

Chapter

Palestinian Children: Victims of decades of violence and trauma

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Introduction

The Gaza Strip is an elongated stretch of land on the Mediterranean Sea, located between Israel and Egypt. It measures 50 km in length and its width ranges from 5 Kilometers in the north to 12 km in the south. When the armistice lines were drawn between Israeli and Arab forces in 1949, only two areas of historic Palestine remained in Arab hands: the West Bank of the river Jordan and a 140 km-square area of territory around the port city of Gaza, packed with refugees from the 1948 forced uprooting that became known as the Gaza Strip. Originally administered by neighbouring Egypt, Gaza was seized and occupied by Israeli forces in the June war of 1967.

With a population of 1.4 million people, the Gaza Strip is one of the most densely populated areas in the world with 3800 inhabitants/km² and a population growth of four percent per year. Seventy-eight percent of the population within Gaza are refugees and over half of the one million registered refugees are crammed into eight refugee camps managed by the United Nations Relief and Works Agency (UNRWA).

Gaza population is considered as young society as almost half the population of the Gaza Strip is under the age of 15 years. This is likely to increase in the near future, because of the annual rate of population growth (6%). Children living in the Gaza Strip have been exposed to and are suffering from a range of trauma and abuse, which out them at high risk factor for the development of mental health problems in young life and their continuation into adulthood and the next generation of parents.

Eighty percent of the population in Gaza falls below the poverty line of US\$2 per day (up from 30 percent in 2000) and the unemployment level stands at approximately 50 percent. In addition, people in Gaza have been subject to military occupation, causing significant psychological trauma, particularly for children. In Rafah, the situation is particularly acute. According to the Ministry of Social Affairs, 25% of all people killed in Rafah were children, and one in four children has been injured. The decline in the well-being and quality of life of children in Gaza over the past two years has been rapid and profound (PCBS, 2006).

Since the beginning of 2006 the situation has become more uncertain and only can be viewed with concern by the 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) have asked the future Hamas-led government to commit to non-violence, to the recognition of Israel and to the acceptance of previous obligations (the Roadmap) in order to allow international donors to continue providing funds to the PA. Israel has announced that it will withhold monthly tax payments to the PA, amounting to between US\$ 50 million and US\$ 65 million per month and constituting about two-thirds of the income derived from Palestinian economic activity (WHO, 2006) (http://www.who.int/countryfocus/resources/ccsbrief_west_bank_and_gaza_en.pdf).

Political violence in the first Intifada

For the last decades, the Palestinians in the West Bank and the Gaza Strip 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 during the (decades of social and economic control, land seizures and an ‘iron fist’ response to all forms of dissent) - *Intifada*. 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 being 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 population and its purpose to end the military occupation. Over 1,100 Palestinians were killed in the occupied territories during the seven years of the Intifada.

Effect of Political violence in Palestinian children wellbeing

Decades of violence and trauma inflicted on Palestinians living in Gaza Strip had a negative effect on children and family mental health. The mental health problems ranged from simple fears and anxiety to full criteria of PTSD, anxiety, depression and other mental health problems.

Researchers from the Gaza Community Mental Health Programme, in an epidemiological study of Palestinian children, found that, out of 1,564 children, 96% had experienced night raids, 49.8% had been subjected to physical beatings (which resulted in 8.7% having their bones broken), and 29% had been shot or wounded (Abu Hein et al, 1993).

Baker (1990) studied Palestinian children in the middle period of the Intifada, in the summer of 1989, when heroic confrontation against the occupiers had collectively resulted in feelings of power and pride. We have to keep in mind that the Intifada, in also involved a great suffering for its participants: loss of life and casualties were frequent and collectively punishment such as house demolitions, curfews, and nightly raids were commonly used against the population. This research relates to the last and maybe most tragic months of the community.

Abu Hein (1992) in study of 87 Children from Gaza attending three-summer program were surveyed to make an inventory of the kinds of trauma they have suffered, further examination was conducted to discover a correlation between exposure to trauma and

psychological problems. A high degree of behavioral, psychological and emotional problems were found among children exposed to violence and trauma events.

