

Review

Impact of political violence and trauma in Gaza on children's mental health and types of interventions: A review of research evidence in a historical context

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Children of Gaza have been subject to a wide range of traumatic and violent events over the last few decades, which, when considered alongside other risk factors such as gender, socio-economic status and previous mental health history, have led to significant psychosocial problems. This paper provides a review of research findings from across the territories to reveal high levels of mental health problems, including PTSD, depression and anxiety. These mental health problems are predicted by exposure to war trauma, and mediated by socioeconomic adversity and parental responses. A substantial proportion of children continued to experience these problems in the absence of intervention, even following the discontinuation of political conflict. There is less evidence on which interventions can help children under these adverse circumstances, but early findings indicate that universal or targeted programs of psychodynamic, behavioural or psychodynamic frameworks, and applied within schools and communities, can alleviate children's distress and enhance their resilience.

Key words: Child, mental health, trauma, war, political conflict, Gaza.

INTRODUCTION

The impact of war trauma on children has attracted public and media attention in recent years, and is supported by a growing body of research literature from different world regions. There is now evidence on the nature and extent of mental health problems experienced by children exposed to political conflict, the factors that make them vulnerable and those that protect them in the face of trauma. There is less knowledge on what types of interventions are effective, although a number of universal and targeted programs have been considered and evaluated. The particular conflict in the Gaza Strip and the West Bank has been the source of many studies, because of its particular characteristics. The aim of this paper is to review the existing research evidence, mainly arising from a series of studies by the authors (and not withstanding other important studies in the field), in the historical context of political violence in that region.

HISTORICAL CONTEXT OF POLITICAL VIOLENCE

For the last few decades, Palestinians living in the Gaza Strip and West Bank have been exposed to a variety of stressful situations including imprisonment, beating, house demolition, killing, and constant social and economic pressure. Such stressful conditions dramatically increased because of continuing social and economic control, land seizures, and an 'iron fist' response to all forms of dissent. This turned Gaza into a political powder keg that finally exploded in December 1987, when four Gazans were killed in a traffic accident involving an Israeli military vehicle. Initial protests over the deaths rapidly escalated into mass demonstrations and thousands of Gazans took to the streets to erect barricades and began their stone-throwing campaign. Within a week, the protests had spread to the entire areas of the Gaza Strip and the West Bank, and were referred to as the *intifada* – the uprising. The *intifada* was to last for seven years, and the tactics of the violent Israeli crackdown during that period resulted in terrible and long-lasting consequences for the entire Palestinian

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population and its purpose to end the military occupation.

The Al Aqsa *intifada*

In September 2000, the Al Aqsa *intifada* erupted. Within the first seven months, 400 Palestinians were killed and several thousand injured, with approximately 40% of them being children under 18 years. Children and families have therefore been exposed to a variety of traumatic events, ranging from hearing of killing to bombardment by helicopters along the entire Gaza Strip (Palestinian Ministry of Health, 2006).

Unilateral disengagement in the Gaza Strip

The most notable development in 2005 was the unilateral Disengagement Plan, implemented in the Gaza Strip by the Israeli government. In September 2005, Israel dismantled all Israeli settlements in the Gaza Strip (21 settlements). This development in itself was positive, particularly in the Gaza Strip where the positioning of settlements and the associated Israeli military network on more than 40% of its land ended. The implementation of the Disengagement Plan was however, accompanied by unprecedented restrictions on movement between the Gaza Strip and the outside world. All border crossings, including Rafah International Crossing Point - the sole outlet of the Gaza Strip to the outside world, were closed for 80 days, beginning on 7 September 2005. On 15 November 2005, the Palestinian and Israeli sides reached an agreement, according to which the Rafah International Crossing Point was reopened on 25 November 2005. Although this eased restrictions on the movement of Palestinians between the Gaza Strip and the outside world, the agreement still maintained Israel's control over the crossing point and the movement of persons and goods between the West Bank and the Gaza Strip. As a result, thousands of Palestinian families were deprived of the possibilities of seeing each other (Palestinian Centre for Human Rights, 2005).

