

PALESTINIAN ADOLESCENTS COPING WITH TRAUMA
Initial Findings

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INTRODUCTION

Palestinians have lived in the context of conflict for almost 100 years with varying degrees of exposure to chronic stress combined with periods of acute military brutality. Over the years, attention has been paid to the impact of conflict, dispossession and dispersal on physical health with a primary focus on death, injury, disability, malnutrition and physical disease. However, concern for the psycho-social health of the population especially youth and children, is a relatively new phenomenon.

Since the First Palestinian Uprising of December 1987, initiatives aimed at improving the mental health of the population demonstrated a growing realization of the negative impact of acute conflict, particularly on Palestinian children and youth. This was a period when schools closed down for several years, economic activity came to an almost complete halt while public life was transformed into a state of emergency. This period of the first Intifada was marred by extensive violence including the death, injury, and permanent disablement of many, primarily young, people. These were stressful times that led to a rise in communal action notably in the area of disability rehabilitation, but also gradually in the area of psycho-social health.

The Oslo Peace Accords of 1993 marked the beginning of a new phase for Palestinians characterized by the emergence of Palestinian quasi-state structures with the gradual handover of various government spheres to the Palestinian Authority. This was the period of the so called 'peace building' following some 30 years of Israeli military rule in the area. Those thirty years witnessed severe negative ramifications not only on the political and social life, the economy and infrastructure but also on the mental health of the general population. Protracted periods of stress, poverty, oppression, and a sense of powerlessness brought about by military rule opened up a space during the Oslo Peace process period for a public forum on youth violence and psycho-social health.

However, two contradictory perspectives related to youth soon emerged. One perspective was shared largely, but not solely, by outsiders who saw Palestinian youth of the First Uprising as growing up in conditions of chaos. These young people were identified as a cause of violence that needed to be restrained, even controlled. This particular approach to youth violence was fixated on the individual behavior of youth with little regard for the context within which such violence emerged. The main aim in this perspective was to get youth off the streets and back into schools leaving them with little room for participation and agency, whether inside or outside their classrooms. One can imagine that such a discourse would be negatively perceived by these young people. The First Uprising not only gave them a taste of participation, it took young people out of a previously disenfranchised state into one of political empowerment.

During the same period, another perspective was also emerging, a discourse that basically had a better understanding of the responses of young people to political and other forms of violence. Here, youth were seen as responding to political and other forms of violence through political participation in resisting occupation, as during the post Oslo years, the space for social and political participation began to shrink for all within the population and not just for young people. This was accompanied by a discourse that emerged out of civil society institutions focusing on the issue of citizens' rights. The shrinking of an internally and externally mediated space for public debate and collective agency partly explain these developments. By 2000, these civil society institutions had managed to organize themselves into networks calling for a greater expansion of citizens' rights including the right to participate in charting their future. Nonetheless, by then, contradictory ideas surrounding the agency and participation of youth had

become irreconcilable. Local debates on youth had become intractable leading to a state of eventual silence on the subject.

Additionally, it was also becoming clear that the Palestinian Authority was facing a systemic crisis due to a combination of internally generated problems, serious external political obstacles, as well as the reduction of donor aid in the area. The gradual collapse of the Oslo Peace Process and the disillusionment of the general population, articulated with other contradictions, led to the eventual explosion of the Second Palestinian Uprising. This second Intifada which began in September 2000 continues to the present time. Since September 2000, life circumstances have deteriorated sharply for Palestinians through the escalation of army violence; excessive use of force; shelling and bombardment of civilian areas; destruction and demolition of homes, agricultural land and property; siege, closures and curfew conditions; destruction of infrastructure and the economy with loss of lives and livelihoods, as well as spiraling poverty leading two thirds of the population falling below the poverty line. More recently, the erection of the 'separation wall' has led to the dissociation of families and communities and limited access to health care and other basic services, school and work, livelihood, land and other resources. All these difficulties have further contributed to the decline in the physical and mental health of the general population, especially that of Palestinian youth.

As a result, violent behavior among youth, especially around the Israeli army checkpoints, began to increase. Enormous and chronic pressures and the resolve to respond to violation combined with desperation are partly responsible for the increased susceptibility of young people, primarily young men, to risk taking. Even more noticeable, this pattern of behavioral responses arising out of specific living conditions is not randomly distributed but is found in clusters within the population. In one of its most drastic outcomes, young men have been driven to suicide-like behavior, as seen in cases of those who have died or are disabled at checkpoints as they attempt to strike back with stones at a phenomenally well equipped army!

These young people who were either born or were children during the first uprising have grown up confronting the disappointments of the peace-building period. Since the Second Uprising, they have been plunged into and forced to survive in a political quagmire. Critically, their stressful and desperate life events do not relate merely to their current lives. Rather, this generation of Palestinian youth has been chronically deprived and violated on a consistent basis beginning their childhood years. Their lifelong experiences have shaped their present worldviews, opinions and behavior to such an extent that even suicide-like behavior is regarded by some young people as dignified and a symbol of their political commitment.

There is no question that for Palestinian youth their course of life has changed irrevocably since the beginning of the Second Uprising. During this time, just as the worlds of young people are being turned upside down, many of these same adolescents are reaching a developmental stage where issues of independence may clash with political and cultural expectations. The dynamics have contributed to a sense of internal conflict exacerbating an already vulnerable psychological state. Yet, within the dominant discourse, Palestinians are often cast as passive victims or 'suicide bombers' who have lost all sense of morality. The overrepresentation of young people as either victims or terrorists has ignored or marginalized questions of how Palestinian youth organize their modes of existence. The realities of their everyday lives, their psychological well-being, resilience and strengths receive scant attention from researchers. Despite popular representations in the media that reduce their lives to captions of tragedy and pathos, life for this population is a much more complex and intricate phenomenon.

This study is the product of a joint initiative completed by the Institute of Community and Public Health, Birzeit University and the Social Program Evaluation Group, Faculties of Education and Health Sciences, Queen's University. The research, quantitative, qualitative, and documentative components seeks to highlight the impact of intensified conflict on the lives, mental health, perceptions, and aspirations of an important but perhaps one of the least understood groups within the Palestinian population. Young people between the ages of 15-17 years have been targeted for study partly because they are at a particularly vulnerable age as they make the transition from adolescence to early adulthood. The focus here is on mental health and psychological distress and their determinants, during an exceptional period of acute uncertainty and distress in the West Bank.

The study utilizes questions derived from other instruments used in Palestine as well as the World Health Behavior cross-national 'Health Behavior in School-Aged Children Survey'. The study received ethical approval from both universities.

This study attempts to redress simplistic dichotomies by offering a more nuanced reading of Palestinian young people who lead simultaneously normal and fractured lives. While their lives are often discordant reflecting the chaotic and unpredictable environment in which they live, young people also maintain a semblance of normality in their everyday lives. The research findings support these contradictory realities. On a daily level, boys and girls are engaged in such normal activities as playing on the internet, hanging out with friends and complaining about homework. At the same time, some are involved politically in stone throwing or political demonstrations while others contemplate questions of bombing operations.

This study also aims to examine broadly the availability of resources contributing to the psychological well-being of young people. Through this exercise, we aim to conceptualize the building of an effective and culturally appropriate support system for this population between 10th and 12th grades. By completing this research, we hope to provide a significant data-base for affecting policy, planning and program development on community-based mental health support for young people.

CONCEPTUAL FRAMEWORK

The underlying premises of this study are:

1. A context of ongoing violence that youth live in predisposes them to symptoms of psychological distress in addition to shaping and determining their perceptions regarding current events and hopes for the future. The contexts examined in this study include:
 - a. Family history: including the death of family members as a result of army violence; imprisonment or detention of family members for long periods as well as a legacy of dispossession and dispersion that is handed down from generation to generation.
 - b. Communal/collective exposure to violence: including confrontations with the Israeli army, curfews, closures, checkpoints, invasions but also shooting at homes, house bombings, shelling in neighborhoods, exposure to tear gas and sound bombs as well as indirect collective exposure such as witnessing shooting, explosions, witnessing friends, strangers and family members being killed, injured, arrests and or humiliated.

- c. Individual exposure to violence including having one's house searched, occupied by the army, sealed or demolished; being beaten by army or settlers; used as a human shield; body searched, being shot at or hit, detained, arrested, humiliated, stripped in public, interrogated and tortured as well as injured due to military violence.
2. This experience of violence manifests itself in different ways and subjective reports of these manifestations are presented as:
 - a. Psycho-somatic symptoms or subjective health complaints, in line with the HBSC survey (Haugland et al., 2001), self reported health status and life satisfaction.
 - b. Behavioral symptoms
 - c. Attitudinal inclinations regarding Israeli Military Occupation and resistance as well as views of current life conditions and hopes for the future.
3. However, such consequences are also shaped and determined by other structural and social influences. These include family affluence, family standard of living, residence, and gender. Other possible determinants include protective factors such as the availability of family, school, and teacher supports/ coping mechanisms, as well as political involvement as a form of retrieval of individual political agency and control.

METHODOLOGY

Research Instruments and Methods

This piece of research combines both quantitative and qualitative methods as well as documentation of local Israeli and Palestinian actions from September 2000 to May 2003.

Quantitative Method Sample Design

The sample was selected using a stratified, single stage cluster sampling method. The quantitative survey includes 3415 students attending 10th and 11th grades in the Ramallah District of the West Bank. It included students from the cities, towns, villages and camps in the Districts in a stratified sampling frame that is representative of all students attending these grades in the District.

The sample was stratified using two factors:

- a- The grade of the student (10th, 11th)
- b- The sex and type of the school (boy, girl, coed)

Six strata were formed. A list of all 10th and 11th grade sections was obtained from the ministry of education which comprises the target population for the study. The list contains four variables:

Section #	Section Size	Grade	Name of School	Sex/type of the school
1	S1	10		M
2	S2	10		F
3	S3	11		M
.	.			.
.	.			.
.	.			.

The cumulative total of the (Section Size) column was established from the above table. Then a single stage probability proportional-to-size sample was selected from each of the six strata. This method of sampling ensures getting unbiased estimators for the parameters of interest. In this sampling process, the primary sampling unit was (Section). That is, in some schools, you might find more than one 10th and 11th grade sections. In each stratum the sample was selected as follows:

Section #	Section Size	Cumulative Section Size
1	S1	$C1=S1$
2	S2	$C2=S1+S2$
3	S3	$C3=S1+S2+S3$
.	.	.
.	.	.
.	.	.
N	SN	$CN=S1+...+SN$

Since the aim was to select (k) sections from a certain strata, then the *i*th section was selected according to the following procedure:

- a- The sampling interval (L) is calculated = CN/k .
- b- A random number X_0 is selected from the interval $[0,L]$.
- c- Calculate the *i*th random number $R_i=X_0+(i-1)*L$.
- d- Select the *i*th section in the sample if R_i belongs to the interval $[C_i,C_{(i+1)}]$.

The Quantitative Instrument

We began with focus group discussions with youth from the Union of Palestinian Medical Relief Committees (UPMRC) and Tamer Institute youth programs in Ramallah. From our discussions on general issues pertaining to the context within which youth live, as well as their views of realities and aspirations for the future, we then put together a list of relevant questions that would be included in the study. Based on this experience, the quantitative research instrument (questionnaire) items were compiled. This was combined with relevant questions from the Health Behavior of School-aged Children Survey (HBSC) (Currie et al., 2001) for the purpose of international comparisons. Selected questions from the Exposure to Violence Questionnaire, Birzeit University (BZU), which contained selected extracts from the Gaza Community Mental Health survey questions, were included.

The instrument was then piloted during March 2003. Pilot classes included girls and boys from both private and governmental schools in 10th and 11th grades. A total of 135 pilot questionnaires were completed by students during the period. During this pilot phase, the observations of field workers were important to the re-arrangement of the questionnaire to ensure completion, as well as to improve the clarity of questions. Students appeared to show little interest in completing basic demographic, socio-economic, parental and school support, and other such questions. So by leaving 'personal' questions such as those on self esteem, 'do you dream of love,' 'how do you see yourself when you are 25' etc. until the end, we encouraged a very high rate of response on all of the questions. It is interesting to note that field workers in both the pilot and main survey had similar impressions: in general, the students were very keen to discuss personal issues (as one main field worker reported: "they engaged") as if they had never been asked before. In fact, on several occasions, field workers reported that students wanted to continue discussing the questions with them even after the questionnaires were filled. This was despite the fact the questionnaire tended to be long and took an average of 1.5 hour to be completed by the students.

Field workers for the survey were provided with two days of training, conducted by two Institute staff members who had completed the pilot. In addition to the training on administering the questionnaire, concepts of the study as well as explanations on details of the questions were elaborated. Another final pilot was then completed by the field workers, and feedback into the questionnaire was finalized before launching of the field work.

The field work took place during May of 2003 with the approval and strong support of the Palestine Ministry of Education. With the help of 13 field workers in teams of two, the field work managed to cover specific locales when curfews or states of siege were temporarily lifted. All in all, the field work covered 128 sections in 76 schools. Two schools were excluded from the sample as the principals declined participation on the grounds that final examinations would be taking place during the month of May. Both schools were very small private schools located in the Ramallah / al-Bireh twin city axis. A total of 3415 questionnaires were completed by the students.

During the field work, the majority of principals and teachers welcomed the idea of the study. Field workers were told that the study was valuable since it was being completed at a time when students were undergoing difficulties, and the nation as a whole facing similar anguish. Principals and teachers were happy to facilitate the process of questionnaire administration. Even though some noted that the questionnaire was too long, they made positive comments especially with regard to the instrument allowing students the opportunity to express 'what goes on inside them.'

Students in general were keen to fill out the questionnaire, especially the last part that allowed them the chance to express their views and to elaborate on their needs and desires. This was seen by the field workers as very important, especially in the current context of deprivation with the lack of attention by family or school to issues of personal views, wishes and desires. There were complaints that the questionnaire was too long and for others, repetitive. There is no question that the support and assistance of the MOE personnel was instrumental in facilitating the completion of the field work.

The anonymous data was then fed into computers, coded and analyzed utilizing the Statistical Package for the Social Sciences. As data was being analyzed, a back and forth consultation scheme was established with MOE officials to discuss and interpret the results. Three workshops of consultation/dissemination were held during the analysis period, one for the upper

levels of the MOE managers, and two for mid level ones as well as local partners working in the area of youth psycho-social mental health.

The Qualitative Portion of the Study

As soon as the initial organization, coding and analysis of the quantitative data were completed, the qualitative portion of the study began. The qualitative portion aimed to assist in understanding and validating the findings of the quantitative data, and to help explain some of the results. The qualitative portion was carried out over a period of about ten weeks from the beginning of March 2004 until the middle of May of the same year. This included a series of focus group meetings with students in schools and refugee camps. The qualitative study involved a total of 16 schools with a total sample population of 321 students. The total number of students consisted of 164 girls and 137 boys in addition to 20 students from two mixed groups. The breakdown for schools came to 13 governmental schools and 2 private schools including 6 rural schools and 9 city schools. Included in these rural and city schools were 8 girls' schools and 5 boys' schools.

Meetings were held with primarily 10th and 11th grade classes since it was difficult to gain access to 12th grade classes who were preparing for the General Education Certificate Examination (Tawjihi) which decides the future of students. The Ministry of Education helped with a schedule for schools located in the villages, usually half an hour by taxi ride from the center of Ramallah. In a couple of instances, the presence of checkpoints hampered efforts to reach certain village schools and meetings had to be cancelled.

In each school, we were usually allocated two groups, a 10th and an 11th grade class. For each group, we would usually meet twice over a couple of weeks for about one hour. Although we succeeded to a considerable degree in meetings twice with boys from government schools in the city, we were forced by exams pressure, geographical distance and accessibility problems due to the checkpoints and the closure to limit subsequent meetings to one session usually lasting for an hour or more. We ended up with 13 one-session groups and 8 two-session groups. We also met with young people in their 10th and 11th grades who lived in one of the refugee camps.

Altogether, 10 groups for girls and 9 groups for boys were held and 2 mixed groups. A total of 11 groups were arranged with 11th grade classes and 8 groups with 10th grade classes. There were 2 focus groups with 12th graders. The average number of students in each focus group was 13. In these groups, we posed open ended questions based on several primary themes related to life experiences, mental health issues, help seeking patterns and systems of care-taking. We soon found that although we tried to pose a structured set of questions in each group, every group would react a little differently. Over time, the questions we posed would vary depending on the mood in each group, their interest and availability of time. We also discovered that the majority of young people were unaccustomed to being solicited for their opinions. So while the questions were enthusiastically received in some groups, others found the group discussions too daunting. Even within the same groups, there were some adolescents who sat in mournful silence while others could not stop talking.

The methodological issues related to a research project of this nature raise questions that have to do with trans-cultural and linguistic categories complicated by working without tape recording that could capture the accuracy and content of our discussions. Although we faithfully recorded the process notes after each meeting, we were also aware that we were limited by our

memories and the inability of one of the two researchers to speak Arabic. As a result, some of the material and nuances may have been lost in translation.

The coding of the focus group material was completed manually and took place over three weeks. The data analysis and writing up of the research report was completed during the month of June and July 2004.

GENERAL CONTEXT OF PALESTINE: September 2000 – May 2003

The second Palestinian Uprising erupted on September 29th 2000 following Sharon's accession to the Haram al-Sharif on September 28th. The initially spontaneous popular revolt turned into an ongoing uprising against continued military occupation and the apparent failure of the project on national independence. Revolt degenerated into a militarization of the conflict and all attempts to resume a meaningful political dialogue have so far failed. Since then, the living conditions of the Palestinian population in the West Bank and Gaza Strip have deteriorated sharply.

During the first few months the victims were mostly Palestinian children and youth, shot as they were confronting Israeli soldiers in mass demonstrations at exit points of Palestinian towns and refugee camps. Palestinian political leaders and activists became the targets of an intensified extra judicial assassination campaign, in which scores of unrelated bystanders and family members were also killed and injured. Palestinian fighters started shooting from residential neighborhoods at Israeli colonies and by-pass roads; the Israeli army responded with heavy machinegun and tank fire, helicopter and fighter jet bombing attacks on residential areas.

The tightened external siege prevented tens of thousands of Palestinian workers from reaching their previous jobs in Israel. In addition, an extensive internal closure, curfews and periodic mini and major invasions, was permanently imposed and controlled by over a hundred military roadblocks and checkpoints, preventing health care¹ and basic supplies from reaching rural communities, farmers from tending their land, teachers and students from commuting to their schools and universities, employees and workers from getting to their jobs in the cities, and merchants from collecting and delivering their goods.

The overall economic decline in the Palestinian Territories affected especially the agricultural and commercial sectors. By the beginning of 2003, 60 percent of the population of the West Bank and Gaza lived under a poverty line of \$2 US per day. The numbers of the poor had tripled from 637,000 in September 2000 to nearly 2 million in 2003. The World Bank reported² that by the end of 2002, Palestinian real per capita income had fallen to nearly half of what it had been two years earlier. Unemployment nationwide stood at 53% of the work force, and the incidence of severe malnutrition had risen especially among women of child-bearing age and children under five.

¹ Btselem recorded a partial list of 38 cases of deaths caused by lack of access to medical care by between October 2000 and February 2003.

http://www.btselem.org/English/Freedom_of_Movement/Al_Aqsa_Death_after_Delay.asp#Anchor-Dec02

² World Bank. March 2003. Two Years of Intifada, Closures and Economic Crisis

In early March 2001, the almost simultaneous change of political leadership in Israel to Prime Minister Ariel Sharon³ and in the USA President George Bush – was coupled with a harsher policy of force and collective punishment against the Palestinian civilian population by the Israeli army. Israeli raids were being conducted against Palestinian refugee camps, towns and villages causing massive destruction that left thousands of people homeless. At the same time, the phenomenon of Palestinian bombing attacks (otherwise known as suicide bombing) against Israeli civilians emerged from West Bank territories⁴. Those were carried out mostly by young men in their late teens or early twenties. From the beginning of the second Intifada until May 2003, more than 60 bombers killed approximately 270 Israeli civilians, not including soldiers.⁵ During the same period, more than 2060 Palestinians were killed, of which nearly 20% were minors under 18.⁶ Also, armed and explosive attacks by Palestinians against Israeli soldiers and settlers inside the Palestinian Territories increased and resulted in many casualties.

While holding the native population captive, Israel confiscated more property for accelerated expansion of Jewish colonies and their exclusive road network, and soldiers and settlers destroyed vast agricultural fields and groves. By May 2002, the settler community in the West Bank had almost doubled to 380'000 from 193'000 in 2000,⁷ and 42% of Palestinian land had been taken for illegal settlement activity.⁸

The Israeli policy of systematic home demolitions as punishment for Palestinian political activity or militancy, even if the person was dead or imprisoned, was renewed in October 2001.⁹ Since then and until the end of 2003, 479 Palestinian houses were completely demolished, and five others partly demolished or sealed, rendering large families and co-residents' families of targeted individuals homeless. This does not include the homes demolished on grounds of lack of building permits.

The year 2002 marked further military escalation and the re-occupation of the entire West Bank by the Israeli army. For Palestinian refugees living in poverty-stricken, overcrowded camps in the Gaza Strip (about 75% of the total population), and in and around the major West Bank towns, it was a recurrence of the trauma experienced by their parents in 1967 and their grandparents in 1948.

Once the re-occupation was completed, in June 2002 the construction of the first phase of the 'Separation Wall' began in the Jenin area, northwest of the West Bank. This phase (completed in summer 2003) cut out most of the fertile Palestinian agricultural lands above the Western Aquifer for annexation by Israel, separating 50 villages and the city of Qalqilia from their fields, their major source of income, and from each other. Sixteen Palestinian communities remained west of the Wall and those located between Jewish colonies on West Bank territory were locked into fenced enclaves with a gate that opened at the soldiers' discretion for special permit holders

³ 7 March 2001

⁴ first suicide attack since the beginning of the *Second Intifada* occurred on 4 March 2001 in Netanya

⁵ suicide attacks in Israel and West Bank settlements: 2001: 15; 2002: 27; 2003 Jan.-May: 9 (2003 total: 17)

⁶ B'tselem: <http://www.btselem.org/> Fatalities in the al-Aqsa Intifada, Data by Month

⁷ Source for 2000: <http://bringthemhome.btvshalom.org/Settlers1.pdf>

⁸ B'tselem Report: Land Grab: Israel's Settlement Policy in the West Bank. Released May 2002

Municipal boundaries allocated to the settlements extend far beyond the built-up areas and account for 6.8% of the West Bank. Land assigned to settlers' regional councils adds a further 35.1%.

⁹ B'tselem: <http://btselem.org/> after Israel had ceased house-demolitions as punishment policy in late 1997.

twice or three times per day - or not at all. Access to schools and universities, health care, work, markets, and other basic services was therefore blocked.

The construction of the Separation Wall sector in the Ramallah-Jerusalem-Bethlehem area was begun in January 2003. In its final form, the Wall and fenced-in 'buffer zones' along the western and eastern parts of the West Bank territory will constitute the largest dispossession of land and water resources since 1967, de facto annexing over 50% of the land to Israel. It is estimated that some 16% (370'000) of the Palestinian West Bank population will remain 'outside' the Wall, which is expected to cause the economically forced dispersal of thousands of local residents and an unprecedented rise of poverty with all its consequences.

Although the Palestinian Authority and civil society structures managed to survive these extreme challenges and continued to provide basic services to the population as best as they could, the conditions for health service delivery became extremely difficult especially in the rural areas. Closure has been the main reason. In many places, ambulances are not able or forbidden to cross roadblocks and have to drive long detours in order to reach the next available hospital. Patients have to be hand carried across blocked roads and re-loaded to another vehicle on the other side. At night all roadblocks in the West Bank remain closed. During the period of January 2002 to February 2003, B'tselem recorded a partial list of 16 persons in need of medical intervention, where the patients or newborn infants died because they were delayed by the army at checkpoints¹⁰.

Besides the temporary roundups and mass detentions of tens of thousands of Palestinian men between 15 and 45, the number of prisoners held by the Israeli army and the Israel Prisons Service steadily increased: from 1,078 prisoners in January 2002 to 5,362 in May 2003,¹¹ with more than 1050 in administrative detention (up from 36 in January/February 2002).

