fewer emotion –focused coping strategies than did adolescents or young adults. Plancherel et al (1998) in study of relationships between coping and mental health in children found that there are less family-oriented coping strategies and more relaxing strategies in mid-adolescence compared to early adolescence. Girls used social relationship as well as ventilating feelings and self-reliance, whereas boys more often use leisure. Dawood, et al (1999) investigated the relationship of used coping strategies among students, showed that females tend to venting emotions and avoidance more than males. Huzziff and Ronan (1999) in a study of children's coping following a natural Disaster – the mount Ruapehu eruptions: the results showed that exposure, child demographic, home factors, negative cognitive, and emotional style accounted for 44% of the variance in children initial level of coping ability. Russoniello et al (2000) in study of child cope after hurricane Floyd found that children used six coping strategies; wishful thinking, cognitive restructuring, social support, distraction, emotional regulation, and problem solving. Females used more social support than males as coping strategy. Knight et al (2001) studied children's posttraumatic distress, attributions, and coping after a natural disaster found that distraction, problem solving, emotional regulation, and wishful thinking were significantly related to posttraumatic distress, also children reporting greater distress used greater coping strategies such as distraction and self criticism. Thabet. et al (2004) in study of coping strategies and maltreatment experience in adolescent Palestinians showed that most commonly used coping strategies in stressful situations were ' acceptance of faith in God and searching for information on how to get help. Liu et al (2004) in study coping strategies and behavioral/ emotional problems among Chinese adolescents showed that Chinese adolescents often used coping strategies when they face stress. Also, the results showed that when the children faced with stressful situation they: focus on positive aspects, try to improve the situation, stay away from people, feel depressed, take it out of mind. Children and young people trying to use normative adaptive defense mechanisms to overcome their problems, and they use coping strategies to develop positive thinking and behavior accepted by Islamic society (Hundt et al, 2005). The aim of this study examined the coping strategies of traumatized children of martyrs in Gaza strip, and the types of coping which used in response of father loss.

Method

Participants

The population of this study includes all the children aged 10-16 years-old enrolled in schools hosting martyrs' children (lost their father in the current war) registered at El-Salah Association for Orphan children (250 children).

A convenient sample of all the 250 of martyr's children; the total numbers of males were 112 (44.8 %); the total numbers of females were 138 (55.2%). The minimum age was 10 years and the maximum age was 16 years, Mean = 12.77 years, SD= 1.96.

Measures

The researcher used socio-economical status questionnaire, Gaza Traumatic Events Checklist, and A COPE inventory that described in detail in the following sections:

Socio-economic status

socio-economic status for martyrs developed to assess the children lost their father in the current conflict age, sex, place of residence, mother educational level, family income, child age when the father get martyr.

Gaza Traumatic Events Checklist (Thabet, 2004)

This scale contains 20 item, that checked by " yes" or " no" and which measures the traumatic events that martyrs children experience during the last 4 years, and it helps identify the types of traumatic events that encounter the Palestinian children in Gaza strip. The scoring of the scale ranged between 0 for those who choose " No" and 20 for those who choose " Yes". The scores range between "0-4" for mild trauma, "5-10" moderate and "11 and above" for severe trauma. Validity and reliability of the scale Cronbach's Alpha 0.8571, and r = 0.73 and 0.84 after modification (Thabet, 2004).

The Cope Inventory: Carver, C. S., et al (1989)

A standardized 60-item self-report measure designed to assess a broad range of coping responses. The COPE inventory

