

MdM Emergency Mental Health and Psychosocial Interventions

in the Communities affected by Occupation related violence in North West Bank (Nablus, Qalqilya and Salfit)

May 1st – October 31st, 2015



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Médecins du Monde France (MdM) intervention in North West Bank

Since 2012, Médecins du Monde France (MdM) is implementing a program to provide emergency Mental Health and Psychosocial support (MHPSS) to people affected by violent events in 27 villages in the North West Bank.

The emergency MHPSS takes place within 72 hours after a critical incident. Whenever necessary, our psychosocial team can perform psychosocial First Aid (PFA). We return to the beneficiaries between ten to fifteen days after the PFA to assess their situation and identify potential needs for further support or referral to specialized mental health services.

We support the direct victims and their families, but also, in certain serious cases, individuals indirectly involved in the incident: neighbours, the members of the village in general, colleagues of the victims...

What is a critical incident?

A critical incident is a situation in which a person or a group of person are exposed to death, threatened death, actual or threatened injury, or actual or threatened sexual violence, as follows (one criteria required):

1. Direct exposure.
2. Witnessing, in person.
3. Indirectly, by learning that a close relative or close friend was exposed to trauma. If the event involved actual or threatened death, it must have been violent or accidental.
4. Repeated or extreme indirect exposure to aversive details of the event(s). This does *not* include indirect exposure through electronic media, television, movies, or pictures.

What kind of incidents are we facing in our communities of intervention?

MdM teams intervene in 3 types of incidents:

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

Many other kind of violent incidents are caused by occupation policies. Yet, for operational and strategic reasons, our teams cannot cover all of them and are focusing on the types of events that most commonly happen in our area of intervention, and for which there is no overlap with the intervention of other organizations providing MHPSS (some organizations already cover cases of detention or search operations).



Ensuring the sustainability of our intervention

Besides emergency MHPSS, MdM is also conducting activities to ensure the sustainability of our actions:

- Promotion of the resilience of the Palestinian communities through **peer support groups**: Peers support groups involve persons that have similar characteristics and that have experienced or are at risk of experiencing similar kind of incidents (settlers attack in the house, demolitions...), with the idea that they are best able to understand and provide support to each other, increasing resilience and reinforcing positive coping mechanisms.
- **Pilot program with volunteers** with psychological background (social workers or psychologists) and from the villages of intervention, to train them to provide themselves emergency MHPSS services in their communities.
- **Advocacy activities** to promote respect for human rights and international law, accountability, and obtain long term changes for Palestinian

Results of the intervention during the reporting period

NB: the incidents we report only cover the ones in our 27 communities of intervention in North West Bank (Nablus, Qalqilya and Salfit), where an MHPSS intervention by MdM was conducted. They do not represent the total number of critical incidents in the period (which is necessarily higher) nor an overview of the types of incidents in general, but only give inputs about the kind of violence and the psychosocial impacts that our teams witnessed in the field.

Increase in the number of incidents

From the 1st of May to the 31st October 2015, 333 beneficiaries have received the first psychosocial support visit (within 72 hours), following **62 critical incidents**.

This figure represents **an average of 2,5 critical incidents per week, against 1 incident per week in the previous reporting period** (July 2014-March 2015).

Increase of incidents related to Israeli security forces

From the 1st of May to the 31st October 2015, among the 62 incidents MdM intervened for:

- **53%** were related to Israeli Security Forces (ISF) use of force
- **43%** were related to settlers' violence
- **5%** were related to demolitions.

In the previous reporting period, the share of incidents directly related to settler's violence was much higher (65%). This evolution could partly be explained by the escalation of violence since the Duma arson and from October 2015 during which the ISF increased the use of live ammunitions against demonstrators and stone throwers.



The low number of demolitions can be explained by the fact MdM intervenes in area A and B whereas most of the demolitions incidents happens in area C.

Mental health and psychosocial impacts: anxiety and insecurity among a population repeatedly affected by critical incidents

After the first psychosocial visit, 85 beneficiaries (25% of the visited people) received the psychological first aid (PFA), which consists in the first emotional support to people affected by critical incidents, using active listening and reflecting emotions skills.

82% of the adult population who received the PFA reports being severely affected by the critical incident and could be at risk of developing a post-traumatic stress disorder¹. 79% of the children and teenagers (median age = 15 years old) who received the PFA report being significantly affected by the critical incident and could be at risk of developing a post-traumatic stress disorder.

According to the results of MdM internal psychosocial assessment questionnaire:

- 84.5% of the beneficiaries are presenting more than 2 psychological signs of distress, **insecurity and anxiety being the most commonly reported signs**;
- 70% of the beneficiaries report **sleeping difficulties**;
- 60% of the beneficiaries report more than 2 trauma-related signs: 70% have **flashbacks** (about the past event) and 30% report **intrusive feelings** and thoughts (about the past event), 35% report **avoidance reactions**;
- 35% of the beneficiaries report **headaches**;
- 25% of the adult population reports being **unable to carry out family responsibilities** (cleaning, cooking, educating kids);
- 33% of the girls and the boys report **regression in academic process**.

