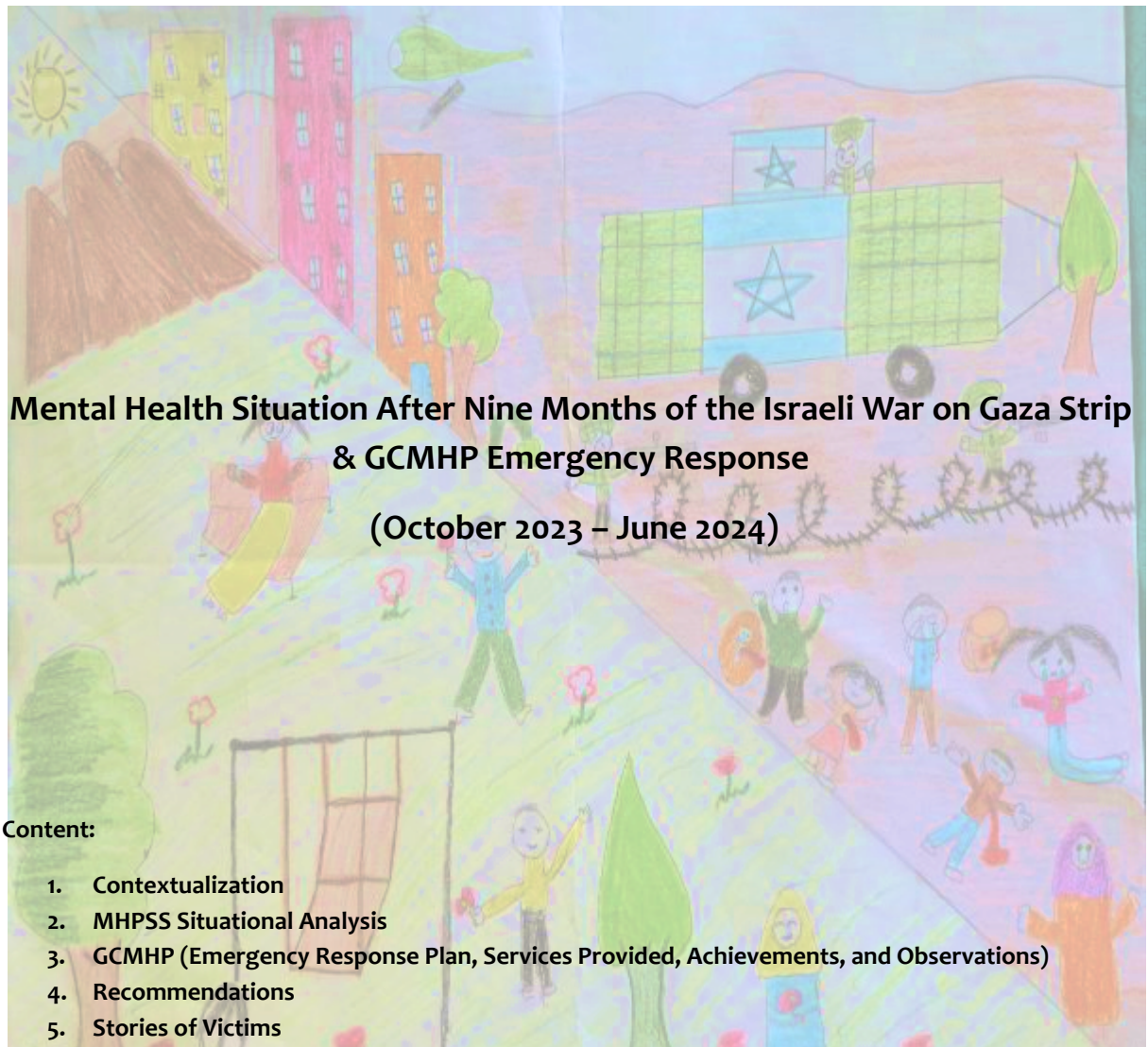




Mental Health Situation After Nine Months of the Israeli War on Gaza Strip & GCMHP Emergency Response (October 2023 – June 2024)

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1. Contextualization

Israel initiated a military operation in the early afternoon hours of October 7th, declaring that it was at war. It soon closed all border crossings that allowed the import of food, fuel, and other goods, and laid siege to the Gaza Strip, turning off the supply of electricity and water from Israel. The Israeli military forces carried out unprecedented airstrike attacks targeting neighbourhoods, cities, towns, affecting mostly innocent civilians, including women, children, elderly, and those with disabilities. This was followed by a ground attack and a military operation inside the Strip beginning from October 27, specifically in the North and Gaza governorates, with a series of air strikes and widespread bombing that led to the cutting of power supply and telecommunication lines.

