TRAPPED

The impact of 15 years of blockade on the mental health of Gaza’s children
## Contents

- Foreword – a message from Gaza’s children 3
- Executive summary 4
- Background 7
- Methodology 16
- A childhood lived in distress 17
- How children and caregivers are coping 24
- Glimpses of hope 28
- Conclusion and recommendations for action 29

To protect children and the families who agreed to be interviewed, all names, including those marked *, have been changed.
Foreword – a message from Gaza’s children

“We are children who live in the Gaza Strip. Our home is a small place with tiny streets and lots of people who all live really close to each other. Because it’s so small, everywhere is dangerous and there is no place to take shelter.

We want you to know that Gaza, our home, is being destroyed. Even the nice places like schools and hospitals. There isn’t much electricity for hours at a time. We all have to sleep on the floor or in hallways, and it’s really dark at night.

Life is scary and our roofs are falling on our heads. Every time there’s an airstrike, we are terrified. Our rooms shake, and then our hearts shake too with fear for our families. Our mothers tell us that the noises are far away, but we know they are close.

A few of us still remember the last war in 2014. Some of us lost people we loved – family members or a favourite teacher. Others remember glass shattering, buildings falling, or our mothers trying to clean the dust that filled the house after each bombing.

We know that other children around the world lead quiet and calm lives. While other children dream of having video games, we dream that one day this fighting will end. We hope that one day we can open our books again, write in our notebooks and study, that we can go outside and play with friends.

The first thing we wish is that the war would end. All children should be able to live in peace. We hope that all the destroyed buildings will be cleared away and something better and more beautiful will come in their place. We hope that our homes, schools and hospitals will be rebuilt.

Above all, we want to live like children in other countries who can play in playgrounds instead of hiding from bombs. We want Gaza to be a safe and beautiful place where we can live in peace.

We still have hope. But we want this war to be the last war.”

Salma (11), Niveen (9), Zain (12), Samer (13), Khaled (10) and Amal (10)

This letter was written by children during the escalation of hostilities in May 2021.
In the past decade and a half, children in Gaza have endured six life-threatening situations – five escalations in violence and a pandemic – as well as a life-limiting land, air and sea blockade imposed by the Government of Israel. The closure of the occupied Gaza Strip, in its current form, has been in place since June 2007, when Israel imposed a blockade on the area. It is no surprise that the lives of children in Gaza have been described as “hell on earth” by UN Secretary-General, Antonio Guterres.

In 2018, Save the Children undertook research on the impact that living under blockade and protracted instability and cyclical violence has had on children’s psychosocial wellbeing in Gaza. In 2022, after another escalation in violence in May 2021 and following the COVID-19 pandemic, Save the Children consulted a further 488 children and 160 parents and caregivers to see how things have changed for children living in the Gaza Strip. The study found that, since 2018, the psychosocial wellbeing of children, young people and their caregivers has declined dramatically to alarming levels.

When we asked children and young people in 2022 what their daily lives in Gaza are like they spoke of living in a perpetual state of fear, worry, sadness and grief, waiting for the next round of violence to erupt, and feeling unable to sleep or concentrate. Many shared vivid memories of the bombings they had experienced, recalling how their homes and schools were destroyed, and their loved ones killed. They also spoke of how the blockade affects every aspect of their lives and shapes their hopes and aspirations for the future.

When we asked children and young people about their ‘unwanted’ feelings, they spoke of fear, nervousness, anxiety, stress and anger, and listed family problems, violence, death, nightmares, poverty, war and the occupation, including the blockade, as the things they liked least in their lives. When we asked them what would make them feel better, they spoke about their desire to experience feelings like courage, joy, strength, calmness, safety and security, love and optimism.

Most of all, they wanted to enjoy their lives and to have the freedom to pursue their dreams like many other children around the world.

As the children wrote in the letter that forms the foreword to this report, they want Gaza to be a safe and beautiful place where they can live in peace.

---

1 Israel controls Gaza’s airspace and territorial waters, as well as two of the three border crossing points; the third is controlled by Egypt.
Key findings

The research shows that the combination of chronic instability and protracted social and economic hardship, coupled with children’s repeated exposure to traumatic events, constant fear that their lives could be upturned at any time and sense of hopelessness about their situation have progressively undermined their psychosocial wellbeing and significantly reduced their capacities to cope and recover.

Our key findings in 2022 show that:

- Children are feeling less safe when away from their parents (90% in 2022 compared with 60% in 2018), and are experiencing higher levels of emotional distress (an average an increase from 55% to 80%). For example, children reported feeling fearful (84%), nervous (80%), sad (77%) and grief (78%) in 2022 compared with fearful (50%), nervous (55%), sad (62%) and grief (55%) in 2018.

- Children’s distress is exhibited by more worrying behaviours, such as bedwetting (79% in 2022, 53% in 2018) and reactive mutism⁴ (59% in 2022, 42% in 2018), and they are less likely to be able to find positive ways to cope with their situations.

- Children are feeling less supported by their family and friends (children’s belief in their parents’ and siblings’ ability to support them dropped by 9% and 12% respectively) and are showing lower levels of positive thinking and resilience. For example, 48% of children reported having difficulty concentrating and 78% of caregivers reported that their children rarely complete tasks.

- Caregivers are also experiencing higher levels of emotional distress with 96% reporting feeling unhappy and constantly anxious. Nearly two-thirds (63%) of caregivers feel they are not useful and 61% reported an inability to overcome difficulties. More than one-third (39%) of caregivers reported a lack of self-confidence.

Fifteen years of blockade have resulted in fear and deprivation, which have taken a significant toll on the psychosocial wellbeing of children and young people in Gaza, as well as the capacity of their caregivers to support them to cope and recover. Our findings suggest that their psychosocial wellbeing is likely to deteriorate further, and to even more alarmingly low levels, if the situation in Gaza continues without change and children and their caregivers have no hope of respite.

---

³ For further information on the methodology used in the research carried out in 2018 and 2022, please refer to methodology section on page 16.
⁴ Reactive mutism is characterised by the fact that the mutism was precipitated by a single or a series of traumatic events. See [https://www.torey-hayden.com/research/classification-of-elective-mutism.pdf](https://www.torey-hayden.com/research/classification-of-elective-mutism.pdf)
The findings in this report must serve as an alarm bell. They show, once again, that the loss of children’s lives, wellbeing and hopes for a better future are the costs of the status quo. This study clearly shows a deterioration in children’s psychosocial wellbeing, the fracturing of relationships and dreams curtailed as a result of the ongoing conflict, occupation and blockade of Gaza. Five years ago, caregivers said the blockade, chronic poverty and insecurity were pushing their capacity to support their children to its absolute limit, and that it would most likely be utterly destroyed in the event of another conflict. Our findings show that, sadly, caregivers’ predictions have come true.

Reversing these impacts requires:

1. an immediate end to the most significant stressors in children’s lives – conflict, violence and extreme economic deprivation, and

2. action to support the coping potential and resilience of children and their families in Gaza.

Regarding the first point, the most urgent step required is lifting the blockade on the Gaza Strip. The Government of Israel, as the occupying power, is the main duty bearer and must comply with its obligations under international law. In particular it must take immediate steps to lift the blockade, within the framework of UN Security Council Resolution 1860 (2009). The international community should urgently put pressure on Israel to take these steps, along with bringing an end to the ongoing occupation and an end to the blockade.

Regarding the second point, support must be given to increase the resilience and ability to cope of children and their families. Taking the ‘whole family’ approach is key to ensuring that caregivers – who themselves are exposed to significant distress – are supported so that they can comfort, reassure and support their children and buffer the impact of adversity on children’s wellbeing. This requires a range of mental health and psychosocial support (MHPSS) and protection services, including those for children, to be available and accessible. Investments need to be made towards strengthening child protection systems and MHPSS services. Donors, international actors and local authorities must urgently scale up immediate, flexible funding to child protection and MHPSS interventions. Assistance should be provided in a respectful and dignified manner and should be gender and conflict sensitive as well as child friendly, in order to support children’s and caregivers’ autonomy and decision-making capacities.

