

**Need assessment** survey **for** psychosocial problems in children and

parents victims of violence and trauma:

In Beach Camp-Gaza

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## Introduction

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/km<sup>2</sup> 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). 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. Numerous studies have directly linked post-traumatic stress disorder (PTSD) among children to the violence and mobility restrictions experienced on a daily basis, including the death and injury of family and friends, damage to property, and the frustration and poverty they sustain through closures, curfews and home confinement. Children have witnessed loved ones being killed or injured; have spent childhood years searching for their belongings in the rubble of destroyed homes and schools, and are living in the reality that no place is a safe place. According to a local child activist, "Our children are incomplete; they are short on many things. They have had no chance for childhood; they have an energy they cannot express. They have had a hard life." In summary children are paying a heavy and disproportionate price for this conflict - many with their lives.

In June 2007 fighting broke out between rival Palestinian factions and after days of violent clashes Hamas eventually ousted Fatah and took over the Gaza strip. In reaction to the takeover by Hamas, a near-complete closure on its borders has been imposed, causing most sections of the private sector to collapse, resulting in increasing poverty levels amongst the population of the Gaza strip.

Armed clashes have since continued to take place between Palestinian factions with shootings in the street, leaving dozens dead. At the same time, the Israeli Defence Forces have continued to target the Gaza strip almost on a daily basis from the air and on the ground incursions.

While harsh conditions have long prevailed across oPt, current levels of poverty, unemployment and insecurity have reached new lows. The distress within households is tangible, with caregivers reporting acute signs of distress among their children and themselves. In this context of extreme volatility, and oftentimes, misery within households and in communities, children say they have little to hope for, and much to fear. With half of the population in the Gaza strip under the age of 18 interventions targeting children and youth are especially important. Palestinian children have few safe places to live, play or learn. Whether they're at home, at school or on the streets, they frequently encounter violence, abuse and exploitation. Life is becoming more violent for children in the Palestinian territory. Signs of distress, such as anxiety, nightmares, disinterest in social interaction and low school achievement, are common among children. Parents, who are also under severe psychological stress, are struggling to cope with their distressed children. Overwhelmed by

severe financial hardship and the ongoing conflict with Israel, and are more susceptible to abusing their children.

#### Study purpose and objectives

The survey will focus on the following key areas:

Determine quantity and quality of trauma, violence, children and parents reactions to traumatic events, expectations, coping with stress and trauma, and available resources.

#### Purpose and Objectives of the Survey:

The purposes of the survey are to:

To provide information about psychosocial that will help in setting impact indicators for evaluation purpose.

To gather data for regular monitoring purpose and set new indicators

#### Objectives of the baseline survey

This baseline survey was set in order to collect data for establishing baselines for regular monitoring of children and parents trauma, violence, coping with trauma, available resources and needs for the future. It will also help in strengthening the already set impact indicators for both monitoring and evaluation purpose.

#### Study Specific objectives

To determine baseline survey indicators of trauma, violence, consequences and coping of children.

To investigate the prevalence of mental health problems of children as a reaction to violence and trauma (depression, anxiety, and PTSD)

To evaluate the parents mental health (anxiety, depression, and psychosomatic).

To provide relevant qualitative information about the children and parents situation at the current time that informs project implementation about the needs of children and parents.

#### Objectives of Children evaluation

To explore types, causes of trauma and violence in the Beach camp area

To identify the children behavioural and emotional problems (children themselves-CDI, CRMAS).

To identify the parents mental health problems (GHQ).

To set base line for behaviours consequences of stress and conflict in children (Using IES-13)

To measure the extent to which knowledge and awareness of girls and boys in positive behaviours for dealing with stress and conflict have been modified.

To measure the extent of knowledge of parents in causes, types of violence and trauma and ways of dealing with such problems.

#### Objectives of **Parents evaluation**

To evaluate parents exposure to trauma ad violence, and social situation resulted for factional fighting in the Gaza Strip.

