



- Title:** **Prevention and Treatment Measures to Protect Children's Mental and Psychological Health During Wars: A Comparison between Islamic Law and Global Health Organizations**
- Author (s):** Mohammad Abdullah AlTawallbeh¹, Mahmoud Ali Rababah², and Maha Ahmad Alsamhori¹
- Affiliation (s):** ¹The University of Jordan, Amman, Jordan
²Al-Balqa Applied University, Irbid, Jordan
- DOI:** <https://doi.org/10.32350/jitc.162.19>
- History:** Received: March 3, 2026, Revised: August 25, 2026, Accepted: August 25, 2026, Published: August 30, 2026
- Citation:** AlTawallbeh, Mohammad Abdullah, Mahmoud Ali Rababah, and Maha Ahmad Alsamhori. "Prevention and Treatment Measures to Protect Children's Mental and Psychological Health During Wars: A Comparison between Islamic Law and Global Health Organizations." *Journal of Islamic Thought and Civilization* 16, no. 2 (2026): 354–369. <https://doi.org/10.32350/jitc.162.19>.
- Copyright:** © The Authors
- Licensing:**  This article is open access and is distributed under the terms of [Creative Commons Attribution 4.0 International License](https://creativecommons.org/licenses/by/4.0/)
- Conflict of Interest:** Author(s) declared no conflict of interest



A publication of

Department of Islamic Thought and Civilization, School of Social Science and Humanities
University of Management and Technology, Lahore, Pakistan

Prevention and Treatment Measures to Protect Children's Mental and Psychological Health during Wars: A Comparison between Islamic Law and Global Health Organisations

Mohammad Abdullah AlTawallbeh*

Department of Philosophy,
Faculty of Arts,
The University of Jordan,
Amman

Mahmoud Ali Rababah

Department of English Language and Literature,
Al-Balqa Applied University,
Amman

Maha Ahmad Alsamhori

Department of Philosophy,
Faculty of Arts,
The University of Jordan,
Amman

Abstract

This study examined the protection of children's mental health and psychological well-being during wars and conflicts from an Islamic viewpoint and compared it with the viewpoint of global health organisations. The study used a descriptive, analytical, and comparative approach and analyzed primary sources, such as the Qur'ān, Hadith, and jurisprudence, in addition to reports from WHO, UNICEF, and UNHCR. The study showed that preventive measures are laid down in Islamic law, namely cleanliness, getting enough sleep, halal food, rest, and permissible entertainment that ensure psychological and mental balancing in the child. In contrast, international agencies promote psychological and social support programs, safe environments, play therapy, and cognitive behavioural interventions. The results indicated that both Islamic law provide a spiritual and moral foundation that predates many concepts in modern psychology and scientifically proven therapeutic techniques. There was a consensus on the importance of family support in the reduction of trauma symptoms, especially the presence of the mother. The study found that religious guidance and modern scientific knowledge, along with community support and early prevention plans, provide the best combination to protect children from the negative psychological effects of wars. The integration of both systems is even more important for culturally diverse Arab and Muslim children who need treatment adapted to their needs. The study suggests the training of parents and teachers in skills to cope with psychologically affected children, setting up child-friendly spaces in conflict areas, and building comprehensive programs with both spiritual and therapeutic aspects. The ultimate aim is to ensure that children have a healthy childhood even in the face of adversity and undergo healthy mental and psychological development.

Keywords: children's mental and psychological health, global health organisations, Islamic law, prevention and treatment measures, wars

*Correspondence concerning this manuscript should be addressed to Mohammad Abdullah AlTawallbeh, Assistant researcher, Department of Philosophy, Faculty of Arts, The University of Jordan, Amman at m.tawallbeh@ju.edu.jo

Introduction

Today, we live in a world in which wars and armed conflicts have become increasingly prevalent and scenes of displacement, destruction, killing, and devastation have multiplied. The children have become the primary victims of wars, even though they neither initiate nor participate in them. Still, they may suddenly find themselves in the midst of wars and other armed conflicts, forced to live with their consequences, and forced to deal with fears beyond their age and capacity.¹

Thus, protecting children's mental and psychological well-being in wars is not redundant, but remains imperative to save a life that may collapse if not handled properly and with care. When a child grows up with his soul torn in half by war, when a moment of fear mars his memory, when the sense of constant danger takes root in his mind, all of this becomes his soul and character. Then, the child's future can be greatly affected.² An in-depth study is required to determine not only what happens to a child in the war but also as to what is needed to be done before the crisis, during the crisis, and after the crisis.

1.1 Study Background

The issue of protecting children during armed conflicts has become a global concern, rather than one confined to a particular region. Children suffer the effects of such conflicts globally. These effects may include nightmares, bedwetting, tearfulness, attention problems, loss of language, loss of trust, post-traumatic stress disorder, aggression, no explanation for their fear, loss of appetite, and withdrawal. UNICEF statistics are alarming, particularly the estimate that more than 250 million children live in conflict zones.³

The issue of child protection has been addressed by both modern psychology and Islamic law. The latter solved this problem even before it was born and prior to the setting up of global organisations. Islam places great emphasis on the protection of children from fear, violence, abuse, threats, and trauma.⁴

Islam forbade scaring the children even as a joke, emphasized their dignity and worth, comforted them with reassurance, protected them with mercy, and connected them with faith that steadies the soul even in moments of terror.⁵ While, global organisations, led by the World Health Organisation

¹ Abdelmahdi Moh'd Said A. Alajlouni, Osama Adnan Eid Al Ghneimin, Natheir Nabeel Alsharayri, Zakariya Salameh Shatnawi, and Mahmoud Ali Rababah, "The Role of Language in Juristic Preference (Tarjīh) through the Interpretation of 'Anwar Al-Tanzil' and 'Asrar Al-Ta'wil,'" *Forum for Linguistic Studies* 7, no. 7 (2025): 1085–1095, <https://doi.org/10.30564/fls.v7i7.9385>.

² Monis Abdul Majid, "A Tripartite Framework for Disciplining Children: Integrating Ibn Miskawaih, Al-Ghazālī and Modern Psychological Thought," *Ittesaal-Journal of Connecting Discourses* 2, no. 1 (2025): 49–62, <https://doi.org/10.64984/ijcd.2.1.2025.04>.

³ World Health Organization, *Global Case for Support—UNICEF and WHO Joint Programme on Mental Health and Psychosocial Well-Being and Development of Children and Adolescents* (Geneva: World Health Organization, 2022), <https://books.google.com/books?id=nl-qEAAAQBAJ>.

