

The Role of Psychological Counseling in Mitigating Psychological Harm Among Orphans: A Field Study at the Arab Orphan Home Association in Tulkarm Governorate from the Perspective of Resident Beneficiaries During Emergencies and Crises

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Abstract: This study examines the effectiveness of psychological counseling for orphaned children living in institutional care during times of crisis. The research aimed to explore how children themselves perceive the role and impact of counseling in supporting their psychological well-being. A descriptive-analytical approach was applied to a purposive sample of 30 children residing at the Arab Orphan Home Association in Tulkarm Governorate. Data were collected through a structured questionnaire addressing three main domains: psychological support, reduction of psychological harm, and the effectiveness of crisis response strategies. The results revealed a strong appreciation for the role of counselors among the participants, with a statistically significant correlation between length of stay and positive evaluation, as children who had lived in the institution for more than five years reported more favorable experiences. The findings highlight the importance of stable counselor-child relationships, the need for specialized training in crisis intervention, and the active participation of children in designing psychological support programs to ensure their relevance and impact.

Keywords: psychological counseling; orphaned children; institutional care; psychological harm; crisis intervention.

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1- Introduction

Psychological counseling constitutes a foundation pillar in supporting individuals confronting adversity, having evolved from traditional communal roles that historically reinforced social cohesion and psychological well-being (Corey, 2015). It delivers essential emotional, cognitive, and behavioral interventions, particularly during periods of crisis, thereby enhancing psychological resilience and mitigating the onset of mental health disorders (Al-Sharif, 2022). Orphanhood, as a profound psychosocial deprivation, strips children of critical parental nurturing indispensable for the development of personality, self-concept, and interpersonal efficacy (Al-Otaibi, 2020). Amidst accelerating societal transformations and instability, the family unit remains central to facilitating psychological and social adaptation (Bowlby, 1982).

Counseling services tailored for orphaned children seek to promote their reintegration into society as constructive and empowered individuals. However, the efficacy of institutional interventions is contingent upon a constellation of structural, psychosocial, and contextual determinants (Al-Wadai, 2021). Practitioners employ evidence-based techniques such as active listening, emotional containment, and stress modulation to fortify adaptive functioning (Morsi, 2023). In conflict-affected contexts such as Palestine, counselors assume a pivotal role in delivering trauma-informed care, alleviating anxiety, and cultivating context-sensitive coping strategies in response to acute psychological distress (UNICEF, 2024). Specifically, in the Tulkarm Governorate—characterized by persistent crises—psychological counseling emerges as a strategic mental health intervention aligned with international humanitarian mental health frameworks (Inter-Agency Standing Committee, 2007).

1.1-Study Problem:

Addressing Psychosocial Vulnerabilities in Orphaned Populations During Crises
Orphaned children represent a particularly vulnerable demographic, frequently exposed to profound psychological trauma. This vulnerability often manifests as chronic loneliness, social isolation, and compromised adaptive functioning, issues that are significantly exacerbated during emergencies and crises (Hermenau et al., 2011). Such critical events intensify emotional distress, underscoring the urgent need for targeted psychosocial interventions. In conflict-affected regions, such as Palestine, these inherent challenges are further compounded by pervasive unstable living conditions and severely restricted access to consistent psychosocial support services. This environmental instability creates a complex interplay of factors that heighten the psychological burden on orphaned populations. Recent data from Tulkarm Governorate (2024) highlight the pressing nature of this issue. The Arab Orphan Home Association, a key care provider in the region, currently accommodates 35 resident orphans, comprising 24 males and 11 females. A significant proportion of these residents exhibit psychological symptoms (64%), with a substantial majority (77%) already receiving formal counseling services (Palestinian Central Bureau of Statistics, 2024). Despite the provision of these crucial services, a notable lacuna exists in the current understanding of how beneficiaries themselves perceive the efficacy and impact of psychological counseling, particularly within the context of ongoing crises. This knowledge gap impedes the optimization of support mechanisms and the development of more responsive interventions.

