

Psychological Well-Being of Palestinian Children and Adolescents in Gaza Strip and West Bank: Review Paper

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Abstract

Background: On September 2000, the Al Aqsa Intifada erupted. Children and families have been exposed to a variety of traumatic events, ranging from hearing of killing, to bombardment by helicopters at the entire Gaza strip.

Aim: Aim of this review was to investigate the Palestinians psychological well-being indicators Strip, causes of mental illness, available services for primary, secondary, and territory intervention, and recommendation for future research and intervention in the West Bank and Gaza Strip.

Method: A combination of re-analysis of secondary data of previous work in the field of psychosocial well-being of Palestinians in the Gaza Strip and West Bank was done using Autobiographies/biographies of the author and other co-authors in the area, web based research including the Medline.

Results: From the reviewed studies ,Psycho Info, and Scholar Portal that severity of violence in changing from time to time and types of traumatic experiences are similar including the watching mutilated bodies on the TV, hearing and seeing the shelling, exposure to sonic bombs, and witnessing home bombardment and demolition. These traumatic experiences and violence affect the Palestinians well-being and increase rate of psychological problems in the targeted group. One of the mental health problems was post-traumatic stress reactions which was ranged in children from 10% to 71% while the rate of PTSD in West Bank ranged from 35% to 36%. Rate of anxiety was ranged from 28.5% to 33.9%, and depression ranged from 40% in children of Gaza and West Bank to 50.6%, general mental health of children rated by parents and teachers were 20.9% and 31.8% and up to 49.6% rated by parents. For adults, studies showed that PTSD ranged from 34% in university students to 65% among adults exposed to shelling. Study showed this paragraph about adults to be removed that there were risk factors which interfere with well-being such as being a boy, living in big families, low socioeconomic status of the family, exposure to domestic and political violence, being orphaned child, working children, children with physical problems, and living near the border areas.

Conclusion and Recommendations: The report showed that there are needs for new studies dealing with other risk and protective factors which can give very clear mental health indicators must be carried out. Also, to conduct new control trail studies to evaluate the effectiveness of new protocols for psychosocial intervention such as cognitive behaviour therapy, group intervention with bereaved people, expressive writings therapy, and other new techniques used in western societies after adaptation to local culture.

Keywords: *Palestinian; Political and Community Violence; Trauma; Wellbeing; PTSD; Anxiety; Depression; Gaza Strip; West Bank*

Introduction

In the following paper, we will highlight the historical and political context of Palestinian children and families living in the Palestinian Occupied Territories. During the last three decades many historical and political events had occurred. From the first Intifada to Oslo agreement to Al Aqsa Intifada to factional fighting, and lastly the 2014 war on Gaza.

Sociodemographic characteristics

Gaza Strip is a narrow piece of land lying on the coast of the Mediterranean Sea. Its position on the crossroads from Africa to Asia made it a target for occupiers and conquerors over the centuries. The last of these was Israel who occupied the Gaza strip from Egyptians in 1967. Gaza Strip is very crowded place with area 365 sq. Km and constitute 6.1% of total area of Palestinian territory land. In mid-year of 2017 the population number is 1,881,135 mainly concentrated in the cities, small village, and eight refugee camps that contain two thirds of the population of Gaza Strip. In Gaza Strip, the population density is 5324 inhabitants/km² that comprises the following main five governorates: North of Gaza, Gaza City, Mid-Zone, Khan-Younis, and Rafah (PCBS, 2017). Thirty nine percent of the population in Gaza falls below the poverty line and the unemployment level stands at approximately 34.4%. The West Bank is an area of land between Israel and Jordan, totalling 5860 square kilometres. With a population of 3,008,770, and nearly 42.2% of the population under the age of 14, growth rates are high. The West Bank and Gaza together constitute Palestine, which is administered by the Palestinian Authority (PA). Most of the population is Muslim, and common Palestinian values include rootedness to the land, strong family bonds, social identity from family and community, and a holistic outlook on life. Refugees account for 73.1% of Gaza Strip and 30.2% of West Bank populations [1].

