IMPACT OF HOSTILITIES ON CHILDREN IN GAZA

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RAPID PYSCHOSOCIAL ASSESSMENT
KEY FINDINGS

DECEMBER 2012

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Impact of Hostilities on Children in Gaza
Rapid Psychosocial Assessment, 2012

Office for the occupied Palestinian territory
December 2012

The Rapid Psychosocial Assessment on the Impact of Hostilities on Children in Gaza was coordinated by UNICEF and carried out by the Palestinian Centre for Democracy and Conflict Resolution(PCDCR) on 25 November, four days after the commencement of the ceasefire. Birzeit University in the West Bank provided technical guidance during the development of the tools, analysed the findings and was instrumental in finalising this report.

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NOTE ON THE LIMITATIONS OF THE ASSESSMENT

Given the constraints of conducting assessments, particularly in conditions of conflict, this assessment has its limitations:

1. The sample surveyed for this assessment is an emergency-related sample intended to gather data to be used as a tool for action. While the findings cannot and should not be generalized, they provide important insights and point to particular groups of children who should be given priority for action – such as children who were injured, including those still hospitalized; children who witnessed high levels of violence; older age groups more than younger ones; and children from north Gaza and Gaza City more than the other areas.

2. Assessing the psychosocial well-being of very young children is a real challenge. It is not yet clear whether the survey tool is valid and culturally appropriate for use with very young children in the Palestinian context. In addition, having to rely on parents to report on behalf of children can introduce bias, especially if parents are not sufficiently attentive to changes in their child's feelings or behaviour during times of conflict.

3. The instrument did not contain some important questions related to behavioural changes, especially among adolescents. While the symptoms variables in the instrument may have been relevant to all children, they did not include behavioural changes most common among adolescents, such as increased or decreased aggressive behaviour.

Contents

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.

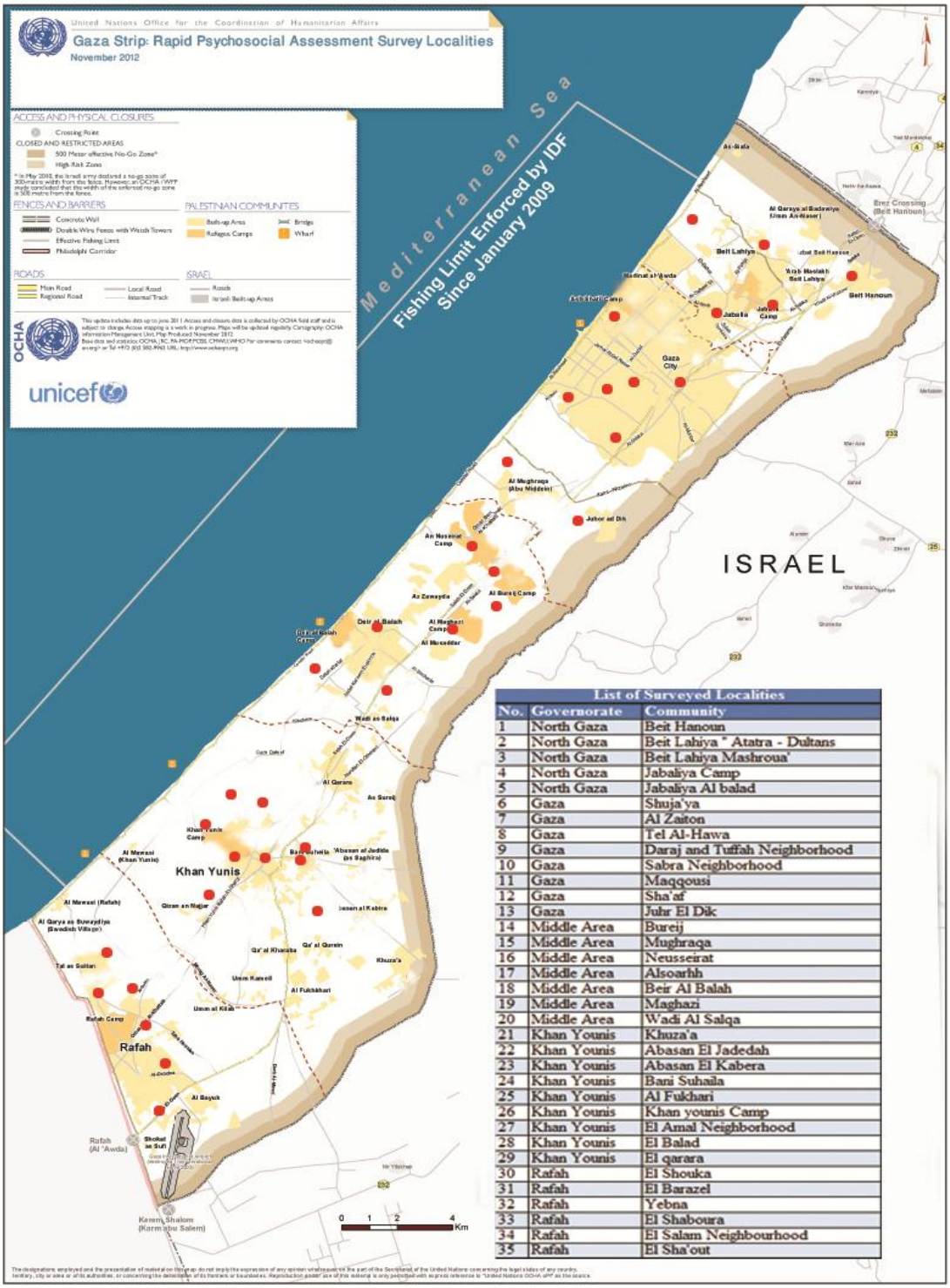
KEY FINDINGS

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.

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BACKGROUND

Gaza witnessed a large military operation during the period of 14-21 November 2012. This offensive followed several weeks of intermittent escalations in violence between Palestinian armed groups and the Israeli military.

The impact of this latest round of violence on the civilian population in both Gaza and southern Israel raises serious concerns. The uninterrupted waves of airstrikes and rocket fire have triggered widespread fear among the civilian population in Gaza, particularly among children. Dozens had to be treated for shock.

