

Chapter 3

Trauma in Palestine

3.1 Introduction

Lee *et al.* (2002) have shown that armed conflict is increasing in many parts of the world. Children living in war zones are at a high risk of developing post-traumatic stress and other emotional disorders, but little is known about the effects of traumatic events during war and occupation (Thabet *et al.*, 2002). The loss of a loved person is one of the most intensely painful experiences any human being can suffer (Wortman & Silver, 1989). Some of the post-traumatic symptoms persist for several years after the traumatic event (Terr, 1983). The most recent research conducted on children in the Middle East serves to increase awareness among public health professionals and stimulate further research projects on children from regions of conflict (Jumaiian, *et al.*, 1997).

Since 1948, Palestinians have suffered from the repeated episodes of war and conflict which have occurred approximately every seven to ten years. So Palestinians live under severe conditions with the sense that every nine years there is a war or an Intifada (Uprising), compounded with continued sense of oppression caused by the occupation (UNRWA, 2007). Furthermore, the number of Palestinian refugees has increased from one million in 1950 to more than seven million in 2007 (UNRWA, 2007).

In this chapter the origins of modern conflict in Palestine will be presented. It will focus on the most important events in this area since 1917. Also, it provides background information about Gaza Strip, the Palestinian refugees, the first Intifada which started in December 1987, the Oslo peace agreement in September 1993, and the second Intifada in September 2000. In addition, in this chapter the consequences of the violence of war and occupation in Palestine are discussed.

3.2 Background

3.2.1 Brief background to the modern conflict in Palestine

In order to understand the Palestinian issue, it is necessary to understand the seeds of modern conflict in Palestine. The current conflict in Palestine goes back to the early days of the 20th century when the Zionist movement was created as a reaction to anti-Semitism and persecution of Jews in Europe. Zionism's declared goal was to fulfil the dream of establishing a Jewish homeland in Palestine. This movement coincided with the world's changing circumstances and the redistribution of power (El-Sarraj *et al.*, 1994). As the Ottoman Empire (1250-1918) came to an end in 1918, Britain and France were poised to spread their territories into what is known today as the Third World. In the Sykes-Picot agreement, they divided the Middle East between themselves. Britain was assigned the mandate over Palestine by the League of Nations with the apparently humane purpose of preparing the inhabitants for independence. But Britain already had declared its sympathy for the Zionist plan of establishing a home for the Jews in Palestine in a letter addressed to Lord Rothschild in 1917. This came to be known as the Balfour Declaration (Davis, 1968). The Ottoman state officially ended in 1924, though effectively in 1918.

While in power in Palestine, Britain helped Jews relocate there. This caused the Palestinians to resist – sometimes violently – what was an obvious attempt to transform their country into a Jewish state. Britain was under pressure from different directions. While the Palestinians demanded an immediate halt to Jewish immigration and the implementation of the League of Nations mandate that called for Palestinian independence, the Zionist movement was exerting its influence on the British, and later on the U.N., to allow for free entry of Jewish immigrants into Palestine. The movement's requests were particularly powerful as they came in the wake of the Holocaust and aroused European guilt regarding Jewish persecution (El-Sarraj *et al.*, 1994). The Zionist plan to transform the country into a Jewish state was succeeding. The demographic changes in Palestine between 1918 and 1948 show the extent of the Jewish influx into the country. During this period, there was an increase in the Jewish population of more than 400%. In the process, hundreds of Palestinian villages were destroyed (Morris, 1987).

“A country without people for a people without a country” was the slogan of the Zionist movement that, in the absence of effective Arab challenge, tried to establish a new reality in the minds of the Jews themselves. The plight of the Palestinian people was set aside in the world consciousness and the world conscience, and has remained so until recent years (El-Sarraj *et al.*, 1994). Finally, in May, 1948, Israel was declared a state. The Arab masses in the neighbouring countries were inflamed and demanded action from their governments. Seven Arab countries sent their armies into Palestine to restore law and freedom (Glubb, 1959). The declared Arab intention to “fight till liberation” caused the Jewish state to request that the Western powers protect them from the Arabs (El-Sarraj *et al.*, 1994).

Following four weeks of war, the result was that nearly one million Palestinian people became refugees in several camps. The majority of the refugees were placed in refugee camps in the West Bank and Gaza Strip, and in Jordan, Syria, and Lebanon. In 1950, the United Nations established a special body, the United Nations Relief and Work Agency (UNRWA), to help the Palestinian refugees (United Nations General Assembly, 1949).

