

First phase report of the Child Well-being Psychosocial Support (PSS) of  
Traumatized Children in the Gaza Strip Project:



June to November, 2019

## **Background**

Children of Gaza face lots of violence which leads to various kinds of psychosocial and behavioral problems which developed to mental health disease, such as depression, anxiety, and PTSD. Since 2000 Gaza suffers different kinds of violence, which affected the majority of people, especially women, children and adolescents. As a result children responded to the violence in psychosocial and behavioral problems & symptoms. Moreover, behavioral problems are such as arousal, poor concentration, and poor attention. However, symptoms include outbursts of anger and irritability, poor academic achievement, and withdrawal. These entire problems could develop mental health diseases, and this will affect the society. AHH takes responsibilities toward child protection, so they decided to work in psychosocial intervention programs to help children coping positively with stressors events and promote the well-being of the traumatized children and their mother.

## **Methodology**

### **Project design**

The project divided into two phases, first phase, predicted stage, which consists of four psychological assessment working days with children and another open day to close up peacefully.

The second stage of the project will select the children with difficulties to cope positively such as PTSD.

### **Participants**

The project sample consists of 650 children aged (6-15) with mean age 10.34 years (SD= 2.06). They were 298 boys (46.13%) and 352 girls (54.87%).

### **Statistical Measures**

The following scales were used to assess children in the first stage.

#### **Socio-demographic questionnaire:**

Socio-demographic Questionnaire consisted of demographic variable that contained: age, sex/gender, place of residence, number of siblings, family income and other variables that may affect the psychological conditions of the children.

### **Gaza Traumatic Events checklist due to Great March of Return**

This scale contains 15 items, that checked by "yes" or "no" and which measures the traumatic events that Gaza children experienced during wars to identify the types of traumatic events that encounter the Palestinian children in the Gaza strip. The scoring of the scale ranged between 0 for those who choose "No" and 28 for those who choose "Yes". In this study, the Cronbach's Alpha was 0.81

### **PTSD Scale for DSM-IV (Arabic version, Thabet, 2008)**

The items of the A PTSD scale indices are keyed to DSM-IV criteria and can provide preliminary PTSD diagnostic information. Moreover, it has a self-report's by children and adolescents as well as a parent's report of PTSD symptoms. The adolescent Version (for adolescent aged 13 years and older) contains a total of 22 questions, have also been administered in school classroom settings. A 5-point Likert scale from 0 (none of the time) to 4 (most all the time) is used to rate PTSD symptoms. Only 17 items were included in the total score because two items were not DSM-IV criteria and three items were repeated symptoms.

Although there is limited information about the specific cut-off score for a particular trauma type or population, a cut-off score of 38 has been proposed in the literature Steinberg (Steinberg, 2004). In this study, the Cronbach's Alpha was 0.83.

### **Strengths and Difficulties Questionnaire (parents, self-report forms) 11**

The Strengths and Difficulties Questionnaire (SDQ) is a brief behavioral screening questionnaire for age 3-16 year olds. It exists in several versions to meet the needs of researchers, clinicians and educationalists. SDQ consists of 25 items, 14 describe perceived difficulties, 10 perceived strengths and one is neutral ('gets on better with adults than with other children'). Each perceived difficulties item is scored on a 0-2 scale (not true, somewhat true, certainly true). Each perceived strengths item is scored in the reverse manner, i.e. 2: not true, 1: somewhat true, 0: certainly true.

The 25 SDQ items are divided into scales of Hyperactivity, Emotional Problems, Conduct Problems, Peer Problems and Prosocial Scale (five items per scale). A score is calculated for each scale (range 0-10) and a total difficulties score for the four scales (excluding Prosocial behavior, which was considered different from psychological difficulties), i.e. a range of 0-40. The SDQ has been previously used for 322 Arab children living in the Gaza Strip and was very promising as screening measure or rating scale in different cultural populations<sup>12</sup>. For this study, internal consistency for this scale using Cronbach's alpha was 0.71.