was developed by Carver et al (1989) to assess a broad range of coping strategies and responses, several of which had an explicit basis in theory. Where Carver et al (2002) Cronbach alpha for COPE cross 15 subscale were (0.74) and Knee and Zuckerman (1998) showed that the reliability of the scale by Cronbach's alpha was, alpha = (0.81) where the scale applied on the sample of children. The inventroy includes some responses that are expected to be dysfunctional, as well as some that are ecpected to be functional. It also includes at least 2 pairs of polar –opposite tendencies. These were included because each scale is unipolar (the absence of this response doesn't imply the presence of its opposite), and because people engage in a wide range of coping during a given period. Furthermore, the full COPE is a 60-item measure that yields 15 factors that reflect active versus avoidant coping strategies. In the "trait-like" version, respondents are asked to rate the degree to which they typically use each coping strategy when under stress. In the "state-like" version, respondents rate the degree to which they use each coping strategy to deal with a particular stressful event. Ratings are made on a 4-point Likert-type scale that ranges from "I (usually) don't do this at all" (1) to "I (usually) do this a lot" (4). Researchers calculated the reliability of the COPE inventory by using split half method (part1 = 28 items & part2 = 28 items); where the person's correlation coefficient was (R_1 = 0.71) and by using the spearman-brawn equation to correct the length of the scale (R_2 = 0.83). Researchers estimated the reliability of the cope inventory by using the equation of Cronbach's alpha (No. of items = 60); where the value of alpha = (0.86). The cope inventory measurement device is valid and reliable for data collection from the martyr's children in Gaza Strip.

Procedure

An approval letter was obtained from Helsinki committee in the Ministry of Health to allow the researchers to carry out his study and another agreement was obtained from the administration offices of the institutions of martyr's children in Gaza Strip to facilitate data collection procedures. The data collection was collected by the first author and other 3 social workers working with children. Children were interviewed inside their classes at the school in group base interview. Difficult questions were explained to the children. We was faced difficulties in the process of data collection from the martyrs' children themselves since the instruments make them emotionally unstable when we talk about father loss. They become sad and sometimes angry also the instruments make them re-experience the traumatic events that happened.

The data collection was conducted in May and June 2005.

Statistical analysis

After data collection of the sample the researcher used SPSS (Ver 11) for data entry and analysis that used in the pilot study which determined the validity and reliability of the instruments using split half method and Cronbach's alpha equation. using descriptive statistics; frequencies, percentages, means and standard deviation. In addition to differences between coping strategies according to the socio-demographic variables sex (male-female), age (10-12 and 13-16), and using t- independent test.

The statistical differences between the means of total scores of every coping strategies according two and more independent variables such as; number of siblings (less than 4, 5-7 siblings – 8 and more), mother education levels (illiterate- primary-elementary- secondary- diploma- university), and the type of residence (city-camp-village), and family income among martyr's children ; using one-way ANOVA test (F-test).

While the researcher used other statistical analysis that clarifying the differences between the groups such as frequencies, t- independent test, comparing means, one-way ANOVA, and chi-square that also denoted the differences between the groups and within the groups of the study variables.

Results

Socioeconomic characteristics of the study sample

Children attending such school are coming from the entire Gaza Strip, There were 37 children coming from North Gaza (14.8%), 29 from Gaza city (11.6%), 74 from middle area (29.6%), 36 from Khan Younis (14.4 %), and 74 from Rafah (29.6%). One hundred of the martyr's children live in cities (40.0%), 117 live in camps (46.8%) and 33 of children live in villages (13.2%). According to number of siblings, 77 of martyr's children had 4 and less siblings (30.8%), 102 of children had 5-7 siblings (40.8%), and 64 of children had 8 and more siblings (25.6%). In looking to mothers education, 20 of mothers were illiterate (8.0%), 50 of mothers finished primary level (20%), 16 of mothers finished elementary level (6.4 %), 119 of mothers finished secondary level (47.6 %), 20 of mothers finished diploma level (8%), and 25 of mothers educated to the university level (10%). Palestinian mother are mainly housewives, in our study, 87.6% of mothers were house wives, 7.6 % were civil employee, and 4.8 % of them are working in different jobs . Due to father loss and bad socioeconomic situations, most of families are laying under the poor line, 155 (62.0%) of children monthly income was less than 600 NIS (140 US $), 48 family monthly income was from 601-1200 NIS (19.2%), 20 of children were from 1201-1800 (8.0 %), 10 were from 1801-2500 NIS (4.0%), 17 were more than 2500 NIS (6.8%).

Types and severity of trauma

To investigate the types of traumatic events that affect the children lost their father in the current conflict we performed frequency table to describe the most traumatic events and its frequency among martyrs' children. We found that 92.8% of children lost their father in the current conflict witnessing photos of martyrs' and injured in TV, 71.6%witnessing b60bard0ent 6f houses and streets by missiles, and 66.8% exposure to long hours waiting on checkpoints. While the lowest traumatic events were exposure to bullets shooting 12%, witnessing house demolition 14%, and witnessing beating of close relative 16%.