Thabet et al (1992), in study of 72 Palestinian children showed that the most common traumatic events for the children attending our clinic were witnessing acts of violence against relatives or non- relatives, beating to themselves, and being injured by shooting. The most common cases were from Gaza, which included the beach camp and other crowded areas of Gaza. In the camps area the bad socioeconomic status of children living at that area is another factor in making our children more vulnerable to trauma. Results showed that post-traumatic stress disorder symptoms could change according to cultural background. This was supported by findings of that 12 cases had developed conversion disorder symptoms in the form of conversion fits it has been observed that persons in Eastern culture people react to stressful conditions by showing somatoform symptoms which include motor, sensory, and dissociative symptoms.

Thabet (1994) in a clinical study described his impression and descriptive data from the group of traumatized children treated by group therapy here seem to support the notion that group therapy is an effective therapy in traumatized children to some extent and this was apparent in observing the decline in scoring of PTSD, avoidance and intrusion scores after three months of therapy. However, in looking to Rutter scale there was no much difference in period of three months and this support other opinions that Rutter scale is not a good measure in case of traumatic experience. Another reason of no change of Rutter scale is the fact that most of those children were chronically traumatized and some of the neurotic and behavior problems they

have are due to the previous traumatic experiences. From our observation during the therapy session some of those children were obsessed with the Special Israeli Forces especially Mohammed. The therapy session was done in a transition period between the end of Isaelri's occupation to Gaza Strip and coming of the Palestinian police and it was apparent in their drawings the change from pictures full of killing, guns, and blood to another shining picture of the Palestinian coloured flags and slogans welcoming the Palestinian police.

Brain et al (1996) investigated the extent to which current Palestinian youth participated in and experienced trauma from the Intifada, the Palestinian uprising that was active during 1987-1992. After documenting the prevalence and patterning of participation and trauma, analyses correlated this experience with several indicators of current experience, assembled under the headings of personal, family, peer, school, religious, and adult experiences. Data come from self-reported surveys administered in schools to the entire population (98%) of West Bank Palestinian refugee 9th graders in the fall of 1994 (N=3,500), from a stratified sampling (approximately 30%) of refugee 9th graders in Gaza Strip in the Spring of 1995 (N=2,000) and stratified random sample of Bethlehem University students (N=200). At the time of this draft, only the West Bank and Bethlehem University data is available for analysis. The Gaza data will be added in October 1995 along with further data from university samples in the West Bank and Gaza Strip. Findings to date revealed widespread Intifada experience, with males experiencing substantially more than girls. Patterns of involvement and trauma varied significantly by area and community. Mild to moderate levels of correlation between Intifada experiences and youth personal and social experience were found. For adolescent males, Intifada experience predicted

current levels of deviance, lower self-esteem, and enhanced social interaction. For adolescent girls, Intifada experience predicted current deviance and lowered quality of relations with parents. Correlation for young adult males followed much the same pattern and as for adolescent males, with the exception of lower levels of communication with parents and negative effects for religious experience. Correlation for young adult girls were uniformly stronger and more widespread than for adolescent girls with positive effects for deviance, lower quality relationships with parents, lower grades performance and educational aspirations, and lower religious involvement.

Quato et al (1997) studied 436 children from 2-17 years of age were surveyed to examine the effects of deportation on their psychological and emotional life. The results showed that high level of emotional psychological and behavior problems were found among children of the deportees.

Quata et al (1997), in study of Palestinian children lived in the occupied Gaza Strip during the Intifada. The result showed that the sex of the child was the most important determinant. Of cognitive capacity. Girls were found to be more intelligent and creative than boys are. The result can be interpreted as resulting from the socialization of girls in the contemporary Palestinian society. Girls are educated inside the house and are under stricter surveillance and protection than boys. At the same time, girls “ girls are expected both to help in the home as well as to perform well in school. Maybe, due to these double demands for the girls achievement, their intelligence and creative capacity surpass those of boys. Girls also showed a higher self-esteem than the boys in this sample. Our aim was to understand the impact of

both exposure to trauma and the child's own participation in Intifada in the affecting cognitive and emotional responses. While trauma and activity did not affect cognitive capacity, the emotional responses were affected. Traumatic experiences predicted high neuroticism and risk-taking and low self-esteem among studied children. We had hypothesized that children's active participation in the Intifada would protect them psychologically from the negative impact the idea that Intifada participation has provided the Palestinian child a mechanism that strengthens his or her self-esteem and saves him or her from psychological suffering. The activity/passivity of participation in the Intifada turned out to be more decisive in affecting the child's self-esteem and risk-taking than exposure to traumatic experiences. Children who were exposed to traumatic experiences in their level of self-esteem and participation were important.