To explore parents mental health problems such as anxiety, depression, and psychosomatic

## Study design

This is a descriptive study, which tries to set a data baseline for group of children suffering from a range of behavioural and emotional disorders becomes the primary driver of violence at the individual, family and community level who will be helped by intervention program including their caregivers.

## Study population and sample

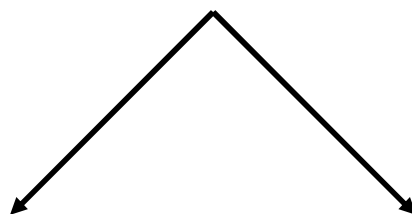
### Sample for quantitative data

The population of this study included a random sample of children 54 boys and girls attending 2 Community Centers (Child and Family Training and Counseling center and Women Activities Ceter) in Beach Camp-Gaza City m and 27 parents. Figure 1.

Figure 1

Study sample

54 children age 9-14



26 boys

35 girls

20 Qualitative Interview Subjects

Another 27 parents of the children will be selected for quantitative and qualitative interviews using structure interview and GHQ-28.

### Sample for qualitative data

The population of this part of the study included 20 children (10 boys and 10 girls).

Twenty parents of the children will be selected for quantitative and qualitative interviews

### **Data collection**

Quantitative data collection

Data collection was conducted by 3 trained social workers and community mental health workers with assistant research (MPH degree) with previous experiences in data collection in similar projects. They were trained by the consultant and project assistance on using questionnaires of the study.

Qualitative data collection

A will prepared interview with small list of questions about children perception of types of violence and trauma, reactions to trauma, coping with stress and trauma, , available resources, and feelings of hope, emotions was given using focus group of 10 boys and 10 girls. We used PRA method using : Draw risks and resources map.

### **Instruments for quantitative data collection**

The data was collected by using the following:

Interviews with children:

We interviewed children using the following

Sociodemographic characteristic questionnaire

This questionnaire includes sex, age, place of residence, parental information

The Children's Revised Impact of Events Scale (CRIES-13) [Horwitz, 1978; Perrin, 2005]

This scale measured symptoms of post-traumatic stress disorder (PTSD).

This included all 8 items of the original Impact of Events Scale, as well as 5

items derived from the arousal criteria in the DSM-IV classification [3].

Individual items were rated according to the frequency of their occurrence during the past week (none = 0, rarely = 1, sometimes = 3, a lot = 5) and in relation to a specific traumatic events written at the top of the scale. In this study the revised IES was translated from English to Arabic and back translated. A cut-off score of 30 and above has been found to indicate the likelihood of presence of PTSD [21]. A total score was provided, as well as subscales scores for intrusion, arousal and avoidance PTSD symptoms.

The Revised Children's Manifest Anxiety Scale (RCMAS) [Reynolds and Richmond, 1978]

It is a standardized 37-item self-report questionnaire for children of 6-19 years of age. It measures the presence or absence of anxiety-related symptoms ('yes'/'no' answers) in 28 anxiety items and 9 lie items. A cut-off total score of 19 has been found to predict the presence of anxiety disorder (Reynolds and Richmond, 1997).

Child Depression Inventory (CDI)

The CDI is a standardised self-report questionnaire of depressive symptomatology (Kovacs, 1985). This has been developed for children and young people aged 6-17 years. The CDI includes 27 items, each scored on a 0-2 scale (from 'not a problem' to 'severe'), for the previous two weeks. The total score ranges between 0-54, and a score of 19 has been found to indicate

the likelihood of a depressive disorder. The CDI has been adapted for use with Arab children (Gharib, 1985).

