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"There, People Suffer And Die"

A Qualitative Analysis



The GCMHP Psychological First Aid Teams Update Us on Conditions and Needs of Affected People

Table of Contents

	Introduction	02
	Survey's Main Findings	04
	Stories of Victims	08
	Children's Drawings	11

Introduction

In the five months since our teams in Gaza last reported from the tents, UNRWA schools and zones designated safe by the Israeli army, on the mental health of grieving and terrorised survivors of genocide, the context of these lives has significantly worsened. Our new report reveals an unimaginably challenging context for our work after many more forced evacuations into more crowded and unsafe spaces where malnutrition or starvation and contagious diseases are part of most families' personal experience. In addition, the loss of almost all medical facilities, from the destruction of buildings, and the loss of electricity and fuel for generators, and the absence of equipment and medicines has taken a toll on everyone's physical and mental strength. Our staff members, despite their own difficult situations and the dangers of moving around, have made a systematic survey from the grass roots of Gaza life.

GCMHP conducted a qualitative analysis using surveys. An online questionnaire was filled in by 18 members of Psychological First Aid (PFA) teams in order to collect qualitative data about the affected and displaced families.



Beneficiaries
26.134

 **From 1 January 2024
to 25 October 2024**

Men

6.041

Women

7.085

Girls
6.717 

Boys
6.291 

The data collection tool (questionnaire) included three main open-ended questions as follows:

1 Question

What are the most important needs/demands of people: children (boys and girls), adults (men and women), older people, and people with disabilities during the war?



2 Question

What are the main psychological and social complaints and symptoms that appeared among women, men and older people during the war?



3 Question

How do people cope with these complaints in the war? whether it is positive or negative adaptation?



Survey's Main Findings

1. Needs/Demands of People

Though the specifics of these needs varied depending on age and gender, the needs of those affected generally included food, clothing, shelter, and medical and psychological support. The PFA teams documented the following common needs and demands of affected families:

Food, vitamins, clean water, clothing for the winter and summer, blankets and mattresses, diapers, tents, learning spaces, play spaces were all necessities. The mobile teams observed that there are needs for PFA and toy kits, recreational activities, hygiene kits, girls' dignity kits, sterilizers, medications, primary health care, and psychological support at three levels (psychosocial, non-specialized, and specialized MH services). Children were frequently infected with scabies, parasites like lice, hepatitis, and show signs of malnutrition.



Among Women and Men: the needs included food, vitamins, clean water, nutritional supplements for pregnant women, clothing for winter and summer, blankets and mattresses, tents, shelters and other possible places of shelter, waste containers, power supply, fans, cooking utensils, and Gas for cooking. In addition, they demanded job creation programs, hygiene kits, dignity kits for women, sterilizers, medications, primary medical centers, psychological support at three levels (psychosocial, non-specialized and specialized MH services), awareness and psycho education sessions. The common diseases are hepatitis, malnutrition, parasites such as lice, skin allergies, scabies, etc.



Among Older People and people with Disabilities: Special food, vitamins, and clean water, food supplements, clothes for winter and summer, blankets and medical mattresses, diapers, wheelchairs, crutches, financial assistance, hygiene kits, sterilizers, medications, waste containers, power sources, fans and cooking utensils, Gas for cooking, were the most common needs. They demanded also accessible primary healthcare centers, psychological support, medical tests, awareness and psycho education sessions. The common diseases were hepatitis, malnutrition, parasites such as lice, skin allergies, scabies, etc.



2. Psychological Complaints & Symptoms

Common Psychological Symptoms among Children:

The PFA teams noticed that children reenacted psychologically traumatic events or aspects of them through their drawings and narratives. Most of the symptoms included nightmares, bedwetting, crying, intense ongoing fear or sadness, concentration problems, sleeping problems, aggressive behaviour. Observations on children included also the following: (1) Becoming very upset when something sparks memories of the event. (2) Denying that the event happened or feeling numb. (3) Showing helplessness, hopelessness or withdrawal.



Common Psychological Symptoms among Women and Men:

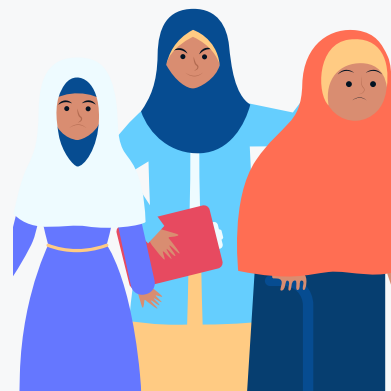
The PFA teams observed that survivors of loss, displacement, and bombardment, both men and women, shared similar symptoms. While some of the men who were assessed and referred had some of the following symptoms, these symptoms appeared even clearer and more intense in the assessed women. (1) Avoiding thinking or talking about the traumatic incidents; avoiding places, activities, or people who remind them of the traumatic event; recalling the details of the psychologically painful event as if it were happening again; disturbing dreams or nightmares about the psychologically traumatic event; severe emotional tension or physical reactions to something that reminded them of the traumatic event. (2) Negative thoughts about themselves and others; pessimism about the future; memory problems, including not remembering important aspects of the traumatic event; difficulty maintaining close relationships; feeling isolated from family and friends; loss of passion for activities they always enjoyed; difficulty in feeling positive emotions; easily startled or fearful; always feeling insecure. (3) Difficulty sleeping; difficulty concentrating; easily irritable, angry outbursts, and aggressive behaviour; feelings of guilt or embarrassment are difficult to bear. (4) Persistent feelings of sadness, guilt, or despair; significant changes in sleep patterns, such as difficulty falling or staying asleep or hypersomnia. (5) Fatigue, unexplained pain, or other physical symptoms with no apparent cause; problems in concentrating or remembering things; changes in appetite leading to noticeable weight loss or gain; physical pains; feeling like life is not worth living or having suicidal thoughts; crying more than usual; low self-esteem; inability to take care of their infants; thinking about harming their babies.



