Natural Resources for Human Health
eISSN: 2583-1194

Original Research

Received 06 July 2026
Revised 12 Aug 2026
Accepted 25 Aug 2026

Natural Resources for Human Health 2026, Vol. 6 (18s): 986–1007

KEYWORDS:
Effectiveness, PTSD, Orphans

Counseling Program to Alleviate Post-Traumatic Stress Disorder (PTSD) in Orphaned Children of Martyrs in Gaza

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ABSTRACT: The aim of the study is to demonstrate the effectiveness of a counseling program to alleviate post-traumatic stress disorder in children of martyrs of the 2021 war in Gaza, the sample consisted of (60) male and female children suffering from post-traumatic stress disorder, the PTSD scale was applied to them, in addition to the counseling program-preparatory researchers, measurements (pre-test and post-test) were also applied to members of the experimental group, and the results of the study concluded that the counseling program was effective in reducing posttraumatic stress disorder in orphans, with a high percentage of posttraumatic stress disorder with a relative weight equivalent (79.4%), there were statistically significant differences in the PTSD scale between the two measurements (pre and post-test) among members of the experimental group in favor of the post-test measurement, there were also no statistically significant differences in the level of PTSD among the orphans due to the variables (gender - having a brother participating in the program _ birth order of the child _ age), while there are statistically significant differences among the orphans due to the variables (place of residence) in favor of the residents of the central Gaza Strip

1. INTRODUCTION

The pressures of life and the events that follow are part of the nature of human existence and one of the cornerstones of life, life is not completely free of these pressures, and they increase in quantity and quality with the complexity of civilization and the acceleration of the pace of time and its challenges.

Despite the diversity of life stresses, the traumatic events to which an individual may be exposed, including wars, are among the most powerful types of life stresses, which can then develop into behavioral problems in children at a young age that require follow-up care and treatment, and in adults there are mental illnesses for which there is no solution. Only a complete, integrated treatment journey.

The trauma of a loss is a devastating factor for the personality, and people's reactions in dealing with trauma vary according to severity and type, PTSD is a reaction to trauma that is accompanied by extreme fear, disability, or terror, in addition there is the constant re-experiencing of the traumatic event, the constant avoidance of the effects associated with the shock, the warning of the reaction, and the ever- increasing arousal. (American Psychiatric Association, 2020)

Shock is defined linguistically as impact, that is, hitting a solid object with something similar to it that shakes it severely: that is, he hit him with his body and bumped him so that they collided and bumped together, and his bump shocked him again, and

their bump was something that happened to them, and the bump: jostling, and the two men promise to meet, that is, this one is shocked by that and that, and the army chases him. (Awad, 2007: 17)

It is idiomatically defined as the reaction to a painful experience that is beyond the person's control, so that the primary means of defense are ineffective to deal with it.

Post-traumatic stress disorder (PTSD) is one of the shock disorders triggered by a sudden traumatic event. It does not occur due to normal situations or mild psychological pressure, but when the person is exposed to a traumatic situation. The traumatic situation exceeds a person's resilience and causes him or her to have violent reactions such as excessive emotions and anxiety, helplessness, sleep disturbances, and involuntary re-experiencing of the traumatic event. (Qandil, 2020)

The American Psychiatric Association defines PTSD as: "Symptoms following severe traumatic stress include directly experiencing the event associated with a real or imagined threat, serious injury, or other threat to one's body, co-experiencing the event associated with death, injury, or a threat to one's body or another person, or knowing about it." Violent or unexpected death, serious injury, or threat of death, injury, or harm to a family member or other close relative. (Al-Kandari, 90, 2002)

PTSD Post-traumatic stress disorder is defined as "a delayed response to a highly stressful event or situation that is threatening or catastrophic in nature and causes psychological distress to almost everyone exposed to it, such as a man-made disaster, a dangerous fight, witnessing the death of another or another." In a violent incident.

Research problem:

Studies have shown that a large number of children are exposed to post-traumatic stress disorder immediately after the end of the war in Gaza. Families turn to psychiatric clinics to treat children's psychological problems accumulated after wars, most often in cases of loss shock, when the child loses a family member or all family members. This required the use of non-pharmacological psychological treatments, especially a counseling program to alleviate PTSD.

There are many studies that indicate the effectiveness of this type of treatment, including the study (Al-Nakhalah, 2017), the study (Awad, 2016), the study (Ibn Al-Azmia and Al-Muhtasib, 2014), and the study (Awaja, 2016). The results showed that there is a direct relationship between post-traumatic stress disorder and irrational thoughts. This resulted in the research problem, which is to test the effectiveness of a counseling program to reduce post-traumatic stress disorder in orphans, children of martyrs of the 2021 war in the Gaza Strip.

Study questions:

Main question:

What is the effectiveness of a counseling program to alleviate post-traumatic stress disorder (PTSD) in orphans, children of martyrs of the 2021 war in the Gaza Strip?

The following sub-questions arise from the main question:

1. What is the level of post-traumatic stress disorder in orphans, children of martyrs in the Gaza Strip?

2. Are there statistically significant differences between the members of the experimental group between pre- and post-measurements in the level of post-traumatic stress disorder in orphans, children of martyrs in the Gaza Strip?

3. Are there statistically significant differences between members of the experimental group with respect to the following variables: (gender - presence of a brother participating in the program - birth order of the child - age - place of residence)

Study hypotheses:

- There are statistically significant differences at the level of (□□ .05) in the measure of PTSD among the members of the experimental group after multiple measurements (pre-post).

- There are no statistically significant differences at the level of (□□ .05) in post-traumatic stress disorder among the members of the experimental group in relation to the following variables: (gender - presence of a brother participating in the program - birth order of the child - age - area of residence).

Objective of the study:

The main objective of the study is as follows:

To determine the effectiveness of a counseling program to alleviate PTSD in orphans, sons of martyrs in Gaza.

Sub-study objectives:

1. To identify statistically significant differences in PTSD after applying the counseling program among the members of the experimental group.

2. Identifying statistically significant differences in PTSD after multiple measurements (before and after treatment) in the experimental group.

3. Identifying statistically significant differences in post-traumatic stress disorder according to multiple measurements and according to the following demographic variables: (gender - presence of a sibling participating in the program - birth order of the child - age - place of residence) in the experimental group.

Significance of the study:

- Theoretical significance:

1. Contributing to filling the scientific gap in the study of PTSD in the Palestinian setting.

2. It contributes to shed more light on therapeutic counseling programs and their effectiveness in the Palestinian and Arab settings.

3. Creating space for further studies in this field.

- Practical significance:

1. The study paves the way to benefit from counseling programs in Arab societies in general and in the Palestinian society in particular.

