
IMPACT OF HOSTILITIES ON CHILDREN IN GAZA

RAPID PSYCHOSOCIAL ASSESSMENT, 2012

KEY FINDINGS

December 2012

EXECUTIVE SUMMARY

The hostilities between Hamas and the Israeli military during the period of 14 to 21 November 2012 were harmful to the well-being of children and women. To better guide the humanitarian response in support of affected children, UNICEF coordinated a rapid psychosocial assessment on the impact of the situation on children. The assessment, carried out four days after declaration of the ceasefire, is a rapid evaluation of the situation of children in the most affected areas in Gaza. It does not represent the overall situation of children in Gaza.

The assessment showed that children living in all five Gaza governorates have been affected. It showed that children in north Gaza and Gaza City governorates were more affected compared to localities in the other governorates. The assessment also showed that there was no difference in the level of violence that girls and boys were exposed to, but the sexes reacted differently. Boys showed more emotional symptoms, such as increased level of fear, and girls displayed more physical symptoms, such as changes in eating patterns and crying. Older children were proportionally more affected than younger ones.

METHODOLOGY

A random sample of 545 boys and girls aged from birth to 18 years was selected from 35 localities within the five governorates of Gaza that were the hardest hit (see map). The sample was virtually equally divided between girls (49 per cent) and boys (51 per cent). Interviews were conducted by trained fieldworkers with adolescents age 13 to 17; for children aged 0-12, parents were interviewed. Oral informed consent was obtained. The survey used is presented in the annex.

KEY FINDINGS

The findings are divided into two parts. The first part discusses the children's exposure to violence, and the second part discusses the impact of the exposure on their well-being.

Exposure to violence

One key dimension of children's exposure to violence is witnessing destruction or damage, such as to the child's home or neighbours' homes. The assessment revealed the following:

- ✓ Children reported a high level of exposure to violence. Of the children surveyed, 83 per cent reported that their homes were damaged or destroyed. Fifty children, or 9 per cent, reported that their houses were destroyed during the conflict, and 85 per cent reported damage to their immediate surroundings. One quarter of the sample, 135 children, reported significant damage.
- ✓ Children in Gaza City reported the highest levels of destruction, followed in decreasing order by Khan Younis, north Gaza, Rafah and middle Gaza.
- ✓ Injuries were reported by 14 per cent of the children, either from a shell or due to bombing of their house. The highest levels of reported child injuries were in north Gaza, followed by Gaza City, Rafah, middle Gaza and Khan Younis.
- ✓ One quarter of the children (26 per cent) witnessed up to three violent events. Almost half (46 per cent) witnessed four to five violent events, and 28 per cent witnessed six violent events. Older children reported significantly more experience in witnessing violent events, with no difference in exposure between boys and girls. The highest levels of children witnessing violence were found in Gaza City, followed by Khan Younis and north Gaza.

Impact of exposure to violence

In assessing the impact of exposure to violence on children's well-being, the survey included three dimensions:

1. Eight physical symptoms: sleep disturbances, biting nails, crying more, clinging to parents, sleeping with parents, complaining of aches and pains, change in appetite and appearing stunned and shocked;
2. Seven emotional symptoms: excessive nervousness, feelings of anger, difficulty in concentrating, mental strain (*sarhan*, in Arabic), feeling insecure and feeling guilty, dazed or stunned;
3. Five dimensions of fear: fear of death, fear of being alone, fear of injury, fear of loud sounds and fear of leaving the house.

- **Symptoms: Physical**

A physical symptoms scale was constructed using eight questions ($\alpha=0.71$). The key findings were as follows:

✓ Twenty per cent of children reported having one to five symptoms, 53 per cent of children reported six to seven symptoms, and 27 per cent reported having all eight symptoms, compared to the period just prior to the hostilities.

✓ There were significant differences in the reports of physical symptoms of boys and girls. More girls reported physical symptoms, even though there were no differences in exposure to violence between boys and girls. This result points to the need for different psychosocial approaches for boys and girls. Children from north Gaza and Gaza City had the highest levels of physical symptoms. This result points to these children also as a priority for action.

Children reported the following physical symptoms:

- ✓ 97 per cent reported clinging to their parents;
- ✓ 94 per cent reported sleeping with their parents;
- ✓ 91 per cent reported having increased sleep disturbances;
- ✓ 85 per cent reported an appetite change (increase or decrease);
- ✓ 84 per cent looked stunned or dazed;
- ✓ 77 per cent reported crying more;
- ✓ 76 per cent reported aches and feeling ill; and
- ✓ 47 per cent reported biting their nails.

- **Symptoms: Emotional**

An emotional symptoms scale was constructed out of seven questions ($\alpha=0.74$). The key findings were:

✓ Overall, 39 per cent of children reported having one to five symptoms, 34 per cent reported having six symptoms and 27 per cent reported having all seven symptoms, compared to the period just prior to the hostilities.

✓ There were no differences in symptom levels by sex, but there were significant differences by age, with older children reporting more symptoms. This result points to adolescents as a priority for action.

✓ The assessment could not adequately address the symptoms of very young children, up to 6 years old. This may be because culturally appropriate instruments for surveys related to young children are lacking, or because the psychosocial needs of young children cannot be addressed adequately in a cross-sectional survey.

✓ Children from Gaza City, Rafah and north Gaza had the highest levels of symptoms compared to the other localities.

Children reported the following emotional symptoms:

- ✓ 97 per cent reported feeling insecure;
- ✓ 85 per cent reported difficulty in concentrating;
- ✓ 84 per cent reported feeling dazed or stunned;
- ✓ 82 per cent reported feelings of anger;
- ✓ 82 per cent reported symptoms of mental strain;
- ✓ 81 per cent reported increase in excessive nervousness; and
- ✓ 38 per cent reported feeling guilty.

- **Symptoms: Fears**

A fears scale was constructed out of five questions ($\alpha=0.76$). The findings were:

✓ One third (34 per cent) of children reported no change in feelings of fear compared to the period before the attack, while 33 per cent of children reported an

increase in fear (one to two fears), 24 per cent reported three to four fears, and 9 per cent reported having all five fears.

- ✓ Boys reported significantly more fears than girls.
- ✓ Children from north Gaza, Khan Younis and Gaza City reported more fears compared to the other localities.

Children reported the following fear symptoms:

- ✓ 80 per cent reported fear of loud sounds;
- ✓ 63 per cent reported fearing death;
- ✓ 62 per cent reported fear of being alone;
- ✓ 59 per cent reported fear of injury; and
- ✓ 57 per cent reported fear of leaving their house.

CONCLUSION

The assessment showed associations between symptoms and exposure to violence. The findings showed that physical and emotional symptoms were associated with being exposed to or witnessing violence. Thus, children who have been injured, have had their homes bombed or who have witnessed several violent events are a priority for action. These children live in north Gaza, Gaza City and Khan Younis.

There were also important associations between symptoms and feelings of fear, which should also be addressed, especially among boys. However, the assessment showed that emotional symptoms were linked to the child's age, with more symptoms among older children, pointing to the need for support for the adolescent age group.

While the assessment has its limitations and cannot be generalized to all of the children of Gaza, it nevertheless provides the humanitarian sector with the basic tools and directions for immediate intervention.

It is well known that many of the symptoms related to exposure to violence disappear over time as children get back to normal life. Thus, bringing children back to normality is a priority for action.

The interim findings were presented to a combined meeting of the Child Protection Working Group and Mental Health and Psychosocial Working Group on 6 December 2012.