The events in 1948 have become the centre of the fear and insecurity that is part of the current Palestinian psyche. The trauma of uprooting and subsequent life in exile has resulted in a general state of helplessness and dependency. The 1967 war, especially the speed of the Arab defeat, and the resulting occupation of the West Bank and Gaza Strip, shocked the Arab masses and particularly the Palestinians (El-Sarraj *et al.*, 1994). For the last three decades, the Palestinian community has been traumatised by the occupation and haunted by insecurity, an increasing sense of helplessness and frustration.

3.2.2 Gaza Strip

The Gaza Strip is a small piece of land that stretches along the Mediterranean Sea, located in the south western part of Palestine. It covers 360 square km² with a population of 1.4 million (PCBS, 2006), of which 74% are refugees (UNRWA, 2005). Before the Israeli withdrawal in September 2005, 40% of the land (144 km²) was occupied by Israeli settlers. The Gaza Strip has the highest population density in the world at 6,018 people per 1km². There are eight crowded refugee camps, four cities and some villages. Over the last 60 years the Palestinian people in the Gaza Strip have suffered a variety of traumatic events, increasingly so in recent

years. When armistice lines were drawn up between Israeli and Arab forces in 1949, the Gaza Strip became, along with the West Bank of the River Jordan, one of the two parts of Palestine left in Arab hands. Originally administered by Egypt, the Gaza Strip was occupied by the Israeli army after the 1967 war (Qouta and El-Sarraj, 2002).

3.2.3 The Palestinian refugees

Today, religious, ethnic, and political strife all combine to leave no continent without refugees. Although numbers vary and depend upon one's definition, it is estimated that there are about 14 million refugees and displaced persons worldwide, 75% of whom are women and children (U.S. Committee for Refugees [USCR], 2000). In 2002, the U.S. Committee for Refugees estimated that there were 14.9 million refugees and 22 million internally displaced persons in the world. This escalating international crisis has developed over the past 60 years as organised political violence increased. This political violence has increasingly targeted civilian populations (Porter & Haslam, 2001). These refugees are men, women, and children, from virtually every income level and living arrangement. As refugees they have often left behind their livelihood, their communities, and most of all of their possessions. Although a large number of the individuals adjust well, many suffer significant psychological distress as a result of their exposure to traumatic events and the hardships associated with life as a refugee.

The refugees' experience often leads to many mental health problems including anxiety, fear, paranoia and suspicion, grief, guilt, despair, hopelessness, withdrawal, depression, somatization, substance abuse and alcoholism, post-traumatic stress disorders, anger and hostility. In addition to psychiatric symptoms, there are also problems in work, family, and marital relationships, adjustment, and in acculturation and assimilation. Life within refugee camps has its own set of problems including a sense of loss, uncertainty, distrust, cynicism, helplessness, vulnerability, powerlessness, overdependency, violence, crime, and social disintegration (Marsella *et al.*, 1994; Brewin *et al.*, 2000).

There is no doubt that refugees are at a high risk of psychological disturbances that are often of sufficient severity to be diagnosed as psychiatric disorders. Studies from over 50 years have indicated that both disasters and migration can affect mental health, and both of these quite often occur as part of the process of becoming a refugee. It is likely that those refugees whose

migration has been associated with deaths of family members, loss of possessions, or threats to the migrants' lives would be more likely to suffer from such disorders (Orley, 1994). Many studies found that the refugees' experiences often lead to a high risk of developing types of post-traumatic stress disorders (PTSD) in varying degrees and other psycho-social behavioural problems (e.g., Mollica *et al.*, 2001; Ahmad *et al.*, 2000; Smith *et al.*, 2001). For example the refugees in Lebanon (Abudabbeh, 1994), Algeria, Cambodia and Ethiopia (De Jong *et al.*, 2001b; Savin *et al.*, 1996), Cambodia (Mollica *et al.*, 1993; Carlson and Rosser-Hogan, 1991), Palestine (El-Sarraj *et al.*, 1996), Cuba and Haiti (Gopaul-McNicol and Brice-Baker, 1998), Chile and Middle East, were studied during the first 18 months of exile in Stockholm, Sweden (Hjern, Angel & Jeppson, 1998), Kuwait (Nader, Pynoos, Fairbanks, Al-Ajeel & Al-Asfour, 1993), Bosnia (Weine *et al.*, 1995; Mollica *et al.*, 2001), Lebanon (Macksoud & Aber, 1996). Other studies found that the refugees experience led to many psychosocial problems (e.g., Paardekooper *et al.*, 1999; Ring, 2002).

