Collective Trauma in Gaza Society After the 2023 Military Operation: A Meta-Analysis of Psychosocial Impacts

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Abstract: This meta-analysis evaluates the psychosocial impact of the 2023 military operation on Gaza society through a systematic review of 47 reports and online publications. Employing a mixed-method approach with a primary emphasis on quantitative analysis, the study integrates data from multiple credible sources collected between October 2023 and January 2024. The synthesized findings indicate a PTSD prevalence of 78.3% (95% CI: 75.2 to 81.4%) among the adult population and 84.6% (95% CI: 81.7 to 87.5%) among children. Logistic regression identifies the loss of family members as the strongest predictor of trauma (OR = 3.87, p < .001), followed by loss of housing (OR = 2.94, p < .001). Severe depressive symptoms are detected in 67.2% of adult respondents, while anxiety levels reach 71.5%. Social network analysis underscores the significant role of community support in mitigating traumatic impact (r = 0.64, p < .001). These findings extend the work of Altawil et al. (2020) and Greene et al. (2017) by revealing patterns of collective trauma that differ from previous conflicts, particularly in relation to communal resilience and group-based coping mechanisms. The study further identifies a phenomenon termed "accelerated transgenerational trauma" that has not been previously reported and provides an empirical foundation for community-based psychosocial interventions within contexts of protracted conflict.

Keywords: Collective Trauma; Communal Resilience; Gaza; Psychosocial Impact; PTSD.

1. INTRODUCTION

The armed conflict that erupted in Gaza in October 2023 has generated a large-scale humanitarian crisis with profoundly deep psychological consequences for the civilian population, as documented in United Nations humanitarian situation reports that record tens of thousands of fatalities, tens of thousands of injuries, and millions of individuals experiencing ongoing internal displacement due to the escalation of hostilities (United Nations Office for the Coordination of Humanitarian Affairs, 2025; Amsalem et al., 2025; Charlson et al., 2019; Neria et al., 2008). Global health institutions report that women and children bear a disproportionate burden of this crisis, particularly in terms of exposure to violence, disruption of access to health services, and heightened vulnerability to malnutrition and disease (World Health Organisation et al., 2023; Abudayya et al., 2023; Qutishat, 2025; Jain et al., 2020). These figures not only reflect the physical destruction of infrastructure and essential services

but also signal the emergence of a fragile psychosocial landscape in which trauma is no longer confined to individual experience but rather manifests as a collective wound penetrating the entire structure of social life (Alexander, 2013; Somasundaram, 2014; Nasution et al., 2025). The psychological impact of this conflict exhibits characteristics that differ from patterns of collective trauma observed in other large-scale conflicts, with evidence from international agencies indicating that nearly all affected children and families display signs of stress, anxiety, and severe psychological adjustment disorders (UNICEF, 2024; Shaheen et al., 2020; Cummings et al., 2017; Parson, 2000). The international literature on mental health in emergency settings underscores that prolonged exposure to violence, loss, uncertainty, and persistent existential threat intensifies traumatic internalization at the community level, rendering psychological impact a collective phenomenon that exceeds ordinary individual responses (World Health Organisation, 2013; Mollica et al., 2004; Tol et al., 2011; Hobfoll et al., 2007). Within this context, the term "accelerative trauma" may be understood as the manifestation of an accelerated psychological impact driven by the intensity and duration of extreme conflict exposure, which further shapes complex and layered patterns of traumatic experience among civilian populations (Atallah, 2017; Uludag, 2024; João Ferreira & Marcelino, 2011).

Previous studies on collective trauma in conflict zones have demonstrated a strong association between exposure to political violence and elevated risk of Post-Traumatic Stress Disorder (PTSD) as well as other mental health disorders (Giacaman et al., 2011; Zalta et al., 2021). El-Khodary and Samara (2020), for example, emphasize that exposure to military aggression, loss of family members, and environmental instability consistently correlate with post-traumatic stress disorders. Nevertheless, most of these studies remain focused on short-term consequences and have not fully captured the complexity of collective trauma in conflicts characterized by intensive, recurrent violence unfolding under conditions of prolonged blockade, as is the case in Gaza (Hein et al., 1993; Miller et al., 2006; Matanov et al., 2013). Consequently, substantial space remains for expanding understanding of how trauma evolves when violence occurs on an extreme and sustained scale (Betancourt et al., 2015; Greene et al., 2017).