3. Social Problems

Social Problems among Women: (1) The bombing that occurred in the areas from which the women were displaced resulted in the death or loss of many of their family members, including husbands and sons. Some women have become widows, and took over the full responsibility of their households, following their husband's death. (2) Children have lost their fathers, and therefore mothers have become fully responsible for their care in all aspects of living, health, education, and other needs. (3) The recurring displacement and stay in the northern governorates of the Gaza Strip has resulted in women being separated from their families or children. (4) Many women were pregnant,

and a large number of them had miscarriages due to the conditions of war and repeated displacement and malnutrition. Some gave birth to their children in bad conditions and inappropriate places. They faced higher risks of medical complications. (5) Inability to adapt to life in places of displacement, shelters, and tents due to lack of suitable environment to sleep and use the bathrooms, lack of personal hygiene materials, lack of water for bathing and clean water for drinking. Generally, women are facing high protection risks in overcrowded shelters lacking necessities and privacy. (6)

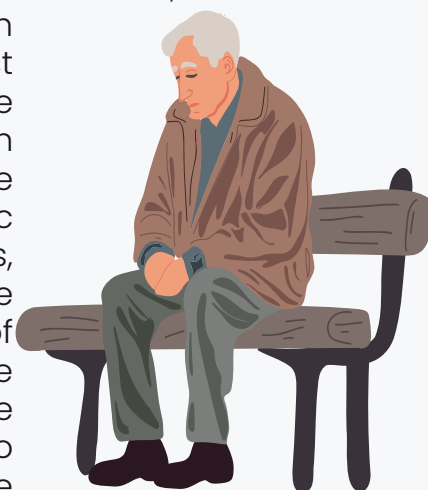


Increased violence against women and girls in all its forms, physical, verbal and sexual, whether by husbands, children or neighbours in the same place. (7) Inability to listen to news from trusted sources, due to the difficulty of movement and lack of electricity and internet, news is transmitted through rumours and gossip, which represents greater psychological pressure on them. (8) Women have no source of income and do not get money except through husbands who may have other priorities and interests. (9) Infection by many infectious diseases for which there are no medicines available in the markets or their prices are exorbitant. (9) Lack of vaccinations for the newborn, and constant concern about providing children with food, clothing, and other needs. (10) Pregnant women worry about how and where to give birth in the middle of war while hospitals are completely out of service or struggling to deal with huge numbers of casualties. (11) Women are exposed to divorce by their husbands due to family problems that resulted during the war. (12) Lack of a sense of security due to the family being in open and unsafe places, and women not knowing relevant information related to security issues, safe evacuation, and other issues.

Social Problems Among Men: (1) Men are more vulnerable to loss of life and injuries due to their engagement in public life, including participation in the first response services. (2) As a result of the war, many men lost their jobs and their businesses, as well as their source of income. (3) Many men were seriously injured while performing daily activities during the war, such as searching for food, bread and water, setting up tents and other things. (4) Many injured men are now unable to practice their previous activities due to their injuries, and their children and wives have become responsible for providing the basics for the family and searching for food, bread and water. (5) There are no safe places to move and work, and the civilian men feel that they are targeted by the Israeli army everywhere just because they are men. (6) Men were more likely than women to be arrested, and while incarcerated, they experienced the most brutal forms of torture, all kinds of abuse and intimidation. (7) Men do not find suitable spaces for psychological debriefing, crying and talking about their feelings. (8) Most men complained that they have been suffering from chronic diseases since the war began, such as high blood sugar and blood pressure, and they do not find appropriate medications and health care. (9) Most men complained about their inability to bear the burdens of daily life, and there is a feeling of helplessness towards everything. They talked about their inability to deal with their children and women in a calm manner and that violence has become a part of daily life.



Social Problems Among Older People: (1) It was noted that most of the elderly depend on their families as their main source of support and care. Most of them do not have a pension or other benefits. (2) Many have been forced to leave behind their assistive devices, such as walking sticks, crutches and wheelchairs, also crucial medicines, and personal belongings. (3) Their access to health and psychological services was not easy at all and in most cases it was impossible. There was a clear shortage of the medicines they needed, which contributed to the deterioration of their health conditions and contributed to the increase in the death toll among those suffering from acute or chronic diseases. (4) They always felt, according to their own narratives, that they were a burden on their families, and that they were afraid of leaving them in their homes during periods of displacement because they could not carry them and move them from their places. The elderly felt they themselves were part of any discussion regarding the families' decision to displace. (5) As for nutrition and food availability, most of the elderly stated that they frequently went a whole day without eating and that they always gave their grandchildren and other family members the priority. (6) Their inability to provide income and buy necessities was evident in their clothing and appearance. They were tired, exhausted and often wished for death.



4. Positive and Negative Coping Mechanisms

Based on all observations collected, there are people who dealt positively with these complaints, while others followed some negative methods, shown as follows:

Positive Coping Methods: 'Spiritually derived' contentment and praying; Trying to live with the available resources; Participating in community initiatives and charities; Finding solutions that include using primitive tools to obtain basic needs such as heating water and cooking; Practicing hobbies, sports and walking; Reading the Holy Quran and listening to religious seminars to strengthen faith and deal with acceptance of the crisis situation; Ease themselves through social communication with the neighbours at tents next to them; Communicating via the GCMHP free counselling phone line; Establishing a small business to sell products. Most of families create stalls to sell vegetables, bread or canned foods; Family talking sessions and exchanging thoughts with family members.