A collapsing healthcare system, continuous human rights violations, many massacres, and a scarcity of necessities like food, clean water, and medicine, were the hallmarks of the ongoing offensive that started in October. Various reports considered the level and speed of destruction to be the very worst in recent history. Persistent shelling over the Gaza Strip resulted in the mass displacement of a people who were forced to escape to often even more perilous areas. Figure (1) below shows the direct results announced by the UN and local agencies.



Sources: PCBS, UNRWA, UNICEF, MoH

2. MHPSS Situational Analysis

GCMHP conducted a desk review to analyse the current situation regarding the mental health and psychosocial support (MHPSS). People are more prone to have a variety of mental health conditions during and after disasters, and the majority including children could be severely traumatized. Some people develop new mental disorders after any disaster, such as depression, and post-traumatic stress disorder (PTSD), while others experience psychological distress. The World Health Organization (WHO) further confirmed that "people are more likely to suffer from a range of mental health problems during and after emergencies." Following an emergency, some people experience psychological distress, including grief, distress, substance abuse, depression, anxiety, and post-traumatic stress disorder (PTSD).

Reports from numerous international organizations that were released before October 7 described the psychological issues that the people of the Gaza Strip already faced in terms of response and readiness.

The Humanitarian Needs Overview (HNO), 2023, showed that 495,600 children in the Gaza Strip needed Mental Health and Psychosocial Support Services (MHPSS) and anticipated that this figure has increased in 2023. In all, Palestinians have been enduring the financial, emotional, and safety implications of occupation for the past 55 years. Particularly, Gaza still has restricted access to vital health treatments as well as mental health and psychosocial care¹. UNESCWA issued a report in October 2023 stating that the ongoing conflict in Gaza and Israel's siege of the Strip have left the people in a state of unparalleled hardship and multifaceted poverty, resulting in a humanitarian crisis. Poverty and deprivation will affect a sizable portion of the population for years to come, even if a ceasefire is agreed upon and humanitarian aid is permitted to enter Gaza. This is primarily because of the extent of human life and limb loss, loss of human capital and

capabilities, and destruction of socioeconomic infrastructure².

According to the report "Trapped and Scarred/ The Compounding Mental Health Inflicted on Palestinian Children in Gaza" by Save the Children in 2022, the prolonged and frequent exposure of children to traumatic events and harsh living conditions in Gaza had already resulted in a mental health crisis. Palestinian children will bear the mental consequences for years to come. However, with adequate support, these negative impacts can be reversed. Appropriate interventions can offset the impact of conflict— assuming that safety, security, and nurturing environments are restored. Parents and caregivers need mental health support too to cope with this crisis. Research shows that providing such mental health support for parents can help mitigate the effects of potential trauma on their children³.

In November 2023, Médecins du Monde also published a report stating that even before the current crisis Palestine had one of the highest levels of mental health issues and psychological disorders in the eastern Mediterranean region. Some 543,000 children were already in need of MHPSS services, and two-thirds of the population were showing signs of psychological distress. It is expected that as the war continues, those numbers will grow exponentially, and every child will need mental health support. This crisis extends to the mental health providers too – carers who are part of Gazan society and are directly impacted themselves. [Read article](#).

In its update from December 29, 2023, the UN Office for the Coordination of Humanitarian Affairs (OCHA) noted that diseases were spreading more widely in Gaza, most likely due to the recent mass displacement that took place throughout the southern part of the territory. Many families have experienced multiple moves. This situation adds to the strain on an already

¹ Humanitarian Needs Overview 2023 | United Nations Office for the Coordination of Humanitarian Affairs - occupied Palestinian territory (ochaopt.org)

² <https://www.unescwa.org/publications/war-gaza-unprecedented-devastating-impact>

³ <https://resourcecentre.savethechildren.net/pdf/Trapped-and-Scarred-Final-1-1.pdf/>

overworked health system that is struggling to meet the enormous needs of the public⁴.