The Experience of Ramallah / al-Bireh District

In early 2002, the towns of Ramallah / al-Bireh experienced almost daily shooting and rocket attacks from two neighboring Israeli settlements, helicopters, and sometimes F16 bombers, as well as dynamiting of Palestinian Authority buildings, especially police stations. On January 18th the national Palestinian Broadcasting Corporation building (an old British colonial monument) in Ramallah was blown up in an overnight military incursion.

On February 19th, Palestinian gunmen killed 6 Israeli soldiers at the roadblock of 'Ain 'Ariq, which is a key access point to 30 villages west of Ramallah.

As a punitive measure, the Israeli army declared the whole western district of Ramallah a military zone, and its 70'000 inhabitants were placed under complete 'home arrest' for 6 consecutive months. Getting from one village to another and into the district capital of Ramallah became a life-threatening ordeal. Soldiers patrolled all the connecting roads with tanks and APCs¹², and set up traps and ambushes throughout the mountainous terrain. International humanitarian aid interventions were turned away under gunfire. Palestinian cars and supply trucks caught between villages were flattened by tanks or immobilized; drivers were beaten,

¹⁰ http://www.btselem.org/English/Freedom_of_Movement/Al_Aqsa_Death_after_Delay.asp#Anchor-Dec02

¹¹ B'tselem: http://www.btselem.org/English/Administrative_Detention/Statistics.asp

¹² Armed personnel carriers equipped with heavy machine guns

arrested, and sometimes shot. Patients in need of emergency treatment and women in labor could not reach a doctor or a clinic, and ambulances were not allowed to pass. Essential drugs and medical personnel were prevented from reaching primary care clinics, and children's basic immunization programs stopped. Many secondary school and university students dropped out of school during the period because they could not afford to rent a place in Ramallah or the near university town of Birzeit. Poverty was soaring as most families' breadwinners had already been cut off from their jobs in Israel for many months, and now could no longer seek alternative local jobs. Cash disappeared from circulation due to lack of access to the banks located in Ramallah, and an increasing number of households came to rely on the support network of family relations and neighbors.

At the same time, the road connecting Ramallah with some 35 villages and Birzeit University in the north was severed by a deep trench, cutting telephone cables and water ducts. After that – if at all - only pedestrians were allowed to cross after being searched by soldiers. This road had also become the access channel to Ramallah for the north-eastern district sector with another 20-30 villages, since the north-eastern 'Nablus'-road connection had been permanently closed by the army one year earlier. When the Surda roadblock was closed, residents of all these villages could attempt to drive through makeshift roads and open terrain, at the risk of being shot on sight, to reach 'Jerusalem-road' and re-enter Ramallah at Qalandia checkpoint in the south. This was often the only option for extreme emergencies.

The fortified Qalandia checkpoint on the still intact 'Jerusalem-road' remained the only passage for civilian car traffic to and from al-Bireh and Ramallah, although with frequent disruptions and delays and only during the day.¹³ A separate road southwest of Ramallah, next to a large military encampment and a makeshift prison (Ofer) became the exclusive lifeline for basic supplies and merchandise with a back-to-back system for unloading and re-loading trucks.

On March 12 2002, Israeli forces invaded Ramallah and al-Bireh for 3 days, imposing a total curfew on the whole twin-city, and positioning snipers on strategic rooftops. Hordes of soldiers conducted house-to-house searches through the crowded refugee camps of al-Amari and Qadoura inside Ramallah city, blowing up doors and breaking holes through the walls between the houses, vandalizing and stealing meager food reserves that people had stocked up.

Following an escalation of bombing attacks (suicide bombings) inside Israel, which in one week had killed nearly 100 Israeli civilians, PM Ariel Sharon blamed Palestinian President Arafat and declared him an 'enemy of Israel'. On March 29, the Israeli army invaded and re-occupied Ramallah / al-Bireh (as part of 'Operation Defensive Shield'), in addition to four other main cities of the West Bank. In Ramallah, 36 people were killed during this operation and 99 were injured.¹⁴ The destruction targeted primarily the infrastructure and the institutions of the Palestinian Authority, local government and NGOs: ministries, schools, health, media and other public service facilities. These buildings were heavily damaged, vandalized, and looted.¹⁵

¹³ for diplomatic and international agency personnel, and Palestinians working for such agencies equipped with special permits, a separate by-pass route was opened in late 2002

¹⁴ Palestinian Red Crescent Society database:

<http://www.palestinercs.org/Database/Region/?Monthsin=01&Yearsin=2002&Monthsout=05&Yearsout=2003&Region=Ramallah>

¹⁵ for details see the [Report on the Destruction to Palestinian Governmental Institutions in Ramallah](http://www.gush-shalom.org/terror/report2.html), published at <http://www.gush-shalom.org/terror/report2.html>, Caused by IDF Forces Between March 29 and April 21, 2002.

Palestinian police and security forces were declared 'armed enemy elements' and executed or arrested, which left the civilian population without any formal protection.

From the first day of the invasion a 24 hour curfew was imposed that lasted 21 days, with a few hours lifted every few days for people to bury their dead, visit the injured, seek medical care, and restock some food supplies from nearly empty stores. All male residents between 16 and 45 were called up through loudspeakers to surrender in nearby schoolyards for mass detention. Hundreds of them were arrested and transferred to military camps.¹⁶ In the meantime women, children, and the elderly were subjected to house-to-house searches. Many residential buildings were also occupied - their residents were expelled or locked up together in a few rooms where they had to share the little food and other necessities available. Thefts and vandalism of private homes, cars, as well as grocery and other stores by the occupying army forces were widely reported.

Palestinian health service providers and hospitals, especially emergency personnel and ambulances became prime targets of military assault and obstruction. Journalists were forbidden from entering Ramallah after an Italian photographer was killed by tank fire.

Short periods of troop redeployments were disrupted by intermittent, often heavy, military incursions. Ramallah was re-invaded 3 times in June 2002, and curfews and siege remained in place for much of the rest of the year, restricting communication and exchange with the other West Bank regions.

In Ramallah / al-Bireh, the curfew schedule was gradually eased in July 2002, being lifted for a few hours on weekdays. But the Surda roadblock and access to Birzeit University remained closed, forcing the university to cancel its summer teaching program. Also the start of the new school year, due on September 1st, was delayed by more than a month. Army patrols stopped and turned back cars with parents trying to take their children to school.¹⁷

By mid-September 2002, tanks re-invaded central parts of Ramallah for 11 days and occupied the presidential headquarters. They continued to destroy what was left of the battered buildings and set an ultimatum for the surrender of Yassir Arafat and those imprisoned with him. At this point the Palestinian civil society began to defy the military curfew orders and took again to the streets. Eventually, the Israeli army redeployed from the heart of Ramallah, but kept the town under tight siege. The Surda roadblock remained sealed for car traffic and often thousands of pedestrians got trapped on the 'wrong' side of the army roadblock.

On the first day of Ramadan, November 6 2002, overnight and Friday curfews were lifted inside the municipality borders of Ramallah / al-Bireh, while the closure for vehicle traffic in and out of town stayed in place.

For internal travel between the northern, central, and southern regions of the West Bank, Palestinians now were required to obtain special permits from the Israeli military authorities. Many roadblocks could only be crossed on foot or by donkeys, over make shift paths as far as

¹⁶ by April 9th, some 2000 Palestinians were detained throughout the West Bank in large outdoor prison encampments.

¹⁷ In total, Ramallah and al-Bireh were subject to 100 days of full curfew between March 2002 and May 2003. Source: Palestinian Red Crescent Society: http://www.palestinercs.org/Presentation%20PowerPoint%20Curfew%20Tracking%20July%202002_files/frame.htm

several kilometers. No garbage trucks or ambulances were allowed to pass except in a few places and were forced to make long detours. Patients and goods had to be carried over two or more mounds of dirt fortified by cement blocks, to be picked up on the other side by another ambulance or vehicle.

For traveling abroad, permits for Palestinians to leave from Ben Gurion airport were no longer granted. The only way out for West Bank residents was through Jordan, and for Gaza residents through Egypt. At the same time, the Jordanian authorities introduced new restrictive measures for Palestinians who wanted to enter or transit Jordan, requiring 'no objection' clearance from the Ministry of Interior. Males between the ages of 16-35 now required a clearance from the Israeli authorities to leave the country.

In January 2003, the construction of the 'Separation Wall' around 'Greater Jerusalem' began south of Ramallah / al-Bireh. More than 20 villages between Ramallah and Jerusalem were slated to become 'seam line' buffer zones. West Bank ID-holders between the age of 16-45, 50, or sometimes 60, were forbidden to leave through Qalandia checkpoint, the previous access to Jerusalem and the southern West Bank. This included high school children and university students who could no longer reach their schools and colleges on the other side of the fence. Several children were shot dead there in protest. At the same time, a number of new checkpoints were erected between villages northwest of Jerusalem and Ramallah / al-Bireh district. The western exit of Ramallah was closed again by a new double roadblock at the entrance of 'Ain 'Arik, blocking the passage for cars.

With the ongoing blockade, the level of poverty increased daily. In desperate attempts, some taxi and small truck drivers occasionally tried to break through the main Surda roadblock in the dark of the night to bring some of the main necessities across. They were often ambushed and beaten by Israeli soldiers and their car keys were confiscated. Overnight on March 11 2003, soldiers destroyed the shacks of a little market that had developed along the no man's road stretch between Ramallah and the village of Surda.

Since November 2002, curfews in Ramallah / al-Bireh, as well as in villages were imposed sporadically for a few hours at a time, usually in the middle of the night in limited areas. Families were forced out of their homes and made to sit in the cold, while soldiers conducted searches, arrests, or demolished the home of a dead, imprisoned or wanted person's family. Army vehicles regularly patrolled the streets provoking children and youth to stone throwing confrontations.

On the 20th of March 2003, and during the weeks preceding the announced deadline for the war against Iraq, the PA was urged by the USA - with the support of the European Union and Arab governments - to select a Palestinian Prime Minister who would replace President Yassir Arafat for future political negotiations. This was a condition for an American commitment to the promise of a yet unknown 'road map for peace,' namely the political protection of the Palestinian Authority. At the same time, rumors in the Israeli, Arab, and local media aggravated an atmosphere of anxiety among the Palestinian population about possible population 'transfers' of entire communities from the western and eastern border areas of the West Bank either to Jordan or to central West Bank towns under the cover of the war in Iraq.

At the height of this tense and volatile situation, local schools and Birzeit University suspended their classes and activities for 5 days on March 19th, and on the same day Mahmoud Abbas formally accepted the post of the first Palestinian Prime Minister - just before Iraq was attacked as planned on March 20, 2003, with the world media concentrated in attention. Incidentally it

was between March and May 2003, when international peace activists in Palestine came under fatal attack by the Israeli army for the first time.¹⁸

While the war on Iraq was at its peak, Israeli soldiers repeatedly broke into residential buildings in Ramallah / al-Bireh and occupied top floors or empty apartments for several days while keeping the residents locked inside their homes, cutting their phone lines and confiscating their mobile phones. Raids on villages became more frequent and severe, apparently just for the purpose of intimidation. For example, on the 24th of April 2004 Israeli troops raided the High School of Qarawat Bani Zeid village north of Ramallah, killed a pupil and a taxi driver and wounded another pupil.

During that period, a new more permanent pattern of Israeli military activities began to take shape in the rural district of Ramallah: physically blocking access for most villages to the connecting road network by earth mounds and large rocks - roads that were to become the sole privilege of settlers' and army vehicles. Bulldozers began to raze and carve out wide streaks of land in the heart of the agricultural fields of these Palestinian communities for new by-pass roads to connect Jewish colonies with Israeli territory, and to contain the Palestinian population centers in tightly controlled enclaves.

It is clear now that the Separation Wall will annex to Israel all the blocks of Jewish colonies that occupy vast areas inside the western Ramallah district. The Palestinian communities located between these colonies and the old western 'green' line will be isolated from Palestinian centers of life, and reduced into double-fenced enclaves like the villages of the phase 1 Wall up North. Nonviolent resistance by the Palestinian villagers, supported by Israeli and international solidarity groups has been met with extreme army violence, leading to further loss of lives. The process of dispossession and destruction of agricultural resources, livelihood, society and history in the western Ramallah district is still ongoing at the time of writing of this report.

It is within this context that this study of 15-17 year old Palestinian students was completed, a context that not only shaped the approach we took in understanding youth, but also shaped the responses of these students in major ways, as youth, like everyone in Palestine, are experiencing tragic life events. Thus a contextual, and not only individual, interpretation of the results that follow is imperative.

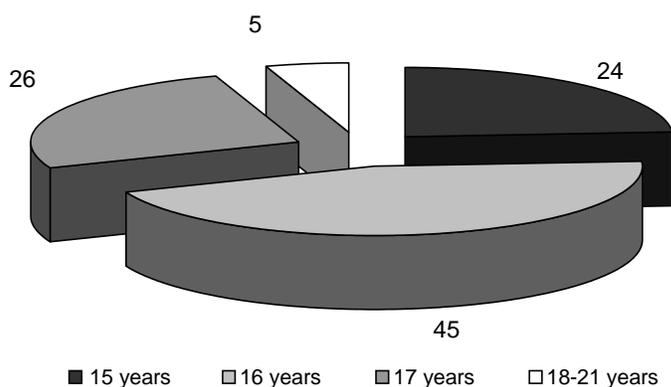
¹⁸ see attached chronology

THE SURVEY: RESULTS AND ANALYSIS

Sample Description and Demographics

The sample consisted of 3415 young people attending Grades 10 and 11 in the Ramallah district. Of the total surveyed, 24% were 15 years old, 45% were 16, 26% were 17, and 5% were between 18-21 years old (Figure 1). Mean age was 16.12 years. Fifty-two percent of the respondents were girls and 48% were boys.

Figure 1: Distribution of the Sample by Age (%)



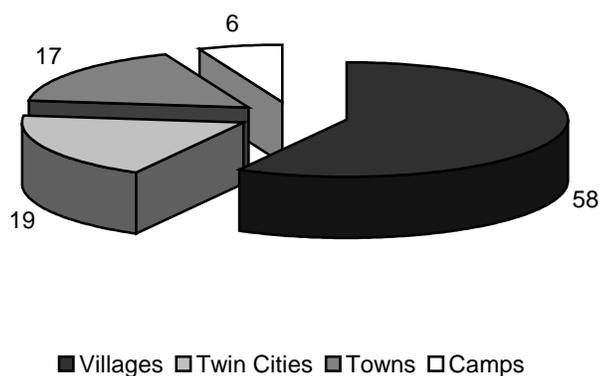
Seventy-two percent of respondents reported that they were original inhabitants of the West Bank and Gaza Strip, that is, they were never displaced as a result of wars (Figure 2). However, many inhabitants of the Ramallah District are from other parts of the OPT as migration in search of work opportunities has become an increasing phenomenon, especially in recent times. In addition, Ramallah boasts a substantial middle class of 1948 coastal city refugees that have managed to survive the extreme stress of war and displacement and have since done rather well. In total, 24% of our respondents reported that they were refugees (either as a result of the 1948 or 1967 diasporas), living both inside and outside refugee camps, and 4% were returnees who consist predominantly of refugees whose families left the country at some point in time but have since returned after the Oslo Peace Accords were signed in 1993. Among those who reported being refugees, 38% lived in urban areas, 15% lived in towns, 23% lived in villages, and 24% lived in refugee camps.

Figure 2: Distribution of Students by Origin (%)



Fifty-eight percent of students surveyed lived in villages (Figure 3), 6% lived in camps and the rest lived in towns (17%) and the twin cities (19%). Seventy-nine percent of the students lived in nuclear households (households composed of parents and children only) and 21% lived in extended households (households that include other types of kin).

Figure 3: Distribution of Students by Residence (%)



Only eight percent of the students surveyed attended private schools, with significantly more boys (10%) attending private schools compared to girls (6%) ($p < 0.00005$). A higher proportion of boys (18%) attended co-educational schools compared to 12% of girls ($p < 0.00005$). These gender differences point to local norms that prioritize male education and to the fact that there is less resistance to boys attending mixed schools compared to girls.

Of the total group studied, 53% were in Grade 10 and 47% were in Grade 11. Of those in grade 11, and due to the streaming that normally takes place in schools within the country, 31% were in the science stream, 63% were in the arts stream, 6% were in the industrial/ hotel/commerce, and American curriculum streams. The American curriculum is specifically offered to

Palestinian American or Palestinian children who used to attend an American system of schooling abroad and who have since returned home. As expected, significantly more boys were in the science stream (36%) compared to girls (27%); 54% percent of boys were in the arts stream compared to 71% of girls; and 10% of boys were in the other streams compared to a low of 2% for girls ($p < 0.00005$).

These results may be partially explained by the direction young people are encouraged to take by schools and families. A gendered message encourages women to pursue an arts stream in preparation for future roles as wives and mothers. On the other hand, more boys are streamlined into scientific subjects because of expectations that they will become primary breadwinners for their families. These results may also be due to the relative scarcity of science stream options for girls compared to boys, especially in the rural areas. Despite their unwillingness, girls often end up in the arts stream because of the lack of choice.

The qualitative research findings also indicate that in addition to gendered expectations, travel restrictions and the indignities suffered by girls at checkpoints have forced some of them to reconsider their stream of choice. For an 11th grade girl who had to make the daily trip from home to school in a neighboring village, the situation at the checkpoint became intolerable. To avoid being humiliated by the soldiers, she was forced to forsake her dream of studying science to become an engineer. She expressed her sense of injustice:

it is not enough that they took our land and country away from us but they took away my dream of becoming an engineer... there is no scientific stream in school in (village where she lives) so I had to go to (another location) for that...the humiliation I faced at the checkpoint forced me to give up the scientific stream and to come back to this school which has only arts stream...seven of us were forced to come back to this school .

That is, educational choices in the OPT are largely a function of physical accessibility in addition to the other factors discussed above such as gender norms and expectations, affordability and of course student ability and academic inclination.

Educational Background of Parents

Twelve percent of students reported that their fathers had no schooling, 45% had some schooling but did not complete high school, 20% graduated from high school and a high of 23% had post-secondary education. As expected, fathers living in urban areas had significantly higher educational attainments, with 42% of those living in cities having a post-secondary education compared to 22% of those in towns, and 18% in villages and camps each. The proportion of fathers with no schooling is highest in camps and villages at 15% each, followed by towns and cities at 8% and 7% respectively (Table 1). These levels are probably confounded by the age of fathers, as educational attainment in Palestine has risen dramatically in the past 20-30 years.

Mother's education follows a similar pattern although a fifth of them (21%) had no schooling at all; 48% had some schooling but did not complete high school, 18% completed their high school education, and 13% had post-secondary education. However, these rates are lower than the educational levels of fathers. Urban mothers are the most educated with 32% having more than a high school education compared to 14% of those in towns, 7% in villages and 10% in camps. Education is a factor in determining women's employment as is demonstrated below in Table 1.

Table 1: Parents' Educational Level by Residence (%)

Educational Level	City		Town		Village		Camp		Total	
	M	F	M	F	M	F	M	F	M	F
None	7	8	5	13	15	27	12	22	12	21
Some	29	30	50	54	48	51	47	49	45	48
High School	22	30	20	19	19	15	20	19	20	18
Post-Secondary	42	32	22	14	18	7	18	10	23	13

$X^2 = 199.596$, $p < 0.00005$ men

$X^2 = 441.135$, $p < 0.00005$ women

Employment of Parents

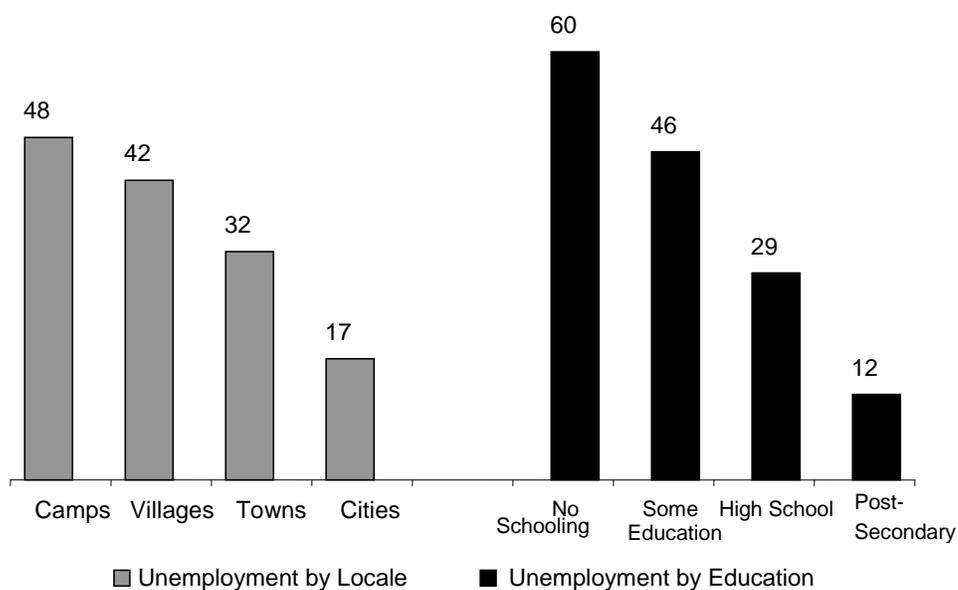
Information obtained from students on their fathers' employment status reveals that 54% of fathers held jobs during the month preceding the survey, 30% were unemployed, and 5% did not know whether their fathers were unemployed or not. Interestingly, 12% of students reported that they do not have, or do not see their fathers. Other than through death, imprisonment and detention, and given the very low rates of divorce in this country, particularly in the Ramallah District (divorce rate at 1.4% in the Ramallah District, Palestine Central Bureau of Statistics (PCBS, Census 1997), this raises interesting questions as to where these fathers could be. If we exclude those who did not respond, and/or those who do not see their fathers (17%), the level of paternal unemployment increases to 36% among respondents.

The PCBS categories were used to categorize parents' types of jobs. Among those whose fathers were employed at the time of the survey, 9% held posts in the director/manager category (PCBS categories), 10% were professionals (doctors, engineers, pharmacists, lawyers etc), 27% were technicians, 3% were clerks, 9% worked in the service sector, 16% worked in crafts and related services, 12% operated machinery, and 15% held elementary occupations (not exactly the informal sector, but according to PCBS, menial lower level manual jobs).

Unemployment of fathers appeared to be highest in the camps (Figure 4), with 48% of camp dwelling youth reporting that their fathers did not hold a job during the month preceding the survey compared to 42% for villages, 32% for towns, and 17% for cities ($p < 0.00005$).

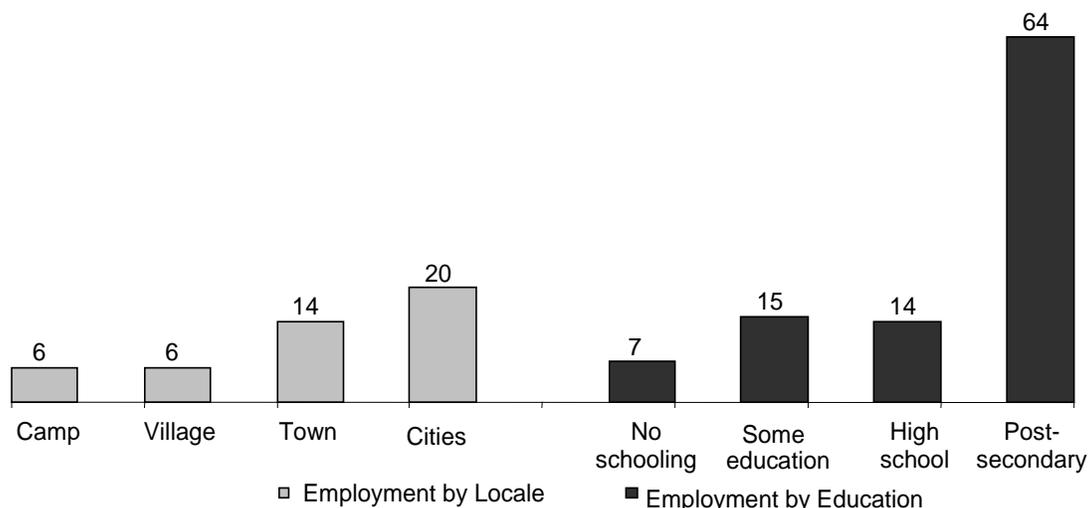
Unemployment is highest among fathers with the least education: 60% among those with no schooling; 46% for those with some education; 29% for those with a high school degree; and a low of 12% for those with a post-secondary education ($p < 0.00005$). As such, educational attainment is one of the important factors contributing to family income and family standard of living but not the sole determinant, as we will elaborate later.