2. Developing the work of psychological clinics in Palestinian and Arab charities, centers and universities.

3. Using the results of the study in the community mental health centers of the Palestinian Ministry of Health.

Study terminology:

Psychological Trauma (Truma):

trauma is defined as the reaction to a painful experience that is beyond a person's control, such that the primary defenses are ineffective in coping with that experience.

(Miller, et al, 2000:19) also defines trauma as: an event accompanied by some kind of psychological pressure that is outside the person's normal experience.

trauma is procedurally defined as a sudden event that results from a person being exposed to a sudden, unpleasant, painful stimulus that shatters the person's being, negatively affecting their overall functioning and psychological and social adjustment.

Post-Traumatic Stress Disorder (PTSD):

PTSD is also defined according to the American Psychiatric Association's Fourth Diagnostic and Statistical Manual (DSM-IV) as a category of anxiety disorders in which a person is exposed to an unusual psychological or physical stressful event, sometimes immediately after exposure or more often after exposure. (Azzak and Lamouchi, 2019: 124)

The researchers define it procedurally as the score the person under study receives after applying the post-traumatic stress scale.

The limitations of the study:

- Spatial limitation: Ani wa Tifli (Me and my child) Association for Family and Child Care in Gaza.
- Time limitation: second semester 2025
- Specific limitation: orphans, children of martyrs in the Gaza Strip

- Target: The effectiveness of a counseling program to alleviate PTSD.

Theoretical framework and previous studies:

PTSD is defined as a "delayed response to an extremely stressful or catastrophic event that causes psychological problems in almost everyone exposed to it, such as a man-made disaster, a major battle, the death of another person, or other violent incidents.

(Sammour, 2006) identifies several factors that contribute to PTSD, including

1. Individual factors: genetic factors and heightened sensitivity and conscientiousness control PTSD and the extent of the individual's response to the traumatic experience.

2. Severity of the traumatic experience: researchers agree that the severity of the experience and traumatic event leads to more severe symptoms in the relationship between trauma and mental disorders.

3. Personal characteristics: personal characteristics such as a distrustful and dependent personality have an influence on the development of post-traumatic stress disorder.

4. The presence of psychological symptoms: the presence of previous trauma in childhood has been shown to increase the occurrence of the disorder and increase the need to take tranquilizers.

5. Age or gender: researchers have confirmed that children are more prone to psychological disorders as a result of traumatic situations, and studies have also confirmed that women show more psychological symptoms than men.

6. Adaptability: belief in fate and destiny, patience in the face of adversity, and the presence of a supportive and counseling person are factors that reduce the occurrence of mental disorders.

Posttraumatic symptoms occur after the person has been exposed to a traumatic experience or group of traumatic experiences, in the first days or weeks after the traumatic event, provided that these symptoms last longer than one month. They must also include the following three groups of symptoms: Re-experiencing the traumatic event, avoidance symptoms related to the traumatic event, and persistent arousal symptoms. (Mahzari, 139:2021)

PTSD in children is diagnosed according to the diagnostic criteria of the Diagnostic and Statistical Manual of Psychiatry-5 (DSM-5) published by the American Psychiatric Association as follows:

A. Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) events.

B. The presence of a symptom (or symptoms) of enteroception related to a traumatic event (or events), beginning after the traumatic event (or events).

C. Persistent avoidance of stimuli associated with the traumatic event(s), beginning after exposure to the traumatic event(s).

D. Negative changes in perception and mood related to the traumatic event(s) that began or worsened after the traumatic event(s) occurred.

E. Marked changes in arousal and reactivity related to the traumatic event(s) that began or worsened after the traumatic event(s) occurred.

F. Duration of the disturbance (criteria B, C, D, E) continues for more than one month.

G. The disorder causes pain and clinically significant impairment in social, occupational, or other important areas of functioning.

H. The disorder is not due to the physiological effects of a substance (e.g., alcohol, medication) or other medical condition.

PTSD goes through several stages, including:

- The rejection stage: It is characterized by extreme emotions and crying.

- The denial stage: feelings of bitterness and fear are mixed.
- The avoidance stage: individuals affected by PTSD stay away from anything that reminds them of details.
- Attempting to withdraw and control anxiety: Trying to withdraw and control anxiety: For some, this phase may be accompanied by the use of alcohol, drugs, excessive smoking, or the use of tranquilizers.
- acceptance and containment: (Hassan, 2013: 13) mentions that this is the final stage where improvement in response occurs with mood disorders and many people show adaptation to the condition and their condition improves as treatment develops, many studies on trauma have shown that there is no single model that can explain all forms of trauma, there are also people who respond positively to trauma and adapt to its various effects with the help of individual cultural and social factors, but the dangerous and different psychological effects that occur in children persist unless they are consciously processed, and here "Anna Freud" emphasizes that psychiatric illnesses are nothing more than remnants of traumatic experiences in childhood. (Qandil, 10:2020)

Many studies have demonstrated the effectiveness of this type of treatment in alleviating PTSD symptoms, such as the study (Al-Kamnouri, 2021) that aimed to determine the effect of a program based on drawing therapy strategies in reducing PTSD in a sample of Syrian refugee children. The researcher used the experimental method where the sample size was (24) girls aged (9-12). The researcher used the post-traumatic stress disorder scale created by (Pynoos et al, 1987) and a counseling program based on art therapy strategies. The results of the study showed that there were statistically significant differences between the mean scores of the experimental group and the control group on the post-traumatic stress disorder scale after applying the counseling program in favor of the experimental group, The study (Mahzri, 2021) also aimed to determine the relationship between post-traumatic stress disorder and fear of the future in a sample of secondary school students in the southern border schools in the Jazan region. The researcher used a descriptive analytical approach and the sample consisted of (300) students. Davison's (1995) PTSD scale and Al-Mishekhi's (2009) Future Anxiety Scale were used after checking validity and reliability. The study found a statistically significant relationship between PTSD and future anxiety in a sample of secondary school students, while the study (Ahmed, 2020) aimed to demonstrate the effectiveness of a selective treatment program to reduce PTSD in Syrian refugee children in Egypt and Germany, The first experimental sample in Egypt (4 males - 4 females) in the age group 14-18 in the city of October and the second experimental sample in Germany (4 males - 4 females) in the city of Wuppertal, The researcher used the PCL-5 PTSD scale created by the American National Center for PTSD and the Psychological Alienation Scale created by the researcher and the Selective Therapy Program. The results of the study showed that there were statistically significant differences between the grade levels of the Syrian refugee children in both the pre- and post-test samples on the PTSD scale, in favor of the post-test application.