Together, we must ensure that a generation of children is spared a life of fear, distress and limited opportunities.

6 To read more on the ‘whole family’ approach: http://www.familystrengtheningnetwork.org/whole-family-approach
While Palestinian children across the West Bank and Gaza Strip have lived the entirety of their lives under conflict and occupation, the situation in Gaza deteriorated significantly over the past decade and a half – during which time the entire population of the Strip has been subjected to a land, sea and air blockade. Children represent nearly half (47%) of Gaza’s population of 2 million, with over 800,000 having never known life outside of the blockade.\(^7\)

UN human rights experts\(^8\) and the International Committee of the Red Cross have deemed the closure to be in breach of international law as it constitutes ‘collective punishment’ and prevents civilians from

---


securing their basic rights. Collective punishment is explicitly prohibited under international humanitarian law by Article 33 of the Fourth Geneva Convention.

The daily lives of children and young people in Gaza and their families are deeply affected by the closure. Israel, as the occupying power, is responsible for ensuring the welfare of the Palestinian civilian population and has the primary duty to provide for basic needs. According to the UN’s High Commissioner for Human Rights, the blockade breaches these rights, particularly the rights to freedom of movement and to an adequate standard of living, health, education, work and family life. As this study shows, these restrictions negatively affect children’s and young people’s mental health and have created a humanitarian crisis in Gaza.

“The blockade affects us in all aspects of our lives. It affects our health, ability to move, the environment. We don’t even have clean water in Gaza. It’s affecting the economic situation. We have so much poverty and we notice increasing child labour as well. It also makes us have smaller ambitions because no matter what we dream of we know there are so many limitations.”

Focus group discussion with children and young people aged 14–17 years

---

9 In October 2016, the UN Special Rapporteur on the Situation of Human Rights in the Palestinian territory occupied since 1967, Michael Lynk, stated that: “…As a form of collective punishment imposed upon an entire population, the blockade is contrary to international law.” Report to the UN General Assembly, A/71/554, 19 October 2016, para. 45: http://www.ohchr.org/Documents/Countries/PS/A_71_554_en.pdf. In August 2013, UN Secretary-General Ban Ki-Moon stated that: “While parties to an armed conflict may take security measures, such measures must comply with international law and should be necessary and proportional. Numerous statements made by Israeli officials in their professional capacities have made clear that the blockade is being imposed to apply pressure to the de facto authorities, and in response to acts committed by various groups in Gaza, including Palestinian armed groups, towards or in relation to Israel. However, the blockade and related restrictions target and impose hardship on the civilian population, effectively penalizing them for acts they have not committed. As such, these measures contravene article 33 of the Geneva Convention relative to the Protection of Civilian Persons in Time of War (Convention IV) prohibiting collective penalties.” Report to the Human Rights Council, A/HRC/24/30, 22 August 2013, para.22. The International Committee of the Red Cross has also concluded that the closure constitutes a form of collective punishment against Palestinians in Gaza: https://www.icrc.org/en/doc/resources/documents/update/palestine-update-140610.htm

10 Israel, as the occupying power, is responsible for ensuring the welfare of the Palestinian civilian population and has the primary duty to provide for basic needs. Geneva Convention Relative to the Protection of Civilian Persons in Time of War (Fourth Geneva Convention), 12 August 1949, 75 UNTS 287, Articles 55, 56 and 59.

“The impact of the siege on our children and young people has been significant. They are deprived of movement and life, and there is a lack of job opportunities for young people, a lack of possibilities and elements of a decent life, and children are deprived of places of entertainment and play.”

Mayson, mother, 38, North Gaza

Restrictions on movement

“It’s easier to travel to another country than to go to the West Bank. It’s like the West Bank isn’t even an option for children in Gaza.”

Salem, 14, Gaza City

In 2007, the Israeli authorities developed the ‘separation policy’ to isolate Gaza from the West Bank and Israel by controlling the movement of goods and people in and out of Gaza. This further fragmentation and isolation of the Palestinian territory prevents Palestinian residents of Gaza and the West Bank, including East Jerusalem, pursuing common social, economic and cultural endeavours, further rupturing Palestinian society.

The Israeli authorities control the movement of Palestinians through Erez, its land border crossing. Palestinians must apply to Israeli authorities for permission to leave, which may take from 23 to 70 days to process. Many applications are denied, with ‘security’ reasons cited without any further explanation. People are denied their right to movement, including young people seeking education opportunities. During the first three months of 2022, the number of Palestinians leaving Gaza via Erez crossing was on average 27,641 per month. However, only 11% were medical patients and their companions or those visiting the West Bank. The vast majority of children and families living in Gaza are trapped inside, unable to travel, visit family or explore any education or business opportunities outside the 41 kilometre strip.

While the Israeli occupation, including the ongoing blockade, remains the main driver of the crisis, the political division between the Palestinian Authority (PA) and the de-facto authorities in Gaza must also be urgently addressed to alleviate the suffering of civilians in Gaza.

The PA has cut budget transfers to Gaza, leading to further job losses, reduced wages, and greater pressure on basic services. The PA Ministry of Health and Ministry of Social Development, responsible for providing basic services in Gaza, have also failed to regularly send medicines and have delayed or suspended payment for the referral of patients for life-saving medical treatment outside Gaza.

12 Gisha, Gaza up Close, https://features.gisha.org/gaza-up-close/
13 Gisha, on the separation policy: https://gisha.org/en/what-is-the-separation-policy-an-info-sheet/
14 For further details, see the petition submitted by Gisha to the Israeli High Court: https://gisha.org/en/high-court-refuses-to-conduct-a-principled-discussion-on-a-draconian-directive-stipulating-unreasonable-processing-times-for-permit-applications-submitted-by-gaza-residents/
15 For further information, check the monthly updates produced by Gisha: https://gisha.org/en/graph/exits-through-erez-crossing/
16 The Gaza strip is 41 kilometres long and is inhabited by 2.1 million Palestinians, almost half of whom are children https://www.unrwa.org/careers/duty-stations-gaza#.v-text%20Gaza%20Strip%20is%2011km%3B%2011%20km%20with%20Egypt%2C%2011%20km
Children and families who require specialist treatment unavailable in the Gaza Strip must seek permission to travel outside of Gaza to receive it. According to the World Health Organization (WHO), in 2021 an average of 1,000–1,600 Palestinian patients per month, around one-third of them children, applied for medical entry permits. Of those applications, one-third never received a response from Israeli authorities or there were delays in processing them. Organisations working in Gaza said this often leads to patients, including cancer patients, missing necessary medical checks and surgeries.

Movement was further restricted in response to the COVID-19 pandemic and then tightened even more after the May 2021 escalation. For example, the Israeli authorities created additional limits on Palestinian patients applying for permits. According to the Israeli human rights organisation, B’tselem, from March 2020 to March 2021 almost no Palestinians were permitted to leave Gaza for medical treatment and the number of applicants dropped from 2,000 a month to a few hundred. Al-Mezan, a Gaza-based rights group, reports that at least 71 Palestinians, including 25 women and nine children, have died since 2011 after their travel permits were denied or delayed. In March 2022, a 19-month-old baby died when the Israeli authorities failed to issue a permit in time for her to travel from Gaza through Erez crossing for medical treatment.

Access to basic and health services

The blockade has also had an impact on children's and families' access to services inside Gaza, particularly to electricity, water and hygiene facilities, healthcare and education. Compounding this issue, following the collapse of reconciliation talks between the de facto Gaza authorities and the PA, the PA has imposed power cuts, restricted fuel for generators across Gaza and imposed wage freezes on civil service workers in the narrow strip.

