

Children of War in Palestine

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Introduction

Armed conflict is increasing in many parts of the world¹. Children living in war zones are at a high risk of developing post-traumatic stress and other emotional disorders, but little is known about the effects of traumatic events during war and occupation². The loss of a loved person is one of the most intensely painful experiences any human being can suffer³. Some of the post-traumatic symptoms persist for several years after the traumatic event⁴.

The Palestinian people lived under the British Mandate from 1917 to 1948. Since then, there have been repeated episodes of war and conflict which have occurred approximately every nine years. This is compounded by a continued sense of oppression caused by the occupation⁵. Palestinians do not have the opportunity to set right the destruction wrought by the years of war and conflict. They are currently in dire need of a professional service institution with the capacity to provide psychological, social and health services for the victims of war. This is required to assist both young and old, but particularly women and children. This problem is particularly pronounced in the Gaza Strip where 80% of the population lives below the poverty line⁶.

In this chapter the origins of the modern conflict in Palestine will be discussed with particular focus on the key events in this area since 1917. In addition, we will provide some cases describing children's experiences of the occupation and conflict in Palestine. Finally, the consequences of the violence of war and occupation in Palestine will be deliberated.

Background

In order to understand the Palestinian issue, it is necessary to understand the seeds of the modern conflict in Palestine. The current conflict in Palestine goes back to the early days of the 20th century when the Zionist movement was created as a reaction to anti-Semitism and persecution of Jews in Europe⁷. Zionism's declared goal was to fulfil the dream of establishing a Jewish homeland in Palestine. Whilst in power in Palestine, Britain helped Jews relocate there. The demographic changes in Palestine between 1918 and 1948 show the extent of the Jewish influx into the country. During this period, there was an increase in the Jewish population of more than 400%. In the process, hundreds of Palestinian villages were destroyed⁸. Finally, in May, 1948, Israel was declared a state and this accompanied the further clearing of Palestinian populations from the area. This event is known as the Nakba.

The Gaza Strip is a small piece of land located in the south western part of Palestine. It covers 360 square km² with a population of 1.4 million⁹, of which 74% are refugees¹⁰. Before the Israeli withdrawal in September 2005, 40% of the land (144 km²) was occupied by Israeli settlers. The Gaza Strip has the highest population density in the world at 6,018 people per 1km². Over the last 60 years the Palestinian people in the Gaza Strip and the West Bank have suffered a variety of traumatic events, increasingly so in recent years. When armistice lines were drawn up between Israeli and Arab forces in 1949, the Gaza Strip became, along with the West Bank of the River Jordan, one of the two parts of Palestine left in Arab hands. The Gaza Strip was occupied by the Israeli army after the 1967 war along with the West Bank, and East Jerusalem¹¹.

Palestinians in the West Bank, including east Jerusalem, have lived under Israeli occupation since 1967. The settlements that Israel has built in the West Bank are home to around 400,000 people and are deemed to be illegal under international law, although Israel disputes this¹².

The West Bank wall has been highly controversial ever since the Israeli government decided to build it in 2002. Now it is being challenged in court, both in Israel and at the International Court of Justice in The Hague. In late

September, the UN issued a report which condemned the wall as illegal and tantamount to ‘an unlawful act of annexation’.

UN Commission on Human Rights, John Dugard, a South African law professor, warned that about 210,000 Palestinians living in the area between the wall and Israel would be cut off from social services, schools and places of work¹³.

Therefore, Karen AbuZayd, Commissioner-General¹⁴ reported that living conditions in Palestinian areas are now deplorable, slumping to levels unknown since 1967.

Palestinians are the largest single group of refugees in the world, numbering about 7 million. One in three refugees world wide is a Palestinian¹⁵. Hundreds of thousands of Palestinian people have been displaced, have fled, or were forced out in 1948¹⁶.