Palestinians are the largest single group of refugees in the world: one in three refugees world wide is a Palestinian. It is estimated that there are about 6.5 million Palestinian refugees in the world (PMH, 2005). Hundreds of thousands of Palestinian people have been displaced, have fled, or were forced out in 1948 (Leopold & Harrell-Bond, 1994). Under UNRWA's (the United Nations Relief and Works Agency for Palestine Refugees in the Near East) operational definition, Palestinian refugees are persons whose normal place of residence was Palestine between June 1946 and May 1948, and those who lost both their homes and means of livelihood as a result of the 1948 Arab-Israeli conflict (UNRWA, 2005).

The majority of Palestinian refugees live in the registered refugee areas, about 4,255,120. 1,259,813 of them live in 59 recognized refugee camps in the area of operations in Jordan, Lebanon, the Syrian Arab Republic, the West Bank, and Gaza Strip. The remaining Palestinian refugees in other areas who do not live in camps are 2,244,880 around the world. A camp, according to UNRWA's working definition, is a plot of land placed at the disposal of UNRWA by the host government for accommodating Palestine refugees and for setting up facilities to cater to their needs. Areas not designated as such are not considered camps. However, UNRWA also maintains schools, health centres and distributions centres in areas outside camps where Palestine refugees are concentrated. Socio-economic conditions in the

camps are generally poor with a high population density, cramped living conditions, and inadequate basic infrastructure such as roads and sewers. Of the Intifada in September 2000 UNRWA has been working to alleviate the impact of violence, curfews, and closures on the refugee population in the West Bank and Gaza Strip (UNRWA, 2005).

Table 2: Spread of Palestinian refugees (UNRWA, 2005)

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

3.2.4 The first Intifada

The first Intifada, a Palestinian mass movement of civil disobedience, started in December 1987. It broke out in Gaza and the West Bank. Initial protests over the death of four Gazans in a traffic accident involving an Israeli military vehicle escalated into mass demonstrations. Thousands of Gazans took to the streets to erect barricades and throw stones at the occupying troops. The occupation forces responded harshly. There were numerous killings, detentions without trial, demolition of homes, torture, deportation, and curfews (El-Sarraj *et al.*, 1994). In addition to this, schools and universities were shut down and economic restrictions were intensified (Nixon, 1990). The total duration of this Intifada was seven years, and then a peace agreement began in 1993 and lasted to 2000.

3.2.5 The Oslo peace agreement

The Declaration of Principles in the Oslo peace treaty in September 1993 marked the first step towards a solution to the longstanding confrontation between Palestinians demonstrating against Israeli settlers and the Israeli Defence Force. This conflict, however, continued to occur as a consequence of the stalemate in the peace process and the continued Israeli drive for further settlements in the occupied West Bank and Gaza. The Declaration of Principles, the

Gaza-Jericho agreement of May 1994, and the Interim Agreement as of September 1995 led to partial Israeli withdrawal and military redeployment in the inhabited area of the Gaza Strip and 3% of the West Bank. Civil affairs within Palestine - which included health, education, infrastructure, and agriculture - were placed under the jurisdiction of a democratically elected Palestinian self-rule Legislative Council for an interim period of five years. The mandate of the Palestinian Authority covers 58% of the Gaza Strip and 3% of the West Bank. Until a permanent agreement on the status of Palestinian self-rule has been reached, Israel retains responsibility for external security, borders, foreign relations, and overall security of military zones, settlements and Israeli citizens (Qouta and El-Sarraj, 2002).

3.2.6 The second Intifada

The second Intifada started in September 2000 (the Al-Aqsa Intifada). Since then, children and families have been exposed to various traumatic events, ranging from witnessing murders, or knowledge of such events taking place, to bombardment by helicopters in the entire Gaza strip. The paramount cause for this second Intifada, which was more violent than the previous Intifada, was the evident failure of the Oslo peace process. Instead of a lasting peace between Israelis and Palestinians, the Oslo agreement has allowed a 50% increase in Israeli settlement building and land confiscation (KUKA), and economic development and lack of civil liberties including high levels of unemployment (Qouta & El-Sarraj, 2004).

Between October 2000 and April 2005 73,567 Palestinian buildings have been completely or partially shelled and destroyed in the Palestinian territories by the occupying forces (PCBS, 2006). A total of 28,709 of these were in the Gaza Strip, of which 4,778 homes had been completely demolished (PCBS, 2006). From 29th September 2000 to July 31st 2006, 4,348 Palestinians were killed, 55% of them in the Gaza Strip. The number of wounded in Palestinian territories during this time was 30,638 (PCBS, 2006). 10,073 prisoners are currently being detained within Israeli prisons (B'Tselem, 2006). Not surprisingly, Clinical Psychologists have observed an increasing number of children in these areas suffering from psychological and behavioural problems including bed-wetting, sleep disorders, and speech difficulties (Qouta, 2000). In addition, this time the violence associated with the occupation is even more severe than during the first Intifada. Obviously, the psychological consequences of

these traumatic experiences have had a negative influence on normal child development.