The Gaza Strip has long suffered severe water problems, but the situation is now beyond dire. This means that tens of thousands of children require humanitarian assistance to access safe drinking water and basic sanitation, and are also at risk of waterborne diseases. The WHO reports that more than a quarter of diseases reported in Gaza prior to the COVID-19 pandemic were attributable to poor water quality. Due to the blockade, there are critical shortages of medicine and equipment, and the bouts of cyclical violence have spread these scarce resources even more thinly.

The long-term power crisis in Gaza has left children and families without electricity for extended periods of time. Research, including ours, shows that the lack of electricity at night has heightened children's fears and is one of the reasons they have trouble sleeping. The lack of power also affects essential services, including sanitation services, and has seriously affected the work of hospitals and other lifesaving health facilities. The health system is now on its knees. It is estimated that Israeli children can expect to live ten years longer than their peers living in Gaza.

18 For further information, check monthly reports published by the World Health Organization: http://www.emro.who.int/opt/information-resources/monthly-report-on-health-access.html
20 Al-Mezan, a Gaza-based rights group, reports that at least 71 Palestinians, including 25 women and nine children, have died since 2011 after their travel permits were denied or delayed. In March 2022, a 19-month-old baby died when the Israeli authorities failed to issue a permit in time for her to travel from Gaza through Erez crossing for medical treatment.
21 In 2021, one-third of applications from Palestinians in Gaza for medical entry permits to Israel received no response or there were delays in processing them.
22 The WHO reports that more than a quarter of diseases reported in Gaza prior to the COVID-19 pandemic were attributable to poor water quality.
23 Due to the blockade, there are critical shortages of medicine and equipment, and the bouts of cyclical violence have spread these scarce resources even more thinly.
24 The health system is now on its knees. It is estimated that Israeli children can expect to live ten years longer than their peers living in Gaza.
16-year-old Sara was diagnosed with a severe nerve infection in September 2021 that required urgent treatment outside Gaza. Due to Israeli restrictions, her parents weren’t able to accompany her to the hospital in the West Bank. Sara told us her story:

“I woke up one morning not being able to move the entire right side of my body. We went to the hospital and after many examinations I was diagnosed with a severe nerve infection. The doctor told us that I needed urgent treatment that wasn’t available in Gaza but is available in the West Bank. I was in a critical medical situation but my mother, father and siblings were prevented from leaving the Gaza Strip by the Israelis. Eventually, they agreed to let my cousin accompany me to the West Bank.

“We went to the Beit Hanoun [Erez] crossing point in an ambulance. I was lying on the ambulance stretcher and my arm had an IV and other medications in it. The soldier at the crossing point demanded that I sit up, but I couldn’t without someone helping me. When the ambulance driver told her that I couldn’t, the soldier ... aggressively and violently grabbed me to lift and inspect me. It was really difficult because she was gripping me with so much violence and anger as if I had done something to her, but I of course hadn’t. I was helpless.

“It had a really negative affect on my mental state when I got to the hospital in Hebron. I felt hopeless and depressed.

“[I had to go through] painful examinations at the hospital. I’d been through similar examinations in the hospital in Gaza and they were also painful, but at least I had my mother by my side, and she could comfort me. In the West Bank I was alone, so the pain I felt was doubled.

“There are many children who have illnesses in Gaza, including some who have the same illness as I do. When I was at the hospital, I heard the doctor tell my father that there are children with my illness who are now completely paralysed because the Israeli occupation prevented them from travelling to the West Bank to receive treatment. Life stopped for these children who have my illness. I want to know what they did to deserve being denied the right to travel to receive medical treatment or not be provided with medicine.”
Access to education

Children’s access to education in Gaza is also affected by the blockade. Most schools operate with double or even triple shifts,25 and getting to them is often difficult or even dangerous for children. Classrooms are overcrowded, infrastructure is poor, student to teacher ratios are high, and each child has an average of just 4.5 hours of learning a day. The Government of Israel’s continued restrictions prevent Palestinians in Gaza obtaining building materials such as cement mixers, cranes and metal pipes.26 This has compounded the situation and continues to limit reconstruction efforts following the May 2021 escalation and has led to the degradation of remaining infrastructure.

“In the recent war on Gaza, I was not the only one affected. I know many other students were affected. There was a lot of fear that our house might be attacked or the school might be destroyed and we would lose our access and right to education. We were denied access to education because of the war for some time.”

Foad, 15, Beit Lahya

Children’s access to education has also been affected significantly by the COVID-19 pandemic, which triggered the long-term closure of schools. Half (50%) of school-aged children in Gaza do not have access to a computer, a reliable electricity supply or the internet, which means they cannot benefit from online education.27

Economic crisis

“My children are affected by our financial situation, they sleep in the dark and we have nothing to light up our home when the electricity is cut off.”

Samia, mother, 31, Gaza

The World Bank estimates that almost 60% of the population of Gaza now lives below the poverty line. This represents an increase of more than 17 percentage points from the last household survey in 2016/17.28 It is estimated that 80% of the population relies on international aid to survive and access basic services.29 This is mainly due to the blockade, which has created protracted humanitarian and socioeconomic crises in Gaza. Due to the deteriorating economic conditions, nearly one-tenth (0.9%) of children aged 10 to 17 were engaged in full-time labour in Gaza in 2021. The true percentage is expected to be higher, since the number of children enrolled in school and the number of under-ten-year-olds engaged in child labour is unknown.30

Restrictions on both importing and exporting goods have been in place since 2007, largely shutting down Palestinian internal trade and export to other markets. Palestinians in Gaza are not allowed to import essential goods, including steel cables for fishing boats, fertilisers for agriculture and materials for the reconstruction of homes, schools and other civilian buildings destroyed throughout the years of the blockade.31

In 2020, the UN estimated that the Government of Israel’s then 13-year blockade had cost Gaza US$16.7 billion in economic losses and sent poverty and unemployment skyrocketing. Based on

25 The disparity between the number of schools, the number of available structures and the number of students means that most of Gaza’s elementary schools have to always operate in two shifts.


31 For further information, check Gisha on restrictions on importing essential goods: https://gisha.org/%d7%9c%d7%9e%d7%a8%d7%95%d7%aa-%d7%93%d7%99%d7%95%d7%9e%d7%97%d7%99%d7%9d-%d7%91%d7%9a%d7%9d%d7%9a%d7%95%d7%a8%d7%9a-%d7%99%d7%9a%d8%d7%90-%d7%9c-%d7%9c%d7%90%d7%94%d7%91%d7%99%d7%94-%d7%9a/
pre-blockade economic trends, the UN estimates that in 2017 the poverty rate could have been just 15% (compared with 60% now) if the wars and blockade had not occurred.\textsuperscript{32}

The World Bank estimates damages resulting from the May 2021 escalation to be between $290 and $380 million, and the economic losses to be between $105 and $190 million. According to the World Bank, this has significantly affected the fragile livelihoods and safety nets of the most vulnerable.\textsuperscript{33}

**Lack of access to mental health and psychosocial support (MHPSS) services**

The current medical, educational and protection systems in the Gaza Strip provide minimal MHPSS services, which are not sufficient to meet the needs of Gaza’s population. According to the World Bank’s and Terre des Hommes’ 2021 assessments, the dire MHPSS situation in Gaza has been exacerbated by the escalations in violence.\textsuperscript{34}

More than half of Gaza’s children are estimated to need child protection and MHPSS services. The May 2021 conflict directly affected many frontline workers such as case managers, and protection professionals are also in need of support.\textsuperscript{35}

“Counselling and mental health for children and families is very important and needed. We need further support to mental health projects. It increases awareness among families and improves the relationship between children and parents and, most importantly, improves the mental health of children and their caregivers.”