This study aims to bridge this critical gap by undertaking an in-depth exploration of the lived experiences of resident orphans. Furthermore, it seeks to rigorously evaluate the extent to which psychological counseling interventions contribute to both emotional stabilization and the enhancement of adaptive functioning among this vulnerable group. The overarching research inquiry guiding this investigation is: What is the perceived role of psychological

counseling in mitigating psychological harm among orphans during emergencies and crises, as articulated by resident beneficiaries at the Arab Orphan Home Association in Tulkarm Governorate?

1.2-Study Significance:

Theoretical Significance

This study advances psychological research by examining counseling's role in mitigating crisis-related psychological harm among orphans, a relatively underexplored area. It contributes to the literature by highlighting the therapeutic value of counseling in humanitarian contexts (Salama, 2023). Additionally, it elucidates adaptive functions and structural challenges within orphan care institutions, providing insights into trauma response and harm reduction strategies (Tetzlaff et al., 2022). By focusing on a conflict-affected region, the study lays the groundwork for future research on the psychosocial needs of orphaned children in crisis zones, informing both theory and practice in mental health and child protection (UNICEF, 2024).

Applied Significance

Centering on the experiences of orphans in Tulkarm, this study proposes targeted psychological interventions to mitigate the adverse mental health effects of crises. These interventions aim to enhance the quality and responsiveness of psychological care in institutional settings (Jit, 2023). The findings are expected to guide programmatic development within the Arab Orphan Home Association, equipping administrators with evidence-based strategies for effective planning and response to psychological and social emergencies (Al-Dirawi, 2020). Moreover, the study's recommendations align with global best practices in orphan care, strengthening local institutions' capacity to implement contextually adapted psychological support models (Pau et al., 2020).

1.3-Study Objectives:

1. To elucidate the role of psychological counseling in alleviating psychological distress among orphans during emergencies, with an emphasis on its therapeutic and adaptive functions.
2. To investigate variations in the perceptions of resident beneficiaries regarding psychological counseling, as influenced by demographic factors such as gender, age, and duration of residency.
3. To produce evidence-based findings that will guide the development of psychological intervention programs within orphan care institutions.
4. To offer practical recommendations that are rooted in local contexts and aligned with international best practices to enhance psychological support frameworks for orphaned children during crises.

1.4-Research Questions:

1. What is the perceived role of psychological counseling in alleviating psychological distress among children residing at the Arab Orphan Home Association during crises and emergencies?
2. Are there statistically significant differences ($\alpha \leq 0.05$) in the perceptions of resident beneficiaries regarding the role of psychological counseling during crises, attributable to gender, age, or length of stay?

1.4-Hypotheses of the Study:

1. There are no statistically significant differences ($\alpha \leq 0.05$) in the perceptions of resident beneficiaries regarding the effectiveness of psychological counseling in mitigating psychological harm, based on gender.
2. There are no statistically significant differences ($\alpha \leq 0.05$) in the perceptions of resident beneficiaries regarding the effectiveness of psychological counseling, based on age.
3. There are no statistically significant differences ($\alpha \leq 0.05$) in the perceptions of resident beneficiaries regarding the effectiveness of psychological counseling, based on duration of stay.

1.5-Limitations of the Study:

1. **Temporal Limitation:** The study was conducted during the second semester of the 2024/2025 academic year.
2. **Spatial Limitation:** The research is confined to the Arab Orphan Home Association in Tulkarm Governorate.
3. **Human Limitation:** The focus is on residents aged 6–18 years.

1.6-Key Terms of the Study:

-Psychological Counseling

- A structured process aimed at enhancing individuals' understanding of themselves and improving their quality of life (Corey, 2015; Al-Sharif, 2022).
- **Procedural Definition:** Techniques and practices employed by counselors to support orphans in addressing psychological and social challenges within institutional care.