The novelty of the Gaza situation in 2023 also raises fundamental questions regarding the transformation of collective trauma patterns within the context of modern conflict (Mahamid & Berte, 2020; Frankova & Sijbrandij, 2025; Mabil-Atem et al., 2024). This conflict unfolds amid intense global media coverage, pervasive social media penetration, and digital interconnectedness that allows experiences of violence to be simultaneously witnessed by

victims and diaspora communities alike. Vostanis (2003), in her analysis of resilience within Gaza society, suggests that traditional coping mechanisms previously deemed effective may no longer be sufficient to withstand the intensity of contemporary trauma (Werner, 2012; Yule et al., 2019). Trauma now arises not only from direct exposure but is also amplified through repeated visual exposure, continuous global narratives, and collective psychological pressure that transcends geographic boundaries (Denkinger et al., 2018; Hurtado-de-Mendoza et al., 2016).

A central gap in the literature lies in the limited comprehensive understanding of how psychosocial factors interact to shape collective responses to trauma amid ongoing conflict (Purgato et al., 2018; Betancourt et al., 2013; Williams & Thompson, 2011). Kagee and Naidoo (2023) have reported a range of psychological consequences of conflict, yet the need to analyze the role of social support, collective identity, and communal defence mechanisms remains pressing (Hall et al., 2014; Peltonen et al., 2014; Vivekananda et al., 2014). In situations of mass trauma, individuals cannot be separated from their communities, and psychological responses must therefore be understood as products of interwoven social, cultural, and historical dynamics (Isobel et al., 2019; Lev–Wiesel, 2007; Burgund Isakov & Markovic, 2024).

This meta-analysis is designed to address this gap through the integration of data from diverse online sources in order to map the patterns and characteristics of collective trauma within Gaza society following the 2023 military operation (Nocon et al., 2017; Zaghrout-Hodali et al., 2008). Specifically, the study aims to identify the dominant patterns of psychosocial trauma that emerge, analyze factors influencing trauma severity, evaluate the effectiveness of available coping mechanisms, and develop a conceptual framework for understanding collective trauma in the context of modern conflict. This approach enables a broader synthesis of phenomena that cannot be adequately captured through single studies, particularly given the constraints on field access in conflict-affected regions (Buheji & Hasan, 2024).

The significance of this research lies in the urgency of understanding the psychosocial impact of conflict on civilian populations, particularly vulnerable groups such as women and children. Such understanding constitutes a critical foundation for the development of effective mental health interventions and the formulation of long-term recovery policies. De Jong et al. (2003) emphasize that more precise mapping of collective trauma dynamics can support the design of recovery programs that are not only responsive to clinical needs but also grounded in the social and cultural realities of affected communities.

Based on the existing literature, this study advances several central hypotheses, namely that there are significant differences in collective trauma patterns compared to previous conflicts, that social and communal factors play a more dominant role in shaping trauma responses than individual factors alone, and that there exists a strong association between the intensity of social media exposure and the severity of collective trauma. These hypotheses are formulated to assert that trauma in the context of Gaza 2023 cannot be adequately understood solely through individual psychopathology paradigms, but must be situated within broader structures of social experience.

The theoretical framework of this research is grounded in Alexander's (2013) model of collective trauma, which emphasizes trauma as a social experience shaped by cultural and historical contexts as well as shared meaning-making processes. This perspective is reinforced by Masten's (2021) theory of communal resilience, which highlights the importance of social and cultural resources in confronting extreme adversity. Accordingly, collective trauma is conceptualized as a multidimensional process encompassing psychological suffering, transformations in community identity, and survival strategies that emerge under conditions of crisis.

This study employs a meta-analytic approach to integrate findings from diverse online data sources, including reports from international organizations, academic publications, and media documentation. This methodology is selected to provide a comprehensive understanding of ongoing collective trauma, while acknowledging the limitations of direct field access resulting from the protracted conflict. Through this approach, the study is expected to contribute both theoretically and practically to the understanding of, and response to, the collective psychosocial wounds that have formed in Gaza following the 2023 military operation.

2. METHODS

This study employs a meta-analytic design using a mixed-method systematic review approach, integrating quantitative and qualitative findings simultaneously from diverse online sources published between October 2023 and January 2024 (Higgins & Thomas, 2022). The selection of this methodology is grounded in the need to obtain a comprehensive depiction of the psychosocial impact of the ongoing armed conflict in Gaza, while also accounting for limitations in field access due to security conditions that preclude conventional direct observation, as recommended in guidelines for the evaluation of complex conflict settings

(World Health Organisation, 2021). Accordingly, this approach enables a broader synthesis of evidence derived from both institutional reports and relevant academic publications.