Political violence after the Palestinian council election

Since the beginning of 2006, the situation in the Gaza Strip has become more uncertain, and has been viewed with concern by international organizations working in the West Bank and Gaza Strip. Specifically, this uncertainty is based on the results of the Palestinian Legislative Council elections at the end of January 2006, in which the Islamic Resistance Movement (Hamas) won 74 of the 132 seats. Following this election, the international community, through public statements issued by the Quartet, for the Gaza Disengagement, the United Nations (UN), and the European Union (EU), asked the future Hamas-led government to commit to non-violence, the recognition of Israel, and the acceptance of previous

obligations (the Roadmap) in order to allow international donors to continue providing funds to the Palestinian Authority (PA). Israel subsequently announced that it would withhold monthly tax payments to the PA, amounting to between US\$ 50 and 65 million per month and constituting about two-thirds of the income derived from Palestinian economic activity (WHO, 2006).

The Gaza siege

In July 2008, another historical period started when Israel and Palestinian factions agreed on truce period for six months ending on 19 December 2008. During this period, at least 22 Palestinians were killed in the Gaza Strip, and tens were wounded as locally made rockets continued to shell Israeli towns close to the Gaza Strip border (Palestine Red Crescent Society (PRCS), 2008). On 19 December, the Palestinian fighting factions decided not to prolong the truce for another period and started shelling the Israeli areas with locally made rockets. At this point, Israeli voices inside the minister cabinet and on the streets started to increase for taking military action against the Gaza Strip, alongside the siege measures already present for the previous 18 months. The humanitarian condition of the entire Gaza Strip entered into a serious stage in which most of the bakeries stopped working and queues of people were in front of the only open one. Electricity was only available for six hours a day and there was no house gas, so people started to use wood and kerosene cookers. Besides this, there was a shortage of food, in fact, the United Nations Relief and Works Agency stopped distribution of food for around one million people in the Gaza Strip (PRCS, 2008). During the last few years of the siege, Palestinian families in the Gaza Strip were exposed to a variety of stressors and traumatic events due to Israeli violence, including incursion, bombardment, shelling of the area, and closure of the borders. As will be further discussed, all these factors had a negative impact on the psychological wellbeing of the population.

Political violence due to the war on Gaza

On 27 December 2008, the Israeli occupying forces conducted sudden and intensive air strikes on Gaza Strip. The attacks began at 11:30 am and lasted for approximately three hours. These attacks destroyed most of the Gaza security offices including police stations. As a result, more than 230 Palestinians were killed and at least, 770 were injured including 100 in critical condition. This military operation continued for 23 days. As a result, 1320 Palestinians, including 446 children, 110 women, and 108 elderly were killed, and 5320 others, including 1855 children and 795 women, were injured. A large number of men and male youths were killed in their homes, in the presence of their families. At least 4,000 houses were totally destroyed and another 16,000 houses were partially damaged (PRCS, 2008).

TRAUMA EXPERIENCED BY CHILDREN

Traumatic experiences and political violence have repeatedly been found to adversely affect children's and parent's mental health, and to lead to increased rates of psychosocial problems. Besides the trauma and violence, other contributory risk factors that emerged from early studies in the field were; having previous history of mental health problems, co-morbidity of other psychiatric disorders, low family income, absence of family and community support, high unemployment levels in the last few years, large family size, and overcrowding due to poverty (Thabet and Vostanis, 1998, 1999, 2000). All aforementioned risk factors may lead to more mental health problems like post-traumatic stress disorder, anxiety, depression, conduct disorder and substance abuse.

Considering the continuous political fluctuation, presentations of violence, trauma, and the impact on children and their families may also change from time to time. This includes changes in risk and protective factors, as well as mediating factors between violence and psychosocial outcomes. The types of experienced trauma were found to vary between the different periods of conflict.

During the first *intifada*, children were found to experience tear gas inhalation, witness day and night raids by the soldiers, arresting of family members, and beating of relatives (Thabet and Vostanis, 1999, 2000; Thabet et al., 2001a, b). During the second (Alqsa) *intifada* between 1999 and 2006, political violence changed again due to use of excessive forces to overcome the Palestinian demonstrations, and as a result, children and families experienced other types of traumatic events such as being injured by rockets and bullets, witnessing home demolition and destruction, shelling of the area and hearing the sound of jetfighters. Other factors such as witnessing mutilated bodies and injured people on TV continued to be high on the list of traumatic events (Thabet et al., 2004, 2005, 2006; Khamis, 2000; Qouta et al., 2003; Elbedour et al., 2007).