Children with a high level of traumatic experience who actively participated in the Intifada showed more neuroticism than the passive children and those with a low level traumatic experience. Our results differ from earlier studies which show that political hardships and active participation increase self-esteem among Palestinian children (Baker-1990, Abu Hein-1992). The high self-esteem may generally be that case among Palestinian children, resulting from their successful fight for freedom and active participation in the Intifada. The present study does not confirm the idea that the Intifada is a healing process. The lowest level of self-esteem was found among active children with trauma, while the highest self-esteem was found among both children with no or minor exposure to trauma and those taking a passive stand towards participation in the Intifada. An explanation may involve a time factor.

Thabet et al (1998) investigated the rate and nature of childhood anxiety symptoms and disorders, and their relationship to social adversities in a cultural sample not previously researched. A sample of 237 children of 9-13 years living in the Gaza Strip was randomly selected in a school-based study. Children completed the Revised Manifest Anxiety Scale and teachers completed the Rutter Scale. Children reported high rates of significant anxiety problems (21.5%) and teachers reported even higher rates of mental health problems (43.4%) that would justify a clinical assessment. Anxiety problems, particularly negative cognitions, increased with age and were significantly higher among females. Low socio-economic status was the strongest predictor of general mental health problems. Living in inner-city areas or camps, both common among refugees, was strongly associated with anxiety problems.

Thabet et al (1999) in study of sample consisted of 239 children of 6 to 11 years of age. Measures included the Rutter A2 (parent) and B2 (teacher) scales, the Gaza Traumatic Event Checklist and the Child Post Traumatic Stress Reaction Index. 174 children (72.8%) reported PTSD reactions of at least mild intensity, while 98 (41%) reported moderate/severe PTSD reactions. Caseness on the Rutter A2 scale was detected in 64 children (26.8%), which correlated well with detection of PTSD reactions, but not with teacher-detected caseness. The total number of experienced traumas was the best predictor of presence and severity of PTSD. Intervention programmes for post-war children need to be evaluated, taking into account developmental and cultural aspects, as well as characteristics of the communities involved.

Thabet et al (2000) in a longitudinal study in the Gaza strip with 234 children aged 7 to 12 years, who had experienced war conflict, at one year after the initial assessment, i.e. during the peace process. Children completed the Child Post Traumatic Stress Reaction Index (CPTS-RI), while the Rutter A2 and B2 Scales were completed by parents and teachers. Results showed that the rate of children who reported moderate to severe PTSD reactions at follow-up had decreased from 40.6% (N=102) to 10.0% (N=74). 49 children (20.9%) were rated above the cut-off for mental health problems on the Rutter A2 (parent) Scales, and 74 children (31.8%) were above the cut-off on the Rutter B2 (teacher) Scales. The total scores on all three measures had significantly decreased during the one-year period. The total CPTS-RI score at follow-up was best predicted by the number of traumatic experiences recalled at the first assessment.

Political violence due to Al aqsa intifada

On September 2000, the Al aqsa Itifada erupted. Within seven months, 400 Palestinians had been killed and several thousands were injured, with approximately 40% of them being children under 18 years. 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.

The second Inifada (Al aqsa Intifada) differs from the previous Intifada, in which events such as night and day raids were common occurrence in previous Intifada (1987-1993). Also severity and intensity of traumatic events increased so much and changed types of new traumatic events such bombardment, shelling by tanks, and home demolition, and using people as human shields to arrest people.

3250 29 September, 2000- 01 August, 2006): (Statistics related to Al Aqsa Intifada
Palestinians Civilians have been killed by Israeli Occupation Forces (IOF) forces in
A further 500 Palestinians have been killed by Israeli Occupation Forces the OPT.
(IOF) in armed clashes in the OPT. 9000 Palestinians have been wounded by Israeli
14200 Occupation Forces (IOF) in the Gaza Strip since the beginning of the Intifada.
Palestinians have been wounded by Israeli Occupation Forces (IOF) in the West Bank
territory since the beginning of the Intifada. Between then and the end of August,
Israeli security forces killed 226 Palestinians, 54 of them minors, in the Gaza Strip,
according to the Israeli human rights organisation B'Tselem. Of these it says that 114
were taking no part in any hostilities.

During this period a number of studies were conducted to record the effect of trauma
on Palestinian families including children and consequences of such experiences in
mental health.

