



المستشفى الأهلي العربي
غزة - Gaza
Ahli Arab Hospital

Psychosocial Support for Gazan Children.

Donor: Palestinian American Medical Association "PAMA"

Implementation: Ahli Arab Hospital "AAH", Gaza

Period: June 2019 to August 2020





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Background:

According to the 2017 Humanitarian Needs Overview Report from the UN Office for the Coordination of Humanitarian Affairs ("OCHA"), approximately 3,000 children in Gaza are in need of structured psychosocial services, including life skills. Approximately 11,000 children in Gaza are in need of child protection case management. According to a Terre des hommes (TDH) study in 2018, in cooperation with the Child Protection Working Group, physical violence against children is common across the Gaza Strip. The study also links physical violence to increases in the prevalence of sexual violence against children and child labor. Moreover, 90% of respondents identified psychosocial distress among children as a main child protection concern in the Gaza Strip. The study lists the manifestations of stress as follows:

85% of children exhibited aggressive behavior

76% of children exhibited bed-wetting

73% of children exhibited unusual crying and screaming

72% of children exhibited violence against younger children

69% of children displayed an unwillingness to go to school

61% of children exhibited disrespectful behavior in the family

60% of children reported having nightmares and difficulty sleeping

57% of children reported sadness

50% of children exhibited antisocial behaviors



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These stress manifestations were correlated with factors such as lack of electricity, lack of food, armed conflict and separation from family. The study lists the correlations as follows:

86% of children's stress was correlated with blackouts/ lack of energy sources

75% of children's stress was correlated with lack of food

65% of children's stress was correlated with armed conflict

64% of children's stress was correlated with lack of shelter

52% of children's stress was correlated with separation from family

The root causes of the children's psycho/social issues were identified as the economic, social and political deterioration of life in the Gaza Strip. The European Civil Protection and Humanitarian Aid Operations "ECHO" describes Gaza as a protracted crisis in a de-developed area. For example, 54% of Gazans live beneath the poverty line in comparison with 13% of West Bank residents (PCBS, 2018).

Since 2007, Gaza has been under a blockade that has made it virtually impossible for the vast majority of the population to leave Gaza. According to the World Bank, the unemployment rate was 43% in 2018. 80% of people in Gaza depend on aid for food. More than 50,000 Palestinian Authority Employees have had their salaries cut by 50% for the second year in a row. Many Gazans have outstanding bank loans which impacts their market purchasing power and the high rate of imprisonment means that there are many Gazans who have lost financial support due to incarceration.



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In May 2018, OCHA addressed the extreme need for mental health services and psychosocial support (MHPSS) related to the violence in the Great March of Return. A TDH study showed that the increased death rates, physical injuries and disabilities associated with the Great March of Return manifested as psychosocial problems in a portion of the Gazans, especially children. In April 2018, OCHA indicated that 210,000 people in Gaza suffer from some form of mental or psychological disorder.

Psychosocial support is not included in any Palestinian government or Ministry of Health (MOH) programs as it is regarded as the responsibility of the civil society. Therefore, AAH wants to target 650 children and 250 of their caregivers, based on AAH capacity and experience in the sector.

Outcome 1: Improvement in the psychosocial well-being of the targeted children.

The improvement in the mental well-being of the children was evidenced as following:

Using the Post Traumatic Stress Disorder (PTSD) scale after the intervention program, it appeared that the total PTSD mean decreased from 36.47 to 12.46 ($t = 18.96$, $p = 0.01$). Intrusion symptoms of PTSD mean decreased from 12.61 to 3.51 ($t = 19.52$, $p = 0.01$). Avoidance symptoms of PTSD mean decreased from 13.03 to 5.47 ($t = 13.99$, $p = 0.01$). Arousal symptoms of PTSD mean decreased from 10.81 to 3.46 ($t = 16.74$, $p = 0.01$). These results demonstrate that the intervention program helps children to mitigate their symptoms of PTSD.



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Output 1.1: AAH psychosocial team trained on Psychological First Aid (PFA) approach

Five staff members were trained in two phases:

In June 2019, Prior to the first phase, two staff members were trained to use the PAR (Participatory Assessment Rapid) method to screen traumatized children for the first phase of the project. The training was one day and it was implemented by the psychosocial supervisor.

In December 2019, Prior second phase training, five AAH staff members (four psychosocial support team members and a supervisor) received training from the Gaza Mental Health Program (GMHP) for 6 days covering two manuals.

The First manual, “Children Affected by Armed Conflicts” (CABAC), covered intervention with traumatized children to improve their mental well-being. The second manual covered assessing mental health problems.