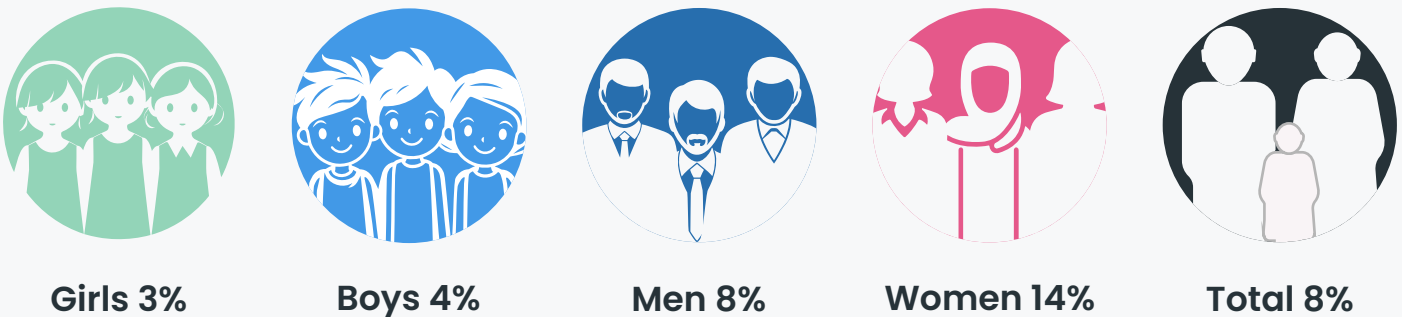
Negative Coping Methods: Aggressive behaviour as an expression of anger such as verbal assault and berating of children by parents or caregivers; Begging; Isolation; Ignoring the needs of the family and escaping responsibility; Irritability, fits of anger and violence; Frequent family and marital problems; Aggression among children and adolescents; Smoking; Stubbornness and Procrastination; Substance abuse; Avoidance and denial; Self-harm; and Negative self-talk.



5. Referrals to Specialized Mental Health Services

The teams have provided Psychological First Aid (PFA) service to the affected and displaced people at tents and shelters in Deir Al Balah and Khan Younis. During eight months of this year 2024, they reached 24,034 persons and referred 1,922 persons with severe symptoms to advanced care and specialized MH services.

The percentage of referrals from the community are shown in the chart below:



Data Analysis: (1) The results showed that on average 8% of the population needs advanced MH care in the southern and middle governorates in the Gaza Strip. These percentages could certainly be higher among people in the Gaza and North Governorates where the conditions are worst. (2) Considering the trauma exposure, the rates may seem low, but these findings serve as a BASELINE for further comparisons. From previous experiences, we expect that after the war and crisis ends, trauma symptoms and other psychological issues typically surface. (3) Severe psychological symptoms are higher among women and girls than among men and boys. This could be due to the ability of men and boys to cope with conditions of displacement and to deal with privacy issues is higher than that of women and girls. Men project and express negative emotions on women. (4) The risks of exposure and vulnerability differ for men and women, which results in different effects of war. Other factors include the greater likelihood of women evacuating with children and the elderly; differences in knowledge and shelter safety conditions that affect women's ability to safely access these shelters; women's clothing that restricts their movements; and men's ability to self-evacuate through learned skills. (5) Other factors, such as the type of trauma women experience (more sexual, interpersonal, and gender-based violence), their heightened sense of threat and loss of control, and a lack of social support resources to help manage symptoms related to trauma, may be responsible for women's higher rates of post-traumatic stress disorder (PTSD).

Stories of Victims

GCMHP Psychological First Aid Team Identifies Woman with suicide ideation and Refers Her for Specialized Intervention

The beautiful young woman was sitting alone in a corner in the shelter, completely abstracted amidst the bustle of the displaced people who struggle to manage their daily life matters in the UNRWA shelter.

I approached her and introduced myself as a mental health specialist from Gaza Community Mental Health Programme, explaining to her the services we offer to people. "Do you know!" she exclaimed, and paused. "I was thinking of how to get to a psychiatrist. I really need help."



I've been thinking of how to take my own life, which has become with no value after I have lost my whole family."

"My whole family was buried under the rubble. I survived with injuries and pains to my body and to my soul. They have left me to suffer alone; from one displacement to another, from the North to the South and from the East to the West, and from one shelter to another."

The 23-year-old woman was in agony, struggling with the feeling of having her whole world destroyed. There is no one around who she knows, no shoulder to cry on, and no support to manage her life matters under the harsh war circumstances.

"I lost all of my 18 family members. They were my sole support and strength. Ever since, I haven't been sleeping well. I have terrible nightmares. I have no appetite for food or interest in anything in this life," she complained.

Her absolute feeling of loneliness and vulnerability has had a very destructive impact on her mental health so that she felt her life was a heavy burden on her.

Considering her case, she was referred to GCMHP community center for specialized psychotherapy. She was reassured that she is no longer alone and that she would find the right support.

A few weeks after the beginning of the intervention, she started improving. The haunting mental image of the destruction and rubble started to subside, and that was among the first significant signs of her improvement.

"The image of the rubble was there in front of me all the time. I have become so vulnerable to fear. I never felt secure," she explained during the first meeting.

The bereaved woman together with a large number of other cases who have been referred by our PFA teams are still under treatment. Their therapy plans include a variety of interventions based on their conditions. The interventions also focus on boosting their coping mechanisms and improving their resilience, especially as we are still living in a critical situation in which more appalling events are expected to happen.

