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Society, individual, family, and school factors contributing to child mental health in war: The ecological-theory perspective

Safwat Y. Diab^a, Esa Palosaari^b, Raija-Leena Punamäki^{c,*}^a Al-Quds Open University, Gaza, Palestine^b University of Tampere, Tampere, Aalto University, Helsinki, Finland^c University of Tampere, Tampere, Finland

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ABSTRACT

Mental health problems are common in war-affected areas, but children have different levels of vulnerability. Based on ecological theory (Bronfenbrenner, 2005), this study analyses how factors related to the child (cognitive capacity), their family (parental depression and parenting styles), and their school (teachers' practices and peer relations) mediate the association between traumatic stress (traumatic war experiences and stressful life-events) and child mental health (posttraumatic stress and psychological distress symptoms). The participants were 303 Palestinian children (51.2% girls) of 10–13 years ($M = 10.94 \pm 0.50$) and their parents from the Gaza Strip. The children filled in questionnaires during school classes and the parents did so at their homes. The results of structural equation modeling substantiated the hypothesis that parental depression, poor parenting and low-quality peer relations mediated between traumatic stress and children's mental health problems. Contrary to the hypothesis, child-related factors did not mediate that association. To conclude, parents and peers provide important age-salient social resources for children in war conditions, and psychosocial interventions should therefore enhance their beneficial functions.

1. Introduction

Traumatic war experiences can severely burden children's mental health, and yet there are great individual differences in their vulnerability and recovery. While the majority respond with intense fear, and clinging to parents in the face of acute life-threat, a smaller number develop chronic post-traumatic stress disorder (PTSD), anxiety, depressive or aggressive symptoms (Betancourt, Meyers-Ohki, Charrow, & Tol, 2013; Reed, Fazel, Jones, Panter-Brick, & Stein, 2012). Research suggests various explanatory factors for the differences in children's responses to war trauma, such as their own personal capacities and family support (Montgomery, 2011, Barber, 2013; Tol, Song, & Jordans, 2013). Social-ecological models can comprehensively depict the dynamic multilevel factors that would contribute to mental health among war-affected children, and such models have been successfully applied among Israeli and Palestinian (Boxer et al., 2013; Dubow, Huesmann, & Boxer, 2009), and Northern Irish (Cummings et al., 2010) children. Social-ecological models emphasize the importance of all salient developmental domains, and there is a call to engage in comprehensive modeling of factors and processes contributing to children's mental health in war conditions (Betancourt et al., 2013; Tol et al., 2013).

Our study applied the process-person-context-time model of ecological theory (Bronfenbrenner & Ceci, 1994; Bronfenbrenner,

* Corresponding author at: FIM-33014 University of Tampere, Kalevankatu 5, Linna 4krs, Finland.

E-mail address: Raija-leena.punamaki@uta.fi (R.-L. Punamäki).

2005) to examine children's mental health in the context of the Israeli-Palestinians military conflict. Accordingly, we model the ways in which the political-military context (e.g., traumatic war experiences) is associated with Palestinian children's own personal capacities (e.g., intelligence) and proximal processes in the family and school domains (e.g., parenting style and teachers' practices). Our cross-sectional design does not consider time, although this is a central concept in the process-person-context-time model for predicting children's well-being and development.

1.1. War trauma and children's mental health

Civilian exposure to death, injury, and horror is common in contemporary war and military conflict, and substantial research shows heightened mental health problems, especially PTSD, depression, and anxiety in children (Alisic, Jongmans, van Wesel, & Kleber, 2011; Attanayake et al., 2009). A review documented that almost half (47%) suffered from PTSD and 43% from depression in post-war conditions (Attanayake et al., 2009). In the Palestinian context, as many as two-thirds (64–67%) of children showed clinically significant levels of post-traumatic stress symptoms (PTSS) (Qouta, Palosaari, Diab, & Punamäki, 2012; Thabet, Abu Tawahina, El Sarraj, & Vostanis, 2013). A three-wave cohort study among Palestinians found that military violence uniquely increased aggressive behavior, while both military and family violence contributed to PTSS (Dubow et al., 2009). A longitudinal study including Israeli and Palestinian children confirmed the basic theoretical premises of the socio-ecological model by showing that macro-level political-military violence beget violence at the family level, which in turn increased the likelihood of children displaying aggressive behavior (Boxer et al., 2013).