- Counselor

- A trained specialist providing emotional and psychological support to vulnerable populations, particularly trauma-exposed children (Al-Otaibi, 2023).
- **Procedural Definition:** A qualified professional at the Arab Orphan Home Association supporting orphans in managing psychological and social difficulties.

- Psychological Harm

- Negative mental and emotional consequences of traumatic experiences (Morsi, 2023; van der Kolk, 2014).
- **Procedural Definition:** Psychological impacts affecting orphans' emotional well-being, relationships, and social adjustment within institutional settings.

- Resident Beneficiaries

- Orphans receiving care and services in institutional settings to meet developmental and psychosocial needs (Mousa, 2023; Tetzlaff et al., 2022).
- **Procedural Definition:** Children aged 6–18 residing at the Arab Orphan Home Association.

- Emergencies and Crises

- Sudden, disruptive events requiring immediate response, significantly impacting individuals or communities (Al-Wadai, 2021; Yinghua, 2022).
- **Procedural Definition:** Situational obstacles, such as conflict or displacement, hindering orphans' psychological and social development.

- Arab Orphan Home

- A care institution established in 1961 to provide comprehensive services for orphans in Tulkarm (Arab Orphan Home Tulkarm, 2024).
- **Procedural Definition:** A facility offering psychological, educational, and social support to resident orphans during emergencies.

Psychological Harm and Its Impact on Orphaned Children:

Psychological harm refers to the profound emotional, cognitive, and behavioral sequelae of trauma, which frequently manifest as anxiety disorders, depressive symptoms, and pervasive social dysfunction (van der Kolk, 2014; Morsi, 2023). Orphans in custodial care settings face exacerbated vulnerabilities due to the absence of primary familial support systems, rendering them particularly susceptible to adverse psychological outcomes during crisis events (Tetzlaff et al., 2022). Targeted counseling serves to ameliorate these effects by delivering robust stress management techniques and aiding in the reconstruction of self-esteem and self-efficacy. A recent meta-analysis by Camargo et al. (2025) corroborates that higher resilience levels significantly attenuate the risk of developing Post-Traumatic Stress Disorder (PTSD), with age and trauma typology identified as salient moderating variables.

Emergencies and Crises: Psychological Implications for Orphans:

Emergency situations, including armed conflict and forced displacement, impose severe psychological distress on orphaned children, a situation compounded by the dissolution of traditional support networks (Al-Wadai, 2021; Yinghua, 2022). In specific contexts such as Tulkarm, ongoing local conflicts present a substantial threat to the psychological stability of orphans (Arab Orphan Home Tulkarm, 2024). Within these precarious environments, psychological counseling emerges as an indispensable strategic intervention to cultivate resilience and preserve mental health integrity.

1.7-Previous Studies:

- Matshepete et al. (2025): A qualitative inquiry conducted in South Africa emphasized the role of psychosocial support for orphans; however, it cited structural implementation barriers and a notable methodological limitation: the absence of direct child participatory perspectives.
- Salama (2023): Identified a positive perceived institutional role in crisis management (73.81%), with significant variances attributed to gender and professional experience. The study's focus was restricted to staff viewpoints, omitting the beneficiary cohort.
- Jit (2023): Reported a moderate level of counseling service efficacy during the COVID-19 pandemic, with differential outcomes favoring female counselors. Similar to others, this research did not incorporate the direct voices of children.
- Al-Sakarna (2021): Documented a moderate degree of crisis awareness among institutional staff, with disparities linked to demographic factors. The research did not extend to include the perspectives of the children under care.
- Al-Dirawi (2020): Established a positive correlation between strategic planning initiatives and the quality of institutional crisis response, though the analysis was confined to administrative perspectives.