#### Interviews with Parents evaluation

The parents were interviewed using General Health Questionnaire-28 (Goldberg, 1978)

To assess psychiatric morbidity we used the General Health Questionnaire-28 (GHQ-28, a commonly used questionnaire of proven validity and reliability; Goldberg, 1978). General Health Questionnaire 28 (GHQ-28) is a popular 28-item screening test that derived from factor analysis of General Health Questionnaire 60. The questionnaire has 4 subscales of Somatic Symptoms, Anxiety and Insomnia, Social Dysfunction and Severe Depression with 7 questions in each subscale. The scores are calculated by using binary (0-0-1-1) score. We used here 4/5 cutoff point for scoring the morbidity of the mental health.

#### **Planned analysis**

After data collection of the sample we will use SPSS (SPSS win, Ver 12) for data entry and analysis and the validity and reliability of the instruments using split half method and Cronbach's alpha equation.

For qualitative data such as structured interviews and group discussion with children makers will be analyzed manually by the consultant depending in his previous experiences in similar research. The main themes emerged will be listed and discussed.

#### **Ethical issues**

A covering letter will be send to parents explaining the aim of the baseline study and about their right not to participate with their children in study and ask them to sign the letter if they agree to participate with their children in the study.

## Results

### Results of the quantitative data

#### 1- Children quantitative data results

##### Sociodemographic data of the children

From total 61 children, 55 parents responded to our basic study with response rate of 88%. The sample consisted of 61 children, 26 boys which represented 42.6% and 35 girls which represented 57.4%. The children aged from 6-12 years with mean age 11.6 (SD = 1.26).

Palestinian families consisted of large number of children, as 13 (21.3%) had 4 or less children, 18 families (29.5%) had 5-7 children, and 30 families (49.2%) had 8 or more children. Thirty three (54.1%) live in the camp and 28 of children (45.9%) live in village. .

#### Table 1

Sociodemographic characteristic of the children (N= 54)

Items	No	%
1- Sex		
Male	26	42.6
Female	35	57.4
2- Age		
6 years	1	1.6
7 years	2	3.3
8 years	12	19.7
9 years	23	37.7
10 years	14	23.0
11 years	9	14.8
12 years	1	1.6
3- Place of residence		
Camp	33	54.1
Village	28	45.9
4- No of siblings		
4 and less	13	21.3
5-7 siblings	18	29.5
8 and more siblings	30	49.2

## Types of traumatic events due to factional fighting

Our study showed that the most common reported traumatic events by children were: watching pictures of killed and wounded people on TV (90.7%), hearing the shootings and bombardment due to fighting in the streets (85.2%), and

Table 2

## Types of traumatic events due to factional fighting

	No	%
Watching pictures of killed and wounded people on TV	49	90.7
Hearing the shootings and bombardment due to fighting in the streets	46	85.2
Hearing arrest or kidnapping of someone or a friend	42	77.8
Witnessing neighbors homes exposed to shooting by bullets, rocket, or bombs	37	68.5
Being detained at home	32	59.3
Hearing killing of a friend	25	46.3
Hearing killing of a close relative	22	40.7
Witnessing your home exposed to shooting by	21	38.9

bullets, rocket, or bombs		
Deprivation from water or electricity during detention at home	20	37
Exposed to shooting during the factional fighting while you were crossing the streets	19	35.2
Witnessing shooting of a close relative	15	27.8
Destroying of your personal belongings	15	27.8
Threaten of being killed	15	27.8
Exposure to beating, humiliation in the last factional fighting	14	25.9
Witnessing shooting of a friend	13	24.1
Deprivation from going to toilet and leave the room at home where you was detained	13	24.1
Witnessing killing of a friend	12	22.2
Being exposed to shooting during the last shooting and confrontations between factions	12	22.2
Witnessing killing of a close relative	11	20.4
Threaten of family member of being killed	7	13

Impact of Events Scale- Children results

## Type of post traumatic stress reactions

As shown in table 3, among Palestinian children, the most common reported post traumatic stress reactions were: try not to think about it.(33.3%), Try to remove it from his memory (29.6%), and try not talk about it. (24.1%).

