



MENTAL HEALTH AND PSYCHOSOCIAL IMPACTS OF OCCUPATION-RELATED VIOLENCE IN PALESTINE

RESULTS OF MÉDECINS DU MONDE INTERVENTIONS
IN NORTH WEST BANK

MAY TO SEPTEMBER 2016



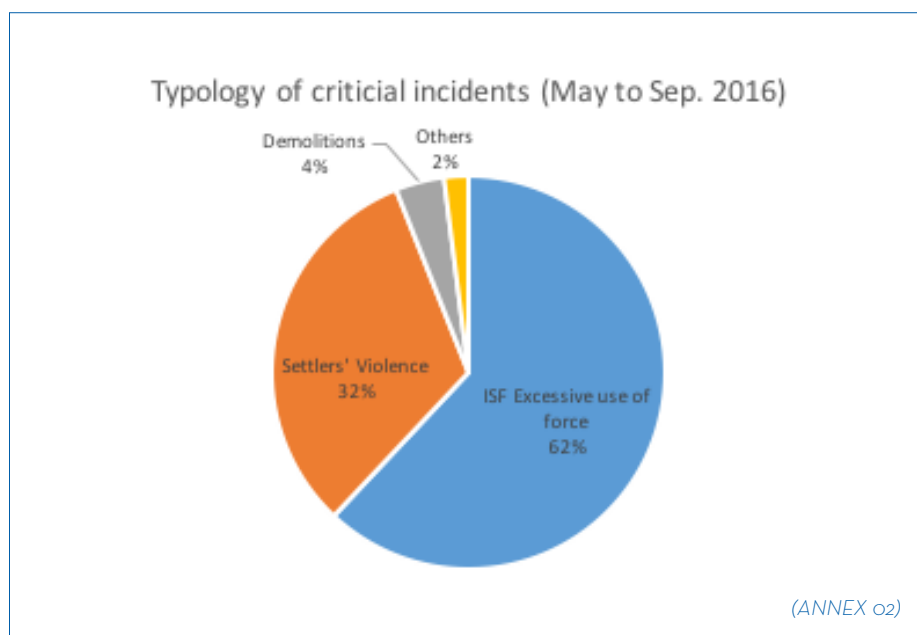
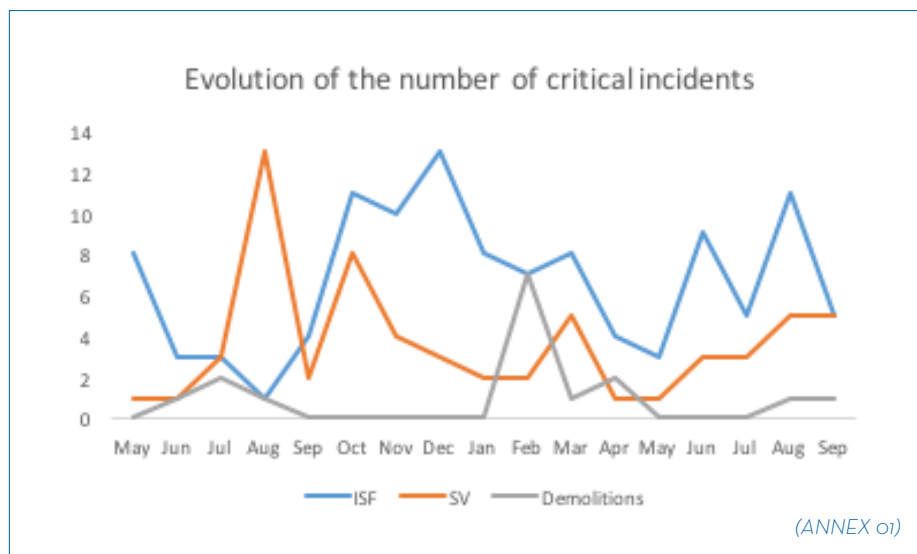
MÉDECINS DU MONDE FRANCE INTERVENTION IN NORTH WEST BANK

Médecins du Monde France (MdM) has been working in Palestine since 1996, and is currently focusing its activities in North West Bank on psychosocial programs aiming at preventing and limiting the psychosocial impacts of occupation related violence on Palestinian communities within Nablus, Qalqilya, Salfit and North Jordan Valley in Tubas governorates.