Activity 1.1.1: Training for AAH psychosocial team:

The two phases of training for the psychosocial team are detailed as follows:

- 1) Prior to implementing the first phase, the team was trained to use the Participatory Assessment Rapid (PAR) method to screen for trauma through four activities; a risk and resources map, body map, problem tree and ‘who can assist me?’ The AAH psychosocial team was trained to conduct these activities with children. PAR was administered prior to the first



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phase of the project to identify the traumatized children (also referred to as the "screening" phase). Two staff members received one day of training to complete the screening phase.

- 2) For the second phase, the five AAH psychosocial team members were trained for six days on two methodologies. The first was the aforementioned Children Affected by Armed Conflict (CABAC) and the second was training to assess mental health problems.

Output 1.2: 650 Children with Psychosocial problems are identified:

650 children were screened and received rapid psychosocial first aid, achieving **100%** of the goal for this initial screening.

Activity 1.1.2: Detection phase for 650 children over three months using Psychosocial using PAR methodology:

AAH coordinated with nine Community Based Organizations (CBOs) to recruit vulnerable children with a high probability to have been affected by the Gaza conflicts. The team visited the CBOs where children were gathered in groups for screening activities. Screenings lasted for five months from June 2019 to October 2019

The groups consisted of 20-25 children ages 7-15 years old. The groups were divided by age; 7-10 year olds and 11-15 year olds.



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Screening Activities lasted 5 days as follows: Four days for PAR and one open day.

First day activities:

The day started with a questionnaire to measure trauma and PTSD. Children under 11 filled out questionnaires with their caregivers and children above 11 filled out questionnaires independently. Once the questionnaires were completed and reviewed the intervention began. Facilitators welcomed the children and started the session with entertaining activities to engage and amuse the children. Once the children were comfortable, the facilitators started implementing the main exercise; the Risk and Resource Map.

Children expressed their fears and identified places where they felt safe and comfortable. They were able to identify their risks and safety resources. The facilitators encouraged children to talk about their fears and worries and where they feel safe and relaxed. After they finished the activity, facilitators closed the session with a relaxation exercise.

Second-day activities:

The second day opened with entertaining activities. Following the opening activities, the main exercise was a body map. Each group made their own body map by choosing one of the children to lay down on a large piece of paper and, using a marker, trace the outline of their body. Guided by the facilitator, the children then used the 'body map' to talk about and identify the physical symptoms of fears and worries. The facilitator would ask the children about the symptoms they felt when they were



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afraid or worried then the children could use a marker to draw their symptoms onto the body map. After finishing the work they discussed the output inside the group. This exercise helped the children to talk about the feelings associated with stress and trauma. Sharing their fears and bad memories helps them to process the feelings they experience due to stress and trauma. Once the feelings are recognized and identified, the children can process them appropriately and begin healing.

Third-day activities:

The third exercise was creating a problem. tree. The children worked in small groups and each group defined the most common problems they faced. The children then wrote down their problems on paper. Once the children had identified their problems, they worked to identify the ‘roots’ or causes of the problems. Once they identified the root causes of their problems, the children worked to identify the effects the problems had on their lives. This exercise helps build the children's confidence to identify and understand the stress and trauma in their lives and gives them the language tools to communicate it to their family and caregivers.

Fourth-day activities:

The fourth day activity was a discussion about “who can help me”. The facilitators guided a discussion by asking the children to talk about social relationships in hard times and where the children found people who provided help when they needed it. The children shared their stories about





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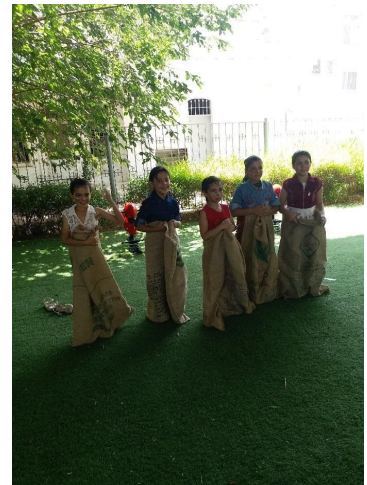
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supportive people in their lives with the group to encourage each other and identify sources of support in their lives.

Fifth-day activities; 'Open Day':

On the fifth day, children went on a trip to the AAH hospital open garden to spend a 'free day' filled with entertaining games and activities. They enjoyed playing in the garden and having a meal. At the end of the day, exit questionnaires were filled out by children and caregivers. The exit questionnaires were filled out the same way as they were on the first day; for children under 11 years old, the questionnaires were filled by the caregiver and the child. Children 11 and older completed the questionnaires independently.