So many generations of Palestinians have grown up and continue to live in refugee camps throughout the region (Table 1). A camp, according to UNRWA’s working definition, is a plot of land placed at the disposal of UNRWA by the host government for accommodating Palestine refugees and for setting up facilities to cater to their needs. Areas not designated as such are not considered camps. However, UNRWA also maintains schools, health centres and distributions centres in areas outside camps where Palestinian refugees are concentrated. Socio-economic conditions in the camps are generally poor with a high population density, cramped living conditions, and inadequate basic infrastructure such as roads and sewers.

Table 1: Spread of Palestinian Refugees, UNRWA¹⁷

Field of Operations	Official Camps	Registered Refugees	Registered Refugees in Camps
Jordan	10	1,780,701	283,183
Lebanon	12	400,582	210,952
Syria	10	424,650	112,882
West Bank	19	687,542	181,241
Gaza Strip	8	961,645	471,555
Agency total	59	4,255,120	1,259,813

As refugees they have often left behind their livelihood, their communities, and their possessions. Although a large number of the individuals adjust well, many suffer significant psychological distress as a result of their exposure to traumatic events and the hardships associated with life as a refugee.

The refugee experience often leads to many mental health problems including anxiety, fear, paranoia and suspicion, grief, guilt, despair, hopelessness, withdrawal, depression, somatisation, substance abuse and alcoholism, post-traumatic stress disorders, anger and hostility. In addition to psychiatric symptoms, there are also problems in work, family, and marital relationships, adjustment, and in acculturation and assimilation. Life within refugee camps has its own set of problems including a sense of loss, uncertainty, distrust, cynicism, helplessness, vulnerability, powerlessness, over-dependency, violence, crime, and social disintegration^{18 19}.

There is no doubt that refugees are at a high risk of psychological disturbances that are often of sufficient severity to be diagnosed as psychiatric disorders. Studies from over 50 years have indicated that both disasters and migration can affect mental health, and both of these quite often occur as part of the process of becoming a refugee. It is likely that those refugees whose migration has been associated with deaths of family members, loss of possessions, or threats to the migrants’ lives would be more likely to suffer from such disorders²⁰. Many studies found that the refugees’ experiences often lead to a high risk of developing types of post-traumatic stress disorders (PTSD) in varying degrees and other psycho-social behavioral problems^{21 22 23}.

The first Intifada, a Palestinian mass movement of civil disobedience, started in December 1987. It broke out in Gaza and the West Bank. The occupying force’s response to the Intifada was to increase brutal and oppressive

measures. There were numerous killings, detentions without trial, demolition of homes, torture, deportation, and curfews²⁴. In addition to this schools and universities were shut down and economic restrictions were intensified²⁵. The total duration of this Intifada was seven years, and then a peace agreement began in 1993 and lasted until 2000.

The second Intifada started in September 2000. Since then, children and families have been exposed to various traumatic events, ranging from witnessing murders, or knowledge of such events taking place, to bombardment by helicopters in the entirety of both the Gaza strip and the West Bank. The paramount cause for this second Intifada, which was more violent than the previous one, was the evident failure of the Oslo peace process.

In the period from October 2000 to January 2007, 75,000 Palestinian buildings have been completely or partially shelled and destroyed in the Palestinian territories by the hands of occupying military forces. More than 5,000 people were killed (1,200 of them were children), 32,638 injured (16,000 of them were children), 6,000 paralyzed and disabled, 11,000 imprisoned (1,000 of them are children) and 800 check points were created^{26 27}. Since late 2000, the occupied Palestinian territory has been in deep crisis. The collapse of the economy, brought on by severe and sustained restrictions on access and movement of Palestinian goods and persons, has seen dramatic declines in living conditions, with soaring unemployment and poverty rates, and marked reductions in household income and consumption levels. Socio-economic and humanitarian conditions have deteriorated more rapidly during 2006²⁸.

Obviously, the psychological consequences of these traumatic experiences have had a negative influence on normal child development. These children have not known a day of real peace in all their lives. From the time when their grandparents were uprooted in 1948, through the years of conflict involving their parents, these children know that suffering and endurance are part of their history as well as their present day reality²⁹.