MdM teams mainly intervene in 3 types of incidents :

- **Incidents related to Israeli military interventions:** live ammunition, violence against schools and injuries after physical assault, etc.
- **Settler's attacks:** casualty/injuries, killings, property damages, intimidation or harassment, etc.
- **Demolitions:** demolition of houses in area C for lack of building permits by the Israeli authorities

MdM provides emergency psychosocial support to people directly or indirectly affected by violent events and conduct peer support groups to increase resilience and reinforce positive coping mechanisms for people who have experienced or are at risk to face violent incidents.



RESULTS OF THE INTERVENTION FROM MAY TO SEPTEMBER 2016

This factsheet presents the results of our interventions over a 6 months' period (May-September 2016) in North West Bank. Hence, our figures do not represent the total number of critical incidents in Palestine over the term (which is necessarily higher) nor an overview of the types of incidents in general, but only give inputs about the violence and the psychosocial impacts that our teams witnessed in the field out of 353 visits within communities affected and the 161 persons participating in the resilience-based support groups.

CRITICAL INCIDENTS REMAIN THE NORM (ANNEX 01)

From the 1st of May 2016 to the 30th of September 2016, MdM teams have intervened following 53 critical incidents, in which a person or a group is exposed to death, death threat, actual or threatened serious injury.

This figure shows the relative stability of the number of critical incidents over the past

- May-Oct. 2015: **2,6 incidents per week**
- Nov 2015-April 2016: **3 incidents per week**
- May-Sep 2016: **2,7 incidents per week**

The majority of MdM interventions is devoted to incidents related to Israeli Security Forces (ISF) use of force (62%), followed by settlers' violence incidents (32%) and demolitions (4%). **The context remains extremely volatile** and therefore some trends may explain variation over the past:

- The wave of demolitions in the beginning of 2016 has clearly impacted statistics
- The evolution of incidents related to ISF or settlers can be explained by many different factors: political situation, escalation of violence and deployment of the army, actions leading to price tag attacks, season (for eg. the time of the olive harvest - in October - tends to lead to an increase of settlers' attacks)
- High periods of Settlers' violence are often followed by a temporary decrease

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TOWARDS RECURRENT AND CONTINUOUS TRAUMA (ANNEX 02)

These incidents have different impacts:

- A minority of people who presents **severe and moderate disorders** and need the intervention of mental health professionals
- A large percentage of people who experiences legitimate **distress and other psychological reactions**, which regularly and continuously affect them and increase the risk of developing long term mental health difficulties

Over the 353 persons individually visited, it appeared that 29% (102 people, the most affected ones) were in need of Psychological First Aid . They are being considered like the most impacted persons as 78% of them report **severe signs of acute stress** and are at risk of developing Post-Traumatic Stress Disorders and 20% turn in having moderate signs of acute stress. MdM internal psychosocial assessment questionnaire go further in describing the practical impact and consequences of the incidents on these people:

- 68% of these people report **more than 2 psychological signs** (stress, anxiety, feeling of insecurity, etc.)
- 50% of them report **more than 2 trauma-related signs** (flashbacks, intrusive feelings and thoughts, concentration problems, etc.)
- 48% of them report **more than 2 physical signs** (sleeping disorders, headaches, etc.)
- **Regression in academic progress** is identified among 30% of children and teenagers
- **Impairment in daily functioning** is reported by 20% of our population (inability to carry out daily work, school work or family responsibilities, etc.)

These results are totally consistent with the previous data collected from November 2015 to April 2016 meaning that this trend is maintained over time. While most of the existing psychosocial emergency interventions are thought for people facing a single event, **the recurrence of the problem is therefore an utmost difficulty as 40% of them has been already involved in a critical event in the past** and therefore lives in a context of continuous trauma.

Even persons not directly involved in critical incidents have been impacted by this overall context of fear where stress tends to become the norm. Coping mechanisms such as family support, work and religion enable the communities to keep on living as normally as they can. But it has to be noted that could be sometimes considered as resilience is also the necessary adaptation to a stressful environment in which violence and conflict are part of the daily usual life since a long time. Thus **more than 25% of the beneficiaries' answer the question "How do you cope with adversity" by stating "giving up"**.