The study (Muhammed, 2020) aimed to clarify the relationship between PTSD and anxiety and depression variables in a sample of adolescents. The sample consisted of (14) adolescents with PTSD, all of whom were homogeneous in terms of the variables: Severity of Disorder, Intelligence, Education and Economic Level, The UCLA list was used to respond to the symptoms of PTSD in children and adolescents, Taylor's measure for pure anxiety and finally the Beck list for depression, The results showed a statistically significant correlation between PTSD and anxiety, as well as a statistically significant correlation between PTSD and depression in the sample, The study (Al-Nakhalah, 2017) revealed the nature of the relationship between post-traumatic stress disorder, deductive reasoning and moral judgment in a sample of children in the Gaza Strip, The sample of the study consisted of (205) male and female children from the Gaza Strip, In this study, the researcher used the descriptive analytical method. The researcher prepared a questionnaire to collect data. The study concluded that the children suffered from post-traumatic stress disorder symptoms at a high level. The study also showed that there is no statistically significant correlation between symptoms of PTSD and reasoning ability, while the study (Awaja, 2016) aimed to determine the level of post-traumatic stress and irrational thoughts in adolescents whose houses were destroyed in the northern Gaza Strip, Binet's post-traumatic stress scale and Suleiman Al-Rihani's irrational thoughts scale, The researcher chose the descriptive analytical method as the method for the study, The sample of the study consisted of (357) male and female adolescents, The results showed that there was a weak, statistically significant direct relationship between the total score of the post-traumatic stress scale and the total score of the irrational thoughts scale, as with the study (Awad, 2016), the study aimed to demonstrate the effectiveness of a selective counseling program in reducing symptoms of PTSD in children, The researcher used the experimental method as it was appropriate for this study. The sample consisted of (18) children. The researcher used a PTSD scale that he created and the selective counseling program, The results of the study indicate that there are statistically significant differences between the

mean scores of the experimental group and the control group in the post-measurement on the post-traumatic symptoms scale in favor of the experimental group, there are statistically significant differences in PTSD symptoms due to gender variable in favor of males.

The study (Buss, 2015) aimed to demonstrate the effectiveness of a rational-emotional counseling program in reducing posttraumatic stress in a sample of elementary school students. The study relied on the experimental method, The sample of the study consisted of (20) students between the ages of 11 and 12, The instruments of the study were the economic level questionnaire, the pictorial intelligence test, and the post-traumatic stress scale.

The study came up with a number of findings including: that there were differences between the average grade levels, The members of the experimental group in the pre- and post-measurements in post-traumatic stress, in favor of the post-measurement, The study recommended paying attention to the use of counseling programs based on the rational-emotional approach and use them in students to cope with post-traumatic stress, while the study (Al-Ibrahim, 2015) aimed to demonstrate the effect of a cognitive-behavioral counseling program to reduce PTSD in a sample of Syrian refugees in Jordan, The study population consisted of all Syrian refugees in Jordan residing in Ramtha camp, numbering (4,500) individuals, The study sample consisted of (24) Syrian IDPs who scored the highest on the Davidson Post-Traumatic Stress Disorder Scale, The results of the study showed that there were statistically significant differences between the experimental group and the control group on the Post-Traumatic Stress Disorder Scale score in favor of the experimental group after the completion of the program, As for the study (Shaheen, 2013), the study aimed to determine the effectiveness of both the cognitive behavioral therapy program and mind-body therapy in reducing the severity of symptoms of PTSD and the specific accompanying symptoms of anxiety and depression, The sample of the study consisted of (800) male and female secondary school students, The researcher used the descriptive analytical method and the experimental method (Post-Traumatic Stress Scale - Gaza Traumatic Experiences Scale), The study found that there were no statistically significant differences in the degrees of psychological variables (post-traumatic stress - anxiety - psychological depression - knowledge of post-traumatic stress - aggressive and hostile behavior of adolescents) in the experimental and control groups before the program, While the study (Ibn Al-Azmia and Al-Muhtasib, 2014) aimed to determine the most appropriate prevalence of mental disorders indicators and their relationship with some variables among children and adults in the southern Gaza Strip, the researchers chose the descriptive analytical approach, and the study population consisted of families living in the border areas in the southern Gaza Strip (Rafah and Khan Yunis) The study sample consisted of (1146) heads of families and their children who were selected through a simple random method, The researchers used a measure of indicators of mental disorders in children and adults that they created, The results of the study also showed that there were no statistically significant differences in the indicators of mental disorders based on the variables of gender and place of residence, while the study showed a direct, statistically significant correlation between the indicators of disorders in parents and the indicators of disorders in children.

General comment on previous studies:

The investigators have benefited from previous studies in designing the research, determining the appropriate study instrument, as well as selecting the appropriate statistical methods, determining the study procedures from an applied perspective, and selecting the appropriate experimental design for the current study.

Most of the previous studies were consistent in general objective with the objective of the researcher's current study in that they were concerned with determining the effect of a counseling program to alleviate PTSD, and all of them also dealt with a therapeutic counseling program to alleviate the suffering of PTSD, as in the study of (Al-Kamenouri, 2021), the study of (Ahmed, 2020), the study of (Awad, 2016), the study of (Buss, 2015), the study of (Al-Ibrahim, 2015), and the study of (Shaheen, 2014).

Differently, the study of (Ibn Al-Azmia and Al-Muhtaseb, 2014) aimed to determine the most appropriate prevalence of mental disorders indicators and their relationship with some variables, relying on the descriptive and analytical approach.

They all agreed with the present study in terms of study instruments and methodology, as the studies used a measure of posttraumatic stress disorder and the methodology was based on the use of an experimental and quasi-experimental program.

In addition, all previous studies matched with the researchers in the study sample, as the researchers treated a sample from the category of orphans, children of martyrs and children, while they did not match with him in the study sample the study of

(Mahzri, 2021) the study of (Muhammad, 2020) the study of (Awaja, 2016) the study (Shaheen, 2014), while the study (Al-Ibrahim, 2015) consisted of the sample of people who immigrated from their countries.

2. MATERIALS AND METHODS

2.1 Study Material

First: PTSD Scale

General description of the scale:

First: PTSD Scale

General description of the scale:

The researchers used the post-traumatic stress scale developed by Al-Khawaja and Al-Bahrani in a study (Al-Khawaja and Al-Bahrani, 2008), which was developed for the Omani setting, which is close to the Palestinian setting, and consists of (70) items, The items of the scale are divided into three domains:

- The first domain: the emotional symptoms domain of post-traumatic stress.
- The second domain: the field of cognitive symptoms of posttraumatic stress.
- The third area: the field of behavioral symptoms of post-traumatic stress.