The consequences of the violence of occupation

As in all modern wars, the victims of the latest Middle Eastern war are mainly civilians. A good deal of knowledge has been accumulated about children's responses to air raids, bombardment, shelling, loss of family members and being targets as well as witnessing killing and destruction³⁰. The Palestinian refugee children, youths and their families are living in extremely violent and stressful circumstances. The effects of the ongoing violence on children and youths in the occupied Palestinian territories are both short-term (intense fear, episodes of bed wetting, difficulty in concentrating, eating and sleeping disorders, irritability, hyperactivity) and long-term (increase in anti-social behaviour during adolescence and neurotic problems during adulthood)³¹. Clinical Psychologists have observed an increasing number of children in these areas suffering from psychological and behavioural problems including bed-wetting, sleep disorders, and speech difficulties³². Thabet, Abed and Vostanis³³ tested 403 Palestinian children aged 9-15 years, who lived in four refugee camps. They found that children living in war zones were at high risk of suffering from PTSD and depressive disorders.

Children's responses to danger and threats to their lives include anxiety, somatisation, and withdrawal symptoms. Younger children, especially, may regress into the earlier stages of development³⁴. Children, who played such an important role in the uprising against military occupation, were unfortunately also often its most vulnerable victims. Frequently cited problems include lack of respect and guidance in parent-child relationships, especially father-child, where the impotency of the father in the eyes of his child has changed his once traditionally powerful image. Young people lack belief in the future, or do not see the point in struggling or striving for things. They become apathetic³⁵. So, the consequences of the violence and occupation in Palestine are somatic, psychological, social, and functional.

Punamaki and Suleiman^{36 37 38} examined the impact of participation in political activities among children growing up in the occupied West Bank and the Gaza Strip. They found that the Palestinian rejection of the military occupation and the desire for their own homeland has led many children to take part in demonstrations, stone throwing, and sit-ins. Participation in anti-occupation and pro-Palestinian activities has also meant that many children have been detained for interrogation, faced closure of their school, destruction of their house, and thousands have been killed or injured by the occupying forces. In this context, the authors found that exposure to political hardships was correlated positively with active coping on the cognitive level and (what they have termed) 'courageous' coping on the emotional level. Ideology, in other words, serves as a psychological counterforce to the political hardship and violence that children witness and experience in the occupied West Bank and the Gaza Strip. However, there are some context-specific characteristics of the current trauma in Palestine that may explain the children's high level of PTSD. Primarily, the long duration of the conflict has a greater effect on Palestinian

children than a single traumatic event. Being exposed to on-going traumatic experiences and the continuation of stress for such long periods severely damages the child's psyche and increases the rate of PTSD³⁹.

The effects of chronic war trauma in the Gaza Strip

Trauma occurs when human beings are exposed to sudden and unexpected events. The resulting shock may be the trigger for various psychological, physical, emotional, and social problems. Trauma may be caused by natural phenomena such as earthquakes or by man-made phenomena such as wars, domestic violence, and forced migration.

Our recent study⁴⁰ aimed to explore the long-term effects of war and occupation on the Palestinian children in the Gaza Strip. In our sample, 1,137 children aged between 10 and 18 years were randomly selected from all parts of the Gaza Strip to participate in the study. The participants completed a Checklist of Traumatic Experiences (CTE), a Symptoms of Post Traumatic Stress Disorder Scale (SPTSDS) and Personality Assessment Questionnaire (PAQ). This research found that every child in Palestine had been exposed to at least three traumatic events. The most prevalent types of trauma exposure for Palestinian children were as follows: 99% of children had suffered humiliation (either to themselves or a family member); 97% had been exposed to the sound of explosions/bombs; 85% had witnessed a martyr's funeral and 84% had witnessed shelling by tanks, artillery, or military planes.