Counsellor at UNRWA school, Gaza

The COVID-19 pandemic has also had a significant impact on the mental health of children in Gaza. A UNFPA and Juzoor study on the impact of COVID-19 on the mental health of adolescents in the West Bank and Gaza found that more than half of the children surveyed felt the future was a lot scarier than before the pandemic. Many children also reported that they were extremely worried that they or someone they loved might die from COVID-19. Nearly one-fifth (19.5\%) of study participants indicated that domestic violence increased in their neighbourhood during the lockdown, which affected children.\textsuperscript{36}

There was a reported quadrupling of calls to helplines reporting suicide attempts, especially among adolescent girls.\textsuperscript{37}

**Lack of donor funding**

Despite severe needs, international aid for humanitarian activities in Gaza and the West Bank hit an all-time low in 2018. This drop in humanitarian assistance was in large part due to a complete cut in funding from the United States to the UN’s Relief and Works Agency for Palestinian Refugees (UNRWA). Prior to this cut, the US had been UNRWA’s biggest donor, and reinstated funding in 2021. Other key donors, including the Gulf countries and the United Kingdom, significantly reduced their funding commitments in 2021.\textsuperscript{38}

Funding for child protection and MHPSS is significantly underfunded. One study by Save the Children, with the Alliance for Child Protection


\textsuperscript{34} For further information on the lack of MHPSS services and need: \url{https://www.tdh.ch/sites/default/files/tdh_findings_from_a_rapid_needs_assessment_may2021.pdf} and \url{https://documents1.worldbank.org/curated/en/178021624889455367/pdf/Gaza-Rapid-Damage-and-Needs-Assessment.pdf}

\textsuperscript{35} Humanitarian Needs Overview: \url{https://www.acaps.org/sites/acaps/files/key-documents/files/ochahunmeedsoverview2022_161221.pdf}

\textsuperscript{36} The Palestinian Adolescent Health Conditions: \url{https://palestine.unfpa.org/sites/default/files/pub-pdf/adolescent.pdf}

\textsuperscript{37} Humanitarian Needs Overview: \url{https://www.acaps.org/sites/acaps/files/key-documents/files/ochahunmeedsoverview2022_161221.pdf}

\textsuperscript{38} The Gulf contributions to UNRWA fell from $200m in 2018 to $20m in 2021 and the UK reduced its grant from £64.5m to £20.8m in 2021. See \url{https://www.theguardian.com/world/2021/nov/05/un-palestine-aid-agency-is-close-to-collapse-after-funding-cuts}.
in Humanitarian Action, UNHCR and the Global Protection Cluster, demonstrates that child protection (including MHPSS) receives, on average, less than half (47%) of the amount required for child protection in humanitarian response plans.\(^{39}\)

While data on funding for MHPSS programming within all sectors, as part of humanitarian response plans, are not available, we know that globally it is estimated that the proportion of overall Official Development Assistance (ODA) funding for child and family MHPSS is very low, representing just 0.24% of ODA standard grants in 2018 and 0.31% in 2019.\(^{40}\) Currently, the 2022 humanitarian funding appeal for Gaza and the West Bank is only 20% funded. This includes gaps in funding for most sectors, including education, protection, water, sanitation and hygiene (WASH) and health.\(^{41}\)

The impact of 15 years of violence

“The political situation and wars mean that children are always in a state of anticipation and tension. It even makes their happy times sad, as they are waiting to hear the sound of an explosion or a sudden war. The last war surprised them. Even at school, children keep talking with each other about when the next war will happen.”

Protection Focal Point, Gaza City

Hundreds of thousands of children in Gaza have experienced four military escalations, as well as an escalation in violence during the ‘Great March of Return’, during the last 15 years. The 2014 conflict – often referred to as the ‘50-day war’ – was the most devastating round of hostilities since the beginning of the Israeli occupation in 1967.\(^{42}\) These escalations have taken place in 2008/09, 2012, 2014 (50-day war), 2018 and 2021. The danger continues even after the escalation ends as children and adults in Gaza are always at risk from explosive remnants of war (ERW).\(^{43}\)

“My children are always afraid of another war, and their father is constantly nervous. They’re afraid of every loud sound and of darkness.”

Amani, mother, 47, Gaza City

In March 2018, the security and humanitarian situation in Gaza deteriorated when mass protests calling for an end to the Israeli blockade and the right of return for refugees began at the Israel–Gaza perimeter fence. During the almost two-year long demonstrations, 214 Palestinians, including 46 children, and one Israeli soldier were killed. Over 36,100 Palestinians, including nearly 8,800 children, and seven Israeli soldiers were injured.\(^{44}\)

---

39 Still Unprotected: [https://resourcecentre.savethechildren.net/pdf/stc_still_unprotected_repport_high_sg.pdf/](https://resourcecentre.savethechildren.net/pdf/stc_still_unprotected_repport_high_sg.pdf/)


42 UNOCHA (August 2016), Gaza: Two Years Since the 2014 Hostilities, [https://www.ochaopt.org/content/gaza-two-years-2014-hostilities-august-2016](https://www.ochaopt.org/content/gaza-two-years-2014-hostilities-august-2016)

43 For further information about risk from Explosive Remnants of War: [https://www.ochaopt.org/content/gaza-two-years-residents-risk-explosive-remnants-war-erw](https://www.ochaopt.org/content/gaza-two-years-residents-risk-explosive-remnants-war-erw)

Between 10 and 21 May 2021, children in Gaza experienced the most significant escalation in hostilities since the 50-day war in 2014.\(^{45}\) During this short period, 67 Palestinian and two Israeli children died, and 685 Palestinian and 60 Israeli children were injured.\(^{46}\) The May 2021 escalation also led to the widespread destruction of civilian infrastructure, including homes, schools, hospitals and health centres, water and sanitation facilities, and transport, energy and communication networks. Over 100,000 people were internally displaced in Gaza, with many leaving damaged or destroyed homes to seek shelter in schools.\(^{47}\)

“We went to the hospital. There was blood. My leg was injured, my mother was injured, my siblings were injured, the residents were injured, children were injured. Everyone was injured... The entire neighbourhood was destroyed.”

Sarah, 12, Gaza City

“I was helping my parents in the house and my siblings were preparing for Eid... All of a sudden, we were bombed and my siblings’ body parts were scattered everywhere.”

Ziad, 13, Beit Hanoun

The UN High Commissioner for Human Rights, Michelle Bachelet, expressed serious concerns regarding Israel’s compliance with the principles of distinction, proportionality and precautions under international humanitarian law during the May 2021 escalation.\(^{48}\) These concerns arose from the high number of civilian casualties including children, extensive damage to civilian objects and infrastructure including hospitals, schools and kindergartens, and the use of explosive weapons with wide-area effects in densely populated areas, as well as the apparent absence of specific military objectives.

“It was an extremely horrific situation. There was gas and dust everywhere and there was no oxygen left in the air. We couldn’t breathe.”

Zina, 14, Beit Lahya

The UN Secretary-General, Antonio Guterres, considered the 2021 attacks to be indiscriminate, including those carried out by Palestinian armed groups, and a violation of international humanitarian law, causing civilian casualties and significant damage to civilian objects in Israel.\(^{49}\) Palestinian armed groups were reportedly responsible for killing seven Palestinian children and two Israeli children.\(^{50}\)

Israel, as the occupying power, is bound by international humanitarian law (IHL) and international human rights law and must facilitate the functioning of normal life and economic development. It must also therefore facilitate the passage of supplies necessary for the proper functioning of essential services, such as access to fuel, water and electricity and healthcare.

Palestinian authorities in Gaza and Ramallah must also, for the benefit of the entire population of the Gaza Strip, live up to their human rights obligations and prioritise the needs of the population over political differences. De facto authorities in Gaza also bear human rights obligations, given their exercise of government-like functions and territorial control.