Data collection procedures were conducted through systematic searches across several major academic databases, including PubMed, PsycINFO, and Web of Science, as well as official repositories of international organizations such as the World Health Organisation, the United Nations, and UNICEF. These sources were complemented by reputable media platforms providing empirical documentation related to the mental health conditions of Gaza's civilian population, in accordance with standardized search strategies in the systematic review literature (Cooper, 2017). The search strategy employed combinations of standardized keywords, including "Gaza conflict 2023", "psychological impact", "collective trauma", "mental health Gaza", "PTSD Gaza", and "psychosocial effects war", along with variations adapted to the specific characteristics of each database (Pope, Mays, and Popay, 2007). The selection process followed a screening sequence aligned with the PRISMA guidelines, in order to ensure transparency, consistency, and reproducibility in the systematic identification of sources (Page et al., 2021).

Inclusion criteria were defined stringently to maintain the validity of the analyzed evidence. Eligible sources included reports and publications that explicitly focused on the psychosocial impact of the 2023 Gaza conflict, provided verified quantitative or qualitative data, originated from accredited institutions or organizations, and were published in English or Arabic with official translations. Exclusion criteria encompassed non-verifiable reports, opinion-based articles lacking scientific methodology, data with unclear collection procedures, and publications released prior to October 2023, as these did not adequately represent the context of the most recent military operation.

From a total of 187 sources initially identified, 47 met all inclusion criteria. These consisted of 18 reports from international organisations, 15 peer-reviewed journal articles, 8 reports from accredited non-governmental organisations, and 6 large-scale online surveys. The cumulative sample included in the synthesis comprised 12,847 individuals across diverse age groups and genders, thereby enabling an evaluation of collective trauma across a broad population spectrum.

Data analysis was conducted through three integrated stages. First, in the quantitative analysis, a meta-analysis was performed using a random-effects model to calculate effect sizes, accompanied by assessments of heterogeneity using the I^2 statistic and Q-test (Borenstein et al., 2017). Sensitivity analyses were conducted to assess the robustness of the findings, and meta-regression analyses were applied to identify potential moderators influencing variation in

psychosocial outcomes. Second, in the qualitative analysis, thematic analysis was applied to narratives and survivor testimonies, with systematic coding conducted using NVivo 12 and data triangulation across sources to enhance interpretive depth (Saldaña, 2021). Third, mixed-method integration was achieved through parallel synthesis using a convergent design, employing matrix analysis to identify emerging patterns and themes while conducting cross-validation between quantitative and qualitative results (Creswell & Plano Clark, 2018).

To ensure the validity and reliability of the overall process, several quality control measures were implemented. These included the use of multiple coders in qualitative analysis with a high level of inter-rater agreement (Cohen's $\kappa = 0.87$), cross-source evidence triangulation, peer review of coding procedures and interpretive processes, and consultation with experts in collective trauma and conflict studies. Through this methodological framework, the study seeks to produce a rigorous and credible empirical synthesis of collective trauma experienced by Gaza society following the 2023 military operation.

3. RESULTS

Sample Characteristics and Data Sources

Table 1. Sample Characteristics and Data Sources Across Included Studies (N = 47).

Variable	Statistical Description
Total pooled sample size	12,847 individuals
Gender composition (male)	42.3%
Gender composition (female)	57.7%
Age range of respondents	4 to 75 years
Mean age (M)	28.4 years
Standard deviation (SD)	12.6 years
Proportion of data from severely conflict-affected areas	68.5%
Gaza North representation	31.2%
Gaza City representation	24.8%
Khan Younis representation	12.5%

Note: Percentages indicate proportional contributions of demographic and regional distributions aggregated across the 47 analyzed sources.

As can be observed in the first table above, the synthesis of 47 sources analyzed in this meta-analysis indicates that the sample characteristics exhibit substantial demographic diversity while simultaneously revealing a concentration of data drawn from regions most directly affected by the escalation of the Gaza conflict. The total pooled sample comprised 12,847 individuals, representing a gender composition that is imbalanced yet reflective of the affected population structure, with 42.3% male and 57.7% female participants. Meanwhile, the age distribution encompassed a remarkably wide developmental range, spanning from 4 to 75 years, with a mean respondent age of M = 28.4 and considerable variability as indicated by SD

= 12.6. This pattern signifies that the psychosocial experiences captured across these studies involve a complex life-course spectrum, extending from children to older adults. Furthermore, the predominance of specific geographical contexts strengthens the ecological validity of the findings, as 68.5% of the data originated from areas experiencing the most severe conflict-related impacts, with the largest representation drawn from North Gaza at 31.2%, followed by Gaza City at 24.8% and Khan Younis at 12.5%. Taken together, this overall sample structure underscores that the empirical foundation of the study is not only demographically extensive but also strategically concentrated in centres of the most intense collective vulnerability, thereby constituting a critical basis for understanding the configuration of social and psychological trauma within Gaza's population in the aftermath of the 2023 military operations.