As of 5 December, 103 people had been killed in Gaza, including 33 children. A total of 1,399 people were injured, including more than 250 children. A total of 450 houses were destroyed or severely damaged, and 105 schools and kindergartens were damaged. Of these, 100 facilities sustained minor damage and 5 sustained heavy damage.[1]

This crisis has compounded an already precarious humanitarian situation, the result of the Israeli military Operation 'Cast Lead' since 2008 and the on-going restrictions on movement of people and goods across borders, which have exposed children to violence in their daily lives.

METHODOLOGY

A group of psychosocial experts developed an instrument to assess the psychosocial well-being of children below the age of 18 and factors related to exposure to violence due to hostilities. This instrument, provided in the annex, was pre-tested and validated based on the local context, especially the types of exposure to violence in Gaza and its impact on the psychosocial well-being of children.

The instrument included two sets of questionnaires, one for parents with children for children aged 0-12, and the other one for adolescents aged 13-17. Both instruments were divided into three parts. The first part covered general information, the second part addressed children's exposure to violence and the third part focussed on the impact of violence on children.

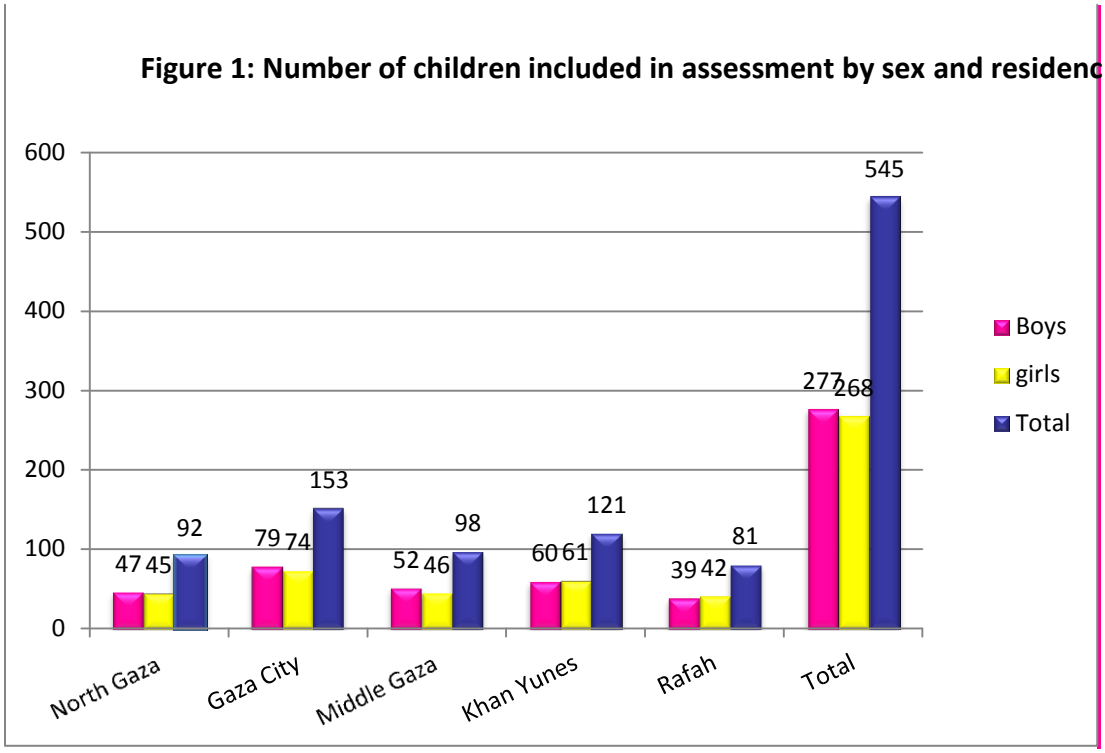
The first part of the instrument included basic demographic information such as the child's sex, age and type of residence. The second part had 18 questions on the child's exposure to violence, such as hearing about a friend, parent or relative being killed, seeing people killed on television, witnessing shelling etc. The third part consisted of 24 questions on the impact of the situation on children, including symptoms such as feelings of fear, insecurity and anger; clinging to parents; loss or increase in appetite and lack of concentration.

Sample size

The sample size (see figure 1) was 545 children below the age of 18 in the 35 most affected areas / localities within the five governorates of Gaza: north Gaza, Gaza City, middle Gaza, Khan Younis and Rafah. Girls made up 49 per cent of the sample and boys were 51 per cent. The age group under 6 years old was 27 per cent of the sample, 41 per cent was 6 to 12 years old, and 32 per cent was 13 to 17 years old. The children of refugees made up 61 per cent of the sample.

[1] Source: United Nations Office for the Coordination of Humanitarian Affairs, *Escalation in hostilities – Gaza and southern Israel*.

Therefore, this assessment does not reflect the broad situation of all children in Gaza, but it provides a snapshot of the psychosocial well-being of children in the most affected areas. It serves as a guidance tool for future humanitarian interventions.



The number of children included in the sample from each governorate was estimated in relation to the overall proportion of the population in each of the localities most severely affected by the conflict. Every third house in these communities was visited, and families reporting children below the age of 18 were requested to participate, taking into consideration the need for an equal number of girls and boys.

Data collection and analysis

Fieldworkers asked parents or responsible adults about the presence of children under 18 years old. If they were present, the fieldworkers explained the purpose of the assessment, and obtained oral consent from participants. Information was collected from children over 13 years through interviews; for children aged 0-12 parents or other family members were interviewed.

Data were coded and analysed using an international statistical package. Initial frequencies were examined for consistency and missing cases, and cross-tabulations with chi-squared tests were performed to identify the important associations. Scales were developed for types of exposure to violence as well as symptoms by combining several variables into one and producing new variables. These, especially the symptoms questions, were grouped based on the accepted grouping found in the literature (such as physical/somatic and emotional symptoms, as well as a special category, fears, that is relevant to Gaza and to situations of conflict. It is based on knowledge of how symptoms are expressed locally and internal consistency calculations (alpha). Grouping is important not only to facilitate analysis, but because often phenomena cannot be measured through one variable alone. This means that several variables must be combined to assess conditions adequately.

Finally, exposure and symptoms scales were used to analyse results. The children were divided into three groups by age: from birth to 6 years old, 7 to 12 years old and 13 to 17 years old. Separate analysis of the data obtained from the three groups is to be completed later if needed. Analysing all children together was necessary to compare results among the age groups. The age groups were also separated and tested against the scales on each of the three groups alone. This revealed that scale alphas remained about the same when the data on all children were merged, compared to when the alphas were obtained for each set of age groups separately. This demonstrated internal consistency ranging from reasonably good up to very good, with 0.63 for the lowest and 0.86 for the highest alphas.