- Abu Al-Basal (2020): Assessed counselor competencies as moderate, with experience serving as a differentiating factor. A fundamental limitation was the exclusion of child-centric feedback.
- Al-Asmi (2020): Reported a moderate impact of counseling within educational milieus, focusing primarily on the perceptions of practitioners rather than recipients.
- Tetzlaff et al. (2022): Advocated for the imperative of adaptive psychological support frameworks in crisis scenarios, a finding that exhibits strong congruence with the objectives of the present study.
- Al-Qalli (2022): Found counseling competencies to be above average, with experience again being a significant variable. The study maintained a provider-oriented lens.
- Lasater et al. (2021): Argued persuasively for the development of responsive counseling models in emergencies; nonetheless, the research lacked empirical data derived from child participants.
- Pau et al. (2020): Highlighted the significant role of counseling in trauma symptom reduction, providing substantiating evidence for hypotheses concerning psychological harm mitigation.

Commentary on Previous Studies:

A critical synthesis of the preceding literature reveals a substantive body of knowledge concerning institutional crisis management and the perceived efficacy of counseling interventions. However, a conspicuous methodological gap persists across these studies: a predominant reliance on the perspectives of caregivers, administrators, and practitioners, thereby marginalizing the first-hand experiences of the orphaned children themselves. This oversight is significant, as it privileges institutional and provider-centric viewpoints over the subjective, lived realities of the intended beneficiaries of these support services.

Consequently, while existing research offers valuable insights into structural challenges and professional competencies, it fails to adequately capture whether these interventions are genuinely responsive to the children's unique psychological needs and perceptions, particularly within the heightened vulnerability of a crisis context. This study directly addresses this empirical lacuna by centering the voices of resident orphans. It aims to conduct a nuanced analysis of how key demographic variables—such as age, gender, and length of residency—mediate and shape their perceptions of the psychological support received, thereby contributing a critical, child-centered dimension to the discourse on effective trauma-informed care in institutional settings.

2- Method and Tools:

2.1-Research Design:

The study adopted a descriptive-analytical approach in its quantitative form, suitable for examining perceptions and identifying statistical patterns (Creswell, 2014).

2.2-Study Population:

The population comprised all 48 resident children (males and females) at the Arab Orphan Home Association in Tulkarm Governorate, as reported in 2024.

2.3-Study Sample:

A comprehensive survey method yielded a sample of 30 children (75% of the population), deemed methodologically sound for descriptive studies (Sekaran & Bougie,

2016). Age categories (under 10, 10–15, over 15) were based on developmental psychology literature (Piaget, 1972; Erikson, 1980).

Table (1): Distribution of Study Sample by Independent Variables (n = 30)

Independent Variable	Category	Frequency	Percentage (%)
Gender	Male	19	63.3
	Female	11	36.7
	Total	30	100
Age Group	Under 10 years	6	20.0
	10–15 years	20	66.7
	Over 15 years	4	13.3
	Total	30	100
Duration of Stay	Less than 2 years	10	33.3
	2–5 years	9	30.0
	More than 5 years	11	36.7
	Total	30	100

2.4-Study Instrument:

Following a review of validated instruments, a customized questionnaire was developed to assess the perceived role of psychological counseling in mitigating harm during crises.

- **Section One:** Collected demographic data (gender, age group, duration of stay).
- **Section Two:** Included 30 items across three domains, as shown in Table (2).

Table (2): Distribution of Questionnaire Items Across Domains

Domain	Item Numbers	Number of Items
Role of the Psychological Counselor	1–10	10
Mitigation of Psychological Harm	11–20	10
Emergencies and Crisis Contexts	21–30	10
Total	—	30

The questionnaire used a five-point Likert scale (Strongly Agree = 5, Agree = 4, Neutral = 3, Disagree = 2, Strongly Disagree = 1). The maximum score was 150 (5×30), and the minimum was 30.

Instrument Validity

- **Face Validity:** Administered to six resident children, confirming item clarity and appropriateness.
- **Content Validity:** Reviewed by five experts in psychological counseling, educational psychology, and measurement, with revisions made to enhance clarity and alignment.