Table 3

Percentages of Post traumatic stress symptoms according to IES-children

	Not at all	Rarely	Some-times	Often
1. Think about it even when he don't mean to	48.1	16.7	25.9	9.3
2. Try to remove it from his memory	25.9	9.3	35.2	29.6
3. Have difficulties paying attention or concentrating	25.9	25.9	35.2	13
4. Have waves of strong feelings about it	22.2	31.5	29.6	16.7
5. Startle more easily or feel more nervous than he did before it happened	38.9	22.2	20.4	18.5
6. Stay away from reminders of it (e.g. places or situations)	38.9	11.1	25.9	24.1
7. Try not talk about it.	31.5	18.5	25.9	24.1
8. Pictures about it pop into his mind	37	22.2	27.8	13
9. Things keep making him think about it	38.9	20.4	24.1	16.7
10. Try not to think about it	20.4	24.1	22.2	33.3

11.	Get easily irritable	50	10.4	16.7	13
12.	Alert and watchful even when there is no obvious need to be	37	33.3	16.7	13
13.	Have sleep problems	33.2	14.8	29.6	22.2

#### Post-traumatic distress disorder

Using IES, the mean IES was 25.04 (SD= 12.43), mean intrusion was 6.89 (SD= 4.63), mean avoidance was 9.46 (SD= 6.22) and mean arousal was 8.69 (SD = 5.61). Considering the previous cut off point of 30 and above for IES-13, 29.6% of children were considered as PTSD.

#### Anxiety disorder

Children reported different symptoms of anxiety.. The mean CRMAS was 28.24 (SD = 6.22). Considering the cut off point of 19 and above, 24.1% of children reported anxiety disorder

#### **Depression**

Depression was measured by Children Depression Inventory. The mean CDI was 14.28 (SD = 5.86). Considering the cut off point of 19 and above, 22.2% of children reported depression

Table 4

Means and SD of trauma, PTSD, anxiety, and depression

	N	Minimum	Maximum	Mean	SD
Traumatic events due to factional fighting	54	1	18	8.15	4.12
PTSD (IES-13)	54	1	59	25.04	12.43
Intrusion	54	0	18	6.89	4.63
Avoidance	54	0	20	9.46	6.22
Arousal	54	0	21	8.69	5.61
Anxiety (CRMAS)	54	18	49	28.24	6.22
Depression (CDI)	54	2	28	14.28	5.86

Table 5

Prevalence of PTSD, depression, and anxiety

	No	%
PTSD	16	29.6
Anxiety	13	24.1
Depression	12	22.2



## 2- Parent's quantitative data results

### Sociodemographic characteristics of the parents sample

To assess psychiatric morbidity we used the General Health Questionnaire-28 (GHQ-28, a commonly used questionnaire of proven validity and reliability; Goldberg, 1978). General Health Questionnaire 28 (GHQ-28) is a popular 28-item screening test that derived from factor analysis of General Health Questionnaire 60. The questionnaire has 4 subscales of Somatic Symptoms, Anxiety and Insomnia, Social Dysfunction and Severe Depression with 7 questions in each subscale. The scores are calculated by using binary (0-0-1-1) score. According to parents reports, the mean GHQ for parents was 13.77 (SD 7.89), somatic symptoms mean was 3.96 (SD =2.55), anxiety and insomnia mean was 4.67 (SD = 2.24), social dysfunction mean was 2.85 (SD =2.52), and severe depression mean was 2.3 (SD = 2.09).

Table 6

Mean and SD of GHQ for parents

	N	Min.	Max.	Mean	SD
Total GHQ	27	0	28	13.77	7.89
Somatic Symptoms	27	0	7	3.96	2.55
Anxiety and Insomnia	27	0	7	4.67	2.24
Social Dysfunction	27	0	7	2.85	2.52
Severe Depression	27	0	7	2.30	2.09

Using the 4/5 cut-off score (Goldberg, 1978), 25 (92.6%) parents scored within the clinical range of general psychiatric morbidity.