Importantly, our recent study found that 41% of children suffered from Post Traumatic Stress Disorders (PTSD). Of the 41% of children with PTSD, the levels of symptoms were as follows: 20% (57,606) children suffered from an acute level of PTSD, 22% (67,531) suffered from moderate levels of PTSD, and 58% (180,058) suffered from low levels of PTSD. The children of Palestine form 53.3% (742,200) of the total Palestinian population in the Gaza Strip. The Gaza Strip has a population of (1,400,000) people (the Palestinian Centre of Statistics, 2006). This indicates that there are 305,195 children in the Gaza Strip in need of urgent psychological, social, and medical services in the areas of prevention, counselling, rehabilitation, and therapeutic treatment.

Overall, the exposure to chronic traumatic experiences led to an increase in the symptoms of PTSD among Palestinian children in the Gaza Strip. The most prevalent types of PTSD were: cognitive symptoms, from which 25% of children suffered (e.g., a child might take a long time to get to sleep, or cannot stop thinking about the trauma he was exposed to, or feels everything around him is not safe);

emotional symptoms from which 22% suffered (e.g, the child feeling alone, suffering from nightmares, easily getting tense and nervous, feeling sad and fearful, bedwetting);

social behavioural disorders, from which 22% suffered (eg., aggressive and rude behaviour, rejecting a teacher's or parent's authority, having difficulty enjoying games and hobbies); academic behavioural disorders, from which 17% suffered (e.g., difficulty in concentrating on study, increasingly bad academic performance, difficulties in paying attention during school lessons, disruptive behaviour at school);

somatic symptoms, from which 14% suffered (e.g., headaches, stomach-ache, hypochondriasis, somatisation).

Children who belonged to families with low incomes suffered more than others. In Gaza, the poverty is very high indeed. Nearly 87% of the population live below the poverty line. This has increased the risk of psycho/social problems in children.

In addition, our current study revealed that the support of family, friends, relatives, teachers, and spiritual leaders can be of great help. However, children whose parents had low educational levels received less support and therefore suffered more often than others from PTSD. Governmental and NGO institutions can also help to mitigate the effects of the difficult living conditions and chronic trauma suffered by the Palestinian children. In addition to this, positive traits of personality can reduce the effects of post-traumatic disorders.

We concluded that having a normal childhood in Palestine is unlikely in the current circumstances and the psychological well-being future of Palestinian children is at risk of being compromised by on-going traumatic experiences.

Case Studies from Palestine, Gaza Strip

Here are five examples of essays which have been written by children who live in Brazil Camp (clashing area) in Rafah in the Gaza Strip ^{41 42}

Case 1: Aya (13 yrs old)

At 10 o'clock, all of my family was asleep. I woke up very afraid. This day was a terrible day, a dark day. Even if I tried to describe the pain of that day, I wouldn't be able to. We felt very afraid. The bulldozers came without warning. They destroyed two rooms and a bathroom. All of my family shouted in front of the bulldozer, but the bulldozer kept going on with its destruction. My father said to the bulldozer, 'Please give me a little time to take our furniture out of the house', but the bulldozer didn't agree to this and started shooting at my father. He was shot in the back and in the leg. Thank God my father is okay now. Now we are staying at my married sister's house. I still can't believe this horrible thing happened. It is like a dream, even though the journalists have been writing a lot about what happened in the newspapers. We children can't do anything. Our Authority can't do anything, and so what can we children do? We ask God to give us some security.

Case 2: Fatima (13 yrs old)

During the last incursion, we were so afraid and sad. I was at school when I heard that the tanks had surrounded the Brazil Area and had destroyed a lot of houses. I also heard that there were injured people and martyrs. I didn't know what to do. I couldn't concentrate on my lesson and I was afraid about my family and I didn't know how I could go back home. I went to my aunt's house. All the time, I asked my God to keep my family safe. At night, my father came and took me home. I asked my father about my family to make sure they were safe. Then he told me that Bilal was shot in the head, and I couldn't believe it. Even if we are surrounded by soldiers and have no food, we will stand and defend our country. I hope Bilal will get better soon.

