

# **The impact of extracurricular activities in the summer camps on mental health of children in the Gaza Strip**

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## **Abstract**

**Aims:** The aims of the study were to examine the types and severity of traumatic experiences and reaction to trauma such as anxiety, depression, and PTSD. Also, to investigate the effectiveness of extracurricular activities in the summer camps on children mental health problems such as anxiety, depression, and PTSD.

**Method:** A total number of 221 children aged 6-16 years were selected from 3 summer camps in the Gaza Strip. Children were interviewed before the activities in the summer camps which include: drawing, story telling, cultural activities, and role play. The scales were sociodemographic, Gaza Traumatic Events Checklist, IES, CRMAS, and CDI.

**Results:** The results showed that there were no changes in any psychological reactions due to traumatic events such as depression, anxiety, PTSD, avoidance and intrusion after finishing 5 days of activities in the summer camps.

### **Clinical implications**

The findings should direct the policy makers to arrange long-term summer camps with follow up of children in community and involving of parents, teachers, brothers, and other community people around the child. Also another different types of activities should be more constructive for children in summer camps.

**Key words:** Children, Summer camps, PTSD, Anxiety, depression.

## **Introduction**

Al-Aqsa Intifada began in the history of 2000-9-28, and since then, the Palestinian people facing Israeli violence, which has taken several forms and images such as murder meaning where most injuries in the head, chest and heart, destruction and demolition of houses in several ways, as well as thousands were arrested, thousands of wounded many of whom became disabled, the closure of towns and prevent the Palestinian people from traveling abroad or move from one town to another Palestinian, depriving thousands of Palestinian workers from going to their work; It increased the psychological pressure on thousands of Palestinian families by depriving them of earning a living and provide for their children, the destruction of public property such as hospitals, schools, police stations and community institutions, depriving thousands of students from going to school, degrading treatment by members of the Israeli army Population barriers and waiting for hours and days. Intimidation and also where many of them are forced to do degrading behavior at gunpoint such as removing clothes and stand for hours on one foot, sometimes perhaps forcing some older people to dance, also at gunpoint, in addition to bulldozing and uprooting trees, particularly olive trees and orange trees, which means a lot of the Palestinian people where these trees are a symbol of the history of the Palestinian existence on this land blessed and important part of the Palestinian heritage.

There is no doubt that these traumatic events, which exceeded the capacity of natural human endurance touched every strata and sectors of Palestinian society, and we can say that almost no one Palestinian living in the Palestinian territories is not an event one of these events, but it probably exceeds that up violence Israel, possibly to other individuals living in other societies, whether Arab or foreign, through various media. Many of the studies on the impact of trauma on children, particularly in war zones, and sectarian conflicts in the study of fixed and others (Thabet et al, 2001) found that children exposed to traumatic rate of 4 experiences for each child, and these shocks either as a direct result of violence against them or a look at adults who are subjected to violence, or through watching the media, especially television.

In another study of the fixed and others (Thabet et al, 2002) for a sample of 91 children suffered their homes demolished during the events of the Al-Aqsa Intifada in the Salah al-Din Gate, and the Tufah neighborhood in Khan Younis, and on settlements in Deir el-Balah and 89 children had been subjected to female sample types other painful events related to political violence, it has been shown that children whose homes bombed and Demolition showed symptoms of psychiatric disorders and post-traumatic symptoms also fear more members of the group and the law has been the results by 59.3% of the children of the group that their homes were demolished and 24.7 % of the group told the law on the reactions of post-traumatic disorders. There has been a direct correlation between exposure to traumatic experiences, such as the bombing of homes and the emergence of psychological reaction. In contrast, the children who had been subjected to traumatic experiences transferred from adults and the media showed concern and the expression aware anguish.