To develop the tool, Al-Khawaja (2010) proceeded as follows:

4. Study of the theoretical literature on PTSD and investigation of the scales available in this field, Thayer and Johnson's (1999) post-traumatic stress scale was reviewed, The scale included ten items for stress and (30) items, The Posttraumatic Stress Scale (Al-Khawaja, 2000) was also used to adapt to these stresses, and the items were constructed based on the following diagnostic criteria: Feeling of repetition of the traumatic event, emotional disturbance, avoidance of thinking about the trauma, and high susceptibility to arousal, The scale The Impact of Traumatic Experiences has been shown to be used in both clinical and nonclinical samples because it is based on four factors that include interference or dominance of negative thoughts and feelings, avoidance, difficulty sleeping, and numbness or so-called dullness of feeling.

5. The development of the tool relied mainly on the diagnostic criteria of the Diagnostic and Statistical Manual of Mental Disorders IV, (DSM-1V), so that the items were derived from symptoms comprising the following behavioral, affective, and cognitive components.

6. Conducted a prospective study with face-to-face interviews to identify the main traumatic events to which they were exposed and the resulting impact.

The domains that make up the tool:

- The first domain: the emotional symptoms field of post-traumatic stress, consisting of 24 items (1-24) that reflect the respondent's emotional symptoms, such as irritability, anxiety, feelings of psychological loneliness, insecurity, and other emotional symptoms.
- The second domain: the cognitive symptoms domain of post-traumatic stress, consisting of (25-44) items reflecting cognitive symptoms such as negative thinking about the future, poor concentration, and trying to forget the traumatic events.
- The third domain: the behavioral symptoms of posttraumatic stress field, It consists of (45-70) items that reflect the respondent's symptoms of weakness, Restlessness, weak desire to engage in daily activities, physical isolation, trembling in the body, inability to achieve, and change, Habits The researchers saw this arrangement of fields based on their study of the theoretical literature on the subject of the study, and they took into account the observations of the referees of the instrument.

Validity and reliability of the tool:

Honesty of referees:

The validity of the study instrument was tested by presenting it to six referees who are specialists in psychological counseling and faculty members at the Islamic College of Education and Al-Aqsa College in Gaza, They were asked to indicate the degree

of suitability of the paragraph for the field to which they belong and the degree of its linguistic integrity, They were asked to suggest the modification or deletion of inappropriate paragraphs and to provide an opinion with any comments on the questionnaire in general, including the main areas from which it was compiled, Based on the opinion of the referees, I kept the paragraphs that were agreed to be 80% correct and changed the wording of some paragraphs and words by changing the word "student" to "person" In some paragraphs and the like.

Stability by repetition method:

The reliability of the instrument was extracted using the repetition method of (Al-Khawaja and Al-Bahrani, 2008) with a time interval of (12) days on a sample of (45) individuals, The reliability coefficient for the three domains of the instrument was (0.884), for the emotional domain (0.871) and for the symptom domain (0.871), Cognitive (0.843), and for the Behavioral Symptoms domain (0.939).

Reliability by calculating the internal consistency coefficient:

The reliability coefficient was also calculated using the concept of internal consistency on the reliability sample using the Cronbach Alpha equation, The value of the internal consistency coefficient for the instrument as a whole was (0.867), for the emotional symptom's domain (0.912), for the cognitive symptom's domain (0.802), and for the behavioral symptom's domain (0.923), which are values that allow judging that the scale has the property of reliability and therefore is considered valid for the purposes of the study.

Second: The counseling program:

It aims to reduce the severity of PTSD in orphans, sons of martyrs in Gaza, by using several methods to bring about cognitive, emotional and behavioral changes aimed at changing their thoughts, feelings and behaviors and correcting misconceptions and perceptions about themselves, the world around them and the future in order to overcome the feelings and thoughts resulting from the trauma and find appropriate solutions to the PTSD.

The counseling program was presented to a number of (7) professionals in the field of psychological and therapeutic counseling, all reported on the quality of the program and its suitability for use, while the researchers modified some of the comments made by the mediators.

The counseling program included (10) different counseling sessions, all aimed at reducing PTSD and suitable for the orphan category, the sessions are listed **.**

Table (1) The details of the counseling program sessions

First session: pre-assessment application of the scale	
Application of the pre-assessment scale for PTSD to sample members	
Second session: Introductory opening (Building the professional relationship)	
Session Objectives: 1. Establishing a professional mentoring relationship between the researcher and the sample members. 2. Overcoming the barrier of fear and shyness among the sample members. 3. Introducing the counseling program and its sessions. 4. Clarifying the role of the researcher and the sample members during the program. 5. Clarification and agreement on the instructions, principles and fundamentals of the counseling program, which include:	Conduct of the session The researcher began the session by welcoming the sample members and thanking them for agreeing to participate in the mentoring program, She got to know them through the activity with the colorful ball of wool to establish a good mentoring relationship and create familiarity and collaboration, and then introduced them to the nature of the mentoring program, its sessions, techniques, and goals, The importance of committing to attend all sessions of the program by signing the commitment to participate in the program. The researcher clarified and agreed on the instructions, principles and fundamentals of the mentoring program, which include the following:

A. Determine the date, number and location of the upcoming sessions per week. B. Explain the importance of fruitful collaboration between the researcher and sample members and serious participation. C. It is necessary to commit to attend all sessions of the counseling program. D. Commitment to comply with the requirements of the counseling program inside and outside the program. E. Commitment to complete the homework assigned by the researcher to the sample members during the sessions.	1. Determining the date, number and location of the upcoming sessions per week. 2. Explaining the importance of fruitful collaboration between the researcher and the sample members and serious participation. 3. The need to commit to attend all the meetings of the counseling program. 4. The commitment to fulfill the requirements of the counseling program internally and externally. 5. The commitment to complete the homework assigned by the researcher to the sample members during the sessions. The parents of the participating children sign a form in which they commit to attend the sessions of the program.
Resources used in the session	Paper- pens- paper cards- balloons- camera- colorful yarn ball- cards- commitment form- attendance sheet
Techniques and methods:	Consultation in the group
Duration of the session	50 minutes
Evaluation of the session	Active participation of children, willingness to continue and commitment to attend all sessions of the program.
Conclusion	Signing of the pledge, thanking the participants and agreeing on a consistent schedule for the implementation of the program.
Third session (1): (A brief narrative on psychological trauma and its effects)	
Session Objectives: 1. Establishing a professional mentoring relationship between the researcher and the subjects. 2. Overcoming the barrier of fear and shyness in the subjects 8- Introduction to the counseling program and its sessions clarification of the role of the researcher and the sample members during the program. 3. Clarification and agreement of the instructions, principles and fundamentals of the counseling program, which include: A. Determine the date, number and location of upcoming sessions per week. B. Explaining the importance of a fruitful collaboration between the researcher and the members of the sample and a serious participation. C. It is necessary to commit to attend all the meetings of the counseling program. D. Commitment to comply with the requirements of the consultation program inside and outside the program. E. Commitment to complete the	Conduct of the session The researcher started the session by welcoming the sample members and thanking them for agreeing to participate in the mentoring program, He got to know them through the activity with the colored ball of wool to establish a good mentoring relationship and create familiarity and collaboration, and then introduced them to the nature of the mentoring program, its sessions, techniques, and goals, and advised on the appropriate dates for the sample members and focus, It is important that you commit to attending all sessions of the program by signing the pledge to participate in the program.