On the other hand, research has revealed resilience, resources, and strengths among war-affected children, indicated by low levels of mental health problems despite severe war trauma (Barber, 2013; Masten & Narayan, 2012; Werner, 2012). Resilience reflects children's capacity to return to normal functioning or even "blossom" after traumatic events, and extensive research has analyzed the "secret of resilience": the preconditions for children to reach increased levels of well-being (Barber, 2013; Tol et al., 2013; Ungar, 2013). The findings on resilience-enhancing factors concur with the premises of socio-ecological models, as they involve individual child, family, and community characteristics, such as children's self-efficacy and creativity, and parental warmth and guidance (Tol et al., 2013).

The meanings that trauma survivors give to their experiences are considered pivotal for the mental health consequences. Both adults and children appraise the severity of their trauma and the sufficiency of their own and community resources, which influence their coping capacities and mental health (Park & Iacocca, 2014; Pfefferbaum et al., 2016). Children who appraise trauma as negatively impacting their lives are more likely to suffer PTSS in general (Ehlers, Mayou, & Bryant, 2003) and in war conditions (Palosaari, Punamaki, Diab, & Qouta, 2013; Ponnampereuma & Nicolson, 2016).

1.2. Child characteristics and mental health

Bronfenbrenner's (2005) conceptualization of multiple personal characteristics (demand, bioecological resources, and disposition characteristics) is salient for studying the attributes of mental health among war-affected children. Research is available on bioecological resources, such as intelligence, coping strategies, and emotion regulation, and on disposition characteristics, including age and gender.

Children's high self-efficiency, cognitive capacity, and academic performance are considered protective factors in traumatic conditions (Kaplan, Stolk, Tucker, & Baker, 2015), but findings concerning war trauma are discrepant. High self-efficacy was associated with a low level of PTSS among war-affected Lebanese children (Saigh, Mroueh, Zimmerman, & Fairbanks, 1995) but not among children during the Balkan wars (Durakovic-Belko, Kulenovic, & Dapic, 2003). A Palestinian study found that low cognitive capacity and attention deficits in middle childhood predicted a high level of PTSS in adolescence (Qouta, Punamäki, Montgomery, & El Sarraj, 2007), whereas apt and flexible cognitive functioning protected children's mental health from the negative war impacts (Qouta, Punamäki, & El-Sarraj, 2001). Low academic achievement has been found to be associated with PTSS (Betancourt et al., 2013; Diab, 2011; Saigh, Mroueh, & Bremner, 1997), implying that memory, concentration, and attentional problems, can underlie both. However, a longitudinal study did not find either a direct impact or a protective mental health function of high academic performance among Israeli and Palestinian children (Dubow et al., 2012). Low verbal intelligence was found to increase the risk of PTSD among Lebanese children (Saigh, Yasik, Oberfield, Halamandaris, & Bremner, 2006) and low intellectual functioning predicted PTSD among adolescents in the Israeli military (Kaplan et al., 2002). Longitudinal studies on community and family violence showed that low intelligence in childhood predicted a heightened risk for PTSS (Breslau et al., 2014; Silva et al., 2000).

In line with general coping research, active problem-solving strategies and functional emotion regulation are considered effective for maintaining children's mental health in war conditions. An Israeli study confirmed that active, support-seeking, and constructive strategies were associated with low levels of depressiveness and PTSS, while passive strategies were associated with high symptom levels (Braun-Lewensohn, Sagy, & Roth, 2011; Sagy & Braun-Lewensohn, 2009). Instead, children's dysfunctional cognitive-emotional processing of trauma (e.g., over- and under-regulation) poses a severe risk for their mental health (Trickey, Siddaway, Meiser-Stedman, Serpell, & Field, 2012). A study of severely trauma-tized Ugandan youth confirmed that strategies that balanced between emotion regulation and cognitive structuring were associated with low levels of PTSS (Amone-P'Olak, Garnefski, & Kraaij, 2007).

Research in war conditions shows that girls are more vulnerable to PTSD than boys (Attanayake et al., 2009; Reed et al., 2012). The reasons relate to social, developmental, and trauma-related issues, such as girls' lower social status in some societies, neurophysiological vulnerability, and increased exposure to highly traumatizing events, such as sexual abuse (Barenbaum, Ruchkin, & Schwab-Stone, 2004; Doom, Cicchetti, Rogosch, & Dackis, 2013). Yet, a study among Israeli and Palestinian children found boys to

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