Bombardment Turns Eid Into Catastrophe For Ahmad and His Family

Ahmad, 7, is one of the traumatized children identified by the PFA teams and referred for specialized intervention.

The traumatic event happened on the first day of Eid El-Fiter when he went out to play on a trampoline that was set up in the street. While he, his sisters and other children were having fun on that trampoline, the place was bombed. His sisters were immediately killed, and Ahmad sustained a serious injury to the brain. He survived, but with a life-changing disability.

The family was visited by a GCMHP specialist who talked to his parents and explained how specialized intervention will help their child heal from the traumatic event he experienced and cope with his new situation.

The holistic approach of the intervention also includes all the family members so as to help them know how to understand the psychological needs of the child and also be part of the therapeutic process. In addition, it would help the family to cope with the devastating reality of the loss of their 2 daughters and accept the disability of their surviving child and cope with their new situation.



Individual psychological support was provided to the child through playing, and also through talking about the traumatic event and how it impacts him. The parents were provided with counselling and psychological support to help them deal with their son, and their feelings of loss. The parental counselling included tips on how to help Ahmad get to sleep as he was suffering from insomnia and nightmares.

The grandmother and uncles (displaced in the child's home) were also provided with counselling on how to support the bereaved parents and help them overcome their feeling of loss and the devastating feeling of the life-changing injury that Ahmad suffers from.

After four visits, the family talked about an atmosphere of general relief and said that they had become more in control of the situation.

“Ahmad has become less irritable after receiving the sessions, and I’ve noticed that he is sharing our conversation,” Ahmad’s father said.

Ahmad also feels that he is better. He now feels like playing with his friends after quite a long period of self-isolation.

“I like it when my friends come and visit. I like to play with them because it’s boring when I am alone,” Ahmad said.

The child’s grandmother has also expressed her relief that her grandson is now so much better. She said that ***“Ahmad was aggressive, tearful and irritable all the time. He would fight with everyone.”*** But after the sessions she eventually could see him laughing and playing. ***“He even comes and plays with me,”*** the 75-year-old grandmother said.

The therapy plan should continue for a few more weeks, together with the counselling sessions for the family.

From Pampered Child to Victim of Loss, Wretchedness and Insecurity

Karim is a 10-year-old boy whose parents used to mollycoddle him as he is the youngest child in the family.

During the war, he experienced displacement multiple times, and the good standard of living he was used to has changed to wretchedness and deprivation.

His mother noticed changes in his usual behaviour, so she decided to visit the Gaza Community Mental Health Programme Centre in Deir al-Balah to ask for help and to find out what was wrong with her son and how to deal with him.

She explained that he was very fearful and attached to her all the time, and that he had nightmares, screamed while sleeping, and was irritable and aggressive towards his siblings.

His mother also noticed that he was withdrawing from his environment. He stopped playing with his peers or participating in any of the activities he used to be engaged in. Also, Karim complained that he felt he was less important than the others and that he was not loved, his mother explained.

But during the assessment session, it appeared that Karim had a deeper problem that caused his feeling of inferiority and lack of care. In fact, the whole family was exposed to a very difficult traumatic event. But Karim, being the most vulnerable, took the brunt of it. Karim’s elder brother was killed in a bombardment that targeted the building where he was shopping. Karim saw his brother when he was being taken to hospital, when his death was pronounced and he was buried.

The poor boy was exposed to another traumatic experience when he was in his cousins’ car and the area where they were travelling was bombed. Everyone instinctively jumped out of the car and ran for dear life, leaving him alone. This event worsened his mental health condition.

A psychotherapy plan has been started with the child. It included individual sessions, one session per week focusing on correcting negative thoughts about himself and the surrounding environment, and helping him overcome fear, tension, bad mood, while

increasing concentration and reducing fits of anger.

The plan also focused on helping the child acquire skills of expressing his emotions and using his skills and hobbies through drawing therapy. His mother was also provided with counselling on the symptoms of trauma and how to deal with her son.

A few weeks after the intervention Karim started responding positively to therapy. He started to be engaged in the daily chores of the family. His mother said that his fits of anger had become less frequent and that he started playing with children and sharing their activities.

Karim is still having therapy and follow up.

Children's Drawings

"School Is No Longer A Place For Learning And Playing; There People Suffer and Die," says a 10-Year-old Survivor



Drawing 1 by Hala, 10 year old girl

10-year-old Hala has survived several attacks. She lives in Al-Zaytoun neighborhood, eastern Gaza City, one of the areas that was almost completely erased from the map. The schoolgirl has witnessed living nightmares as she and her family had to run from one place to another to avoid the intense bombardment that leveled their area to the ground.

Hala recalls one of the worst situations in the series of attacks that she experienced. It was in her grandparents' house, where they went, thinking that it was a little safer area. Shortly after their arrival, the area was attacked with artillery shells that hit their neighbourhood. The artillery fire was so intense and so close that the whole family found themselves instinctively running out of the house for dear life.

The whole area was covered with billows of smoke, hundreds of people were running, with children and women screaming and crying, killed and injured people thrown along the streets.

Hala, being in such a state of confusion, thought that her sisters died. They were running ahead of her, but she couldn't see them, so she thought that they were lost behind and died in the shelling. So, she cried at the top of her voice "my sisters died, my sisters died", before she could eventually know that they were ok.

However, the impact of the traumatizing situation stayed with her even after she saw everybody. She kept shivering for a few hours and calling out to her parents and siblings who were cuddling up with her in the new place where they arrived.