All actors that take part in the hostilities are bound by IHL, notably the subset of IHL rules that regulate the conduct of hostilities. All parties to the conflict should respect the applicable rules, including principles of distinction, proportionality and precautions, and refrain from carrying out indiscriminate attacks. All parties to the conflict also have an obligation to investigate allegations of violations of international law, and prosecute and punish those responsible.

---

45 https://www.ochaopt.org/content/overview-november-2021
47 https://www.ochaopt.org/content/overview-november-2021
48 https://www.ohchr.org/en/statements/2022/03/occupied-palestinian-territory
Methodology

Between March and April 2022, Save the Children undertook a combination of quantitative and qualitative consultations with children, their families and experts. A total of 560 child/psychosocial wellbeing questionnaires were completed by children, young people and caregivers across five governorates (North, Gaza, Middle, Khan-Younis and Rafah). The sample was selected randomly among children and their caregivers based in urban, rural, camp and access-restricted areas where Save the Children has gained experience working with local communities.

- Quantitative surveys were completed by 400 children (aged 12–17 years, 48% girls), and by 160 parents and caregivers (50% females, 50% males).
- Twelve interviews were carried out with eight children and four caregivers.
- Ten focus group discussions were conducted with 80 children between the ages of 12 and 17, 40% of whom were girls.
- Ten key informant interviews were conducted, including with MHPSS specialists, and relevant civil society and international organisations working in the field.

Prior to the research, to ensure the safety and protection of participants, the Save the Children field team and partner staff received training on assessment tools and information on ethical considerations including confidentiality, child safeguarding and the ‘do no harm’ principle. The data collectors had already received training in psychosocial first aid, child safeguarding, child resilience, and how to refer children with high levels of distress or psychosocial support needs to specialised and non-specialised mental health and psychosocial support and services. In addition to trained data collectors, case management teams, including counsellors, joined the data collectors in the field. The team obtained the informed consent of all child participants and their parents/caregivers.

We asked children to draw pictures and describe how they envision their futures. Some of these pictures and descriptions appear in this report, along with quotes from other children and caregivers we interviewed.

We used the same MHPSS questionnaires and tools as the previous study in 2018. When comparing data from 2018 and 2022, we note that in 2018 the study group was smaller (300 children and caregivers) than in 2022 (560 children and caregivers). The children and caregivers surveyed in 2022 were not the same as those surveyed in 2018 but had similar demographic profiles (eg, children and caregivers from the same governorates, children from the same age groups and with a similar gender split).

Ten-year-old Ahmed’s* house was totally destroyed in the May 2021 escalation. While trying to retrieve some remnants from under the rubble of his house, he fell and a steel bar penetrated his knee. Today he lives in fear and suffers from anxiety, insomnia, nightmares and pain.
We found that the impact of living for 15 years in a chronic state of instability and uncertainty continues to have a serious and detrimental impact on the mental and physical health of children and young people in Gaza. In 2022, 80% of children and young people reported emotional distress compared with 55% in 2018, which resulted in higher levels of behavioural difficulties. As outlined below, more children and young people reported feeling frequently or constantly sad, anxious, fearful, and having physical symptoms of emotional distress. The experiences they reported are expected in a context of prolonged exposure to traumatic stress – ie, exposure to prolonged, severe stressors – in a context where the available social supports are insufficient or too overwhelmed to buffer the impact of adversity on children’s wellbeing. Well known long-term consequences of exposure to traumatic stress include both physical and mental health problems, including anxiety, depression, cardiovascular diseases and compromised immune function, among others. Toxic stress weakens brain development, which can also affect children’s ability to learn, develop, study productively, and establish and maintain healthy relationships.

Emotional distress

When asked about their feelings over the past few years, children and young people reported experiencing a range of negative emotions and at significantly higher levels than in 2018.

“All of a sudden, we were bombed... It was horror. Before we didn’t fear anything. Now, all we feel is fear. Now it’s worse.”

Ahmad, 13, Gaza City

Figure 1: Children’s and young people’s feelings (2018 and 2022)
In 2022, caregivers reported observing similar levels of grief, tension and nervousness in their children but higher levels of sadness or depressed mood (93%) and fear (92%). Almost all caregivers reported an increase in their children feeling fearful and anxious since the May 2021 escalation (99%). In 2022, children and caregivers reported higher levels of fear among girls than among boys.

“I wish what happened to me would not happen to anyone.”
Samer, 16, Beit Hanon

“My books were lost. My toys were gone. My room was gone. Everything was gone.”
Lama, 12, Rafah

In 2022, children and young people in Gaza reported feeling unsafe across all areas of their lives – at home, at school and in their communities. Overall, children and young people reported feeling less safe in 2022 than in 2018.

“The moments of the bombing will never escape me.”
Abeer, 16, Gaza City

The 80 children and young people aged between 12 and 17 years who took part in ten focus group discussions reported feeling unsafe mostly in relation to the recurring conflict in Gaza. When asked about their memories of war, they gave detailed accounts of their experiences, distinctly recalling the sounds and smells of bombings and the devastating impact on their families and neighbourhoods. From their descriptions, children retain vivid memories of their experiences, as if they had just happened, which they re-live each time they remember them. As described below, their experiences also trigger terrible nightmares and distressing fear.

Figure 2: Children’s feelings of unsafety (2018 and 2022)
“The noise from the explosion was strong and scary. We saw our neighbours’ house completely destroyed, and we felt sorry for them. Also, one day a rocket fell in the middle of the street. It made a huge sound and everyone was horrified... My sister was very young and she held on to me. I was standing like a pillar, not moving because I was terrified.”

Yousef, 14, Gaza City

Children who grow up in a context of insecurity are likely to develop an understanding of the world as a dangerous place. Coupled with the experience of overwhelming stress, this may compromise their ability to explore and learn. According to our findings, one in four children seldom or never want to go out or try new things. This lack of exploratory behaviour and enthusiasm may affect children’s ability to learn, acquire new skills, and progressively master their environment, with potential negative consequences on self-confidence, school performance, social relationships, and general developmental trajectories in the short and long term.

**Behavioural and physical reactions**

Children’s distress is manifested through behavioural difficulties and physical symptoms. When we asked children how they react when they feel difficult emotions, most reported that they scream or become angry (73%). Most caregivers observed an increase in aggression in their children’s behaviour over the past few years (92%). This increase in aggression is often seen in contexts of high adversity and can be directly linked to exposure to violence and traumatic stress. It may also be reinforced by the depletion of alternative, positive coping mechanisms, which our study has also found, as reported below.

Caregivers also reported that over the past few years their children have been irritable (92%) and

---


restless (73%). In the past six months, caregivers observed an increase in restlessness (74%), fidgeting (87%), impulsive behaviour (38%) and tantrums or hot tempers (97%) in their children. Children also reported having difficulty paying attention at school and concentrating on their studies (48%). Caregivers also reported that their children had difficulty concentrating and observed an increase in this issue in the past six months (43%), with most caregivers reporting that children rarely completed tasks (78%).

“**My son’s academic achievement has deteriorated. He is also not eating as much. He also has a lot of nightmares... They are still afraid.**”

Tamara, mother, 35, Khan Younis

The emotional and behavioural manifestations described above are common in a context of high adversity, where children's stress response is constantly activated in response to continued threats to their survival and safety. In situations of protracted and severe stressors, this survival mechanism – commonly known as the fight, flight or freeze response – can get over activated, setting off even in the absence of an immediate threat. This can result in hyper-reactive, irritable and/or aggressive behaviour; in restlessness and concentration difficulties; and in further difficulties around executive functioning – those higher order thinking skills that support the ability to plan, make decisions, identify and pursue goals, and to regulate one’s own behaviour.

“**[Anger] is a bad thing that ruins my relationships with people.**”

Samar, 13, Gaza City

Other manifestations of distress include trouble sleeping, which saw an increase from 2018, with 73% of children having trouble sleeping and...
70% reporting experiencing nightmares. Intrusive memories, nightmares and flashbacks can potentially indicate children’s difficulties with processing and overcoming traumatic events that they have been exposed to or have witnessed. They can be as distressing to children as their original experiences, turning ordinary routines, such as bedtime, into sources of further distress.