Figure 4: Fathers' Unemployment by Locale and Educational Levels (%)



Of the total sample, only 10% of mothers were employed (Figure 5). The majority of working mothers (64%) had post-secondary education, 14% had high school diplomas, 15% had some education, and 7% had none ($p < 0.00005$).

Figure 5: Mothers Employment by Locale and Educational Levels



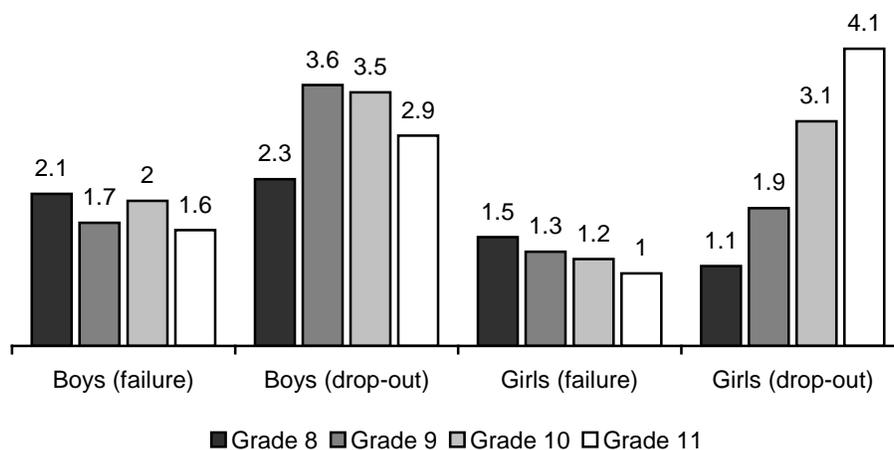
Additionally, mothers' employment was highest in cities. Twenty percent of young people living in the cities reported having working mothers compared to 14% of those living in towns, 6% of those living in villages, and 6% of those living in camps ($p < 0.00005$). Only 5% of these mothers held posts as directors/managers, a rate lower than that reported for fathers; 13% were professionals; a high of 58% reported working as technicians; 6% were clerks; 10% worked in the service sector; and 8% held jobs related to crafts, operating machinery, and elementary occupations (menial lower level manual jobs). Overall, the data indicate that women's work is associated with their level of education as well as place of residence and the availability of opportunities for their employment.

In summary, these results indicate that parental employment is determined to a large extent by the educational attainments of parents, as well as their place of residence. The most educated parents, especially those residing in cities were the most likely to hold jobs.

Perceptions of Family Affluence

Students were asked to report on how well-off their families were, a subjective indicator of family affluence, and assessed in relation to others living around them. In the absence of other affluence measures, responses to this question offer reasonable and useful results that have been used elsewhere to differentiate groups by affluence status. In our study, 21% of students reported that they are very well-off; 29% are well-off; 37% are of average wealth; 8% are not very well-off; and 4% are not well-off at all. In these reports, differences exist by sex for the not well-off group only, and in favor of boys, with 3% of these young men reporting that they were not well-off at all compared to 6% of girls ($p = 0.006$). Controlling for the type of schools these students were attending (private versus public), the female disadvantage remained strong for public schools but disappeared for private school attendees. These results indicate that girls are generally poorer than boys, a result obtained when we analyzed the family standard of living scale as well (Figure 7), and may reflect higher rates of failure and attrition of boys from schools compared to girls. In comparison to girls, boys begin to drop out of school starting in Grade 8, and these tend to be boys from poorer economic backgrounds. Indeed, data obtained from the Ministry of Education on the level of failure and drop-out rates for all governmental schools in the country points in that direction. These data (Figure 6) show that the proportion of boys who fail school and drop-out are consistently higher than those of girls until Grade 11. For the academic year 2001-2002, 2.1% of boys failed the 8th grade and 2.3% dropped out altogether compared to 1.5% failure and 1.1% drop-out rates for girls. For the 9th grade of that year, 1.7% of boys failed and 3.6% dropped out altogether compared to 1.3% failure for girls and 1.9% drop-out rate. For the 10th grade, 2% of boys failed and 3.5% dropped out again compared to 1.2% failure rates for girls and 3.1% for drop-outs. By the 11th grade, the picture is reversed with an increased drop-out rate of 4.1% for girls compared to 2.9% of boys; and a 1.6% failure for girls compared to 1% for boys.

Figure 6: Drop-out and Failure Rates Amongst Students in Grades 8 through 11, by Sex (%)



We can only speculate here that poorer boys drop out earlier than girls due to various possible reasons. Poverty, the need to work, and other socio-cultural factors related to a preference for boys that inadvertently leads to less discipline and inclination to study may get in the way of their academic achievement. In addition, the freedom of movement accorded to boys, which allows them to participate in activities otherwise closed to girls, can also lead to a lack of interest in pursuing an education. In contrast, girls drop out because of marriage or the need to their families in housework, a pattern that appears stronger at the 11th grade, that is, around the ages of 16-17. Within the local context, this is an acceptable age for marriage. These observations can explain our findings pertaining to higher reports of poverty among girls at the lower grades compared to boys in our sample.

The qualitative component of this research project also highlights how gendered assumptions within society affect the educational aspirations and poverty levels of girls. What the study shows is that gendered expectations have been reinforced by the worsening political and economic conditions in recent years. The devastating poverty particularly in rural areas has forced greater numbers of girls to leave school at a younger age. A group of 11th grade girls in one village are disturbed by the fact that once they finish secondary school, their families will not be able to send them to university. They may also be pressured to get married to relieve their parents' financial burden. An 11th grade girl captures the loss of potential in these words

once they [girls] get engaged they will leave school and sit at home.

Perceptions of family affluence are linked to fathers' unemployment to some extent. Responses from students who answered both questions (perception of wealth and fathers' employment) (2838 students) indicate that 81% of those who perceived themselves as very well-off also reported that their fathers had a job during the past month, compared to 74% among those who reported themselves as well-off, 59% who reported themselves as of average affluence, 36% who reported themselves as not well-off, and 26% who reported themselves as not well-off at all. Furthermore, only 6.6% of those who reported that their fathers had a job during the past month perceived themselves as not being well-off or not well-off at all compared to 25% among those who reported that their fathers did not have a job during the past month ($p < 0.00005$).

These findings allude to the complexity of assessing family affluence in the Palestinian context because of its link to a variety of factors that cannot be analyzed solely by identifying type of employment. This is further compounded by perceptions of poverty and affluence that are relative measures, and usually stem from comparisons with degree of affluence in the community at large. Among those whose fathers are employed, the type of employment seems to be associated with the responses of youth, but again not exclusively. For example, 79% of youth who reported that their fathers held managerial/professional jobs described their families as well-off compared to 45% of those whose fathers were manual workers. One percent of students whose fathers held managerial/professional jobs reported that their families are not well-off compared to 11% whose fathers hold non-professional jobs ($p < 0.00005$).

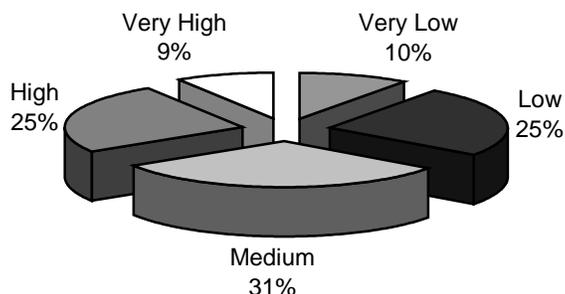
In summary, this analysis indicates that boys, at the lower grades, tend to report higher levels of perceived family affluence compared to girls. This can be attributed to a higher drop-out rate for boys from poor socio-economic backgrounds to work and support their families. In contrast, girls tend to drop-out up at the higher grades (grades 11 and 12), probably due to the pressures to get married, leave home and lessen the financial burden on the family.

Standard of Living

A standard of living index (STL) was created (see Appendix for details), that includes home amenities and consumer durables and that reflects both affluence and a particular living standard associated with education, type of work of parents, and urbanity or the extent to which families are set in a modern way of life. Such indices are sometimes used as a proxy indicator of affluence. However, within the local context, amenities and consumer durables do not merely indicate the ability to pay. They also represent expenditure priority in relation to the type of economy and society in which families are embedded including family educational levels. Although STL only partially measures family affluence but more importantly the family's way of life, it is seen as a possible determinant of exposure to violence, symptomatology, as well as views regarding life, self and the future as reported by these students.

Overall, 10% of the students were classified as having a very low STL; 25% as having a low STL; 31% as having a medium STL; 25% as having a high STL; and 9% as having a very high STL (Figure 7). The pattern favoring boys that was noted previously for self-perceived wealth appeared again with 31% of boys fitting in the low STL group compared to 40% of girls, and 37% of boys fitting in the high STL group compared to 31% of girls ($p < 0.00005$).

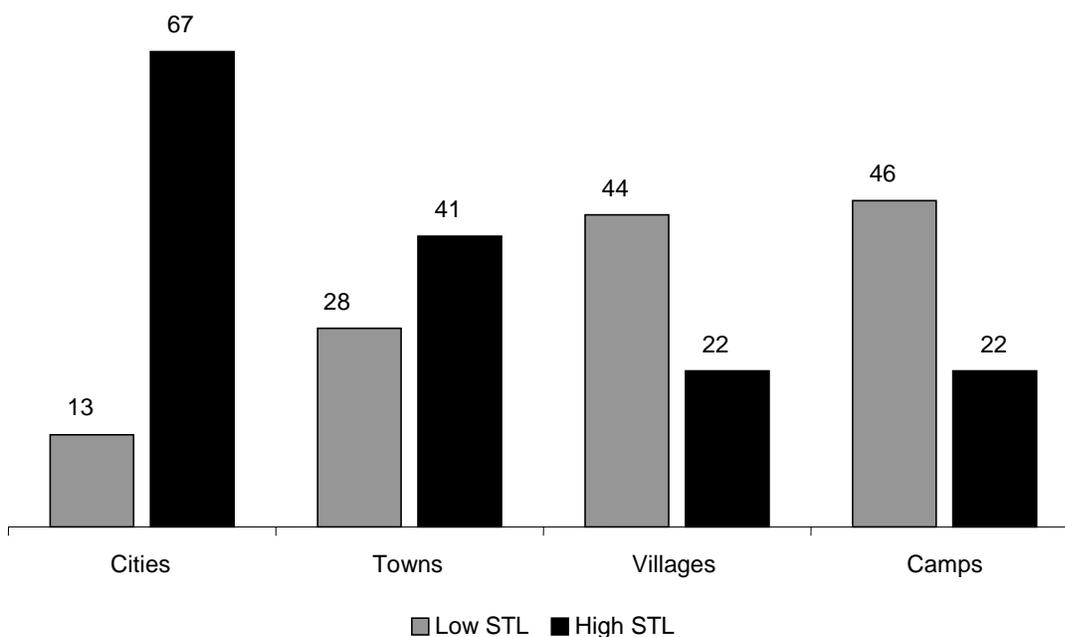
Figure 7: Distribution of Sample by Standard of Living (STL) (%)



In view of the fact that the STL scale assesses the presence or absence of material items, it seems that girls in this sample are less materially endowed than boys. What is also of interest is the finding that students in Grade 11 report a significantly higher STL than students in Grade 10: 38% of those in Grade 10 reported a low or very low STL compared to 33% of those in Grade 11. Furthermore, 32% of those in Grade 10 reported high and very high STL compared to 36% of those in Grade 11 ($p=0.007$). This finding, combined with the results above, suggest that higher levels of attrition among those with a low standard of living can certainly only make sense. Indeed, data from the Ministry of Education reported above supports these observations.

When STL is examined in relation locale (Figure 8), the results are consistent with what is already known, where the highest proportions of low STL is for camp dwellers at 46% compared to 44% for those living in villages; 28% for those living in towns; and 13% for those living in cities. Examining the other end of the scale, 67% of city dwellers fit into the high STL category compared to 41% of those living in towns; and 22% of those living in villages and camps each ($p<0.00005$). Comparisons of students in private versus public schools provide similar results, with 80% of those attending private schools placing in the high STL category compared to 30% of those attending public schools. Similarly, 38% of students attending public schools report low STL compared to only 7% of those attending private schools ($p<0.00005$).

Figure 8: Standard of Living (STL) by Locale (%)



STL was associated with the educational level of fathers but even more so with that of mothers. Fifty-seven percent of those whose fathers hold post-secondary degrees placed in the high STL category compared to 43% of those whose fathers hold high-school diplomas; 23% of those whose fathers have some education; and 14% of those whose fathers have no education at all ($p=0.00005$). Furthermore, 68% of those whose mothers hold post-secondary degrees placed in the high STL group compared to 53% of those whose mothers held high school diplomas; 25% of those whose mothers had some education; and 14% of those whose mothers had none ($p=0.00005$). The association remained strong, even when controlling for residence, indicating that STL as expressed by the presence of amenities and consumer durable goods at home, is not merely a function of affluence or place of residence. Just as crucially, it is a function of family educational levels and types of schooling, all of which are indicators of a way of life that is beyond the simple availability of finances to purchase household amenities and durable goods

There was considerable anxiety when young people voiced their worries and concerns about economic and financial uncertainties. With the Second Intifada, many of the villages outside Ramallah witnessed a sharp economic downturn and increased levels of poverty. The girls in one village were very open in sharing their families' financial predicaments:

my father is a taxi driver...His daily income decreased from NIS500 to NIS100/150 a day...this never covers home expenses, barely covers car maintenance and gasoline...my mother sells in a shop...people come to her to buy things without paying any money because they don't have money...we don't have enough money ourselves so we also buy things on loan from the sales people who come to provide the shop with things...we are NIS100,000 in debt... we are financially devastated and this is the situation with many other people in the village.

the economic situation in my family became very bad...my sister used to study at the local university and my brother in Russia...after the Intifada, we have suffered financially...my sister was forced to leave university and to start working to send money to my brother in Russia. (Grade 11 girl)

I know I will be finishing high school but I can't enter university because of our difficult financial situation. (Grade 11 girl)

we know that we will be sitting at home after high school like the generations preceding us...this fact destroys our ambition to study for high school exams even though we are good students with good grades...we know someone who had a distinction in her Tawjihi exams but she could not enter university because of her parents' financial crisis. (Another Grade 11 girl)

In a struggling economy, the building of the wall not only means the loss of land, but a greater loss of livelihood for young people and their families as dunums (one acre is equivalent to 4 dunums) upon dunums of olive groves and agricultural land are razed to the ground. A boy in Grade 10 compares the wall to:

a prison, socially, economically and psychologically.

His classmate describes her anxiety in these words:

whenever I come back [from a demonstration against the wall] I go to sleep and wake up in the middle of the night, I start crying thinking about the images I saw today and what my family is going through and how we are going to survive after all our land has been confiscated and my father will be losing his job as a result of building the wall.

Overall then, the educational level of fathers, and more importantly, mothers are the primary determinants of family living standard (STL), although residence, affordability and access are also important. These factors are all a function of the degree to which the family is embedded in a modern economy and way of life.

Exposure to Violence

For four years, the country has been trapped in a cycle of unprecedented and escalating levels of violence affecting the entire population. While Ramallah / al-Bireh cities were the target of highly destructive and successive attacks, severe closures, curfews and siege, rural areas were not spared, even though the April 2002 invasions focused on cities. Throughout the remainder of the year, various locales were successively invaded and placed under strict curfew for limited periods of time as well. Rural areas, moreover, suffered the consequences of closures and siege to a higher extent than the city, especially in terms of lack of access to work, schooling and basic health and other services.

The PACT survey asked students to respond to items that addressed a range of violent events that are a reality of living in Ramallah. Some of these events are perceived as experiences that occurred at a collective level, such as exposure to tear gas, and others that occurred at an individual level such as being beaten by the army. Overall, students reported very high levels of

exposure to violent events (Table 2). We can also note important gender differences in the levels of exposure to violent events, with significantly higher levels of exposure to violent events occurring among boys. Note that the gap between boys and girls is highest for individual exposure to events that occur outside the home such as injury, torture, interrogation, humiliation, detention and/or arrest, beatings by the army, exposure to tear gas and sound bombs, and witnessing the wounding and humiliation of others. These differences are again a reflection of the restricted access of women into the public sphere and the greater control young men have to move outside of the domestic sphere.

Table 2: Exposure to Violent Events During the Past Year (%)

Exposure to event once or more	Boys	Girls	Total
Saw Shooting	86	75	80
Saw explosions/shelling	57	43	50
Saw stranger being humiliated	72	62	67
Saw stranger being arrested	70	54	62
Saw stranger being injured	60	39	49
Saw stranger being killed	32	23	28
Saw friend/neighbor being humiliated	42	29	35
Saw friend/neighbor being arrested	44	30	37
Saw friend/neighbor being injured	30	15	22
Saw friend/neighbor being killed	14	8	11
Saw family member being humiliated	30	28	29
Saw family member being arrested	35	27	31
Saw family member being injured	19	15	17
Saw family member being killed	8	5	6
Exposed to tear gas	72	50	60
Exposed to sound bombs	71	56	63
House searched	40	31	35
House occupied and you/family locked in	16	12	14
House occupied and you/family out	10	7	9
House sealed or demolished	2	2	2
House shot at	24	20	22
House bombed or shelled	8	9	8
Shelling in the neighborhood	33	29	31
Beaten by the army	30	2	15
Beaten by settlers	5	0.3	2
Used by army as human shield	10	3	6
Was your body searched	54	9	30
Were you shot at or hit	38	13	25
Detained or arrested	29	6	17
Humiliated (cursed, bullied, shoved)	34	13	23
Stripped in public	4	1	2
Interrogated	22	5	13
Tortured	9	1	5
Injured at least once by Occupation violence	34	13	23

Figures 9 and 10 demonstrate that boys reported significantly higher levels of exposure to both individual and collective violent events compared to girls. Over half of the boys surveyed reported being exposed to high levels of 'individual exposure to violence' compared to 23% of girls. This is not a surprising finding considering the social and cultural norms and expectations that influence and shape prescribed gender roles. Gender differences for 'collective exposure to violence' were also apparent, but not as marked as the differences for 'individual exposure to violence' (45% of boys and 30% of girls reported high levels of 'collective exposure to violence'). That is, the gender gradient was still present, but not as pronounced as for 'individual exposure to violence', a reflection of the pervasive nature of violence directed against the collectivity, and not only individuals.

Figure 9: Exposure to Individual Violent Events, by Sex (%)

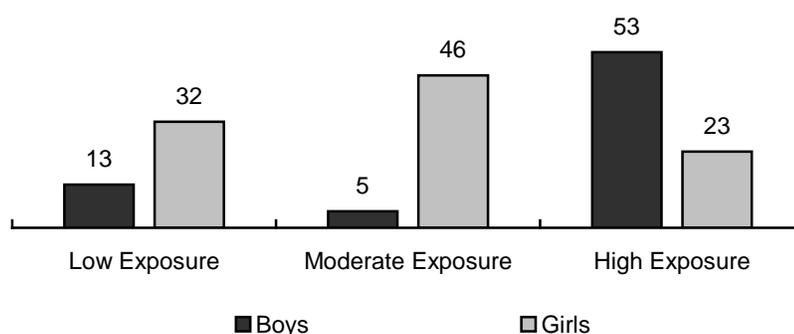
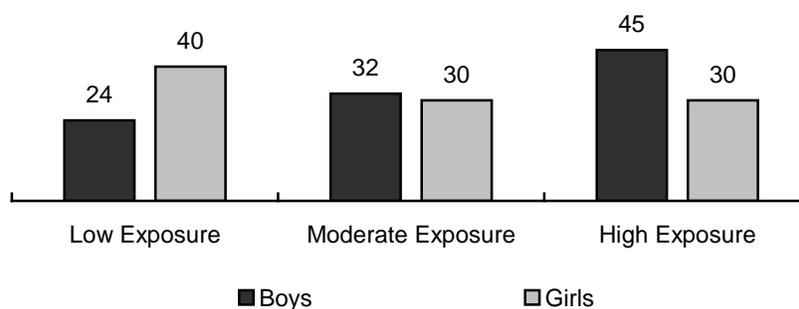


Figure 10: Exposure to Collective Violent Events, by Sex (%)



Due to the need for further exploration of these two constructs, and for analytical convenience purposes, exposure to violence will be discussed as a combination of both collective and individual trauma experiences throughout the report. Even after reworking the 34 variables into an “exposure to violent events” scale (see Appendix), there were still significant differences between boys and girls in the level of exposure to violent events. Twenty-one percent of boys reported low frequency of exposure to violent events compared to 42% of girls, whereas 43% of boys reported high frequency of exposure to violent events compared to 22% of girls ($p < 0.00005$).

Exposure to violent events was also clearly a function of place of residence (Table 3). Within cities, the refugee camps took the brunt of the attacks: bombing, shelling, home destruction, searches, and other such violent events were prevalent as these camps were specific targets of attacks.

Table 3: Exposure to Violent Events by Residence (%)

	City	Town	Village	Camp	Total
Low frequency of exposure	12	32	40	13	32
Moderate frequency of exposure	40	38	36	27	36
High frequency of exposure	48	30	24	60	32

($p < 0.00005$)

The first hand experiences of the Palestinian members of this research team who survived the 2002 events, indicate, that the brunt and severity of attacks on neighborhoods as well as home searches, arrests, detentions, use of people as human shields, injuries, destruction of property and infrastructure varied according to perceptions of social class by Israeli soldiers. Social status is evidenced by the presence or absence of gardens, nicely kept homes, amenities within the home and the ability of homeowners to speak foreign languages. Descriptions of the ‘yuppie’ professional neighborhood of Tireh in Ramallah during the invasions were even written up in Haaretz, the Israeli English daily!

High exposure to violent events (without controlling for residence) was shared by both high and low levels of STL for some groups. However, after controlling for residence, the relationship between STL and exposure to violent events disappeared for camp residents as within camps attacks were widespread and spared no one. Similarly, the relationship between STL and violent events disappeared for towns, but remained reasonably strong for those living in cities ($p < 0.035$), where 58% of those exposed to high trauma belonged to the low STL group, and 45% to the high STL group.

Similar findings were noted when exposure to exposed to violent events was examined in relation to self rated family affluence. Initially, without controlling for residence, it appeared that the highest frequency of exposure to violent events was associated with the lowest levels of affluence, with 30% of the well-off students reporting high exposure to violent events compared to 45% of the not well-off. However, controlling for residence again, it was noted that two factors are operational, self rated family affluence as well as the neighborhood factors, independently of the self rated family affluence. Here, the relationship between self -rated affluence and exposure to violent events disappears for camps, and becomes of borderline significance for cities ($p = 0.044$), with an inverse relationship between exposure to violent events and self rated family affluence. Among those who reported high family affluence in cities???, 44% reported high frequency of exposure to violent events compared to 64% among those who reported low family affluence while remaining strong for towns and villages ($p < 0.00005$). In other words, two factors seem to influence exposure to violent events: a collective one which

depends on where the students live in relation to where the army onslaughts were focused, irrespective of individual/family factors (city and within this, the camp, compared to towns and villages); and the other factor is related to family status which pertains to the neighborhood the students live in that sets them apart based on STL.

Exposure to violent events is bound to influence the consciousness and perceptions of young people, including the legitimacy of various strategies to deal with this type of mass scale aggression against civilians. At the same time, chronic exposure to violence has a significant impact on how youth perceive themselves, their lives, and their future aspirations. Through a qualitative line of inquiry, further information on the effects of exposure to violence was gained. There is little doubt that Palestinian youth perceive violence to be an inextricable part of their lives. This 11th grader and others of his age share the position that *“living in violence has become routine”* or that they have become helpless: *“you can do nothing to change your life, violence and pressure are all around us.... our life is full of violence.”* A female student clearly speaks for the Palestinian youth population when she declares *“Israeli occupation is the highest form of violence.”*

We asked a group of 11th grade girls in a city school to describe what represented violence to them. Their responses included the following:

checkpoints, closures and having to take long roads on mountains to reach places.

having to pay more money for short distances when this money could be used for other needs ... for example paying NIS10 [equivalent to about 2 USD] can be used for other things needed at home.

seeing people get shot...my father had a gun pointed at his head when soldiers entered our house three months ago forcing us to leave the building...he is sick, unable to walk but they did not believe him until they saw his crutches...I was so fearful for him especially when two soldiers stood beside him pointing their guns on him.