Review design

The research design is exploratory type which explores and investigates the Palestinians psychological well-being in the Palestinian Territories.

Main Aim

The aim of this paper is to investigate the Palestinians psychological well-being indicators, causes of mental illness, available services for primary, secondary, and territory intervention, university and other institution training in the field of mental health, and recommendation for future research and intervention in the West Bank and Gaza Strip.

General Objectives

To attain the aim of the study we had put the following objectives:

1. To explore the common adversities and causes of mental health problems in the Palestinian society such as the political, community, domestic, and personal violence in the society and coping strategies and resilience in countering the negative effect of such adversities.
2. To investigate the effect of such adversities on psychological wellbeing of the Palestinian children, parents, and at risk groups.
3. To evaluate type and availability of intervention programs concerning helping of Palestinians to cope with such adversities.
4. To assess the education system concerning the mental health issues included different programs in the universities, institutions, and other non-governmental organizations.

Tools of review

The research paper is based on the combining and re-analysis of secondary data of previous work in the field of psychosocial well-being of Palestinians in the Gaza Strip and West Bank.

The following tools were used in gathering the data

1. Autobiographies/biographies of the author and other co-authors in the area.
2. Web based research including the Medline, Psycho info, OVID, Oxford University Press, and other data bases available such as UN organizations data bases. This was done by using the following key words "Psychosocial well-being of Palestinians", "Interventions used in psychosocial problems in Gaza Strip and West Bank", "Mental health services in the Palestinians Territories", "Sociodemographic characteristics of Palestinians", "Effect of war on Palestinians". The data was taken from articles published in the last 10 years (2007 - 2017).
3. Previous reports of different CBOs and ministries dealing with psychological wellbeing were reviewed.

Analysis

The data taken from previous work was criticised during all the stage of the research and conclusion of the previous work in the field of psychological wellbeing was drawn considering the negative and positive results. Also the researcher point of view of such work was included with comprehensive discussion.

Results

Many studies were carried out after infliction of siege on Gaza on 2007. Elbedour, *et al.* [2] in study of 229 Palestinian adolescents living in refugee camps of Rafah and Khan-Younis in the southern region of the Gaza Strip, 68.9% of the sample was classified as having developed PTSD, 40.0% of the participants reported moderate or severe levels of depression, 94.9% of the sample was classified as having severe anxiety levels. Al-Krenawi, *et al.* [3] in study of Palestinian adolescents in the West Bank. A random sample of 1775 participants (54.1% males, 45.9% females) between the ages of 12 - 18 in the West Bank. Findings revealed that although domestic violence (particularly violence between parents and children and between siblings) was found to contribute the most to psychological symptomatology, the exposure to political violence events also contributed to heightened psychiatric symptomatology. The results indicate that 21.3% of the variance of psychological symptomatology can be explained by the domestic violence, exposure to political violence events, and the family socio-economic status.

Restriction of movement and sonic booms formed the core collective punishment of Gaza population, causing severe stress during the Al Aqsa Intifada. The Gaza Strip was cut in three zones, and checkpoints between them were arbitrarily opened and closed. The everyday stress was substantial, for instance medical personnel could not reach their patients and parents were unable to return home from work. Preventing mourners from saying goodbye to dying relatives evoked strong feelings of guilt and helplessness. Sonic booms are a new kind of harassment that is caused by Israeli jets intentionally breaking the sound barrier to create supersonic booms over Gaza. They produce an enormously high and strong sound many times during each night, on arbitrarily chosen nights of the week. They severely deteriorate children's sleep and cause uncontrollable fears among babies and children, causing anxiety, panic attacks, poor concentration. In more detail, military trauma in middle childhood and stressful life-events in early adolescence formed a risk for PTSD and depressive symptoms and decreased satisfaction with the quality of life in adolescence [4].