### **Project activities procedures**

#### **Training the team**

The project supervisor has conducted two training days for the team on PAR technique, intervention and assessment tools. The facilitators practiced the activities on themselves and find out the strength and weakness, then reflected on them with supervisor to start assessment phase.

#### **Targeting children**

The project target was 650 children while the total number who were participated in the whole process was 646 children. They were distributed in the five areas of the Gaza Strip (North, Gaza, Middle, Khan Younis, and Rafah).

The traumatized children were selected in cooperation with local CBOs in each area after an initial visit from the project supervisor with list of number of children needed from each area. Moreover, the CBOs were selected in a long process that lasted 6 months which was the first six months of year 2018. AAH in the first 6 months CBOs are considered community projects window of AAH.

#### **Conducting group work in the first phase**

##### **The activities include:**

- Interviewing children and mothers for the baseline including trauma, PTSD, SDQ for parents of children who are less than 11 years and children self- interviewed through self SDQ if they were 11 years and or older.

- One training day, four intervention days, and one open day as follows:

The team with the PSS supervisor have conducted 27 intervention sessions for children aged (7-15) divided into two categories (7-10) and (11-15) years, in five governorate of Gaza Strip in cooperation with eleven CBOs. The sessions were conducted inside CBOs as each group consisted of 25 children. Intervention were four days of intervention. Before starting the intervention, facilitators welcomed the children and their mothers, then they inform them about the project, also they explained the implementation of activities. After that, their mothers signed an informed consent to participate in the project activities.

- **First day activities:** In the first day of intervention, facilitators welcomed children and starting the session by entertainment activities as an animation then they started implementing the main exercise (Risk and Resource Map), in which they expressed their fears and safe places where risk areas were identified, the facilitators encouraged children to talk about their fears, and worries and where they feel safe and relaxed.
- To close the day peacefully, a relaxation exercise was conducted.



### **Second day activities**

The second day began with different entertainment activities, the main exercise was body map, where, children talked about the symptoms of fears, and worries through drawing lines around a body of one small child, who lie down on flip chart, then facilitator asked children about the symptoms they felt when they were afraid, or worried. Children put it on paper, after finishing the work they discussed the output inside the group. This helped children to talk about hard times that they faced, debriefing their fears and bad memories which is helpful in two ways first is debriefing memories for healing and second an assessment tool.

### **The third day activities**

The third day exercise was problems tree, in which the children worked in small groups where every group defined the most common problems they faced, then wrote them on A4 paper. Then they had to find the causes of these problems, and finally they suggested strategies to solve these problems.

### **The fourth day activities**

The last day activity conducted by asking the children to talk about social relationships in hard times where children defined people who provided help needed. Also, children told their stories and shared their experiences with other children so, they all feel similarity, solidarity and develop empathy as well as empower each others.



### **The fifth day activities**

In the fifth day, children were taken in a tour to the AAH hospital to spend free day, enjoy playing in the garden, and having a healthy meal. At the end of the day children, post tests were conducted in the same methodology.

### **The Result**

#### **Socio-demographic characteristics of the study sample**

As shown in table 1, the project sample consists of 646 children aged (7-15) with mean age 10.34 years (SD= 2.06). They were 298 boys (46.13%) and 348 girls (54.87%). According to place of residence, 27.72% were from North Gaza, 26.9% from Gaza city, 13.8% from middle area, 15.5% from Khan Younis, and 16 % from Rafah area. Regarding number of siblings, 75.7% had four and less siblings, 22.6% had 5-7 siblings and 4% had eight and more siblings.

Regarding Income, 85.9% of the families subsisted on monthly income of less than \$300, 10.8% of families subsisted in monthly income from \$301-500 dollars monthly, 3.2 % of families subsisted in monthly income from \$501-750.

According to father's education 10.5% were not educated, 21.7% had Preparatory school, 33% had secondary, and 14.9% had university school. According to mother's education 6% were not educated, 22.2% had Preparatory school, 39.8% had secondary, and 15.9% had university school.

