

WHEN INNOCENCE SPEAKS THE TRUTH: A NARRATIVE ANALYSIS OF PALESTINIAN CHILDREN'S REACTIONS TO GAZA-ISRAEL WAR

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Abstract

This study aims to examine Palestinian children's experiences with daily traumatic events. It focuses on understanding the psychological effects of their experiences. A qualitative approach is used to gain a thorough understanding of this important topic. The adopted model is the eclectic model of Fairclough-Braun and Clarke. The narratives encapsulate the psychological toll of war, where children struggle to process their experiences and also draw on the past historical atrocities the Israelis committed in Palestine. The analysis of Palestinian children's narratives reveals profound moral insights and evokes the universal experience of childhood. Their testimonies stand as powerful evidence of their suffering under Israeli aggression, with the most prominent theme being the disruption of their childhood. This study caught both the tremendous depth and intricate ways Palestinian children express their sorrow by integrating thematic and discourse analytical methodologies. Their experiences reveal themes such as isolation, terror, disrupted schooling, and lasting hope, which represent the physical and emotional toll of life under occupation. However, discourse analysis demonstrates that these narratives are never passive reports, but rather active constructs that fight erasure, proclaim identity, and regain agency. This eclectic approach reveals the dual realities of Palestinian childhood: one experienced under the shadow of conflict and one actively articulated in defiance of silence.

Keywords: Israel-Gaza crisis, Palestinian children, Narrative analysis, Children under crisis, Military occupation

INTRODUCTION

Children growing up under constant fear, wars, and violence can create a generation that suffers from different psychological diseases. According to Haddad and Gerson (2015), when children are born in communities with recurrent violence or when they grow up in a house with constant domestic violence, this will create a mechanism in their minds that aggression and anger are adequate and appropriate means to an end. Also, negligence and abuse are two factors that increase the risk of aggression for multiple reasons. First, the children will develop a fight-or-flight response due to abuse and neglect; they will also anticipate that others have the intention to abuse or hurt them and expect hostility. Finally, child abuse can lead to a lack of development of impulse control and emotion regulation skills (Haddad & Gerson, 2015).

Children who experience violence and abuse quickly have tantrums even from minor inconveniences like lack of sleep (if the child is afraid to sleep at night or has nightmares) or hunger (if the child is also being neglected). Although it is important to monitor aggressive kids for signs of abuse or neglect, a child's aggressive behaviour does not necessarily suggest that abuse is happening at home. Even milder forms of stress at home can increase a child's risk of violence. Conflict between parents, parental divorce, the birth of a new sibling, or a parent's or sibling's illness may increase a child's level of stress and anxiety and make him or her vulnerable to outbursts (Haddad, 2015). Not to underestimate the effects of domestic violence and issues, but what children in Gaza are witnessing is beyond imagination. They are witnessing the death of their parents, siblings, and family members, blood, destruction, booming, hunger, amputations, surgeries without anesthesia, etc., and there is no hope on the horizon to stop this inhumane massacre.

however, depression and post-traumatic stress disorder (PTSD) are the widespread psychiatric consequences of childhood trauma or abuse, and traumatized children can also demonstrate aggression and violence. Some aggressiveness and violence are caused by depression, anxiety, or obsessive-compulsive symptoms; nevertheless, many traumatized teenagers can engage in violent or dysregulated behaviours even when there are no evident mood or anxiety symptoms. In a sizeable school-based study, each traumatic event experienced by a child increased the risk of aggressive behaviours (including physical fighting, bullying, dating violence, and bringing weapons to school) in an additive manner from 35% to 144% (Duke et al., 2010). At the same time, abuse in childhood is correlated with a 53% risk of any arrest in adolescence and with a 38% growing risk of arrest for violent crime, and early abuse (before age six) increases the risk for arrest and violent crime, even after socioeconomic status, family functioning, and child's temperament are controlled for (Lansford et al., 2007).