Not only the effect of violence on children was studied, but also a group child which consider them children at risk such as those children who lost their parents due to sudden death, children living in orphans, labour children, and children with physical disabilities. Thabet Lamia, *et al.* [5] in a study aimed was to establish the level of emotional problems among 115 orphan children aged 9 - 16 years (average 13.4), who were living in two orphanages in the Gaza Strip. The results showed that children demonstrated high rates of anxiety, depressive, and post-traumatic stress reactions. Of the 112 children who completed the questionnaires, 55 (49.0%) reported CDI (depression) scores above the clinical cut-off, 32 (28.5%) above the RCMAS (anxiety) cut-off, and 44 children (39.3%) scored within the severe spectrum of the CPTSD-RI (post-traumatic stress) range.

Moreover, Al Erjani and Thabet [6] in a study aimed to examine the effect of traumatic events that experienced by children lost their father in the current conflict and the coping strategies that adopted in front of stressful situations and father loss crisis. The sample consisted of 250 children from the martyr's families in Gaza strip governorates by representative sample of 112 males and 138 females aged 10 - 16 years old. The most common traumatic event for children lost their father in the current conflict was witnessing photos of martyrs and injured in TV by 92.8%. The most used coping strategy was religious coping (86.4%), but the lowest coping strategy was substance use (30.3%).

During the Al Aqsa Intifada from 2000, many adolescents exposed to direct shooting and severe injury which left children and adolescents with permanent disability. Khamis [7] in study of 179 adolescent boys who were previously injured during Al-Aqsa intifada and as a result sustained a permanent disability. The results indicated that PTSD was not related to adolescents' age, and geographic location i.e. West Bank, Gaza Strip. Adolescents from the Gaza Strip reported higher levels of depression and anxiety in comparison to adolescents from the West Bank.

Home demolition during repeated incursions of the Gaza Strip was one of the aggression measures used against the Palestinians as collective punishment of the families. Thabet., *et al.* [8] in study of 45 boys living in border areas of the Gaza Strip (Rafah and Beit Lahia) to evaluate the effect of traumatic events and especially losing their home due to home demolition by the Israelis. Each child exposed to 9.4 traumatic events. The result showed that 20% of children had severe post traumatic stress reactions, 62.2% had moderate, and only 15.6% had mild reactions. Mean resilience in children was 99.5, commitment mean was 37.4, control mean was 28.4, and challenge mean was 33.7. The study showed that increasing resilience in children is correlated negatively with post traumatic stress reactions (i.e. increasing resilience is the outcome of low post traumatic stress reactions).

Child labour is another problem in countries with high unemployment rates which may press the children and families to push the children outside the school classes to earn money for support of the children and their families.

Abdeen., *et al.* [9] in a study of Palestinian students ($n = 2100$) from grades 9 - 11 were screened from both the West Bank ($n = 1235$) and Gaza ($n = 724$) and responded to self-report questionnaires. Nearly all (99%) of participants reported some type of direct exposure to violence. Boys reported higher exposure than girls (67% vs. 33%), analyses showed that 36% of WB and 35% of GS participants reported symptoms meeting criteria for full PTSD according to DSM-IV-TR, and 12% of WB and 11% of GS reported symptoms meeting criteria for partial PTSD. Thabet., *et al.* [10] in study of 200 families from North Gaza and East Gaza who had exposed to continuous shelling in 2006, the sample includes 197 children and 200 parents. The results showed that children experienced a mean number of 8 traumatic events, 138 children out of 197 (70.1%) were likely to present with PTSD, 33.9% were rated as having anxiety symptoms of likely clinical significance, 42.7% were rated as having significant mental health morbidity by their parents. Parents reported a mean number of 8.5 traumatic events, 60% of parents had symptoms of potential clinical significance. Of PTSD, and 26.0% reported severe to very severe anxiety symptoms. The rates of PTSD and anxiety symptoms among parents and children were of sufficient severity to require assessment and intervention. Parents' and children's scores were significantly correlated for PTSD intrusion and arousal (but not for avoidance), as well as for anxiety symptoms. Thabet., *et al.* [10] in study of a random sample of 412 children aged 12 - 16 years from the Gaza Strip and were assessed in Gaza Traumatic Events Checklist Clinical Administered PTSD scale for children Parenting Support Scale. The mean number of traumatic events of war any particular child experienced was 8.2, The total prevalence of PTSD was 30.8%.