The experiences of young people went beyond instances of being injured by soldiers or witnessing the killing of close relatives, as their narratives demonstrate:

I was tied with my legs to the jeep and dragged around the playground five times until my feet and knees were swollen because I had no ID.

I was arrested even though I was not involved in stone throwing...they took me to different settlements for interrogations and then to (name of prison) where they beat me... my eyes were totally swollen.

I was arrested and tortured and later released on a hill near my school.

A girl from 11th grade recounts her own painful experience:

my cousin's husband ...he was killed in front of my eyes. I could not sleep for a whole week...whenever I closed my eyes, I would see his blood pouring out... he was driving between (name of camp) and (name of place) going to his wife's parents, he was shot and the car rolled down the mountain.

In general, we found that the responses of students in urban and rural schools did not appear to differ vastly. Perhaps a major difference lies in the narratives of the 2002 invasion when students from the city were subjected to more extreme forms of military violence and assault compared with students living in towns and villages. For some 11th grade boys, certain incidents from the 2002 invasion appear to have been seared into their memories. This boy recalls the hopelessness he felt then:

we used to hear all the time that the Israeli soldiers were here to destroy the PA and reoccupy us for additional years... this was worrying us mostly... how can anybody think about hope.

The homes of four boys were occupied for hours and even for days. This boy remembers in particular:

whole families [being] put into one room and locked up with a key... as many as 25 individuals were locked up in one room. The soldiers gave us some food from time to time such as eggs and bread in addition to some medical stuff (such as band aid)... the interior of the homes were turned upside down and destroyed... their machine guns were fixed at surrounding areas from the windows.

This 10th grade girl recounts her experience with violence:

I had a gun pointed at my head... Israeli soldiers entered our home during the 2002 invasion trying to force us to leave the house and asked for our IDs... they did not believe that I was under 16 years of age, which meant I didn't have an ID yet... they didn't believe this because I looked older... two soldiers held me under gunpoint for two hours in the cold weather outside...I was frightened; my mother was frightened for me too.

One boy from the city recalls being used as a human shield together with all the male members of his family:

for two hours, we were held captive by the army waiting to be exchanged for some wanted Palestinian youth taking refuge at the Palestinian Preventive Security Forces headquarters...one of my classmates was beaten when Israeli soldiers occupied his house during the invasion while another boy's father was arrested but later released because the Israeli army claimed that weapons were being hidden in their house.

Another boy from a refugee camp narrates his experience:

house searches and arrests in (name of camp) have not changed after the Intifada...in the camp Israelis are always there occupying us...even before the Intifada...they used to come search our house because my uncle was wanted and they thoughts we have hidden him...they used to come all the time and sometimes take my father with them to open the mosque for them thinking my uncle might be hiding in it.

After the invasion of 2002, the soldiers continued to invade the villages creating a climate of constant fear:

when they (soldiers) come, they don't just come to arrest people and leave but they come with dogs, turn our house upside down and throw our clothes outside. (Grade 11 girl)

Another girl tells a similar story of Israeli soldiers harassing and humiliating residents in the village:

every day and night they are walk[ing] around the houses...they always release wild pigs near the village and homes because they know we hate pigs as Muslims...they also have dogs along with them.

The qualitative research was particularly useful in illuminating two aspects of the data. The first is related to what represents experiences of violence. In analyzing the results of the focus groups, it seems that young people tend to narrate their experiences in terms of confrontation with soldiers and their consequent actions and not in terms of exposure and specific forms of violence. In the minds of Palestinian youth, the image of soldiers is representative of violence, where these soldiers are the perpetrators of violence, and thus soldiers and violence are seen as one and the same.

Confrontation with soldiers is a persistent theme in the narratives of both boys and girls regardless of locale. As this girl puts it “*they are always there.*” There is a general consensus that soldiers are “*always in our faces*” or that “*Israeli soldiers come in all the time whenever they want. It is part of life now.*” The fear of soldiers is so intense that a 10th grade boy laments that it is “*easier to die than live...there is no purpose in living*” he says, a sad reality of such a young generation.

For one 11th grade girl in a village school, her daily life has become dominated by the actions of Israeli soldiers:

after the Intifada, Israelis fixed a military station in my uncle's house that was still being built next to our house...we live near the village entrance so they are permanently there to control peoples' movements in and out of the village...the soldiers throw bombs and shoot at us, controlling our movement in and out of the house especially in the evening....now we are not allowed to sit outside of our house because they would shoot at us and order us to go into the house.

An 11th grade girl had this persistent nightmare:

I always have this dream, that soldiers would come and beat me on the nose...they came into our house once and, turned everything upside down and stole my gold necklace... I went to the bathroom to check on my necklace after they had gone, and suddenly the mirror fell on my nose... since that time, I always have this dream, that the soldiers would come back and beat me on the nose.

Similar to the quantitative data, the qualitative findings underline a second aspect that is critical to understanding young people's exposure to trauma in that their safety is consistently threatened by the violence that is imposed upon them by soldiers at their doorstep, whether in their homes or schools, in villages or in cities. However, the vulnerability of Palestinian youth is considerably heightened when they are exposed to violence inflicted upon them at checkpoints, which some have to cross to get to school, home, health care centres, and work. The narratives of young men in particular speak of checkpoints as the site where they are exposed to the greatest danger and source of humiliation.

Boys tend to be the direct targets of violence, experiencing first hand beatings and shootings, with boys reporting greater incidences of harassment, physical abuses, strip searches and arrests than girls do: A boy from a village describes the intimidation:

I come from Atara which means every day I have to pass through the Israeli checkpoint near the bridge... I have been searched, forced to take off my shirt and trousers... even the girls who cross are forced to leave the bus and be searched... I prefer to wait until the Israelis stop searching or go away in order to pass... many times I reach school late...during the second or third period... I also get back home from school late in the afternoon. (a Grade 11 boy)

In general, girls are more likely to experience violence indirectly and to suffer from a different form of humiliation when crossing checkpoints. They are usually subjected to verbal abuses, vulgar and obscene gestures made by Israeli soldiers with their hands and eyes, left to stand for hours at checkpoints and are sometimes forced to empty their bags in front of everyone.

Overall, our results indicate that the level of exposure to violence was very high for both boys and girls. However, the results also indicate that boys were significantly more exposed to violence than girls, especially to violent events that occur outside the home such as injury, torture, interrogation, humiliation, detention and/ or arrest. These differences are a reflection of the restricted access of women into the public sphere and the greater freedom of young men to move outside the domestic sphere.

The qualitative research findings indicate that the majority of boys and girls have conceptualized a relative scale of violence to assess their own vulnerability. Despite experiences of violence, adolescents from urban areas tend to minimize the level of violence they encounter by comparing their experiences to others who are worse off than they are. For some young people, "there is no violence in Ramallah, the violence is more to the north of the West Bank, or in Nablus and Jenin, or in the Gaza Strip." Similarly, in making the comparison between the extent of violence in villages and towns, rural youth observe that "what is happening to us [with the building of the wall around the village] is very insignificant compared to what is happening in

Ramallah, Gaza, and Nablus.” This concept of relativism appears to ameliorate youth’s perception of their circumstances and may well assist these youth in coping with trying times.

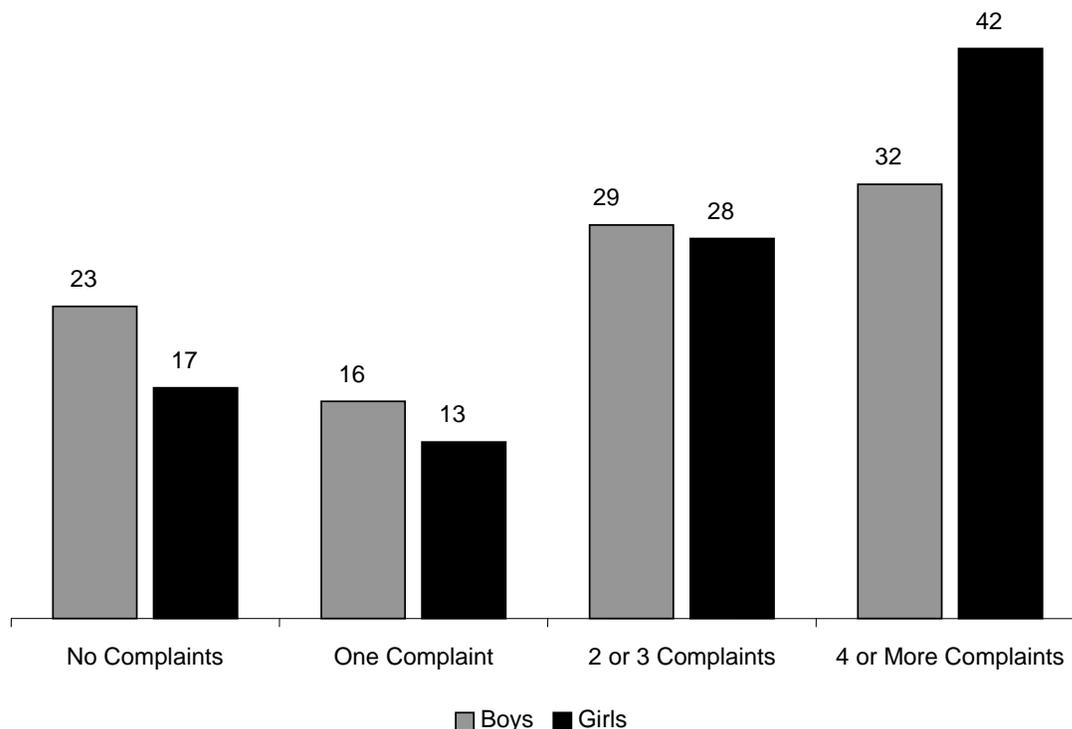
The results also indicate that exposure to violence is significantly associated with locale, reinforcing the importance of the concept of neighborhood outcomes, and not only individual ones. Thus, a collective element is introduced into our analysis that goes beyond the effects of individually focused statistical analysis in isolation of context. This is especially relevant to the prevailing circumstances in this country as cities were the targets of attacks to a higher extent than towns and villages. Nonetheless, exposure to violence was widely distributed sparing no one in the process. Wealthy and poor neighborhoods alike were negatively affected, although to varying degrees.

Subjective Health Complaints / Symptoms of Psychological Distress

Although responses to traumatic events may be universal, there is no agreement as to how to assess, define and classify these responses. Post Traumatic Stress Disorder (PTSD) has been traditionally used as a measuring stick for assessing the impact of war and violence on the emotional, psychological and behavioral well being of people exposed to traumatic situations, particularly to war, violence and conflict. The reliance on responses to questions of the psychiatric variety in assessing trauma has been increasingly criticized, especially when applied to a non-Western setting. Instead, an emphasis on the need to understand the role of cultures in conceptualizing, experiencing and expressing distress has been noted (Parker, 1996). This is especially important given that evidence demonstrates that cross-cultural differences exist in the manner by which emotional and behavioral disorders are expressed (Rahman, Mubbashar, Harrington and Gater, 2000).

As with the Health Behaviour of School Children Survey, students were asked to respond to eight items that have been identified by an international group of researchers as representative of psychosomatic health among adolescents at a symptomatic level. The eight-item checklist of complaints that was used contained four items measuring psychological indicators of emotional health (feeling depressed or low, irritability or bad mood, feeling nervous, feeling dizzy) and four items measuring somatic factors (headache, stomach ache, backache, difficulties getting to sleep). These measures were categorized into four groups by ascending order: a) having no complaints; b) having one complaint; c) having two to three complaints; and d) having four and up to eight (four or more complaints more than once weekly).

In our study, twenty percent of the students (both boys and girls combined) reported no health complaints, 14% reported one complaint, 29% reported 2-3 complaints, and 37% reported 4 or more complaints. It is interesting to note that although significantly more male students reported higher levels of exposure to violent events by virtue of their greater freedom of movement on the one hand, and the targeting of young males by the Israeli army on the other, girls reported significantly higher levels of subjective health complaints. Twenty-three percent of boys reported no complaints compared to 17% of girls, and 32% of boys reported 4 or more complaints compared to a high of 42% of girls (Figure 11). A combination of factors may contribute to the higher rates of physical distress among girls such as gendered socialization and the restriction of roles prohibiting their freedom of movement and participation outside the home leading to feelings of imprisonment, helplessness and lack of agency.

Figure 11: Subjective Health Complaints, by Sex (%)

In addition students were asked whether they experienced a range of other emotional/psychological and attitudinal problems (see Table 4 for the individual variables), since the beginning of the Intifada, and these were labeled as extreme symptoms. Responses to these variables were dichotomous (Yes or No). These responses were then aggregated into two scales (see Appendix). The first scale was broken down into tertiles representing the three levels of extreme symptoms: few, moderate, and high proportion of extreme symptoms (Figures 14, 18, 19, 29 and Table 6). The second scale (using the same variables) was based on a count of symptoms (Figures 34 and 36) and was categorized into four groups by ascending order: a) having no complaints; b) having one complaint; c) having two to three complaints; and d) having four and up to eight since the beginning of the Intifada.

Table 4: Breakdown of the Extreme Symptoms Scale Variables, by Sex (% Yes)

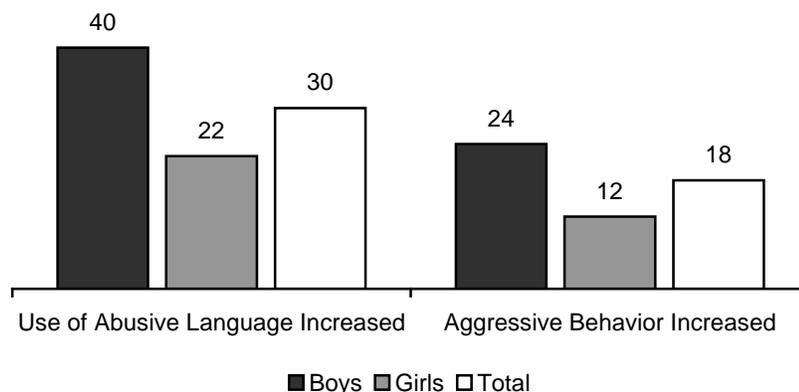
	Boys	Girls
Weight or appetite loss	42	52
Uncontrollable fear	28	44
Inability to concentrate on normal daily tasks	34	40
Inability to concentrate on studies	61	68
Difficulty sleeping	42	55
Having nightmares	28	44
Crying episodes	21	64

Table 5: Extreme Symptoms, by Sex (%)

Symptoms	Boys	Girls	Total
Low level of symptoms	34	19	27
Moderate	46	41	43
High	20	40	30

$P < 0.00005$

Tables 4 and 5 demonstrate that, once again, girls experience more extreme symptoms than boys do. However, when changes in behavior were examined, the opposite but expected pattern was found. Students were asked if they had experienced an increase in aggressive behavior and the use of abusive language since the invasion of 2002 and until the time of the survey (exactly one year later). Thus, while girls tend to report experiences of physical distress, boys are more likely to report behavioral changes instead (Figure 12).

Figure 12: Behavioral Manifestations, by Sex (%)

Error!

These results may be explained as follows: a) gender differences stemming from the interplay of biology and socialization; b) greater freedom accorded to boys to express their anger and violent behavior; and c) the social roles dictated by society and peer pressure, and consistent with what we have previously observed. These findings suggest that the needs of girls deserve just as much attention as that given to boys. Critically, interventions addressing the problems of Palestinian youth should take into serious consideration gender differences in psycho-social expressions, gender roles and contexts, all of which contribute to the rise in symptomatology. In addition, these results call for a further exploration of the social and contextual determinants of the above findings, at the level of the school, the home, and the community.

Figure 13: Subjective Health Complaints by Residence, Both Sexes (%)

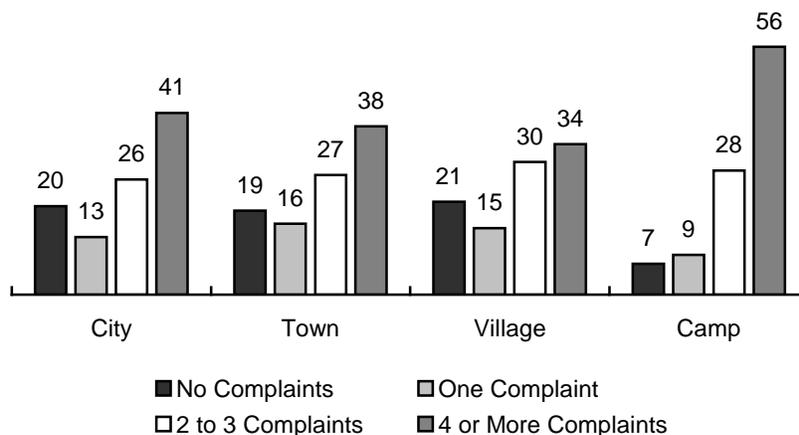
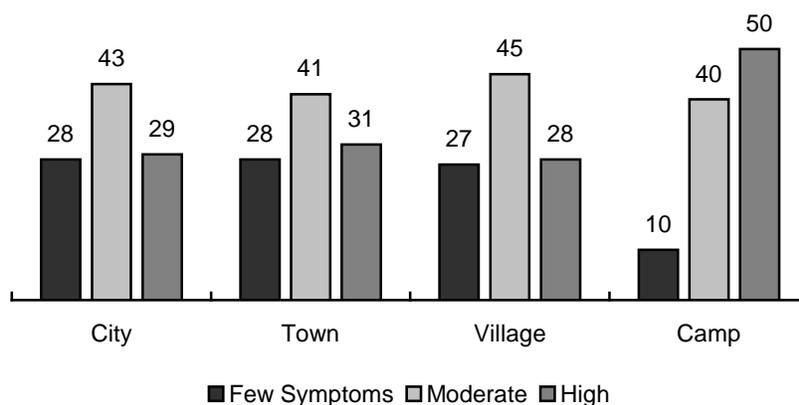
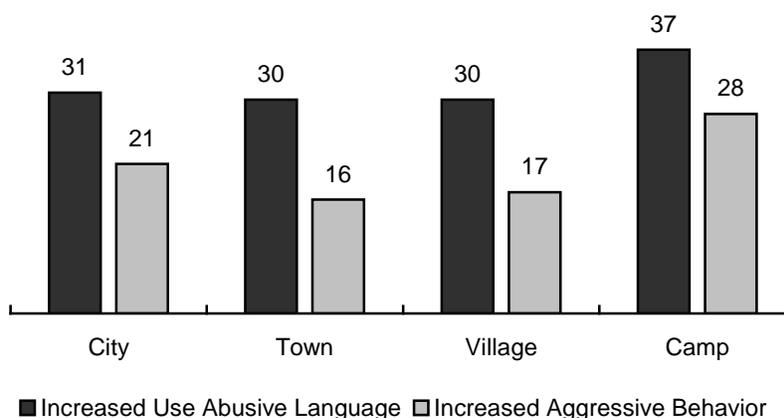


Figure 14: Extreme Symptoms by Residence, Both Sexes (%)



Crosstabulating subjective health complaints, extreme symptoms, and behavioral changes with residence revealed important findings that corroborate the discussions above regarding the interplay of locale and the variables explored in the survey. Figures 13 to 15 reveal that, consistently, camp dwellers report the highest levels of subjective health complaints, extreme symptoms, and behavioral changes: 56% of camp dwellers reported high levels of subjective health complaints compared to 41% of city dwellers; 50% of camp dwellers reported high extreme symptoms compared to 29% of city dwellers; 37% of camp dwellers reported an increase in abusive language compared to 31% of city dwellers; and 28% of camp dwellers reported increased aggressive behavior compared to 21% of city dwellers. The results remained the same even when controlling for students' STL thus confirming the role that neighborhood effects play, and going beyond individual variations in contexts as well as beyond invasions and occupation violence.

Figure 15: Behavioral Changes by Residence, Both Sexes (%)



The data can only make sense if we consider misery within the camp to be multi-leveled, encompassing both the personal and the collective, with the collective often being the determinant. It is important to remember that the thrust of the invasions were centered in the city, and that the camp bore the brunt of the attacks. On the other hand, camp dwelling in itself brings with it all sorts of other contextual stressors that go beyond living standard and wealth, and even beyond the recent increase in military violence. Trauma in the camp is not merely due to current war like conditions, poverty and over-crowding, but to the long-standing effects of war. Thus, the stressors include, in particular, the effects of dispossession and displacement inherited from over 50 years of Palestinian history. Since these students lived in camps all their lives, they have survived a level of deprivation that surpasses financial deprivation, and is more profound, with abuses ranging from denial of the right to have a decent life to the right to have their violations acknowledged and resolved, or even the right to build a sense of hope for the future.

Subjective Health Complaints / Extreme Symptoms / Behavioural Changes by Exposure to Violent Events

There is a strong association between exposure to violence and subjective health complaints and symptoms of psychological distress, with exposure to violence seen here as being a determinant of subjective health complaints and extreme symptoms (Table 6).

Table 6: Subjective Health Complaints, Extreme Symptoms, and Behavioral Changes by Exposure to Violence, Both Sexes (%)

Complaints/Symptoms/Behavioral Changes	Exposure to Violent Events		
	Low	Moderate	High
Subjective Health Complaints			
No Complaints	29	20	10
One Complaint	18	15	10
2-3 Complaints	29	31	25
4 or more Complaints	24	34	55
Extreme Symptoms	Low	Moderate	High
Few	36	27	16
Moderate	44	44	42
High	20	29	42
Behavioral Changes	Low	Moderate	High
Increased use of abusive language	20	31	41
Increased aggressive behavior	8	17	29

$p < 0.00005$

The table above demonstrates a clear and consistent association between exposure to violent events and symptoms, for both boys and girls combined, whether they are subjective health complaints, extreme symptoms or behavioral changes. Notice that 55% of students who were exposed to high levels of violence also reported 4 or more health complaints that they experienced more than once weekly compared to 24% of those with low exposure to trauma. Similarly, 42% of students exposed to high levels of trauma also suffer from extreme symptoms compared to 20% of those with low exposure to trauma. Behavior is also affected, with violence as a determinant, and where 41% of those exposed to high levels of violent events during the year preceding the survey also reported that they have since then, and during the past year increased their use of abusive language compared to 20% among those with low exposure to trauma, and 29% reported increased aggressive behavior compared to 8% among those with low exposure to trauma.

Figures 16 to 17 reveal a clear and strong relationship between the levels of exposure to violent events and the number of subjective health complaints, reported separately by boys and girls, once a week or more especially at the ends of the scale. Ten percent of boys and 31% of girls in the low exposure to violence category reported four or more subjective health complaints a week, whereas 48% of boys and 67% of girls reported four or more subjective health complaints in the high exposure to violent events category.

Figure 16: Subjective Health Complaints by Exposure to Violent Events, Boys (%)

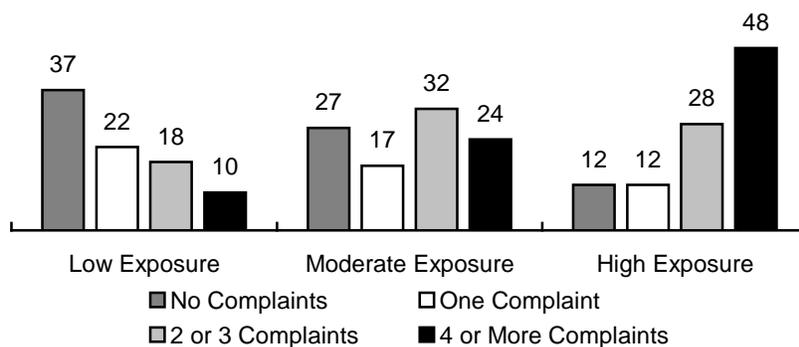
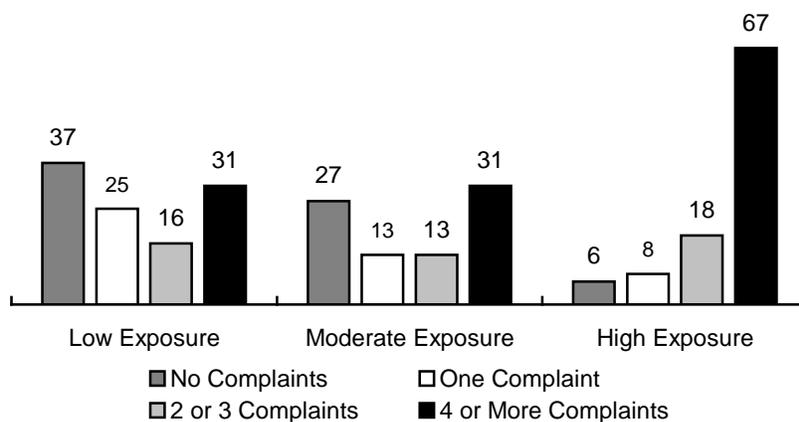


Figure 17: Subjective Health Complaints by Exposure to Violent Events, Girls (%)



The pattern was similar for reports of extreme symptoms (Figures 18 to 19). Fourteen percent of boys and 32% of girls in the low exposure to violence category reported four or more extreme symptoms whereas 46 % of boys and 77% of girls reported four or more extreme symptoms in the high exposure to violence category. Generally, girls reported more subjective health complaints and extreme symptoms than did boys at both low and high exposure to violence levels.