According to father's employment, 57% were unemployed, 11.3% worked as a labor on daily simple work, 15% were civil employee and in work, 6% were civil employee and not at work, while 96% of mothers were house wives and only 2.3% were civil employee. This poor socio-economic situation, and high unemployment rate had affected the psychosocial and mental health status of children.

Table 1

Socio-demographic characteristics of the study sample (N= 646)

	No	%
<b>Sex</b>		
Male	298	46.13
Female	348	53.87
<b>Age</b>		
Age from 7-15 years Mean=10.34 (SD=2.06)		
<b>Age groups of children</b>		
7-10-years	357	55.3
11 and more years old	289	44.7
<b>Place of residence</b>		
North Gaza	180	27.7
Gaza city	175	26.9
Middle area	90	13.8
Khan Younis	101	15.5
Rafah	104	16.0
<b>Number of siblings</b>		
4 and less	467	72.52
5-7 siblings	146	22.67
8 and above siblings	31	4.81
<b>Type of residence</b>		
City	303	46.98
Camp	195	30.23
Village	147	22.79
<b>Family monthly income</b>		
Less than \$300	555	85.91
\$301-500	70	10.84
\$501-750	21	3.25
<b>Type of residence</b>		
Rented flat	533	82.5
Own house	40	6.2
With extended family	67	10.4
<b>Father's Education</b>		
Not educated	68	10.5
Elementary	63	9.8
Preparatory	140	21.7
Secondary	213	33.0
Diploma	45	7.0
University	96	14.9
Post graduate	21	3.3
<b>Father's Employment</b>		
Unemployed	368	57.0
Simple worker	73	11.3



Skilled worker	20	3.1
Civil employee and in work	102	15.8
Civil employee and not at work	44	6.8
Merchant	3	.5
Sailor	6	.9
Farmee	4	.6
Others	26	4.0
<b>Mother's Education</b>		
Not educated	39	6.0
Elementary	40	6.2
Preparatory	143	22.1
Secondary	257	39.8
Diploma	56	8.7
University	103	15.9
Post graduate	8	1.2
<b>Mother's Employment</b>		
House wife	622	96.3
Simple worker	4	.6
Civil employee	15	2.3
merchant	2	.3
Others	3	.5

### Exposure to Traumatic Events

As shown in table two, the most commonly reported traumatic events experienced by children during the GMR: ***watching mutilated bodies and injured Palestinians on television (72.6%).*** **Table 2).**

Overall, children reported a range of 0 to 11 traumatic events, with a mean number of 1.50 (SD=1.66). There were no significant differences between males and females in reporting traumatic events ( $t=1.29$ ,  $p=0.19$ ). When children were grouped in the 7-9, 10-12 and 13-15 years age groups, there were no differences on reporting traumatic events ( $F=1.27$ ,  $p<0.27$ ). The majority of children did not go to the GMR, or exposed to any traumatic events physically, which indicate that parents have realized the danger and tried to protect them; however, families yet don't recognize the size of trauma related watching TV news and inured bodies. However, for those who live in border areas, they have different experience where they watched GMR activities and experienced it. Finally some of the children themselves were injured.

Table 2: Type of traumatic experiences

Item	No		Yes	
	No.	%	No.	%
1. Hearing killing of a non-relative	588	91.2	57	8.8
2. Hearing killing of a relative	584	90.5	61	9.5
3. witnessing arresting during the GMR	611	94.6	35	5.4
4. Witnessing killing of a friend	627	97.2	18	2.8
5. Witnessing killing of a close relative	615	95.3	30	4.7
6. Witnessing shooting of a friend	610	94.6	35	5.4
7. Witnessing shooting of a close relative	532	82.5	113	17.5
8. Watching mutilated bodies in TV	177	27.4	468	72.6
9. Shooting by bullets, rocket, or bombs	632	98.0	13	2.0
10. Threaten by shooting	623	96.6	22	3.4
11. tear gaz inhalation	565	87.6	80	12.4
12. being shoot by rubber bullets	633	98.1	12	1.9
13. amputation of part of your body due to shooting	639	99.1	6	.9
14. being arrested near the border	635	98.4	10	1.6
15. direct injury by gas bomb	631	97.8	14	2.2

### Children's Post-traumatic Stress Reactions

#### Mean of PTSD in Palestinian children

Mean of post-traumatic stress symptoms was 32.94 (SD= 14.73), mean of intrusion symptoms was 11.18 (SD= 5.47), mean of avoidance symptoms was 12.44 (SD= 6.44), mean of arousal symptoms for boys was 9.33 (SD= 5.20). These result showed that children in the Gaza Strip are exposed to traumatic events, and they might develop mental health disorders if there were no proper interventions.