In a study of strength and others (Quota, 2003) of a sample of 121 Palestinian children in the Gaza Strip, ranging in age from 6-16 years found that 54% showed reactions after psychological trauma, and 33.5% showed an average responses, and 11% showed responses simple. )Thabet et al, 2004. And in a study of the fixed and others (Thabet et al, 2004) of a sample of 403 children between the ages of 9-15 years living in four camps in the Gaza Strip, scoring half of the children (52.6%) post-traumatic distress moderately and (23 .9%) drastically..( Having proved that there is a limited correlation between the number of traumatic experiences and reactions between psychological trauma and depression, as both (reactions to the trauma and depression) is forecasting fostered through the preparation of traumatic experiences that occurred.

The small themes repeated again and again accompanied with the whole post-traumatic distress is concern during sleep, and somatic complaints and sympathy limited, rush, and difficulties in concentration.

El-Majdalawi and Thabet (2007) in a study of a sample consisted of 432 Palestinian children in Gaza Strip, the study aimed to assess the impact of traumatic experiences suffered by children during the Al-Aqsa Intifada by the Israeli occupation forces at the level of academic achievement for students in middle school, the study found that the prevalence of post-traumatic distress - children reached 71.2%, the study also found a relationship between the association traumatic experiences and the evolution of post-traumatic distress hand, and the level of educational attainment on the other

In a recent study of the fixed and others (Thabet et al, 2006) of a sample of 350 children from the West Bank and Gaza Strip found that children in Gaza have been subjected to psychological trauma average hit .1 shock and the children of the West Bank, the average shocks have 7. 5 shock and there was a relationship between trauma and distress post-trauma, which stood at 34% in children in the West Bank and 39% in children of the Gaza Strip.

In a study (Thabet et al 2007 in Press) in a random sample of 434 students in middle school showed that the most common traumatic events among children was as follows: watch the wounded and martyrs across the screen television (93 %) of children, watching the destruction of homes through television (91%), The study found that about 41% of girls and 36.6% of boys have developed symptoms of post-traumatic stress disorder.

### **Psychological intervention in children victims of violence and trauma**

Psychotherapy plays an important role in overcoming the child reactions to traumatic experiences, especially in school and must be therapeutic intervention for children dependent on the following:

- 1 - That might have been the work of an integrated psychiatric examination of children.
- 2- We must inform all parents and the ways in which information will be used for treatment.

There are ways to intervene, such as individual psychological therapy, and cognitive behavioral therapy, and pharmacological treatment.

There has been limited research on the effectiveness of specific psychological interventions for children living in war zones [Perrin, 2000]. However, a number of studies have described or evaluated different models of interventions for PTSD among children who had suffered abuse, experienced natural disasters, or exposed to community violence. These predominantly adopt psychodynamic or cognitive therapeutic frameworks, and a variety of techniques, with the broad aim of enabling the child to make links between trauma, emotions and beliefs, which can subsequently be challenged and modified. Many of these programs have been defined as variations of ‘debriefing’ (critical incident stress or psychological) and ‘trauma/grief-focused’ therapy, although these terms have been used for different types of interventions [Dyregrov, 1999]. These have been designed for the classroom, the family, the individual child, or a group of children exposed to similar events [Pynoos and Nader, 1988].

### **Cognitive Behavior Therapy (CBT)**

Cognitive-behavioural interventions, mainly in group settings, have been associated with decrease in PTSD symptoms among children who experienced single incident stressors (March, 1998) and chronic abuse (Cohen, 1997).

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Debriefing interventions have not been as well evaluated with children as with adult victims of trauma. Galante and Foa [1986] developed a seven-session group treatment program for children living in Italian villages, who had been exposed to an earthquake. The treatment aimed at facilitating communication, discussion of fears, myths and beliefs, discharge of feelings, and empowerment in building their future. Drawing, storytelling, and role-play were used. The program was found to reduce both earthquake fears and the number of children at risk of developing emotional and behavioural problems. A similar trauma and grief-focused school-based program, consisting of four group and two individual sessions, following an earthquake in Armenia, led to improvement in PTSD but not depressive symptoms (Goenjian et al, 1997). A ten-session group therapy model for adolescent survivors of homicide set up goals of providing grief education, facilitating thoughts and feelings about grief, and reducing traumatic symptoms (Salloum, 2001).