Figure 18: Extreme Symptoms by Exposure to Violent Events, Boys (%)

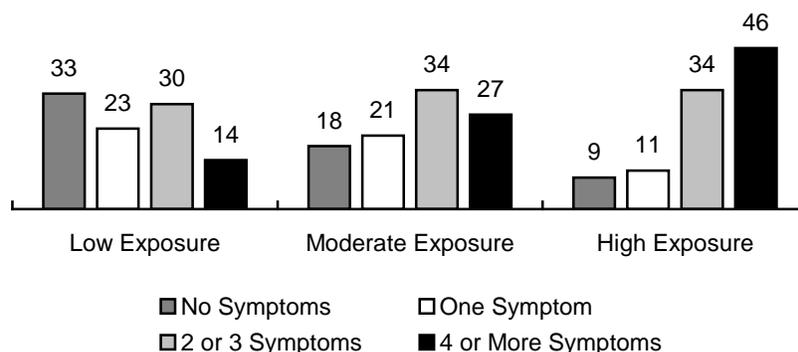
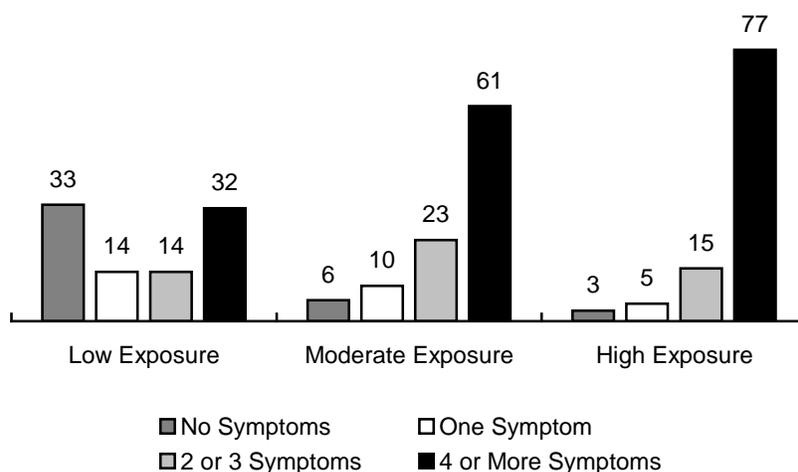


Figure 19: Extreme Symptoms by Exposure to Violent Events, Girls (%)



Exposure to violence was also associated with a reported increase in the use of abusive language and aggressive behavior (Figures 20 to 21), again affecting boys to a higher extent than girls: 13% of boys who reported a low level of exposure to violence also reported increasing their use of abusive language, compared to 51% among those who reported high exposure to violence levels. Interestingly, the pattern seems to reverse for girls with 34% of those reporting low exposure to violence also reporting an increase in the use of abusive language during the year preceding the survey, compared to 29% for those who reported a high level of exposure to violence.

Figure 20: Increase in Use of Abusive Language by Exposure to Violent Events, by Sex (% Yes)

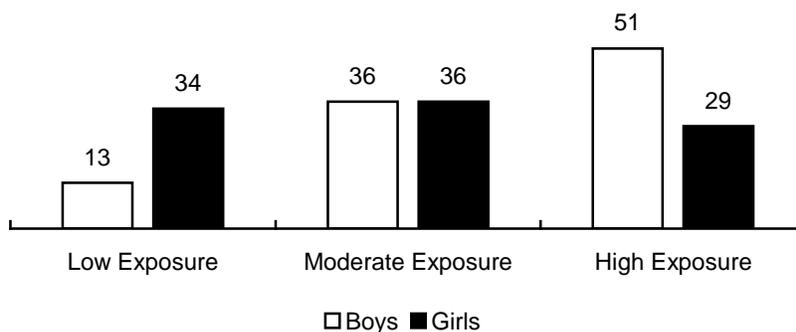
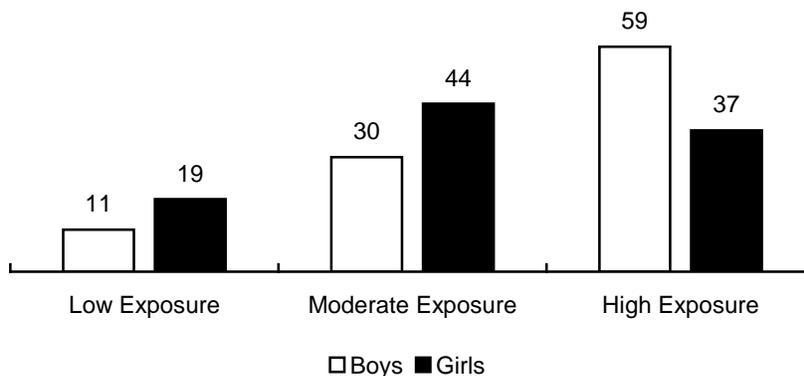


Figure 21 also reveals a rising level of aggressive behavior with increased exposure to violent events, more so among boys than girls but nevertheless significant for both: 11% of boys reporting a low exposure to violent events also reported an increase in aggressive behavior, compared to 59% among those who reported a high level of exposure to violent events; 19% of girls who reported a low level of exposure to violent events also reported an increase in aggressive behavior compared to 37% among those who reported a high level of exposure to violent events. In other words, although it appears that aggressive behavior may well be a consequence of exposure to violence, it is manifested more strongly among boys compared to girls, once again, an indication of social roles and behavioral codes that limit or allow free expression of aggressive behavior among these students.

Figure 21: Increase in Aggressive Behaviour by Exposure to Violent Events, by Sex (% Yes)



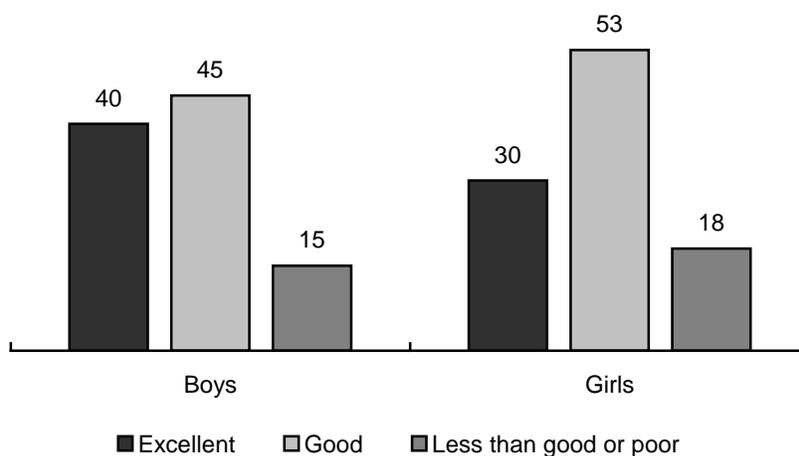
The results remained the same for all symptoms listed above even when controlling for STL and residence. Controlling for sex, the results remained the same with a strong association between exposure to violence, subjective health complaints, extreme symptoms, and behavioral changes.

Self Rated Health and Life Satisfaction

Two global questions were also used to ask students how they viewed their lives and their health. The first item assessed life satisfaction and asked students to rate their life on an 11-point ladder scale, with “10” representing the best possible life and “0” the worst possible life. This life satisfaction ladder has been shown to be a valid instrument in judging life satisfaction in adults (Cantril, 1965), and has been validated as a measure of adolescent life satisfaction through the HBSC surveys both in Canada and in other European countries. Students were also asked to rate their health on a four-point scale with poor being the lowest rating and excellent health being the highest.

It was interesting to note the gender difference in self rated health reports, with significantly more girls reporting worse health than boys (Figure 22). Forty percent of boys reported excellent health compared to 30% of girls; 15% of boys reported fair to poor health compared to 18% for girls. These differences are consistent with higher levels of complaints and symptoms among girls, and support the view that self rated health reports are valuable in assessing health status.

Figure 22: Self Rated Health, by Sex (%)

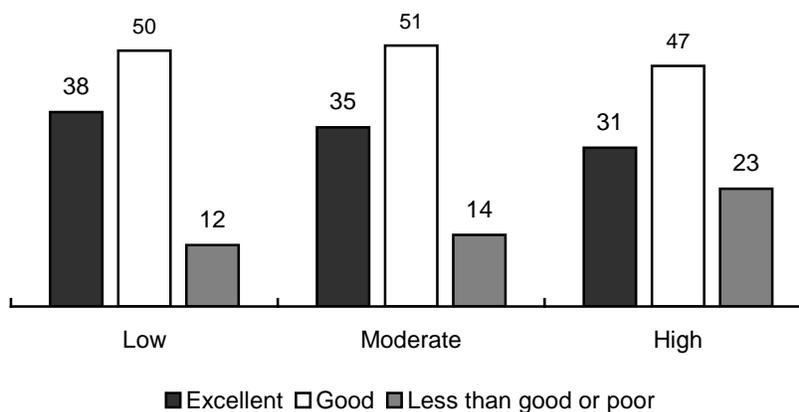


Likewise Table 7 reveals that STL is also an important determinant of students' self rated health. The relationship remained consistent and strong even when controlling for residence. Amenities available at home such as optimum heating, access to the internet, and having a mobile phone can affect how students rate their health, especially in times of prolonged curfews and states of siege. During these times, home literally becomes one's world as can be testified by the experiences of the Palestinian team of researchers who also experienced these events.

Table 7: Self Rated Health by Standard of Living, Both Sexes (%)

Self rated health	Low STL	Moderate STL	High STL
Excellent	25	36	44
Good	51	48	47
Less than good or poor	24	16	9

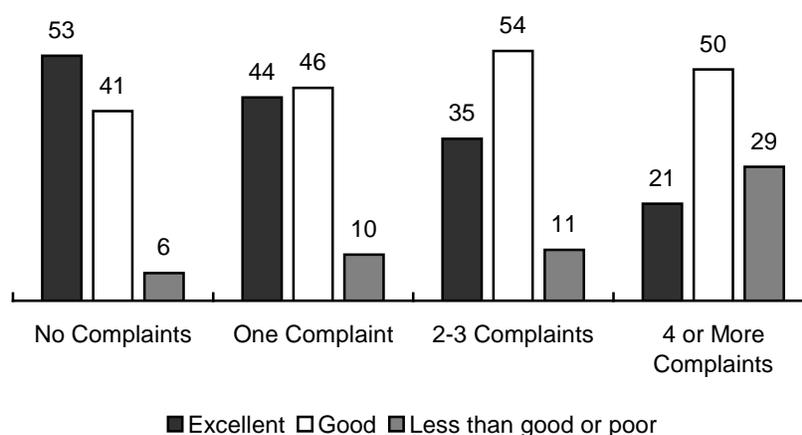
P<0.00005

Figure 23: Self Rated Health by Exposure to Violent Events, Both Sexes (%)

Self rated health was also associated with the degree of exposure to violent events, subjective health complaints, extreme symptoms as well as behavioral changes. Figure 23 demonstrates the association between self rated health and exposure to violent events, with increasing exposure linked to increased reports of fair to poor health. Note that 38% of those with low exposure to violent events reported excellent health compared to 31% of those who reported high exposure to violent events; and 12% of those with low exposure to violent events reported fair to poor health compared to 23% of those with high exposure to violent events. As such, the association between these young people's perceptions of health and exposure to violence is clear, where exposure to violence constitutes one aspect that determines their views on health, but is not mutually exclusive of the other factors.

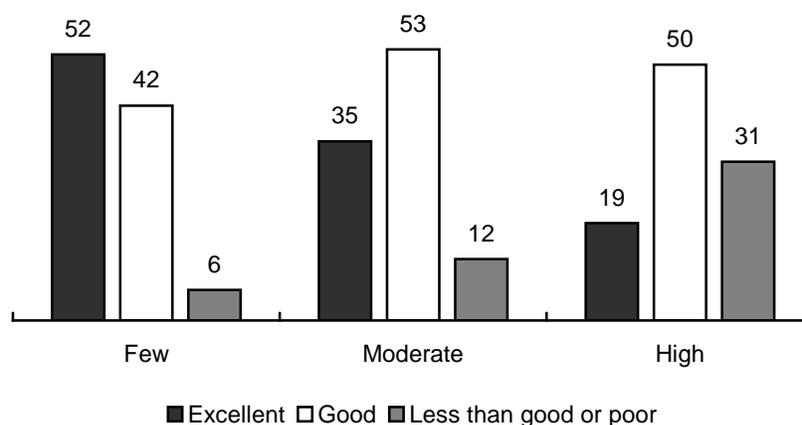
We find similar and consistent results relating self rated health and subjective health complaints, symptoms and behavioral changes. Figure 24 demonstrates that over half (53%) of those with no subjective health complaints report excellent health compared to 21% of those reporting 4 or more complaints. Also, 29% of those who reported 4 or more subjective health complaints reported less than good to poor health compared to 6% among those who had no complaints.

Figure 24: Self Rated Health by Subjective Health Complaints, Both Sexes (%)



Likewise, extreme symptoms fall in line with this analysis (Figure 25), with 52% reporting excellent health among the low extreme symptoms group compared to 19% of those who reported high levels of extreme symptoms.

Figure 25: Self Rated Health by Extreme Symptoms, Both Sexes (%)



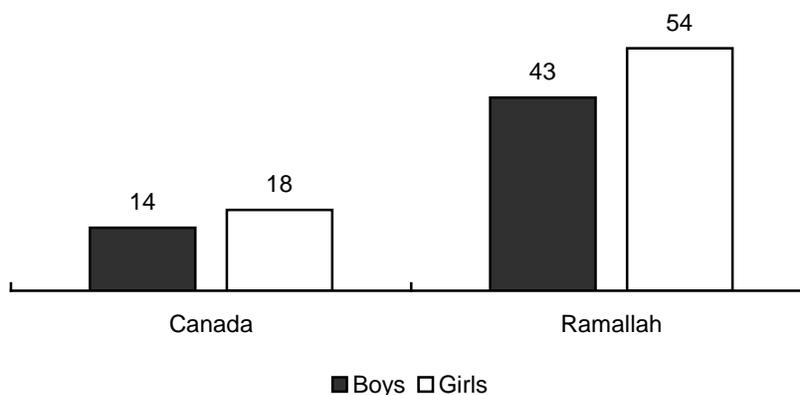
When we de-aggregated the data by sex, the inverse relationship between subjective health complaints experienced, and rating of one's health remained (the higher the subjective health complaints the less students reported that their health was excellent). For example, 56 % of boys with no subjective health complaints reported excellent health compared to 25% with 4 or more subjective health complaints. Similarly, 51% of girls with no subjective health complaints reported excellent health compared to only 18 % of those with 4 or more subjective health complaints.

Behavioral changes also demonstrate the point, with 24% of those who reported excellent health reporting an increase in their use of abusive language compared to 42% of those who reported fair to poor health. Only 13% of those with excellent health reported an increase in the use of abusive language compared to 29% of those who reported fair to poor health. The pattern was the same for increase in aggressive behavior for both boys and girls ($p < 0.00005$).

A very low proportion of students rated their life satisfaction as “10”, the highest possible rating, with 49% of students reporting poor life satisfaction (0 through five on the scale), 26% reporting average life satisfaction (6 through 7), 19% reporting reasonably good life satisfaction (8 through 9), and only 6% reporting excellent life satisfaction (10).

The proportion of Grade 10 Palestinian students who report low satisfaction with their lives is much higher than that of their Canadian counterparts (Figure 26). Such dissatisfaction is inevitably linked to ongoing conflict and life in the midst of violence, and can interfere with adolescents daily functioning and exacerbate their already compromised quality of life.

Figure 26: Percentage of Grade 10 Students in Canada and the Ramallah District who Report Low Life Satisfaction (%)



Life satisfaction responses varied significantly by sex where 43% of boys reported poor life satisfaction compared to 54% of girls ($p < 0.00005$). These results are expected in view of girls' general imprisonment within a prison (restricted to home within town, village or camp), and are consistent with their reports of higher levels of subjective health complaints and extreme symptoms compared to boys.

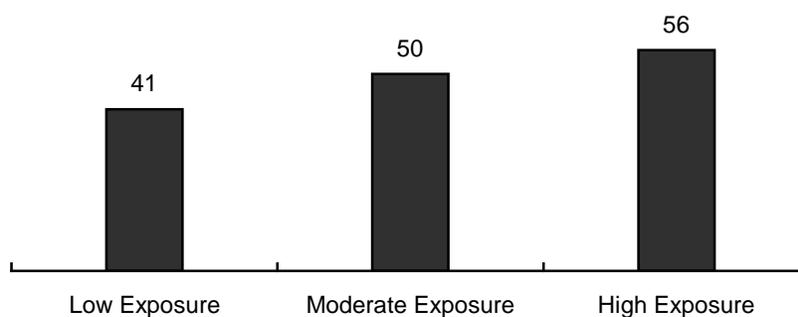
Table 8: Life Satisfaction by Residence, Both Sexes (%)

Life Satisfaction	City	Town	Village	Camp
Poor	44	45	50	67
Average	27	26	27	19
Reasonably good	24	20	18	10
Excellent	5	9	5	4

$P < 0.00005$

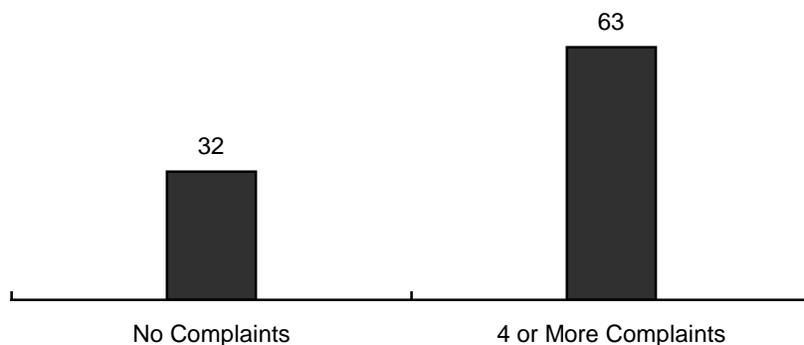
Table 8 reveals that youth in camps were least satisfied with their lives compared to their counterparts in other locales, with 67% of camp dwellers reporting poor life satisfaction compared to 50% of village dwellers; 45% of town dwellers; and 44% of city dwellers. Moreover, differences at the high level of the scale were also true, with 24% of city dwellers, 20% of town dwellers, and 18% of village dwellers reporting reasonably good life satisfaction compared to a significantly lower proportion of 10% for camp dwellers.

Life satisfaction was, as one would expect, associated with exposure to violent events (Figure 27): 41% of those with low exposure to violent events report poor life satisfaction compared to 50% of those with moderate exposure to violent events, and 56% of those with high exposure to violent events ($p < 0.00005$).

Figure 27: Low Life Satisfaction by Exposure to Violent Events, Both Sexes (%)

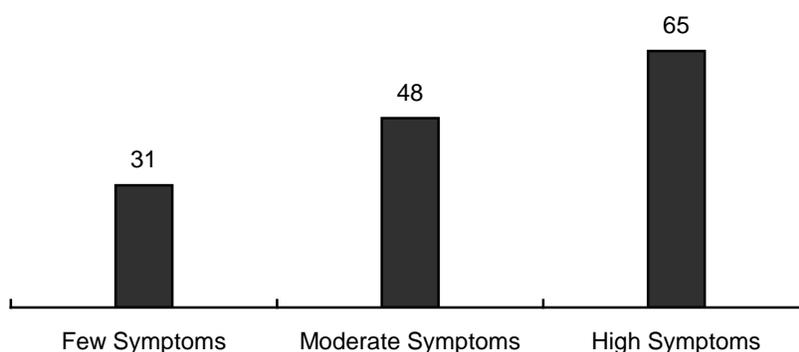
Life satisfaction was likewise associated with subjective health complaints (Figure 28), with 32% of those with no complaints reporting poor life satisfaction, compared to 63% of those who reported 4 or more complaints, ($p < 0.00005$).

Figure 28: Low Life Satisfaction by Subjective Health Complaints, Both Sexes (%)



Extreme symptoms (Figure 29) yielded similar results with 31% of those with few symptoms reporting poor life satisfaction compared to 48% among those with moderate number of symptoms and a high of 65% among those reporting high number of symptoms ($p < 0.00005$).

Figure 29: Low Life Satisfaction by Extreme Symptoms, Both Sexes (%)



Likewise, behavioral changes demonstrated a similar relationship with 'Life Satisfaction', with 56% of those who reported an increase in the use of abusive language also reporting poor life satisfaction compared to 46% of those who reported no increase in the use of abusive language ($p < 0.00005$); and with 58% of those who reported increased aggressive behavior reporting poor life satisfaction compared to 47% of those who reported no increase in aggressive behavior ($p < 0.00005$).

Overall, the analyses of life satisfaction reports reveal that camp dwelling youth are the least satisfied with their lives, followed by village dwellers, and with no appreciable differences between city and town dwellers. This raises the need to pay special attention to camp and village youth in the future, especially in terms of increasing the understanding of what contributes to this dissatisfaction, and how it can be ameliorated.

Gender relations, roles, responsibilities, and access or restrictions to a world outside the home seem to be a clear determinant of satisfaction with one's life. The relative freedom afforded to boys, compared to girls, can have significant impact on girls' lives, and consequently, shape and determine their views of health, and life. These results, once again, emphasize the need to pay special attention to girls in future interventions, and to work towards strategies that address the specific needs of each of the sexes.

Self rated health and life satisfaction are also linked to family STL in as much as comfort, amenities and access to the outside world through phones, the computer and internet all help the students to cope in stressful times. This is particularly the case in local conditions when the world outside is dangerous and unpredictable. Yet, while the home becomes one's world, it can also become one's prison. Finally, these students perceive their health in terms of symptoms that they experience, both psycho-somatic as well as behavioral, and they also recognize that symptomatology and behavioral changes are part of the parcel of health status.

Anger and Desperation

Students were asked to respond to statements that reflected their general sense of anger, desperation, and helplessness. Indeed, these emotions were quite prevalent among youth in our sample who expressed high levels of anger (68% agree) and desperation (57% agree), with significantly more girls (72%) reporting feeling angry compared to 64% of boys ($p < 0.00005$); and more girls reporting feeling desperate (61%) compared to 53% of boys ($p < 0.00005$) (Tables 9 and 10).

Table 9: Feelings of Anger and Desperation Expressed by Students, Both Sexes (%)

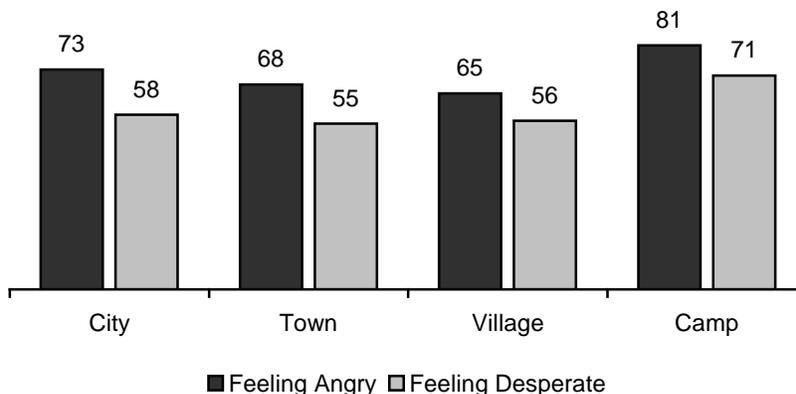
Responses	Often feel	
	Angry	Desperate
Strongly agree	29	23
Agree	39	34
Neither agree nor disagree	13	16
Disagree	14	18
Strongly disagree	5	9

Table 10: Feelings of Anger and Desperation Expressed (% Agree and Strongly Agree), by Sex

Responses	Boys	Girls
Angry	64	72
Desperate	53	61

Residence was also a determinant of how students felt (Figure 30), where 81% of camp dwellers reported often feeling angry compared to 73% of city dwellers, 68% of town dwellers, and 65% of village dwellers ($p < 0.00005$). Desperation was also highest in camps, with 71% of camp dwellers reporting feeling desperate compared to 58% of city dwellers; 55% of town dwellers; and 56% of village dwellers ($p < 0.00005$).