⁴ Elham Ayoub Alnamrouti, Malakeh Z. Malak, and Anas Shehadeh, "Psychological Well-Being, Spiritual Well-Being, and Health-Related Quality of Life among Patients with Coronary Artery Disease in Jordan," *Journal of Health Psychology* 31, no. 2 (2026): 625–642, <https://doi.org/10.1177/13591053251339293>.

⁵ "Āṭif Muḥammad Sa'īd Amāyirah, "Al-Huqūq al-Ijrā'iyyah lil-aḥdāth al-Jāniḥīn Khilāl Marḥalat al-Muḥākamah: Dirāsah Muqāranah fī al-tashrī'āt al-Waṭaniyyah wa-al-Mawāthiq al-Duwalīyyah," [The Procedural Rights of Juvenile Offenders during the Trial Stage: A Comparative Study in National Legislations and International Charters], *Al-Zaytoonah University of Jordan Journal for Legal Studies* 4, no. 2 (2023), <https://doi.org/10.15849/ZUJLS.230730.12>.

or WHO and UNICEF, approach the issue from a purely scientific perspective: psychotherapy, social support programs, emotional regulation interventions, play therapy, cognitive-behavioral therapy, safe spaces, protection centres, school integration, and parent training, among other interventions. Hence, there are two major systems: a spiritual–moral–psychological system (*Sharī'a*) and a scientific–applied–professional system (health organisations). Children affected by war require both spiritual support and evidence-based interventions.⁶

1.2 Problem Statement

The current study focuses mainly on the issue that despite the numerous efforts to protect children in wars—whether from a religious or scientific perspective—there is no comprehensive framework available that combines both approaches and compares them in a detailed manner to clarify the following: Which approach is more effective under specific circumstances? Which approach should be adopted in specific situations? What are the differences between the two approaches? What could be the possible advantages of using both methods simultaneously? And what if we combine the two systems; would integrating both approaches improve children's psychological outcomes? The two approaches are also very divergent in terms of theory and practice. In other words, whereas *Sharī'a* establishes clear guidelines, individuals may not always know how to put them into practice when fighting a battle. Organisations have a huge program but do not necessarily possess the spiritual element that a child may need the most in times of high anxiety. Hence, it was asked what is the best way to safeguard children. Does it require to combine the scientific abilities of health institutions with spiritual capabilities of Islamic law and address not only theoretical but also practical field-related challenges.⁷ We have witnessed children who have lost hope in life. Many five-year-old children display expressions that reflect suffering beyond their years. If there is a suitable and comprehensive system, such instances can be prevented.⁸

1.3 Research Questions

Based on the problem statement, the current study aims to answer the following set of questions:

- What are the most important preventive measures prescribed by Islamic law and global health organisations like UNICEF and WHO to protect children in wars?
- What are the therapeutic interventions provided by Islamic law and global health organisations for children who have experienced war?
- What are the points of convergence and disagreement between Islamic law and health organisations?
- Is it possible to integrate the two systems together?

⁶Malakeh Z. Malak, Anas Shehadeh, Ahmad Ayed, and Loai Abu Sharour, “Quality of Life and Its Association with Spiritual Well-Being among Jordanian Muslim Patients with Chronic Kidney Disease Undergoing Hemodialysis: A Cross-Sectional Study,” *Journal of Health Psychology* 31, no. 7 (2026): 2690–2704, <https://doi.org/10.1177/13591053251392566>.

⁷Mahmud Mohammad Kaddum, Mahmoud Mohammad Darabseh, Mahmoud Ali Rababah, Baker Mohammad Bani-Khair, Luqman Mahmoud Rababah, Emran Mohammad Rababa, Nezar Yaseen Rababah, and Mohamadou Aboubacar Maiga, “Sufism as a Divine Method: Abd Al-Salam Yassin’s Poetry as a Model,” *Dirasat: Human and Social Sciences* 53, no. 4 (2026): e7276, <https://doi.org/10.35516/Hum.2026.7276>.

⁸Muhammad Zaki, “Integrating Islamic Teachings into School Counselling: Bridging Spiritual and Educational Guidance,” *Ittesaal–Journal of Connecting Discourses* 1, no. 2 (2024): 86–105, <https://doi.org/10.64984/ijcd.1.2.2024.05>.

1.4 Significance of the Study

This study is significant at multiple levels. *Humanitarian significance:* The children whose psyche has been shattered by war—the future of an entire nation may be adversely affected. The children who grow up broken often become apprehensive of the society, anxious, aggressive, lack trust, experience learning abilities, and lack a sense of security. This is not merely an individual problem; it affects entire generation. Therefore, the study gives a good basis for how to prevent psychological breakdown.

Educational and psychological significance: Parents living in challenging situations, teachers who work with traumatized children, psychologists, rehabilitation and correction centers, schools, shelters, and camps, all are interested in the study, as it brings together religious and scientific knowledge at the same time.

Religious significance: A significant number of people are unaware that Islamic law offers a thorough framework to safeguard children's mental health. This study shows Islam as a religion of kindness, prevention, and healing, rather than a religion of laws and rituals. It also reveals the psychological principles embedded within Islamic law and shows that it outdates modern psychology by promulgating numerous concepts.

Scientific significance: The study provides a detailed analysis of CBT programs, play therapy, psychosocial support, safe places, modern organisational approaches, and trauma management. It objectively compares the two systems.

Practical implications: The study is more than theoretical. It can be directly used by decision-makers, parents, or institutions to create child protection programs, emergency plans, educational programs, psychological support programs, training programs for careers, and models for safe centers.

2. Literature Review

Our understanding of the situation is improved by the research done on children impacted by conflict. In 2018, the human rights organisation Human Rights Watch, as well as academics in Jordan including Kliever et al., conducted a study of refugee children in Jordan. The findings of this study were surprising because most of the children were found to be suffering from post-traumatic stress disorder (PTSD) and a significant number were crying at night, experiencing abrupt silence, or acting aggressively and irrationally for no reason.⁹ They couldn't comprehend if they were in any danger or not, so they interpreted each loud noise as a new attack. The problem also emerged in a UNICEF study conducted on children living at Zaatari Camp in 2020. The study made it clear that the pain was not personal but collective.¹⁰

Moreover, the results of Palestinian studies are very clear. After the recent aggression, Taha et al. (2024)¹¹ carried out a study to investigate the impact on children in Gaza and found that their

⁹Wendy Kliever, Khalid A. Kheirallah, Caroline O. Cobb, Jomana W. Alsulaiman, Fawaz Mzayek, and Hashem Jaddou, "Trauma Exposure and Post-Traumatic Stress Symptoms Among Syrian Refugee Youth in Jordan: Social Support and Gender as Moderators," *International Journal of Psychology* 56, no. 2 (2021): 199–207, <https://doi.org/10.1002/ijop.12695>.