Children who have been abused may react aggressively when anyone, even innocently or benignly, touches them because this provokes the lousy memory they endured. The situation is the same when a child hears a sudden loud noise. This might cause him or her to burst out because this defuses the bad memory he or she experienced, which might be due to gunshots or anything related. In the same venue, children who have experienced home invasions or school shootings may react violently to school safety drills, which may trigger reminders or flashbacks of their earlier experiences. PTSD can further increase a traumatised child's risk for aggression and reactive aggression in particular (Turner et al., 2006). Most of these traumatised children suffer from hypervigilance and flashbacks of PTSD, and this increases the possibility of being provoked easily. They can be easily lost in flashbacks and absent from reality as if they are fighting against an absent attacker. Even though these outbursts are tense and intense, most children say they cannot remember what they did or said. It is necessary to know that they are not avoiding responsibility; they may be unable to remember (Cullerton-Sen et al., 2008). Trauma memories can significantly influence memory and cognition, resulting in confusion or even dissociation. If a youngster gets angry unexpectedly and then appears bewildered or unable to recall the event, a history of trauma or abuse should be investigated (Haddad & Gerson, 2015).

There is another psychological disease, which is "Psychosis", and it is deeply related to the situation of the children in the data of this research, as will be discussed in the methodology. Psychosis can appear as part of several psychiatric disorders, such as depression, mania, and schizophrenia. This disease manifests as the patient mixing reality and imagination, or unreal events. People who have psychosis tend to be aggressive in response to internal stimuli, such as hallucinations or delusions or in response to misperceptions of others' behaviour. Psychosis is extremely rare in children and uncommon in adolescents (Haddad & Gerson, 2015), but as usual, the situation is different with children in Gaza. Many of them, as the videos show, children ask the paramedics or their parents after their house or neighbour has been bombed if what they have seen is real or if it is just a dream.

The risk of children being suicidal increases when these children are under constant and severe stress. Stressors that have been identified with an increased risk of suicide include exposure to violence or trauma, including physical or sexual abuse, armed conflicts, wars, and poverty. Additionally, children and teenagers who are experiencing significant current changes such as a change in residence, parents' divorce, gunshots, abduction, immigration, severe shortage in food and water, or death of a loved one may also be at increased risk (Liu & Mustanski, 2012). According to Saewyc and Chen (2013), "children who have experienced trauma often live with a heightened level of anxiety, a feeling that the world or their surroundings are not safe, a fear of being victimised again, and feelings of shame, self-loathing, or guilt. Good active treatment can prevent the stress associated with trauma exposure from progressing to suicidality (Saewyc & Chen, 2013).

The purpose of this study is to raise awareness about the trauma that these children face while living under military occupation by investigating the narratives of Palestinian children and underlining the meanings behind their innocent words. For this purpose, the following three research questions are set up:

1. What are the dominant themes and narrative structures in the public testimonies of Palestinian children regarding their suffering during the Israeli aggression?
2. How does a resilience-focused narrative intervention affect the self-perception and emotional resilience of Palestinian children who have suffered during the Israeli aggression?
3. How do the narratives of Palestinian children from different age groups, genders, or regions vary in their descriptions of the recent Israeli aggression and its impact on their lives?

Palestinian Children Under Crisis

Palestinian children have gone through many crises and attacks, whether daily like gunshots, house invasions, random arrests, or invading the markets or shops by the Israeli army and the like, or on larger scales like demolitions of homes and facilities, military attacks on camps or residential neighbourhoods as the attack in August 2022 that is considered the last big attack before the brutal aggression in October 2023, according to the Institute for Palestine Studies. This means that they are at significant risk of mental and physical harm all the time. However, their families and different organizations continue to protect them and do not neglect their children's mental health. Nonetheless, many of them grow up and develop tantrums due to the circumstances. These tantrums might be gone when the situation is stable and calm, but they can be easily provoked and come to the surface once there are changes in the child's health or the

environment (Tosyali, 2015). For example, when the child's bedtime goes under changes due to a new brother who constantly cries at night, it might agitate him or her and lead to a tantrum (one can not even imagine that Palestinian children stay up all night because they are afraid to sleep and die without seeing their parents due to attacks) because many children are susceptible to sleep deprivation, hunger, or social environment.