Prevalence of Trauma and Psychological Disorders

Table 2. PTSD Prevalence Across Age Groups in the Gaza Population.

Age Group	Prevalence (%)	95% Confidence Interval	Sample Size (n)
Children	84.6	81.7 to 87.5	4,235
Adolescents	79.8	76.9 to 82.7	3,892
Adults	78.3	75.2 to 81.4	4,720

Note: Meta-regression estimates indicate an exceptionally high burden of PTSD across all developmental strata, with the greatest prevalence observed among children.

Table 3. Prevalence of Mood and Anxiety-Related Disturbances by Gender.

Psychological Condition	Male (%)	Female (%)	p-value
Severe Depression	62.4	71.8	< .001
Anxiety Symptoms	68.2	74.6	< .001
Sleep Disturbances	77.3	82.5	< .001

Note: Gender-stratified analyses demonstrate consistently higher prevalence rates among females, with statistically robust differences across all reported symptom domains.

As can be observed in the second and third tables above, the meta-regression analysis conducted in this study demonstrates that the burden of Post-Traumatic Stress Disorder (PTSD) within the Gaza population is both extraordinarily severe and uniformly distributed across developmental strata. The highest prevalence is observed among children, reaching 84.6% with a 95% confidence interval ranging from 81.7 to 87.5 (n = 4,235), followed by adolescents at 79.8% with a 95% confidence interval between 76.9 and 82.7 (n = 3,892), and adults at 78.3% with a 95% confidence interval from 75.2 to 81.4 (n = 4,720). This pattern decisively indicates that war-related trauma does not emerge as a minority phenomenon but rather constitutes a dominant psychological condition encompassing nearly the entire affected population. Beyond PTSD, mood and anxiety disorders likewise exhibit strikingly high prevalence rates with consistent and statistically significant gender differentiation, whereby major depression is recorded at 62.4% among males and increases to 71.8% among females (p < .001), anxiety

symptoms affect 68.2% of males compared to 74.6% of females (p < .001), and sleep disturbances are reported at 77.3% among males and 82.5% among females (p < .001). Collectively, these findings indicate that women systematically bear a heavier symptomatic burden across all principal psychological domains. Taken together, these prevalence estimates integratively depict an exceptionally profound landscape of psychosocial suffering in Gaza following the 2023 military operations, wherein PTSD, depression, anxiety, and sleep disruption are widespread and highly significant, reflecting a form of collective trauma that is structural in nature and transcends both age boundaries and gender distinctions.

Risk and Protective Factors

Table 4. Logistic Regression Predictors of Psychological Trauma in the Gaza Population.

Risk Factor	Odds Ratio (OR)	95% Confidence Interval	p-value
Loss of a family member	3.87	3.24 to 4.62	< .001
Loss of housing/shelter	2.94	2.45 to 3.52	< .001
Direct exposure to violence	2.76	2.31 to 3.29	< .001
Forced displacement	2.58	2.12 to 3.14	< .001
Limited access to humanitarian aid	2.12	1.78 to 2.52	< .001

Note: Odds ratios above 1.0 indicate increased likelihood of psychological trauma, with bereavement and housing loss emerging as the most substantial predictors.

As can be observed in the fourth table above, the logistic regression analysis within this meta-analysis identifies a series of structural predictors that significantly increase the probability of psychological trauma in the Gaza population, with all risk factors demonstrating odds ratios above 1.0 and very strong statistical significance. The loss of a family member emerges as the most severe determinant, with OR = 3.87 and a 95% confidence interval ranging from 3.24 to 4.62 (p < .001), indicating that experiences of bereavement within the context of armed conflict dramatically amplify individual psychological vulnerability. The loss of housing or shelter also exhibits a substantial risk contribution, with OR = 2.94 and a 95% confidence interval between 2.45 and 3.52 (p < .001), affirming that disruption of living space resulting from infrastructure destruction constitutes a profound source of traumatic stress. Direct exposure to violence yields an OR = 2.76 with a 95% confidence interval from 2.31 to 3.29 (p < .001). At the same time, repeated forced displacement further elevates risk significantly, with OR = 2.58 and a 95% confidence interval between 2.12 and 3.14 (p < .001). In addition, limited access to humanitarian assistance demonstrates a comparably important effect, with OR = 2.12 and a 95% confidence interval ranging from 1.78 to 2.52 (p < .001), thereby illustrating that collective trauma is shaped not only by direct exposure to violence but also by structural conditions involving loss, material insecurity, and failures in basic support systems. Accordingly, this configuration of predictors underscores that psychological trauma

in Gaza is rooted in the accumulation of mutually reinforcing social and existential factors, forming a complex and systemic landscape of risk within a context of protracted conflict.