homework assigned by the researcher to the sample members during the sessions.	
Techniques and methods:	Introduction and preparatory interview
Third session (2) (Simplified narrative about trauma)	
Session Objectives: - raise children's awareness of trauma and its effects. - describe trauma and its forms. - facilitate emotional catharsis regarding traumatic events. - explain the types of trauma and strategies for dealing with them, especially trauma associated with loss.	Conduct of the session The therapist began with a discussion of trauma and its impact and presented a series of simplified stories that helped the children understand the concept of trauma, this was followed by a structured dialog about trauma and its impact on individuals and safe ways to cope with it. The therapist presented a series of stories and initiated discussions with the children to stimulate their thinking and increase their cognitive awareness of loss-related trauma and its impact.
Techniques and methods:	Narrative style- effective dialog and discussion- effective silence
Third session (3): (relaxation and deep breathing exercises)	
Session Objectives: 1. To help the child realize the importance of releasing psychological pressure through deep breathing exercises. 2. To provide children with a sense of release from psychological pressure through learning deep breathing. 3. To educate children with information about the physiology of the body and the process of deep breathing. 4. Developing children's skills in the processes of breathing and muscle relaxation.	Conduct of the session The specialist started with a theoretical explanation about the importance of the breathing process for the body and physical well-being, explaining the way the respiratory system works and its effect on the body. The specialist trained the children in deep breathing exercises and repeated the exercises during the session with soothing music. The specialist engaged the children in dialog and discussion about their feelings and the ideas they had during relaxation after completing the breathing and deep relaxation exercises, and trained them to express their feelings and opinions.
Techniques and methods:	Relaxation and deep breathing exercises- dialog and discussion- free expression
Fourth session (psychodrama and PTSD)	
Objectives: Use of psychodrama to alleviate post-traumatic stress	Conduct of the session

1. Psycho-emotional relaxation through psychodrama. 2. Enabling the expression of psychological stress through dramatic action.	Invite children to narrate life traumas in a representative way, with the aim of emotional release, each child expresses trauma through drama. Raise children's awareness of the importance of expressing and narrating trauma and how to handle it safely. Educating children about the different types of psychological distress and methods for coping with it through dramatic representation. Educate children about the different types and levels of stress through their engagement in their own dramatic representations.
Techniques and methods:	Dramatic representation of psychodrama- Dialog and discussion- Imagination
Fifth session (Emotional cathartic movement)	
Objectives 1. To train participants in exercises to reduce post-traumatic stress. 2. Psycho-emotional release from negative displacement through physical movement. 3. To give children a sense of freedom from psychological pressure through movement and activity. 4. Reduction of post-traumatic stress through motor exercises.	Conduct of the session Dividing children into two groups and conducting a series of movement exercises to reduce PTSD in children. Focusing on movement, effective dialog and free expression during the movement exercise. Stimulate the expression of internal components through stimulation and activity. Involve all children in collective motor activities and discuss them through stimulating conversation. Use puppets, parachutes, and colorful hoops during motor exercises
Techniques and methods:	Physical exercises- Homework- Physical reinforcements
Sixth session (Emotional catharsis through music and hymn)	
The Objectives 1. Psychological and emotional discharge through music and hymn. 2. Training children in rhythmic movements and song excerpts that bring optimism and joy. 3. Release from traumatic stress disorders through collective and individual music and hymns.	Conduct of the session The researcher divided the children into groups and asked them to imitate movements accompanied by soothing musical rhythms. The children were instructed to close their eyes and listen to the soothing music to initiate a process of imagination. Discussion with the children during the imagination process and active dialog were aimed at emotional release and expression of pent-up feelings. The therapist gave each child the opportunity to express themselves freely through songs in front of their peers by assigning them specific songs related to their environment to sing. Focus on movement with hymns to spread joy and release emotional burdens
Techniques and methods:	Physical activity- Music- Dialog and discussion- Imagination
Seventh session (free drawing and emotional release)	
The Objectives	Conduct of the session

- psycho-emotional release through free drawing and coloring. - reflection of repressed feelings through the art of drawing. - free expression of feelings and thoughts resulting from trauma through drawing.	The children were divided into groups as follows: The first group draws freely without anything coming to mind. The second group draws the psychological trauma they experienced. The third group draws a prompt that the specialist gives them on the topic of psychological trauma. After the groups finish the free and guided drawing, the specialist discusses the drawings with the children and creates space for the expression of the repressed feelings related to the trauma.
Techniques and methods:	Free drawing- music- discussion- dialog
Eighth session (theater and ways to cope with trauma)	
The Objectives - To introduce children to different types of psychological trauma and its effects using puppet theater. - To clarify methods of coping with psychological trauma through theatrical performances aimed at confronting trauma. - Create space to talk with children about these traumas.	Conduct of the session The specialists presented a series of theatrical performances on coping with psychological trauma using puppets and fabric theater. A large number of children interacted with the theatrical narrative and some tried to imitate the roles and freely express the shocks and act appropriately to properly process their impact. These representations were discussed with the children to guide them and show them ways to cope with psychological trauma and reduce its negative impact. End the session with a discussion and free dialog.
Techniques and methods:	Drama- theatrical performances- discussion- dialog- persuasion
Ninth session (Emotional release through free play)	
The Objectives - Free psychological discharge through free play. - To activate children and divert their attention from trauma and stress. - To bring joy to children through play. - Provide psychological support through play and role play. - Allow the child to participate, lead, and express themselves freely.	Conduct of the session The therapists provided a suitable and safe environment for free play with the children to alleviate the effects of trauma. They prepared various free games that served the goals of the program. The children participate in free games and competitions, receive prizes, and make the children happy Provide psycho-emotional relief through the children's participation in the game and the opportunity to express displaced feelings through a series of activities during the game. Divide children into groups, make them happy, and use a variety of different tools while playing.
Techniques and methods:	Free play, dialog, discussion, physical activities, rewards and reinforcement
Tenth session (after using the scale)	
The Objectives Application of the PTSD scale	Conduct of the session

	The PTSD scale was applied through the communication of the specialist with the mothers of the children and the same scale was applied again after the end of the program. A meeting was held with the mothers to discuss the results of the program and the degree of improvement the children felt after the end of the program. Presentation of gifts to the children and thanks for their participation in the program.
Completion of the mentoring program	

Experimental Design:

The experimental design of the study is based on:

1. Number of groups: One experimental group, we applied the counseling program to reduce PTSD.
2. Multiple measurements for the experimental group (pre, post).
3. The experimental group received (10) counseling sessions for a total period of two consecutive months
4. The counseling program was implemented over two consecutive months in the Gaza Strip.