Then the family decided that Gaza City was completely unsafe, and they were lucky to have survived two or three attacks, but that they couldn't take any more chances. So, they decided to move to the south on November 2023,17.

Here the little girl had to go through another terror situation. The journey to the south was a deadly adventure. She saw the Israeli tanks and the Israeli soldiers who made people pass in a long queue, checking people, arresting and holding people in custody for no reason. Some of the people were old ladies. Many of the orders that were given to the displaced people were just to make fun of them.

Seeing all that, Hala was terrified that her parents might be picked out.

Luckily nobody was arrested from her family, and they all arrived in Deir AL-Balah Town, in the central the Gaza Strip, after hours of distress and fear.

Ever since the family has been living in a tent in miserable conditions struggling with the harsh weather conditions in summer and winter and suffering from a severe lack of food and cleaning materials and clothing.

For almost a year, the schoolgirl and her family have been living in a state of deprivation and poverty punctuated with bombardment, and brief military invasions from time to time.

This dramatic change in her life together with the traumatic events that she experienced made Hala change for the worse. Her family started to see a different person, one who was stubborn, aggressive and irritable.

Even more concerning to her family, Hala started experiencing recurring nightmares. She would wake up in the middle of the night screaming, scaring everyone in the family who would wake up from the depth of sleep thinking that she had been stung by a scorpion or a snake – a haunting fear for all people who live in the tents.

Hala was identified in GCMHP's PFA team visits. Immediately she was referred to the community centre to be treated.

During the course of her treatment, which included drawing therapy, Hala chose to draw the shelter (an UNRWA school) in which her family is registered as 'external beneficiaries' (people who are not staying inside the shelter, though entitled to the food coupons and various aids).

Going every day to the school (the shelter) with her father to receive whatever food was available, brought the most strongly present scene in her imagination of the dismal atmosphere there. That place, once psychologically linked to learning and playing, had become the quintessence of the chaos that has now plagued their lives.

Congested with displaced people, and lacking water, electricity and many life essentials, the school was very dirty and disorganized. Clothes lines were hung everywhere across the walls; shacks made from tarpaulin or even old blankets were set up by the people who had NO space in the classrooms; people who lost their sources of income set up small stalls to sell canned food or whatever is consumable by the disparate population. Almost every day, thousands of displaced people gather in the school yard to receive their food portions – a concrete manifestation of the sense of crisis.

Hala also saw many other schools completely destroyed. These schools were bombed flat, on top of the people who had sought refuge there. So, her drawing combined the daily suffering of the displaced people in these schools and also the catastrophic moment when they are attacked. However, the image of what she experienced at the beginning of the war, 8 months ago, still exists strongly in her mind. The tanks, the soldiers who are firing their guns, the men who are stripped to the waist and whose arms are up in the air, and the wounded ones on the stretchers are all in her drawing.

"Schools is no more a safe place where children learn and play – it is a place where people suffer and die," Hala said.

Hala has been diagnosed with PTSD, and GCMHP teams are working with her based on an integrated therapeutic plan. Although she has not fully recovered, she is making progress, and the intensity of several symptoms has eased.

"I feel more comfortable. I was really happy to attend the fun day [recreational day arranged by GCMHP]. It made me feel that life was back to how it was before the war," she said

Alaa, 12, a Boy Who Was Forced To Walk the 'Last Mile' But his Survival Gives Him The Power To Overcome PTSD



Drawing 2 by Alaa, 12 year old boy

Alaa and his family survived another day. In one of the classrooms in the UNRWA school that was turned into a sanctuary, the 12-year-old went to bed shortly after it got dark. He was exhausted, like everyone else, from toiling to procure daily life needs in the harsh war conditions.

Besides, the night was exceptionally dark, dull and scary without electricity, especially in war conditions, and in displacement, so sleeping is the best way to escape it.

Alaa, however, was not aware of the fact that the hellfire of bombs can't be escaped by sleeping. He did not know his sleep would turn into a coma, either.

Shortly after everyone settled down, the shelter was targeted by an Israeli bombardment. Pools and trails of blood filled the place; people rushing to rescue the injured; parents screaming in agony as they saw their sleeping children covered in blood. Everybody was petrified and in great distress.

Alaa was evacuated to Al-Shifa hospital to be treated for burns and fractures in the jaws and the chest. He was lucky to survive, but he was destined to witness more of the war horrors, a gruesome experience that he depicts later in his drawings.

The innocent boy lived the bloodcurdling moments of the invasion of Al-Shifa Hospital by the Israeli forces. He and so many other patients, many of whom were in a critical condition, were forced to leave the hospital through Al-Wehda Street, which leads from the medical compound to the square of the old city of Gaza.

It was the last mile for many of the critically injured patients.

Some patients fell halfway and surrendered to death, while others were hit by the hail of bullets fired at them by the Israeli forces. And those who survived the situation carried with them the horrible images of those victims and, also, the scene of other victims, whose bodies were being preyed on by stray dogs and cats.

Alaa kept walking with the other patients whose bodies did not fail them. He went through checkpoints, where the depleted patients were checked. He saw a weak old man, in his 70s, being beaten up by the soldiers because he has a beard.



Drawing 3 by Alaa, 12 years old boy

These traumatic experiences made him develop trauma symptoms, the worst being constantly recurring nightmares. The symptoms also included intrusive images, irritability, startle response, verbal violence as well as loss of memory of some of the events and situations during his stay in the shelter and the hospital. Besides, Alaa hated the way he looked after sustaining his serious facial injuries. He also avoided talking about these injuries.