Figure 30: Anger and Desperation (% Agree and Strongly Agree) by Residence, Both Sexes



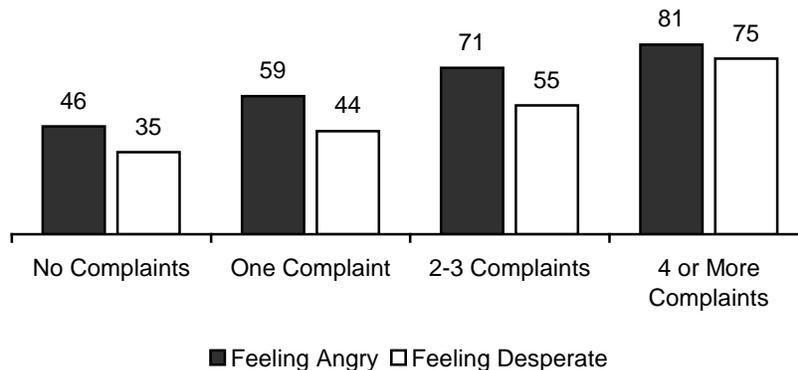
These responses, whether maladaptive or otherwise were also a function of the degree of exposure to violent events (Figure 31). To illustrate, 73% of students who reported high levels of exposure to violent events feel angry compared to 68% of those who reported moderate levels of exposure to violent events; and 63% of those who reported low levels of exposure to violent events ($p < 0.00005$). Similarly, 62% percent of students who reported high exposure to violent events felt desperate compared to 56% of those who reported moderate levels of exposure to violent events, and 53% of those who reported low levels of exposure to violent events ($p < 0.00005$).

Figure 31: Anger and Desperation (% Agree and Strongly Agree) by Exposure to Violent Events, Both Sexes



Subjective health complaints, extreme symptoms and behavioral changes follow suit with rising levels of anger and desperation associated with higher levels of subjective health complaints and extreme symptoms. Among those with 4 or more subjective health complaints (Figure 32), 81% reported angry feelings compared to 71% of those with 2-3 subjective health complaints, 59% of those with one subjective health complaints, and 46% of those with none ($p < 0.00005$). Anger was also significantly associated with extreme symptoms along similar lines with 81% of those with high levels of extreme symptoms feeling angry compared to 67% of those with moderate levels of extreme symptoms, and 54% of those with low levels of extreme symptom.

Figure 32: Anger and Desperation (% Agree and Strongly Agree) by Subjective Health Complaints, Both Sexes



Reports of behavioral changes were also consistent, with 77% of those reporting increased use of abusive language agreed they often felt angry compared to 64% of those who did not. Similarly, 78% of those reporting increased aggressive behavior agree to being angry compared to 66% of those who did not report an increase in aggressive behavior.

A similar pattern was noted for feelings of desperation leading to the conclusion that a set of inter-related factors with possibly compounding effects (advanced statistical analyses such as regression analysis at a later date will hopefully assist in determining the major influences on these feelings) are all operational here and important for the emergence of negative feelings and maladaptive responses to difficult situations. Variables including gender, residence, living standard, exposure to violence and symptoms of psychological distress all seem to contribute to these negative feelings with potentially incapacitating effects on these young people in terms of their current functioning and ability to cope positively with stressful circumstances, which in turn may well affect their future options in life.

Subjective Health Complaints / Extreme Symptoms / Behavioral Changes by Coping and Hopes for the Future

A question about feeling helpless was used to assess the extent to which students felt they had control over their lives. The less students reported subjective health complaints and extreme symptoms, the less helpless they were. A significant proportion of students (41% to 43% of boys and 55% to 68% of girls) who reported four or more health complaints agreed with the statement: "I feel helpless" (Figures 33 to 34).

Figure 33: Feeling Helpless (% Agree and Strongly Agree) by Subjective Health Complaints, by Sex

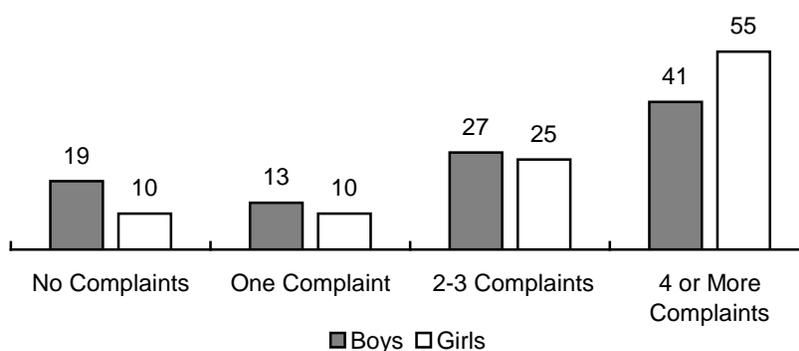
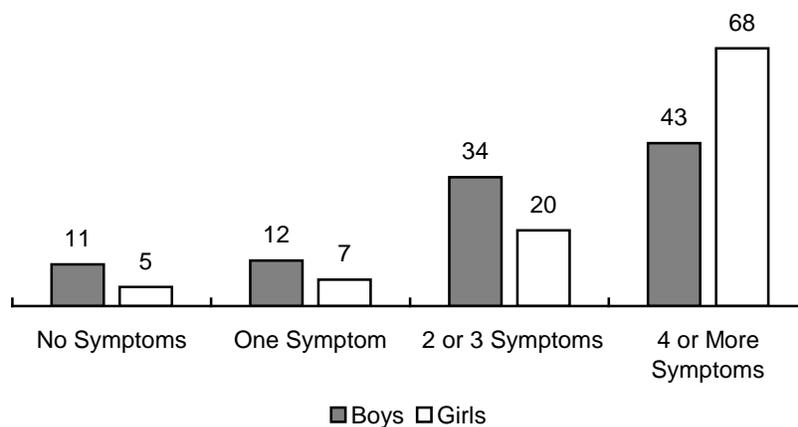


Figure 34: Feeling Helpless (% Agree and Strongly Agree) by Extreme Symptoms, by Sex

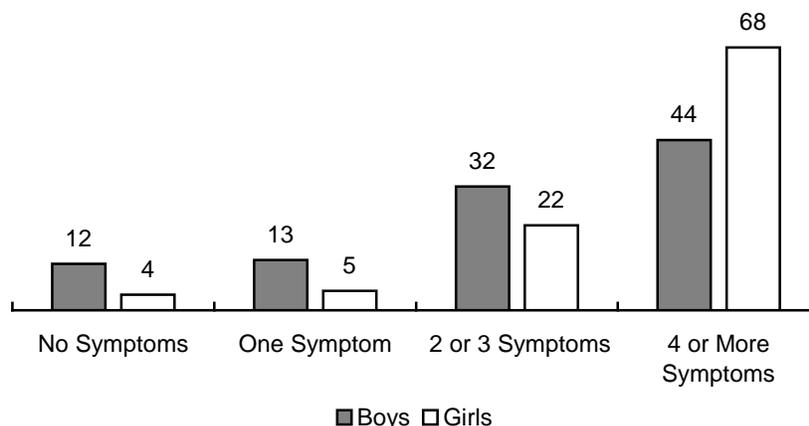


Along the same lines, students with four or more subjective health complaints and extreme symptoms reported feeling lonely (44% of boys and 57% to 68% of girls) compared to those who had no health complaints (17% to 12% of boys and 4% to 9% of girls) (Figures 35 to 36).

Figure 35: Feeling Lonely (% Agree and Strongly Agree) by Subjective Health Complaints, by Sex



Figure 36: Feeling Lonely (% Agree and Strongly Agree) by Extreme Symptoms, by Sex



The focus group discussions confirmed this sense of loneliness in the manner by which youth discussed their feelings of being in prison, especially girls. The policies and practices of curfews, mobile and spontaneous checkpoints, road closures, blockades and periodic army invasions have created a general sense of insecurity and restricted the movement of Palestinian civilians in the OPT. This combination of restrictions has had a devastating impact on children and youth by obstructing their access to healthcare, schools, places of worship and social, recreational and other activities (Watchlist, 2002). Accordingly, youth have become unable to participate in their communities, which is a legitimate right of young people and crucial for their psycho-social/mental health development. This sense of imprisonment is compounded by fear, instilled through a systematic regime of violence that keeps young people within the confines of their homes and safe surroundings.

A significant finding of the qualitative portion of this study is the number of complaints from girls and to a lesser extent, boys on how bored they felt. A higher number of girls especially those living away from the city complained of uniformity and monotony in their lives. For them, school is “*boring*,” the situation is boring “*because we cannot move and go to different places*” and “*our life is full of deadly routine for us*.” Some girls would often sleep for as long as two to three hours after school, which seems somewhat symbolic of this pervasive sense of boredom. A 10th grader captures the feeling in these words

we know what the next minute will bring along for us, we know which road we are taking on our way home, we know what we will be doing at home by the hour, we sometimes wish that when we go home, the taxi driver would take another road just to change the daily routine.

It is not surprising that some girls in an urban school should express a wish to have school hours extended till 6.00 pm to decrease the boredom they face. They want to have the opportunity to learn to play musical instruments, to dance, to swim and to listen to music.

The qualitative findings furthermore shed light on the feelings of anger, desperation, and helplessness found among Palestinian youth. In general, the responses generated through the focus groups were able to capture the complexity of feelings and the wider range of emotions such as the sense of humiliation and helplessness, frustration, hopelessness, anxiety and fear. The majority of them were angry and frustrated in the face of restrictions and controls imposed on their movement and travel

An 11th grader captures it succinctly:

we are not living in prison conditions...we are living in prison...since the second uprising, the entire Palestinian population has been subjected to the most dehumanizing treatment and human rights violations...to travel from one place to another, we have been forced to endure shootings, arrests, verbal abuses, endless waits at checkpoints standing in the sun or the cold with little guarantee of onward travel, and humiliating physical searches...bypass roads and closures have meant traveling over long distance "across mountains" and along dangerous and sometimes torturous and bumpy roads...

Students feel that they live in a prison within a prison, notably those in Amari refugee camp which adjoins Ramallah city. Most youth there are extremely poor, very deprived, cumulatively neglected, have no desire to learn or go to school and if they do, it is because their parents force them to, and are very frustrated, even angry at their lot.

To illustrate, the thoughts of an 11th grade boy:

I hope to be able to return to my family's original place of living in 1948 Palestine where our orange fields and lands are... yet, I know this is impossible...it is all gone...we were first asking for 1948 land, then 1967 land...later we started asking for the end of closures and the lifting of curfews...now we are demanding that the wall will fall.

Another girl expressed how desperate she is:

I want to leave and get out of here ...I will consider going even if it is to Sudan...

Among the Palestinian population there has been a prolonged exposure to warfare and a sustained state of terror and fear that have become a reality of everyday living. This is compounded with the unpredictability of their lives as in most instances there is no way of estimating when the terror will start or end.

In truth, when we asked the youth what they do after school, first some said they go home and study. When we prodded them further, the entire group laughed, and some revealed that most get out of school, nowhere to go, nothing to do, and coupled with their sense of anger and frustration at their prison like conditions, go to throw a stone or two, and then go home to study. Increasingly we are beginning to understand that stone throwing may well be a coping and healing mechanisms that these youth use in order to feel that they are in control. They have absolutely no space to participate in anything. Increasingly, we are beginning to think that, although a risky behavior, it may well prevent riskier and more dangerous behaviors! As public health professionals we are therefore faced with a real dilemma: on the one hand, it is our duty to protect children; on the other it is also our duty to acknowledge their right to social and political participation. The stone throwing puts us in a real bind, as the danger there is real.

However, if this is coping, and if this pre-empts more serious activities, then how do we approach the subject?

Life has become transformed into a prison at more than one level. Checkpoints and travel barriers have disrupted the most basic daily routines such as going to school.

checkpoints might be put up at any moment...we are afraid of being caught up somewhere not being able to go home...last week, we had curfew for two days...there was a checkpoint near the bridge for a few days, not allowing anyone to enter or leave the village...school was disrupted because many teachers come from Ramallah. (Grade 10 girl from a village)

While everyday travel has been severely disrupted, travel overseas or within the West Bank has grounded to a near halt. Feelings of imprisonment among middle class and more affluent students in rural or urban areas are reinforced when they can no longer travel to Europe, the United States or to other Arab countries.

Two girls describe the anger they felt on a school trip:

the trip was postponed several times because of closure and we would go to school and were told to go home because of closures...when we went on the trip, we did not enjoy it because we were stopped at the checkpoint for one and a half to two hours...we were searched, forced to leave the bus and a women soldiers entered.

At that point, her classmate interjected and said that she felt furious and “*wanted to do something to hurt the woman soldier.*” Another 10th grade girl articulates her anger: “*on our way there, we were stuck at a checkpoint near Jenin under the extreme heat. I was wishing Israeli soldiers would be hurt somehow for leaving us stranded there in the heat.*”

What is equally palpable from the findings is not just the anger but equally, the sense of humiliation and hopelessness experienced by youth as they confront the harassment at checkpoints:

“On our way to Jordan last summer, we were subjected to great humiliation...we were forced to sleep in Jericho on the Istiraha (reststop) for two days until our turn came to go to the Allenby Bridge to cross. (girl in 10th grade)

Her feeling of degradation is shared by a 10th grader:

I went to Jerusalem for a medical operation. I was stopped at the checkpoint for a long time...I was going to be fined for NIS500 and asked to sign papers that if I get caught again, I have to pay it...after lots of phone calls and people intervening with medical papers, I was allowed to go through...I felt like a stranger in my own country because they told me to go and find another place to be hospitalized and to cross another checkpoint.

An 11th grader who works in the settlements during the summer also uses the word “humiliating” to describe his experiences:

contractors tend to punish and beat us, telling us to work faster and to work more and... to stop wasting time. I had a stone thrown on me...after all this trouble I are was not paid my wages...they used me and did not pay me.

The qualitative research substantiated to a considerable extent the findings on distress and exposure to violence. In our focus group discussions, students were asked the following questions: “How do you feel when you are under pressure?” and “What makes you cry?” Psychological complaints from both boys and girls included withdrawal, isolation, lack of concentration, a sense of hopelessness, hyper-alertness, obsessive thoughts, anxiety, depression, helplessness, feeling humiliated, restlessness and feelings of being caught in an internal conflict.

There is a need to go beyond learning about symptoms to a more rigorous understanding of how young people deal with the stressors in their lives and their survival mechanisms. Learning about symptoms tells us little about how adolescents sustain themselves and develop the capacity to go to school, to succeed in their exams or conduct their relationships with parents, friends or teachers. The crux of the matter is how young people themselves feel about their capacity to cope *in spite* and *despite* symptomatic reactions. It is important to bear in mind that for most young people, feelings or symptoms do not always exist in a frozen or rigid state. As one boy points out “*feelings come and go and are not there all the time.*” Because feelings can fluctuate, young people are not always mired in symptoms that incapacitate their ability to function on a day to day

The study also shows that girls in comparison to boys experience a greater sense of frustration and helplessness because of “too much pressure from parents” especially since the Intifada started. This girl concludes:

I don't like to leave home. My family started forbidding me from going out while I was in 9th grade...first I used to have many fights demanding to leave the house as before but now I don't like to leave anymore.

Other girls who tell a similar story:

even if we want to go out, we are always asked what time we will be back home...this control issue makes us upset even before leaving the home...so it is better not to leave to avoid going through the whole process of answering questions.

Girls from a refugee camp describe themselves as feeling ‘*helpless*’ and ‘*suffocated*’ when their parents became stricter after they finished 9th grade and moved to a new school in a neighboring town. Their parents will not only ask for the phone numbers, names and addresses of their friends, they also choose their friends for them.

Political Activism and Exposure to Violent Events

The Intifada at its inception, and the accompanying engagement of youth in political expression, was a source of empowerment to many who felt that the collective movement symbolized a national struggle that allowed for social cohesion and an “outlet for the simmering anger” (El-Sarraj, Abu Tawahina and Abu Hein, 1994, p.149).

Engagement in political activity was not addressed directly in the PACT survey but indirectly through proxy measures (activities related to political activism) that sought to investigate the involvement of students in activities such as marches and protests, visiting the families of martyrs and visiting the wounded. A political activism index was constructed out of the responses to these questions. The political activism index was then examined in relation to exposure to violent events (Figures 37 to 38). Students who were identified as politically active (3 to 4 activities) were more likely to report high exposure to violent events (64% of boys and 56% of girls) compared to those who were not politically active, where 14% of boys and 7% of girls reported high exposure to violent events. This is an expected finding considering that being politically active implies increased mobility and in turn increased risk of being exposed to violence.

Figure 37: Exposure to Violent Events by Political Activism, Boys (%)

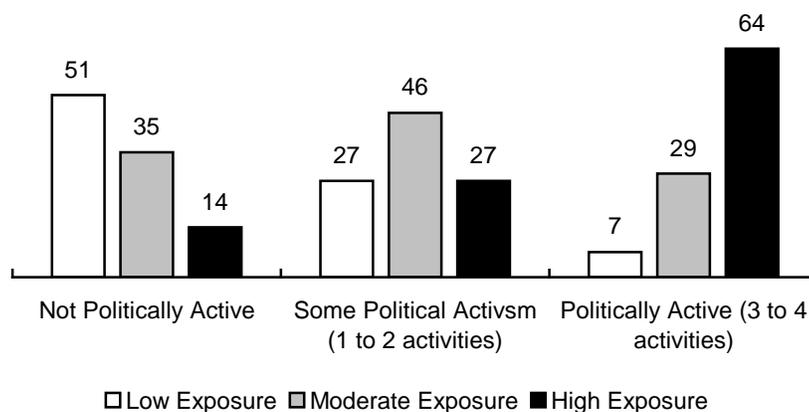
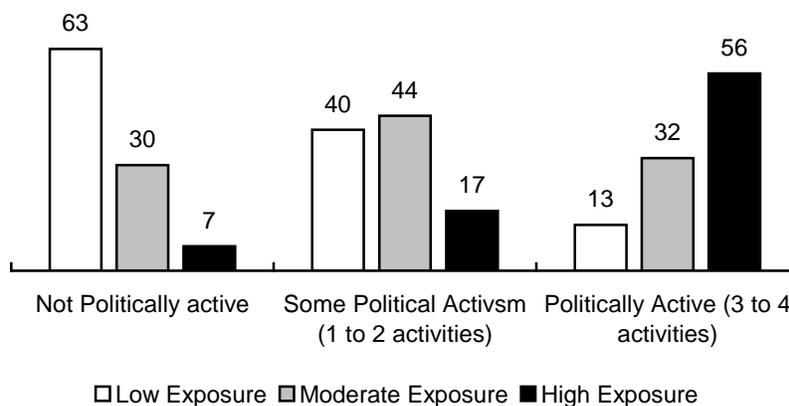


Figure 38: Exposure to Violent Events by Political Activism, Girls (%)



Political activism as defined by the PACT survey items was also examined in relation to subjective health complaints and extreme symptoms reported by youth. Figures 39 to 42 demonstrate that there is a strong association between being politically active and emotional and psychological complaints.

Figure 39: Subjective Health Complaints by Political Activism, Boys (%)

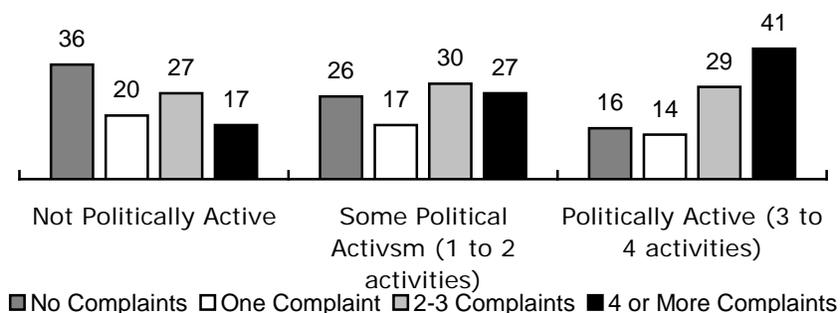
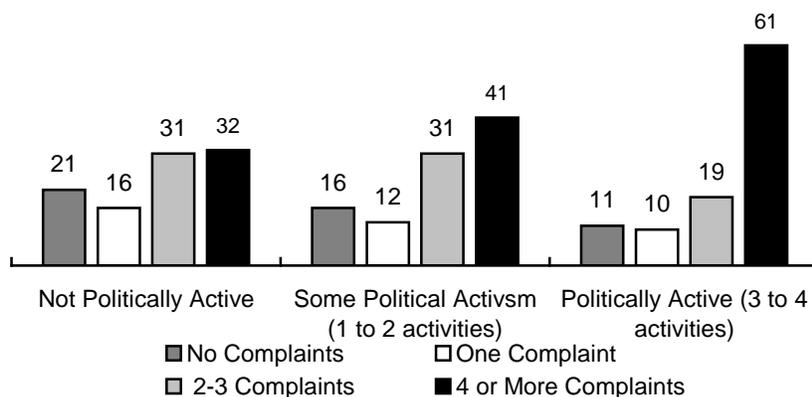


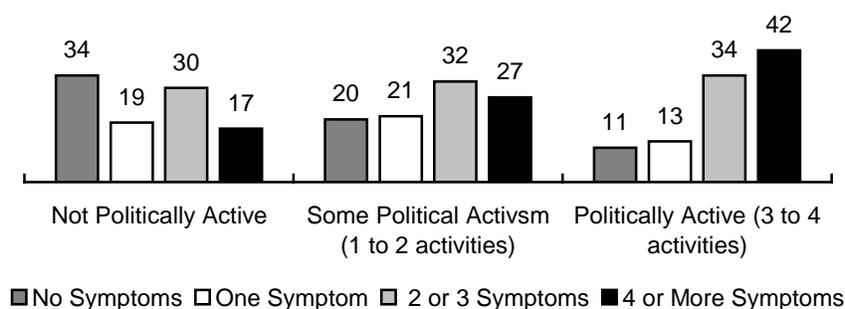
Figure 39 reveals that a high of 41% of boys who reported high political activity also reported 4 or more subjective health complaints, compared to 27% of those reporting some political activity, and 17% for those who reported no participation in political activities.

Figure 40: Subjective Health Complaints by Political Activism, Girls (%)



A similar pattern is noted for girls, but stronger than for boys. Figure 40 demonstrates that a high of 61% of girls who reported high levels of political activity also reported 4 or more health complaints, compared to 41% among those who reported some political activity, and 32% among those who reported none.

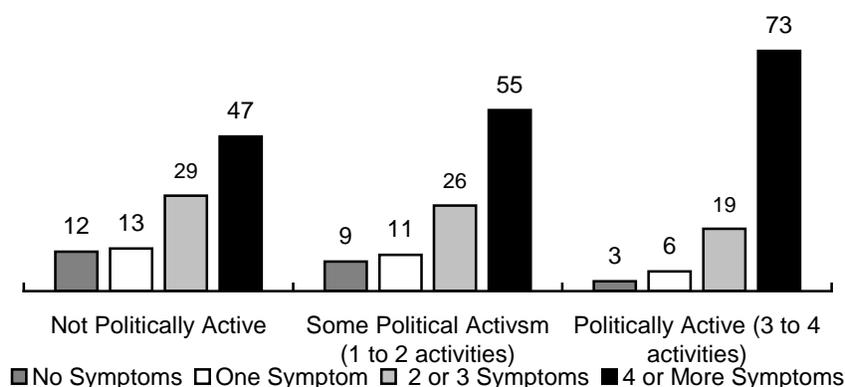
Figure 41: Extreme Symptoms by Political Activism, Boys (%)



An association between reports of extreme symptoms and political activism is also evident. Figure 41 reveals that 42% of boys reporting 3-4 political activities also report 4 or more extreme symptoms compared to 27% for those reporting some political activity and 17% for those reporting no political activity. A similar pattern is observed for girls (Figure 42), and once again, in stronger ways than boys, and with 73% of girls reporting 3-4 political activities also reporting 4 or more symptoms, compared to 55% among those who reported some political

activity and 47% for those reporting no activity at all. Thus, the association between political activism and symptomatology is clear, although this association is consistently stronger among girls compared to boys.