Over 2.2 million people living in the Gaza Strip have been impacted by this war, and many of them will have psychological and physical wounds that last a lifetime and can impact future generations. Where untreated mental health conditions can result in impairment, aggressive behaviours, substance abuse, and suicide, the services provided via GCMHP are critically needed. The impact of such conditions can be contained and reduced through appropriate and effective support, counselling, and therapy. The gradual increase in demand for the GCMHP's services in earlier non-emergency situations and previous military attacks has laid the groundwork for its current responsiveness and preparedness.

3. Gaza Community Mental Health Programme (GCMHP)

3.1. GCMHP Emergency Response Plan & Services Provided

GCMHP was established as a non-government organization (NGO) in 1990 to introduce community mental healthcare to Gaza and provide specialized mental health and psychosocial services guided by the principles of justice and human rights. As the only NGO providing specialised mental health services in the Gaza Strip, GCMHP aimed to improve the mental health sector in the Gaza Strip through awareness raising, education, capacity building, scientific research, advocacy, lobbying, mobilization, treatment, and rehabilitation activities.

Considering the context mentioned above and its consequences, GCMHP finds that there is an urgent need to expand a set of services provided to the population in the Gaza Strip, which are as follows: (1) Providing psychological first aid to affected people and displaced families, which include women, men, children, the elderly, and people with disabilities. (2) Providing community

awareness and psychological counselling services including the free telephone counselling line 1800222333 advising community members on how to deal with crises and identify symptoms that require psychological interventions. (3) Providing specialized mental health services to children and adults who have developed severe psychological symptoms. (4) Providing supportive professional supervision and care for professionals who provide MHPSS services in the frontlines. (5) Networking with other service providers in the fields of MHPSS and humanitarian work to ensure the provision of comprehensive services.

Accordingly, GCMHP launched its emergency response plan (ERP) 2023-2024 that includes all services are shown in the chart below:



Through its ERP, GCMHP targeted the following groups:

- Affected and Displaced Families (women, men, boys, girls) including those with/without disabilities.
- Victims of Torture
- Children and Adults with Mental Disorders
- MHPSS Staff
- Community Members

3.2. GCMHP Emergency Response Achievements (October 2023-June 2024)

During the ongoing war, GCMHP lost two of its three premises (Gaza City and Khan Yunis

⁴ Hostilities in the Gaza Strip and Israel | Flash Update #106 [EN/AR/HE] | OCHA (unocha.org).

community centers), while the third one in Deir El-Balah was partially damaged. Most painful was the loss of three female colleagues (psychologists). One man, a project coordinator, and his wife were moderately to severely injured. They lost their children and family members. A female administrative assistant was moderately injured, her daughter was killed, and her family members were injured.

Despite these challenges, GCMHP managed to ensure that the affected individuals had access to a range of mental health services and emergency interventions. Table (2) below shows a summary of the GCMHP achievements under its ERP during the period from 7 October 2023 to 15 June 2024.

Service Provided	Total Beneficiaries	B	G	M	W
Psychological first aid (12 PFA teams)	12,929	2,983	3,296	3,003	3,647
Self-care, stress management, supervision sessions	124	12	15	44	53
Specialized Mental Health	1,806	211	195	569	831
Public awareness and psychoeducation sessions	756	74	100	59	523
Free Telephone Counseling Line	575	27	4	32	312
Capacity Building (Training on PFA)	49	0	0	29	20



Photo 1 Psychological first aid visit to family in a tent



Photo 2 Psychological support session in a tent



Photo 3 Therapeutic child drawing session in a tent



Photo 4 A Training on PFA at UNRWA school



Photo 5 Psychoeducation session with women at a camp



Photo 6 Stress management session with women at a camp



Photo 7 Individual psychotherapy session at GCMHP temporary center



Photo 8 Supportive supervision session with Staff

3.3. Psychological Impact (GCMHP Observations)

This war came amid critical humanitarian conditions characterized by a long-standing blockade imposed on the Gaza Strip, internal political division and fragile economic situation. The situation has heavily impacted the mental health wellbeing of Palestinians in Gaza. The Israeli aggressions have led to alarmingly high rates of trauma and disorders among most community groups, particularly children and women. This situation has made them more vulnerable to many social and psychological problems, which are likely to remain over the generations to come.