Instrument Reliability

Cronbach's Alpha was calculated to assess internal consistency, as shown in Table (3).

Table (3): Cronbach's Alpha Reliability Coefficients

Dimension	Number of Items	Cronbach's Alpha
Role of the Psychological Counselor	10	0.893
Mitigation of Psychological Harm	10	0.918
Emergencies and Crisis Contexts	10	0.887

The coefficients (0.887–0.918) indicate high internal consistency, exceeding the acceptable threshold of 0.60 (Nunnally & Bernstein, 1994).

Study Procedures:

1. Collected secondary data to establish the theoretical framework.
2. Finalized the questionnaire after validation and reliability testing, then distributed it to the sample.
3. Compiled and processed responses using statistical software.
4. Interpreted results and formulated recommendations.

Study Design:

- **Independent Variables:** Gender, age group, duration of stay.
- **Dependent Variable:** Perceived role of psychological counseling in mitigating harm during crises.

2.5-Statistical Analysis:

Data were analyzed using SPSS, applying:

1. Descriptive statistics (means, percentages).
2. Independent Samples T-Test for gender-related hypotheses.
3. One-Way ANOVA for age and duration of stay hypotheses.
4. Cronbach's Alpha for reliability.
5. Least Significant Difference (LSD) test for post-hoc comparisons.

3- Results and Discussion:

3.1-Main Research Question

What is the role of the psychological counselor in mitigating psychological harm among resident children at the Arab Orphan Home Association in Tulkarm Governorate during emergencies and crises?

Descriptive statistics (means, standard deviations, percentages) were used to analyze responses. Scores were converted to a five-point scale (1–5), with intervals of 0.80: very high (≥ 4.21 , $\geq 80\%$), high (3.41–4.20, 70–80%), moderate (2.61–3.40, 60–70%), low (1.81–2.60, 50–<60%), and very low (< 1.80 , $< 50\%$).

3.2-First Domain: Role of the Psychological Counselor

Table (4): Means, Standard Deviations, and Percentages for Role of the Psychological Counselor

Rank	Item	Mean	SD	Percentage (%)	Level
1	Conducts guidance sessions to reduce psychological tension	4.5378	0.8962	90.76	Very High
2	Regularly alleviates psychological pressures	4.2933	0.9697	85.87	Very High
3	Helps reduce anxiety levels	4.0000	1.1260	80.00	High
4	Enhances trust in local community institutions	3.9600	1.2898	79.20	High
5	Promotes cooperation with peers in the community	3.8667	1.1650	77.33	High
6	Increases educational motivation for academic achievement	3.8044	1.1978	76.09	High
7	Facilitates social integration to reduce isolation	3.6578	1.2368	73.16	High
8	Resolves issues with family structures	3.6533	1.4220	73.07	High
9	Conducts regular emotional release sessions	3.6089	1.3654	72.18	High
10	Communicates with families to maintain social relationships	3.5022	1.3533	70.04	High
Overall Score	—	3.8884	1.2022	77.77	High

The mean score (3.8884, 77.77%) reflects a high perceived effectiveness, with variability in items related to family communication and emotional release.

3.3-Second Domain: Mitigation of Psychological Harm

Table (5): Means, Standard Deviations, and Percentages for Mitigation of Psychological Harm

Rank	Item	Mean	SD	Percentage (%)	Level
11	Reduces self-harm levels	3.9100	1.2152	78.20	High
12	Encourages rejection of self-directed violent behaviors	3.8200	1.2258	76.40	High
13	Limits psychologically harmful behaviors	3.8100	1.1866	76.20	High
14	Enhances acceptance of institutional social life	3.8005	1.1847	75.42	High
15	Provides advice on avoiding bullying	3.7652	1.1794	74.68	High
16	Reduces behaviors causing physical harm to others	3.6900	1.1780	73.80	High
17	Guides toward behaviors promoting social values	3.5900	1.2068	71.80	High
18	Alleviates intense fear	3.5800	1.2076	71.60	High
19	Reduces depression levels	3.5400	1.2096	70.80	High
20	Mitigates mood swings	3.4400	1.2498	68.80	High
Overall Score	—	3.6945	1.2043	73.77	High

The mean score (3.6945, 73.77%) indicates high effectiveness, with mood regulation as a potential area for improvement.