According to Cevdet Tosyali (2015), even a light physical inconvenience, like a stomachache or earache, can lead to tantrums, and these tantrums might not only be caused because of the pain but also might be because the child is more irritable and less able to manage other frustrations or stress. More significant medical problems can also increase temper problems in children and adolescents (Tosyali, 2015) (what about when Palestinian doctors say that we had to do big surgeries on children without anaesthesia and there are no post-operation painkillers and this led to many deaths and others suffer from acute psychological problems).

It is necessary to consider environmental changes. Simple changes such as a sibling's absence from home due to starting school or a change in carers or routine, as well as important factors such as a change in school or residence, parental absence or separation, illness or death in the family, financial difficulty, parental job loss, and parental discord, can all lead to an increase in outbursts (Tosyali, 2015). It is not even customary to think that children are seeing their parents' limbs scattered after an attack or that they have to bury them and be left all alone in this miserable world. However, unfortunately, this is one of the many horrible things that children in Gaza have to endure every day.

Such distressing situations can have long-term consequences for children. Many children who have been through trauma will develop sadness, anxiety, sleep disorders, and attention and behavioural issues. They are more likely to engage in risk-taking behaviours, use drugs and alcohol, become pregnant as teenagers, drop out of school, and engage in criminal behaviour (Gerson & Rappaport, 2013). Traumatized children and adolescents may overcome their trauma and live healthy and happy lives with proper assistance and therapy. Teachers, school mental health experts, and paediatricians can guarantee children's safety and give the necessary assistance.

These behaviours are associated with the human body's natural and instinctive responses to life-threatening situations. The fight-or-flight reaction is widely known: the body prepares to fight back or flee, with adrenaline surging, blood flowing to the muscles, and the senses and attention sharpened. The freeze response, a less typical stress reaction, is triggered by a distinct neurochemical system. When a child's life is in danger, they may freeze physically and cognitively, much to a deer in the headlights of an approaching automobile. She is immobilised, unable to communicate or understand words, and has feelings of numbness or dissociation from her body. Traumatized children and adolescents often exhibit maladaptive behaviours stemming from their fight-or-flight or freeze reflexes (Gerson, 2015).

According to the American Academy of Pediatrics (2013), the freeze response is more common in girls, young children, and those experiencing ongoing trauma, while the fight-or-flight response is more common in boys, older children, and those who have witnessed or experienced violence. Some children and adolescents, especially those who have experienced multiple traumas, can switch between the freeze and fight-or-flight responses. They may appear numb, shut down, or dissociate during the freeze response but become agitated, anxious, or aggressive when a trauma trigger is present.

Children are the bricks of a prosperous future, and creating a healthy environment to ensure their safety is a necessity, not a luxury. However, children in Palestine have grown up under the shadow of recurrent violence and crushing poverty. Palestinian children today. They are the fifth generation to have lived under Israeli occupation. Children in Gaza, referred to as the world's largest "open-air prison" by Human Rights Watch, have been suffering from a decades-long land, air, and sea blockade. They constantly need food, water, shelter, health care, education, and many more basic humanitarian necessities. The Zionists have been killing, devastating, abducting, bombing, and performing other barbaric acts toward the Palestinian people since 1948. Thus, to this day, every child has been exposed to deeply distressing events and trauma, prominent by widespread destruction and displacement. Meanwhile, parents and caregivers are themselves under severe mental strain.

According to the Palestinian Central Bureau of Statistics (PCBS), the expected number of children under 18 years of age by mid-2024 in Palestine is 2,432,534. They form close to 43% of the total population in Palestine (41% in the West Bank and 47% in the Gaza Strip). The estimated number of children under 18 in the Gaza Strip is 544,776 males and 523,210 females, with about 15% under five (341,790 children) (2024). These figures show why the death toll of children is high after each attack the Zionists launch: more than 14,350 child martyrs, constituting 44% of the total number of martyrs in the Gaza Strip (PCBS, 2024). Since October 7th, the situation has deteriorated to previously unplumbed depths, prompting the Emergency Relief Coordinator, Martin Griffiths, to describe Gaza as "uninhabitable". Griffiths added that children are experiencing 'No food. No water. No school. Nothing but the terrifying sounds of war, day in and day out. UNICEF estimates that almost all of Gaza's 1.2 million children need mental health and psychosocial support (UNICEF, 2024).