Thabet et al (2001) in study of 286 Palestinian children aged 9-18 years, and using
Revised version of Gaza Traumatic Events Checklist, Impact of Events Scale (IES) ,
and General Health Questionnaire (GHQ-28). Children experienced an average
number of four traumatic events, both direct experience of violence and through
adults or the media. One third of the children (67%) reported significant
posttraumatic stress reactions. IES scores were higher among girls, despite boys'
higher exposure to conflict. Mothers' GHQ scores significantly predicted children's
IES scores.

One of the devastating effect of Israelis measures were home bombardment and
demolition which left hundreds of families without home and living in tents exposed
to the rainy days of winter and sunny days of summer.

Thabet et al (2002) in study of ninety one children exposed to home bombardment
and demolition during Al Aqsa Intifada and a 89 control group, who had been
exposed to other types of traumatic events homes were interviewed about post
traumatic, anxiety, and fear symptomatology. Children exposed to home demolition
reported significantly more PTSD and fear symptoms than the control group.
Exposure group reported less anxiety symptoms than the control group.

Thabet et al (2004) in study 403 Palestinian children aged 9-15 years selected from 4 summer camps, showed that Children experienced a wide range of traumatic events, both direct experience of violence and through the media. Both CPTSD-RI and MFQ scores were independently predicted by the number of experienced traumatic events. Exposure to trauma ceased to have significant impact on depressive symptoms, in the presence of PTSD symptoms. The PTSD items whose frequency was significantly associated with total MFQ scores, were: sleep disturbance, somatic complaints, constricted affect, impulse control, and difficulties in concentration.

In order to investigate the Palestinian children ways of dealing with stress and trauma and presence of coping strategies which may mediate the effect of the trauma on children a number of studies were conducted

In study of Thabet et al; (2004) to establish the nature and extent of maltreatment experiences, coping strategies, and behavioural/emotional problems, and their relationships, in a sample of Palestinian adolescents.

A study of 97 male adolescents aged 15-19 years, and attending a vocational training centre based in the Gaza Strip. Adolescents completed the Child Maltreatment Schedule and the Ways of Coping Scale (WAYS). The Strengths and Difficulties Questionnaire (SDQ) was completed by adolescents and by their teachers. Findings revealed high rates of emotional and physical maltreatment. Reliance on emotion-focused or avoidant coping strategies was associated with exposure to maltreatment. Use of maladaptive coping also predicted emotional difficulties in the respondents.

Gillian Lewando Hundt et al (2004) looks at the limitations and strengths of using the A cope questionnaire for measuring strategies for coping with prolonged conflict by Palestinian young people in Gaza. The scale was administered to young people between the ages of 8-17. The results show some gender differences in coping strategies. However, some items on the sub scales are not relevant for Muslim societies or in situations of prolonged conflict. The authors suggest that combining an anthropological contextual perspective and qualitative data with psychological instruments is an effective way of addressing the limitations of using a single quantitative method of assessment in non western complex social and cultural settings.

Studies of effect of trauma in preschool children were rare in the area. This age group is influenced by many environmental and intrafamilial factors which may affect their psychosocial development later on.

Thabet et al (2005) in a study to investigate the relationship between exposure to war trauma with behavioural and emotional problems among pre-school children. 309 pre-school children aged 3-6 years were selected from kindergartens in the Gaza Strip, and were assessed by parental reports in regard to their exposure to war trauma (Gaza Traumatic Checklist), behavioural and emotional problems (Behaviour Checklist - BCL; Strengths and Difficulties Questionnaire - SDQ). Pre-school children were exposed to a wide range of traumatic events. The total number of traumatic events independently predicted total BCL and SDQ scores. Exposure to day raids and shelling of their houses by tanks were significantly associated with total behavioural and emotional problems scores. We concluded that direct and non-direct exposure to

war trauma increases the risk for behavioural and emotional problems among pre-school children, which may present as non-specific psychopathology.

Thabet et al (2006) in study of 349 children aged 6-15 years from West bank and Gaza Strip found that Palestinian children had been exposed to a variety of traumatic events. The most common traumatic events in the Gaza Strip were: watching mutilated bodies and wounded people on TV (82.4%), witnessing bombardment of other homes by airplanes and helicopters (50.8%), and witnessing firing by tanks and heavy artillery on a neighbour's home (34.3%). Similarly children in the West Bank reported commonly the following traumatic events: watching mutilated bodies and wounded people on TV (89.3%), witnessing night raids (72.7%), and witnessing bombardment of other homes by airplanes and helicopters (68%). Eighty-seven (39.2%) of children from the Gaza Strip reported post traumatic stress disorder (40 and above in IES) compared to 51 (34%) of children from the West Bank.