3.4-Third Domain: Emergencies and Crisis Situations:

Table (6): Means, Standard Deviations, and Percentages for Emergencies and Crisis Situations

Rank	Item	Mean	SD	Percentage (%)	Level
21	Encourages positive behavior through activities during crises	3.9100	1.2152	78.20	High
22	Fosters positive self-perception after crises	3.8200	1.2258	76.40	High
23	Assists in expressing emotions openly during emergencies	3.8100	1.1866	76.20	High
24	Provides reassurance and emotional calming during crises	3.6900	1.1780	73.80	High
25	Guides toward alternative behaviors during crises	3.5900	1.2068	71.80	High
26	Promotes hope and optimism among crisis-affected residents	3.5800	1.2076	71.60	High
27	Helps develop realistic goals during emergencies	3.5400	1.2096	70.80	High
28	Refers residents to specialized agencies post-crisis	3.4400	1.2498	68.80	High
29	Maintains ongoing communication during crises	3.4256	1.2478	68.77	High
30	Coordinates with agencies for awareness programs	3.4244	1.2455	68.75	High
Overall Score	—	3.6230	1.2173	72.51	High

The mean score (3.6230, 72.51%) reflects high effectiveness, with coordination and communication as areas for improvement.

3.5-Ranking of Domains:

Table (7): Ranking of Domains by Perceived Role

Rank	Domain	Mean	SD	Percentage (%)	Level
1	Role of the Psychological Counselor	3.8884	1.2022	77.77	High
2	Mitigation of Psychological Harm	3.6945	1.2043	73.77	High
3	Emergencies and Crisis Situations	3.6230	1.2173	72.51	High
Overall Score	—	3.7353	1.2079	74.68	High

The results indicate a high overall evaluation (3.7353, 74.68%), with direct counseling rated highest, followed by harm mitigation and crisis response.

3.6-Hypothesis One: Gender

Table (8): Independent Samples T-Test Results by Gender

Domain	Male (n=19)	SD	Female (n=11)	SD	t-value	Sig. (p)
Role of the Counselor	4.1548	0.35698	4.1585	0.39686	0.079	0.850
Harm Mitigation	4.1997	0.57485	4.2789	0.37474	-0.655	0.510
Emergencies and Crises	4.1557	0.42327	4.3968	0.38596	0.980	0.330

No significant differences were found ($p > 0.05$), confirming the null hypothesis.

3.7-Hypothesis Two: Age Group:

Table (9): Mean Scores by Age Group

Domain	Under 10 years (n=6)	10–15 years (n=20)	Over 15 years (n=4)
Role of the Counselor	4.4365	4.3874	4.3963
Harm Mitigation	4.3857	4.3396	4.2879
Emergencies and Crises	4.5699	4.4587	4.2325

Table (10): One-Way ANOVA Results by Age Group

Domain	Source of Variance	Sum of Squares	df	Mean Square	F-value	Sig. (p)
Role of the Counselor	Between Groups	0.076	2	0.025	0.300	0.82
	Within Groups	8.195	27	0.084		
	Total	8.271	29			
Harm Mitigation	Between Groups	0.127	2	0.182	0.598	0.03*
	Within Groups	42.302	27	0.177		
	Total	44.429	29			
Emergencies and Crises	Between Groups	0.775	2	0.258	1.795	0.15
	Within Groups	13.956	27	0.144		
	Total	14.730	29			

*Significant at $\alpha \leq 0.05$

Significant differences were found in harm mitigation ($p = 0.03$), rejecting the null hypothesis. Post-hoc LSD tests (Table 11) confirmed differences favoring older children.