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.

CHILDREN'S EXPOSURE TO VIOLENCE

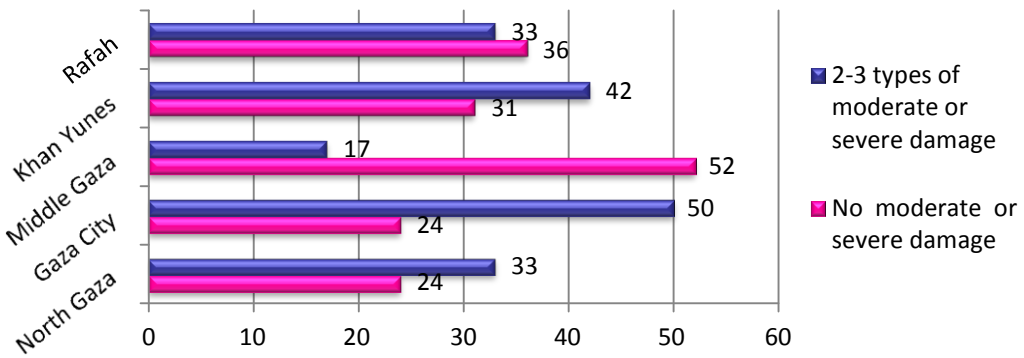
Destruction of homes and immediate surroundings

One key dimension of children's exposure to violence is witnessing destruction of their homes. The assessment showed that 14 per cent of children reported exposure to one type of moderate or extreme damage to their homes; 28 per cent reported exposure to two types of moderate or extreme damage, and 59 per cent reported exposure to three types of moderate or extreme damage.

The findings showed no differences by age or sex in exposure to moderate or severe damage to homes, homes of relatives or immediate surroundings. However, there were important differences by locality. Children who reported no severe or moderate damages to their homes or immediate surroundings were 52 per cent of the respondents in middle Gaza, 36 per cent in Rafah, 31 per cent in Khan Younis and 24 per cent in north Gaza and Gaza City.

In contrast, 50 per cent of Gaza City children reported having been exposed to two to three types of damage (moderate and severe damage) compared to 42 per cent in Khan Younis, 33 per cent in north Gaza and Rafah, and 17 per cent in middle Gaza (p=>0,05) (figure 2). Thus children in Gaza City witnessed the highest levels of destruction, followed by Khan Younis, north Gaza and Rafah, and middle Gaza.

Figure 2: Moderate and severe damage to children's and relative's homes and streets close to their house - Percentage of Locality

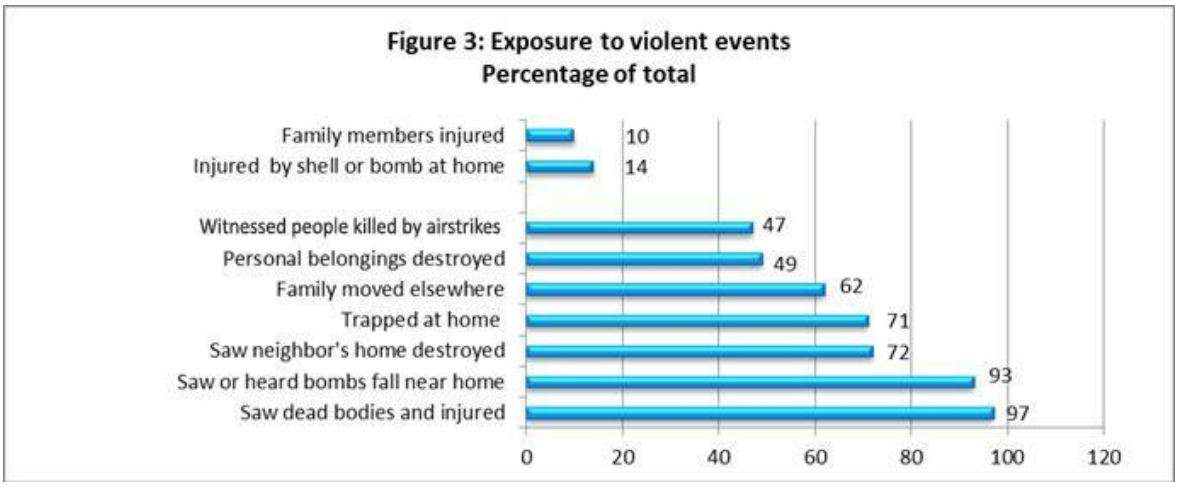


Exposure to other violent events

In this part of the questionnaire adolescents or parents of children aged between 0 and 12 were asked 18 questions about their exposure to violence. Exposure was defined as being injured by a shell at least once; being injured when their house was bombed; seeing their home destroyed; seeing neighbours' homes destroyed; seeing dead bodies and injured people on television; seeing bombs fall near their homes; and witnessing the killing of people by airstrikes.

The majority of children and adolescents reported witnessing violent events. Virtually all children (97 per cent) reported seeing dead bodies and injured people on television; 93 per cent reported hearing or seeing bombs fall near their homes; 72 per cent reported seeing neighbours' homes destroyed; 53 per cent witnessed their house being shelled or destroyed; and 47 per cent witnessed killing of people by airstrikes. Around 1 in 10 children (9 per cent) reported having been injured by a shell at least once, and 12 per cent reported having been injured when their house was bombed.

When the two questions (destruction of homes and immediate surroundings and exposure to other violent events) were combined into one scale, the results showed that 14 per cent of children reported having been injured at least once either by a shell or when their homes were bombed (alpha=0.861). Ten per cent of children reported that a family member was also injured. More than two thirds of children (71 per cent) reported that they were often trapped at home because of the bombing and not able to go elsewhere (presumably for shelter), 49 per cent of children reported damage to their personal belongings and 62 per cent reported that their family had to relocate to a more secure place (figure 3).



Importantly, there were no differences between girls and boys in regard to exposure to the various types of violence listed above. Differences between the sexes were not statistically significant regarding injury reports.