Nightmares in childhood can be a normal maintenance function of the brain to integrate recent and past learning and establish psychological equilibrium/balance. However, when changes and new experiences lead to regular disruption of normal sleeping patterns, it indicates that children are running out of recourses and are prevented from building coping mechanisms.

Overall, 32% of caregivers reported seeing an increase in difficulty in sleeping for their children, which can have a harmful impact on children’s physical and mental health and increase the risk of long-term physical and mental health problems, including anxiety, depression, obesity, diabetes and cardiovascular disease.

“During the night, I couldn’t sleep as I had nightmares. I was really afraid that they would bomb our house or would bomb our neighbours again. I was on edge. I would tell my dad about the nightmares and he would reassure me that it won’t happen. Then I would go back and try to sleep again.”
Amr, 14, Dair al-Balah

“I have a lot of nightmares and all my siblings are very distressed... I wish everything that had happened to us did not happen. I wish our life was still beautiful and we still lived in our old house.”
Bissan, 15, Beit Hanon

“I wish to get rid of the feeling of sadness so I would feel better because I cannot sleep.”
Basil, 14, Gaza City

---

53 In 2018, only caregivers were asked this question with 68% reporting that their children experienced sleeping problems and 63% had nightmares.
54 Check Harvard Medical School: https://hms.harvard.edu/news-events/publications-archive/brain/nightmares-brain
55 For further information on the function of nightmares check: http://www.healthofchildren.com/N-O/Nightmares.html
56 See https://www.sleepfoundation.org/children-and-sleep
Another concerning finding is that 79% of caregivers reported an increase in bedwetting compared with 53% in 2018. Bedwetting in older children and adolescents is frequently seen in contexts of adversity and traumatic stress and is an indication that impulses are less controlled. In turn, wetting the bed can further compound children’s difficulties, given the stigma and feelings of shame that children often experience.

Over half of caregivers also reported an increase in children experiencing difficulties in speech, language and communication (59% in 2022 compared with 42% in 2018) – including temporary reactive mutism. These difficulties have an anticipated impact on school performance, learning and social interaction, which our respondents also reported, as explained below.

Traumatic and toxic stress are experienced in the body, and children and adolescents in our group of respondents reported high levels of feeling ill in 2022 (66%) compared with 2018 (49%). This was confirmed by feedback from caregivers who reported an increase in the prevalence of physical complaints in the past six months (32%). Body-related symptoms are a very common response to stress in children, and particularly in the younger age groups when children are less able to express their emotions verbally.

“Children are exposed to traumatic stressors constantly in Gaza and this reflects on them and can be seen in their emotional and behavioural reactions, such as fear, self-isolation, nightmares, bedwetting, inability to concentrate and also inability to express their emotions. Many children I worked with complained of physical symptoms such as stomach ache when in fact the reason is their psychological wellbeing.”

Protection Focal Point, Gaza City

Overall, our findings suggest that children and adolescents, who were already experiencing alarming rates of emotional and behavioural difficulties at the time of our 2018 report, manifest significantly more severe conditions in 2022. This mirrors the worsened security, economic and psychological conditions in which they are growing up.

Reversing these impacts requires an immediate end to the most significant stressors in children’s lives – conflict, violence, extreme economic deprivation – as well as action to support the coping potential and resilience of children and families in Gaza.

During focus group discussions, children participated in an activity where they were asked to get rid of an emotion or a part of their reality that they do not need by placing it in a bag. The purpose of this exercise is to identify, in a child-friendly way, what emotions children classify as ‘unwanted’. Fear was the most identified unwanted emotion, followed by irritability, anxiety, stress and anger. Other emotions or circumstances that were placed into the bag were: family problems, violence, death, nightmares, poverty, war and occupation.

Children were then asked, “If you were to take anything from the bag to feel better, what would you take?” to identify their emotional needs and needs related to their everyday life. The most common emotions and states of mind mentioned were: courage, joy, strength, calmness, safety and security, love and optimism. Some children also linked feeling better with improved play time (having toys or a park to play in), having certain things (like clothes, a mobile phone, their own bedroom), achieving their hopes for the future (including the ability to travel and work in their desired profession) and doing something nice for the people around them.
In early 2021, while playing near his relative’s home, eight-year-old Bassam picked up a strange metal object that exploded in his hands, leading to multiple burns, injuries to both his eyes that left him with impaired vision, and the amputation of part of his hand. Bassam had to endure multiple surgeries and a three-month stay at a hospital in Jerusalem. He told us his story:

"I was playing at my uncle’s house, and went outside to see my father. I picked up a piece of metal to play with, but then it exploded while I was holding it. I thought it was just something I could play with, but it exploded in my hands.

"After the explosion, my uncle rushed over and took me in his car to the hospital. I couldn’t see anything. I stayed for a long time in the hospital. I had pain in my eye and arm, and I kept asking my mother if I was going to see again. I didn’t only lose my sight, I lost my fingers. My hand hurts and I cannot hold anything with it. The day of the accident was the hardest day of my life. I’d stay by my mother’s side because I was scared and couldn’t see, and I’d always ask her if it was day or night.

"When I had my sight I used to play on my bike and other things. Now I can’t do any of those things. My sister and I used to have a YouTube page. We used to film challenges but after what I’ve been through, we stopped. We don’t like the war because children get killed and people get injured and go to hospital.

"Some people are scared of the war. When they were bombarding us with missiles, everyone was scared, but I wasn’t. My siblings were, they were at home screaming. Everyone was screaming. When I feel anxious, my father tells me ‘don’t be scared, I’m with you’, and my mother tells me that the bombing is far away from us.

"I want to become a university professor to teach Islamic studies. I advise children in Palestine not to play with foreign objects so that they won’t face the same fate as me."
How children and caregivers are coping

Children’s coping mechanisms

“I stop feeling afraid while hugging my mother.”

Sari, 13, Khan Younis

In times of crisis, knowing how to effectively regulate emotions can help children recover from distress and restore calm and positive functioning in the face of overwhelming, negative events. When we asked children and young people in Gaza how they deal with negative emotions and difficult situations, they reported using a range of strategies to help them cope – some positive, some unhelpful.

A deeply concerning trend is that children and young people reported lower levels of resilience and positive thinking in 2022 than in 2018.

It is also concerning that in 2022, more than half of caregivers reported noticing a trend in harmful coping mechanisms among children and young people, including substance abuse, self-harm (59%) and suicidal thoughts (55%). Although there are very limited data on suicide in Gaza, there is evidence that suicide attempts have increased, with one hotline receiving reports of 44 attempted suicides involving children in 2020/21 compared with eight in 2019.57

In May 2021, a 14-year-old child committed suicide after losing his whole family in different Israeli escalations. In 2009 his younger brother was killed by an Israeli airstrike, in 2012 his older brother was killed, in 2014 his father was killed leaving him with the only surviving family member, his mother, who was killed in 2021.58

“I worked with several cases of children who attempted suicide as a means to escape reality. Most of these children had severe traumatic experiences and suffer from PTSD. Many also suffer from deteriorating economic conditions and/or a difficult family environment.”

Counsellor

An increase in the number of children and young people using negative coping mechanisms in 2022 compared with 2018 tends to further compound distress, creating a cascade of new physical, psychological and social problems. Several studies of children and young people who have experienced conflict or other traumatic events, including in Gaza, have shown that they suffer higher risks of further negative mental health outcomes. It has been found that emotional regulation strategies such as denial, rumination, blaming others, emotion and thought suppression, and avoidance can have a negative impact on family relationships and relationships with friends and the surrounding community.59

58 Local press agency https://twitter.com/wafanewsenglish/status/1393900774854438912?lang=en
Encouragingly, many children also reported using positive coping strategies such as turning to family and friends for support (75%), using techniques like praying to calm themselves down (86%), and trying to look at the positive side of the problem (68%) or how to solve it (76%). Overall, in 2018 children reported using positive coping strategies at a similar level but they were more likely to look at the positive side (85%) and think of solutions to their problems (89%) compared with the children surveyed in 2022.