After the one-sided disengagement of Israel from Gaza Strip in 2005 and escalation of the situation on the border, new Israeli measures were inflicted on the Gaza Strip such as siege and repeated incursion of the area with more intense violence and traumatic events. Almost all the residents of Gaza Strip experienced shelling of the area by heavy artillery, bombardment by tanks and airplanes, as well as the other traumatic events such as witnessing mutilated bodies and injured people on TV (Thabet et al., 2008). During the 2009 war on Gaza, new traumatic experiences emerged, such as families abandoning homes (internal displacement) due to heavy shelling of the area, exposure to phosphorus bombs, and detention at homes with no water, electricity, or food during the ground incursions. Watching mutilated bodies on the TV was found to be less frequent however than in previous studies due to shortage of electricity in the first ten days of the war and later on (Thabet et al., 2011b; unpublished data).

The psychosocial impact of political violence on children

Such traumatic events have both short- and long-term effects on children and their families' mental health. Most of the previous studies investigated the negative impact of trauma on the mental health of children and families. Psychological reactions ranged from simple phobia to more severe mental health disorders including post-traumatic stress disorder (PTSD), depression, anxiety, attention deficit hyperactivity disorder (ADHD), and substance abuse. Most of these studies used standardized measures, which make the findings comparable with other trauma research.

After the establishment of the Palestinian Authority according to the Oslo accord, there were a few years of peace and stability in the area. Thabet and Vostanis' (1999) evaluation of psychological reactions due to the first *intifada*, in a study of children aged 7 to 12 years who had experienced war conflict, found that 40.6% of children reported moderate to severe PTSD reactions. When these children were followed-up one year later, well into the peace process, PTSD reactions rates had dropped to 10% (Thabet and Vostanis, 2000). This indicates that, without intervention, a substantial proportion of the more vulnerable children have persistent problems even after the stressor has been removed, which is consistent with the literature.

At the end of 1999, the Al Aqsa *intifada* erupted and several researchers tried to establish the impact of such events on Palestinian children. In a study of 91 children exposed to home bombardment and demolition, and forced displacement to other areas during Al Aqsa *intifada*, compared with a control group of 89 children who had been exposed to other types of traumatic events, Thabet et al. (2002) found that among children who had lost their homes due to bombardment, 59.3% had severe to very severe PTSD reactions, compared with 24.7% of a control group of children from a different area of the Gaza Strip who had not experienced direct exposure to trauma, other than through the media. Other researchers such as Quota et al. (2003) also studied the prevalence and determinants of PTSD among 121 Palestinian children of 6 to 16 years living in the area of bombardment. Their findings were similar, in that, 54% of the children suffered from severe and 33.5% from moderate levels of PTSD reactions, with girls being more vulnerable. In different samples of Palestinian refugee children, Thabet et al. (2004) found that they had experienced an average of four traumatic events, with similarly high PTSD rates.

Other types of emotional problems have been associated with trauma in this population. Thabet et al. (2006, 2007) established higher overall morbidity rates (that is, children likely to have emotional or behavioural problems other than PTSD which were likely to require assessment and maybe treatment), than expected from epidemiological research. Zakrison et al. (2004) carried out a study to determine the prevalence of psychological morbidity among Palestinian children living in the Southern Bethlehem

District of the West Bank, which was also high (42.3%).

On the other side of the Palestinian territories, others such as Lavi and Solomon (2005) carried out a study of two groups of Palestinian youngsters in the sixth through ninth grades with 245 youngsters living in the Palestinian Authority area of Ramallah (Palestinian group) and 300 Palestinian youngsters living in Israel (Israeli-Palestinian group). The study assessed the nature of chronic exposure to terror and its psychological and cognitive toll on Palestinian youths as reflected in posttraumatic symptoms, future orientation, and attitudes toward peace. Results showed a significant group difference, with the Palestinian group from Ramallah reporting higher levels of mental health problems than did the Israeli-Palestinian group. These rates were much higher among children living in refugee camps, who were exposed to significant socioeconomic adversity (Elbedour et al., 2007). Children's mental health problems were significantly mediated by their parents' responses (Thabet et al., 2008).