Using SDQ for parents and teachers, 72 children (36.9%) from Gaza were rated as having caseness (were considered as having a problem) by parents using (17-40) cut-off points compared to 44 (29.3%) from the West Bank .

Seventy two children (38.5%) from Gaza were rated as having caseness by teachers using (16-40) cut-off points compared to 46 (30.7%) from the West Bank.

Previous studies with children and adolescents exposed to political violence and armed conflict have predominantly focused on the impact of trauma on their mental health (Vostanis, 2004). It is well established that exposure to political violence is positively correlated with mental health presentations (usually posttraumatic stress disorders and depression), often in a 'dose-effect' relationship (Thabet & Vostanis, 1999; Smith, Perrin, Yule, Hacam & Stuvland, 2002; Thabet, Abed & Vostanis, 2002; Qouta, Punamaki & El Sarraj, 2003; Shaw, 2003). The underlying mechanisms have

been more difficult to explore, because of the number of potentially confounding variables such as loss of loved ones, disruption of social networks, lack of basic health needs, or displacement.

Previous studies in the Gaza Strip did not tackle the issue of interventions to help children in overcoming the effect of trauma and violence in the society.

Thabet et al (2005) in a study 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.

On September 2005 the Israeli government decided to withdraw from Gaza Strip in a plan was called "engagement plan from one side". Settlers and soldiers pull out of Gaza Strip and the Strip was sealed and left only connection with Egypt through Rafah border.

The last six months of the year 2006, were characterized by the escalation of the crisis right after the capturing of an Israeli soldier by Palestinian militant group in Gaza. Consequently, Israel has started the Summer Rains campaign and imposed strict closure by sealing off the whole Gaza Strip, including; closing Rafah and Karni crossings for prolonged period of times, which resulted in huge humanitarian sufferings for the whole population. Israel has also committed major military offences including a massacre in Beit Hanoun, with over 20 victims. More than 400 people were killed and thousands were injured. The current crisis is can be highlighted by several miseries. The suffering varied between Gaza and the West Bank. Both Gaza and the West Bank suffered from the intensification of Israeli military operations, and the suspension of the transfer of the PNA due which lead to the suspension of civil servants salaries. On the other hand Gaza also suffered from resumption of sonic booms, the shortage of food, fuel and Medical supplies, destruction of Electricity Station.

There was also a sharp increase of the state of lawlessness and insecurity and the misuse of weapons, which resulted in bloody clashes between Fatah and Hamas, and resulted in the death of more than 200 people, also, familial clashes and conflicts.

This has led to paralysis in civil and governmental institutions, i.e. government services, judiciary, PLC, schools, etc.

In early June, 2007, in the middle of Israeli attacks in the Gaza strip made in response to continuing Qassam rocket bombardment of Sderot (as part of the 2007 Israeli-Palestinian conflict), gunfire and rocket propelled grenades could be heard from the streets of Gaza City. In half a year, more than 150 Palestinians have been killed in

fighting; sparking the fear a civil war could erupt in the Palestinian Authorities, and especially in Gaza.

Another round of fighting began on June 10 and finished on June 14. Throughout the four days of fighting Hamas had taken control of the Gaza Strip from Beit Hanoun north to Rafah south. The Israeli government closed all check-points on borders of Gaza in response to the violence. During the four days of intense fighting at least 116 people were killed.

On Sept. 19 /2007 Israel's Security Cabinet voted to declare the militant Hamas-controlled Gaza Strip an "enemy entity" and enacted a number of sanctions.

Among the sanctions approved by the Cabinet was reducing the fuel supply to a bare minimum. Only essential food and medical supplies would be permitted to enter the strip and electricity will also be reduced. This siege was not investigated till now and there is a plan to conduct study of effect of siege on Palestinian children in the Gaza Strip.

References

Abu Hein, F., Qouta, S., Thabet, A. A & El Sarraj, E. (1993). Trauma and mental health of children in Gaza. *British Medical Journal*, 306, 1129-1130.

http://www.who.int/countryfocus/resources/ccsbrief/West_bank_and_gaza_en.pdf.