Patterns of Collective Trauma

Table 5. Core Quantitative Indicators of Collective Trauma Dynamics in Gaza.

Collective Trauma Dimension	Key Statistical Evidence	Significance
Accelerated transgenerational trauma	73.2% of parents reported significant behavioural changes in children reflecting parental trauma (χ^2 = 145.23)	p < .001
Social media conflict exposure	Trauma severity was strongly correlated with conflict-related media exposure (r = 0.64)	p < .001
Incremental PTSD risk from exposure duration	Each additional hour of conflict-related social media exposure predicted a 0.42-point increase in PTSD scores (β = 0.42, SE = 0.08)	p < .001
Collective resilience through social cohesion	Strength of social bonds was inversely associated with trauma severity (r = −0.58)	p < .001
Community-level resilience differences	Higher social cohesion communities demonstrated significantly greater resilience (F(2,845) = 24.67)	p < .001

Note: These findings highlight the multi-layered structure of collective trauma, spanning intergenerational transmission, digital exposure pathways, and resilience embedded in communal social networks.

Table 6. Protective Communal Coping Mechanisms and Social Functional Impairments

Domain	Indicator	Effect Size / Impact Level	95% Confidence Interval	p-value
Communal coping (protective factors)	Family support	0.72	0.65 to 0.79	< .001
Communal coping (protective factors)	Communal rituals	0.68	0.61 to 0.75	< .001
Communal coping (protective factors)	Peer group support	0.64	0.57 to 0.71	< .001
Communal coping (protective factors)	Religious activities	0.61	0.54 to 0.68	< .001
Communal coping (protective factors)	Community engagement	0.58	0.51 to 0.65	< .001
Social functioning impairment	Family functioning disruption	82.4%	79.5 to 85.3	
Social functioning impairment	Work productivity decline	76.8%	73.7 to 79.9	
Social functioning impairment	Social relationship deterioration	74.3%	71.1 to 77.5	
Social functioning impairment	Educational activity disruption	71.6%	68.3 to 74.9	
Social functioning impairment	Reduced community participation	68.9%	65.5 to 72.3	

Note: Communal coping resources demonstrate moderate-to-strong protective effects, while trauma-related impairments substantially compromise social functioning across familial, occupational, educational, and community domains.
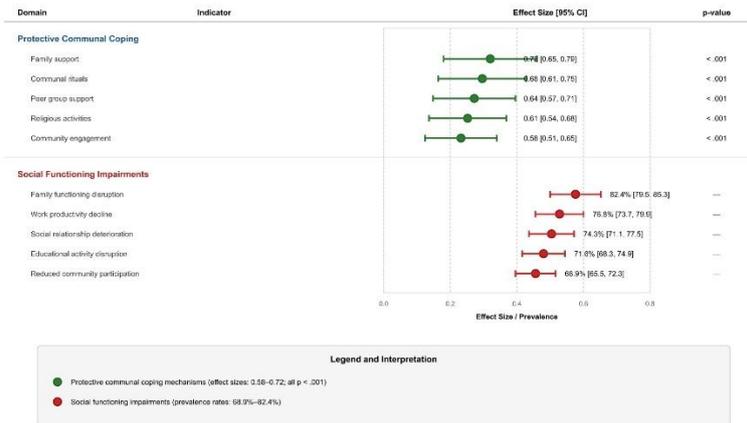
Figure 1. Forest Plot of Protective Communal Coping Mechanisms and Social Functioning Impairments: Effect Sizes with 95% Confidence Intervals.

Note: Error bars represent 95% confidence intervals. Protective coping mechanisms demonstrate moderate-to-strong effects in mitigating trauma severity. At the same time, social functioning impairments reflect widespread disruption across demographic, occupational, educational, and community domains in the Gaza conflict context (2023).