The more recent 23-day siege on Gaza was different from periods of political violence, as it included repeated incursions and airstrikes. The impact was captured by a study only two weeks later by Thabet et al. (2011a, unpublished data), in a study of 374 Palestinian children aged 6 to 17 years. Only 1.3% of the children showed no posttraumatic stress reactions, with 61.5% reporting severe to very severe PTS symptoms, and this was, unsurprisingly, predicted by exposure to trauma. Twenty months later, 11.4% of the children still fulfilled full criteria for PTSD, with 30.5% reporting partial PTSD symptoms (Thabet et al., 2011b; unpublished data).

INTERVENTION PROGRAMS FOR PALESTINIAN CHILDREN

Compared to epidemiological studies, there has been limited research on the effectiveness of psychological interventions for children living in war zones. However, a number of studies have described or evaluated different models of interventions for mental health problems among children who have suffered abuse, experienced natural disasters, experienced political trauma or have been exposed to community violence. These interventions predominantly adopt psychodynamic or cognitive therapeutic frameworks and a variety of techniques, with the broad aim of enabling the child to make links between trauma, emotions, and beliefs, which can subsequently be challenged and modified. These have been designed for the school classroom, the family, the individual child, or a group of children exposed to similar events.

Thabet and Vostanis (2005) carried out a study aimed to evaluate the short-term impact of group crisis intervention for children aged 9 to 15 years from five refugee camps in the Gaza Strip during ongoing war conflict. The results showed no significant impact of the group intervention was established on children's post-traumatic or depressive symptoms. Possible explanations included the ongoing adversity that children experienced

and the non-specific nature of the intervention. For this reason, more targeted programs were developed in subsequent studies, and these established more positive outcomes.

Thabet et al. (2009a) developed a school mediation program to help pupils aged 6 to 16 years resolve conflict and deal with emotional problems, and this resulted in the decrease of emotional and behavioural problems. An alternative intervention focused more on school-based debriefing sessions for children exposed to war trauma (Thabet et al., 2009b). A randomly selected sample of 240 children, aged 10 to 16 years and who were affected by the current conflict in the Gaza Strip, were interviewed about their war experiences and reactions to the violence before and after participating in a two-week school intervention over eight sessions. The sessions were aimed at facilitating communication, discussion of fears, discussion of myths and beliefs, discharge of feelings, and empowerment in building their future. Drawing, storytelling, and role-play were used. Children themselves reported a decrease in all mental health problems after the intervention, however, parents disagreed and reported no change in their children's behavioural and emotional problems. The study findings, therefore, showed that using school-based counseling in times could lead to emotional relief.

Further to this, Thabet et al. (2009c) carried out a study of 84 school adolescents aged 12 to 17 years, to evaluate the efficacy of psychodrama sessions on children victims of trauma and war in the Gaza Strip. They found that there was statistically significant decrease in total scores of child mental health problems after the psychodrama program, this time reported by both pupils and their parents. A number of other interventions such as cognitive-behavioural, problem-solving, narrative and expressive therapy have been used in different war zones with initial promising findings, although these require further development and evaluation.

CONCLUSIONS

Palestinian children and families in the Gaza Strip have been victims of continuous trauma and war ranging from direct occupation to siege, recurrent incursions, and lastly, War on Gaza. Such traumatic experiences due to war increase the risk factors for developing PTSD, anxiety, depression, and other mental health problems. A number of epidemiological studies have established the psychological impact of war trauma that included PTSD reactions ranging from 10 to 71%, anxiety symptoms of clinical significance between 21 and 34%, and depression symptoms of up to 40%, depending on the extent of exposure and sampling characteristics. In contrast, few studies have been conducted to evaluate the effectiveness of different types of psychological interventions in schools and community centers in the Gaza Strip. Early promising findings indicate that universal and targeted programs of behavioural, cognitive and psychodynamic nature can enhance children's coping strategies and

resilience, while decreasing their emotional distress. These require further development and involvement of parents, when appropriate, as their own responses to trauma can mediate children's mental health outcomes.

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