Children and caregivers have lost confidence in their ability to pursue their goals

Among the children interviewed for our study, one in three reported being unable to think of ways to get the things they want from life. Children also reported feeling that their ability to fulfil some of the ordinary tasks of daily life – like helping with chores and getting themselves ready for the day – was affected. Half the children also reported feeling challenged in their ability to do their school work – doing their homework, paying attention to their teacher – and one-third reported difficulties in social relationships and associating with peers, in particular.

Caregivers reported experiencing similar difficulties. Significant proportions of caregivers reported that they had less confidence in themselves (78%), often felt worthless as a person (66%), that they were not playing a useful part (63%), were unable to make decisions (79%), face up to and solve their problems (80%) or overcome their difficulties (61%).

Critically, two-thirds of caregivers reported feeling challenged in their parenting capacity and unable to fulfil a positive parenting role due to overwhelming distress. This outcome was anticipated in our 2018 report. At that time, caregivers reported that their capacity to support their children was being pushed to the limits by the blockade, chronic poverty and insecurity, and would likely be utterly destroyed in the event of another conflict.

This is a very concerning finding given that in contexts of adversity, parents’ ability to support their children can serve as a buffer and a key protective factor for their child’s wellbeing. The self-reported prevalence of ‘poor parenting’ and ‘negative parenting behaviours’ can be considered a further driver of distress for children and families, requiring immediate intervention – as shown in the section below.

Figure 5: Children’s and young people’s perception of their ability to cope (2018 and 2022)
Children feel less supported by their family and friends

When children live in stressful and protracted difficult situations, it is essential for their psychosocial wellbeing that they have someone to turn to for support. The presence of a safe and supportive figure in their lives serves as a key protective factor for children and young people's psychosocial wellbeing and mental health.

We are concerned to have found that in 2022 children and young people reported feeling less supported by their family and friends than in 2018.

In 2022, around half of children and young people reported feeling less supported by their parents (45%) and that they rarely spend time with their parents or talk with them (56%).

Children’s feelings of lack of support are likely to be closely linked to their caregivers’ mental health and psychosocial wellbeing. When we asked caregivers how they were feeling, the majority said they felt unhappy (96%), under constant strain (98%), that they worried a lot and this affected their sleep (96%), that they had lost confidence in themselves (78%) and had difficulty making decisions (79%) or facing up to their problems (80%). Two-thirds of caregivers also felt worthless as a person (66%) and, as described above, that they are not playing a useful part (63%), could not overcome their difficulties (61%) or face up to and solve problems (29%), and had lost confidence in themselves (39%).

Overall, caregivers also reported a lack of effective support mechanisms to help them deal with the difficulties they and their children experience. Half of caregivers did not find meeting with religious leaders (54%) or attending information sessions at community centres (50%) to be effective. Most caregivers thought speaking about issues at school meetings was effective (73%) and half of parents found other mechanisms, such as community centres, effective.

Figure 6: Children’s and young people’s feelings of being supported (2018 and 2022)

98% of caregivers said that they felt under constant strain.
Children have limited feelings of hope

During focus group discussions, children spoke about their hopes and dreams for the future. Many spoke of their hope that the situation in Gaza would change and that they could travel and study abroad or pursue their ambitions to qualify as doctors, nurses or engineers.

“If God wills, the war will end and our future will be different and we will live a beautiful life with each other and with our family... We will be happy and our future will be good and we will be able to make our dad proud and become a doctor or an engineer.”

Tamer, 13, Beit Hanoun

At the same time, children often moderated their hopes and dreams in light of their circumstances. One boy said, “Originally, I wanted to be an astronaut. But now it changed, I don’t want to be away from my family and loved ones. So I discussed it with my father and I decided that I wanted to build houses.”

“The blockade limits our dreams. Children don’t dare to even dream.”

Ali, 13, Beit Hanon

Children recognised that if the blockade was lifted, they could go wherever they wanted and do whatever they want, including pursuing their studies overseas and visiting important places.

“I wish I could go to Jerusalem or visit other cities in the West Bank. Sometimes I think and dream of even going to one of the universities in the West Bank but I know I can’t. It makes me so happy when I see pictures of anyone from Gaza in al-Aqsa mosque or just visiting Jerusalem. It’s like a dream coming true.”

Fatima, 15, Khan Younis

“If the blockade was removed today, I think I would feel more connected to the whole world. I could do whatever I want and go wherever I want. I would study IT/computer science and specifically get a degree in virtual reality design. This is what I really want to do in my life but I can’t do it here in Gaza. We don’t have such a programme.”

Ameera, 14, Rafah
Glimpses of hope

“I wish the future to be better for me.”
Jamal, 16, Beit Lahya

Despite the concerning findings reported above, it is important to note that children also reported feeling positive emotions and having a sense of confidence in themselves.

Many children reported feeling positive emotions, with many agreeing that they experienced feeling happy (71%), confident (72%) and energetic (75%). Two-thirds of caregivers reported that their children showed confidence and self-assurance (66%). Most children also reported that they like themselves (74%), think they are doing well (63%) and that their friends find them funny (65%). A positive sense of self is a critical protective factor contributing to resilience in children and adults.

“I feel very happy when riding my bike and was happy when my big brother and I went to Gaza [City] and got me the bike.”
Ameen, 13, Khan Younis

During focus group discussions, when asked what activities make them feel happy, children gave as examples being involved in outdoor activities (such as playing with their neighbours, going to the beach), physical activities (such as dancing and running around, playing football); spending quality time with family, drawing, reading and writing poetry. This indicated that children and young people are able to identify with happiness as an emotion and are able to recognise and relate to what brings them joy.

It is also important that children are still articulating their dreams and ambitions and identifying what life would be like without the blockade. While their sense of hope is moderated, they still have hope and ambitions for the future. This is why it is so important to improve the situation in Gaza immediately and provide children and young people with opportunities and support to help them stay positive, hopeful and aspire to have a better and more peaceful life.

“Mental health is one of the most important issues facing children and their families in Gaza. We continue to work with the most vulnerable children and support them as much as we can to avoid any further consequences. This includes providing psychosocial support services to survivors, counselling, organising recreational days and activities for children – all in order for children to have hope and look for a better future.”
Save the Children Programme Officer
Conclusion and recommendations for action

Children and young people in Gaza have lived through 15 years of conflict and deprivation. During this time, their childhoods have been marred by five escalations in violence and a decade and a half of blockade. They have repeatedly experienced or witnessed traumatic events and serious violations of their rights, and have told us that they live with high levels of fear, sadness and anxiety. The COVID-19 pandemic has only worsened their situation. As our research shows, children and young people's long-term exposure to traumatic events and oppressive living conditions in Gaza is progressively taking its toll. The psychosocial wellbeing of children and young people in Gaza, and their capacities to cope and recover, will continue to erode if nothing changes.

Reversing these impacts requires:

1. an immediate end to the most significant stressors in children's lives – conflict, violence and extreme economic deprivation, and

2. action to support the coping potential and resilience of children and their families in Gaza.

The most urgent action required by the Government of Israel is the immediate lifting of the blockade of the Gaza Strip. The blockade is the primary root cause for the persistent denial of the rights of children in Gaza and the impoverishment of their families, with dire mental health consequences, as documented in this report.

The international community should work with all parties to create conditions for renewed talks between the parties to the conflict for a just solution that addresses the underlying causes of violence, that upholds equal rights for both Palestinian and Israeli children, and that will end the decades-long occupation as the only sustainable resolution to the conflict in accordance with UN resolutions.