Table 7

Psychiatric morbidity of parents according to GHQ

Cases	No	%
Not cases	2	7.4
Cases	25	92.6
Total	27	100.0

In order to find the differences between parents general mental health, T independent test was performed. The results showed that mother scored high in general mental health problems than fathers ( $p = 0.002$ ), somatic symptoms were also more in mothers ( $p = 0.000$ ), anxiety and insomnia symptoms were more in mothers ( $p=0.006$ ), social dysfunction was also more in mothers ( $0.02$ ), however no differences in depression ( $p = 0.18$ )

Table 8

T-independent test of general mental health problems and sex of parents

	SEX	N	Mean	SD	t	p
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GHQ-total	Male	10	8.40	4.74	-3.554	.002
	Female	17	16.94	7.74		
Somatic Symptoms	Male	10	2.00	1.49	-4.224	.000
	Female	17	5.12	2.34		
Anxiety and Insomnia	Male	10	3.20	1.87	-3.040	.006
	Female	17	5.53	2.00		
Social Dysfunction	Male	10	1.50	2.17	-2.375	.027
	Female	17	3.65	2.42		
Severe Depression	Male	10	1.70	1.16	-1.357	.187
	Female	17	2.65	2.45		

**Focus group of boys (20) age 7-13 years at Child and Family Training  
and Counseling center-Beach camp-8-1-2008**

Types, causes of violence in the society

Abdel Rahman Said”Today there is much violence because Hamas kill people”

Mohammed said” we are living in very bad situation due to the internal fighting between Hamas and Fatah and they killed each other “

Momen said “today we had security at streets, before when there was fighting and lawlessness, it was insecure to go outside”

Othman said” The situation is very bad due to closure of borders and siege of Gaza ..No food.. they imprisoned the Palestinian Pilgrims in the sea”

Mousa said " Hamas and Fateh killed the people, they kidnapped them.. they cause closure of the borders and make us hungry"

Mahmoud said "Siege affect the Gaza, no more construction material and food.. they close the borders and this cause big problem for the Palestinian Pilgrims.. the prices f food and other material increase sharply.. people kill each other"

Ibraheem said "when they fights Hamas they want the ruler chairs and before it was safe"

Islam "the occupation implemented siege on Gaza by closing the border and the price of 50 kg of wheat is 100 NIS".

Saidy said "the siege of Gaza cause sharp increase in prices"

Aly said" siege is around us from every one.. Prices are increasing"

Mahmoud said "there is increasing of thieves in the area"

Causes of problems and current situation

Moemen said" the main cause of the bad current situation is the occupation"

Mahmoud said" the cause is the lawlessness and fighting between families"

Ibraheem said "the main cause of this situation is the fight on positions, authority, and election"

Ibraheem said "at home brothers are divided into Hamas and Fateh..

Employee did not get their salaries regularly and smuggling of the weapons"

Moemen said 'People hated each other and poverty increase"

Mahmoud said" there are more people going for social support organizations asking for coupon of food"

Saidy said “ the situation increase the prices.. one package of bread costs 10 NIS”

Consequences of the current situation

Mahmoud said “people are cheating in selling goods to others.. they started thinking of the future.. what will happen..”

Moemen said “the situation prevents children from getting their pocket money from their parents”

Ali said “the situation is not good from all area.. People were earning 1000 NIS and now it become 500”

Ibraheem said “closure of the borders affect the entire live of the people in Gaza”

Ali said” fathers become violent and beat us”

Availability of leisure activities

Moeme said “there is garden of Gaza municipality”

Islam” we had the zoo and Yarmok Football stadium”

Mahmoud said “ we had all the streets to play”

Ali “ we had this center and we come and do activities”

## Expectations

Most of the children said that they need 'camps.. Atari. Biliardo place.. computers, teaching center, toys, and swings"

## Girls

Reaction of the people and behaviour toward the current situation

Shams said "the situation is not good.. there are clashes and shooting.. yes I had fears of the clashes"