It is important to mention, there is no correlation between the MHPSS impact and the type of incidents: **any incident can cause acute stress and emotional reactions**. The psychosocial impact does not depend on a certain type of incident, but more on the intensity of this incident, the personality of the victim, his/her experience/past history (if she/he's been already involved in any other critical situations in the past) and his/her perceptions of available resources at the moment of the incident.

In is also interesting to note that 30% of our population has already been involved at least in one similar critical incident.

¹ Our evaluation is based on the Horowitz Impact of Event Scale (IES; Horowitz et al, 1979) which was created for the study of bereaved individuals, but soon it was used for exploring the psychological impact of a variety of traumas. It was constructed before the diagnosis of post-traumatic stress disorder (PTSD) was entered into the DSM—III (American Psychiatric Association, 1980), and although many measures of PTSD symptoms have emerged (Wilson & Keane, 1997), the IES remains widely used. It is a short, relatively easily administered self-report questionnaire to measure acute / traumatic stress reactions related to critical incidents. Moreover a good discriminant validity and reliability was identified for the Arabic version (Davey and all, 2014).



After the PFA and follow-up visit, 25% of our beneficiaries were referred to mental health services for a specialized support (done externally by psychologists and/or psychiatrists from the Palestinian Counselling Center (PCC) and/or MSF-F mainly²).

This percentage is quite high compare to previous data (between 10 and 15% of referrals) and is related to the unprecedented critical incident in Duma³.

The Case of Duma: an unprecedented psychological and psychosocial impact⁴

On the 31st of July, during the night settlers set fires to two houses in the village of Duma. Graffiti were left on the houses reading in Hebrew “Revenge” and “Long life to Messiah”. One of the burned houses was empty. The other one was occupied by a family of four persons, including a baby who was burned to death during the attack. The parents and his 4-years brother were severely injured and transported to an Israeli hospital. Both parents died a couple weeks later leaving the 4 years old boy as an orphan. Following this first critical incident, settlers’ attacks by stoning against other houses of the village and other critical incidents were reported. In the same period, during evening hours, clashes occurred between the ISF and activists from different villages. Due to its severity, Duma’s critical incident has had an unprecedented psychological and psychosocial impacts, not only on the direct victims but also on the entire village and even neighbouring communities where beneficiaries were mentioning to our social workers the fear that similar incidents could happen in their own village.

Conclusion and recommendations

The context of violence in which North West Bank communities are living has an impact on the psychosocial well-being and the mental health of the populations to whom we are providing support, **even when they are not directly involved in critical incidents.**

In the villages where MdM is intervening, acute stress seems to be the norm. What could be sometimes mistaken for resilience is the necessary adaptation to a stressful environment in which conflicts are part of the daily ‘usual’ life. Everyone is unique and reacts differently, according to his/her own coping mechanisms, resources and strength. While a minority of beneficiaries needs specialized mental health support, a majority of people are continuously emotionally affected by the situation.

² The Palestinian Counseling Center (PCC) is MdM local partners and works on developing and improving mental health concepts and services in Palestine. MSF France provides mental health consultations in the West Bank.

³ 6 beneficiaries refused to be referred. This refusal can be explained by two main reasons:

- Stigma attached to MH Services: it is still really difficult for a majority of people to recognise they have mental health and psychosocial problems. It is still perceived as a sign of weakness to go and see psychologists/psychiatrists.
- Economic reasons: services are far away from some villages. Transportation is costly, and sometimes consultations are not fully covered.

⁴ See also MdM briefing: « Palestine: evaluation of the psychosocial impacts of Duma arson », October 2015



Critical incidents are happening continuously.

- How can the communities find emotional balance when they know it will happen again?
- How can parents ensure the physical and emotional security of their children, when they feel themselves stressed, anxious and depressed about the situation?
- What can children do when they cannot turn to their fathers as protectors?

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%⁵. **This impunity encourages the repetition of the attacks**

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, particularly since October 2015⁶. Monitoring law enforcement on ISF soldiers suspected of harming Palestinians and their property in the West Bank and the Gaza Strip, Yesh Din concludes that there is an "*ongoing failure to conduct exhaustive investigations that lead to indictments*"⁷. The result is, again, a climate of impunity for actions harming Palestinian communities.

The environment of chronic violence in North West Bank is 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. The end of 2015 has been marked by an escalation of violence that is still ongoing. This situation must be seen in the context of Israel's 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**

⁵ <http://www.yesh-din.org/infoitem.asp?infocaid=702>

⁶ See for example B'tselem: http://www.btselem.org/firearms/20151102_october_west_bank_demonstrations

⁷ <http://www.yesh-din.org/infoitem.asp?infocaid=743>