Palestinian children reported a variety of traumatic events. Children lost their father in the current conflict reported traumatic events of mean (M=7.83; SD =5.16 for males) and (6.23; SD= 5.06 for females). In order to test the sex difference between the martyr's children and exposure to trauma we performed t-independent test. The result found significant differences between levels of trauma according to sex toward males of martyr's children (t= 2.45, p = 0.015).

Severity of Trauma

Thirty seven of males reported mild traumatic events"0-4" (33%), 43 of males reported moderate traumatic events"5-10" (38.4%), 32 of males reported severe traumatic events"11 and above" (28.6%). While there were 67 of females reported mild traumatic events (48.6%), 48 of females reported moderate traumatic events (34.8%), 23 of females reported severe traumatic events (16.6%). There were a significant differences between trauma and sex among martyr's children toward male children (χ= 7.78, df= 2; p < 0.05).

Trauma levels and age

As shown in following table; 60 children lost their father in the current conflict aged 10 – 12 years reported mild traumatic events "0-4" (54.1%), 32 children aged 10 – 12 years reported moderate traumatic events "5-10" (28.8%), 19 children aged 10 – 12 years report severe traumatic events "11 and above" (17.1%). Secondly there were 44 children aged 13 – 16 years reported mild traumatic events (31.7%), 59 children aged 13 – 16 years reported moderate traumatic events (42.4%), 36 children aged 13 – 16 years report severe traumatic events (25.9%).

There were a significant differences between trauma and age among martyr's children (χ = 12.75, df= 2; p< 0.01) toward older children "13 -16" years old.

There were no significant differences between trauma and residence among

martyr's children (χ= 6.88, df= 4; p= ns.).

There were no significant differences between trauma and number of sibling among martyr's children (χ = 4.62, df= 4; p= ns).

There were no significant differences between trauma and mother's education level among martyr's children (χ = 17.83, df= 10; p= ns).

Types of coping strategies among the martyrs' children

The most common coping strategies were used by children were: religious coping 86.4%, planning 76.4%, and positive reinterpretation and growth 72.3%. While the least common coping strategies were used were the substance use 30.3%, humor 48.6%, and the behavioral disengagement 54.2%.

Coping strategies and sex

In order to test the sex difference between the coping strategies types among the martyr's children we performed t-independent test. As shown in the following table; the result found significant differences between levels of positive reinterpretation and growth; and religious coping according to sex with an actual probability (t = 4.50; p<0.001), and (t = 1.96; p< 0.05) respectively toward females. But there were no significant differences among the levels of the remaining coping strategies according to sex.

Coping strategies and trauma levels (mild– moderate–severe)

In order to investigate the difference between trauma levels (mild; 0-4 scores, moderate; 5-10 scores, and severe; 11 and above scores) we consider one-way ANOVA analysis. The following table shows that: the results denoted significant differences between the means of positive reinterpretation and growth (f = 4.98; p< 0.01), mental disengagement (f = 4.27; p< 0.05), focus on and venting of emotion(f = 7.14; p< 0.001), use of instrumental social support (f = 8.24; p< 0.001), active coping (f = 10.17; p< 0.001), religious coping (f = 4.96; p< 0.01), restraint (f = 3.48; p< 0.05), emotional social support (f = 7.51; p< 0.001), acceptance (f = 3.47; p< 0.05), and planning (f = 6.89 ; p< 0.001) according to trauma levels. However, the total mean of coping strategies indicated that these subscales more used in case of severe traumatic events.

But, there were no significant differences between the means of the remaining coping strategies (denial, humor, behavioral disengagement, and suppression of competing activities) according to trauma levels. Post –hoc analysis according to Scheffee statistical test was done that indicated the means of every coping strategies according to the levels of trauma "mild 0-4 - moderate 5-10 –and severe 11 and above", as shown in the following table (22). Also, the following table represents that; there were nearly positive relationship between the ten significant coping strategies and the level of trauma. (i.e. if the levels of trauma increase this lead to increasing the means of coping strategies). But there were no relations observed from the means of the remaining coping strategies according to trauma levels, where these means were poorly attached to each other.