3.3 The consequences of the violence of occupation

As in all modern wars, the victims of the latest Middle Eastern war in Lebanon, 2006 are mainly civilians. A good deal of knowledge has accumulated about children's responses to air raids, bombardment, shelling, loss of family members and being targets as well as witnessing killing and destruction (Qouta & El-Sarraj, 2004). Since the occupation in 1967 more than 400,000 Palestinian have been detained or imprisoned. A Gaza Community Health programme study of 477 ex-prisoners, who had spent between six months and ten years in prison, showed torture to be commonplace (Qouta & El-Sarraj, 2004). A large majority of the subjects had been tortured by beating (95.8%), as well as many other methods: exposure to extreme cold (92.9%) or extreme heat (76.7%), forced to stand for a long period (77.4%), threats against personal safety (90.6%), solitary confinement (86%), sleep deprivation (71.5%), deprivation of food (77.4%), pressure applied to the neck (68.1%), forced to witness the torture of others (70.2%), electric shock (5.9%), and an instrument inserted into the penis or rectum (1.1%). The study also showed that 41.9% of the subjects found it difficult to adapt to family life; 44.7% found it hard to socialize; and 21.1% had sexual and marital problems (Qouta and El-Sarraj, 2002).

Based on her work with Palestinian children living in refugee camps under occupation forces, Punamaki (1989) reported that seemingly protective factors such as age, gender, and family support, made little difference to children's responses; that exposure to political violence had a direct negative effect on the mental health of mothers and children regardless of age, gender, or 'happy family life'; and that mothers' efforts to act as a buffer between the traumatic environment and her children's well-being contributed to a secondary stress for the mothers. Punamaki (1997) examined the trauma group which included 268 Palestinian children and adolescents living under the violence of occupation in Gaza; the comparison group included 144 Palestinian children and adolescents living in a peaceful area in Galilee. In general, the more children were exposed to trauma, the more frequently they recalled their threatening dreams, and the trauma group reported more threatening dreams than the comparison group (Punamaki, 1997).

Thabet, Abed and Vostanis (2004) tested 403 Palestinian children aged 9-15 years, who lived in four refugee camps. The authors found that children living in war zones were at high risk of suffering from PTSD and depressive disorders. In another study, Qouta and Punamaki (1997) examined 108 Palestinian boys and girls of 11 to 12 years of age. The results showed that exposure to traumatic events increased psychological adjustment problems, both directly and via two mediating paths. With regards to the source of trauma for the Palestinian people, many researchers indicated that occupation authorities could be held responsible for the majority of direct trauma exposure, an attribution that has face validity since tear gassing, demolitions of homes and injuries due to bullet wounds have been widely reported by news agencies, Israeli and Palestinian human rights organizations and UNRWA field investigators (Qouta & El-Sarraj, 2004).

The Second Intifada has become a time of great pain and suffering for Palestinians. Children were subjected to various forms of violence, including public beatings, night raids by occupation soldiers, and other forms of aggression that have had severe consequences as these individuals grow into adulthood. During the Intifada the Israeli army uses a variety of methods to destroy homes, including tank shells, bulldozing, helicopter gun-ships, and fighter aircraft. As homes have been bombarded and made uninhabitable, many Palestinian families have found themselves with no other option but to live in tents. When families witness the destruction of their own homes by occupying soldiers, the psychological effects can be serious. Loss of home can be a traumatic experience not only as material loss but also as psychological deprivation (Qouta & El-Sarraj, 2004). The home means a shelter and heart of family life. It contains memories of joy and pain as well as attachment to family's belongings. One's home is associated with feelings of security and consolation (Qouta & El-Sarraj, 2004).

Children's responses to danger and threats to their lives include anxiety, somatization, and withdrawal symptoms. Younger children, especially, may regress into the earlier stages of development (Yule, 2002). Children, who played such an important role in the uprising against military occupation, were unfortunately also often its most vulnerable victims. Frequently cited problems include lack of respect and guidance in parent-child relationships, especially father-child, where the impotency of the father in the eyes of his child has changed his once

traditionally powerful image. Young people lack belief in the future, or do not see the point in struggling or striving for things. They become apathetic (Thabet & Vostanis, 1998). So, the consequences of the violence occupation in Palestine are somatic, psychological, social, and functional. Most studies conducted in the Gaza Strip or West Bank found that Palestinian children living in war zones are at high risk of suffering from PTSD, somatoform problems and psychosocial disorders (e.g., Qouta & El-Sarraj, 2004; Thabet, Abed, & Vostanis, 2004).