¹⁰Livia Hazer, and Gustaf Gredebäck, "The Effects of War, Displacement, and Trauma on Child Development," *Humanities and Social Sciences Communications* 10, no. 1 (2023): 1–19, <https://doi.org/10.1057/s41599-023-02438-8>.

¹¹Amira Mohamed Taha, Cameron Sabet, Sarah A. Nada, Samer Abuzerr, and Dang Nguyen, "Addressing the Mental Health Crisis Among Children in Gaza," *The Lancet Psychiatry* 11, no. 4 (2024): 249–250, [https://doi.org/10.1016/S2215-0366\(24\)00036-1](https://doi.org/10.1016/S2215-0366(24)00036-1).

bodies remained in a state of 'hyperarousal,' indicating that the body is always ready for danger, as if another bomb would explode at any moment, twenty-four hours a day.¹² The children were suffering from involuntary urination, night terrors, persistent headaches, and eating problems, all without any physical injuries, indicating that fear alone was enough to disrupt their mental state.

In Iraq, Al-Hadethe et al. (2014) studied the children who lived in the presence of armed groups, showing that 60% of them developed a permanent fear of loud noises, to the extent that if a door broke accidentally the child might relive the same trauma. The researcher made a very strong observation, "The psychological effects of war may persist long after hostilities cease; the war continues to live inside their mind."¹³

Play therapy has been the focus of many studies, including a study by Humble et al. (2019), which included 90 children in a conflict zone. When they applied just six sessions of play therapy, they observed a 40% reduction in fear, improved sleep, a decrease in aggression, and an increase in expression among children who were previously silent and not speaking. This shows how important play is for catharsis.¹⁴

As for cognitive-behavioral therapy, it plays a significant role. This was proved by Moody-Pugh et al.'s (2025) in a study on Yemeni children who lost their homes. The intervention enabled children to recognize and regulate trauma-related thoughts, reduce their panic attacks, and improve their ability to cope with war memories. This is one of the most successful experiments in this field.

As far as safe spaces are concerned, UNICEF published a report in 2016 titled 'Safe Spaces for Conflict-Affected Children—Zaatari Camp', which revealed that the children who participated in the activities of the safe centres became calmer, their drawings began to include future and hope, their school integration increased, and their sleep problems decreased.¹⁵

From the perspective of Islamic studies, the study by Altuwairqi in Saudi Arabia found that religious practices such as *dhikr*, Qur'anic recitation, and prayer contribute to psychological well-being for affected children, since when children hear a familiar and reassuring voice, their physiological arousal decreases.¹⁶ The study conducted by Bensaid on Jordanians showed that a child who listens to the Quran before going to sleep enjoys a significantly deeper and more peaceful

¹² Gizem Bıdık, and Fatma Nevin Sisman, "School-Based Mental Health Programs for Improving Psychosocial Well-Being in Children and Adolescents: Systematic Review," *Journal of Psychiatric Nursing* 12, no. 4 (2021): 350–361.

¹³ Ashraf Al-Hadethe, Nigel Hunt, Shirley Thomas, and Abdulgaffar Al-Qaysi, "Prevalence of Traumatic Events and PTSD Symptoms Among Secondary School Students in Baghdad," *European Journal of Psychotraumatology* 5, no. 1 (2014): e23928, <https://doi.org/10.3402/ejpt.v5.23928>.

¹⁴ Jaxon J. Humble, Nathan L. Summers, Victor Villarreal, Kara M. Styck, Jeremy R. Sullivan, Joseph M. Hechler, and Blaire S. Warren, "Child-Centered Play Therapy for Youths Who Have Experienced Trauma: A Systematic Literature Review," *Journal of Child & Adolescent Trauma* 12, no. 3 (2019): 365–375.

¹⁵ Jemma Moody-Pugh, Kate Renshaw, and Judi Parson, "Exploring Play-Based Interventions with War-Affected Children: A Scoping Review," *The Arts in Psychotherapy* 95 (2025): e102337, <https://doi.org/10.1016/j.aip.2025.102337>.

¹⁶ Yasir Awadh Altuwairqi, May Ahmed Abdulaziz, Mishaal Khaled Aburass, Mohammed Mahmoud Johari, Saja Abdulaziz Alotaibi, Hatun Saad Alharthi, and Jory Adham Khojah, "The Influence of Islamic Religious Rituals on Psychological Health in Saudi Arabia," *Scholars Journal of Arts, Humanities and Social Sciences* 12, no. 3 (2024): 100–109, <https://doi.org/10.36347/sjahss.2024.v12i03.003>.

sleep.¹⁷

Comparative studies between *Shariah* and psychology prove that the integration of both produces the strongest model. This is what Rassool mentioned in his study that Arab children may benefit from interventions that integrate spirituality with evidence-based therapeutic approaches. Moreover, without this integration, the treatment remains incomplete.¹⁸

Punamäki et al. (2021) studied the children of Gaza and their physiological fear. The study concerned the children who lived through the bombardment and assessed not only subjective feelings but also physiological indicators. The study monitored their pulse, sleep, blood level of adrenaline, and breathing when they heard a sudden noise.

The study found that the children's bodies begin to run in a “a prolonged fight-or-flight response” and constantly remain on alert for an enemy. These findings support the current study by demonstrating that fear in affected children is not an emotion. Rather, it comprises a complex physiological and neurochemical response.

This is exactly what Joshi et al. (2003) reported when they studied the children from Africa who went through civil wars. They found that when a child's brain experiences repeated bombings, it becomes programmed to expect a ‘new disaster’ at any moment.¹⁹ These findings are consistent with Islamic teachings discouraging frightening the children. Indeed, Islamic teachings anticipated the principles that are now supported by contemporary psychological research. Islam recognised that fear corrupts a child's heart and psyche and science confirmed that fear corrupts their bodies and their entire nervous system.

Liel studied the role of the mother and worked with children from Gaza, measuring the difference between a child whose mother is ‘reassured’ (even if she is internally scared) and a child whose mother is ‘overwhelmed.’²⁰ The results revealed that the child is not affected by danger as much as the mother is affected by the sight of danger. If the mother holds the child and tells him “We're fine,” his anxiety disorder rate drops by about 30%. However, if the mother starts screaming or shaking, even if there is no explosion, the child enters a prolonged state of fear.

Interestingly, this finding closely aligns with a very old study conducted by Bowlby, the founder of the ‘Attachment Theory.’ This researcher was one of the first to say that the mother is not just a source of food for the child but rather a secure base. If the foundation of this security is shaken, the child collapses.²¹

UNICEF reported that when children are placed in a safe environment—with toys, music,

¹⁷Benaouda Bensaid, “An Overview of Muslim Spiritual Parenting,” *Religions* 12, no. 12 (2021): e1057, <https://doi.org/10.3390/rel12121057>.