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The first phase findings and results:

46% of participants were boys and 53% of participants were girls. The results showed that children were affected negatively by poverty. The majority of families (85.9%) monthly incomes were below \$300. Also, unemployment rates for parents were 57% and 96% for caregivers. Statistical analysis showed that low income rates and high unemployment rates affected the mental health of children negatively.

The majority (72%) of children reported that the most traumatic event was watching mutilated bodies and wounded people on TV.

The results showed that the intervention activities had a positive impact on children. According to the Strengths and Difficulties Questionnaire (SDQ) filled out by the children and caregivers, the mean decreased from 17.70 to 14.29 ($t = 48.03$, $p = 0.001$).

This result indicates that psychosocial intervention programs, such as this one, could help children in coping with stressors and promote resilience. However, 33% of children were identified as having severe PTSD. Therefore, they would need further intervention which will be described in phase two.



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Output 1.3: 130 children have received mental health support:

209 traumatized children, representing 33% of the targeted children, have received mental health support, instead of 130 children, achieving **160%** of AAH's goal. This ratio is the recently published ratio by GMHP which states that around 1/3 of Gaza children are severely traumatized.

Activity 1.1.3: 209 children will receive mental health support for 8 months through mental health intervention:

To start the second phase for the 209 traumatized children, another two psychosocial experts were hired; 4 staff members and 1 supervisor. They received the CABAC training as noted in phase one. On 31st of December, the team started working with children in both Gaza City and North Gaza. Children were distributed into groups, 4 groups in North Gaza, and four groups were from Gaza city. Every group attended 10 sessions that were structured according to the CABAC manual. This manual concentrates on psychosocial status of children and aims for:

- ☐ Achieving children's happiness and enabling them to play.
- ☐ Creating a safe place where children express themselves far from being a victim.
- ☐ Reducing aggressive behavior and violence in children.
- ☐ Promoting self-confidence and tolerance.



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- Developing and improving relationships that link the child to his home, school, and friends.

The day started with a pre-test to measure the signs of trauma and PTSD in the children. Children under 11 years old filled out questionnaires with their caregivers while children 11 and older filled out questionnaires independently. Children were guided by facilitators to describe and express their feelings assertively. Topics covered were dealing with fear, dealing with sadness, belonging to a group, safe places, their own behavior, and finally closing the day.

The facilitators worked with children to support them through the process. They used games, activities, skills and tasks to engage the children during the sessions. After the sessions were completed, the facilitators observed the effect that addressing their trauma had on the children. The children's feedback expressed the effects and changes that were noted by the children themselves, as well as their parents and teachers. The children expressed their happiness with these changes, which increased their confidence in themselves and improved their interaction with parents and siblings. They reported developing coping methods to help them during traumatic incidents, listening to others, and increased concentration in their studies. They reported that the activities and games that they practiced in the sessions brought joy and happiness to them. The intervention had a positive impact on the children; it improved their psychosocial status and some children reported a decrease in their embarrassment, stubbornness and fear.



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The children reported being more able to express their feelings and emotions to their parents and friends, which helped them to eliminate stressors and fear. At the end of the 10th session, post- test questionnaires were filled out in the same manner as the pre-test questionnaire; children under 11 years old filled out questionnaires with their caregivers while children 11 and older filled out questionnaires independently..

Results and findings: 209 children participated in the intervention. 206 participants filled out the post test questionnaire.

There was a satisfactory participation rate in the intervention program that took place in the second stage. The participation rate of children was 206 children, aged 7-15, with a mean age of 10.60 years (SD= 2.08). There were 106 boys (51.5%) and 100 girls (48.5%).

Using the PTSD scale to measure after the intervention program, it appeared that the total PTSD mean decreased from 36.47 to 12.46 ($t = 18.96$, $p = 0.01$). The mean of intrusion symptoms of PTSD decreased from 12.61 to 3.51 ($t = 19.52$, $p = 0.01$). The mean of avoidance symptoms of PTSD decreased from 13.03 to 5.47 ($t = 13.99$, $p = 0.01$). The mean of arousal symptoms of PTSD decreased from 10.81 to 3.46 ($t = 16.74$, $p = 0.01$) These results reveal that the intervention program helps children to mitigate their symptoms of PTSD.