### **The objectives of the study**

- 1) To examine the types and severity of traumatic experiences and reaction to trauma such as anxiety, depression, and PTSD.

2) To investigate the effectiveness of extracurricular activities in the summer camps on children mental health problems such as anxiety, depression, and PTSD.

### *Methods*

#### *Subjects*

Children living in the Gaza Strip consisted the target population. Three provinces (Gaza, Mid Zone, and Rafah) was selected. The sample was considered representative, as children have the same socioeconomic characteristics. During the summer term, children attend summer camps supervised by their teachers. In these summer camps, children participate in leisure and some educational activities. The three selected summer camps included 300 children (100 each). Half of the total number of children was selected for the study, i.e. every other child was selected. All children from each selected group were invited to take part in the study.

#### **Procedure**

We selected the children sample from three summer camps organized by three Non governmental Organizations working with children. Camps were located in Gaza city, middle area, and Rafah area. We held a meeting with supervisors of summer camps to explain the aims of the study and the activities which will be carried out to children.

A letter was sent to the parents to agree upon interviewing the children and participating in the study. Sociodemographic information for the study population was collected from parents. In cooperation with the camp supervisors 75 children from each camp were randomly selected (total 300 children for all three camps. So, a total number of 225 children were asked to complete the pre-assessment scales. It was stressed that there is no child's answer is right or wrong; they are free to withdraw from the study at any time

and can raise their hands when they want to ask. The study data collection was done between August and September 2007.

### **Activities in the summer camps:**

The supervisors of the camp organized children into groups, 20 in each group.

Each camp activity was done for one week. The activities were:

- 1- Free drawings.
- 2- Expression of feelings by talking.
- 3- Cultural activities including folklore, theater, singing, dancing.
- 4- Contests and symposiums.
- 5- Role play.

### **Instruments of pre and post assessment**

The data was collected from children by using the following questionnaires:

#### *Sociodemographic characteristic questionnaire*

This questionnaire includes sex, age, place of residence, parental information, and family income.

#### *Gaza Traumatic events Checklist for Israelis violence (Thabet et al, 2006).*

This checklist consists of 31 items covering different types of traumatic events that a child may have been exposed to in the particular circumstances of the regional conflict and Israelis violence. This checklist covered three domains of trauma. The first domain covers the witnessing acts of violence such as witnessing killing of relatives, witnessing home demolition, bombardment, and injury of others. The second domain covers the hearing experiences such as hearing killing or injury of friends or relatives. While the third domain covers personal traumatic events such being shot, injured, or beaten. This checklist can be completed by children of 6-16 years ('yes' or 'no').

*Gaza Traumatic events Checklist for factional war (Thabet et al, 2006)*

This checklist consists of 20 items covering different types of traumatic events that a child may have been exposed to in the particular circumstances of including traumatic events resulted from insecurity and lawless situation in the Gaza Strip and the last factional fighting and war in the area. This checklist can be completed by children of 6-16 years ('yes' or 'no').

**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).

## Results

The study consisted of 221 children from total 225 children with response rate of 98%. They were 111 boys which represented 50.2% and 110 girls representing 49.8%. The age ranged from 6-16 years with mean of age =11.31 (SD=2.65). Table 1

Table 1  
**Sociodemographic characteristics of the study population**  
**(N = 146)**

	N	%
<i>Sex</i>		
Male	111	50.2
Female	110	49.8
<i>Age</i>	Mean = 11.31 (SD=2.65)	
<i>Place of residence</i>		
City	126	60.9
Camp	53	25.6
Village	28	13.5
<i>No. of siblings</i>		
Less than 4	42	19.1
5-7 children	127	57.8
More than 8 children	51	23.2