Coping strategies and type of residence (City-Camp-Village)

One-Way ANOVA analysis was used to study the differences between coping strategies according to the type of residence "City-Camp-Village". As shown in the following table; the results shown that there were significant differences between the means of denial, restraint, and suppression of competing activities according to the type of residence, respectively at levels of significant (f = 5.05; p< 0.01), (f = 5.41; p< 0.01), and (f =3.65; p< 0.05) toward children lost their father in the current conflict who live in the villages. However, the results shown that there were no significant differences between the means of the remaining coping strategies according to the type of residence. Post –hoc analysis according to Scheffee statistical test was done and indicated; the means of every coping strategies according to the type of residence "city-camp-village". There were positive correlation between the three significant coping strategies (denial, restraint, and suppression of competing activities) and the type of residence "city-camp-village" toward children lost their father in the current conflict who living in villages. Where differences clear specialized between martyr's children live in city and who live in the village. In other words if the martyr's children live in village this will lead to increase using for these three coping strategies. However, there were no differences observed from the means of remaining coping strategies according to the type of residence, where these means very nearly to each others.

Discussion

In this we tried to investigate the effect of one of thee most traumatic event for children during their development which was loss of father and what type of coping strategies those children used to overcome such trauma. Similar to previous studies, the most common traumatic event children experienced beside loss of father in the current conflict was witnessing pictures of martyrs and injured people in television 92.8%. This reflects the importance of the media and its affect on our community; since all of us listen and watch TV programs especially daily news. Thabet and Vostanis (2004, 2006) found similar types of traumatic events in the same setting. Others found different types of traumatic events, Dyregrov et al (2000) found that Rwandan children had been exposed to extreme levels of violence in the form of witnessing the death of close family members and others in massacres, as well as other violent acts. More than two-thirds of the sample actually saw someone being injured or killed, and 78% experienced death in their immediate family, of which more than one-third of these children witnessed the death of their own family members. Our results showed that boys experienced more

traumatic events than girls. This was inconsistent with Abu Hein study (1993) on the effects of father loss or absence from the children environment in Gaza strip indicated that children suffered from many psychological problems; due to the traumatic events and that female were affected more than males in these situations. Also, our results were inconsistent with the results of Alat (2002) who studied trauma on children, the results showed that the females have high levels of traumatic events than males since. This is consistent with Eslieh (2000) who found that the males were prone to traumatic events more than females. Furthermore, they were from specified age group (i.e. they are from the same age category). But inconsistent with Tehrani (2003) results that carried over war –bereaved and non war –bereaved children in Iran that indicated there was a significant difference between the bereaved and non –bereaved group; however, age difference had no significant effect on any of the subtests.

Furthermore, This was consistent with previous studies (Thabet et al, 2001, 2004, 2006). We attributed that for the social habits in our society that reflect the dominant male and who more exposed to different types of trauma; who shared in different types of aggression events, and violence.

The researcher hypothesized that these results related to the exposure of trauma; since older children who aged from "13-16" were more prone to traumatic events and share in the whole events that occur surround them this will expose them to different types of traumatic events. But the younger children have not exposed to such events; since their families make constrictions over the younger children to go out or stay long time our homes.

From the results we found that the percentage of mild trauma decreases regarding those living in the city regularly to those living in camps than those living in the villages, but increased in the severity of trauma. This is consistent with previous studies (Thabet and Vosatnis, 1999,2000, 2004). We attributed that to the level of children lost their father in the current conflict who live in the city that contra verse the children lost their father in the current conflict who live in the village, also, the children lost their father in the current conflict who live in the villages were more exposed to traumatic events; since they in exposed more to the acts of aggression and bombardment near the borders beside other risk factors such as being a part of poor family and unemployed parents. We did not found significant differences between number of traumatic events and number of sibling, mothers educational level, and family's' income among martyr's children, but the percentage appeared to increase when the number of sibling increased which means that more than 5 siblings in the family will be followed by an increase in trauma level (moderate to severe).