Action is required by all actors to ensure a respectful and dignified delivery of humanitarian assistance, including urgent accessible and inclusive MHPSS services, in order to build on and strengthen the coping mechanisms and resilience of children and their families. This requires strong coordination among actors; investment in building the capacity of the national workforce to deliver a range of MHPSS services across health, education and child protection; and prioritising funding for child and adolescent MHPSS approaches and services.

Specifically, Save the Children is urging the Government of Israel to:

- Lift the blockade in its entirety, as a matter of urgent priority for protecting and promoting the mental health and psychosocial wellbeing of Gaza's children.
  - All crossings should be opened to allow goods – both commercial and humanitarian – and people to freely enter and leave Gaza to access family, livelihoods, education, protection and medical care. Restrictions on the entrance of some items should be lifted and additional exports allowed. Access must be granted for items that are needed by the civilian population.

---

60 In May 2021 the UN Human Rights Council in its 30th Special Session established a permanent independent commission of inquiry to investigate all alleged violations of international law in the oPt including East Jerusalem and Israel. https://documents-dds-ny.un.org/doc/UNDOC/GEN/G21/114/96/PDF/G2111496.pdf?OpenElement

61 The UN Special Rapporteur on the Situation of Human Rights in the oPt, Michael Lynk, has argued that not only are many individual elements of Israel’s occupation illegal, but fundamentally its entire role as the occupier has “crossed a red line into illegality”. https://www.ohchr.org/en/taxonomy/term/1305#page=13 According to international humanitarian law, an occupation must be temporary and the occupying authority cannot make permanent changes on the occupied lands. Many lawyers and scholars argue that Israel violated the principles of a legal occupation by making it prolonged and by making permanent changes such as the building of settlements in the West Bank: https://ecfr.eu/publication/israels_unlawfully_prolonged_occupation_7296/

62 Such as UNGA Resolution 2628, see: https://www.jewishvirtuallibrary.org/un-general-assembly-resolution-2628-november-1970. Other UN resolutions, such as UNSCR 2334, state that Israel’s settlement activity constitutes a “flagrant violation” of international law and has “no legal validity”. 
• Permit access to Gaza for humanitarian workers, who provide essential services – including MHPSS – and contribute to the proper functioning of normal civilian life by strengthening civil society and resilience. Humanitarian assistance must be provided in a respectful and dignified manner, that is gender responsive and conflict sensitive, child-friendly, and supports children’s and caregivers’ autonomy and decision making.

• Collaborate with international human rights actors and accountability mechanisms across the human rights and peace and security sectors – including but not limited to the Special Representative of the Secretary-General on Children and Armed Conflict, the Human Rights Council’s Commission of Inquiry, and the Special Rapporteur on the Situation of Human Rights in the occupied Palestinian territory – to address and prevent grave violations of children’s rights, including attacks on schools and the killing and maiming of children.

Save the Children is urging the Palestinian Authority and de facto authorities in Gaza to:

• Take urgent steps to protect children and families in both Gaza and Israel from physical and psychological harm by respecting international humanitarian and human rights law. Given their exercise of government-like functions and territorial control, the de facto authorities in Gaza also bear human rights obligations.

• Provide essential MHPSS services to children, focusing on action to support the coping mechanisms and resilience of children and their families in Gaza.
  - MHPSS services should be integrated in the education system, including social-emotional learning (SEL) in school curricula and school counselling services for children in distress and referral to MHPSS services. Psychosocial support for educational personnel and caregivers should be provided.
  - Ensure access to MHPSS orientation, and training for and supervision of health workers, teachers, child protection workers, community members and caregivers to deliver psychological first aid and other MHPSS services, including referrals.

• Provide adequate support mechanisms to parents and caregivers to reduce distress and enable them to fulfil a positive parenting role. Caregivers’ parenting capacity is reportedly overwhelmed and needs to be restored in order to support children’s psychosocial wellbeing.

• Collaborate with international human rights actors and accountability mechanisms across the human rights and peace and security sectors to address and prevent grave violations of children’s rights, including attacks on schools and the killing and maiming of children.

Save the Children is urging the international community to:

• Reaffirm UN Security Council Resolution 1860 and call on the Government of Israel to lift the blockade on Gaza. This should be implemented through a time-bound plan, which includes benchmarks and accountability mechanisms. If progress is not made to lift the blockade, a common response to the Government of Israel should be developed.

• Urge the Government of Israel to reverse all laws, policies and practices, including the separation policy, that result in the fragmentation and isolation of Palestinian society and discrimination against Palestinian children and their families.

• Until these measures are reversed, put pressure on the Government of Israel to:
  - Allow Palestinians to travel between the West Bank and Gaza and Israel, subject to appropriate and reasonable procedures for individual security screenings prior to entry into Israel. Any restrictions on movement should be placed only in exceptional cases of legitimate security concern, as defined by international humanitarian law.
  - Introduce mechanisms and principles proposed to facilitate the free movement of people across the occupied Palestinian territory. Medical patients, students, family reunification cases and business travel should be prioritised, with transit denials by the Government of Israel limited to exceptional and legitimate security-related cases.

• Ensure that immediate and independent investigations take place into potential violations of international law, and that perpetrators are held to account. This includes providing diplomatic, political and financial support to all existing international accountability mechanisms – whether judicial or non-judicial.
Save the Children is urging the UN Secretary-General to:

- List Israeli government forces for killing and maiming children and their attacks on schools and hospitals in the annexes of his forthcoming annual Children and Armed Conflict report.
- Further investigate to determine which Palestinian armed groups should be listed for killing and maiming children in the annexes of the forthcoming annual Children and Armed Conflict report.

Save the Children is urging donors and humanitarian agencies working in Gaza to:

- Fund and support initiatives that remove key sources of distress – such as unsafe access to water, electricity cuts and not being able to go to school – and support the coping and resilience of children and their families in Gaza.
  - Long-term, sustainable, flexible funding should be dedicated to MHPSS in education, health and child protection budgets.
  - Invest in strengthening the capacity of local authorities and organisations to provide MHPSS and child protection programming and services and protective environments for children, including required investment in staff care and wellbeing systems, policies and interventions.
  - All humanitarian assistance should promote the realisation of equal rights for Palestinians, place children and their protection at the centre of responses as informed by an intersectional age, gender and disability inclusive analysis, and be matched by a political commitment to address violations of international law that are the root causes of humanitarian needs.
- Support agencies and civil society organisations to coordinate, implement, mainstream and scale up child protection and MHPSS programming and services in Gaza that take a ‘whole family’ approach, as well as to strengthen government child protection systems and MHPSS services.

Photo: Alessandra Sanguinetti/Save The Children

When Hana,* 16, was just eight years old, she lost her mother and four young brothers in an airstrike during the 2014 escalation. The blast threw Hana* over 200 metres, breaking both her arms and leaving her with a serious head injury. Following the incident, Hana* suffered from severe insomnia, flashbacks and PTSD.
Acknowledgements

This paper was written by Claire Mason. Thanks are due to Marta Petagna, Claire Nicoll, Caitlin Smith and Lana Ramadan for their invaluable work on it. Special thanks to Ali Shaqalah and Save the Children’s field office in Gaza along with partner organisation, Ma’an Development Centre, for leading on the data collection. Data analysis was carried out by Alpha International Research company.

Thanks are due to the dedicated staff who conducted the research, the Palestinian experts who offered insights, and Save the Children colleagues who provided expertise and feedback. Most of all, we are grateful to the Palestinian children and young people who took the time to share their experiences, challenges and hopes for the future.

Save the Children © 2022

This publication is copyrighted, but may be reproduced by any method without fee or prior permission for teaching purposes, but not for resale. For copying in any other circumstances, prior written permission must be obtained from the publisher, and a fee may be payable.

Design: GrasshopperDesign.net