<i>Mother education</i>		
Not educated	9	4.1
Elementary	14	6.4
Primary	44	20.0
Secondary	88	40.0
Diploma	16	7.3
University	47	21.4
High education	2	.9
<i>Mother job</i>		
House wife	184	84.0
Employee	26	11.9
Simple worker	8	3.6
<i>Father education</i>		
Not educated	10	4.6
Elementary	12	5.6
Primary	25	11.6
Secondary	66	30.6
Diploma	19	8.8
University	66	30.6
High education	18	8.3
<i>Father job</i>		
Unemployed	65	29.7
Simple worker	24	11.0
Skilled worker	8	3.7
Employee	88	40.2
Merchant	18	8.2
Others	16	7.3
<i>Monthly income</i>		
Less than 300 US \$	91	46.0

301-500 US \$	64	32.3
501-750 US\$	25	12.6
More than 751 US\$	17	8.6

### **Types of traumatic events due to Israeli occupation in the first assessment**

The Palestinians children in the Gaza Strip experienced several traumatic events resulting from the Israeli occupation, and the most common experience of hearing the artillery shelling of the various regions of the Gaza Strip (83.3%), watching images of martyrs and wounded in television (79.3%) and then hear the voices of airplanes break through the sound barrier (76.6%), while the less traumatic experiences suffered by children are being subjected to death threats personally hitting percentage (31.3%)

The average experience has shown that every child subjected to 13.48 traumatic events (SD=7.78)

### **Types of traumatic events due to Factional fighting in the first assessment**

The Palestinians children in the Gaza Strip experienced several traumatic events resulting from factional fighting, the most traumatic experiences are common among children hear bullets and shelling resulting from the internal fighting in the Gaza Strip (78.5%), followed by watch the images of martyrs and wounded in a television (75.7%), while the lest common traumatic experiences was witnessing killing of a friend infront of them (26%). Each child experienced 7.73 traumatic events due to Factional fighting (SD =5.53)

### **Post-traumatic distress disorder in the first assessment**

Using IES, the mean IES was 17.87 (SD= 8.4), mean intrusion was 8.66 (SD= 5.50), mean avoidance was 9.23 (SD= 4.75). The most common psychological reactions were recalling the event (53.8%) followed by other things make me think of the event (53%).

### **Anxiety disorder in the first assessment**

Children reported different symptoms of anxiety. The most common symptom was worried when thing going wrong (80.7%). The mean CRMAS was 14.23 (SD = 6.05).

### **Depression in the first assessment**

Depression was measured by Children Depression Inventory. The mean CDI in the first assessment was 20.48 (SD = 9.13).

### **Post assessment**

#### **Traumatic events due to Israeli occupation in the second assessment**

The average experience has shown that every child subjected to 14.62 traumatic events (SD=9.44).

#### **Traumatic events due to Factional fighting in the second assessment**

Each child experienced 7.55 traumatic events due to Factional fighting (SD =6.16)

#### **Post-traumatic distress disorder in the second assessment**

Using IES, the mean IES was 17.44 (SD= 7.8), mean intrusion was 8.38 (SD= 4.92), mean avoidance was 9.26 (SD = 4.84).

### **Anxiety disorder in the second assessment**

Children reported different symptoms of anxiety. The mean CRMAS was 14.86 (SD = 6.53).

### **Depression in the second assessment**

Depression was measured by Children Depression Inventory. The mean CDI in the second assessment was 21.51 (SD = 8.21).