The results showed that the most common coping strategies used by martyr's children were: religious activities, planning, positive reinterpretation and growth where as the least common coping strategies were: humor, behavioral disengagement, and denial. Our results consistent with the results of Mahjoub et al (1989) in a sample of Palestinian children that most used coping strategies were spiritually based coping (i.e. they were connected to religious coping; their trend focus on praying and calling for help from our Gad) so these results merge nicely with the results showed in the current study concerning religious coping. This reflected the nature where they live in "Islamic community" that gave a great dimensions for those children since they and we believe in Allah who controls all; they go to pray in mosques, call Allah, call for help from only one who's able and capable to meet the needs and demand of who call him. Also, they trust in only one who is responsible and accountable for their presence in the world. These children reared in Islamic community, family, and country; where the families play the major role in shaping the children future, behavior, manners, and relationship with others. Furthermore, the Palestinian culture which reflect the Islamic nature of martyr's children and the magnitude of the seriousness of their development by that nature, also that related to the life they experienced which is stressful and traumatic. If we look for the habits, norms, customs, and other ceremonies in our community we will find that differ greatly from that of other communities from which; if we have martyr in our community we will find a wedding party occur and this wouldn't happen in other communities since we believe in Allah and we believe that the martyr will take place in the paradise.

The second most used coping was planning ; this reflect the importance of spirituality dimension in their life, so they cope effectively trying to solve the encountered problems and seeking information to coming up with action strategy; also involves thinking about what steps to take. The third coping strategy positive reinterpretation and growth; used mainly on the basis of the previous mentioned strategies since this stem from the recognition of the encountered problem and the behavior that adapted to cope effectively. The fourth coping strategy was active planning and this come as supporter and completer for the previous coping styles; since the martyr's children try to take active steps to remove or circumvent the stressor or ameliorate its effects. The fifth coping strategy instrumental social support; where the children were used to family social support and neighbors since the results showed percentage of 69.9 from their coping behavior and this percentage is low when compared by other studies and communities for example Bliech et al (2002) results. The researcher attributed that our community depends on the family and the surrounding neighbors in their social support, but the other communities depend on the social support that come from institutionalized associations and their states that make available psychologists and social worker personnel on the service of the affect persons in its region. Also, the emotional support in our community received from the family; since they're more close to each other and they have no such support from others because they're the only that valued these feeling and this supported by our culture " family". Also our results inconsistent with Hang et al (2001) in study of stressors and coping behaviors of school-aged homeless children staying in shelters were was the most common used coping strategies was social support, cognitive avoidance, and behavioral distraction categories. This could be due to the fact that these societies promote individualism in their caring and take care of individuals and not families. However, Knight et al (2001) found that distraction and self criticism, social support from the total coping response used. In addition Carver et al (2002) mentioned that, the greater optimism was associated with greater use of active coping, planning, and positive reinterpretation and growth, and with less use of denial and behavioral disengagement.

Also the results of Bal et al (2003) found that in study of adolescents who reported coping strategies among tow groups exposed to different stressors; the groups of different stressful situations have active coping, distraction, avoidance, support-seeking, and social support.

This was consistent with previous studies of Palestinian children who used coping strategies such as acceptance the faith and being more religious and going to pray (Thabet et al, 2004, 2005).

The results showed that there were significant differences between levels of positive reinterpretation and growth; and religious coping according to sex toward females, because of the means of positive reinterpretation and growth and religious coping. We attributed these results and differences for the community and the culture we believe in and used to since the females considered home resident more than males; also, the culture provide support for this norms and habits since the female more close to mother in kind of same sex. In addition the closed environment that's lived by females promotes the two mentioned coping strategies to be high. In contrast, males tend to be socialized more prone to mixed culture; since they go here and there, also they meet people and learn from the street different models that affect their development and recognition. Furthermore, the researcher assumed that because female were more confirmative and obedient than their counterpart males in our community, also females stay at home beside their mothers and learn the norms (ethics) from them, in addition they weaker than males in body building. This study also supports previous findings that girls use more emotion-focused and social problem-solving strategies than boys (Patterson & McCubbin, 1987; Plancherel et al., 1998), although social and family resources may be more available to them (Spirito et al., 1995). Sullivan (2000) found significant differences between males and females in the coping strategies; planning, seeking instrumental social and emotional support, suppression of competing activities turning to religion, and focus on and venting of emotions for females. Carmen et al (2000) found that female were significantly more use for social support than males. On the hand Liu et al (2004) indicated that; female use focus on positive aspects, stay away from people, feel depressed and try to improve the situations more than males. Furthermore, the results of Hamid (2003) study of adolescent environment and family encounter indicate that females tend to use social support more than did males, also males tend to use disengagement coping more often, and girls rely on social and emotional support. Gender differences have been demonstrated in using different strategies to cope with daily stressors and in war situations, in that girls are more likely to use social and family support, while boys more commonly use confrontation and aggression, and try to solve problems by themselves (Hundt, et al, 2004; Kausar & Munir, 2004; Wadsworth et al., 2004).