Thabet., *et al.* [11] in a study aimed to establish the association between labour-related variables and mental health problems among 780 children in labour (aged 9 - 18 years, mean 15.8) in the Gaza Strip. Measures included a demographic checklist, the Strengths and Difficulties Questionnaire, the Spence Children's Anxiety Scale and the Depression Self-rating Scale for Children. Results Children came from large families (73.2% had eight or more siblings), mainly worked to increase family income, worked an average 6.8 h per day (range 1 - 16), and only 37.1% had regular rest. Ratings of mental health problems were predicted by different factors, i.e. total difficulties scores by poor friendship relationships and lack of health insurance; anxiety scores by selling in the streets, working to help family, low family income and lack of health insurance; and depression scores by parents' dissatisfaction with the job and longer working hours.

In study of risk and protective factors of PTSD, Ingridsdatter., *et al.* [12] in a sample of 139 adolescents 12 to 17 years in the Gaza Strip. Results showed that adolescents reported elevated levels of intrusion, avoidance, and depression compared to levels in communities not affected by war in the recent past. The proportion scoring within the clinical range of post-traumatic stress disorder (PTSD) was 56.8%. Significant risk factors for PTSD were exposure, female gender, older age, and an unemployed father. Risk factors for anxiety were exposure, female gender, and older age, whereas female gender was the only significant risk factor for depression.

Six months after the end of the War on Gaza that lasted for 23 days in 2009, Thabet., *et al.* [13] in a study was conducted in the entire Gaza Strip. The study sample included 410 children aged 6 to 17 years. Using Diagnostic Manual of Mental Disorders-IV (DSM-IV) criteria for post-traumatic stress disorder, 39.3% of children reported partial post-traumatic stress disorder and 9.8% of children reported full

criteria for post-traumatic stress disorder. According to parent's report, the results showed 31.3% of children met the criteria for inattentive type 36.3% of children was impulsive, and 29% met criteria for combined type. According to children report, the results showed 28.8% of children met the criteria for inattentive type 37.3% of children was impulsive, and 28.3% met criteria for combined type. Using DSM-IV diagnostic criteria of conduct disorder and oppositional defiant disorder, the study showed that 38.1% of parents reported conduct disorder in their children and 46.3% reported oppositional defiant disorder. While 39.3% of children themselves reported conduct disorder and 44% of them reported oppositional defiant disorder.

The study showed that 5.1% of children had comorbidity of post-traumatic stress disorder and attention deficit disorder, 4.4% had comorbidity of post-traumatic stress disorder and impulsivity-hyperactivity disorder, and 4.4% had comorbidity of post-traumatic stress disorder and attention deficit with hyperactivity combined type. Also, 4.6% of children had comorbidity of conduct and post-traumatic stress disorder and 6.1% had comorbidity of oppositional defiant disorder and post-traumatic stress disorder.

Thabet, *et al.* [14] in a study sample consisted of 380 adolescents randomly selected from secondary schools in Gaza Strip, of whom 171 were boys and 209 were girls between 15 - 18 years. The most common reported traumatic events due to the war on Gaza were: watching mutilated bodies and wounded people in TV (92.3%), and hearing shelling of the area by artillery (89.4%). The mean number of traumatic events experienced by Palestinian adolescents was 14. Boys reported significantly more traumatic events than girls. Adolescents from family with monthly income less than 150 US \$ experienced more traumatic events than the other groups. Mean psychosomatic symptoms was 48.19, digestive system symptoms was 19.97, cardiovascular symptoms was 10.23, respiratory system symptoms was 3.82, urogenital system symptoms was 2.98, skeletal musculature symptoms was 5.29, and skin symptoms was 7.34. Boys scored more in total psychosomatic and skin symptoms. There was a significant relationship between traumatic experiences and psychosomatic.