Such difficult conditions and prolonged and multiple exposure to traumatic events have severely affected the psychological wellbeing of

the Gaza population and increased feelings of anger, frustration, and despair. Also, this has increased anxiety symptoms especially among children and women.

GCMHP observed three different feelings among Gazan people. One is the feeling of **anticipation** based on questions about the overall situation, their own situation, their own memories, their own houses. They wonder how is my home now? What is my home going to look like when this war is over? Everyone is talking about their neighbourhood. Is their house still standing or not?

The second one is **denial**. They have experienced five or six previous attacks and think that this is just a nightmare, and it should stop, or that this is not happening.

The third one is **anger**. People are angry. They can easily get into problems with each other. They talk badly about everything. They ask why is this happening, why is no one caring about them, why have there been more than 270 days of this and there are no interventions?

On the other hand, most of Gaza's children are suffering from fear and anxiety, lack of sleep, and are displaying other signs of distress, such as constant shaking and bedwetting. GCMHP believes that children who live in constant fear may suffer from prolonged anxieties and develop psychological responses to stress which can have long-lasting effects.



Photo 9 A traumatized child's drawing during a therapy session.

"All my children get really scared from the sounds of airplanes, bombings, and drones. One of my

children started wetting the bed. I do not know what I should do?" A father told a GCMHP clinician.

Adults also have their share of remembering atrocities: A woman, 42 years old, resident of Al-Mughraqa, who was displaced in a tent in Rafah, and the complaint on her lips was: *"I keep imagining corpses, and I keep remembering my son with his intestines coming out. Thank God, we were able to bury him."*

Symptoms this woman showed included nervousness over the most trivial things, resulting in screaming and hitting her sons. She was also breaking anything in front of her, feeling suffocated most of the time, having sleeping problems, disturbing dreams related to the war, remembering the event repeatedly with sweating and suffocation as if the event had not ended, decreased appetite, not wanting to do anything, and wishing to die. This combination of being traumatized and living in despair was noticed among many people who came for therapy or were seen during Psychological First Aid (PFA) visits.

What does GCMHP clinical data show?

GCMHP professionals working with families and victims during the ongoing war were asked to answer the following main questions:

- What are the most important needs expressed by the beneficiaries, whether adults, children, the elderly, or people with disabilities, from their point of view?
- What are the most common complaints and psychological symptoms that appeared during the war?
- Are there new symptoms that the beneficiaries are feeling for the first time in this war?
- How is the current war different from other previous wars?
- How did the beneficiaries deal with these complaints during the war – did they have negative or positive coping mechanisms?

Findings:

First: Regarding the people's needs: The need to find a shelter or house or even a tent was the most urgent need for many of the beneficiaries. The professionals reported beneficiaries' distress at their lack of shelter, a house, or even a tent to protect them from the cold of winter and the heat of summer. Many were displaced more than 3 times in search of a safe place because of the frequent expansion of Israeli attacks and air bombardment. One beneficiary said: *"I used to have a five-floor house, and now I live in a tent, and I don't even have a bathroom. I feel that I am not a human being"*. Another one said: *"I need a place where me and my family can settle. I am in one place and the rest of my family are in another place."*

Other people conveyed their need for balanced food and food designated for people with chronic diseases, specifically kidney patients and infants. Their suffering was also reflected in the lack of clean water for drinking, or water for everyday use. The scarcity of water and the lack of sanitation were painfully felt. The professionals also expressed the beneficiaries' urgent need for medicine and some medical supplies, in particular for kidney and cancer patients, epilepsy patients, high blood pressure and diabetes patients. Access to life necessities such as clothes and diapers for children and the elderly, hygiene tools, and money was urgently needed.