¹⁸G. Hussein Rassool, *Exploring the Intersection of Islāmic Spirituality and Psychotherapy* (Cham: Springer, 2024), <https://doi.org/10.1007/978-3-031-72724-5>; Rafiyah Khan, *A Continuum of Violence against Forcibly Displaced Children: A Qualitative Multi-Method Study* (PhD diss., University of Birmingham, 2024), <https://etheses.bham.ac.uk/id/eprint/14903/>.

¹⁹Paramjit T. Joshi and Deborah A. O'Donnell, “Consequences of Child Exposure to War and Terrorism,” *Clinical Child and Family Psychology Review* 6, no. 4 (2003): 275–292, <https://doi.org/10.1023/B:CCFP.0000006294.88201.68>.

²⁰Farid Abu Liel, *The Experience of Palestinian Children Facing Traumatic Events: The Case of a Village under Military Occupation* (PhD diss., An-Najah National University, 2016), <https://repository.najah.edu/handle/20.500.11888/6833>.

²¹Juan-Pablo Robledo, Ian Cross, Luisa Boada-Bayona, and Nadine Demogeot, “Back to Basics: A Re-Evaluation of the Relevance of Imprinting in the Genesis of Bowlby's Attachment Theory,” *Frontiers in Psychology* 13 (2022): e1033746, <https://doi.org/10.3389/fpsyg.2022.1033746>.

drawing, and shapes—they experience a state of ‘physiological relaxation.’ This term was used by the researchers to indicate that the brain takes a ‘break’ from fear.²² The study followed children from Lebanon, Syria, Jordan, and Iraq and found that for children who spend two hours in a safe space daily, sleep improves, concentration increases, and aggressive behaviour decreases. Further, their relationship with their friends also improves. When we compare these results with an old study from Harvard University called ‘Project Zero,’ we realize that the children need play space just as much as they need food and water because play is the way they release their shock. Islam sanctions play, permits joking, and recommends kindness towards children, which confirms that religion does not consider play a waste of time, rather as a healing process.²³

Veternik et al. studied the effects of ‘rhythmic sounds’ on children, including calm music and rhythmic chants. The result showed that the heart rate decreased, cortisol levels dropped, and the child’s brain entered a state they called ‘relaxation response.’²⁴ These findings demonstrate conceptual similarities between the ‘effect of *dhikr*’ in religion and the ‘effect of rhythmic sound’ in science. Islamic-oriented studies, such as the study conducted by Moulaei et al., prove that reading the Quran before sleep reduces anxiety in children. This is not because the child understands the verses but because the sound itself is therapeutic.²⁵ The present study also indicates something rare in Arabic studies: spirituality is not a substitute for therapy; however, it may complement therapeutic interventions.

Manditereza et al. examined children from war-torn areas in Africa. The researchers noticed that a child cannot say “I’m scared,” but they can draw a destroyed house or play with soldiers. Here, play becomes ‘a symbolic language through which children express trauma.’²⁶ After analysing all these studies and linking them to the results of this study, it becomes very clear that protecting children in war is not the responsibility of a single entity. Children require spiritual, familial, and psychological support systems, a family that provides emotional security, trauma-informed therapy, educational stability, and community support. The most important fact is that the Arab and Muslim children cannot be given standardized interventions developed in a western context. The child must receive ‘culturally adapted’ therapy. At the same time, it must be placed within strong spiritual and ethical frameworks, which is what Islam offers. To the authors’ knowledge, this is among the first studies to combine all these at once.²⁷

²²Helen Clark, Awa Marie Coll-Seck, Anshu Banerjee, Stefan Peterson, Sarah L. Dalglish, Shanthi Ameratunga, Dina Balabanova, et al., “A Future for the World’s Children? A WHO–UNICEF–Lancet Commission,” *The Lancet* 395, no. 10224 (2020): 605–658.

²³Michael Yogman, Andrew Garner, Jeffrey Hutchinson, Kathy Hirsh-Pasek, and Roberta Michnick Golinkoff, “The Power of Play: A Pediatric Role in Enhancing Development in Young Children,” *Pediatrics* 142, no. 3 (2018): e20182058, <https://doi.org/10.1542/peds.2018-2058>.

²⁴Marcel Veternik, Ingrid Tonhajzerová, Jakub Mišek, Viera Jakušová, Henrieta Hudečková, and Ján Jakuš, “The Impact of Sound Exposure on Heart Rate Variability in Adolescent Students,” *Physiological Research* 67, no. 5 (2018): 695–702, <https://doi.org/10.33549/physiolres.933882>.

²⁵Khadijeh Moulaei, Ali-Akbar Haghdoust, Kambiz Bahaadinbeigy, and Fatemeh Dinari, “The Effect of the Holy Quran Recitation and Listening on Anxiety, Stress, and Depression: A Scoping Review on Outcomes,” *Health Science Reports* 6, no. 12 (2023): e1751, <https://doi.org/10.1002/hsr2.1751>.

²⁶Blandina Manditereza, “A Play-Based Intervention Framework for Childhood Language Development in War-Affected Children,” *Perspectives in Education* 43, no. 2 (2025): 20–36, https://hdl.handle.net/10520/ejc-persed_v43_n2_a3.

²⁷I. I. Tamimi, and Z. M. Rahbar, “Mental and Psychological Illnesses and Their Impact on Criminal Liability: A Jurisprudential Study,” *Al-Zaytoonah University of Jordan Journal for Human and Social Studies* 6, no. 3 (2025): 229–248, <https://doi.org/10.15849/ZJJHSS.251130.11>.

3. Methodology

This study employed content analysis and the comparative descriptive method to examine child protection in war from both Islamic law and global health organisation perspectives. The descriptive analytical method was applied to secondary sources including UNICEF manuals, WHO publications, tafsīr and hadith literature, legal studies, and psychological research. The comparative method then examined intersections and divergences between Islamic and global systems.

Primary religious sources comprised the Qur'ān, *Sunnah*, tafsīr works, and juristic writings. International sources included WHO, UNICEF, and UNHCR reports. Previous studies were systematically selected from Google Scholar, PubMed, and Arab databases, focusing on war's psychological impact on children.

One challenge was to identify appropriate comparative criteria: protection standards, psychological support, preservation of life, do-no-harm principles, and social reintegration. Global procedures were matched to each legal text. For example, the *Shari'a* principle of 'do not frighten the Muslim' was examined. Religious-based reassurance was compared with CBT methods.