Khamis V [15] in study investigated the long-term effects of the 2012 war on children's psychological distress in Gaza Strip. It was hypothesized that a) greater levels of exposure to war trauma would be associated with greater behavioral and emotional disorders, neuroticism, and PTSD symptoms; b) children who rely more on problem-focused coping will manifest less behavioral and emotional disorders, neuroticism, and PTSD symptoms whereas children who rely more on emotion-focused coping will manifest higher levels of behavioral and emotional disorders, neuroticism, and PTSD symptoms; and c) certain children's characteristics (i.e. age, gender, and family income) would be predictive of children's behavioral and emotional disorders, neuroticism, and PTSD. Participants were 205 males and females aged 9 to 16 years. Questionnaires were administered in an interview format with participants at schools. Results indicated that approximately 30 percent of the Palestinian children who were exposed to higher levels of war traumas have developed PTSD with excess risk for co-morbidity with other disorders such as emotional symptoms and neuroticism. The findings revealed that children with lower family income reported higher levels of emotion and behavioral disorders and neuroticism. While emotion-focused coping was positively associated with emotional and behavioral problems, neuroticism, and PTSD, problem-focused coping was negatively associated with neuroticism and PTSD. The clinical implications of these conclusions were discussed to formulate cognitive-behavioral coping interventions that can lead to positive outcomes in the post-trauma environment.

Moreover, Thabet, *et al.* [16] in a study of 251 children from 3 summer camps in Gaza. This study showed that children commonly reported traumatic events such as hearing shelling of the area by artillery, hearing the sonic sounds of jetfighters, and seeing images of dead and injured people on TV. Mean PTSD symptoms was 18.37, intrusion mean was 8.98, avoidance symptoms subscale mean was 9.49. Almost sixty percent of children had posttraumatic stress disorder symptoms, 21.9% of children had anxiety and 50.6% had depression. Numbers of traumatic events was associated with PTSD, avoidance, arousal symptoms, anxiety, and depression.

Furthermore, Thabet, *et al.* [17] in study of the prevalence of PTSD, depression, and anxiety among orphaned children in the Gaza Strip. The study sample consisted of 81 orphaned children from Al-Amal Institute for Orphans The minimum age was 9 years and the maximum age was 18 years, Mean = 13.34 years. The mean post-traumatic stress disorder was 35.79, intrusion symptoms was 19.77, avoidance symptoms was 14.30 and mean arousal symptoms was 13.65, 55.6% of orphaned children showed moderate and 34.6% showed

severe PTSD. Girls reported significantly more PTSD, avoidance, and arousal symptoms than boys. A child living in a city had more PTSD than those children live in a camp or a village. The study showed that 67.9% showed depression. Depression was more in children from north Gaza had more depression than those coming from the other four areas of the Gaza Strip. The results showed that 30.9% of children rated as anxiety cases. Children 13 - 15 years old had more anxiety than those younger and older age than them and children coming from north Gaza had more anxiety than those coming from the other four areas of the Gaza Strip. The result showed that there was positive correlation with statistical significance between depression and anxiety, intrusion, and avoidance. While total depression was negatively correlated with arousal symptoms of PTSD. Anxiety was negatively correlated with PTSD and avoidance symptoms of PTSD.

Recently, Thabet and El Rabbaiy [18] in a study of the sample consisted of all children attending the orphanage institute (El-Amal Institute) in Gaza city (N = 83). The results showed that orphaned children reported from 3-28 traumatic events, mean traumatic events was 11.19, children in the age 12 - 14 years reported more traumatic events than the younger and older groups. Regard PTSD, the study showed that 49.4% reported no PTSD, 32.5% reported partial PTSD, and 18.1% reported full criteria of PTSD. Children in the middle age group (12 - 14 years) reported more PTSD than younger and older groups. Children living in the middle area reported PTSD than those live in the other four areas of the Gaza Strip. Regard posttraumatic growth, 78.31% said that they have a stronger religious faith, 70.7% said they learned a great deal about how wonderful people are. Total posttraumatic growth among orphan children mean was 25.27. The study showed that there was statistically significant positive relationship between total traumatic events due to war and PTSD, numbness symptoms, and arousal symptoms. While, there were no correlation with posttraumatic growth. Also, no correlation between posttraumatic disorder and posttraumatic growth.

Efficacy of therapeutic measures to improve the mental health wellbeing of Palestinian children

There has been limited research on the effectiveness of specific 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 had suffered abuse, experienced natural disasters, political, or exposed to community violence.