Under the current brutal Israeli aggression on Gaza, the risk of death due to famine is high; according to Dr Awad, a member of PCBS, there are 2.13 million people in Gaza who are now under high levels of acute food insecurity. In addition to the lack of food, water, healthcare, and hygiene products, many are trying to make the voices of the

Palestinian children heard regarding their mental and psychological health. Imagine living under bombing, destruction, death, forced fleeing, etc., for more than nine months; this will leave strong psychological effects on the children of Gaza. Data indicate that more than 816,000 children in the Gaza Strip need psychological assistance due to the ongoing Israeli aggression. Over 90% of children under two have experienced acute food hardship as a result of the destruction of 300,000 houses. The UN Secretary-General has described Israel's shelling of Gaza as a "children's graveyard," and the International Court of Justice has determined that Israel's actions may constitute genocide (UNICEF, 2024).

Based on the latest statistics of the Ministry Of Health, UN OCHA (2024) there are 38243 martyrs in Gaza Strip (15919 kids, 10569 women, and 1049 elderly), while there are 572 martyrs in the West Bank, the number of martyrs of the medical staff is 500, press martyrs rate is 154, the martyrs from the educational staff are 246, UN staff martyrs are 152, and civil defence martyrs are 75. The number of missing is 10000 and 4700, among them are women and children.

In a 1994 study by Kathleen Kostelny and James Garbarino, 85% of Palestinian children aged 12-15 had direct experiences with violence, while 95% had witnessed violence or had a relative or friend who was violent. However, when children observe violence on themselves, their families, or friends, being a witness to an occurrence is just as relevant as if it had occurred to them. In a study conducted by Abu Liel (2016) titled "The Experience of Palestinian Children Facing Traumatic Events The Case of a Village under Military Occupation: A Descriptive Phenomenological Study", in one of the interviews he carried out with Palestinian children, one of them expressed his fear as follows:

"When my mom got injured, I was on the mountain down near the street. The army Jeeps were there, and my mother went to the street, but before that, I told my friend that I felt that something bad would happen. She told me to recite Quran and perhaps my fear would be dissolved; I started to recite and before I finished mom fell on the ground, injured, and I ran to her. I was scared and started crying."

This experience shows that being traumatised is not limited to when a person gets hurt physically or a horrific scene is acted upon him. However, it is also active when one merely watches it or is so unfortunate to be just near the incident. According to Samah Jabr, chief of the Palestinian Ministry of Health's mental health section, there is no "post" for trauma because it is constant and recurring (Asad, 2021). The Palestinian people's tenacity (somoud) and perseverance are extensively documented, especially among parents and children. Resistance to extended adversity has been fostered by communal solidarity, family nurture, faith, and active patience (Gillham et al., 2008). Transgenerational patterns of violent exposure, distress, and impaired parenting competence contribute significantly to the perpetuation of suffering across generations (Qamar, 2022). Respect for human rights is essential for good mental health.

Almost 500 healthcare personnel have been killed, 26 hospitals have been damaged or destroyed, and border crossings have been stopped, resulting in a systematic blockage of humanitarian supplies. Israeli violence in the West Bank has increased, including settler assaults, nighttime military raids, and detentions. The trauma of decades of occupation, settler colonialism, and apartheid will have a terrible impact on the physical and emotional health of the people, especially children (Frontières, 2024).

METHODOLOGY

Thematic analysis (Braun and Clarke, 2006, 2021) and discourse analysis (Fairclough, 1992) are the approaches selected to analyze the data of this research. The samples of this thesis are collected from the ICRC documented narratives. The examples analyzed in this paper are the narratives of Palestinian children who have witnessed the recent Israeli aggression that started on October 7th 2024. The overall analyzed examples are (5) based on the Fairclough-Braun and Clarke eclectic model of analysis. The data are selected from social media videos, and then the initial codes and themes were extracted from these videos, as shall be shown in the analysis part of this paper.

Thematic analysis refers to "the study of patterns to uncover meaning" (Braun & Clarke, 2006). The meaning and its hidden messages are very important to be captured in this study. This kind of analysis focuses on what is said more than how it is said and on what is told rather than on the teller (Riessman, 2005). Thus, Riessman's (2005) words of the language as "a resource, not a topic of investigation" are very important to be considered in this study. At the same time, Riessman (2005) advises researchers to be aware of the fact that when starting a narrative analysis, whether using a mixed or a single approach, the boundaries are fuzzy and not strictly governed.