Alaa was identified by the PFA team and was immediately referred to the GCMHP centre for specialized intervention. His treatment plan consisted of a variety of therapeutic strategies, including drawing therapy and written narrations of the traumatic events.

Alaa's strong desire to improve has supported the progress of his recovery, which has gradually started to be noticeable. He has become sociable, and now he is visiting other victims in the shelter injured in the war. He shares his story with them and listens to theirs.

GCMHP Helps 13-Year-Old Sarah Recover from Traumatic Mutism



It took Sarah's mother the whole day to make some bread for her family. The little children were starving while their mother was collecting the firewood needed to bake the bread dough. Eventually, the family gathered in their tent, in Al-Mawasi, western Khan Yunis, and tucked into the freshly baked bread, which was the only thing they had for their meal.

In the meantime, there were some relatively faraway sounds of explosions in the east. But the children and

Drawing 4 by Sarah, 13 year old

their mother were so hungry and tired that they dismissed the fact that these sounds were a signal of anything of any consequence.

The mother was heavily burdened, she has been displaced multiple times and has been taking care of her children alone, without the support of her husband who was abroad having treatment for cancer.

For this mother, displacement is a real suffering, especially in the absence of transportation and when the move happens without even an ultimatum. Also, leaving one's belongings in a tent is not an option. These things are so precious, because once they are lost, they cannot be easily replaced. Also, with every move she has to embark on a backbreaking and humiliating quest to find a tent and other life essentials.

But the conflicting thoughts of whether to run away or stay lasted only for a few minutes. Sarah had still not finished eating her loaf of bread, when the tank shells landed near their tent. She suddenly felt pain in her leg and then saw the blood gushing. She was injured by shrapnel that tore through the tent and lodged in her leg.

Her mother immediately picked her up and yelled to the children to leave everything and run. In the meantime, the mother was trying to call an ambulance, but the paramedic and ambulance department could not reach the area because of the continuing shelling.

Sarah was shivering. Seeing her blood oozing through the piece of cloth which her mother bandaged her leg with, was petrifying. "I'm dying. Where are you dad? I'm dying. I need you. I want to see you for the last time before I die," Sarah cried, as her mother carried her to the closest area where she could find any kind of support.

Eventually Sarah arrived the Hospital on a donkey cart that they found on their way. She was put on the floor as there were no empty beds. The hospital floor was covered with trails of blood. As the doctors checked her leg and tried to deal with the bleeding and treat other minor wounds in various parts of her body, Sarah was looking in fear at the dead bodies and the critically wounded people, thinking that she might lose her life and be one of the shrouded bodies.

Then the doctors decided to operate on her leg. When she woke up from the anesthesia, she kept calling out to her father. She felt completely insecure. "If my dad with us he would have protected us," she moaned.

Sarah and her siblings did not know that their father had cancer, nor did they know anything about what stage he was. Their mother kept it from them to protect their mental wellbeing. However, when the war broke out, their father was stranded outside the Gaza Strip.

Sarah stayed for one week in the hospital and then was discharged to continue her treatment at other medical points, as the hospital did not have the capacity to deal with the massive numbers of casualties. But 2 days after the operation, Sarah developed traumatic mutism. She didn't utter a word for 3 months. When she wanted something she used signals or wrote it on a piece of paper.

Seeing that her daughter was not recovering from this kind of mutism, the mother contacted GCMHP for help.

Sarah also developed other symptoms such as excessive attachment to her mother. She also started avoiding eating Doqa (a type of traditional Palestinian food) that she had sprinkled into her pita bread the moment the attack happened, as she linked this type of food to the incident.

After assessment, GCMHP multidisciplinary team put in place a thorough psychotherapy plan to deal with her case. The plan included drawing therapy and play therapy.

The plan was conducted gradually, and 3 weeks after the start of the therapy Sarah started talking a few words. Drawing therapy was the most effective technique that helped her. And as her case improved, the therapists started talking about the traumatic event with her, as part of the treatment.

They discussed with her the intrusive thoughts and feelings that haunted her and started working on changing these negative thoughts with positive ones.

Drawing, however, was the threshold to her recovery. Even before coming to GCMHP, Sarah would find herself drawing on the sand to externalize her feelings. So, the therapists focused on this technique and provided her with drawing books and colours. Her drawings were discussed with her.

Sarah's condition has improved but she is still having treatment. She is one of hundreds of children who have developed severe PTSD symptoms due to the heinous war atrocities.

Sama, 8, Loses Her Only Sister In Bombardment And Every Relic of Her Past

It was 2 am when the heavy bombardment started in their Al-Zaytoun neighbourhood, eastern Gaza City.

Sama, 8, was really scared. The house was full of relatives who had sought refuge in her family's house, thinking it was in a safe place.

The bombardment was so intense that no one was able to think about what to do. Was it safe to leave while the bombing is still going, or should they wait until it ends? This was a very difficult decision for the house occupants.

Sama's parents decided to be ready to go anyway. They packed their most important stuff in a grab bag, waiting for the bombardment to ease so as to leave the house. Unfortunately, it was too late for anything to be done, the Israeli jets were firing salvos of missiles along the neighbouring line of buildings. And going out to the street was lethal because of the shrapnel and the fragmented concrete masses flying off the attacked buildings.