Among the males of the sample, it appeared that the total PTSD mean decreased from 38.51 to 13.95 ($t = 13.84$, $p = 0.01$). The mean of intrusion symptoms of PTSD decreased from 13.25 to 3.94 ($t =$



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14.21, $p = 0.01$). The mean of avoidance symptoms of PTSD decreased from 13.70 to 5.95 ($t = 10.29$, $p = 0.01$). The mean of arousal symptoms of PTSD decreased from 11.55 to 4.05 ($t = 12.46$, $p = 0.01$) These results reveal that the intervention program helps male children mitigate their symptoms of PTSD.

Among females of the sample, the total PTSD mean decreased from 34.30 to 10.88 ($t = 12.90$, $p = 0.01$). The mean of intrusion symptoms of PTSD decreased from 11.94 to 3.07 ($t = 13.32$, $p = 0.01$). The mean of avoidance symptoms of PTSD decreased from 12.33 to 4.97 ($t = 9.43$, $p = 0.01$). The mean of arousal symptoms of PTSD decreased from 10.03 to 2.84 ($t = 11.17$, $p = 0.01$). These results reveal that the intervention program helps female children mitigate their symptoms of PTSD.

The findings of the data analysis indicated that the CABAC psychosocial intervention manual had an effective impact on children's mental health. Moreover, the activities helped children promote their resilience and develop coping strategies to deal with their stressors. Parents and children agreed that the program helped in improving the children's mental health status; however, they noted that an increase in sessions would be needed for a better result.

The activities helped the children develop positive behavior and contributed to improving their emotional state. The children became calmer, interacted with their friends, had the ability to listen well to others, improved their academic performance and spread social awareness regarding mental health. These activities are necessary for children suffering from behavioral and emotional disorders, especially children exposed to violence in all its forms.



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Outcome 2: Psychosocial wellbeing of the children's caregivers is improved

The psychosocial wellbeing of caregivers has been improved as follows:

The results revealed that the intervention program helped caregivers to increase their General Health (GHQ) and total Quality of Life (QoL) mean from 76.04 to 86.64 ($t = 8.99$, $p = 0.01$). The physical activities of QoL mean increased from 21.02 to 23.74 ($t = 6.92$, $p = 0.01$) and the psychological QoL mean increased from 19.02 to 20.91 ($t = 5.51$, $p = 0.01$). The social relationships QoL mean increased from 9.27 to 10.27 ($t = 4.77$, $p = 0.01$). The environmental QoL mean increased from 20.25 to 23.94 ($t = 6.75$, $p = 0.01$). These results clearly reveal that the intervention program helps caregivers to enhance their quality of life. Finally, it was obviously clear that the psychosocial intervention program had a positive impact on both children's and caregivers' mental health status.

Output 2.1: 130 caregivers received mental support through body and mind therapy approach:

137 caregivers were targeted for the 209 children as some caregivers had more than 1 child in the same program; achieving 105 % of the goal.



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Activity: 2.1.1: 137 caregivers received group therapy through body and mind medicine. Caregivers were divided into groups of 10-12. Each group received five awareness sessions.

The mother plays an essential role in the family. She raises children, feeds them and helps them with their studies. It was very important to target caregivers in this project in order to help them cope with their stressors, promote their resilience to be a positive impact on their children's mental health status.

The sessions had a great effect on participating caregivers. They were extremely happy to join these sessions and most of them reported that they were in desperate need of such sessions and were waiting impatiently to participate. They practiced debriefing exercises and expressed their feelings, stressors, and problems which helped them to calm down and reduced their anxieties.

It was a wonderful opportunity for caregivers to be in-groups where they exchanged their experiences and feelings, especially since they spent most of their time at home. The women benefited from the new knowledge and skills they gained about children's behavioral and emotional problems during the sessions. The meetings were very fruitful and had a positive impact on caregivers and, in turn, their children. Their children's behavior improved at school, home, and in public. The women added that this program gave them new information they did not know before.

The sessions also helped caregivers to overcome their nerves and reduce the use of violent and corporal punishment with their children. They learned alternative punishment methods that give



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better results than beating and violence, which had a positive impact on the relationships inside the family, especially after addressing many stressors.

The women also reported that the sessions were very short and that they needed more information and more sessions to help them solve many problems within the family, especially the relationship between their husbands and children.

For some of the women, this was their first time participating in an awareness program. They noted the need for such programs that are not typically available to them.

Caregivers from different areas expressed their satisfaction about joining these sessions. They noted that their living areas are poor and lack such programs especially for women. These poor areas are typically border areas where residents are exposed to continuous attacks from the Israeli army which affects their mental health and their ability to deal with stress. This constant threat increases their need for psychosocial programs.