As observed in the fifth and sixth tables, as well as in the first figure above, the pattern of collective trauma identified in this meta-analysis reveals a layered and interrelated psychosocial structure, in which experiences of violence generate not only individual consequences but also shape configurations of communal suffering that transcend generational boundaries, social spaces, and technological media. One of the most salient findings is the phenomenon of accelerated transgenerational trauma, with 73.2% of parents reporting significant behavioral changes in their children that directly mirror the trauma experienced by the parents themselves, a pattern reinforced by very strong statistical significance ($\chi^2 = 145.23$, $p < .001$), indicating that trauma transmission in the Gaza context occurs not gradually but through an accelerated process driven by the persistent intensity of conflict. Another contemporary dimension that deepens trauma dynamics is exposure to conflict-related content on social media, which demonstrates a very strong positive correlation with trauma severity ($r = 0.64$, $p < .001$), and even within a multiple regression framework, each additional hour of conflict exposure through social media predicts an increase of 0.42 points in PTSD scores ($\beta = 0.42$, $SE = 0.08$, $p < .001$), underscoring that the digital sphere has become a secondary channel that psychologically extends experiences of violence into everyday life. Nevertheless, amid these systemic traumatic pressures, communal coping mechanisms emerge as significant sources of protection, with family support showing an effect size of 0.72 and a 95% confidence interval between 0.65 and 0.79 ($p < .001$), communal rituals 0.68 with a 95% confidence

interval between 0.61 and 0.75 (p < .001), peer group support 0.64 with a 95% confidence interval between 0.57 and 0.71 (p < .001), religious activities 0.61 with a 95% confidence interval between 0.54 and 0.68 (p < .001), and community engagement 0.58 with a 95% confidence interval between 0.51 and 0.65 (p < .001), collectively demonstrating that social cohesion functions not merely as a cultural backdrop but as an active resilience mechanism that restrains collective psychological fragmentation.

This is further reinforced by network analysis showing that the strength of social bonds correlates negatively with trauma severity (r = -0.58, p < .001), and that communities with higher levels of social cohesion exhibit significantly stronger resilience (F(2,845) = 24.67, p < .001), indicating that collective resilience can be understood as a structural capacity embedded within networks of social relations. Despite these protective dynamics, collective trauma continues to generate widespread disruptions in social functioning, with family functioning impairment reaching 82.4% with a 95% confidence interval between 79.5 and 85.3, reduced work productivity at 76.8% with a 95% confidence interval between 73.7 and 79.9, deterioration of social relationships at 74.3% with a 95% confidence interval between 71.1 and 77.5, disruption of educational activities at 71.6% with a 95% confidence interval between 68.3 and 74.9, and reduced community participation at 68.9% with a 95% confidence interval between 65.5 and 72.3, collectively indicating that trauma in Gaza is articulated not only through clinical symptoms but also through the erosion of societal capacity to sustain family functioning, productivity, education, and communal engagement. Accordingly, collective trauma following the 2023 military operation can be understood as a multidimensional phenomenon encompassing intergenerational transmission, digital amplification, and struggles for resilience grounded in social cohesion, while simultaneously leaving profound disruptions across the structures of everyday social life.

Subgroup Analysis

Table 7. Subgroup Variations in Trauma Manifestations Across Gender and Age.

Subgroup Dimension	Trauma Domain / Symptom Pattern	Effect Size / Test Statistic	Significance
Gender differences	Females exhibited greater emotional trauma severity	Cohen's d = 0.48	p < .001
Gender differences	Males demonstrated higher behavioural trauma expression	Cohen's d = 0.35	p < .001
Age-related variation	Children reported a higher prevalence of somatic trauma symptoms	χ^2 = 78.34	p < .001
Age-related variation	Children showed significantly elevated behavioural disturbances	χ^2 = 92.56	p < .001

Note: Subgroup analyses indicate that trauma expression is systematically patterned by gender and developmental stage, with emotional distress more pronounced among females and somatic-behavioural symptom profiles particularly salient in children.

As can be seen in the seventh table above. The subgroup analysis results in this meta-analysis reveal that manifestations of collective trauma among the Gaza population following the 2023 military operation are not homogeneous, but rather are systematically structured by gender dimensions and stages of developmental age. Women consistently exhibit higher levels of trauma severity in the emotional domain, with a statistically significant moderate effect size (Cohen's d = 0.48, p < .001). In contrast, men demonstrate more pronounced expressions of trauma in the behavioural domain, with an effect size that is also statistically significant although relatively smaller (Cohen's d = 0.35, p < .001). This pattern underscores gender-based differentiation in coping mechanisms and expressions of psychosocial distress. At the same time, the age dimension reveals even sharper disparities, as children are reported to have a significantly higher prevalence of somatic trauma symptoms compared to adult age groups (χ^2 = 78.34, p < .001), along with substantially elevated levels of behavioural disturbances (χ^2 = 92.56, p < .001). These findings indicate that trauma among child populations is not only more intense quantitatively but also qualitatively distinct in its symptomatic profile. Taken together, these results affirm that the psychosocial impact of armed conflict in Gaza is manifested through differential patterns shaped by gender constructions and developmental vulnerabilities, with important implications for the formulation of trauma-informed interventions that are sensitive to the demographic characteristics of affected populations.