However, the findings showed differences in terms of locality. In north Gaza 24 per cent of children reported having been injured by shells, bombs or both, as did 19 per cent in Gaza City, 15 per cent in Rafah, 6 per cent in middle Gaza and 5 per cent in Khan Younis ($p<0.05$). This shows clearly that the highest levels of reported child injuries were in north

Gaza, followed by Gaza City, Rafah, middle Gaza and Khan Younis. These children are a priority for action. It should be noted that children who were seriously injured and some who were disabled may not have been at home during the survey. This may have resulted in an under reporting of injuries among children.

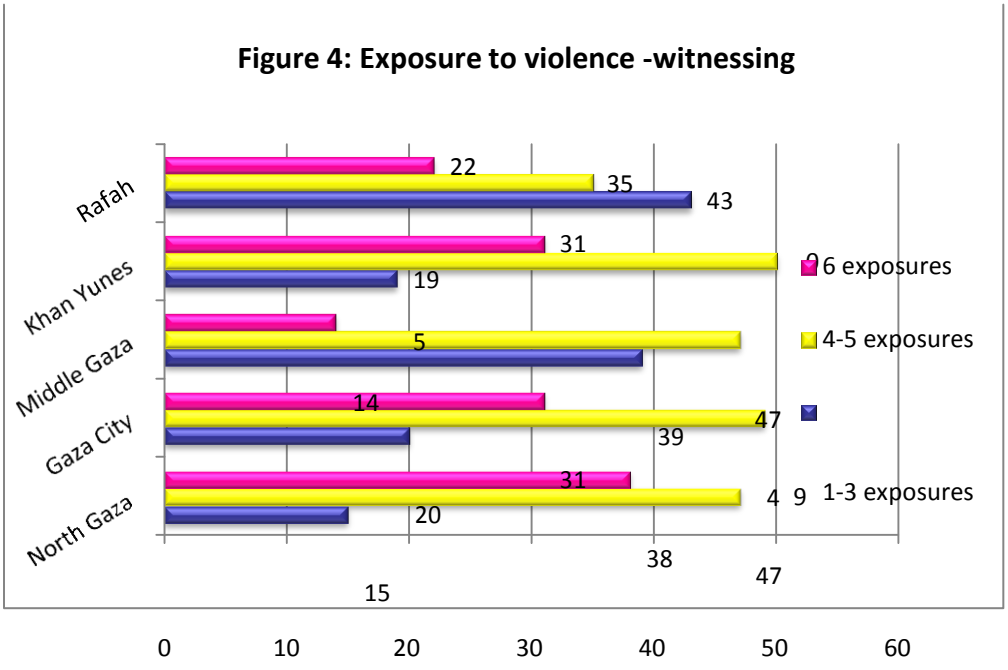
Variables for six exposures to violence were combined into a scale to form a new variable called 'witnessing violence' with good internal consistency (alpha=0.75). These six exposures to violence included children witnessing neighbours' homes destroyed; witnessing their own house shelled and destroyed; witnessing shelling from planes on homes and immediate surroundings; seeing dead bodies and injured people on television; witnessing people killed by airstrikes; witnessing and hearing bombs fall near homes. Less than 1 per cent of children reported not seeing any of these violent events, while 26 per cent witnessed one to three violent events, 46 per cent witnessed four to five events and 28 per cent witnessed all six violent events. There was no difference between boys and girls.

Younger children reported exposure to fewer violent events (six or more). Among children under age 6, 36 per cent reported exposure to one to three violent events in comparison to 25 per cent of children aged 6 to 12 and 19 per cent of adolescents aged 13 to 17.

Another key finding is differences in witnessing/exposure to violence according to the child's locality. The percentage of children who reported being exposed to one to three violent events was highest in Rafah (43 per cent), followed by middle Gaza (39 per cent), Gaza City (20 per cent), Khan Younis (19 per cent) and north Gaza (15 per cent).

The percentage of children who reported being exposed to four to five violent events was even higher. The children of Khan Younis had the highest exposure (50 per cent of children), followed by Gaza City (49 per cent), north Gaza and middle Gaza (both 47 per cent) and Rafah (35 per cent). The percentage of children who reported being exposed to all six events was high as well. North Gaza children reported the highest exposure (38 per cent of children), followed by Gaza City ad Khan Younis (31 per cent), Rafah (22 per cent) and middle Gaza (14 per cent) (<0.05). The data show that children in middle Gaza and Rafah had the least exposure to violence and children in Gaza City, Khan Younis and north Gaza had the greatest (figure 4).

Figure 4: Exposure to violence -witnessing



IMPACT OF EXPOSURE TO VIOLENCE

Children's symptoms

This part of the assessment discusses the impact of exposure to violence on children's psychosocial well-being. It is divided into three dimensions: somatic/physical symptoms, emotional symptoms and fear/feelings of insecurity.

Somatic/physical symptoms included eight symptoms: sleep disturbance, biting nails, crying more, clinging to parents, sleeping with parents; complaining of aches and pains, change in appetite, and appearing stunned and shocked.

Emotional symptoms included seven symptoms: excessive nervousness, feelings of anger, difficulty concentrating, mental strain, feeling guilty, dazed or stunned, and feeling insecure and fearful. Fears included fear of death, of being alone, of injury, of loud sounds and of being away from the house.