Figure 42: Extreme Symptoms by Political Activism, Girls (%)



These results suggest that the activities that reflect political activism may be measures of acts of altruism, agency and resolve to support community in trying times that require being mobile, and in turn increasing vulnerability and risk of exposure to violence, and consequently, to higher levels of symptomatology. It could also be that those who suffer a higher level of exposure to violence and its consequences (symptoms) resort to political activities as a method of coping with their violation, and as we have noted in some focus group discussions, and to restore dignity.

Social Supports: Parent Relationships / School Satisfaction / Help from Teachers and Counsellors

There is evidence to suggest that personal social support networks and a sense of community can be more valuable in providing needed help for trauma victims, when compared to counseling and clinical interventions delivered by humanitarian agencies (Raphael, Meldrum and McFarlane, 1995; Save the Children Alliance, 1996; Summerfield, 1999; Children and War, 2004). Research focusing on young people exposed to trauma, war and conflict illustrate the role of social supports such as relationships with parents in providing protection against psychological and emotional trauma. For instance, it has been shown that refugee adolescents who expressed good (high quality) family relations experienced less psychosocial reactions to trauma emphasizing the importance of the quality of parent-adolescent relationships as a support system (Ajdukovic, 1998).

In the PACT survey relationships with parents were assessed using variables that addressed ease of communication with parents, being understood and trusted by parents, support received from parents, and having a happy home life. These variables were then used to create a scale that was broken down into tertiles representing poor, moderate, and good parent relationships.

Overall, 34% of the students reported poor relationships with their parents, 33% moderate and good relationship with parents each. In line with findings from other studies of adolescents experiencing trauma, 25% of boys and 33% of girls who had good relationships with their parents reported four or more subjective health complaints compared to 40% of boys and 55% of girls who had poor relationships with their parents (Figures 43 to 44).

Figure 43: Subjective Health Complaints by Parent Relationships, Boys (%)

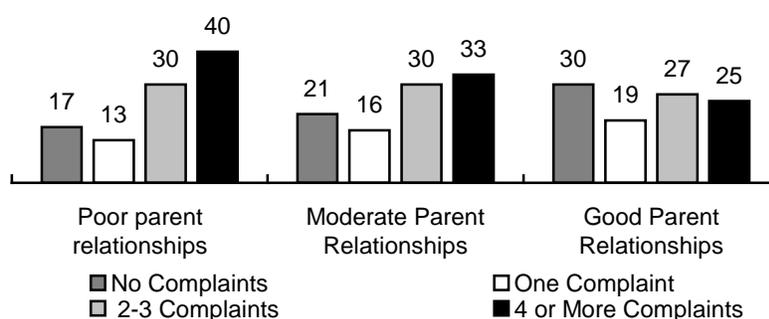
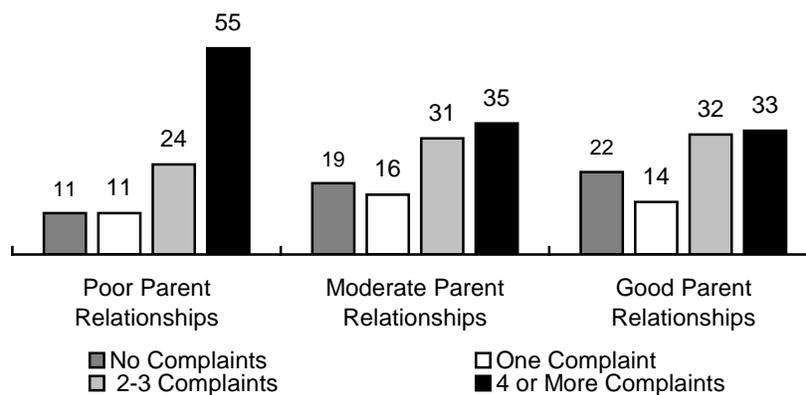


Figure 44: Subjective Health Complaints by Parent Relationships, Girls (%)



A similar association exists between the reported students' relationship with parents and extreme symptoms, emphasizing the important role the home plays in alleviating emotional and psychological conditions (Figures 45 to 46), with 43% of boys and 64% of girls with poor parent relationship reporting extreme symptoms, compared to 24% of boys who reported good parent relationship and 48% of girls who also reported having extreme symptoms.

Figure 45: Extreme Symptoms by Parent Relationships, Boys (%)

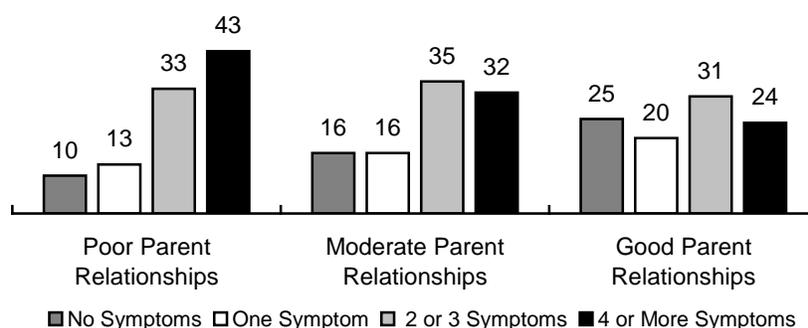
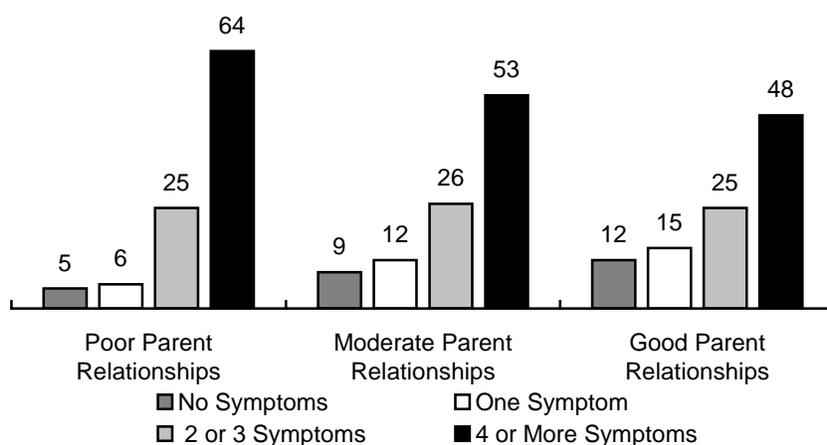
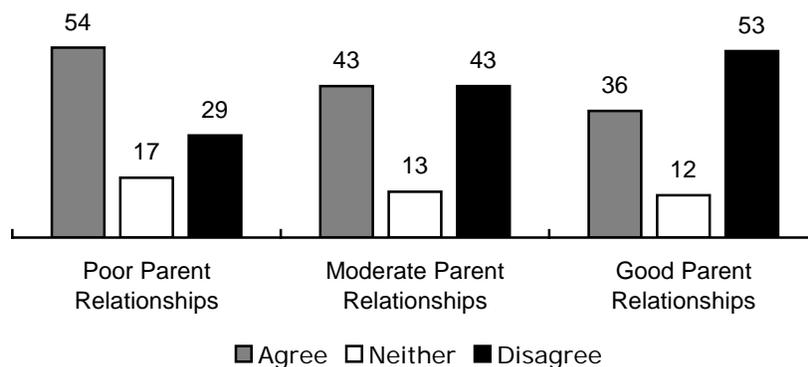


Figure 46: Extreme Symptoms by Parent Relationships, Girls (%)



Furthermore, students who reported good relationships with their parents were less likely to express feeling lonely (47%) compared to those who have a moderate relationship (44%), and a poor relationship with parents (34%) (Figure 47).

Figure 47: Feeling Lonely (% Agree and Strongly Agree) by Parent Relationships, Both Sexes



Despite the increasingly difficult circumstances surrounding schooling for Palestinian youth, school remains a vital aspect of the social lives of youth. In western societies, school satisfaction has been shown to play an important role in the relationship between young people's school experiences and their health behaviors and attitudes (Boyce, 2004). Students who felt that their school is a safe place to be, or that they belong in school were more likely to enjoy going to school and to feel that school provided them with the support and resources needed. This concept of school "connectedness" was examined for young people in our sample in an attempt to examine the relevance of the school as a social support in their lives.

In our study, 33% of students reported a low, 30% a moderate level and 37% a high level of school satisfaction. It was interesting to note a positive inverse relationship between high school satisfaction and both subjective health complaints and extreme symptoms for both boys and girls. Figures 48 and 49 demonstrate that 41% of boys and 53% of girls who reported 4 or more health complaints also reported low school satisfaction, compared to 26% of boys and 33% of girls who had the same level of complaints but reported high school satisfaction.

Figure 48: Subjective Health Complaints by School Satisfaction, Boys (%)

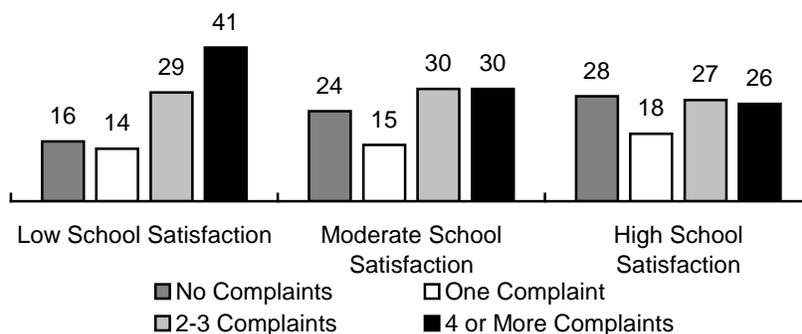
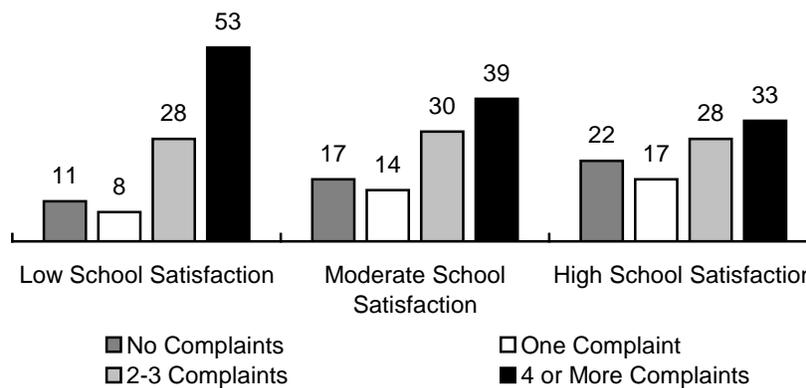


Figure 49: Subjective Health Complaints by School Satisfaction, Girls (%)



Figures 50 and 51 reveal a similar pattern for extreme symptoms, where 41% of boys and 66% of girls who reported having 4 or more extreme symptoms also reporting low school satisfaction, compared to 26% of boys and 48% of girls who reported the same level of symptoms and also reported high school satisfaction.

Figure 50: Extreme Symptoms by School Satisfaction, Boys (%)

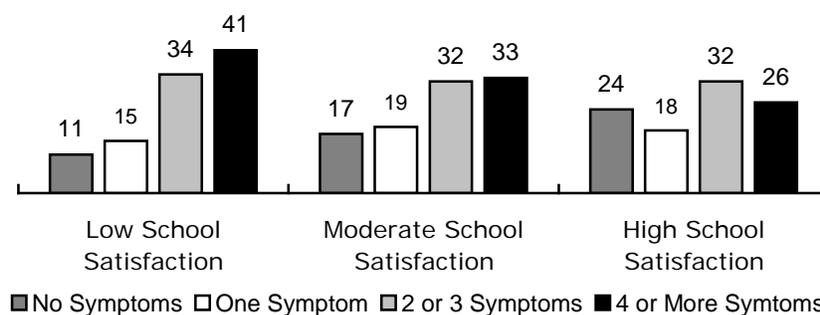
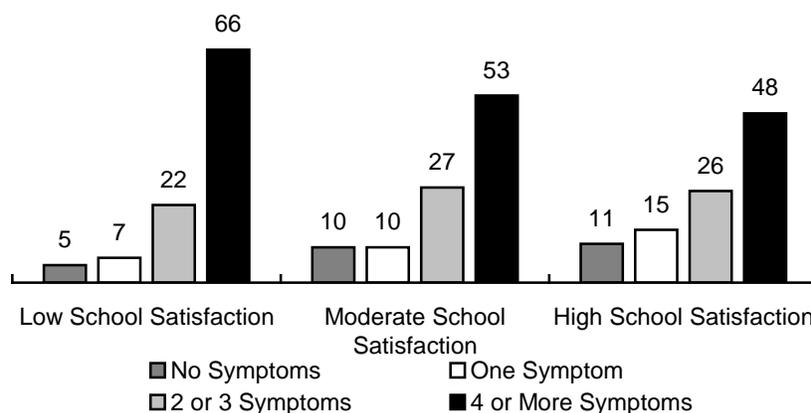


Figure 51: Extreme Symptoms by School Satisfaction, Girls (%)

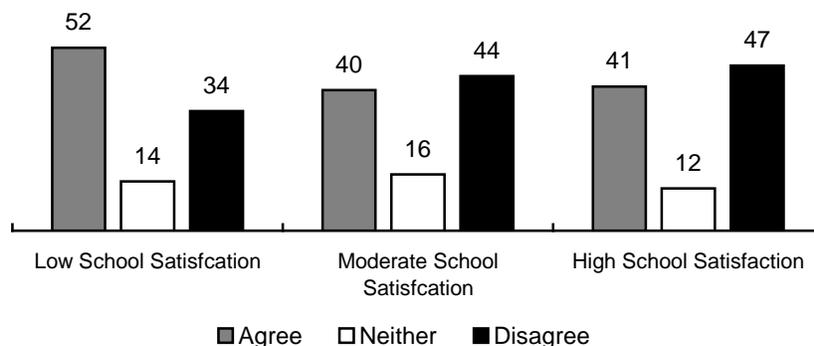


These findings are important in that they emphasize the need to expand the resources and support mechanisms provided by schools, a central arena for psycho-social health program development that can effectively address needs in culturally acceptable methods.

Although school satisfaction appears to play a role in students' reports of psychological and emotional manifestations, it plays a lesser role in alleviating feelings of loneliness. Figure 52 reveals that 52% of students who reported low school satisfaction also agreed that they often feel lonely, compared to 41% among those who had a high level of school satisfaction. That is,

feelings of loneliness are associated with being dissatisfied with the school, and raises questions as to the cause of this link, a finding that merits further investigation.

Figure 52: Feeling Lonely (% Agree and Strongly Agree) by School Satisfaction, Both Sexes



Additionally, we found no association between seeking help from counselors or teachers and feelings of loneliness, again raising questions as to the role of the school administration and staff in the management of loneliness. It is, however, interesting to note that boys were more likely to seek help in the past year from teachers and counselors than were girls (Table 11).

Table 11: Seeking Help from Counselors and Teachers, by Sex (%)

	Help from counselors	Help from teachers
Boys	23	31
Girls	15	18

For both sexes, seeking help from teachers over counselors was more common, possibly because of higher easy access to teachers compared to counselors, as contact takes place with teachers on a daily basis, and in the classroom as opposed to a stigmatizing assigned place in the school. A recent report exploring psycho-social mental health services in the OPT indicated that the largest pool of counselors are employed by the Ministry of Education in schools, followed by UNRWA's school counseling program. (Giacaman, Mikki and Naser, 2004). However, the managerial structure of these systems as well as the services offered were also found to come in the way of effective student support. Furthermore, our focus group discussions revealed that students felt a stigma associated with seeking help from counselors, as often, counselors were asked to intervene by principal and teacher only when students were facing serious academic or behavioral problems.

Aspirations and Hopes for the Future

Despite generally high levels of anger, desperation and helplessness, on the whole, these young people continue to have more positive expectations of the future than anticipated. When asked about how they visualize themselves at age 25, over 80% saw themselves as having good jobs, 58% saw themselves as being happy and with a family. Yet slightly over half (58%) had high hopes for the future, 37% felt that there was some hope for the future, and 5% had no hopes for the future at all. However, a related finding reveals that these aspirations are associated to a large degree with a change in living conditions. For example, only 59% of students saw themselves living in this country at age 25, whereas 41% saw themselves living abroad.

Table 12: Where Youth See Themselves at 25, by Sex (%)

Where see themselves	Boys	Girls
Working a good job	87	80
Working a bad job	6	3
Unemployed	7	17
In this country	54	64
Happy with family	86	91

$P < 0.00005$

A breakdown of aspirations by sex is revealing (Table 12), while PCBS data show that only 12% of Palestinian women currently hold jobs outside the home, 80% of girls in our sample have hopes of holding a job when they are 25 years old, and 36% see themselves as living abroad. However, given current social and political realities, it is unlikely that these dreams will be fulfilled unless they are fulfilled through marriage. More boys (46%) than girls see themselves as living abroad.

Camp dwellers continue to look compromised and city dwellers advantaged, with 76% of camp dwellers seeing themselves as having a good job at age 25 compared to 84% of village dwellers; 80% of town dwellers; and 88% of city dwellers ($p < 0.00005$). Town dwellers appear to 'dream of being abroad' to a significantly higher extent than others at 46%, followed by those living in villages at 43%; then city dwellers at 36%, and finally camp dwellers at 28% ($p < 0.00005$). Explanations for these results are beyond the scope of this report. It may well be that villagers and town dwellers do not have many options at their locale. However, they may also have access to family migrants living elsewhere who can assist them in making the move to a country where they are able to seek a livelihood, in the typical Palestinian fashion of making ends meet through kin remittances and work opportunities abroad.

The highest levels of lack of hope came from camps at 10% of responses, compared to 4% for the other locales ($p = 0.017$). The relationship remained strong when controlling for STL. Hopes for the future decreased with increasing exposure to violence, with 54% of those with high exposure having hope for the future compared to 60% for the moderate and low exposure to violence groups ($p < 0.00005$). Hope for the future was also associated with subjective health complaints, with 79% of those with 4 or more complaints expressing hope for the future compared to 86% for those who reported no complaints ($p < 0.00005$). Likewise for extreme symptoms, 78% of those with high levels of extreme symptoms expressed hope for the future compared to 86% among those with few symptoms ($p < 0.00005$).

Overall, it is clear that the students' place of residence plays an important role in how they perceive their future, and in turn shapes their hopes for a better or worse future. Moreover, exposure to trauma within these locales, and the associated subjective health complaints and extreme symptoms are key in shaping youth's aspirations as well. It is apparent that experiences of destitution, and hopes for the future are inversely related and need to be taken into consideration when designing and implementing intervention projects, especially those that focus on alleviating suffering and maintaining positive future aspiration.

SUMMARY OF FINDINGS / INTERPRETATION

The findings of this research are limited by the fact that the study was school based, and therefore, did not include students who have dropped out of school. However, current Ministry of Education reports indicate a generally low level of attrition from schools, ranging from 2-4% of 9th and up to 11th graders. The youth included in this survey on the other hand, constitute a representative sample of all 10th and 11th grade students in the District of Ramallah, and as such, their responses offer us findings that can be generalized to all students attending these grades in the District.

One of the main findings of this study highlights the fact that educational choices in the OPT are largely a function of physical accessibility that is impeded by road barriers, closures, and checkpoints that have become a reality of daily life. These barriers can severely restrict or inhibit travel altogether from one point to another regardless of distance, and consequently, seriously limit student educational choices. The other factor that contributes to limited educational choices pertains to gender norms and expectations that present girls with added difficulties that come in the way of their aspirations to pursue studies in desired subjects that are not available in their community of residence.

Family affluence and economic standing are also closely tied to the geo-political context of the District and where the students reside. Parental employment was determined to a large extent by the educational attainment of parents and their place of residence. The most educated parents, especially those residing in cities were the most likely to be employed at the time of the survey. Student family 'Standard of Living' (STL) was associated with the educational level of fathers, but more so with that of mothers. However, even family STL is subject to sudden modifications given sometimes a rapidly changing political and geographical landscape, and can negatively affect family STL due to a negative change in access and opportunities, irrespective of educational levels of parents. Youth are very cognizant of these constraints as pointed out by this young man's response to his participation in a program run by one of the NGOs that teaches students how to use computers:

but then, what good would this do, as others have learned how to use computers and still can't get jobs.

In this study, boys tended to report higher levels of perceived family affluence and STL than girls. These findings could be attributed to the fact that boys from poor socio-economic backgrounds drop out of school to work and support their families early, beginning at lower grades than the 10th grade, whereas girls tend to drop out of school at the upper grades (grades 11 and 12) again due to socio-economic factors or to the pressure to get married, leave the house and lessen the financial burden on the family.

A very high level of exposure to violent events was reported by the students included in this study. However, boys reported significantly more exposure to violent events than girls at both the individual level, such as being beaten by the army, interrogated, and humiliated and the collective level, such as being exposed to tear gas. These gender differences were not as pronounced for the collective level of exposure compared to individual exposure to violent events, a reflection of the pervasive nature of collective violation. Girls reported higher levels of subjective health complaints, such as headaches and feeling depressed, and extreme symptoms such as inability to concentrate on daily tasks and studies, and having nightmares. Boys on the other hand tended to report an increase in aggressive behavior and abusive language. These gender differences substantiate the need to develop interventions that are gender sensitive and are not based on a 'cookie-cutter' approach to psycho-social mental health.

In line with the conceptual framework utilized in this study that served to identify individual and collective phenomena, camp dwellers, irrespective of family STL, reported the highest levels of exposure to violent events. Likewise, camp dwellers reported the highest levels of subjective health complaints, extreme symptoms of distress and behavioral changes. The analysis further demonstrates that exposure to violent events within these locales, and the associated subjective health complaints and extreme symptoms were key in determining youth aspirations. Life satisfaction reports also reveal that camp dwelling youth are the least satisfied with their lives, followed by village dwellers, and with no appreciable differences between city and town dwellers. Likewise, experiences of destitution and hopes for the future were inversely related in ways that need to be taken into consideration when designing and implementing intervention projects.

These results can only re-emphasize the importance of the concept of collectivity in analyzing violent and traumatic contexts, where often, which group one belongs to and where one lives are key determinants of exposure to violence. Indeed all too often, a focus on events pertaining to the individual divorced from context and community have led to unfortunate emphases on individual remedies (such as one to one counseling) when recovery could have been achieved in more effective ways by focusing on strengthening the social fabric and communal support, elements that are known to weaken in times of conflict.

Focus group discussions revealed an interesting dimension in the way students assess the magnitude of violence that they experience. The majority of boys and girls perceived, comprehended and rationalized their experiences and their own vulnerability in terms of the experiences of 'others' who are worse off than they are. In the absence of more tangible methods of assessing resilience and methods of coping, this relative measure may be posited as one way of coping, unconsciously employed by young people to help them accept realities and manage their lives in trying times.

Students' perceptions of life satisfaction and self rated health were linked to gender roles and responsibilities that define and restrict girls' access to the world outside the home. Significantly more girls reported low life satisfaction levels and worse health than boys. Clearly, in the local context, gender roles have an enormous impact on participation, agency and the freedoms that are afforded to girls and boys in different ways, and therefore influencing their lives and their views on health and life satisfaction. These results, once again, emphasize the need to pay special attention to girls in future interventions, and to work towards strategies that address the specific needs of each of the sexes. Self rated health and life satisfaction on the other hand were also linked to family STL in as much as comfort, amenities and access to the outside world

through phones, the computer and the Internet help students to cope in stressful times. Yet, while the home becomes one's world, it can also become one's prison.