Some professionals mentioned the need of the beneficiaries for psychological support as they expressed their need to speak, express themselves, be cared for, and have someone listen to their difficult experiences. They requested assistance in learning and applying special coping mechanisms for dealing with the difficult circumstances in which they live. Especially in need of this were those female prisoners who have been exposed to difficult experiences, in particular, arrest and abuse by the Israeli army during the war.

Second: Regarding psychological complaints and symptoms among adults: The professionals reported high levels of feelings of helplessness

and despair among the beneficiaries, and that they had lost hope in coping and solving their problems. This led to them losing their self-care practices, to being unable any more to play with their children and enjoy life as they did before. They are now preoccupied with new life responsibilities that resulted from the war, such as baking bread and trying to fill water containers and secure a means of living.

Many professionals also reported the prevalence of trauma symptoms among beneficiaries and expressed them as “complex traumas” that negatively affected their behaviours, such as the refusal to acknowledge the problem, or denial, avoidance, loss of interest in personal activities, and social isolation. The professionals also mentioned that many traumatized people have become disconnected from their feelings, as if the situation does not give the events their true magnitude. And some of them have lost the ability to express themselves. (The professionals express this with the term “psychological numbness”). A professional says, *“There is one case where he talks about his problem in a continuous narrative without really showing his feelings”*. Another professional confirms, *“Some beneficiaries tell stories of losing their father, mother, wife, and children, and they are in a state of stagnation and dullness, as if the matter was simple and ordinary.”*

Another professional said, *“I have a case of a female prisoner who laughs when she is talking about the practices of strip searches and humiliation by the Israeli army.”*

In addition, many of the beneficiaries suffer from depression, a feeling of anger or resentment over their life conditions, loss of appetite, and have thoughts and attempts of suicide, and their view of life is dark. Some of them also developed behaviour such as aggression and nervousness as a result, and the frequency of violence in all its forms increased, especially domestic violence, represented by harm, beating, deprivation, and obscene words. A professional says in the words of some of the beneficiaries, *“I am getting angry at the simplest things”*.

In terms of fear and panic, many beneficiaries (adults and children) suffer from bouts of fear and panic at the sounds of bombing and any sound like it, and this is also reflected in their sleep in the form of night terrors and nightmares. Some beneficiaries also complained of anxiety. Others expressed the loss of their ability to think, plan goals, and make important decisions. Some of them indicated that they do not feel safe, have anticipation and fear of the unknown, and live in a state of fear, as if they were saying: Will I be the next victim?

From another perspective, the beneficiaries show physical complications, which are severe psychosomatic symptoms that express their anxiety. Many of them complain of joint pain, stomach pain, nerve pain, fatigue, rapid heartbeat, and shortness of breath. These physical messages are a clear expression that the beneficiaries do not give their problems a real size and do not express them completely, so the body begins to express them in the form of physical aches and pains. A beneficiary says while going to clinics and repeating the lab tests, *“I need a medicine that will comfort me.”* Another, in her fifties, lost her son, who was dear to her. *“I feel like there is something sitting on my chest, and I can’t breathe.”*

Third: Regarding the psychological complaints and symptoms among children: The professionals emphasized that children live a state of endless tragedy, as they are a fragile and vulnerable group and have a complete inability to protect themselves from Israeli attacks on the one hand and from family and societal attacks on the other hand. Other than that, there are no institutions or authorities that provide quick and effective services, support their rights, protect them, and support them through these difficult developments, and at least guarantee that attacks on them will not be repeated. From the point of view of professionals, parents suffer either from a lack of awareness of how to deal with their children or a loss of the ability to deal with them.

One of the professionals adds that some of the beneficiaries indicated that their children do not

exercise their rights to life as they should, especially not their right to play and learn. Some families also place responsibility on their children, and the lifestyle of many children during this war has changed from the lifestyle of a normal child to the lifestyle of a responsible adult. In fact, children are helping their families secure life's necessities, such as: bringing food from charitable hospices, filling water into heavy containers and carrying it on their weak bodies, standing in line for long hours to register relief requests, or searching for wood, cartons, and everything possible to start a fire for cooking and baking bread.

As for the most common complaints and psychological symptoms that children suffer from: night terrors, nightmares, phobias, bedwetting, sleepwalking, stubbornness, and intense attachment to the mother. Some mothers also complained about their children's sensitivity and irritability, which was represented by excessive nervousness. Some also developed aggressive behaviour and assaulted their peers, either by hitting or uttering obscene words.