Statistical methods:

statistical analyses employed in the study included the arithmetic mean, median, and standard deviation. To assess the validity of the research instruments, the study examined internal consistency, expert judgment (content validity), and construct validity. To determine reliability, the researcher utilized the split-half method and Cronbach's alpha. Additionally, the study employed the independent-samples t-test, the paired-samples t-test, the Shapiro-Wilk test for normality, and one-way analysis of variance (ANOVA). Finally, Eta-squared (effect size) was calculated to determine the magnitude of the effect and verify the effectiveness of the counseling program.

2.2 Sample Collection

. Study population: they are orphans, children of martyrs of war in Gaza Strip, total 200 boys and girls.

. Individuals of the study: the number of sample members is (60) male and female children suffering from PTSD, children of martyrs of the war in Gaza Strip, The subjects were distributed to an experimental group whose number is estimated to be (60) male and female children, whose data are explained in detail .

. The case was taken through the association "Ana Wa Tifli" and the mother of the child filled the required forms.

. The completed forms were given to the counselor who would supervise the case the counselor conducted an initial interview, completed the case study and made an appointment with the counseling program coordinator.

3. The coordinator interviews and diagnoses the child using a PTSD scale, if the child is diagnosed with a high level of PTSD, he/she is nominated to participate in the program.

4. An appointment was made with the clinical counselor specialized in the counseling program to discuss the case.

5. The researcher supervised the collection of case files and demographic data.

6. Therapeutic sessions begin (according to the above program) with the cases selected in the experimental group.

7. The researcher monitors the regularity of the cases in coordination with the association management and the clinical psychologist until the completion of the program, including the dimensional evaluation.

8. Monitoring the progress of the counseling program sessions and monitoring the pre and post measurements to ensure the statistical analysis of the study results and their interpretation

The researchers followed the necessary methodological scientific procedures to achieve the objectives of the study, namely:

1. Methodology of the study: the researchers applied the quasi-experimental method to achieve the objectives of the study, as it is appropriate for answering the research questions and testing the validity of the hypotheses, since the research measures the effect of a counseling intervention on cases diagnosed with PTSD and the experimental group was exposed to the counseling intervention.

2. Study population: they are orphans, children of martyrs of war in Gaza Strip, total 200 boys and girls.

3. Individuals of the study: the number of sample members is (60) male and female children suffering from PTSD, children of martyrs of the 2021 war in Gaza Strip, The subjects were distributed to an experimental group whose number is estimated to be (60) male and female children, whose data are explained in detail in the following table:

Table No. (2) Characteristics of the study sample

Variable	Categories	Frequency	Percentage
Gender	Male	32	53.3%
	Female	28	46.7%
Age Group	5 to less than 9 years	33	55%
	9 to less than 12 years	17	28.3%
	12 to less than 17 years	10	16.7%
Residential Area	Northern Gaza	23	38.3%
	Central Gaza	21	35%
	Eastern Gaza	5	8.3%
	Western Gaza	11	18.3%
Birth Order	First	17	28.3%
	Middle	32	53.3%
	Last	11	18.2%
Is There a Participating Sibling?	Yes	53	11.67%
	No	7	88.33%

Experimental Design:

The experimental design of the study is based on:

1. Number of groups: One experimental group, we applied the counseling program to reduce PTSD.
2. Multiple measurements for the experimental group (pre, post).
3. The experimental group received (10) counseling sessions for a total period of two consecutive months.

2.3 Extraction Procedure

1. The case was taken through the association "Ana Wa Tifli" and the mother of the child filled the required forms.
2. The completed forms were given to the counselor who would supervise the case the counselor conducted an initial interview, completed the case study and made an appointment with the counseling program coordinator.
3. The coordinator interviews and diagnoses the child using a PTSD scale, if the child is diagnosed with a high level of PTSD, he/she is nominated to participate in the program.
4. An appointment was made with the clinical counselor specialized in the counseling program to discuss the case.
5. The researcher supervised the collection of case files and demographic data.
6. Therapeutic sessions begin (according to the above program) with the cases selected in the experimental group.
7. The researcher monitors the regularity of the cases in coordination with the association management and the clinical psychologist until the completion of the program, including the dimensional evaluation.
8. Monitoring the progress of the counseling program sessions and monitoring the pre and post measurements to ensure the statistical analysis of the study results and their interpretation.

2.5 Statistical Analysis

the PTSD scale was applied to them, in addition to the counseling program-preparatory researchers, measurements (pre-test and post-test) were also applied to members of the experimental group.

3. RESULTS AND DISCUSSION

3.1 Preliminary Analysis

To answer the first question: What is the extent of PSTD among the children of the soldiers killed in Gaza in 2021?" To determine the extent of post-traumatic stress disorder among the children of the martyrs, the researchers used a T-test (one-sample test). The results are shown in the table.

Table (3) "T-scores for one sample" to identify the level of pre- PTSD in children

Dimensions	Number of Items		Arithmetic average.	Relative weight.	Standard deviation	Probability Value (sig)	Rank
Emotional Symptoms	24		4.213	84.26%	0.393	0.000	1
Cognitive Symptoms	20		4.003	80.06%	0.444	0.000	2
Behavioral Symptoms	26		3.734	74.68%	0.607	0.000	3
Total score for the PTSD scale	70		3.975	79.4%	0.416	0.000	

Table (3) shows that the computational average of PTSD is equal to (3.975), with a standard deviation (0.416), that is, the relative weight (79.4%), indicating that the PTSD level of the children of martyrs is high.

The researchers attribute the high rate of (PTSD) among the sample subjects to the lack of therapeutic programs implemented for this group immediately after the trauma of loss, to the attention paid to providing respite and boarding programs, and to ignoring the importance of psychological care and treatment immediately after the trauma, to living with traumatized adolescent children and being aware of the details, to society's interest in showing strength and toughness in times of crisis, which contributes to their high levels of repression and turmoil because they cannot admit it, the lack of psychological support at home for families who lost a parent in the war, due to the difficulty of the events and the danger of mobility, the prevalence of psychological trauma in the Palestinian environment in Gaza, the difficult conditions in the face of the wars and the continuation of the siege, the loss of the wife of the martyr and the need for psychological support at the time of the loss, which negatively affects the children and their ability to cope with post-traumatic stress disorder counseling measures often come too late for children and their families and are hardly available in most areas.