CONCLUSION AND RECOMMENDATIONS

“PFA is certainly not enough”: In the eve of 50 years of occupation, Palestine has become a complex context in which communities are facing directly or indirectly multiple or continuous potential traumatizing events. Concurrently with provision of Psychological First Aid following critical incident, MdM will develop new emergency interventions with the aim of providing low intensity psychological support for people presenting moderate psychological difficulties. This requires less involvement from specialized human resources and therefore can allow a wider mapping of the communities in need.

If crucial, these interventions remain palliative and do not avoid the recurrence of the problems. Under international humanitarian law, Israel, as the occupying power, has the duty to protect the Palestinian population. In the occupied Palestinian territory, the Israeli authorities shall take all measures to ensure respect for the *«the right of everyone to the enjoyment of the highest attainable standard of physical and mental health»*, a fundamental right under the International Covenant on economic, social and cultural rights of 1966.

Yet today, according to the Israeli organization Yesh Din, over 80% of the complaints following cases of settlers' violence are closed due to a lack of serious police investigation, and the probability that a complaint submitted to the Israel Police by a Palestinian will lead to a conviction is only 1.9%. **This impunity encourages the repetition of the attacks and a drop within the official ratio of report and complain while settlement expansion continues in West Bank.**

The lack of available data regarding Settlers' Violence is an important obstacle to properly document and monitor cases. If United Nations Agencies are collecting and publishing regular data, they remain centred on incidents resulting in casualties and property damage only without taking into consideration or disaggregating intimidation and harassment which repetitively continue to have a huge impact on mental health and psychosocial situation of the population. The access denial of properties and roads has also an indirect weight on mental health and health issues.

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Regarding the cases of violence from the ISF, some human rights organizations have raised concerns about the risk of disproportionate and unlawful gunfire against demonstrators. Monitoring law enforcement on ISF soldiers suspected of harming Palestinians and their property, Yesh Din concludes that there is an *“ongoing failure to conduct exhaustive investigations that lead to indictments”*. The result is, again, a climate of impunity for actions harming Palestinian communities.

The environment of coercion and chronic violence in North West Bank is therefore a serious source of concerns as it undermines communities' mental health and psychosocial balance, but also fuel feelings of frustration that could contribute to perpetuate the cycle of violence in the region, in a context of prolonged military occupation of Palestinian territory, chronic violations of Palestinian human rights and the lack of accountability for violations of international law.

The international community, notably the European Union and France as key partners of Israel (EU-Israel Association Agreement, political dialogue), must pressure the government of Israel to implement its legal obligations to:

- Guarantee the right to safety to Palestinian people
- Ensure the ISF acts in accordance with international law enforcement standards
- Hold all perpetrators of violence accountable, notably violent settlers





CASE STUDY: TRAPPED BETWEEN SETTLERS

Amina and her family are living in Yatma village (in the South of Nablus), few meters away from Rahaleem's outpost, where there are no walls or even fences protecting them from the settlers. Amina has been living there for long time, before the settlers came. Amina is 50 years old, she has 3 adult sons and one adolescent girl. Her house is very close to the road of the settlement. Her family is continuously exposed to verbal violence, intimidations and physical violence. Her husband is not in a good health (he recently had an open heart surgery). When MdM PSS team met Amina after the last clash with settlers, she explained to them:

"I often stay alone, my husband cannot protect me, his heart is too weak, I keep calling my sons every day, I feel stressed, I am scared that settlers would attack them on the road, while they are coming back home in the evening, the road is so dangerous, we can't even have any protection or wall, as we are in Area C. Even if settlers attack the house when my sons are in, I don't want them to confront the settlers; settlers have weapons, they can kill us..."

"I can't sleep well, I do not feel safe, I feel anxious and sad most of the time. You know what? my sons won't marry in this house; which parents will allow their daughters to come and live here in such an unsafe place? But if we leave the house, settlers will take it and all our lands. What can we do? We need to be the guards of this area. (...) I try to keep my mind busy doing some work at home, rather than moving from one window to another (to watch the settlers)".



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Comprehensive Technical Report is available upon request