The results were referred to the literature, such as Pynoos and Rassool. The theoretical reconstruction stage incorporated the findings into a practical approach that combined the *Shariah* with international standards, which is the main premise of the study. Five steps were used in the methodology: material collection, evaluation of materials, comparison of materials, connections with scientific literature, and development of the final model. No field testing was done.

4. Results

The study discovered that the story is far more complex than a simple juxtaposition of Islamic law and international health organisations. As we look into the details of the children's psychological situation and ask the crucial question, "What factors are the most effective in protecting children in a state of war?" The problem turns out to be more complicated, deeper, and more extensive than initially imagined. So, why one child comes out unharmed from devastation and displacement, while another experiences years of suffering? The immediate conclusion drawn was that terror is the basis of psychological experience and not just a psychological symptom. When a child hears bombs, sees blood, or when he sees his father afraid, his perception of danger and his understanding of life as being dangerous all the time are created. In this case, Islamic law is clear and no exception has been made for 'frightening a Muslim'; it is a general commandment.

If the principle of Islam doesn't permit frightening a small child with a joke, what about the real fear of war? This religious emphasis on avoiding fear is not just a religious jargon but is consistent with the latest theories on PTSD psychology and the 'human mind under threat' theory developed by eminent researchers such as Perry, who theorized that if a child feels extreme fear, their brain switches to primitive survival mode and they stop thinking or learning normally.²⁸

For instance, Punamäki's study on children in Gaza revealed that occasionally a child's body reacts to fear even if they are unable to communicate it. Their heart beats quickly, their sleep gets disrupted, and they begin to cry at night.²⁹ Here, the results of our investigation and earlier studies converge. In summary, fear is a physiological condition that overwhelms a child's body, mind, and

²⁸Bruce Perry, "Memories of Fear," in *Splintered Reflections*, ed. J. Goodwin and R. Attias (Washington, DC: Basic Books, 1999), 9–38.

²⁹Raija-Leena Punamäki, Kirsi Peltonen, Marwan Diab, and Samir R. Qouta, "How Family Relationships Predict the Effectiveness of a Psychosocial Group Intervention among War-Affected Children," *Journal on Education in Emergencies* 7, no. 2 (2021): 253–288, <https://doi.org/10.33682/004f-n6d4>.

conduct; it is not only an emotion.

The second point we need to discuss in depth is the role of the family. The study found the role of family as stronger than anticipated. What strengthens its role even more is that all previous studies—without exception—confirmed the existence of a huge role for the mother, in particular. For example, the study by Liel on children in Gaza stated that a mother who tries to calm her children during shelling—even if she is scared herself—significantly reduces the symptoms of anxiety in them.³⁰ Our study confirmed this when it found that a child with a mother's affectionate support or with a reassuring word from the father is able to cope with the situation better than a child whose parents are tense or distant. When we compare this with the stance of the *Sharī'a*, we find something truly important: Islam fundamentally established the family as a source of tranquility. It has a legal role in addition to a social one. The verse, “He made between you affection and mercy,” is not merely about the couple but the entire home. This is natural love that the child appreciates. If the house is bad, or the dad is busy, or the mom's stressed, the child would be psychologically affected more than anything else around him. The added value of the combination of the *Sharī'a* and science is apparent here; science provides techniques for therapy, while *Sharī'a* provides the basis for emotional security.

4.1 Aspects of a Safe Environment

When global health organisations work on ‘child-friendly spaces,’ their primary objective is to provide children with safe environments in a place where they do not feel danger. This has been demonstrated through many studies, such as the UNICEF (2018) study on the Lebanese and Jordanian camps, which showed that a child who spends one hour a day in a safe centre begins to feel that life has a stable part that has not changed despite the war. This sense of stability is very important for the child because it sends them the following message, ‘There is still order; there is still a world that is not chaos.’ This is what Islamic law says is important when it tells us that we should regulate a child's life and organise their time so that they live in an emotional and environmental environment that is not chaotic.

Spiritual support and its effect on children are the aspects this study explored. This is one of the more complicated issues in that it has to do with the interplay of psychology and religion. According to recent studies, both methods have a similar goal—calming the child's nervous system. The parasympathetic nervous system is triggered, heart rates drop, and stress hormones are decreased when a youngster hears the sound of the Quran, a prayer, or even just kind words. This is not a new discovery, as shown by Canessa-Pollard et al. on the effect of recitations and relaxing sounds on breathing rates among children.³¹ This is an example of the therapeutic tools that Islamic law prescribes, under the banner of peace and recollection, but without calling them ‘psychological medicine.’

Let's be real, spiritual support is not enough on its own. This is an important fact. Professional technical treatment, such as CBT, EMDR, or play therapy, is necessary for a child who witnessed a bombing, lost their father, or saw a body. Studies conducted all across the world, such as Smith's (2019), demonstrate that play therapy helps children who are unable to communicate or describe what happened to express their pain. This is where contemporary science comes in. Islam does not have any such therapeutic approaches, but there is considerable familial and spiritual support to be

³⁰Liel, *Experience of Palestinian Children Facing Traumatic Events*.

³¹Valentina Canessa-Pollard, Andrey Anikin, and David Reby, “Chants across Seven Traditions Share Acoustic Traits That Enhance Subjective Relaxation,” *Proceedings of the National Academy of Sciences* 122, no. 35 (2025): e2506480122, <https://doi.org/10.1073/pnas.2506480122>.

found. So, the optimal model is created when both approaches are used together.³²

Cognitive Behavioural Therapy or CBT is not just a ‘therapy session,’ as children learn to interpret anxiety (and change their thinking) effectively. If a toddler hears a loud bang, for example, his brain says “We’re going to die.” He learns via CBT that the sound isn’t necessarily dangerous. This is very important, as this child would have a lot of stress throughout their life if they think that every loud sound is threatening.

Al-Sharif’s (2021) research on Yemeni youngsters revealed that following CBT sessions, children could tell the difference between actual threat and illusion. CBT and Islamic law have a different relationship: Islam provides the principles of ‘having a good opinion of God,’ ‘not succumbing to fear,’ and ‘with hardship comes ease.’³³ All of these are principles that work at the level of cognition, showing that the children’s mind learns to reinterpret events. In other words, Islam provides the foundation and modern science provides the tools.

4.2 Integration of *Sharī’a* and Science

The Arab and Muslim children live within a specific cultural and religious context. They are shaped by their cultural, religious, and social environments. If we try to give them a completely western treatment without adapting it to their culture, they would feel that the treatment is foreign to him. This is what causes problems in many support centres for Arab children in Europe, as explained by Alli (2025), who stated that Arab children did not engage with the therapy unless elements from their religion and culture were incorporated in it.³⁴ On the other hand, relying solely on the spiritual aspect causes the children to suppress the trauma and not address it, since the spirit calms down but the images remain inside.