Second question: are there statistically significant differences in the degree of posttraumatic stress disorder among children of martyrs on multiple measures (pretest and posttest)?

To test the validity of this hypothesis, the two-tailed paired samples t-test was used to test for differences between the mean scores of the study sample members on multiple measures of children's PTSD.

3.2 The results of the t-test for the two independent samples (Paired Sample Statistics t-test) showed the average scores of the study sample

Table (4) members' assessment of children's PTSD in multiple measurements.

		Arithmetic average.	Standard deviation	Test value (t)	size Effect	Proba-bility Value (Sig)	Statistical significance
Emotional Symptoms	before	4.21	0.393	32.06	0.358	0.000	Significant Statistically
	After	1.91	0.558				
Cognitive Symptoms	before	4.00	0.444	29.14	0.304	0.000	Significant Statistically
	After	1.72	0.569				
Behavioral Symptoms	before	3.73	0.607	28.60	0.494	0.000	Significant Statistically
	After	1.74	0.405				
Total	before	3.97	0.416	37.85	0.482	0.000	Significant Statistically
	After	1.79	0.457				

From the table, the probability value (Sig) for the total result of the questionnaire is equal to (0.000), which is below the significance level (0.05), the calculated t-value is (37.85), which is greater than the tabulated t-value of (1.96), this indicates the presence of statistically significant differences at the significance level ($\alpha \leq 0.05$) between the mean scores of the study sample member therefore, it was concluded that the counseling program had an effective impact after implementation.

The presence of differences in favor of the post-test measure is due to the quality of the counseling program used and aimed at reducing PSTD, the interest of the mothers in having their children participate in the counseling program because they believe in its importance for the children and are aware of the availability of the shock of loss in children, and the interest of the children themselves in participating in the sessions of the program and in complying with its rules and laws, the thirst of the individuals the sample sought psychological support and their need for a program that reduces the level of traumatic stress, the presence of a high level of trauma in the members of the sample, the variety of sessions of the counseling program and their suitability for children, the program that meets the psychological needs of children, as the methods varied between discussion, dialog, drawing, free play, psychodrama, free expression, etc.

Varied the presence of reinforcement and entertainment elements in the guidance program and the accuracy of the goals aimed at reducing the disorder.

Natural Resources for Human Health
eISSN: 2583-1194

3.3 The results of the third question, which is:

Are there statistically significant differences at an indicative level (α ≤ 0.05) in the extent of PTSD in children of martyrs as a function of variables (gender, siblings, rank of child, age group, area of residence)? To answer this question, the researchers tested the following hypotheses:

The first hypothesis of the study states, there are no statistically significant differences at the significance level (α ≤ 0.05) in the degree of PTSD among the children of martyrs based on the gender variable.

To answer this hypothesis, the researchers used an independent "two-sample t-test" to calculate the level of PTSD attributed to the gender variable, this can be seen in the table.

Table (5) "T-For Two Independent Samples" to identify the level of PTSD in children of martyrs attributable to sex

Variable	(PTSD)	Gender	NO.	Arithmetic average.	Standard deviation	(F) Test value	Proba-bility Value(sig)
Gender	(PTSD)	Male	33	3.99		0.002	0.968
		Female	27	3.94			
	(PTSD)	Male	33	1.83		0.674	0.415
		Female	27	1.74			

The results shown in table (5) indicate that the probability value (sig) is greater than the significance level (α ≤ 0.05), and thus it can be concluded that there are no statistically significant differences in the degree of post-traumatic stress among the children of martyrs in the Gaza Strip due to (gender) in general. On multiple measurements.

The researchers attribute the lack of gender differences in the orphans to the fact that both men and women are exposed to the same traumatic events and conditions in times of war, the frequent wars in Gaza affect both men and women, resulting in similar levels of suffering, the children's attachment to their martyr father, male or female, the presence of a culture of respect for both genders in Gaza society, and the absence of discrimination in the treatment of men and women, the members of the sample are early and middle-aged children who have no awareness of how to deal with trauma or self-care skills in the event of trauma due to the absence of special counseling programs for men and women in schools or institutions before and during war.

The second hypothesis of the study, which states that there are no statistically significant differences at the significance level (α ≤ 0.05) in the degree of (PTSD) in the children of martyrs based on the presence of a participating sibling.

To answer this hypothesis, the researchers used the "T-test" for two independent samples to calculate the level of PTSD based on the variable (presence of a participating sibling), which can be seen in the table.

Table (6) "T-test for two independent samples" results to determine the extent of PTSD in children of martyrs based on whether there is a participating brother

Variable	PTSD	Categories	NO.	Arithmetic average	Standard deviation	(F) Test value	Proba-bility Value (sig)
Is There a Particip-ating Sibling?	PTSD	Yes	53	3.99	0.39	.876	.353
		No	7	3.81	0.53		
	PTSD	Yes	53	1.80	0.40	2.81	.099
		No	7	1.74	0.79		

The results presented in table (6) show that the probability value (sig) is greater than the indication level ($\alpha \leq 0.05$) and thus it can be concluded that there are no statistically significant differences in the post-traumatic stress level of the children of martyrs in the Gaza Strip due to (the presence of a participating brother) in general measurements.

The researchers attribute the lack of differences due to the presence of a brother participating in the mentoring program to the need for treatment and psychological counseling for children of all ages to reduce PTSD. the child's awareness of the trauma, especially the trauma of loss during and after the war, the child's coexistence with his brothers and the impact of the trauma, as well as his older brothers, the large family that strongly and justly embraced the family and the sons of the martyr, the retention of the brothers with the consequences of the traumatic event and its detailed occurrence, and the influence of the child on the reaction of his brothers in front of him at home.

The third hypothesis of the study states: there are no statistically significant differences at the significance level ($\alpha \leq 0.05$) in the extent of PTSD in the children of martyrs depending on the variable of the child's arrangement.

To test the validity of this hypothesis, the researchers used a multi-way analysis of variance test to determine the differences between a dependent variable and more than one independent variable (the child's arrangement), which can be seen in the table.

Table (7) Multi-directional variance analysis to identify differences in PTSD in children of martyrs attributable to child arrangement

Variable	PTSD	Source of variance	Sum of squares	Degrees of freedom	Standard deviation	(F) Test value	Proba-bility Value (sig)
Child arrangement	PTSD	Between Groups	0.154	2	.077	0.435	0.649
		Within Groups	10.08	57	.177		
		Total	10.23	59			
	PTSD	Between Groups	0.269	2	.135	0.635	0.534
		Within Groups	12.07	57	.212		
		Total	12.34	59			

The results presented in Table (7) show that the probability value (sig) is greater than the significance level ($\alpha \leq 0.05$). Therefore, it can be concluded that there are no statistically significant differences in the level of PTSD among the children of martyrs in Gaza that can be attributed to the birth order of the child in general.