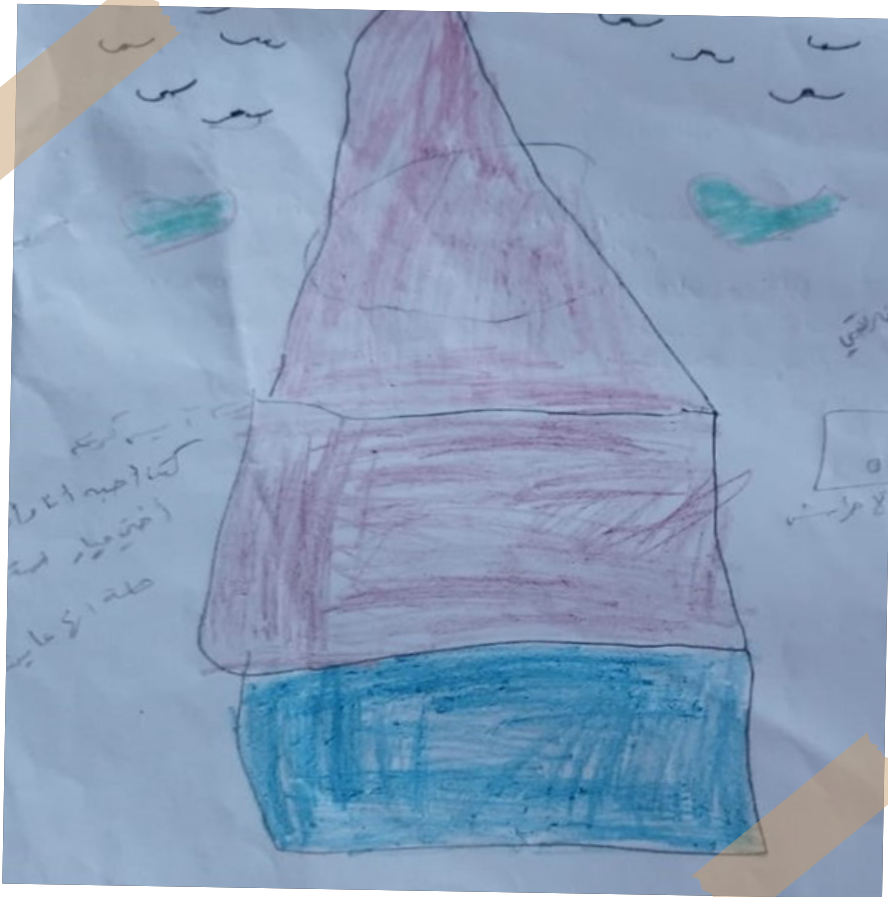
buildings.

While in such a state of uncertainty and fear, the disaster happened and the 2-storey building flashed before the whole construction caved in on top of Sama, her family and the other relatives who were in the house. The attack targeted the next-door building, bringing down their smaller building, whose pillars and walls gave way and collapsed.

Samah was unconscious. The whole area sank in deep silence.

The bombardment stopped, but not before it had silenced everybody in Sama's house.

For three hours about 40 people were trapped under the rubble, before



Drawing 5 by Sama showing her family's happy home before it was destroyed on top of them

the rescue teams arrived to pull them out. Sama had injuries to her head and legs. Her parents were pulled out first, and then her sister Mayar, who was dead.

Mayar and Sama were so close to each other. Two days before the bombing incident, their mother called them for lunch, and Mayar said to Sama "we can eat later, let's continue to play". Sama still recalls moments like these with so much pain.

The loss experience was so devastating for Sama who had no other siblings except Mayar. She was everything in her life. They shared their clothes, their toys, and their little innocent adventures at school. All of a sudden, Sama found herself without her sister or even any relic of her past as their house and belongings were destroyed. "I feel she is here, she hasn't gone," said Sama, who is still in denial of her sister's death.

Diagnosed with PTSD, Sama is now being treated at GCMHP. She has just started her therapy sessions which include mainly play therapy and drawing therapy.

Considering her case, the therapists say that her improvement will take time considering

the trauma which has deeply affected her and her sources of support.

“Sama is one of the many children who have developed PTSD. We work closely with their caregivers and close communities in order to find the best way of supporting each one. We also work on identifying the children’s points of strength as well as their weakness as an important foothold for our intervention,” Sama’s therapist said.

“The Smell of The Blood Is Still In My Nose”

12-year-old Farah Physically Survives A Bloodcurdling Attack, But Endures the Psychological Aftermath

It was a cozy atmosphere for 12-year-old Farah. Many relatives had just arrived to sleep over in her family’s house. Although it wasn’t a regular visit by the desperate relatives who sought refuge in her family’s house, for Farah the gathering itself was exciting.

“We all had lunch together. We had ‘Romaniya’ cuisine [a Gazan specialty], which tasted so yummy, like usually,” Farah spoke of that “unforgettable” day.

“My cousins and I were laughing and playing. Then we heard the grown-ups talking about flyers being dropped by air on our area. They said the flyers were ordering the people in the neighbourhood to evacuate the area,” Farah said.

A state of acute distress shadowed the whole atmosphere. Farah and the other children panicked as the adults lost their composure. Everyone had a different opinion about what was to be done, and there was no time for arguments by the decision-makers who were at the end of their tether.

“I was really scared. My father was angry and didn’t want to leave. he didn’t believe it was serious, unlike the others,” Farah said.

“But soon the bombardment started. It was so intense and close. Explosions were everywhere and the whole area turned dark because of the back smoke,” she added.

The family decided to pack its most important stuff, and together with other

relatives move to the south, which was declared by the Israeli army to be a safe area.

“We rented a truck to carry us all together with our belongings. We were so packed in the truck that I could hardly breathe, and we had to drive for a long time as the traffic was congested. There were so many cars and people who were fleeing the area. And whenever we drove into a street, we found it blocked by destroyed buildings,” Farah explained.