Some children develop serious mental disorders. A professional mentions that he is following up a case of a 13-year-old child, who suffers from visual and auditory hallucinations resulting from the war period and the difficult scenes he witnessed.

Fourth: Regarding the new psychological symptoms that appeared during the war: The professionals mentioned some distinctive psychological symptoms related to the conditions of war, such as: lack of self-confidence and low self-esteem. A professional says that most of the female prisoners, after being subjected to the experience of strip searches in front of people, lost the ability to communicate visually with people, and their view of themselves became negative. As a professional recounts, "a case of a woman's displacement from Gaza to the south, and her exposure to a harsh experience while crossing Israeli army checkpoints, where she saw one of the soldiers shoot a young man and kill him in front of her. She screamed as a result, so the Israeli army

pulled her out from among the people, took off her clothes completely, blindfolded her, and beat her and verbally abused her using obscene words, in front of people on the Salah al-Din Road."

There were also reports about the occurrence of sexual assaults for both sexes and for all age groups. A professional states, "The director of one shelter says that 3 cases of sexual assault by young men as young as 18 years of age have been observed on minor children at school," and as a result, families have become very afraid for their children and prevent them from going out. A professional says, "There is one case who told me that girls should never go out of the house, and even young boys should not go out either."

Also, many professionals stated that the absence of security personnel and legal organizations has added more burdens and psychological pressures as a result of anxiety and fear of crimes being committed by others. A professional described a case he is following of "a quiet, respectable young man who lost his home and was displaced several times and is currently living in a crowded place. Because of his inability to adapt to the new situation, he has changed radically and has become a person who abuses, steals, and has bad morals." The professional also described the current situation as that of a society suffering from a lack of security and moral disintegration, and that he witnessed many young men themselves carrying (knives or scalpels) to defend themselves from trespassing strangers.

Fifth: How is the current war different from other previous offensives?

The professionals answered that this war differed quantitatively and qualitatively in all aspects of life. The war affected all members of society without exception, and people witnessed real clashes, real soldiers' battles, and repeated violent scenes of killing and wounding that they had never seen before. The community was also exposed to real tests of hunger, cold weather, and disease, in addition to the suffering of people in the experiences of forced displacement multiple times.

On the internal level, in light of this war, people are suffering from a lack of security, and the presence of bandits and thieves, and the lack of security personnel, something that society has never witnessed before.

Sixth: How did the beneficiaries deal with these complaints during the war - were there negative or positive coping mechanisms?

The professionals' answers varied regarding the coping mechanisms used by the beneficiaries. Some of them used spiritual and religious practices as a refuge to alleviate the trauma of war, while others sought help and social support from their family surroundings and psychological institutions, while many lost their ability to manage stress and behave properly. Many of the beneficiaries are helpless and frozen, denying the problem they are experiencing due to the horror of the shocks they have been exposed to.

A professional mentions the case of a man who lost his wife and children in the war, and he has a son who is being treated in Turkey as a result of an injury. He lives alone in a tent and suffers from psychosomatic symptoms. His private doctor referred him to a psychologist. He did not react and did not express his problem to the professional. He simply said: "But I need blood pressure medication, what can you offer me as a psychologist?"

4. Recommendations:

First: Mental health is a human right, and we call for the international community and global mental health organizations to secure: (1) An immediate and lasting ceasefire. (2) The entry and distribution of adequate supplies of fuel, water, food, and other humanitarian necessities. (3) Psychosocial and mental health support should be given top priority as an essential part of humanitarian aid to Gaza.

Second: An unprecedented level of mental health crisis has resulted from the ongoing war in Gaza. A comprehensive humanitarian response is essential, including evidence-based psychological interventions, to prevent trauma that lasts a lifetime.

Third: GCMHP recommends paying more attention to the following vulnerable groups:

- People with mental health disorders who were already on medication: they need to continue to be on medication. GCMHP calls for prioritizing psychotropic medications among drugs that can enter Gaza Strip and for this medication to be made accessible by the cases in need.
- People who were subjected to torture or severe trauma and show serious mental health symptoms: they need expanded specialized mental health services that should be made accessible through out Gaza Strip.
- Support for the helpers: most of the mental health carers were displaced more than once. They need caring services and supportive supervision to enable them to provide high quality services and to avoid secondary trauma.