Table 3

#### Mean of PTSD in Palestinian children -first stage

	N	Min.	Max.	Mean	SD
Total PTSD symptoms	646	0	66	32.94	14.73
Intrusion symptoms	646	0	20	11.18	5.47
Avoidance symptoms	646	0	28	12.44	6.44
Arousal symptoms	646	0	20	9.33	5.20

### Sex differences in PTSD in Palestinian children

Mean of post-traumatic stress symptoms for boys was 33.44 (SD= 14.57) and mean for girls was 31.66 (SD=14.76). There were statistically significant differences in total PTSD toward girls ( $t= 2.39, p =0.02$ ).

Mean intrusion symptoms for boys was 11.91 (SD= 5.41) and mean for girls was 10.55 (SD=5.46). There were statistically significant differences in intrusion toward boys ( $t= 3.16, p =0.001$ )

Mean of avoidance symptoms for boys was 12.60 (SD= 6.51) and mean for girls was 12.29 (SD=6.38). There were no statistically significant differences avoidance.

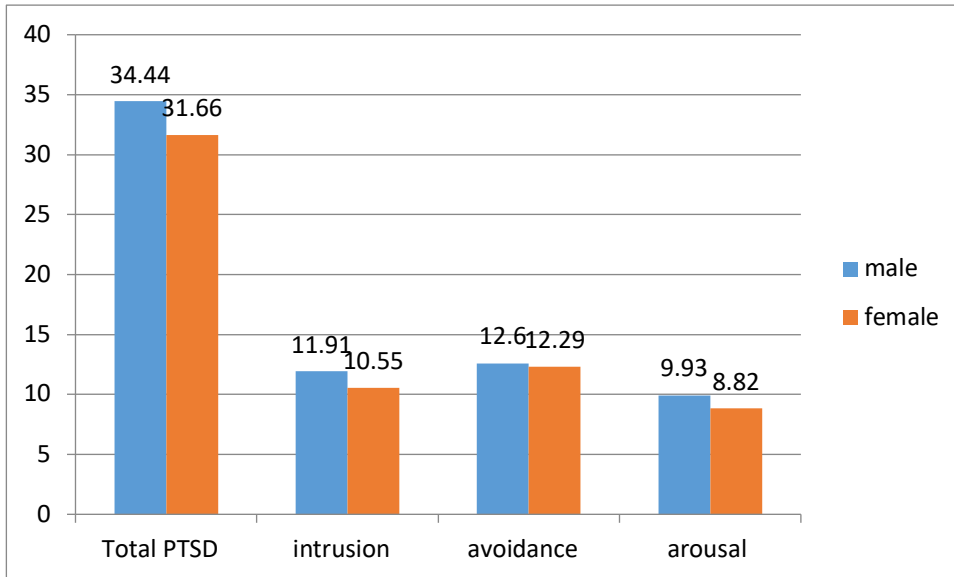
Mean of arousal symptoms for boys was 9.93 (SD= 5.13), mean of arousal symptoms for girls was 8.82 (SD= 5.21) and mean for girls was 12.29 (SD=6.38). There were statistically significant differences arousal toward boy ( $t= 2.71, p =0.01$ )

Table 4

### Mean of PTSD in Palestinian children first stage

		N	Mean	SD	T	p
Total PTSD symptoms	Male	298	34.44	14.57	2.39	0.02
	Female	348	31.66	14.76		
Intrusion symptoms	Male	298	11.91	5.41	3.16	0.001
	Female	348	10.55	5.46		
Avoidance symptoms	Male	298	12.60	6.51	0.61	0.54
	Female	348	12.29	6.38		
Arousal symptoms	Male	298	9.93	5.13	2.71	0.01
	Female	348	8.82	5.21		

Figure 1: Mean of PTSD in Palestinian children



### Prevalence of PTSD symptoms

As shown in table showed that 84 of children reported PTSD (13%) and 562 reported no PTSD (87%).