Table (11): LSD Post Hoc Test Results for Harm Mitigation

Group A (Age)	Group B (Age)	Mean Difference (A–B)	Standard Error	Sig. (p)
Under 10 years	10–15 years	0.19582	0.18656	0.080
	Over 15 years	–1.17920	0.20609	0.030
10–15 years	Under 10 years	0.10522	0.18656	0.000
	Over 15 years	1.15472	0.20609	0.000
Over 15 years	Under 10 years	1.66983	0.18656	0.000
	10–15 years	1.64788	0.14744	0.030

3.8-Hypothesis Three: Duration of Residency

Table (12): Mean Scores by Length of Residency

Domain	Less than 2 years (n=10)	2–5 years (n=9)	More than 5 years (n=11)
Role of the Counselor	4.4286	4.4239	4.4444
Harm Mitigation	4.3413	4.4239	4.2519
Emergencies and Crises	4.2619	4.4444	4.1556
Overall Score	4.3439	4.4307	4.2840

Table (13): One-Way ANOVA Results by Length of Residency

Domain	Source of Variance	Sum of Squares	df	Mean Square	F-value	Sig. (p)
Role of the Counselor	Between Groups	0.113	2	0.028	0.333	0.85
	Within Groups	8.158	27	0.085		
	Total	8.271	29			
Harm Mitigation	Between Groups	0.520	2	0.330	1.583	0.02*
	Within Groups	31.909	27	0.124		
	Total	32.429	29			
Emergencies and Crises	Between Groups	1.250	2	0.312	2.225	0.10
	Within Groups	13.481	27	0.140		
	Total	14.730	29			

*Significant at $\alpha \leq 0.05$

Significant differences were found in harm mitigation ($p = 0.02$), rejecting the null hypothesis. Post-hoc LSD tests (Table 14) confirmed differences favoring longer residency.

Table (14): LSD Post Hoc Test Results for Harm Mitigation

Group A (Residency)	Group B (Residency)	Mean Difference (A-B)	Standard Error	Sig. (p)
Less than 2 years	2-5 years	-0.12563	0.21478	0.38
	More than 5 years	-1.76933	0.23265	0.02
2-5 years	Less than 2 years	0.16558	0.16325	0.04
	More than 5 years	-1.18988	0.24785	0.02
More than 5 years	Less than 2 years	1.73233	0.13265	0.00
	2-5 years	1.62214	0.24785	0.01

3.9- Discussion:

The study revealed a high evaluation of the psychological counselor's role, particularly in direct counseling activities, with significant differences in harm mitigation linked to longer residency. These findings underscore the importance of sustained counselor-child relationships in fostering trust and resilience, especially in the Palestinian context where socio-political instability exacerbates psychological challenges. The results align with Pau et al. (2020) and Tetzlaff et al. (2022), emphasizing the value of long-term, adaptive psychological support.

4- Conclusion:

The study confirmed the critical role of psychological counseling in mitigating psychological harm among resident orphans, with a high overall evaluation across all domains. Significant differences in harm mitigation were observed based on residency duration, favoring those with over five years of stay, highlighting the importance of relational continuity. By focusing on children's perspectives, this study provides a unique contribution to the literature within the Palestinian context.

1. **Adoption of a Relational Counseling Framework** Implement sustained counseling programs that prioritize the cultivation of trust and the development of adaptive coping strategies among participants.
2. **Strengthening Counselor Proficiencies** Offer targeted professional development initiatives focused on trauma-informed care and evidence-based academic mentoring to enhance counselor efficacy.
3. **Participatory Program Development with Child Involvement** Integrate resident children in the co-creation and iterative evaluation of programs to ensure cultural relevance, developmental appropriateness, and measurable impact.

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