Another significant finding of this study is that students evaluated their health status (self rated health) in terms of the symptoms that they experience (both psycho-somatic as well as behavioral), and they recognized that symptoms and behavioral changes are part of the parcel of health status. This is indeed a noteworthy finding in that it contrasts with the prevailing local discourse that continues to separate the physical from the mental, or to focus on physical health at the expense of psycho-social factors that are important aspects of overall health. This finding will indeed encourage us to venture into holistic interventions, given that these young people themselves have made of the link between the body, the psyche, behavior and the mind. An important theme highlighted by the focus group discussions was "*being bored*". A closer reading of boredom reveals that underlying this complaint is an overwhelming sense of helplessness. Boredom is an expression of disengagement and detachment:

I am bored because everything is the same, and since everything is the same, I can do nothing to change the situation.

These young people are trying to say they feel too helpless to change their situation and that they have no control over their lives. There is little they can do to change the environment or the course of their lives because nothing will change for them, a vicious cycle in itself. This outlook on life is alarming in view of the fact these young people are at an age when they should be exploring and shaping their worlds. Just when autonomy and control are critical to their maturation into young adulthood, they are abandoning efforts to play an active role in determining their own lives. Nonetheless, it can be argued that while symptomatic effects are distressing, certain symptoms can be adaptive and function as psychological defenses in the face of dehumanizing living conditions. To paraphrase Oliver James rather than pathologizing symptoms, "they endure as inner ways of functioning when reality becomes unbearable". Indeed, the experience of subjective health complaints and extreme symptoms (Summerfield, 1999) are not necessarily considered pathological but can be considered as normal cognitive and emotional responses to adverse situations. Thus to confuse symptoms that are normal reactions to catastrophic conditions with a severe mental disorder that require psychological interventions is to pathologize and undermine the resourcefulness and strength of Palestinian youth.

Yet a worrisome finding is that both boys and girls expressed high levels of anger, desperation, helplessness, and feelings of loneliness, with significantly more girls reporting these feelings than boys. These reported feelings were also highest among camp dwellers. Other factors such as family STL, exposure to violence and symptoms of psychological distress all seem to contribute to these negative feelings, feelings that can have incapacitating effects on young people's ability to function and to cope positively with stressful circumstances. However, without further statistical analyses, it is not possible to determine whether symptoms cause these feelings of anger, desperation, helplessness and loneliness, or whether it is these feelings that result in symptoms of distress, whether subjective health complaints, extreme symptoms, or behavioral changes.

Finally, this survey indicates that to students, danger, violence and trauma are very much within their own neighborhoods, close to school and home, sometimes taking place at home, and not only in public spaces. This finding is important in helping to increase the understanding of the context and location of Palestinian youth violation, as the image of youth exposed to violence tends to be fixated inaccurately on their representation at checkpoints. The question that needs

to be raised is: “would throwing back a stone at a tank that is in the process of destroying one’s neighborhood and dreams be considered risky behavior?” Or should it be recognized as symbolic of agency, or a strategy of coping that youth living under such extreme stress employ?

Conclusions and Recommendations

For too long, research on adolescence has been lacking in Palestine, and the adolescent phase as a lifecycle juncture in its own right has only been recently recognized. As is the case with adolescents in the rest of the Arab world (Fattah, 2002), the sharp drop in infant mortality rate and the continued high fertility in Palestine is producing a considerable spurt in the youth population, with 69% of the population under the age of 30 years and 26% between the ages of 15-29 years (PCBS, 1997). These Palestinian ‘boomers’ are caught in a transition. On the one hand, they are able to observe and participate in events in the rest of the world through remarkable access to information technology and satellite television stations. Hence, their passage to adulthood is considerably more multicultural than that of their parents and grandparents. On the other hand, a Palestinian sense of identity is stronger among this generation than ever before. In the process, they are rethinking and re-examining long held assumptions, not only those held by the family and community, but also by the school system. In the face of exposure to the rest of the world, they are searching for their own space, and seeking a change in their lives. However, since the signing of the Oslo Peace Accords of 1993, they have been caught in a double bind as they are living in an era of increasing traditionalism and authoritarianism (Hilal, 1998). Consequently, in a pattern unlike other Arab counterparts, they are caught between the stress of adolescence in an ever changing and paradoxical culture and the severe stressors of chronic violation because of ongoing and intensified conflict.

Thus Palestinian adolescents are particularly vulnerable to the consequences of violation, whether internally or externally generated. However, violence affects boys and girls differently, and appreciating these differences is vital for planning future interventions (Boyden, 2000). During the period of adolescence in Palestine, freedoms are increased for boys while they are restricted for girls. In similarity to other traditional cultures (Arnett 2004), as girls are suddenly expected to become women, their world contracts, and their socialization narrows as they must now abide by and endure the new restriction imposed upon women. In contrast, the world of boys expands as they gain new privileges. However, in the process they also gain new responsibilities. To become a man, boys must prove their potential by becoming economically active as well as demonstrate their ability to protect their families. Thus even though much of the literature on gender focuses on the pressures and constraints imposed on girls and women, within current Palestinian circumstances, there is also an urgent need to pay attention to the specific and huge pressures and constraints placed on boys. Given the minimal options for employment and income generation, and their incapacitating inability to protect their families in the face of the Israeli army onslaughts, this consideration is essential.

The manifestations of these enormous pressures on boys and girls are expressed in different ways. In comparison to girls, boys are more likely to experience injury and are exposed to higher levels of violation by the Israeli army. They tend to externalize by using verbal (abusive language) and aggressive behavior to a higher level than girls. In a study completed on the West Bank in the late 1990’s, it was suggested that Palestinian youth aged 16 to 19 feel that violence is a widespread feature of their society and is “a justified problem-solving tool” (Abuateya, 2001). In addition, from a Palestinian perspective, the aggression and violence exercised by Israeli forces rationalizes the use of violence on the part of young people and

reinforces a culture of violence that permeates all levels of society, including schools and homes. Girls on the other hand, are more likely to feel 'imprisoned' at home and experience more psychological effects related to depression, loneliness and desperation, findings that are analogous to those of other studies (Farah, 2000; Miller, 2000).

Yet, despite the bleak political and socioeconomic climate, the majority of adolescents are still able to look to the future with some degree of hope. One of the most heartening results of this study is that an undertow of zest and vitality in life has not been completely submerged by the harsh realities of day-today struggle. In this study, adolescents without wishes for the future are the exception rather than the rule. The wishes of young people inform us of their psychological fortitude and strength. Holding on to wishes and dreams in the midst of death and losses is a statement of resistance – that in spite of everything, one dares to hope. Despite the many tragedies that mark their lives, the narratives of Palestinian youth resonate with a certain degree of optimism.

The wishes of Palestinian youth for positive change correspond closely with what adolescents already know are the important determinants of difficult life conditions. Exposure to the violence of war compounded by other historical, political and social factors have all contributed to the miserable fate of this Palestinian generation. Over the years, young people have not only witnessed the fragmentation of their social fabric, as existing institutions are steadily being weakened and destabilized as well. It is not surprising then that the end of Israeli Military Occupation and the decrease in violation were rated as the most important changes that can significantly improve their lives. Alongside these changes, enhanced family and communal relationships are also perceived as elements that can radically affect the survival course of Palestinian adolescents.

However, with the removal of occupation being a remote option in the immediate future, what is needed first and foremost is the development of systems that will address the needs of severely deprived yet politicized adolescents. Such systems need to transcend individually centered treatment and move to the strengthening of care systems based on community support and commitment. Within the Palestinian context, it is debatable if one to one counseling may be the most appropriate form of intervention since it may merely encourage young people to accommodate themselves to catastrophic life events. Indeed, the results of this study point to the inadequacy and futility of addressing youth symptoms, complaints and behavior in isolation of the context within which such symptoms and risky behavior arise.

It is imperative that future interventions transcend a focus on the extreme spectrum of psycho-social/mental health and diagnosable conditions experienced on an individual basis. Rather, the focus should be on the feelings, and responses to severe stress experienced by all young people. In the course of understanding their realities, adolescents can learn to channel their feelings and energies in more positive and adaptive ways. The objective is not to help young people adjust to miserable life conditions but to provide them with the support they need to respond to external stressors. The challenge lies in working with adolescents to manage their distress while asserting a degree of self-control over their lives. The appropriate services must not only offer them the resource and tools to adapt positively to current realities but also the potential to exercise their right to participation and agency in constructive ways.

Specific Recommendations

The Development of a Community Model of Intervention

Although strategies for improving Palestinian young people's lives should aim for the end of occupation and the misery of life within refugee camps especially, more immediate interventions should also take into consideration the differing needs of girls and boys. Since young people live within diverse but interconnected sectors, a sector-wide approach should inform the basis of any community or social intervention. The space within which future interventions can operate is located within the family, the community and the school, as is corroborated by the responses of the adolescents who participated in this study. More importantly, this communal approach neither isolates nor confines the social recovery of adolescents to any one sector or institution such as the family or the school. The assumption is that all social institutions are interlinked and interdependent. The most useful forms of interventions require cutting across the different sectors to integrate their resources and strengths in order to achieve the objective of social recovery and support.

Intervention models that are geared towards adolescents living under such conditions should focus on fostering a sense of purpose, self-esteem, and identity. They should also address the following: a) social participation and engagement; b) appropriate cultural realities and perceptions of youth development and social roles, for example that of girls; c) communal level factors; d) political contexts of trauma; and e) appropriate psychological and social support mechanisms. Within a Palestinian context, the challenge lies in the development of creative and flexible models that will respond to an ever-changing political and social climate.

In developing a community model of intervention, it is imperative that needs assessments be conducted within specific communities. Although similarities and commonalities exist across Palestinian communities, they also vary by location and region. In recent times, these differences have been accentuated by the erection of the Separation Wall, and the division of the country into differing zones of political reality, with severe economic and social consequences. Given these variations, a generalized need assessment will do scant justice to the problems and needs unique to each social setting. A community-specific needs assessment will not only identify the concerns and worries of youth, but will allow for the formulation of strategies of intervention and the development of resources to meet the needs of the general population, especially as those are intricately linked to the needs of youth in communities. Programmatically, it is impractical to assume that a generalized universal model will address the needs of all communities. Within a Palestinian context, specific model building will serve a more useful purpose and offers the possibility of addressing specific issues in line with specific needs.

The Strengthening of Youth Centers and Facilities for Young People

Part of the recovery of young people will lie in the building of self respect and a sense of engagement with their worlds. They are bored when they have nothing to do or if they are repeating the same activities repeatedly. Since young people spend a sizeable proportion of their time in after-school activities, community youth centers or social clubs can play a useful role in channeling their 'non-focused' energies. The programming of activities should be creative and bold. Their desire for "fun" activities such as dancing, music and artistic pursuits should be reflected in the programs. Young people can also be trained as environmental and medical volunteers or to take an interest in the histories of grandparents by engaging in oral

history projects. The setting up of a youth committee can play a crucial role in the planning and programming of activities. It is critical that community leaders be involved in addressing the problems and increase the availability of social support mechanisms.

It is essential that community clubs cater to the needs of both boys and girls and that an effort is made to include specific hours for female users. More planning and appropriate allocation of resources should be dedicated to their needs and in emphasizing and promoting these centers as safe alternatives to the home. With the completion of the Separation Wall in the rural areas, there is an even more pressing need for greater access to social facilities for young people.

The Training of Youth Workers

An important finding that emerged from the focus groups on sources of support for youth, is that young people prefer to share their problems with peers and close friends. They are less likely to confide in older people who are seen as judgmental and retaining old-fashioned ideas. Additionally, despite the availability of counseling resources within schools, they are less than fully utilized. This finding suggests that while seeking advice is not new to boys and girls, the form and structure adopted by professional counseling may inhibit its access and utilization. To redress this problem, attention should be given to developing a more culturally appropriate form of counseling for young people that is more accessible than what the current system offers and more appropriate for addressing their needs.

The training of young adults as youth workers should be a goal of future work-plans. A key qualification for these positions is a basic interest in working with young people in addition to basic 'people-oriented' and social skills. Youth workers are expected to be involved in planning and programming operations. In addition, they should be well trained in basic counseling skills to offer a 'sounding board' to adolescents who need to ventilate their feelings. The advantage of youth workers over older workers lies in the level and strength of understanding and interaction with other young people. Young people are more likely to trust and approach youth workers who see the world in similar ways, as they too have been exposed to the global world in ways that elders have not during their younger days. The workers can also serve as a referral source for adolescents who need more serious attention. Their presence and lack of professional 'formality' can help to break down some of the barriers and prejudices associated with counseling. It is highly likely that there would be less shame attached to seeking the support if not the 'ear' of a youth worker. Youth workers are more likely to be approached for help if they are seen to be interacting with adolescents on an informal basis and if young people are also aware that they can seek them informally after school hours. This study also recommends female and male job sharing to ensure that both boys and girls have access to youth workers during certain days of the week.

Creative Counseling

This report does not recommend 'throwing the baby out with the bathwater.' That is, based on the concept of creative counseling, we do not suggest discarding altogether counseling as a western treatment model despite its current shortcomings. Maximizing the potential of counseling lies in recognizing its limitations while orienting its effectiveness as a culturally sensitive support mechanism. Creative counseling works on the basis of community support in opposition to a western model of counseling specifically based on the notions of individual pathology and treatment that focuses on face to face interaction. This model of creative

counseling recognizes individual coping skills and personal responsibility in making certain changes. Critically, it asks in what capacity and in what role can a community be involved strategically to enhance both an individual and social system of emotional support and sustenance. It emphasizes identifying the communal resources that can be 'exploited' to address the needs of a certain sector of its population.

One of the important conclusions of this study is the degree to which adolescents rely and turn to each other for advice and/or just to have another individual listen to their problems. Instead of minimizing the impact of this 'intervention' already set in place by the young people themselves, the next strategic move is to look at how we can strengthen this support system while taking advantage of their trust and interest in helping each other. At the same time, a move can be made to demystify counseling as a professional tool. Just as a little knowledge is a dangerous thing, the aim is not to turn young people into mini-counselors overnight. Rather, workshops can provide young people with certain basic information on counseling principles and assumptions. They can be taught to recognize when a friend is not functioning or if a friend's behavior is 'abnormal' and when certain problems are beyond their best efforts.

The concept of creative counseling also looks to other counseling forms that utilize the non-professional skills of students. A counseling committee consisting of a combination of community workers, teachers, students and counselor can be set up within schools or communities. The goal of these committees is to respond to questions and problems received from students on an anonymous basis. Our study shows that in every group, there will be at least one to two students who refrain from sharing their problems with others. Our concern is with this small group of students and their inability to reach out and receive support. One way of breaking their isolation is to give them the opportunity to reach out for help on their own terms. It is possible that they are more likely to seek support during crisis points if they can write in secret and anonymously to these committees.

Utilization of School Resources

Some of the most frequent complaints from school counselors include the lack of time to discharge their responsibilities and a lack of understanding of their roles within the school system. Since it is not the objective of this report to present a critical assessment of the school counseling system currently in place, suffice to say that school counselors have a key role to play in the mental health status of young people. But they must also learn how to work in teams, and in cooperation with teachers, community workers, the available health and counseling referral centers and the youth themselves.

Rather than overstretch counselors by repeatedly introducing new counseling models, it is worth thinking of alternative means that build on cultural practices, such as oral history or story telling. Since the tradition of oral history is indigenous to Palestinian culture, some young people may already be familiar with this form of cultural transmission. They can build teams to work with the older generation, gathering histories and valuable information, writing stories and presenting the material to other classes and schools. Since young people in this study demonstrated such a need and interest to be listened to, a 'story telling forum' can be initiated once a month. Boys and girls who are willing to participate will have the chance to talk about or write about their experiences. Voluntary participation in producing a collective Palestinian history can help to reinforce feelings of normality and identity at a time when both are threatened. Some of these activities will help to transform adolescents from being passive and bored bystanders or refugee camp dwelling troublemakers to actors in creating a more socially integrated environment.

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APPENDIX 1

Recodes and scales:

The Standard of Living Index/scale

The research team identified 13 variables to reflect the standard of living of the student's families based partially on the distribution of these items among the Ramallah district population (Palestine Central Bureau of Statistics 1997 Census) but also including new consumer items that appeared since that time. These variables are:

1. Q 29: Internal Bathroom (87% pcbs Ramallah district census 97)
2. Q 31: Water Pipes (pcbs 92% Ramallah District Census 97)
3. Q 32: Family Private Car (32% pcbs Ramallah district Census 97)
4. Q 33: Personal Private Car (32% pcbs Ramallah district Census 97)
5. Q 34: Satellite (data not available in 97 Census)
6. Q 35: Central Heating (4.4% pcbs Ramallah district census 97)
7. Q 36: Computer (7.2% pcbs Ramallah District Census 97)
8. Q 37: Automatic Washing Machine (data not available in 97 census)
9. Q 38: Personal Mobile Phone (data not available in 97 census)
10. Q 39: Family Mobile Phone (21% earth line)
11. Q 40: Colored TV (91% both black and white, colored less)
12. Q 41: Internet Use (data not available in 97 census)
13. Crowding Rate.

The above variables were transformed into scores between 0 and 100. In the questions with yes / no, the yes got 100 points while the no got 0 points. This is the case for the first 11 indicators. The 12th indicator, that is the internet use, got three different options a- access to internet from home, this option got 100 points.
b- access to internet from other sources got 50 points.
c- no access to internet got 0 points.

The 13th indicator which is the crowding ratio (cr) was calculated as the total number of persons living in the household divided by the number of rooms. The cr score was calculated as follows:
$$\text{Scr} = \text{score of crowding ratio} = (1 - (\text{cr}/\text{max}(\text{cr})) * 100.$$

The above equation gives a score of zero for the family with maximum crowding ratio and 100 points for the family with 0 crowding ratio.

Two standard of living indicators are calculated

a) equal weights standard of living index

STL (equal weights) =

$$(\text{sq}29 + \text{sq}31 + \text{sq}32 + \text{sq}33 + \text{sq}34 + \text{sq}35 + \text{sq}36 + \text{sq}37 + \text{sq}38 + \text{sq}39 + \text{sq}40 + \text{sq}41 + \text{sq}42 + \text{scr}) / 13$$

The STL (equal weights) is an index that vary between 0 and 100 points

b) Weight Standard of Living Index (WSTL)

The weighted standard of living index was based on weights given to each index based on a factor analysis results.

Factor analysis was conducted on the 13 indicators. Factor analysis tries to reduce the dimensions of a certain set of variables. This analysis tries to extract the principal component. One could think of the principal component extracted by factor analysis as the latent dimension

that represent standard of living. Therefore, a natural way of ordering the power of how much a certain indicator reflects standard of living is by its correlation with the principal component. The following table represent the output obtain from factor analysis of the 13 indicators.

Factor Analysis

Communalities

	Initial	Extraction
SQ29	1.000	.609
SQ31	1.000	.569
SQ32	1.000	.397
SQ33	1.000	.397
SQ34	1.000	.395
SQ35	1.000	.361
SQ36	1.000	.470
SQ37	1.000	.295
SQ38	1.000	.456
SQ39	1.000	.363
SQ40	1.000	.284
SQ41	1.000	.507
SCR	1.000	.360

Extraction Method: Principal Component Analysis.

Total Variance Explained

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	3.119	23.996	23.996	3.119	23.996	23.996
2	1.316	10.121	34.117	1.316	10.121	34.117
3	1.026	7.891	42.008	1.026	7.891	42.008
4	.931	7.159	49.168			
5	.885	6.808	55.976			
6	.852	6.558	62.533			
7	.810	6.234	68.768			
8	.792	6.093	74.860			
9	.764	5.880	80.741			
10	.715	5.500	86.241			
11	.665	5.112	91.353			
12	.642	4.940	96.293			
13	.482	3.707	100.000			

Extraction Method: Principal Component Analysis.

Component Matrix^a

	Component		
	1	2	3
SQ29	.334	.595	.378
SQ31	.211	.566	.451
SQ32	.597	-1.28E-02	-.201
SQ33	.290	-.360	.427
SQ34	.555	.184	-.231
SQ35	.486	-.336	.107
SQ36	.666	-.135	-8.77E-02
SQ37	.512	.114	-.141
SQ38	.507	-.347	.278
SQ39	.417	.128	-.415
SQ40	.306	.305	-.311
SQ41	.653	-.273	7.291E-02
SCR	.566	.169	.107

Extraction Method: Principal Component Analysis.

a. 3 components extracted.

The weight of each indicator was extracted from the third table (component matrix) that contains the correlation of each variable with the first three components. The first component is the most important one. Therefore, the weight of each indicator is proportional to the correlation of the indicator with the first component. These correlations are presented in the third table.

The weighted standard of living index was then calculated as follows:

STL (weighted)=

$$(0.334*sq29+0.211*sq31+0.597*sq32+0.29*sq33+0.555*sq34+0.486*sq35+0.666*sq36+0.512*sq37+0.507*sq38+0.417*sq39+0.306*sq40+0.653*sq41+0.566*scr)/6.101921.$$

Where 6.101 is the sum of the correlations. The STL (weighted) varies between 0 and 100 points.

Other scales that were used in the report are:

- Collective Exposure to Trauma (alpha for 15 item scale = .870) consisted of the following variables:

a) House shot at (q50)	i) Strangers Arrested (q75)
b) House bombed or shelled (q51)	j) Strangers Injured (q76)
c) Shelling in the neighborhood (q52)	k) Strangers Killed (q77)
d) Exposed to tear gas? (q61)	l) Friends Humiliated (q82)
e) Exposed to sound bombs? (q62)	m) Friends Arrested (q83)
f) Witnessed Shooting (q72)	n) Friends Injured (q84)
g) Witnessed Explosions/shelling (q73)	o) Friends Killed (q85)
h) Strangers Humiliated (q74)	

- Individual Trauma (alpha for 19 item scale= 0 .8151) consisted of the following variables:

a) House searched (q46)	k) Humiliated (cursed, bullied, shoved, dragged)? (q66)
b) House occupied while you were in it (q47)	l) Stripped in public? (q67)
c) House occupied and you were thrown out (q48)	m) Interrogated? (q68)
d) House sealed or demolished (q49)	n) Tortured? (q69)
e) Beaten by the army (q53)	o) Family Humiliated (q78)
f) Beaten by settler(s) (q54)	p) Family Arrested (q79)
g) Used as a human shield? (q60)	q) Family Injured (q80)
h) Body searched? (q63)	r) Family Killed (q81)
i) Shot at and/or hit? (q64)	s) Since March 2002, and until the present, how many times have you been injured <u>by occupation related violence</u> (like from shooting, shelling, beating by army or settlers)? (q91)
j) Detained and/or arrested? (q65)	

- Extreme Symptoms, other than subjective health complaints (alpha for 8 items = 0.68) consisted of the following variables:

a) Trembling (q148)	e) Inability to concentrate on studies (q160)
b) Loss of appetite/weight loss (q154)	f) Difficulty sleeping (q161)
c) Feelings of uncontrollable fear (q158)	g) Having nightmares (q162)
d) Inability to do normal daily tasks (school attendance, house chores, work) (q159)	h) Crying episodes (q163)

- Subjective Health Complaints like the HBSC (scale alpha = .815) consisted of the following variables:

a) Headache (q139)	e) Irritability or bad mood (q143)
b) Stomach-ache (q140)	f) Feeling nervous/jumpy (q144)
c) Backache (q141)	g) Difficulty getting to sleep (q145)
d) Feeling low (depressed) (q142)	h) Feeling dizzy (q147)

- Political Activism (alpha = .709) consisted of the following variables:

a) Since March 2002, have you participated in a demonstration or a protest march? (q227)	c) Visited the family of a prisoner? (q229)
b) Visited the family of a martyr? (q228)	d) Visited the wounded? (q230)

- School Satisfaction Scale (9 item alpha = .8692) consisted of the following variables:

a) How do you feel about school at present? (q308)	f) Our teachers treat us fairly (q326)
b) The rules in this school are fair (q311)	g) When I need extra help, I can get it (q327)
c) I feel our school is a nice place to be (q317)	h) My teachers are interested in me as a person (q328)
d) I feel I belong at this school (q318)	i) Most of my teachers are friendly (q329)
e) I feel safe at this school (q319)	

- Parent Relationship Scale (alpha for 10 items = .80) consisted of the following variables:

a) Father (q271)	f) What my parents think of me is important (q282)
b) Mother (q272)	g) If I have a problem at school, my parents are ready to help (q291)
c) My parents understand me (q277)	h) My parents are willing to come to school to talk to teachers (q293)
d) I have a happy home life (q278)	i) My parents encourage me to do well at school (q294)
e) My parents trust me (q280)	j) My parents are interested in what happens to me at school (q295)