Table 5

Prevalence of PTSD in children

Cases of PTSD	N	%
No PTSD	562	87.0
PTSD	84	13.0

### Socio-Demographic differences and severity of post-traumatic stress reactions

#### Sex differences in severity of post-traumatic stress reactions

There were statically significant sex differences in developing post-traumatic stress reactions in which girls developed more PTSD symptoms than boys (Mean =31.1 vs. 29.93) ( $t(739) = -3.32, p = .001$ ). The results showed than girls significantly developed more intrusion symptoms than boys ( $t(610) = -1.94, p = .05$ ) (Mean =12.64 vs.11.89), and avoidance symptoms ( $t(733) = -2.58, p = .01$ ).

Table 6

Independent t test for differences in sex and PTSD in children

Sex		N	Mean	Std. Deviation	Std. Error Mean	t	p
Total PTSD	Male	773	28.93	12.99	0.47		
	Female	739	31.1	12.46	0.46	-3.32	0.001
Intrusion symptoms	Male	634	11.89	6.9	0.27		
	Female	610	12.64	6.73	0.27	-1.94	0.05
Avoidance symptoms	Male	765	10.28	6.03	0.22		
	Female	733	11.06	5.69	0.21	-2.58	0.01
Arousal symptoms	Male	611	6.96	6.45	0.26		
	Female	603	7.16	6.47	0.26	-0.54	0.59

**Prevalence of general mental health problems using SDQ by parents and children less than 11 years old**

Using SDQ for parents, 34.7% of children were rated as being baseness (cut-off point = 16-40), 18.3% (14-16) were borderline, and 46.9 (0-13) were normal by parents. Children themselves, 34% of children were rated as being baseness (cut-off point = 20-40), 20.7% (16-19) were borderline, and 43.3 (0-15) were normal.

Table 7

Prevalence of general mental health problems using SDQ by parents

	Normal	Borderline	Abnormal
SDQ caseness parents	46.9 (0-13)	18.3 (14-16)	34.7 (17-40)
SDQ caseness self	45.3 (0-15)	20.7 (16-19)	34 (20-40)

## Children's Post-traumatic Stress Reactions-stage 2

### Mean of PTSD in Palestinian children

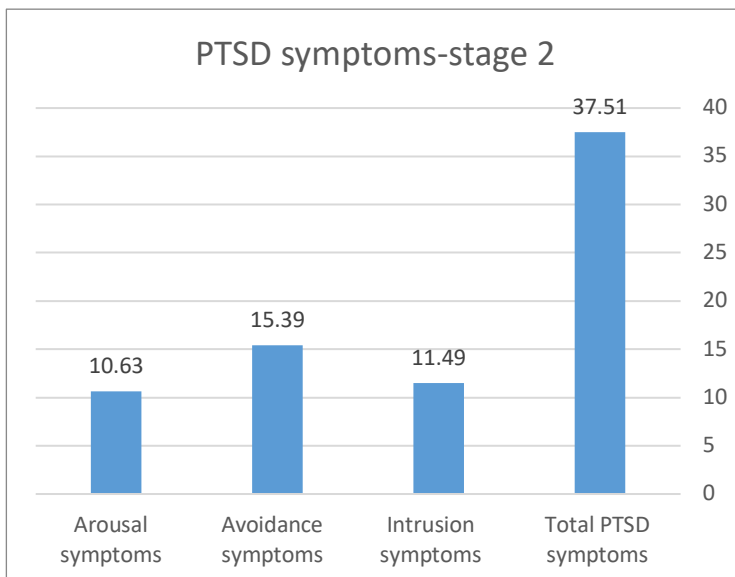
Mean of post-traumatic stress symptoms was 37.51 (SD= 15.65), mean of intrusion symptoms was 11.49 (SD= 5.49), mean of avoidance symptoms was 15.39 (SD= 6.41) and mean of arousal symptoms for boys was 10.63 (SD= 4.98).