Our study showed no significant differences in coping strategies in different age groups. This could be due to that martyr's children with different age group experience the same traumatic events beside losing their father. However, others were inconsistent with our results, Compas et al (1996) found preadolescents children reported significantly fewer emotion – focused coping strategies than did adolescents or young adults. Age differences in coping strategies was obvious in other studies, Williams et al (2000) found a significant differences in coping strategies among early, mid , and late adolescence. Lat adolescents used self –reliance more than the mid adolescents.

The results showed increasing intensity of the traumatic events (moderate to severe trauma) will be followed by an increase of the following coping strategies; positive reinterpretation and growth, mental disengagement, focus on and venting of emotion, use of instrumental social support, active coping, religious coping, restraint, emotional social support, acceptance, planning. There is a positive relationship between the traumatic level and the used coping strategies. There were no differences between the means of the coping strategies to the traumatic events level for the remaining coping strategies which; denial, humor, behavioral disengagement, and suppression of competing activities. Our results merge nicely with the results of Knight et al (2001) study which showed that children classified as experiencing moderate to very severe distress endorsed significantly more coping strategies than children categorized as experiencing no or mild distress. Distraction, problem solving, emotional regulation, and wishful thinking were significantly related to posttraumatic distress, also children reporting greater distress use greater coping strategies.

Also, we found in the results of Kanninen et al (2002) that the findings provide support for both direct and mediated models of trauma. The acuteness of trauma, appraisal of prison experience as harmful and involving loss, and use of both emotion- and problem-focused coping efforts were associated with high levels of PTS symptoms.

But the results of Park (1997) study showed that belief in luck and self control, intrinsic religiousness, and meaningfulness of life were all related positively to appraisals of challenges and controllability. But belief in randomness was only related to a few coping strategies, most of which are considered maladaptive (behavioral disengagement, denial). The coping strategies considered most closely related to meaning making, acceptance, and positive reappraisal.

While Bal et al (2003) results showed that a highly perceived availability of social support is directly associated with fewer trauma-related symptoms, especially in adolescents who are non-sexually abused or who have mild or no stressful events.

Huzziff et al (1999) found that exposure to trauma (location and life threat) explained by 21% of the variance in coping, that means the increase in trauma exposure associated with increase in coping behavior especially occur if the trauma was location or place threat or life threat such as loss (death).

The results showed that there were significant differences between the means of denial, restraint, and suppression of competing activities according to the type of residence. While there were no significant differences on the rest of the coping strategies related to type of residence.

The researcher hypothesized that these differences occur in martyrs children who live in village and it may be related to poor situation they live and absence of social and psychological services that may provided which considered helpful for the children. Furthermore, the martyr's children who live in village were prone to various types of humiliation from Israel forces; since they live in borders, hot areas that considered place of battle; and of the most they are displaced persons who have bad houses and building. Also, the researcher found that by using Scheffee statistical test positive relationship between the aforementioned coping strategies and the type of residence. The use of coping (denial, restraint, and suppression of competing activities) increased when the martyr's children live in village. Furthermore, we found the results of Eslieh (2000) were significant differences in the degree of psychological adjustment for camp martyr's children; that's inconsistent with our results.