Table 2

**Pre and Post intervention assessment using Trauma scales, IES, CDI, and CRMAS**

	Pretest		Post test	
	Mean	SD	Mean	SD
Traumatic events due to Israelis	13.48	7.78	14.62	9.44
Traumatic events due to factional fighting	7.73	5.53	7.55	6.16
PTSD (IES-8)	17.87	8.42	17.44	7.83
Anxiety (CRMAS)	14.23	6.05	14.86	6.53
Depression (CDI)	20.48	9.13	21.51	8.21
Avoidance	9.23	4.75	9.26	4.84
Intrusion	8.66	5.50	8.39	4.92

**Differences between the two times**

In order to find the differences between the first assessment and second assessment after intervention, a paired Sample T- was done. The results showed that the no changes in any psychological reactions due to traumatic events such as depression, anxiety, PTSD, avoidance and intrusion.

**Table 3**

Paired Samples Test to compare pre and post intervention assessment using trauma scales, IES, CDI, and CRMAS

	Pretest		Post test		t	Mean differences	p
	Mean	SD	Mean	SD			
Traumatic events due to Israelis	13.48	7.78	14.62	9.44	-2.237	-1.14	.02
Traumatic events due to factional fighting	7.73	5.53	7.55	6.16	.498	.18	.61
PTSD (IES-8)	17.87	8.42	17.44	7.83	.82	0.42	.40
Anxiety (CRMAS)	14.23	6.05	14.86	6.53	-1.738	-0.63	.08
Depression (CDI)	20.48	9.13	21.51	8.21	-1.707	-1.02	.08
Avoidance	9.23	4.75	9.26	4.84	-.088	-.02	.93
Intrusion	8.66	5.50	8.39	4.92	.729	.27	.46

## **Discussion**

The results of research that children have suffered psychological trauma during their presence in other areas of frequent incursion against the Gaza Strip and the results agreed that the most traumatic experiences are watching scenes and images of wounded and martyrs in television, and listen to the artillery shelling of the various regions of Gaza and to watch the effects of artillery shelling in the sector, and these results agree with previous studies in the Gaza Strip (Thabet et al, 2004, 2006).

The most common symptoms of PTSD was away from recalling the event, other things make me think of the event. These results are consistent with recent studies conducted on children who have been subjected to shelling in the Gaza Strip (Thabet et al, a 2007).

The mean PTSD was 17.3, intrusion 8.1, and avoidance was 9.2. The same results were found later on. Our results are consistent with study of children who had traumatic experiences of demolition of their houses (Thabet et al, 2007b in press).

Our results inconsistent with study of Chemtob, Nakashima and Carlson (2002) who found that three treatment sessions resulted in substantial reduction of PTSD, anxiety and depressive symptoms in children with prolonged psychopathology, following exposure to a hurricane in Hawaii one year earlier, compared with waiting list controls. There has been even more limited evidence on the application of such programs in children who experienced war trauma.

Our results consistent with similar study in the Gaza Strip done, Thabet & Vostanis (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 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.

The focus and specificity of the intervention are essential in interpreting the findings. Different terms have been used in the literature, such as 'debriefing, psychological

debriefing, or critical incident stress debriefing' [Dyregrov, 2001] to describe different kinds of programs with preventive (to help children cope with exposure to trauma, irrespective of mental health presentation) or treatment objectives (usually to reduce PTSD reactions). These interventions include variable active components such as cognitive techniques. The heterogeneity of target groups and treatment programs, even in studies with adult victims of accidents and natural disasters, may underlie the inconclusive findings on the effectiveness of psychological debriefing, with some studies even questioning the potential deterioration of problems [Hobbs, 1996], such as the increase of depressive symptoms in this study. They may also indicate that the 'crisis group' should have continued for more sessions, or that we should have focused more on enhancing children's coping strategies. The above methodological reasons, however, suggest that the findings cannot be generalized to other related interventions.

### **Clinical implications**

This study showed that children living in area of chronic adversities and war are not much helped by short term intervention and this may highlighted the needs for more long acting intervention programs for such group of children at risk. The findings should direct the policy makers of not spending so much money in organizing summer camps without long-term follow up of children in community and involving of parents, teachers, brothers, and other community people around the child. Also another types of activities should be more constructive

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