**Table 8**

### Mean of PTSD in Palestinian children - stage 2

	<b>N</b>	<b>Min.</b>	<b>Max.</b>	<b>Mean</b>	<b>SD</b>
Total PTSD symptoms	597	17.00	78.00	37.51	15.65
Intrusion symptoms	597	5.00	25.00	11.49	5.49
Avoidance symptoms	597	7.00	33.00	15.39	6.41
Arousal symptoms	597	5.00	25.00	10.63	4.98

Figure 2: Mean of PTSD in Palestinian children



### Prevalence of PTSD symptoms

As shown in table showed that 84 of children reported PTSD (23.6%) and 562 reported no PTSD (76.4%).

Table 9

Prevalence of PTSD in children

Cases of PTSD	N	%
No PTSD	456	76.4
PTSD	141	23.6

### Prevalence of general mental health problems using SDQ by parents and children 11 years age

Using SDQ for parents, 24.5% of children were rated as being caseness (cut-off point = 16-40), 12.2% (14-16) were borderline, and 63.3% (0-13) were normal by parents.

Table 10

Prevalence of general mental health problems using SDQ by parents

	Normal	Borderline	Abnormal
SDQ caseness parents	63.3 (0-13)	12.2 (14-16)	24.5 (17-40)

### Impact of intervention in children PTSD and subscales

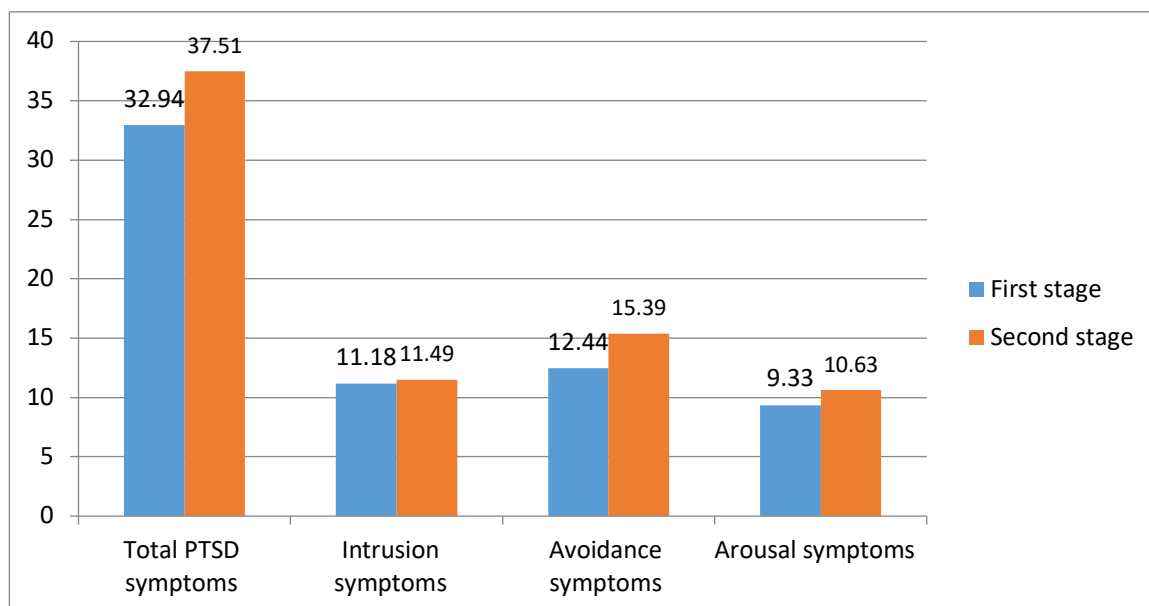
In repeating after one month the **PTSD tests**, it was obvious that total **PTSD** mean increased including all subscales. This indicate that the short intervention program is not sufficient to recover from stressors, children express their feelings during the sessions and remembered the traumatic events they exposed to during the wars. However, they did not have the sufficient time to recover. Therefore, they need advance intervention to help them coping with their stressors, there was no significant deference according to age. It is therefore, alarming to implement the second phase of the program.