The results showed that there were no significant differences between the means of any coping strategies according to the number of siblings. The researcher hypothesized that all martyr's children experienced nearly similar stressful situations

and traumatic events, so their response will be approximately in the same level. So the number of sibling not considered; since the family of martyr's will be one of two trends firstly, neglected and have not received the appropriate needs and services or secondly, have met their needs on the basis of fairness and equity on such services and this have the possibility to occur more than the first one. Also, Scheffee statistical test indicate that there were no differences observed. Fortunately, we found the current results merges nicely with Eslieh study results (2000) that indicated that there were no statistical differences between the psychological adjustment and number of sibling in the family of martyrs.

The results showed that there were significant differences between the means of use of instrumental social support, active coping, denial, behavioral disengagement, acceptance, and suppression of competing activities according to the levels of mother's education. But, there were no significant differences between the means of the eight coping strategies according to the levels of mother's education.

The researcher assumed that the high educated mothers of martyr's children know more about how to care their children and how to prepare them carefully to bypass the stressful situation or the encountered traumatic events. In contrast the low educated or not educated need more educational material to care their children, yet they are may be careless, and neglect their children. The researcher attribute these differences to that educated mothers were more close and understandable to their children than did not –educated mothers; so this will lead to such differences among the martyr's children in our community. The martyr's children mothers carried a heavy job that started from home work to living work; and so we ask our God to help them and bless their rearing.

Also, according to Scheffee statistical test the researcher found that there is reversal relationship between the used coping strategies and the mother educational level. That means the children lost their father in the current conflict of non –educated mothers (illiterate) frequently use the following coping (use of instrumental social support, active coping, denial, behavioral disengagement, acceptance, and suppression of competing activities), but children lost their father in the current conflict of educated mothers were less using for these coping strategies. That merges nicely with the results of Eslieh (2000) who found in his results that there were significant differences between psychological adjustment and mother educational level among martyr's children in Gaza strip.

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Table 1: Socio-demographic results of the study sample (N= 250)

	N	%
Sex		
Male	112	44.8
Female	138	55.2
Place of residence		
North Gaza	37	14.8
Gaza	29	11.6
Middle area	74	29.6
Khan Younis	36	14.4
Rafah	74	29.6
Type of residence		
City	100	40.0
Camp	117	46.8
Village	33	13.2

Number of Siblings		
4 and less	77	31.7
5-7 siblings	102	42.0
8 and above	64	26.3
Maternal education		
Illiterate	20	8.0
Primary	50	20.0
Elementary	16	6.4
Secondary	119	47.6
Diploma	20	8.0
University	25	10.0
Maternal job		
House wife	219	87.6
Civil employee	19	7.6
Other	12	4.8
Family monthly income by 'NIS'		
600 and less	155	62.0
601-1200	48	19.2
1201-1800	20	8.0
1801-2500	10	4.0
More than 2500 NIS	17	6.8

Table 2
Frequency of trauma items (N=250)

Items	N	%
Witnessing photos of martyrs' and injured in TV	232	92.8
Witnessing b60bard0ent of houses and streets by missiles	179	71.6
Exposure to long hours waiting on checkpoints	167	66.8
Hearing of killing of close relative	138	55.2
Hearing of killing of friend	124	49.6
Witnessing neighbors' houses attack by artillery	102	40.8
Witnessing friend's house demolition	87	34.8
Witnessing killing of close relative	82	32.8
Witnessing shooting of friend by bullets	81	32.4
Witnessing night invasion for your house	65	26.0
Witnessing shooting of close relative by bullets	63	25.2
Witnessing day invasion for your house	62	24.8
Witnessing beating of friend	61	24.4
Exposure to humiliation and beating	54	21.6
Witnessing house attack by heavy artillery	49	19.6
Witnessing friend's detention	46	18.4
Witnessing close relative detention	41	16.4
Witnessing beating of close relative	40	16.0
Witnessing house demolition	35	14.0
Exposure to bullets shooting	30	12.0

Table 3: Independent t-test comparing means of coping strategies according to sex

Coping strategies	Males N = 112		Females N = 138		T-value df = 248	Significant Level
	Mean	*SD*	*Mean*	*SD*		
Positive reinterpretation and growth	10.71	2.96	12.26	2.51	4.50	0.001***
Religious coping	13.54	2.14	14.06	2.11	1.96	0.05*