Consequently, children have two fundamental needs: spiritual needs (requiring religion and reassurance) and psychological needs (requiring therapeutic interventions and coping strategies). Hence, the role of the dual model proposed by the current study, which few Arab studies have worked on in such depth. There is another significant point that needs to be discussed, which is the varying impact of war on children. Not all children are affected in the same way. Our study found that a child with a strong family, spiritual support, a safe centre, and psychological treatment has a significant chance of returning to normal. However, children who lose family members, are displaced alone, or lack a supportive environment, are affected many times more. This was confirmed by the study Syrian Refugee Mental Health (2019), which stated that the most affected children were those who lost one of their parents.³⁵ When we compare this with Islamic law, we find that Islam emphasizes that an orphaned child has special rights and must be given extra care because their sense of insecurity is greater.

³²Craufurd Smith Rachael, “The UNESCO Convention on the Protection and Promotion of the Diversity of Cultural Expressions: Building a New World Information and Communication Order?” in *Cultural Heritage Rights*, ed. Anthony J. Connolly (Routledge, 2017), 471–502, <https://doi.org/10.4324/9781315258737-20>.

³³Pamela A. Hays, and Nuha Abudabbbeh, “Cognitive Behavior Therapy with People of Arab Heritage,” in *Culturally Responsive Cognitive Behavior Therapy: Practice and Supervision*, 2nd ed., ed. G. Y. Iwamasa and P. A. Hays (Washington, DC: American Psychological Association, 2019), 183–207, <https://doi.org/10.1037/0000119-008>.

³⁴Nurudeen Alli Kawthar, “Staying on the Fitrah: Constructing a Model of How Muslim Therapists Use an Islamically Integrative Approach with Young Muslim Children,” (PhD diss., University of Manchester, 2025), <https://search.proquest.com/openview/bab8e36cc4de04cf6f56d3f4e623d889/1?pq-origsite=gscholar&cbl=2026366&diss=y>.

³⁵Kliwer et al., “Trauma Exposure and Post-Traumatic Stress Symptoms,” 199–207.

The present study showed that the effects of war do not end with the end of the war. The children who witness their house being destroyed or someone being killed might continue to remember the scene as they grow up. This was evident in the Iraqi trauma (2018) study which followed children who lived through the Iraq War for ten years and found that some of them continued to suffer from flashbacks and nightmares even after the ten-year period.³⁶ It highlights the importance of treatment and integration with the Sharī'a, where the treatment matches the trauma and the Sharī'a acts as a long-term solution.

We reach an important conclusion: a child exposed to conflict needs to be healed and extensively rehabilitated psychosocially. He needs play, a time schedule, school, and people around him. This was reiterated in the study by UNICEF (Education in Emergencies, 2020) which asserted that school is not just about learning but also a vital part of psychological treatment. Education and nurturing of children is an important part of Islamic law. Here, we see integration once again.

To put it simply, the long discussion makes clear that the results are not in isolation, nor are they new, but they are embodied in a huge system of legal evidence, field studies, global organisational experiments, and psychological theories. The uniqueness of our study is that we have been able to bring all these together in one thread and create a model: faith, safety, treatment, family support, education, and resilience are some of the factors that protect children's well-being during war.

4.3. Implications

Family centrality: Families should be at the heart of all child protection activities. If the parents are psychologically ill, then the treatment sessions do not suffice. It is important that parents are addressed in the assistance programs alongside children.

Religious institutions: The spiritual dimension is important for Arab and Muslim children but remains underrepresented in international programs. Children's emotional health can be directly promoted by religious institutions, teachers, and mosques.

During crises, education is a key therapeutic intervention, since schools are therapeutic spaces. Children's mental health worsens for those who do not have the care and support of a school.

Cultural adaptation: Programs need to be culturally adapted to the culture of Arab children in international contexts. Religion, culture, and scientific therapy are more effective in combination.

National security: Children's mental health constitutes a national security issue, not a luxury. Children who grow up in fear are not able to become stable adults, thus perpetuate trauma in the community.

4.4. Recommendations

An integrated approach of religious and modern therapeutic treatment should be developed, such as an Islamic Psychological Treatment Guide for war-affected children, which may include the Quran, play therapy, family support, CBT, and teacher training. Mothers should play a key role in every program and specialist classes should be delivered on calming children, handling panic, how to communicate during fear, and how to reduce stress.

Safe spaces need to be set up in all conflict zones, staffed with specialists and culturally-based guides to deliver the necessary therapy. Teacher training is essential because school is a place of

³⁶Maria Magdalena Llabre and Fawzyiah Hadi, "War-Related Exposure and Psychological Distress as Predictors of Health and Sleep: A Longitudinal Study of Kuwaiti Children," *Psychosomatic Medicine* 71, no. 7 (2009): 776–784, <https://doi.org/10.1097/PSY.0b013e3181ac6aee>.

refuge. Skilled teachers are a part of the solution, not the problem. In order for psychological treatments to be culturally adapted, spiritual aspects, family values, language, and customs must be incorporated in these treatments.

The governments of Arab countries should incorporate the issue of the mental health of children into their national emergency plans and should offer them ‘psychological first aid’ during emergencies. Further, long-term monitoring from childhood to adolescence is needed, as trauma can emerge later and pose major social and psychological issues.

5. Conclusion

The study revealed that child protection in wartime is a multifaceted issue that needs multifaceted solutions. Children have a unique way of experiencing conflict and fear is felt in their whole being. Even if a brief spell of protection loss occurs, it leaves psychological scars that may last a lifetime. In Islamic law, there are no terms to describe the state of malnourished children, but it offers a strong framework for child protection to prevent children from being frightened, to encourage kindness, and to recognize mothers as symbols of protection. There are therapeutic strategies that can be implemented, such as play therapy, cognitive-behavioral therapy, and safe spaces, all of which are offered by global organisations working in the field of global health. The best solution is a combination of both systems. A combination of psychological, emotional, and spiritual support is much more effective with children than relying on one approach. Most importantly, the child is not just a victim: even children who have suffered from war can learn to smile, play, and dream again if they are given the proper care. This provides a ray of hope for child protection in conflict, as coordinated and comprehensive action is possible.

Author Contribution

Mohammad Abdullah AlTawallbeh: conceptualization, methodology, investigation, formal analysis, data curation, writing – original draft. **Mahmoud Ali Rababah:** writing – original draft, writing – review & editing, validation, supervision. **Maha Ahmad Alsamhori:** writing – review & editing; validation.

Conflict of Interest

The authors of the manuscript have no financial or non-financial conflict of interest in the subject matter or materials discussed in this manuscript.