Thematic analysis by Braun and Clarke depends on the researcher's formalization of the data and had to generate the initial codes of the data then they collate codes into potential themes, grouping data that share a common meaning. After that they become familiar with the data and that enables them to search for themes and then create names for these themes (Braun and Clarke, 2021). It is widely used in social sciences and humanities research because it provides a flexible and accessible way to explore meanings within data.

Norman Fairclough's model of Critical Discourse Analysis (CDA) is considered a framework for analyzing language as a form of social practice. It investigates the way the discourse is shaped and shaped by social structures, power relations, and ideology. Fairclough's model consists of three interrelated dimensions: text, discursive practice, and

social practice (Fairclough, 1992). The first dimension is “text”. It examines the vocabulary, grammar, and textual organization. In this paper, grammar is not investigated because the data are narratives of young children using their daily dialect to tell the world their stories. Meanwhile, “discursive practice” looks after how texts are created, interpreted, and transmitted within specific contexts. Style and intertextuality are considered the elements of this dimension. Also, it looks after the addresser and the addressees. The final dimension, “social practice”, investigates the texts from broader social and ideological structures (Fairclough, 2003).

The most important thing to notice while using these two approaches is that thematic analysis focuses on what is being said rather than how it is said, while discourse analysis focuses on how it is being said rather than what is being said. It is worth mentioning here that by combining Thematic Analysis and Discourse Analysis, the results shall explore both what themes emerge in a narrative and how language constructs meaning, power, and ideology.

ANALYSIS, RESULTS, AND DISCUSSION

Video 1



A little girl narrates how she and her family are unable to find a place to sleep and the food is something impossible to have, she does that while she cannot hold back her tears.

The initial codes:

1. Lack of necessities
2. Crying
3. No food
4. We are eating sand

The key themes are:

- Extreme deprivation and survival struggles
- Hunger and starvation
- Emotional distress and helplessness
- Deprivation of human dignity
- Prolonged blockade

The narrative highlights a severe lack of essential resources such as food, water, and basic needs (points 1, 3, 4). The mention of “no food” and “eating sand” emphasizes an unimaginable level of suffering and desperation (points 3 and 4). Also, the crying (point 2) reflects not only physical hardship but also deep psychological distress. The act of “eating sand” symbolizes complete deprivation, where even the most basic human needs are unmet, dehumanizing the experience (point 4). This means that the absence of food is not just a physical condition but a symbol of total abandonment and suffering. The crying adds an emotional layer, reinforcing the helplessness of the speaker.

Moving to discourse analysis, three dimensions

1. Textual Analysis (Vocabulary):

The direct statements and the short, simple phrases create a stark, urgent tone. The imagery of “eating sand” might be hyperbolic, but it is a reality for all Palestinians. The speaker is a little girl, and the addressees are the general public and anyone who can help her and her family.

2. Discursive Practice

The narrative reflects broader discourses of war-induced famine and humanitarian crises. It aligns with other accounts from conflict zones where starvation becomes a tool of oppression. Also, this narrative resonates worldwide due to social media narratives of the Palestinian children being witnessed by the world. And that it inspired many people from different countries and stood beside this agonized nation. Many countries sent donations and humanitarian aid, and many organized protests calling for an urgent ceasefire.

2. Social Practice

The description of starvation highlights the severe impact of war on civilians, particularly children. The lack of necessities is a personal struggle and a systemic issue, illustrating the consequences of prolonged conflict and blockade. The narrative implicitly calls for humanitarian intervention by exposing the severity of the situation. This narrative also draws on the past historical atrocities the Israelis committed in Palestine.

This narrative is a powerful testimony to extreme suffering, using stark and straightforward language to convey the horrors of starvation. The imagery of “eating sand” is a devastating representation of the total collapse of everyday life, reinforcing the urgent need for aid and intervention.

Video 2



A little Palestinian girl narrates with heavy, sad emotions about how her father died before they were able to see him, and that the war took 10 members of her family. She also witnessed the death of her siblings, and she is at this young age.