What Do We Need as Mental Health Professionals?

First: to be able to operate or help the people mentally we need safety. People need to feel that they are safe for the society to be reconstructed. Safety requires putting an end to all human rights violations and removing visible signs that trigger trauma, including clearing all the rubble now on the streets.

Second: we as mental health workers and the society at large need to have elements of hope. We urge the international community to undertake to support people in reconstructing their homes and work to ensure that they have a future.

Third: GCMHP needs additional funding. When it is possible to do so, we need help to rebuild our destroyed community centres which will enable the organization to provide the best quality care and give the beneficiaries a feeling of privacy and confidentiality. There are more than 3,000 unemployed psychologists in Gaza Strip. With sufficient investment we could give many of them additional training and involve them in

MHPSS interventions and in the provision of PFA and basic counselling services.



Photo 10 PFA visit amid tents of displaced people

5. Stories of Victims

GCMHP Provides Urgent MH Support for Victim of Torture, Subjected to Multiple Traumas.

It never occurred to A.D that the direly needed job opportunity he had in Israel would make him earn bread that is dipped in blood.*

The 31-year-old father and his family thought they were lucky to secure this opportunity which so many Gazans wished to have. However, before even seeing the economic impact, AD* was among the first victims to be hit by the consequences of October 7. Being in Israel, he was arrested and kept in custody together with many other Gazan workers, where they were subjected to unspeakable types of torture.

He was interrogated for 24 days, every minute of which was a nightmare. They were starved, deprived of sleep, beaten up cruelly, and mentally tormented. Then the Israeli occupation forces decided to release him together with a group of other workers. They thought that the nightmare they experienced was coming to an end. But contrary to their expectations, there was still much more to endure. The soldiers led them to ‘Karm Abu Salem’ Crossing and told them: “You have to run in one direction,” so they can reach the closest point that leads to Gaza.

They did just as they were told. But for the Israeli soldiers it was a moment of fun that they couldn’t just waste. They started shooting at released prisoners.

“The bullets were coming from all directions. Some prisoners were injured, and others were shot dead. I ran as fast as I could, and then one of the men just running next to me was injured and fell on the ground, I carried him on my shoulders and kept going until I reached an UNRWA medical point. We were provided with first aid and sent to Abu Yousef Al-Najjar Hospital in Rafah”.

It was now a time for having a sigh of relief; filled with the strong emotions of seeing his loved ones, including his children, parents and wife, for whose living he was striving. But the heinous face of the occupation was lying in wait for him. He found out that his wife, all of his children, his mother, all of his siblings, his uncles and aunts had all died when their home was bombed on the 17th of October. The only one who survived was his father, 57, who was not at home when it was targeted. However, he can’t see him as he is in Gaza City which is cut off from the south.

The mental pain was incredibly excruciating for the bereaved man. He has become alone overnight. He lost his loved ones who were his strength and gave his life purpose.

Enduring such pain, AD* asked for GCMHP’s professional support. The PFA team visited him in his tent (in a very harsh environment that hundreds of thousands of displaced people suffer from). AD* was diagnosed with PTSD.

As part of our intervention, AD* has been placed on drug therapy and he will be provided with psychological sessions according to the protocol.

Torture Survivor Tells of His “Journey in Hell”

AM* is a young man who was taking shelter in the premises of Al-Aqsa University, Western Gaza City. He and his family, together with hundreds of other families thought that the premises would be safe as bombs rained down on their neighbourhoods and residential areas across the

city. Unfortunately, their sanctuary soon became a concentration camp, when the Israeli tanks besieged the university campus for 10 days before invading it and segregating women from men, and then arresting them.

AM* was among those men who lived through that horrifying experience. “The Israeli soldiers invaded the premises and started to blow up one building after another. Then they tied us up, blindfolded us after they had made us to strip down to underpants,” the survivor said.

“They almost shot me dead on several occasions. They beat me up and hit me on the groin and on the head. It was early in February and the weather was bitter,” he added.