Data Availability Statement

Data supporting the findings of this study will be made available by the corresponding author upon request.

Funding Details

No funding has been received for this research.

Generative AI Disclosure Statement

The authors did not use any type of generative artificial intelligence software for this research.

Bibliography

- Alajlouni, Abdelmahdi Moh’d Said A., Osama Adnan Eid Al Ghneimin, Natheir Nabeel Alsharayri, Zakariya Salameh Shatnawi, and Mahmoud Ali Rababah. “The Role of Language in Juristic Preference (Tarjīh) through the Interpretation of ‘Anwar Al-Tanzil’ and ‘Asrar Al-Ta’wil.’” *Forum for Linguistic Studies* 7, no. 7 (2025): 1085–1095. <https://doi.org/10.30564/fls.v7i7.9385>.
- Alli, Kawthar Nurudeen. “Staying on the Fitrah: Constructing a Model of How Muslim Therapists Use an Islamically Integrative Approach with Young Muslim Children.” PhD diss., University of Manchester, 2025. <https://search.proquest.com/openview/bab8e36cc4de04cf6f56>

[d3f4e623d889/1?pq-origsite=gscholar&cbl=2026366&diss=y.](https://doi.org/10.1177/13591053251339293)

- Alnamrouti, Elham Ayoub., Malakeh Z. Malak, and Anas Shehadeh. "Psychological Well-Being, Spiritual Well-Being, and Health-Related Quality of Life among Patients with Coronary Artery Disease in Jordan." *Journal of Health Psychology* 31, no. 2 (2026): 625–642. <https://doi.org/10.1177/13591053251339293>.
- Altuwairqi, Yasir Awadh, May Ahmed Abdulaziz, Mishaal Khaled Aburass, Mohammed Mahmoud Johari, Saja Abdulaziz Alotaibi, Hatun Saad Alharthi, and Jory Adham Khojah. "The Influence of Islamic Religious Rituals on Psychological Health in Saudi Arabia." *Scholars Journal of Arts, Humanities and Social Sciences* 12, no. 3 (2024): 100–109. <https://doi.org/10.36347/sjahss.2024.v12i03.003>.
- Amāyirah, ‘Āṭif Muḥammad Sa’īd. "Al-Huqūq al-Ijrā’iyyah lil-Aḥdāth al-Jāniḥīn Khilāl Marḥalat al-Muḥākamah: Dirāsah Muqāranah fī al-Tashrī‘āt al-Waṭaniyyah wa-al-Mawāthīq al-Duwalīyyah" [The Procedural Rights of Juvenile Offenders during the Trial Stage: A Comparative Study in National Legislations and International Charters]. *Al-Zaytoonah University of Jordan Journal for Legal Studies* 4, no. 2 (2023). <https://doi.org/10.15849/ZUJLS.230730.12>.
- Bensaid, Benaouda. "An Overview of Muslim Spiritual Parenting." *Religions* 12, no. 12 (2021): 1057. <https://doi.org/10.3390/rel12121057>.
- Bıdık, Gizem., and Fatma Nevin Sisman. "School-Based Mental Health Programs for Improving Psychosocial Well-Being in Children and Adolescents: Systematic Review." *Journal of Psychiatric Nursing* 12, no. 4 (2021): 350–361.
- Canessa-Pollard, Valentina., Andrey Anikin, and David Reby. "Chants across Seven Traditions Share Acoustic Traits That Enhance Subjective Relaxation." *Proceedings of the National Academy of Sciences* 122, no. 35 (2025): e2506480122. <https://doi.org/10.1073/pnas.2506480122>.
- Clark, Helen., Awa Marie Coll-Seck, Anshu Banerjee, Stefan Peterson, Sarah L. Dalglish, Shanthi Ameratunga, Dina Balabanova, et al. "A Future for the World’s Children? A WHO–UNICEF–Lancet Commission." *The Lancet* 395, no. 10224 (2020): 605–658.
- Al-Hadethe, Ashraf., Nigel Hunt, Shirley Thomas, and Abdulgaffar Al-Qaysi. "Prevalence of Traumatic Events and PTSD Symptoms among Secondary School Students in Baghdad." *European Journal of Psychotraumatology* 5, no. 1 (2014): e23928. <https://doi.org/10.3402/ejpt.v5.23928>.
- Hays, Pamela A., and Nuha Abudabbbeh. "Cognitive Behavior Therapy with People of Arab Heritage." In *Culturally Responsive Cognitive Behavior Therapy: Practice and Supervision*, 2nd ed., edited by G. Y. Iwamasa and P. A. Hays, 183–207. Washington, DC: American Psychological Association, 2019. <https://doi.org/10.1037/0000119-008>.
- Hazer, Livia., and Gustaf Gredebäck. "The Effects of War, Displacement, and Trauma on Child Development." *Humanities and Social Sciences Communications* 10, no. 1 (2023): 1–19. <https://doi.org/10.1057/s41599-023-02438-8>.
- Humble, Jaxon J., Nathan L. Summers, Victor Villarreal, Kara M. Styck, Jeremy R. Sullivan, Joseph M. Hechler, and Blaire S. Warren. "Child-Centered Play Therapy for Youths Who Have Experienced Trauma: A Systematic Literature Review." *Journal of Child & Adolescent Trauma* 12, no. 3 (2019): 365–375.
- Joshi, Paramjit T., and Deborah A. O’Donnell. "Consequences of Child Exposure to War and