Arwa said "the situation is not good.. Palestinians fight between themselves.. I was unhappy and fearful because they want to kill us.. I was afraid of the Jews"

Hadeel said " I like this situation"

Samia said "the situation is not good.. because of the internal fighting and many people were killed.. they are the same people.. they have to for coalition government and fight the Jews.. I was sad on Hamas and Fateh fighting and I fear from Jews"

Shaima said " the factional fighting between Hamas and Fatah was not good.. people were killed and they were not involved in the conflict.. many people were injured.. they hate each other"

Ghadeer said "there is splitting of the society between Hamas and Fateh"

Arwa said " the most common cause of violence and our bad situation is the Jews.. they bombarded the area"

## Causes of violence

Shaima said " the Jews bombardment us because they are angry from us"

Nesserin said " the violence on us from Jews because they want our land"

Arwa said "Jews do what they are doing because we are Muslims.. Jews took our land and they make us refugee"

Ghadeir said " Jews do bad things and this because we defend our land and fight"

## Consequenecs of factional fightings

Shaima said " there was kidnapping of people by both Fatah and Hamas.. the borders are closed and people can not go for treatment outside Gaza "

Arwa said "there was destruction of homes and beating people.. my father salary was cut and we had financial problems"

Ghadier said "the siege is very bad.. no basic materials in homes..many people were killed and injured"

Ilham said "people are not visiting each other to avoid talking in politics.."

Nesreen said " not going to work is painful to father they became very nervous

Ghadeer said " the poverty and the prices increased because of siege and goods are not enter to the Gaza Strip .

Shima said " close of borders cause increasing of prices, poverty, and not getting anything from outside Gaza.. also there is shortage of electricity "

Arwa said" there is hertness between girls because of Hamas and Fateh

Ghadeer said " we dislike each others and there is society dispute

Shima said "people strated to hate each other and dislike each other

Arwa said "there is bad feelings and Hartness increase between children due to the fighting between Fataha nd Hamas".

Ghadir said " there is much dispute between the people and they dislike each other "

Availability of leisure activities

Arwa said : "there is the zoo, sea, swings, drawings, and stories"

Shaima said "there is the municipality garden"

Ilham said " we read stories and books

Expectations

Zeikeiat said "we need picnics"

Hadeel said" we need toys and books"

Ghadeir said "we need workshops for important topics"

Ilham said "we need picnics and go to sea and having useful workshops"

Results of Focus group of parents in Women Program Center-Beach camps

Am hamdan said "the situation now is not good and very bad, every one in the city has been affected because of what happened between Hamas and Fateh. I am the first one who is feeling very bad from this situation.. my son left the city because of the Factional fighting and bad situation"

Abu Wafy ; "the cause of all of this is the conflict on authority and chairs.. my son also left the country and the cause of this conflict is the Israelis occupation"

Lotfy said " the cause of the violence is the factional fighting between Hamas and Fateh and it's effect was more than the Israelis occupation"

Mohsen said: "violence between Palestinians was wrong. this cause economic and political situation which lead to every day bad life and I am one of it's victims.. I have no job or any recourse for income, before the person was happy and has job and income"

Lotfy said "before the person was very happy.. every one was working and every one has salary, but now Hamas has taken every thing and the power.. they takeover the Palestinian authority and siege was imposed on Gaza Strip.. there is no medication in Gaza "

Aum Ramy said "the new authority (Hamas) has not change any thing in economic situation.. our sons left the country due to their belonging to Fatah faction.

Aum mohand said "the situation in Gaza now is very bad.. what we can do in this situation.. we have no money.. what do you think the better way of getting mony.. is it going to steal is better to feed your family".

Said said " there is no security and the cause is the conflict between Hamas and Fateh on authority's chair.. I stopped talking to my friends because we start fighting on discussion our points of view"

Said said " there is no safety or security nowadays the resone is the conflict of the chairs I don't go to visit my friends".