Table 11

Paired T test comparing effectiveness of Impact of intervention in children PTSD and subscales

	N	Mean	Std. Deviation	Std. Error	t	p
Total PTSD symptoms -first stage	646	32.94	14.73	0.58	56.85	.001
Total PTSD symptoms stage 2	597	37.51	15.65	0.64	58.56	.001
Intrusion symptoms -first stage	646	11.18	5.47	0.22	51.89	.001
Intrusion symptoms stage 2	597	11.49	5.49	0.22	51.09	.001
Avoidance symptoms -first stage	646	12.44	6.44	0.25	49.08	.001
Avoidance symptoms stage 2	597	15.39	6.41	0.26	58.68	.001
Arousal symptoms -first stage	646	9.33	5.2	0.2	45.62	.001
Arousal symptoms stage 2	597	10.63	4.98	0.2	52.23	.001

Figure 3: Effectiveness of Impact of intervention in children PTSD and subscales





### Impact of intervention in children mental health according to Parent form of SDQ

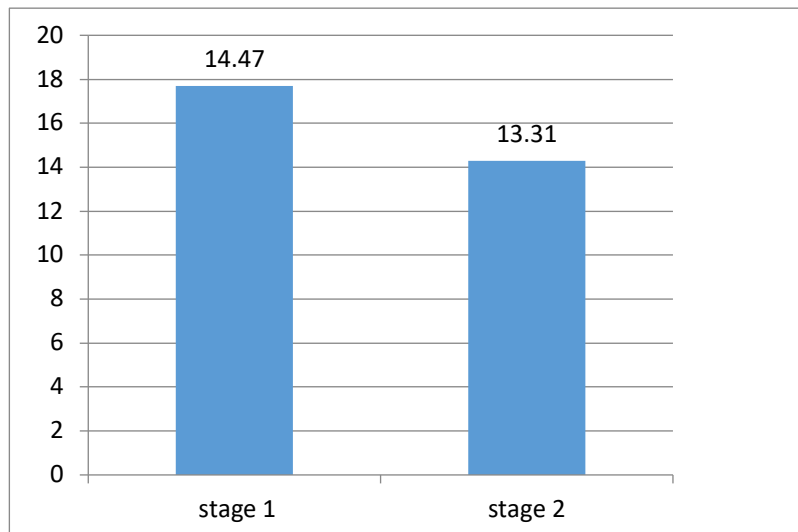
In repeating after one month the SDQ for parents form, it was obvious that total SDQ mean decreased from 14.47 to 13.31 ( $t = 46.8, p = 0.01$ ) this explained the need for intervention programs helped children promoting their resilience .

**Table 12**

#### Paired T test comparing effectiveness of intervention using SDQ-parents

		N	Mean	Std. Deviation	Std. Error Mean	t	p
	total parent SDQ stage 1	356	14.47	5.83	0.31	46.88	0.01
	total parents SDQ stage 2	597	13.31	6.28	0.26		