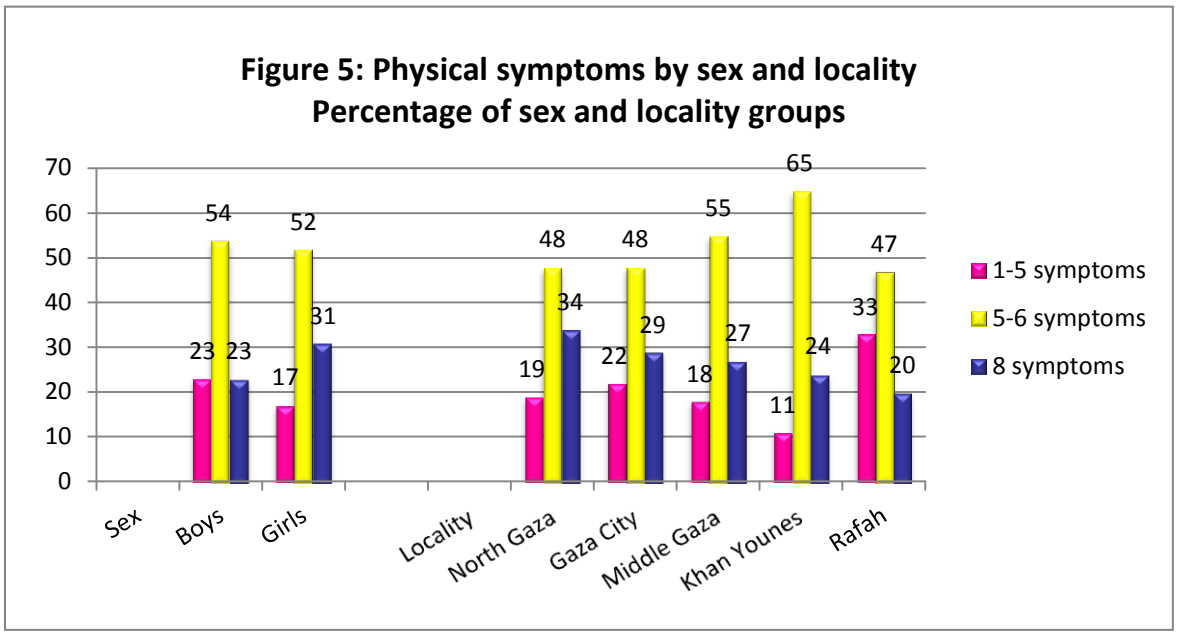
- **Somatic/physical symptoms**

Of the questions focusing on somatic/physical symptoms, the following eight symptoms grouped together with good internal consistency (alpha=0.706). When comparing children's behaviour prior to the hostilities, the findings of the assessment showed that 97 per cent of children reported clinging to their parents; 94 per cent reported sleeping with their parents; 91 per cent reported increased sleep disturbances: 85 per cent reported appetite change (increase or decrease); 84 per cent appeared stunned or dazed; 77 per cent reported they were crying more; 76 per cent reported aches and feeling ill; and 47 per cent reported they were biting their nails more than before.

When computing the new scale out of these eight symptoms, 53 per cent of children reported having six or seven symptoms, 27 per cent had eight symptoms and 20 per cent had one to five symptoms; just one child reported no symptoms at all.

Girls reported more physical symptoms than boys. Around one third of girls (31 per cent) reported eight symptoms, compared to 23 per cent of boys. In view of the finding that there were no differences in exposure to violence by sex, further investigations should be carried out to find out why girls reported more symptoms.

No differences were found in physical symptoms by age, suggesting that all age groups were affected by the experience of the hostilities. The data also showed clearly that children from north Gaza and Gaza City seem to have been most affected, while those from Rafah were least affected (figure 5). The percentage of children reporting one to five symptoms was 33 per cent from Rafah, 22 per cent from Gaza City, 19 per cent from north Gaza, 18 per cent from middle Gaza and 11 per cent from Khan Younis. The percentage of children reporting eight symptoms was 34 per cent from north Gaza, 29 per cent from Gaza City, 27 per cent from middle Gaza, 24 per cent from Khan Younis and 20 per cent from Rafah ($p<0.05$).

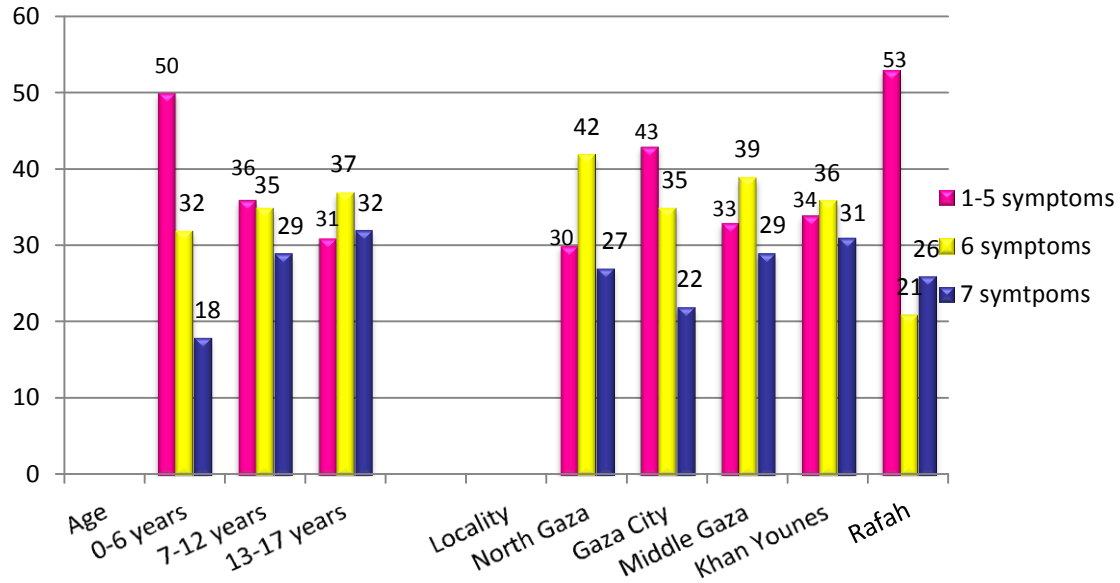


- **Emotional symptoms**

The questionnaire included several questions that could be combined to assess the emotional status of children. Of those, seven were chosen for grouping and building a scale called emotional symptoms, with good internal consistency (alpha=0.736). In comparison with the period prior to the hostilities, the findings showed that 97 per cent of children 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 and symptoms of mental strain; 81 per cent reported an increase in excessive nervousness; and 38 per cent reported feeling guilty.

Regrouping the seven questions to form one new variable (emotional), the results showed that 39 per cent of children reported increased levels of one to five symptoms compared to the period before the conflict; just 1 of the 545 children surveyed reported no emotional symptoms. One third of children (34 per cent) reported having six symptoms and 27 per cent reported seven symptoms. These are very high levels of symptoms (mild, moderate and severe, mostly in comparison with the period before the recent escalation). There were no significant differences in reports of changes in emotional symptoms by sex, suggesting that both boys and girls were emotionally affected and need assistance.