Thabet and Vostanis [19] in a study aimed to evaluate the short-term impact of a group crisis intervention for children aged 9 - 15 years from five refugee camps in the Gaza Strip during ongoing war conflict. Children were selected if they reported moderate to severe posttraumatic stress reactions and were allocated to group intervention (N = 47) encouraging expression of experiences and emotions through story telling, drawing, free play and role-play; education about symptoms (N = 22); or no intervention (N = 42). Children completed the CPTSD-RI the CDI pre- and post-intervention. No significant impact of the group intervention was established on children's posttraumatic or depressive symptoms. Possible explanations of the findings are discussed, including the continuing exposure to trauma and the non-active nature of the intervention.

Thabet, *et al.* [20] in a study aimed to evaluate the school-based debriefing sessions for children living in a zone of ongoing war conflict. A randomly selected sample of 240 children aged 10 - 16 years 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 the 2-week intervention in schools for 8 session. The sessions aimed at facilitating communication, discussion of fears, myths and beliefs, discharge of feelings, and empowerment in building their future. Drawing, story-telling, and role-play were used. Children themselves reported decrease in all mental health problems after the intervention. However parents disagreed with their children and reported no change in behavioural and emotional problems of their children after the intervention.

Thabet, *et al.* [21] in a study 304 schoolchildren aged 6 - 16 (Mean age = 10.62 years).

Sociodemographic scale and Gaza Child Mental Health Scale) September 2007 by 8 scholastic year on May 2008. According to children report, the results showed that there was statistically significant decrease in total scores of child mental health and hyperactivity symptoms after student school mediation program. According to parents, the results showed that there was statistically significant decrease in obsessive and overanxious symptoms after student mediation program.

Thabet, *et al.* [22] in study of the effectiveness of student mediation program in improving mental health status of Palestinian children in the Gaza Strip. An 84 school adolescents aged 12 - 17 to find the efficacy of psychodrama sessions on children victims of trauma and war in the Gaza Strip found that there was statistically significant decrease in total scores of child mental health problems and hyperactivity symptoms after psychodrama program. According to parents, the results showed that there was statistically significant decrease in obsessive and overanxious symptoms after student the intervention program. However, teachers did not report improvement in most of adolescent's mental health problems. However, there were discrepancies between the adolescents, parents, and teachers reports of improvement in mental health problems. Parents and adolescents agreed that the program improved the adolescent's mental health. However, teachers said no effect. This highlighted the need for increasing the number of psychodrama sessions and time between each session. Also, other factors could be studied instead of only studying the mental health such as resilience and social skills [23,24].

Conclusion

It was obvious from the reviewed studies that severity of violence in changing from time to time and types of traumatic experiences are similar including the watching mutilated bodies in the TV, hearing and seeing the shelling, exposure to sonic bombs, and witnessing home bombardment and demolition. These traumatic experiences and violence affect the Palestinians well-being and increase rate of psychological problems in the targeted group. For primary intervention most of the organizations working in West Bank and Gaza Strip are delivering such services through public meetings, workshops, home visits, group intervention in the community and schools. This included UNRWA, Ministry of Education, counselling centers and early childhood centers. Studies of impact of different types of prevention are increasing in the last few years with different protocols of intervention including group crisis intervention, psychodrama, school mediation, non-curriculum activities in schools and summer camps, and expressive writing therapy with promising results of decreasing anxiety, general mental health problems in children and women victims of violence and abuse.

Recommendations

From previous review we can recommend the following:

Research

1. New studies dealing with other risk and protective factors which can give very clear mental health indicators must be carried out.
2. To target with new research people with special needs and margined populations such as older age and very young children.
3. Study aimed to investigate other biological and organic factors as risk factors for mental health problems in the area.
4. More qualitative and applied research in the field of mental health of adults and children.
5. To conduct new control trail studies to evaluate the effectiveness of new protocols for psychosocial intervention such as cognitive behaviour therapy, group intervention with bereaved people, expressive writings therapy, and other new techniques used in western societies after adaptation to local culture.

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