Qouta, S., Punamaki, R.L., El Sarraj E. (2003). Prevalence and determinants of PTSD among Palestinian children exposed to military violence. *European Child and Adolescent Psychiatry*, 12, 265-272.

Thabet, A. A. & Vostanis, P. (1998). Social adversities and anxiety disorders in the Gaza Strip. *Archives of Childhood Diseases*, 78, 439-442.

Thabet, A. A. & Vostanis, P. (1999). Visit to Gaza Community Mental Health Programme in Gaza: Training in children mental health. *Psychiatric Bulletin*, 23,300-302.

Thabet AA , Vostanis P . (1999). Posttraumatic stress reactions in children of war. *J Child Psychol Psychiatry*, 40, 385-391.

Thabet AA, Vostanis P .(2000). Post traumatic stress disorder reactions in children of war: a longitudinal study. *Child Abuse and Neglect*, 24, 291-298.

Thabet, A.A., Abed, Y. & Vostanis, P. (2001). The effect of trauma on Palestinian children and mothers mental health in the Gaza Strip. *Eastern Mediterranean Public Health Journal*, 7, 314-321.

Thabet, A.A., Abed, Y. & Vostanis, P. (2002). Emotional problems in Palestinian children living in a war zone: a cross-sectional study. *Lancet*, 359, 1801-1804.

Thabet AA, Abed Y & Vostanis P (2004) Comorbidity of post-traumatic stress disorder and depression among refugee children during war conflict. *Journal of Child Psychology and Psychiatry* 45, 533-542

Thabet AA, Tischler V & Vostanis P (2004) Maltreatment and coping strategies among male adolescents living in the Gaza Strip. *Child Abuse and Neglect*, 28, 77-91

Lewando Hundt G, Chatty D, Thabet, A. A., Abuateya, H. (2004). 'Advocating Multi-Disciplinarity In Studying Complex Emergencies: The Limitations of A Psychological Approach To Understanding How Young People Cope With Prolonged Conflict In Gaza', *Journal of Biosocial Science*, 36, 417-431.

Thabet AA, Khalid Karim, & Vostanis P .(2005). Group crisis intervention for children during ongoing war conflict. *European Child and Adolescent Psychiatry, 14*, 262-269.

Thabet A A, Vostanis P .(2005). Child mental health problems in the Gaza Strip. *Israel Journal of Psychiatry, 42*, 84-87.

Thabet, A. A., Abuateya, H. (2005). Palestinian refugee children and caregivers in the Gaza Strip. Chapter 6 in Lewando Hundt G, Chatty D *Children of Palestie : Experienceing forced migration in the Middle East*. Sage Publication: UK.

Thabet AA, Karim, K., & Vostanis P .(2006). Trauma exposure in pre-school children in a war zone. *British Journal of Psychiatry, 188*, 154-158.

Thabet, A. A., Abdulla, T., El Helou, M., & Vostanis, P. (2006). Effect of trauma on children mental health in the Gaza Strip and West Bank (Chapter in a Book, (Eds) GREENBAUM, C. W., VEERMAN, P., BACON-SHNOOR, N (2006). *Protection of Children During Armed Political Conflict .A Multidisciplinary Perspective*. Pp 123-138.

Thabet, A. A., Abdulla, T., El Helou, M., & Vostanis, P. (2006). Prevalence of AHDH and PTSD among Palestinian children in the Gaza and West Bank. *Arabpsynet E. Journal, 12*, 57-64.

Thabet, A. A. (2006). Effect of bombardment on Palestinian children in the Gaza Strip. *Arabpsynet E. Journal, 12*, 129-131.

Thabet, L., Thabet, AA, Vostanis, P.(2007). Mental Health Problems among Orphanage Children in the Gaza Strip. *Adoption and Fostering Journal. 31, 2*, 54-62.

Thabet, AA., Abu Tawahina, A., El sarraj, E , & Vostanis, P.(2007). Exposure to war trauma and PTSD among parents and children in the Gaza Strip. *European Child and Adolescent Psychiatry, 31*

World Health Organization. (2006). *WHO-AIMS REPORT ON MENTAL HEALTH SYSTEM IN WEST BANK AND GAZA*. A report of the assessment of the mental health system in West Bank and Gaza using the World Health Organization - Assessment Instrument for Mental Health Systems (WHO-AIMS).