Palestinians have expressed serious concerns about the consequences of these shattered parental bonds. Some believe that children who threw stones – ‘children of the stones’ - and fought against the occupation army also challenge their parents’ authority. Parents face overwhelming difficulties trying to protect their children from the sights of destruction, violence, and abuse. The protective shield that is essential for children’s mental health is significantly compromised when their families are faced with the shelling and demolition of their homes (Qouta & El-Sarraj, 2004). Other research found that the traumatic experiences affect children’s memory and concentration, which, in turn, adds to the strain in children’s relationships with their parents. For example, traumatized children start to perceive their parents as more disciplining and rejecting (Qouta, 2000).

Punamaki (1983, 1987b; Punamaki & Suleiman, 1990) has examined the impact of participation in political activities among children growing up in the occupied West Bank and Gaza Strip. She found that the Palestinian rejection of the military occupation and a desire for their own homeland has led many children to take part in demonstrations, stone throwing, and sit-ins. Participation in anti-occupation and pro-Palestinian activities also has meant that many children have been detained for interrogation, their school closed, their houses destroyed, and thousands have been killed or injured by occupying forces. In this context, the authors found that exposure to political hardships was correlated positively with active coping on the cognitive level and (what she has termed) “courageous” coping on the emotional level (Punamaki, 1983). Ideology, in other words, serves as a psychological counterforce to the political hardship and violence that children witness and experience in the occupied West Bank and Gaza Strip. However, there are some context-specific characteristics of the current trauma in Palestine that may explain the children’s high level of PTSD. Primarily, the long duration of the conflict has a greater effect on Palestinian children than a single traumatic

event. Being exposed to on-going traumatic experiences and the continuation of stress for such long periods severely damages the child's psyche and increases the rate of PTSD (Qouta & El-Sarraj, 2004).

3.4 Summary

The seeds of the modern Palestinian tragedy started of the early days of the 20th century when the Zionist movement was created as a reaction to anti-Semitism and the persecution of Jews in Europe. Zionism's declared goal was to fulfil the dream of establishing a Jewish homeland in Palestine (El-Sarraj *et al.*, 1994). In the Sykes-Picot agreement, they divided the Middle East between Britain and France. Britain was assigned the mandate over Palestine by the League of Nations with the apparent humane purpose of preparing the inhabitants for independence. However, Britain already had declared its sympathy for the Zionist plan of establishing a home for the Jews in Palestine in a letter which became known as the Balfour Declaration in 2nd November 1917 (Davis, 1968). The Zionist movement successfully transformed the country into a Jewish state. The demographic changes in Palestine between 1918 and 1948 showed the extent of the Jewish influx into the country. During this period, there was an increase in the Jewish population of more than 400%. In the process, hundreds of Palestinian villages were completely destroyed (Morris, 1987). Finally, in May, 1948, Israel was declared a state.

The Palestinian people lived from 1917 to 1948 under the British Mandate. Since then, there have been repeated episodes of war and conflict which have occurred approximately every nine years. So Palestinians live with the sense that every nine years there will be a war or an Intifada, and this is compounded by a continued sense of oppression by the Israeli authorities. Currently, 80% of the Palestinian people in Gaza are living below the poverty line (UNRWA, 2007). Therefore, the Palestinian people have not known a day of real peace and safety, for around 90 years. While the area of war is small in size, it is difficult to protect children from the sights of destruction, the dangers of war and perpetual insecurity. Many of these children have taken part in their national struggle. The atmosphere of insecurity, danger, violence, and hostility that prevailed during the Intifada inevitably left scars on the mental health of the Palestinian children.

The violent occupation of the Palestinian people affects the children on many levels, such as somatic, psychological, social, and functional. Most of the studies conducted in the Gaza Strip or West Bank found that Palestinian children living in war zones are at high risk of suffering from PTSD, somatoform disorders, psychosocial problems (e.g., Qouta & El-Sarraj, 2004; Husain *et al.*, 1998; Thabet, Abed, & Vostanis, 2002). The memory of Palestine is still alive in the minds of both parents and grandparents. They try to keep it alive by telling stories to their children about their own country or land. Furthermore, many homes there are a map of Palestine on the wall to remind the family of their historical land. However, the despair, chaos and violence of everyday life at present in Palestine make it an unsuitable place to be a child in.

3.5 Conclusion

It is unlikely that anyone could have a normal childhood in Palestine in the current circumstances. The future psychological well-being of Palestinian children is being compromised by on-going traumatic experiences.

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