Lutfy said "the differences in political points of view between Hamas and Fatah and overtaking of power by Hamas by military action and not political way make violence more"

Om mohammed said "the cause of violence is the occupation.. not Hamas or Fatah.. the occupation forces killed many Palestinians and they do not want the unity between the Palestinians".

Farid said "the main cause of violence in society is the consequences of the last fighting between the Hamas and Fatah.. hearts are balck..hartness is wide spreading between people.. today we are fighting for authority's chair. the consequences of the previous Intifada on 1987 is now the cause of violence.. after 1o years they will be more massacres and more violence in the society"

Consequences of violence in society and children

Om Mahdy said " the violence lead to many problems.. children become anxious and irritable..mothers had more pains and outburst of anger and anxiety.. she blame her children for this anger..children play full of violence

and shooting using plastic guns.. they had fears and hartness between brothers

Om Mohammed said "children are not concentring in their schools and school performance is lower than before".

Abu Zoiher said " during the Intifada people were united. However now dispute is much even inside the families due to the political colours".

Om Issam said "my son can not concentrate.. he was clever boy before..the last fighting had big influence on him and he was leaving his book and not studying".

Abu Arab said "children are refusing to go to the kindergarten"

Socioeconomic status of the families

Mohammed said " my daughters go to school and they had no pocket money"

Abu Taha said "the prices are very high.. one kilo of meat costs 100 NIS.. no money to give for children.. no jobs..no family income.. its like destroying homes"

Abu Arab said "there is sharp increase in prices.. accompanied with no salary.unemployment is increasing steadily.. there is no medications and I had

to take medication costing 100\$ and I went to the clinic and they told me to buy it from outside.. but I had no money"

#### Availability of leisure activities

Loufy said" there is only this community center for our children to play and do activities"

Abu Arab "we had the sport club, but no big place for children to play"

#### Expectations of the parents

Most of the parents said that there is lack of leisure activities for children and they want more remedial classes, toys, cultural clubs, playgrounds, and drawing materials.

Abu Ramy said " there is a great need of swings, zoo, and leisure center"

Mohasen said " we need comprehensive education forum where children can learn computer skills and remedial classes.. also toys and material for drawing".

Abu Arab said " We need remedial classes for children and cultural club".

## Discussion

This study was designed to collect data for establishing baselines for regular monitoring of children and parents trauma, violence, coping with trauma, available resources and needs for the future. It will also help in strengthening the already set impact indicators for both monitoring and evaluation purpose.

The study includes a sample of children 54 boys and girls attending 2 community centers in Beach camp in Gaza on 8,9 January 2008. Data collection was carried out by quantitative and qualitative methods by trained social workers and community mental health workers with previous experiences in data collection in similar projects. For quantitative data: a will prepared interview with small list of questions about children view of violence, trauma, and mental health was given using focus group of 10 boys and 10 girls. Quantitative data was collected by self report questionnaires (Gaza Factional Fighting Trauma Scale, Impact of Events Scale. CDI, CRMAS) and for parents we used GHQ-28 and focus group of 27 parents.

## Traumatic events

Our study showed that the most common reported traumatic events by children were: watching pictures of killed and wounded people on TV

(90.7%), hearing the shootings and bombardment due to fighting in the streets (85.2%), and hearing arrest or kidnapping of someone or a friend (77.8%). Palestinian children reported mean 8.15 traumatic events. This is consistent with our previous studies (Thabet et al, 2004, 2006, 2007a, b).

#### Post traumatic stress reactions

Our results showed that the most common post traumatic stress reactions reported by children : try not to think about it.(33.3%), Try to remove it from his memory (29.6%), and try not talk about it (24.1%). These symptoms are similar to previous findings for similar group of children interviewed in Rafah area. This highlight the new coping strategies used by children of avoiding the talk and think about what happen to them (Thabet , 2007a in press).