This can be explained by the similarity of traumatic events experienced by siblings of different ages and birth order, children are influenced by their siblings, the family atmosphere, and their mother's and siblings' reactions to trauma and how they cope with it, the experience of loss and trauma in war affects both young and older children alike, the lack of psychological support programs for siblings that could alleviate the rate of PTSD was evident among siblings, regardless of the child's birth order children's awareness and understanding of the events that Gaza experiences in times of war, especially the repetition of such events and attacks, as well as their sense of loss at any time, contribute, Palestinian families are committed to caring for the families of the martyrs and trying to alleviate as much as possible the anxiety experienced by both children and adults.

The fourth hypothesis of the study states: there are no statistically significant differences at a significant level ($\alpha \leq 0.05$) in the degree of PTSD in the children of martyrs according to the variable age group.

To test the validity of this assumption, the researchers used a multidirectional analysis of variance test to detect differences between one subordinate variable and more than one separate variable (age group) this is reflected in the **table(8)**

Results of multi-directional variance analysis to identify differences in PTSD in children of martyrs attributable to age group

Variable	PTSD	Source of variance	Sum of squares	Degrees of freedom	Average squares	(F) Test value	Proba-bility Value (sig)
Age Group	PTSD	Between Groups	0.010	2	.005	0.028	0.973
		Within Groups	10.22	57	.179		
		Total	10.23	59			
	PTSD	Between Groups	0.021	2	.011	0.952	0.952
		Within Groups	12.32	57	.216		
		Total	12.34	59			

The results shown in table (8) indicate that the probability value (sig) is greater than the significance level ($\alpha \leq 0.05$), and thus it can be concluded that there are no statistically significant differences in the level of post-traumatic stress among the children of martyrs in the Gaza Strip due to (age group) in general, in multiple measurements.

The absence of age differences between the members of the sample explains why children of different ages experience loss and deprivation and an awareness of the stressful events in the Gaza Strip, where the child grew up in such events and wars, a culture of non-differentiation between children of all ages in the invading families, where people care for young and old and try to meet their emotional, psychological and material needs as much as possible.

The fifth hypothesis of the study states: there are no statistically significant differences at the significance level ($\alpha \leq 0.05$) in the degree of PTSD in the children of martyrs depending on the variable of place of residence.

To test the validity of this hypothesis, the researchers used a multi-way analysis of variance test to determine the differences between a dependent variable and more than one independent variable (place of residence), which can be seen in the table.

Table (9) Multi-directional variance analysis to identify differences in PTSD in children of martyrs attributable to residence area

Variable	PTSD	Source of variance	Sum of squares	Degrees of freedom	Average squares	(F) Test value	Proba-bility Value (sig)
Residential Area	PTSD	Between Groups	1.64	3	.547	3.564	0.020
		Within Groups	8.59	56	.153		
		Total	10.23	59			
	PTSD	Between Groups	1.75	3	.582	3.072	0.035
		Within Groups	10.60	56	.189		
		Total	12.34	59			

The results presented in Table (9) show that the probability value (sig) is below the significance level ($\alpha \leq 0.05$), therefore, it can be concluded that there are statistically significant differences in the level of post-traumatic stress among the children of

martyrs in the Gaza Strip, which is generally attributed to housing in the measurements, to find out in whose favor the differences are, use the Schweh's test for post comparisons, as shown in the table.

Table (10) shows the results of Schweh's test for post in PTSD

	Residential area categories		Average differences	Significance level sig
Residential Area	Northern Gaza	Northern Gaza	-0.368	0.06
		Eastern Gaza	-0.013	1.00
		Western Gaza	-0.035	0.99
	Central Gaza	Northern Gaza	0.368	0.06
		Eastern Gaza	0.355	0.44
		Western Gaza	0.333	0.25
	Eastern Gaza	Northern Gaza	0.013	1.00
		Central Gaza	-0.355	0.44
		Western Gaza	-0.022	1.00
	Western Gaza	Northern Gaza	0.035	0.99
		Central Gaza	-0.333	0.25
		Eastern Gaza	0.022	1.00

3.4 Discussion

From the above table, we can deduce that the cause of the differences in PTSD after the implementation of the program, depending on the variable of the area of residence, was between the children of martyrs living in the northern Gaza Strip and the children of martyrs living in the central Gaza Strip, in favor of the children of martyrs from the central Gaza Strip, given the presence of these differences, this leads to the rejection of the fifth null hypothesis.

The presence of differences in housing conditions in favor of the central Gaza region is explained by the concentration of fierce attacks in the central Gaza region in the last war, as this region is considered a densely populated area, especially in times of wars and attacks, as it is a residential area far from the border, in all previous wars, with few exceptions, no residential facility was bombed, but the last war brought treachery and unexpected attacks in the central Gaza region, which the residents of the central Gaza Strip were not used to, the residents of the central Gaza Strip are characterized by more luxury and entertainment than the residents of the border region, as the residents of the border region faced wars, fierce attacks and land and air interventions in a frightening way every time, while the residents of the central Gaza Strait are not used to such attacks.

4. CONCLUSION

recommendations:

- provide free electronic psychological counseling centers in the face of emergencies such as wars and the like.
- government agencies and civil society organizations create prevention and treatment plans that help protect people from mental disorders.
- establish counseling centers that provide remote psychological counseling services in all government facilities in the sector to ensure continuous psychological support.
- train traumatized people and people suffering from psychological loneliness in the skills of verbal and nonverbal expression and emotional control, in order to achieve the greatest possible balance between the dimensions of social skills in their lives.

- providing mobile teams of psychologists to provide psychological support to people in crisis, war and emergency situations.
- implementation of various programs to reduce PSDT for different age groups.
- support projects aimed at improving the mental health of orphans and their families through counseling programs to reduce post-traumatic stress among widowed mothers of children and their adult daughters.

ACKNOWLEDGEMENTS

We extend our thanks to the journal's administration for their valuable efforts, and we thank the parents participating in the study for their commitment to attending all sessions of the counseling program.

AUTHOR CONTRIBUTIONS

Dr. Shaimaa Sobhi Abu Shaaban: Development of the counseling program and the study's theoretical framework

Ms. Salsabil Mousa: Compilation of previous studies and implementation of the counseling program

Ms. Wafaa Al-Yazji: Statistical analysis and interpretation of results

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

ETHICS STATEMENT

Shaima abu shaban, consectetur adipiscing elit. Ethical approval was not required for this study.

DATA AVAILABILITY STATEMENT

Lorem ipsum dolor sit amet, consectetur adipiscing elit. Data supporting the findings of this study are available from the corresponding author upon reasonable request.

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