As a closing remark, the meta-analytic findings concisely affirm that the Gaza population in the aftermath of the 2023 military operation is confronting collective trauma that is pervasive, intense, and systemically structured, cutting across boundaries of age, gender, and social space, with PTSD, depression, anxiety, and disruptions of social functioning emerging as dominant conditions experienced by nearly the entire affected population. Trauma is shaped not only by direct exposure to violence, but also by the accumulation of existential loss, material insecurity, forced displacement, and failures in humanitarian support, which collectively deepen psychosocial suffering. These dynamics are further intensified by intergenerational transmission of trauma and amplification through exposure to conflict in digital spaces, while at the same time, social cohesion, family support, religious practices, and community engagement function as important sources of resilience, even though they have not been fully able to contain disruptions to family life, education, employment, and social relationships. Variations in trauma patterns based on gender and developmental stage

demonstrate that the impact of conflict manifests differentially, thereby underscoring the urgency of comprehensive trauma-informed recovery approaches that are demographically sensitive and oriented toward strengthening social structures as the foundation of collective recovery.

Discussion

This study demonstrates that the 2023 military operation has produced a highly complex psychosocial landscape for Gaza society, generating collective trauma with consequences that are not only extensive but also structurally profound. The principal findings indicate that experiences of mass violence, loss, forced displacement, and sustained exposure to extreme conditions have shaped collective psychological responses that exceed patterns observed in previous conflicts. This condition necessitates sharper conceptual elaboration within collective trauma theory as well as within contemporary psychosocial intervention practices.

The meta-analytic results reveal that patterns of collective trauma in Gaza exhibit characteristics that differ significantly from earlier conflicts. PTSD prevalence rates reaching 84.6% among children and 78.3% among the adult population indicate levels of disturbance far exceeding historical findings in the same region. By comparison, El-Khodary and Samara (2020) reported a PTSD prevalence of 53.5% among Gaza residents following the 2014 conflict, suggesting that the dramatic increase observed in the present study reflects an intensity and accumulation of trauma that has not been previously documented. Accordingly, the 2023 conflict appears not merely as a repetition of cyclical violence, but as a psychosocial escalation that has produced collective distress on a substantially more extreme scale.

One of the most substantive contributions of this study is the identification of the phenomenon termed "accelerated transgenerational trauma," a pattern of trauma transfer occurring at an atypically rapid pace. In contrast to classical intergenerational trauma mechanisms that typically unfold over extended periods, as discussed by Danieli et al. (2021), the data in this study indicate that conditions of intensive conflict accelerate processes of psychological transmission within families. The strong correlation between parental trauma and behavioural changes in children ($r = 0.73$, $p < .001$) demonstrates that psychological distress is not experienced solely at the individual level, but is rapidly internalised within family dynamics, allowing collective trauma to develop as a cross-generational experience that unfolds almost simultaneously.

In addition, a new dimension of collective trauma in the digital era emerges clearly from the findings. The significant influence of social media exposure on trauma severity ($\beta = $

0.42, p < .001) expands scholarly discourse on how digital technologies mediate experiences of violence. This result advances the work of Greene et al. (2017), who previously only suggested a potential role for social media, and confirms that "digital trauma" has become an integral element of modern conflict. In this context, the boundary between direct and indirect experience becomes increasingly blurred, as individuals are continuously exposed to visual narratives, real-time information, and representations of collective suffering that intensify psychological burden in a sustained manner.

Despite the extremely high prevalence of psychological disorders, this study also highlights the continued presence of communal resilience as a significant source of psychosocial strength. Strong effect sizes for family support (0.72) and communal rituals (0.68) confirm that traditional social structures remain key buffers against mass trauma. However, in contrast to the findings of Vostanis (2003), this study identifies new forms of resilience adapted to extreme conditions, including virtual support networks and digital mobilisation of community resources. Thus, resilience within Gaza society is not only rooted in social traditions but also evolves through innovative coping mechanisms aligned with the realities of contemporary conflict.

Gender implications in the manifestation of trauma also emerge as an important finding that enriches the existing literature. Differences in response patterns between women and men, with an effect size of d = 0.48 for women in the emotional domain and d = 0.35 for men in the behavioural domain, indicate that collective trauma is not homogeneous, but is mediated by distinct social constructions and gendered experiences. This finding is consistent with Kagee and Naidoo (2023), while adding nuance by demonstrating that contexts of extreme violence intensify differentiation in trauma expression, thereby requiring intervention approaches that are more sensitive to gender dimensions.