However these findings were different from previous finding in which loss of interest in significant activities, sleep disturbance, avoidance of reminders, intrusive images and sounds, and difficulty concentrating were the most common symptoms (Thabet and Thabet, 2007b). This is inconsistent with our study of shelling of north of Gaza area in which children reported insomnia, exaggerated startle, and trying to remove memories from their mind (Thabet et al, 2007b in Press). This differences could be the fact that the last factional fighting make children avoid the talking about what had happened between Hamas and Fatah and that the enemy figures was changing from the external enemy to the enemy within the society.

Om Mohammed said "children are not concentrating in their schools and school performance is lower than before".

Om Issam said "my son can not concentrate.. he was clever boy before.. the last fighting had big influence on him and he was leaving his book and not studying".

Abu Arab said "children are refusing to go to the kindergarten"

This study showed that 29.6% of the children reported above cut point of IES which categorize as possible case of post traumatic stress reactions. This is consistent with our previous study of Orphan children in the Gaza Strip in which 44 children (39.3%) scored within the severe spectrum of the CPTSD-RI (post-traumatic stress) range (Thabet and Thabet, 2007c).

This is consistent with similar research project (Qouta & El Sarraj, 2004) on 944 children in Gaza, results revealed a high level of PTSD: about third of the children suffered from a severe level of PTSD symptoms. Our results are less than the study of Thabet et al, (2007, b) that shelling which showed that 71% of children reported PTSD.

#### Anxiety symptoms

Anxiety disorders represent one of the most common forms of child psychopathology. Children total score of anxiety was 28.24. Considering the cut off point of 19 and above, 24.1% of children reported anxiety disorder.

This result is consistent with our previous study in similar area in which 21% of children were scoring above cut- off point of the scale (Thabet and

Vostanis, 1998). This is less than the level of anxiety found in children exposed to continuous shelling in north of Gaza Strip in which 33.9% of children were rated as having anxiety symptoms of likely clinical significance (Thabet et al, 2007b). This is consistent with our previous study of Orphan children in the Gaza Strip in which 32 (28.5%) above the RCMAS (anxiety) cut-off (Thabet and Thabet, 2007c)

Om Mahdy said " the violence lead to many problems.. Children become anxious and irritable. .mothers had more pains and outburst of anger and anxiety.. she blame her children for this anger.. children play full of violence and shooting using plastic guns.. they had fears and hate between brothers

Our results were inconsistent the Spence (1998) study of a community sample of 2,052 children, 8-12 years of age. She found lower scores of total anxiety and other subscales. In studies of homeless children and their mothers who were residing in Boston shelters. Our findings were also inconsistent with the findings of studies of children, were that third of the children between the ages of 6 and 18 years had scores on the Children's Manifest Anxiety Scale that required psychiatric referral (Bassuk et al., 1986; Bassuk & Gallagher, 1990). Our results consisted with study of Qouta et al (1997) in study of the effect of home demolition of Palestinian anxiety, they found that children whose homes were demolished showed significantly more psychological symptoms than the children in witness control groups. Age of children was not significantly related to psychological symptoms.

Depression

Depression was measured by Children Depression Inventory. The mean CDI was 14.28 . Considering the cut off point of 19 and above, 22.2% of children reported depression. This is inconsistent with previous study of Orphan children in the Gaza Strip in which 55 (49.0%) reported CDI (depression) scores above the clinical cut-off (Thabet and Thabet, 2007c).

#### Conclusion and recommendations

This qualitative quantitative study of children and parents in one of the refugee camps in the Gaza Strip showed the size of suffering of children due to political, family, community violence and children scored high in depression, anxiety, and PTSD which highlight the need for intervention programmes including the psychosocial situation of the Palestinian children in the Gaza Strip. Also to call the international organizations in establishing development projects in the area to help children coping with trauma and stress. Also the results showed that parents also are affected from violence, siege of Gaza, unemployment, factional fights and this support the idea of involving the parents in any psychosocial programmes for children in the area.

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