When we arrived in Gaza Valley in the south, which the Army said was safe, a house there was struck at the very moment we drove by it. I closed my eyes and screamed, the rocks and stuff started falling on us. I opened my eyes and then saw pieces of human flesh thrown all over the truck and on top of our heads. A baby piece of clothing fell on top of my head. They were dripping in blood. The smell of the blood is still in my nose”. Farah broke into tears as she told her therapist about the incident.



Drawing 6 by Farah

Luckily Farah and her family arrived safely at their destination in the Middle Area, south of Gaza Valley. They stayed in an empty garage (which was offered by some charitable locals for a few days before they could find the tent in which they live now). There were already no apartments to be rented in the area which was flooded by thousands of displaced families.

But the traumatic incident together with that awful experience of displacement has remained with her. For more than 9 months, she hasn't slept in her bed, or had a hot shower in her bathroom, nor has she worn any of her favorite clothes. Overnight, her whole life turned upside down. She has not gone to school as the whole educational system collapsed. The schools have either been destroyed or been turned into shelters, and the teachers have either been killed or displaced.



Drawing 7 by Farah

Besides, Farah's role has completely changed from learning and playing to doing arduous chores. "I am carrying a heavy burden. I don't have any brothers or sisters who could help out in the family. I wake up early in the morning to go and fill water buckets from the water station which is a mile away. Then I come back to take the batteries and mobile phones and walk another long distance to charge them and then bring them back. When I am finished, I help my mother bake the bread."

Farah has been diagnosed with PTSD. She is suffering from nightmares, flashbacks of the traumatic event and a severe feeling of insecurity. She keeps imagining that their tent will be bombed or that shrapnel from a nearby attack will rip through the tent.

Farah is now being treated at GCMHP centre based on a specialized therapy plan that was put together by the multidisciplinary team.

The therapy plan includes play and drawing therapy. She was also provided with a story book because she loves reading. "I used to wait for my father to come back with the Falafel which he brought in a cone made from a newspaper sheet, so I can unfold it and read it. I didn't have any books to read. Besides, I am not allowed to play outside the tent because the community thinks I'm not any longer a child [reached puberty], though I am still a child," Farah told her therapist.

GCMHP shares here some drawings of other traumatized children



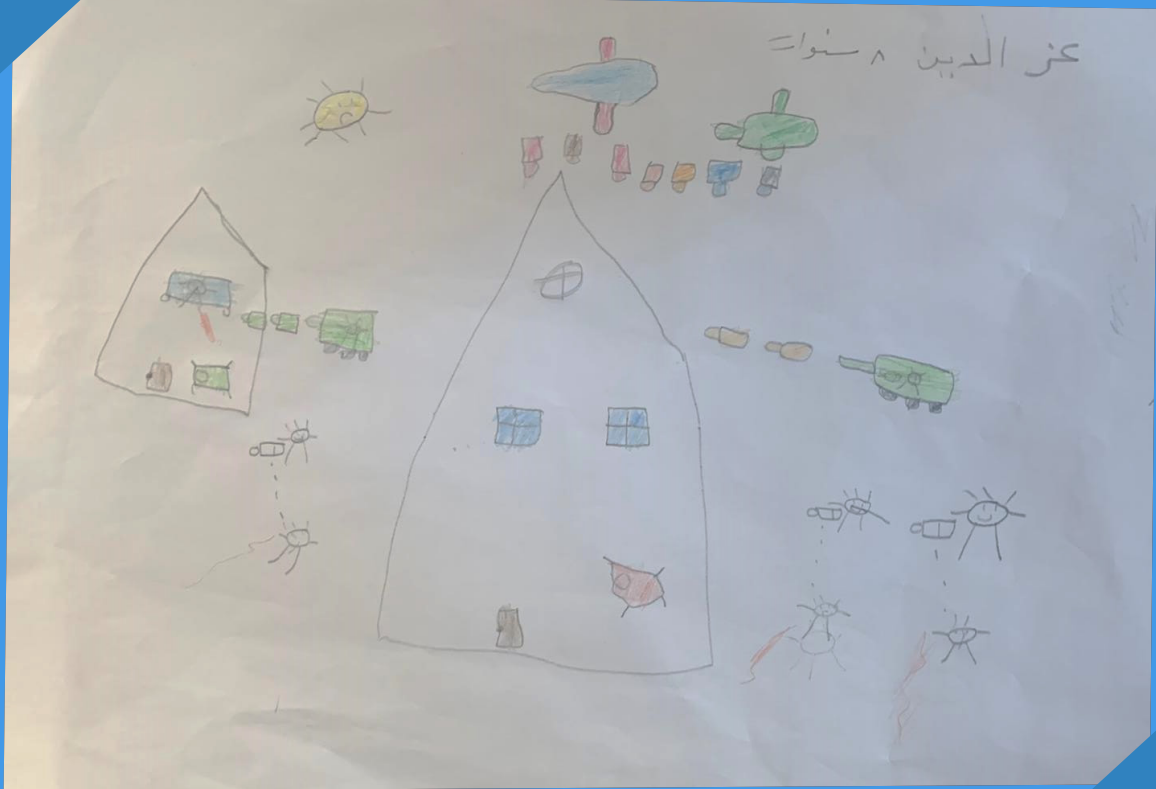
Drawing 9 by a displaced boy from AlAwda Towers-Northren Gaza, 12 year old, showing his family's house when bombarded



Drawing 10 by a displaced girl from Al Zaytoon area- Gaza city, 10 year old, showing life before and during the war.



Drawing 12 by a displaced boy from Biet Hanoun, 12 year old, showing his house during the attacks by tanks and jetfighters.



Drawing 11 by a displaced boy from Biet Lahya city, showing the attacks on his family's house.

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