*p< 0.05 **p< 0.01 ***

Table 4: Types of coping strategies in the whole sample

Coping strategies	N	Sum of scores	Mean	St. Dev.	Ratio scale %	*Arrangement*
Religious coping	250	3457.00	13.83	2.14	86.4%	*1*
Planning	250	3055.00	12.22	2.94	76.4%	*2*
Positive reinterpretation and growth	250	2891.00	11.56	2.82	72.3%	*3*
Active coping	250	2859.00	11.44	2.53	71.5%	*4*
Use of instrumental social support	250	2795.00	11.18	3.03	69.9%	*5*
Emotional social support	250	2669.00	10.68	2.88	66.8%	6
Acceptance	250	2656.00	10.62	2.64	66.4%	7
Restraint	250	2655.00	10.62	2.77	66.4%	7
Suppression of competing activities	250	2510.00	10.04	2.52	62.8%	9
Focus on and venting of emotion	250	2645.00	10.58	2.57	66.1%	10
Mental disengagement	250	2393.00	9.57	2.67	59.8%	11
Denial	250	2265.00	9.06	2.64	56.6%	12
Behavioral disengagement	250	2168.00	8.67	2.41	54.2%	13
Humor	250	1948.00	7.79	2.31	48.6%	14
Substance use	250	1212.00	4.85	1.65	30.3%	15
Total mean of coping strategies	250	38178.00	152.71	21.20	63.63 %	119

Table 5: One-way ANOVA comparing coping strategies according to levels of trauma

Coping strategies	Source of variance	Sum of Squares	Df	Mean Square	F-value	Significant Level
Positive reinterpretation and growth	Between Groups	77.00	2	38.50	4.98	0.008**
	Within Groups	1908.47	247	7.73		
	Total	1985.48	249			
Mental disengagement	Between Groups	59.43	2	29.71	4.27	0.015*
	Within Groups	1719.78	247	6.96		
	Total	1779.20	249			
Focus on and venting of emotion	Between Groups	89.75	2	44.88	7.14	0.001***
	Within Groups	1553.15	247	6.29		
	Total	1642.90	249			
Use of instrumental social support	Between Groups	143.34	2	71.67	8.24	0.001***
	Within Groups	2149.57	247	8.70		
	Total	2292.90	249			
Active coping	Between Groups	121.06	2	60.53	10.17	0.001***
	Within Groups	1470.42	247	5.95		
	Total	1591.48	249			
	Within Groups	1722.69	247	6.97		
	Total	1740.10	249			
Religious coping	Between Groups	43.89	2	21.95	4.96	0.008**
	Within Groups	1093.71	247	4.43		
	Total	1137.60	249			
	Within Groups	1317.53	247	5.33		
	Total	1323.18	249			
	Within Groups	1437.27	247	5.82		
	Total	1445.10	249			
Restraint	Between Groups	52.51	2	26.26	3.48	0.032*
	Within Groups	1862.38	247	7.54		
	Total	1914.90	249			
Emotional social support	Between Groups	117.96	2	58.98	7.51	0.001***
	Within Groups	1940.79	247	7.86		
	Total	2058.76	249			

*p< 0.05 **p< 0.01 ***p< 0.001

Follow the table 5

Coping strategies	Source of variance	Sum of Squares	Df	Mean Square	F-value	Significant Level
Substance use	Between Groups	1.92	2	0.96	0.35	0.70
	Within Groups	674.31	247	2.73		
	Total	676.22	249			
Acceptance	Between Groups	47.60	2	23.80	3.47	0.033*
	Within Groups	1693.06	247	6.85		
	Total	1740.65	249			
Suppression of competing activities	Between Groups	33.90	2	16.95	2.69	0.069
	Within Groups	1551.69	247	6.28		
	Total	1585.60	249			
Planning	Between Groups	113.78	2	56.89	6.89	0.001***
	Within Groups	2039.12	247	8.26		
	Total	2152.90	249			
Total mean of coping strategies	Between Groups	8258.118	2	4129.06	9.84	0.001***
	Within Groups	103669.15	247	419.71		
	Total	111927.26	249			

*p< 0.05 **p< 0.01 ***p< 0.001