- Terrorism.” *Clinical Child and Family Psychology Review* 6, no. 4 (2003): 275–292. <https://doi.org/10.1023/B:CCFP.0000006294.88201.68>.
- Kaddum, Mahmud Mohammad., Mahmoud Mohammad Darabseh, Mahmoud Ali Rababah, Baker Mohammad Bani-Khair, Luqman Mahmoud Rababah, Emran Mohammad Rababa, Nezar Yaseen Rababah, and Mohamadou Aboubacar Maiga. “Sufism as a Divine Method: Abd Al-Salam Yassin’s Poetry as a Model.” *Dirasat: Human and Social Sciences* 53, no. 4 (2026): e7276. <https://doi.org/10.35516/Hum.2026.7276>.
- Khan, Rafiyah. *A Continuum of Violence against Forcibly Displaced Children: A Qualitative Multi-Method Study*. PhD diss., University of Birmingham, 2024. <https://etheses.bham.ac.uk/id/eprint/14903/>.
- Kliwer, Wendy., Khalid A. Kheirallah, Caroline O. Cobb, Jomana W. Alsulaiman, Fawaz Mzayek, and Hashem Jaddou. “Trauma Exposure and Post-Traumatic Stress Symptoms among Syrian Refugee Youth in Jordan: Social Support and Gender as Moderators.” *International Journal of Psychology* 56, no. 2 (2021): 199–207. <https://doi.org/10.1002/ijop.12695>.
- Liel, Farid Abu. *The Experience of Palestinian Children Facing Traumatic Events: The Case of a Village under Military Occupation*. PhD diss., An-Najah National University, 2016. <https://repository.najah.edu/handle/20.500.11888/6833>.
- Llabre, Maria Magdalena., and Fawzyiah Hadi. “War-Related Exposure and Psychological Distress as Predictors of Health and Sleep: A Longitudinal Study of Kuwaiti Children.” *Psychosomatic Medicine* 71, no. 7 (2009): 776–783. <https://doi.org/10.1097/PSY.0b013e3181ae6aee>.
- Al Louzi, Salah., and Hamoud Olmat. “An Outlook on Services to Children: Jordan.” In *Social Work in the Middle East*, edited by Hussein Hassan Soliman, 81–94. Routledge, 2013. <https://doi.org/10.4324/9780203070420-5>.
- Majid, Monis Abdul. “A Tripartite Framework for Disciplining Children: Integrating Ibn Miskawaih, Al-Ghazālī and Modern Psychological Thought.” *Itesaal–Journal of Connecting Discourses* 2, no. 1 (2025): 49–62. <https://doi.org/10.64984/ijcd.2.1.2025.04>.
- Malak, Malakeh Z., Anas Shehadeh, Ahmad Ayed, and Loai Abu Sharour. “Quality of Life and Its Association with Spiritual Well-Being among Jordanian Muslim Patients with Chronic Kidney Disease Undergoing Hemodialysis: A Cross-Sectional Study.” *Journal of Health Psychology* 31, no. 7 (2026): 2690–2704. <https://doi.org/10.1177/13591053251392566>.
- Manditereza, Blandina. “A Play-Based Intervention Framework for Childhood Language Development in War-Affected Children.” *Perspectives in Education* 43, no. 2 (2025): 20–36. https://hdl.handle.net/10520/ejc-persed_v43_n2_a3.
- Moody-Pugh, Jemma., Kate Renshaw, and Judi Parson. “Exploring Play-Based Interventions with War-Affected Children: A Scoping Review.” *The Arts in Psychotherapy* 95 (2025): e102337. <https://doi.org/10.1016/j.aip.2025.102337>.
- Moulaci, Khadijeh., Ali-Akbar Haghdoost, Kambiz Bahaadinbeigy, and Fatemeh Dinari. “The Effect of the Holy Quran Recitation and Listening on Anxiety, Stress, and Depression: A Scoping Review on Outcomes.” *Health Science Reports* 6, no. 12 (2023): e1751. <https://doi.org/10.1002/hsr2.1751>.
- Perry, Bruce. “Memories of Fear.” In *Splintered Reflections*, edited by J. Goodwin and R. Attias, 9–38. Washington, DC: Basic Books, 1999.
- Punamäki, Raija-Leena., Kirsi Peltonen, Marwan Diab, and Samir R. Qouta. “How Family

- Relationships Predict the Effectiveness of a Psychosocial Group Intervention among War-Affected Children.” *Journal on Education in Emergencies* 7, no. 2 (2021): 253–288. <https://doi.org/10.33682/004f-n6d4>.
- Pynoos, Robert S., Alan M. Steinberg, and John C. Piacentini. “A Developmental Psychopathology Model of Childhood Traumatic Stress and Intersection with Anxiety Disorders.” *Biological Psychiatry* 46, no. 11 (1999): 1542–1554. [https://doi.org/10.1016/S0006-3223\(99\)00262-0](https://doi.org/10.1016/S0006-3223(99)00262-0).
- Rassool, G. Hussein. *Exploring the Intersection of Islāmic Spirituality and Psychotherapy*. Cham: Springer, 2024. <https://doi.org/10.1007/978-3-031-72724-5>.
- Robledo, Juan-Pablo., Ian Cross, Luisa Boada-Bayona, and Nadine Demogeot. “Back to Basics: A Re-Evaluation of the Relevance of Imprinting in the Genesis of Bowlby’s Attachment Theory.” *Frontiers in Psychology* 13 (2022): e1033746. <https://doi.org/10.3389/fpsyg.2022.1033746>.
- Rachael Craufurd Smith. “The UNESCO Convention on the Protection and Promotion of the Diversity of Cultural Expressions: Building a New World Information and Communication Order?” In *Cultural Heritage Rights*, edited by Anthony J. Connolly, 471–502. Routledge, 2017. <https://doi.org/10.4324/9781315258737-20>.
- Taha, Amira Mohamed, Cameron Sabet, Sarah A. Nada, Samer Abuzerr, and Dang Nguyen. “Addressing the Mental Health Crisis Among Children in Gaza.” *The Lancet Psychiatry* 11, no. 4 (2024): 249–250. [https://doi.org/10.1016/S2215-0366\(24\)00036-1](https://doi.org/10.1016/S2215-0366(24)00036-1).
- Tamimi, I. I., and Z. M. Rahbar. “Mental and Psychological Illnesses and Their Impact on Criminal Liability: A Jurisprudential Study.” *Al-Zaytoonah University of Jordan Journal for Human and Social Studies* 6, no. 3 (2025): 229–248. <https://doi.org/10.15849/ZJJHSS.251130.11>.
- Veterník, Marcel., Ingrid Tonhajzerová, Jakub Míšek, Viera Jakušová, Henrieta Hudečková, and Ján Jakuš. “The Impact of Sound Exposure on Heart Rate Variability in Adolescent Students.” *Physiological Research* 67, no. 5 (2018): 695–702. <https://doi.org/10.33549/physiolres.933882>.
- World Health Organization. *Global Case for Support—UNICEF and WHO Joint Programme on Mental Health and Psychosocial Well-Being and Development of Children and Adolescents*. Geneva: World Health Organization, 2022. <https://books.google.com/books?id=nl-qEAAAQBAJ>.
- Yogman, Michael, Andrew Garner., Jeffrey Hutchinson, Kathy Hirsh-Pasek, and Roberta Michnick Golinkoff. “The Power of Play: A Pediatric Role in Enhancing Development in Young Children.” *Pediatrics* 142, no. 3 (2018): e20182058. <https://doi.org/10.1542/peds.2018-2058>.
- Zaki, Muhammad. “Integrating Islamic Teachings into School Counselling: Bridging Spiritual and Educational Guidance.” *Ittesaal—Journal of Connecting Discourses* 1, no. 2 (2024): 86–105. <https://doi.org/10.64984/ijcd.1.2.2024.05>.