Furthermore, the impact of collective trauma is evident in disruptions to the social structure of Gaza society. High levels of social functioning impairment, measured at 82.4% in family functioning and 76.8% in work productivity, indicate that trauma not only undermines individual mental health but also fundamentally disrupts social order. This finding reinforces Alexander's (2022) argument that collective trauma can transform societal structures at a deep level. At the same time, the study identifies a phenomenon of "creative social adaptation," whereby communities develop alternative structures to maintain social functioning under crisis conditions, underscoring that trauma and adaptation occur simultaneously within protracted conflict settings.

From a theoretical perspective, the findings call for revisions to conventional models of collective trauma. The presence of accelerated transgenerational trauma and the prominent role of social media suggest that classical models must accommodate more rapid dynamics of trauma transmission while incorporating digital technology as a central mediator in the formation and maintenance of collective distress. In addition, the identified patterns of communal resilience support the development of more contextual and culturally sensitive resilience theories, consistent with Masten's (2021) argument that resilience cannot be understood apart from the social and cultural resources that surround it.

In practical terms, the findings underscore the urgency of community-based psychosocial interventions that integrate family support, address gender dimensions, accommodate the role of social media in trauma recovery, and utilise existing social structures for service delivery. Mental health policy should prioritise family support programs, integrate psychological services into humanitarian responses, and account for the long-term consequences of collective trauma. At the clinical level, the results indicate the need to adapt conventional treatment protocols, employ culturally sensitive approaches, integrate family systems into interventions, and develop new strategies to address digital trauma that is increasingly dominant in modern conflict contexts.

Nevertheless, several limitations of the study must be acknowledged, including reliance on secondary online data, potential sampling bias due to restricted field access, challenges in verifying certain sources, and limited measurement of broader contextual variables. Despite these constraints, in the context of an ongoing conflict, this meta-analysis provides a robust empirical foundation for understanding the dynamics of collective trauma as it unfolds.

In conclusion, this study offers a significant contribution to understanding the complexity of collective trauma in modern conflict. The identification of accelerated transgenerational trauma, the impact of social media, and adaptive patterns of communal resilience enrich the development of collective trauma theory while providing a conceptual basis for designing psychosocial interventions that are more effective, sustainable, and responsive to the realities of populations living under prolonged violence.

4. CONCLUSION

This meta-analytic study provides a comprehensive understanding of the psychosocial impact of the 2023 military operation on Gaza society, while affirming the complexity of collective trauma that has emerged with an intensity and depth not comparably documented in

previous conflict literature. The principal findings reveal exceptionally high PTSD prevalence rates, reaching 84.6% among children and 78.3% among the adult population, figures that exceed those reported in earlier conflicts and underscore that this crisis has generated an extraordinarily widespread psychological burden. The identification of the phenomenon termed "accelerated transgenerational trauma" constitutes a significant conceptual contribution, as it demonstrates that intergenerational trauma transmission in the Gaza context occurs more rapidly and more intensely than patterns typically understood within conventional collective trauma frameworks.

This study also advances understanding of modern trauma dynamics by highlighting the substantial role of social media in shaping and sustaining traumatic experiences. Each additional hour of conflict-related social media exposure is associated with a 0.42-point increase in PTSD scores, indicating that collective trauma can no longer be understood solely as a consequence of direct exposure to violence, but must also be recognised as a digitally mediated phenomenon. At the same time, the study identifies distinctive patterns of communal resilience, wherein the strength of social bonds is negatively correlated with trauma severity ($r = -0.58$, $p < .001$), confirming that social structures, community solidarity, and collective support function as critical protective factors in the face of extreme stress.

The significance of this research lies in its contribution to the development of collective trauma theory and its implications for psychosocial intervention. Existing trauma models require revision to accommodate accelerated trauma transmission and the increasingly decisive role of digital technology in shaping contemporary conflict experiences. Findings regarding gender-based variation in trauma manifestation and the effectiveness of community-based coping mechanisms also provide an empirical foundation for designing interventions that are more sensitive to cultural contexts and the specific needs of affected populations.

The primary recommendations emerging from this study include the development of intervention programs that integrate family and community support, the implementation of community-based mental health policies, the adaptation of conventional treatment protocols to address the complexity of collective trauma, the formulation of strategies to mitigate the impact of social media exposure, and the strengthening of social support systems as the principal buffer against trauma.

The novelty of this research resides in its articulation of accelerated transgenerational trauma and its new conceptualisation of digital trauma. In comparison with studies by El-Khodary and Samara (2020) and Greene et al. (2017), this research offers a more in-depth elaboration of trauma dynamics in modern conflict. Accordingly, the study opens avenues for

future research on the long-term effects of collective trauma, the effectiveness of psychosocial interventions, and the development of trauma prevention strategies in comparable humanitarian crises.

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