The women talked about their living conditions; poverty, large families and lack of support. Large families increase the load of responsibilities and this impacts the way in which they deal with their children and husbands. The women reported not having any private time to enjoy themselves. These sessions made a change in their lives. They were given the time to share their feelings and emotions and learned how to deal with their children, husbands, and other family members. The women were



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very pleased with the sessions and they said that they need similar sessions for men and women.

They reportedly enjoyed the time during the sessions and sharing their feelings and stressors with others who listened to them. They noted that the impact of the sessions was reflected in improved relationships with their children.

Results of the mother's questionnaires and interventions:

There were two areas of focus: the impact on their children and the impact of the caregivers program.

The women noted that the program helped the children to decrease symptoms of PTSD and SDQ which enhanced their mental health status. The results indicated that there was a positive impact on mothers too. This project helped them a lot; through participating in awareness sessions they got some private time to share their feelings and experiences and they exchanged knowledge and experiences with other caregivers which helped them to overcome their stressors. The results revealed that the intervention program helped caregivers to enhance their General Health (GHQ) and total QoL. The GHQ and QoL mean increased from 76.04 to 86.64 ($t = 8.99$, $p = 0.01$). The physical activities QoL mean increased from 21.02 to 23.74 ($t = 6.92$, $p = 0.01$). The psychological QoL mean increased from 19.02 to 20.91 ($t = 5.51$, $p = 0.01$). The social relationships QoL mean increased from 9.27 to 10.27 ($t = 4.77$, $p = 0.01$). The environmental QoL mean increased from 20.25 to 23.94 ($t = 6.75$, $p = 0.01$). These results clearly reveal that the intervention program helps caregivers to enhance



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their quality of life. It was obviously clear that the psychosocial intervention program had a positive impact of in both children's and caregivers' mental health status.



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COVID-19 response:

Awareness session about COVID-19 stressors

The Psychosocial Support Unit within Al-Ahli Hospital responded to the emergency conditions resulting from the Corona Virus pandemic (COVID-19) which has affected all aspects of life. In order to prevent the spread of the virus and decrease the possibility of infection, schools have closed and government services have been reduced as an emergency plan. The emergency status led to increased psychological stressors among people so it was necessary to act and try to help people to recover.

This intervention was started by holding an awareness session for health care providers inside the hospital, followed by many awareness sessions for women, who visited the hospital for treatment. 175 women have benefited from these sessions. Both general and corona-related stressors were discussed. Facilitators discussed the relationship between types of stressors, types of physical disorders, and their impact on mental and physical status of people. Finally, women learned how to deal with their stressors and how to reduce them.

The facilitator also discussed the different ways to help children to overcome their COVID-19 related fears and the methods parents can use to support their children during the stay at home orders. During the meetings, women learned new skills to relieve stress and anxiety, as well as ways to help children to deal with the fears and symptoms associated with their worries, such as bed-wetting, which many mothers have reported, along with other symptoms.



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The sessions were fruitful and useful as women expressed their gratitude for the provided information that helped them to manage negative feelings and daily pressures brought on by the quarantine. It was noticed that domestic violence has increased since the COVID-19 lockdown.

Special Counselling Case

Out of the project work, the team responded to some individual cases which needed special psychosocial help. One of these cases was a boy who was sexually harassed. The child's mother came to the psychosocial unit asking for help to save her child. The mother told the details of her child's sexual harassment experience. She said that her child, Tariq, had been subjected twice to incidents of sexual harassment by his 17-year-old uncle whom he lives with. The first time Tariq screamed for help, but no one heard him so he went to his mother after the incident with his clothes clearly dirty because he was raped. The mother's first reaction was negative. She had collapsed, insulted her child and beat him severely. The father's reaction was also negative. He confined Tariq to the house and didn't allow him to play with other children. The second time Tariq's uncle attacked him and tried to take off his clothes, he screamed loudly for help. This time his mother heard her child and rushed to rescue him and she began beating his uncle. After the case was reported, a specialist has worked with both Tariq and his mother in separate sessions.



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The process included an assessment and management plan for the case. It was noted that Tariq began to exhibit some behaviors indicating trauma after the rape such as; bedwetting, lying, stealing, aggression and nightmares. The specialist started with acquaintance and confidence-building activities for both Tariq and his mother to break the stalemate between them and implemented several movement and recreational activities to help and encourage him to interact with her positively. After that she started to strengthen his self-confidence to be able to face the situation. After the management session finished the child became stronger, courageous, and overcame his anxiety.

The mother was happy for her son's recovery, and she added that she was not worried about Tariq after today. She noted that his personality had changed for the better and that he acquired great skills and qualities that helped him a lot and he also became closer to his father and his brothers.