Figure 4: Effectiveness of Impact of intervention in children using SDQ-parents



### Impact of intervention in children mental health according to children themselves

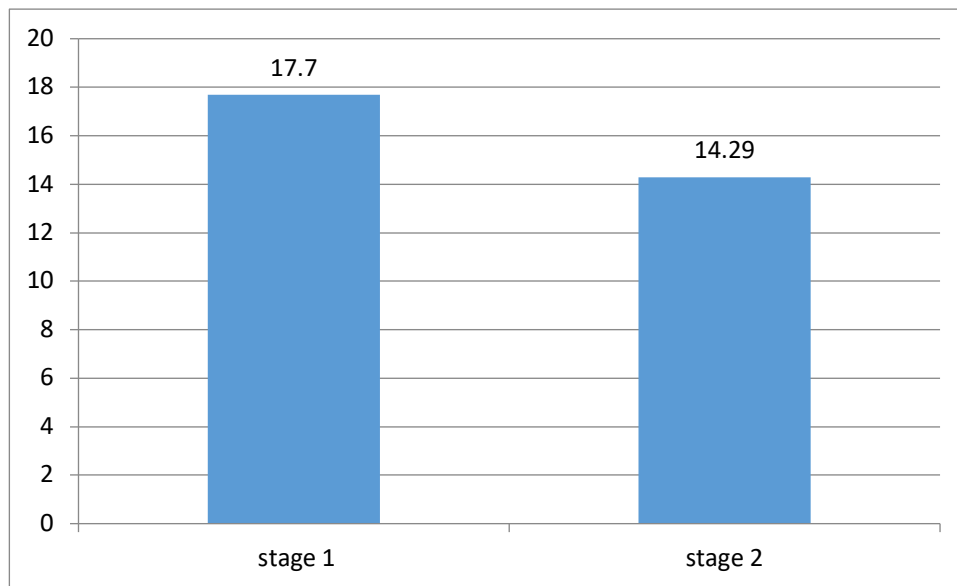
In repeating after one month the SDQ for children themselves, it was obvious that total SDQ mean decreased from 17.70 to 14.29 ( $t = 48.03, p = 0.001$ ). The result showed that there was positive impact for the intervention activities in children according to the children themselves and their parents.

**Table 12**

#### Paired T test comparing effectiveness of intervention according to children themselves

		N	Mean	Std. Deviation	Std. Error Mean	t	p
	total self SDQ stage 1	281	17.70	6.18	.37	48.03	.0001
	total self SDQ stage 2	262	14.29	6.39	.39		

#### To children themselves



## **Conclusion**

The most common reported traumatic events due to the bad political situation and siege on Gaza were watching mutilated bodies and wounded people in **TV (72%)**, The result showed that there was positive impact for the intervention activities in children, according to the children themselves and their parents, it was obvious that total SDQ mean decreased from 17.70 to 14.29 ( $t = 48.03, p = 0.001$ ). This result indicates that such intervention programs help children in coping with stressors, and promoting resilience.

The first phase findings report high responding rate to the intervention program, boys was (46%), (53%) girls, the results showed that children affected negatively by poverty, the majority of their families monthly incomes below \$300 (85.9%), unemployed parents, (57%) was fathers, (96%) was mothers.

This poor status of income and education reflected on children mental health and it had had negative impact on children psychosocial status, according to their mother's feedback as mothers said that children have insufficient healthy food where on said "I cannot meet the needs of my children" this increased the psychosocial problems on both children and parents.

## **Recommendations:**

- ❖ Children in Gaza Strip have many types of psychosocial and behavior problems, especially in marginalized areas, so, they need long term of intervention programs, to help them coping with their stressors, events and response.
- ❖ Awareness and psychosocial programs for women & parents.
- ❖ Entertainment programs for children and mothers.
- ❖ Encouragement children by distributing toys and presents.
- ❖ Entertainment for team between phases of the project
- ❖ Continues capacity development program for team.
- ❖ More staffing the psychosocial program.
- ❖ Training for the Current Staff for the second phase.

## Monitoring & Evaluating

**Supervisor conducted** daily meeting with the team to discuss work implementation, challenging, and success stories. Field visits to the team at implementation place. Daily and weekly reports provided by facilitators while monthly, quarterly and final reports provided by supervisor.

### Challenges:

- *Delayed start of the program for two main reasons first was Schools where all children go to schools and it was difficult to start program so, actual screening has started after schools and Ramadan. CBOS selection where AAH has been through a long process to re-evaluate its outreach CBOs for governance and legislations issues and 20 CBOs were qualified among the total which was more than 20.*
- *Many escalations have occurred along the implementation period where all activities were paused for security reasons.*
- Large number of children inside the session (25 children) versus limited number of staff, which reduce the chance of full participation of children and talking about their feelings and their experiences.
- Large number of children who want to join the program, while the capacity of the project is limited.
- Lack of time to perform the reports and data entry versus activities time.