Initial codes:

1. Her father died in Rafah
2. 10 martyrs in her family
3. Crying
4. She wishes to see her father
5. She saw all her siblings on the ground, dead
6. Her martyred father's wish was to see her and her siblings
7. Her father was the food provider for the family (هو كان عمود البيت). She asks who will help us now.

Analysis

The key themes are:

- Loss and grief
- Orphanhood and dependency
- Unfulfilled wishes
- Destruction of family structure
- Fear
- Interrupted childhood
- Emotional distress and helplessness
- Separation from loved ones

The child expresses deep sorrow over the death of her father and siblings, highlighting the overwhelming personal loss (points 1, 2, 3, 5). Orphanhood can be captured from her words because she considers her father the family's

provider, showing the child's concern about survival (points 6, 7). In addition, the father as a central figure ("هو كان عمود البيت") represents stability and protection, now shattered by war.

The separation between both the child and her father had unfulfilled wishes to see each other; this shows the emotional pain caused by war (points 4, 6). The mention of "10 martyrs in her family" and "all her siblings on the ground, dead" illustrates the total devastation of the family unit (points 2, 5). Also, the child's question, "Who will help us now?" reflects a deep sense of insecurity and fear about the future (point 7).

Moving to discourse analysis, three dimensions

1. Textual Analysis (Vocabulary):

Martyrdom terminology: The use of "martyr" (شهيد) instead of "killed" carries ideological weight, framing the deceased as heroic rather than merely victims. Emotional expressions: The child is crying, and direct appeals ("Who will help us now?") personalise the tragedy, making it emotionally compelling. Loss of agency, as noticed in "She saw all her siblings on the ground, dead", positions the child as an observer of overwhelming violence, reinforcing her helplessness.

2. Discursive Practice

The broader discourse of Palestinian suffering, war trauma, and resilience shapes this narrative. It aligns with other war narratives where children are not just victims but also bearers of family and communal loss. This narrative also resonates globally, as social media has allowed the stories of Palestinian children to be shared and witnessed by people around the world. As a result, it has inspired many from various countries to stand in solidarity with this suffering nation. Numerous countries have sent donations and humanitarian aid, while many have organized protests advocating for an immediate ceasefire.

3. Social Practice

The narrative reflects the collective Palestinian experience of loss due to occupation and war. The father's role as the "pillar of the house" (عمود البيت) emphasises the destruction of not just individuals but entire family systems. The child's words testify to the world, reinforcing the larger discourse of injustice and humanitarian crisis. This narrative also draws on the past historical atrocities the Israelis committed in Palestine.

This narrative follows a similar pattern to others in conflict zones, where children express personal and collective grief, fear, and longing. The emphasis on martyrdom, loss, and survival highlights the lasting impact of war on family structures and childhood experiences.

Video 3



A young Palestinian girl addresses the dead children of Palestine because she thinks that death is better than this miserable life under the bombing and terror.

She is speaking to the martyred children:

1. Do not be sad to leave this world
2. Be happy because you are in heaven

3. There are no children left in Palestine.
4. All the girls in my class are dead; no one left
5. Many of my relatives are dead
6. I wish I could be with you and go to heaven with you because you left this lousy world.
7. Martyrs are happier than us

Analysis

Key themes are

- Martyrdom and the afterlife
- Total devastation and loss
- Survivor's guilt and death wish
- Contrast between life and death
- Interrupted childhood
- Emotional distress

The speaker comforts the martyred children, emphasizing that they should be happy because they are in heaven (points 1, 2, 6, 7). The narrative highlights the near-erasure of an entire generation—"no children left in Palestine" and "all the girls in my class are dead" (points 3, 4). The child expresses a desire to join the dead, indicating psychological trauma and a rejection of the current reality (point 6).

Life is portrayed as a "bad world," whereas death is framed as a desirable escape to happiness in heaven (points 6, 7). The child does not mourn in a traditional sense but instead reassures the dead, inverting typical grief expressions. The language suggests extreme psychological distress, where death is seen as a release rather than a tragedy.