Figure 6: Emotional symptoms by age and locality
Percentage of age and locality



However, significant differences were found in emotional symptoms by age of children, with the number of reported symptoms increasing with age. Half of children below 6 years old reported one to five symptoms, compared to 37 per cent of children aged 7 to 12 years, and 31 per cent of adolescents aged 13 to 17 years (figure 6). As the age of the child increased, the number of reported symptoms increased as well. Only 18 per cent of children below 6 years of age reported having all seven symptoms, compared to 28 per cent of children aged 7 to 12 years and 32 per cent of adolescents aged 13 to 17 years ($p<0.05$).

The assessment also found significant differences in emotional symptoms by locality. Children from Rafah ranked highest in reporting one to five symptoms (53 per cent); followed by children in Gaza City (43 per cent), Khan Younis (34 per cent), middle Gaza (33 per cent) and north Gaza (30 per cent). As for children who reported having all seven symptoms, the highest was among children in Khan Younis (31 per cent), followed by middle Gaza (29 per cent), north Gaza (27 per cent), Rafah (26 per cent) and Gaza City (22 per cent) ($p=<0.05$).

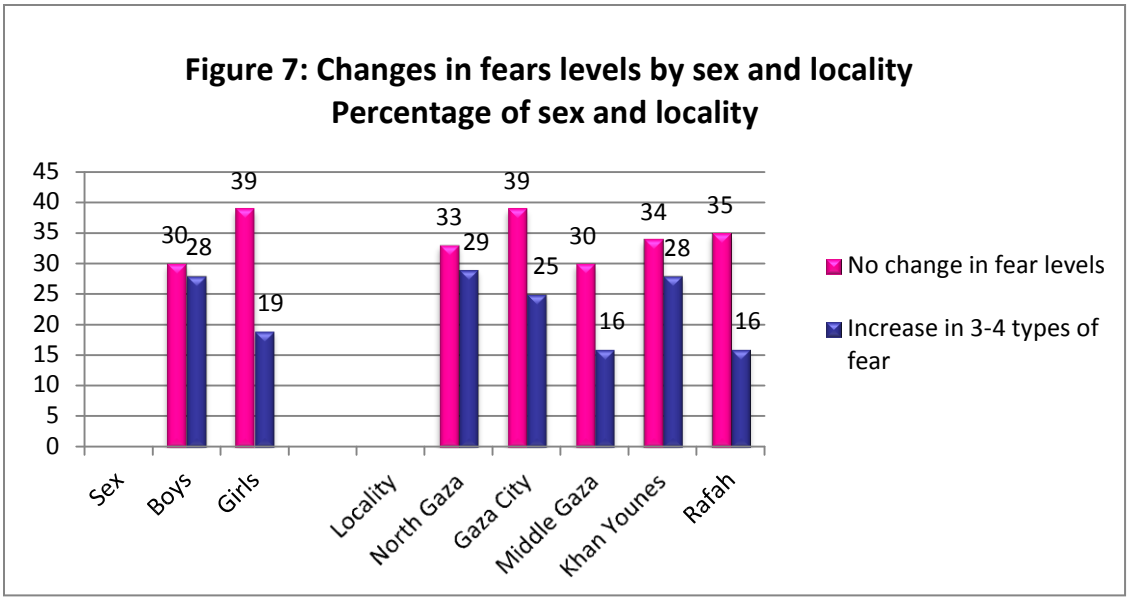
- **Fears and insecurity**

Participants were asked questions related to changes in fear levels from the start of the hostilities up to the time of the assessment. Fear of 'loud sounds always' ranked highest (80 per cent of children). It was followed by fear of death, with 63 per cent of children reporting 'fearing death always' and 19 per cent 'fearing death usually'. Other signs of insecurity included 62 per cent of children reporting 'fear of being alone always', 59 per cent reporting 'fear of injury always' and 57 per cent reporting 'fear of going out of the house always'.

These questions combined were developed into a scale with good internal consistency (alpha=0.759) for further analysis. Compared with their feelings of fear prior to the hostilities,

34 per cent of children reported no change in their feelings of fear during the hostilities; 33 per cent reported one to two more fears; 24 per cent reported three to four fears, while 9 per cent of children reported five additional feelings of fear.

There were important differences in fear levels between girls and boys, with fewer boys reporting increases in fear levels at the time of the assessment compared to the period prior to the hostilities. Fewer boys reported fear than girls – 30 per cent of boys versus 39 per cent of girls. However, boys reported having more types of fears; 28 per cent of boys reported having three to four fears compared to 19 per cent of girls (p>0.05).



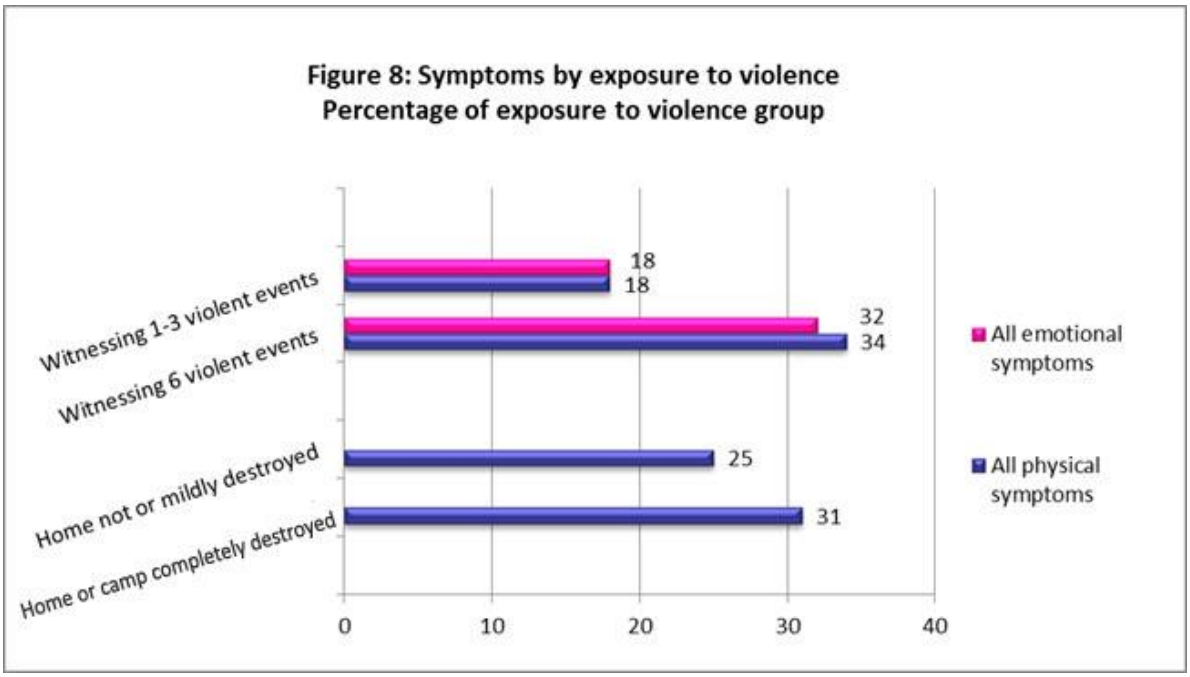
There were no significant differences in fear levels by age of children compared to the period before the hostilities. However, the differences by locality were important: Compared to the time before the hostilities, 39 per cent of children from Gaza City reported no change in fear, as did 35 per cent of children from Rafah, 34 per cent from Khan Younis, 33 per cent from north Gaza and 30 per cent from middle Gaza.