Sadly, all that was just a prelude 80 days of incomprehensible torture. AM* was dragged into a hole filled with decomposed bodies; thrown on the ground where passing tanks touched his legs. He was made to see other prisoners being executed point blank.

“The next day they transferred us on a truck to Gaza borders. I was still tied up, blindfolded and naked. They threw us off the truck and one soldier kicked me in the scrotum. I couldn’t walk for 16 days because of the impact of that hit on the private part,” he explained.

“In the concentration camp they made me take off my underpants to be starkly naked my arms were tied to my back and pulled up in a very painful position. I spent the whole night in such posture which made it impossible for me to sleep. For a whole night I remained in such a position till I felt that my arms did not exist. Then I was transferred to Al-Eizariya prison in Jerusalem. I was in a very bad health condition.” MA* spoke of his tragic experience.

In AL-Eizariya Prison they had to literally follow the cruel instructions of the warders. For example, if the warder asked one ‘how are you?’ and one answered, ‘Thanks be to Allah’, one was tortured for a whole day. And anyway, the torture did not stop “throughout our detention”. “They stormed our cells while sleeping and put the guns to our head and pretended they were going to execute us,” he added.

“After that, we were brought to court and no charges were proven against me, but I was arrested until further notice. I dared to ask for the reason, and I was answered that ‘according to the classified items of the State of Israel, you pose a threat to the State of Israel.’

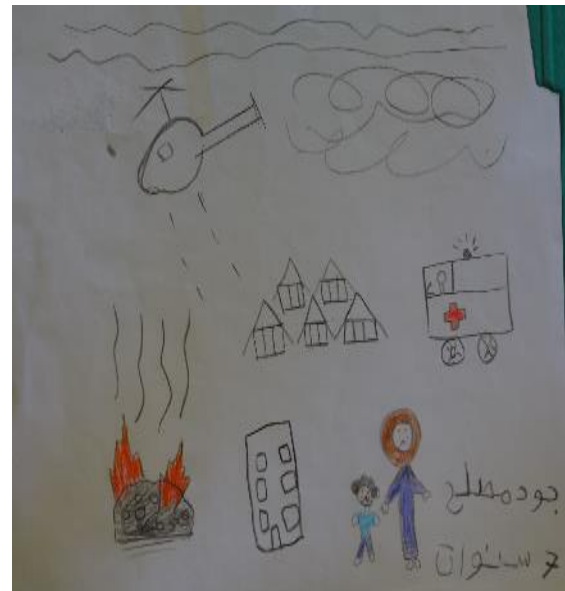
“After several days, we were transported in a truck as usual, but this time was different. We were 34 men and one woman. On the way, we were subjected to insults and beating. We reached Gaza border, and there we were told that we would be released. A soldier asked sarcastically, ‘How is the journey?’ and the answer must be ‘we’re perfect’, in fact it was a journey in hell. We were threatened that if we talked about what happened to us, we would be arrested again, even if we were in the middle of Gaza.”

“When we arrived the UNRWA received us at the Karm Abu Salem Crossing and we were given water to drink. They asked me if I knew where my family was. I shook my head, indicating no. Then they gave me a phone so I could call my family, who told me that they were still in Gaza City and did not evacuate to the south. Here I felt a strange feeling mixed with fear and joy. Thank God they are fine. I felt so overwhelmed by emotions that I passed out. However, my father was not in Gaza City with the rest of the family. He was forced to leave to the south by the Israeli soldiers. So, he came and took me with him to the shelter where he stays in Al-Maghazi. There, I was not treated as I was supposed to be. A mattress was not provided for me to sleep on for several days - I did not receive the help and attention I needed.”

GCMHP team has visited AM* in his shelter where he was diagnosed with PTSD. He was provided with drug therapy and then therapeutic sessions to help him overcome the symptoms of the PTSD. Also GCMHP visited the shelter management and explained the special needs for AM* and made sure that he was provided with his needs such as a mattress, food and water. He is still under therapy and being closely followed up.

6. Children's Drawings Gallery 2024

GCMHP shares here some drawings of traumatized children. [To see more, visit our website.](#)



Gaza Community Mental Health
Programme

July 2024

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