Moving to discourse analysis three dimensions

1. Textual Analysis (Vocabulary & Grammar):

Imperative sentences as "Do not be sad" and "Be happy". The child assumes an authoritative yet consoling role, speaking directly to the dead. Juxtaposition can be noticed in "Martyrs are happier than us". The living are portrayed as suffering, while the dead are depicted as content.

2. Discursive Practice

This narrative is shaped by the wider discourse of martyrdom and resilience in Palestinian contexts. The child's words reflect internalized societal beliefs where martyrdom is not just a loss but a transformation into a better state.

3. Social Practice

The narrative reflects how conflict redefines childhood and children do not just witness war but engage with its ideological meanings. It demonstrates how continuous exposure to death shifts perceptions, where survival itself feels burdensome. The contrast between "bad world" and "heaven" reflects a deep-rooted cynical outlook shaped by prolonged suffering.

This narrative highlights a child's attempt to rationalize loss through religious and ideological framing. It presents martyrdom as a source of happiness while positioning survival as painful. The language reflects deep trauma and a reshaped worldview where death becomes a desirable alternative to an unbearable reality.

Video 4



A girl talking to the paramedics while they treated her after an Israeli strike:

1. She asks a paramedic while crying: Uncle, is this a dream or reality? (2)
2. She wants an answer to reassure her when she says, "Tell me".

3. The paramedics comfort her and say, "Do not be afraid" (2)
4. Again, she asks the paramedics while she is crying: Is what happened in our house a dream or reality?
5. The paramedics tell her to say "Alhamdulillah."

Analysis

Key themes are:

- Disbelief and psychological shock
- Seeking reassurance from adults
- Fear
- Consolation
- Religious resilience and gratitude
- Interrupted childhood
- Emotional distress and helplessness

The child repeatedly questions whether the events she witnessed are real or a dream, showing deep psychological trauma and an inability to process reality (points 1, 4). Also, her plea "Tell me" reflects a desperate need for comfort, highlighting her vulnerability (point 2). The crying and repeated questioning indicate severe distress and an urgent need for emotional grounding (points 1, 4). The paramedics' response, "Do not be afraid," shows their role in providing psychological as well as physical support (point 3). The instruction to say "Alhamdulillah" (praise be to God) reinforces cultural and religious coping mechanisms in times of crisis (point 5).

The repeated questioning about reality vs. dreams suggests trauma-induced dissociation, where the mind struggles to accept the horrors it has witnessed. The religious encouragement to say "Alhamdulillah" introduces a layer of cultural and spiritual resilience, framing survival itself as a form of gratitude.

Moving to discourse analysis three dimensions

1. Textual Analysis (Vocabulary & Grammar):

Repeated questioning, "Is this a dream or reality?" highlights confusion, denial, and an inability to comprehend the magnitude of destruction. The direct address, "Tell me," emphasises the urgency and the need for human connection amid crisis. When the paramedics used the calming imperatives "Do not be afraid" and "Say Alhamdulillah," this reflected a structured attempt to bring comfort, blending medical and psychological care with cultural beliefs.

2. Discursive Practice

This narrative is shaped by the broader discourse of war trauma, where survivors, especially children, struggle to distinguish between reality and nightmare.

3. Social Practice

The contrast between the child's desperate questioning and the paramedics' composed responses highlights the normalised presence of trauma and resilience within conflict zones.

This narrative encapsulates the psychological toll of war, where children struggle to process their experiences. The interplay between trauma, reassurance, and religious resilience reflects a profoundly human response to devastation. The paramedics' attempts to console the child emphasize both the necessity of emotional support and the enduring role of faith in coping with loss and destruction.

Video 5



A little Palestinian girl talks about the martyrdom of her father but with pride and with no fear of the Jews.

1. The Jews might be happy because they killed Daddy, but my father asked to be martyred, and he earned it, and he is in heaven now and very happy.

2. The Jews will melt in hell
3. The Jews do not know God
4. The Jews are cowards and, without their weapons, are nothing
5. We will be stronger
6. We will pray in Al-Quds
7. We will fight you till we liberate our land because this is our land, we must hold on to it
8. This is our land and we will kill them if they touch an inch of our land

This narrative is highly charged with ideological, religious, and political discourse.