Case 3: Haneen (13 yrs old)

The occupation troops entered. There was a lot of shooting, and they started to destroy our house near the border. My father wept because this house was where he grew up and it had been very expensive to build. The tanks stopped behind the house we live in now (because our old house is too dangerous), so we were afraid and couldn't sleep. We escaped from the house and took some of our furniture with us. That night was very cold. My father and my mother cried. We went to my grandmother's house. We couldn't go to school for 3 days. And now I am very sad because my father and mother are crying. (Thank you for wanting to know about our feelings)

Case 4: Nimer (14 yrs old)

When I went to school, I didn't know that there was still an incursion in Brazil. When I was walking in the street, I met my friends Mohammad and Bilal, and Bilal said to me, 'I'll call you tonight'. And Bilal went to Mohammad. I called to Mohammad, 'Come on. We're going to school.' Mohammad told me, 'I'm not going to school today.' I said to him, 'It's up to you.' I didn't know that the Israeli soldiers had gone to the roof of a nearby building. While I walked in the street, I found a tank down the road, but I wasn't afraid. When I got to school, my friend told me that there was a martyr named Bilal. I didn't believe him. I said to my friend, 'I just saw him a few minutes ago and was talking with him!' During the first class break, my friend repeated the same thing to me, but I still didn't believe him. During my last class, I cried and I worried about my friend. When I returned to my house, I asked about Bilal. I heard that Bilal had been injured but was not a martyr. I went to Mohammad's house and I found a very sad Mohammad. He told me about what happened with Bilal. We went together to Bilal's brother and asked about how Bilal was doing.

Case 5: Abdel (13 yrs old)

I am only one person among a thousand people who had their house destroyed and their families had to escape. I was sleeping in my house. I heard the sound of tanks and shooting, and I slept but I was afraid and couldn't sleep well. In the middle of the night, my father woke us up and told us that the bulldozer had come to our door. He woke us up so that we could escape. We escaped from the house moments before the tank arrived to destroy it. And we watched our house being destroyed. In my mind, I asked the world and all kind-hearted people everywhere to please help us. And I asked why this happening to us is? Why is this still continuing?

I cannot forget this day. Everyday, there is demolition of land and houses and killing of people. I used to wear school clothes to go to school, but that was before my house was destroyed. When I went back to the house to get my things, my notebooks were under the rubble and my clothes were ripped. But I still thank my God for saving me and my family.

Summary

The seeds of the modern Palestinian tragedy started in the early days of the 20th century with the creation of the Zionist movement which successfully transformed Palestine into a Jewish state. Since that time the Palestinian people have suffered from repeated episodes of war and conflict. The small size of the area of conflict, and its overpopulation meant that it is difficult to protect children from the sights of destruction, the dangers of war and perpetual insecurity. Most of these children have experienced traumatic events such as the loss of loved ones, humiliation, exposure to the sound of explosions, and have witnessed shelling by tanks, artillery, or military planes. The effect of this on the Palestinian children is seen on many levels, such as somatic, psychological, social, and functional. Most of the studies conducted in the Gaza Strip or West Bank found that Palestinian children living in war zones were at high risk of suffering from PTSD, somatoform disorders, psychosocial problems^{43 44 45 46}.

The despair, chaos and violence of everyday life at present in Palestine make it an extremely unsuitable place for a child to be in.

Conclusion

Palestinians have not had the opportunity to reconstruct all that has been destroyed throughout the years of war and conflict. They are currently in dire need of a professional service institutions with the capacity to provide psychological, social and health services for the victims of war. This is required to assist both young and old, but particularly women and children. The war and the long term occupation have resulted in Palestinian children being exposed to chronic traumatic events which violate every child's rights: the right to live, to learn, to be healthy, to live with his/her family and community, to develop his/her personality, to be nurtured and protected, and the right of enjoying childhood⁴⁷. It is unlikely that anyone could have a normal childhood in Palestine in the current circumstances. The future psychological well-being of Palestinian children is being compromised by on-going traumatic experiences.

Daily traumas form the experience of each generation. When a child listens to a parent or grandparent, he hears similar stories of uprooting, poverty, and violence that he sees around him today. He has no hope that the circle of suffering will end. If this traumatised society receives no help in the near future, then the community will become too weak to recover.

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