In terms of the number of fears, 29 per of children from north Gaza reported having three to four fears, compared to 25 per cent from Gaza City, 28 per cent from Khan Younis and 16 per cent from Rafah and middle Gaza (p>0.05) (figure 7). The findings clearly indicate that boys in general and children of both sexes from north Gaza, Khan Younis and Gaza City should be given priority for action.

Given these findings, and the fact that the majority of Gaza children reported physical and emotional symptoms and fears, it is important to identify further priority groups for action. Selecting those who reported experiencing all eight physical symptoms, all seven emotional symptoms and four or five fears, a total of 314 children were identified as a priority for action. This included girls more than boys, and in priority order, children from north Gaza, followed by Gaza City, then middle Gaza, Khan Younis and Rafah.

DISCUSSION AND CONCLUSIONS

The assessment showed important associations between children's specific exposures to violence and the symptoms they experienced. The highest levels of physical symptoms were found among those whose homes were destroyed or moderately damaged (69 children, or 13 per cent of the sample). Almost one third of these children (31 per cent) reported eight physical symptoms, compared to 25 per cent of children whose homes were slightly damaged or not damaged at all (figure 8).



However, a strong association was noted between physical symptoms and witnessing of the six violent events reported above (shelling or destruction of their own home, destruction of a neighbour's home, airstrikes hitting homes or immediate surroundings, dead bodies and injured people on television, bombs falling near the home, and killing of people by airstrikes). One third of children (34 per cent) who witnessed all six violent events reported eight physical symptoms compared to 18 per cent of children who witnessed up to three violent events.

Likewise, 32 per cent of children who witnessed all six violent events reported all seven emotional symptoms, compared to 18 per cent of children who witnessed up to three violent events. There were no differences between witnessing violent events and the fear scale, perhaps indicating that fear was widespread, especially among children. These results indicate that children who have witnessed several violent events are a priority for action. This pattern is clear even when controlling for locality.

Logistic regression was used to locate the factors associated with the physical, emotional and fear symptoms such as the child having been injured; destruction of home, relatives' home or immediate surroundings; and having witnessed other forms of violence (the witnessing variable). For physical symptoms, the assessment findings showed no significant associations with any of these related factors, with one exception: having witnessed violence ($p=0.000$). These results indicate that the priority group for action is the group of children who have seen and heard violence the most, regardless of age, sex, or locality.

When the fear variable was entered into the model, having witnessed violence remained a significant factor associated with symptoms (p=0.000). In addition, a significant association between physical symptoms and fear was noted; symptoms rose as fear increased (p=0.000). Clearly, physical symptoms are associated with the fear caused by experiencing the hostilities, leading to the notion that fear needs to be addressed to relieve the physical symptoms these children endure.

For emotional symptoms, the assessment findings showed significant associations between emotional symptoms and injuries (p=0.013), witnessing of violence (p=0.005) and age (p=0.003), with symptoms increasing as children's ages rose. When the fear variable was entered into the model, the results for witnessing violence and the child's age remained the same, but the child's injury became of borderline significance. The association between emotional symptoms and fear was also strong (p=0.003); emotional symptoms rose as fear levels rose. Thus these symptoms occur independently of the sex of the child or the child's residence. Once again, the findings point to giving priority for action to children who have seen and heard the violence of conflict.

The rapid assessment reveals that all governorates in Gaza have been affected. Children in north Gaza and Gaza City governorates were more affected than localities in the other governorates. It revealed no major differences in the amount of violence exposure for girls versus boys, but it did reveal a difference in reaction, with boys showing more emotional symptoms, such as increased levels of fear, and girls displaying more physical symptoms. Older children were proportionally more affected than younger ones.

ANNEX: SURVEY QUESTIONNAIRES

Questionnaire for children aged 0-12

Initial questionnaire to assess the psychological well-being of children and adolescents after the Gaza events of 14-21 November 2012

Questionnaire #: _____

Part 1: Background

- Child's Name: _____
- Refugee: _____ Non-Refugee: _____
- Sex: Male_____ Female_____
- Date of Birth Day_____ Month_____ Year_____
- Child's age in years: 0-6_____ 6-12_____
- Type of Residence: Villa_____House_____ Apartment_____
  Separate Room_____Other (Specify)
- Child's Address: Neighborhood_____City/Camp/Village_____
  Governorate_____
- The interview was conducted with: Mother_____Father_____Others_____(Specify)

Researcher's Name: _____

Date of Interview: Day_____ Month_____2012

Geography of the Location (Information the Researcher collects)

Was your house hit:

1. Hit and slightly damaged 2. Hit and mildly damaged 3. Hit and totally damaged

Were any of your relatives' houses hit: Specify **----------**

1. Hit and slightly damaged 2. Hit and mildly damaged 3. Hit and totally damaged

Status of the immediate surroundings of your home:

1. No houses are destroyed
2. Houses are partially hit, with remnants and debris
3. Houses are somewhat destroyed with lots of remnants and debris
4. Houses are substantially destroyed with lots of remnants and debris

Part 2: Level of Shocking Experience

Below is a list of items that describe the types of painful events that your child might or might not have been exposed to during the last attack on Gaza. Please choose the closest answer:

Shocking Event or Experience	Never	Rarely	Sometimes	Often	Always
1. Have you heard about the killing of a friend of the child?					
2. Did the child hear about the killing of a father, brother, sister, or relative?					
3. Did the child watch the neighbours' houses getting bombarded, demolished or destroyed?					
4. Did the child watch your house getting bombarded, demolished or destroyed?					
5. Did the child watch the bombardment of houses and immediate surroundings by fighter jet missiles?					
6. Did the child watch the scenes and pictures of injured and killed people on television?					
7. Did the child see any family member crying or screaming?					
8. Did the child see or hear bombs falling next to the house?					
9. Did the child watch the killing of people by airstrikes?					
10. Did the child hear the artillery shelling of different areas of Gaza?					
11. Did the child see the effects of the artillery shelling on Gaza?					
12. Did the child hear fighter jets breaking the sound barrier?					
13. Was the child hit by a ricochet or bullet?					
14. Was the child physically injured due to the bombardment of your house?					
15. Was any family member injured?					
16. Was the child kept at home during the bombardment and the family couldn't relocate?					
17. Were the child's personal belongings destroyed or damaged?					
18. Was your family forced to move to another location?					

List three experiences that had negative and uncomfortable effects during the events.

1. ----------
2. ----------
3. ----------

List three things you or somebody around you did that made you feel comfortable during the events.

1. ----------
2. ----------
3. ----------

Specify three persons you go to for safety and security when you feel afraid.

1. ----------
2. ----------
3. ----------

What family member had the roughest time during the last violence?

The most difficult thing was the fear of:	1. Losing the family	2. Losing the house	3. Death	

Part 3: Changes resulting from the shocking experiences

Choose the answer you mostly noticed in your child during the events to date (an interview with the child in the presence of one of his/her parents)

Change	No change	Sometimes	Most days	All days
1. Feeling fearful				
2. Feeling threatened				
3. Introversion and isolation				
4. Having nightmares				
5. Sleeping difficulties				
6. Nail biting				

7. Excessive crying				
8. Excessive clinging to parents				
9. Excessive anxiety				
10. Feeling of insecurity				
11. Fear of death				
12. Fear of injury				
13. Fear of going out of the house				
14. Fear of staying alone				
15. Sleeping in parents' room				
16. Feeling fatigue and suffering physical pains such as stomach ache, headache or any other physical symptoms				
17. Feeling anger				
18. Loss of appetite or overeating				
19. Difficulty concentrating				
20. Mental straying and wandering				
21. Involuntary urination				
22. Feeling of guilt				
23. Feeling of shock				
24. Fear of loud sounds				

Questionnaire for Adolescents (13-17 years old)

Initial questionnaire to assess the psychological well-being of children and adolescents following the Gaza events of 14-21 November 2012

Questionnaire #: _____

Part 1: Background

- Name: _____
- Refugee: _____ Non-refugee: _____
- Sex: Male_____ Female_____
- Date of Birth Day_____ Month_____ Year_____
- Child's age in years: _____
- Type of Residence: Villa_____House_____ Apartment_____

  Separate Room_____Other (Specify)
- Address: Neighbourhood_____City/Camp/Village_____

  Governorate_____

Researcher's Name: _____ Date of Interview: Day_____Month____2012

Geography of the Location (Information the Researcher collects)

Was your house hit:

1. Hit and slightly damaged 2. Hit and mildly damaged 3. Hit and totally damaged

Were any of your relatives' houses hit: Specify **----------**

1. Hit and slightly damaged 2. Hit and mildly damaged 3. Hit and totally damaged

Status of the immediate surroundings around your home:

1. No houses are destroyed
2. Houses are partially hit, with remnants and debris
3. Houses are somewhat damaged with lots of remnants and debris
4. Houses are substantially damaged with lots of remnants and debris

Part 2: Level of Shocking Experience

Below is a list of items that explain the types of painful events that your child might or might not have exposed to during the last attack on Gaza. Please choose the closest answer:

Shocking event or experience	Never	Rarely	Sometimes	Often	Always
1. Have you heard about the killing of a friend?					
2. Have you heard about the death of a father, brother, sister, or relative?					

3. Did you watch the neighbours' houses getting bombarded, demolished, and destroyed?					
4. Did you watch your house getting bombarded, demolished, and destroyed?					
5. Did you watch the bombardment of houses and homes in your immediate surroundings by fighter jet missiles?					
6. Did you watch the scenes and pictures of injured and killed people on TV?					
7. Did you see any family member crying or screaming?					
8. Did you see or hear bombs falling next to the house?					
9. Did you watch killing of people by airstrikes?					
10. Did you hear the artillery shelling of the different areas of Gaza?					
11. Did you see the effects of the artillery shelling on Gaza?					
12. Did you hear the sounds of the fighter jets breaking the sound barrier?					
13. Were you hit by a ricochet or bullet?					
14. Were you physically injured due to the bombardment of your house?					
15. Was any family member injured?					
16. Were held inside the house during the bombardment, and did the family relocate?					
17. Were your personal belongings destroyed or damaged?					
18. Was your family forced to move to another location?					

List three experiences that had negative and uncomfortable effects during the events?

1. **----------**
2. **----------**
3. **----------**

List three things you or somebody around did that made you feel comfortable during the events?

1. **----------**
2. **----------**
3. **----------**

Specify three persons you go to for safety and security when you feel afraid?

1. **----------**
2. **----------**
3. **----------**

What family member had the roughest time during the last violence?

The most difficult thing was the fear of:	5. Losing the family	6. Losing the house	**7. Death**	**8. Others: Specify**

Part 3: Changes resulting from the shocking experiences

Choose the answer you mostly noticed on you during the events to date

Change	No change	Sometimes	Most days	All days
1. Feeling fearful				
2. Feeling threatened				
3. Introversion and isolation				
4. Having nightmares				
5. Sleeping difficulties				
6. Nail biting				
7. Excessive crying				
8. Excessive clinging to parents				
9. Excessive anxiety				
10. Feeling of insecurity				
11. Fear of death				
12. Fear of injury				
13. Fear of going out of the house				
14. Fear of staying alone				
15. Sleeping in parent's room				
16. Feeling fatigue and suffering physical pains such as stomach ache, headache or any other physical symptoms				
17. Feeling anger				
18. Loss of appetite or overeating				
19. Difficulty concentrating				
20. Mental straying and wandering				

21. Involuntary urination				
22. Feeling of guilt				
23. Feeling of shock				
24. Fear of loud sounds				