The key themes are

- Martyrdom as honor and spiritual reward
- Demonization of the opponent
- Resistance and strength
- Ownership
- Interrupted childhood

The father's death is framed not as a loss but as a desired achievement, reinforcing the theme of martyrdom as a form of victory as can be noticed in (1). The idea that "he is in heaven now and very happy" presents death in war as a transition to a better afterlife.

The narrative portrays the Jews as evil (melting in hell), faithless (not knowing God), and weak (cowards without weapons). This dehumanisation serves to justify resistance and retaliation (Points 2, 3, 4).

The emphasis on future strength ("We will be stronger") and the goal of praying in Al-Quds connects personal suffering to collective national and religious aspirations. The statement "We will fight you till we liberate our land" expresses a long-term commitment to struggle, portraying resistance as both a duty and an inevitability (Points 5, 6, 7). At the same time, "This is our land" establishes a strong territorial claim, reinforcing a sense of national identity and rightful ownership. "We will kill them if they touch an inch of our land" escalates the rhetoric from defense to an active, retaliatory stance (Point 8).

Moving to discourse analysis, three dimensions

1. Textual Analysis (Vocabulary & Grammar):

Religious framing ("martyr," "heaven," "hell") positions death in conflict as an honourable and divine outcome. The use of collective pronouns ("we will be stronger," "we will pray," "we will fight") creates a sense of unity and shared purpose in resistance. The used language ("Jews are cowards," "Jews do not know God") reinforces an ideological divide between groups, portraying one as superior to the other.

2. Discursive Practice

This narrative reflects a broader discourse of resistance shaped by ongoing conflict and historical grievances. It draws on religious and nationalistic ideologies to strengthen the struggle's legitimacy. The portrayal of the opponent as godless, weak, and doomed serves as a psychological mechanism to justify resistance and retaliation.

3. Social Practice

The narrative reflects deeply rooted ideological and political tensions shaped by a history of conflict. It exemplifies how war and occupation influence discourse, framing identity in opposition to an enemy. The emphasis on territorial claims reflects a nationalist perspective that sees the land as non-negotiable and worth fighting for.

This narrative is deeply embedded in conflict discourse, portraying martyrdom as honorable, the enemy as weak and doomed, and resistance as both a duty and a path to liberation. The interplay of religious, nationalistic, and militant themes creates a framework for transforming personal loss into collective resilience and future victory.

CONCLUSIONS

The prolonged military occupation in Palestine has a complex impact on children's mental health, influenced by individual, social, cultural, and economic factors. The analysis of the Palestinian children's narratives has shown many morals and touched upon the inner child in every human being. Their testimonies are a solid witness to their suffering under Israeli aggression, and the most dominant theme is the one related to their interrupted childhood. It is noticeable that the children in the chosen data use a first-person perspective, which adds emotional depth and immediacy. The entire Palestinian population is in a survival mode, and this shall lead to the creation of a miserable, easy-to-provoke, and sad generation. Not only that, but in one of the narratives, the child feels that life is bad and they should die rather than live such a life, and this might apply to all the narratives.

The narratives of self-perception and emotional resilience have shown that some children still have resilience, but it is mixed with fear of the future, fear of losing more loved ones, fear of the unknown, etc. As children, they should not

have such kind of resilience; as children, they should only care about their school and homework, but the war has turned them into young adults with an unknown future.

When analyzing narratives, it is important to observe various factors because these factors influence the narrative itself. The narratives of Palestinian children from different age groups, genders, and regions do not differ much in their descriptions of the recent Israeli aggression and its impact on their lives, because they share the same suffering and hardships of war. The gender aspect is highlighted in this paper; boys' narratives tend to emphasize external factors such as injuries, protection, and encounters between fighting parties. Girls, on the other hand, focus more on family roles, emotional bonds, and the loss of caregivers. They shared experiences of hunger, thirst, losing loved ones, living under shelling, witnessing bloodshed, and crying everywhere. Although some children have shown resilience, this does not mean they should be exposed to these unspoken atrocities. This interrupts the natural childhood, which, according to human rights, is a period that all children should experience regardless of their gender, ethnicity, color, religion, or other differences.

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