

The Reality of Palestinian Women

Introduction

This article highlights the condition of Palestinian women from various perspectives-historically, socially, culturally, and politically.

It also tries to assess the magnitude of the psychological suffering of Palestinian women before and after the current Intifada.

Palestinian women have been active since the beginning of the century. The difficult political situation and the consecutive wars their homeland was facing compelled the women's movement in Palestine to concentrate its efforts on welfare activities providing relief to thousands of women and children. Following the 1967 war, women's organizations added to the services they rendered with training programs that enabled women to participate in the wage-labor force. The General Union of Palestinian Women played a major role in organizing women under occupation and in the diaspora to sustain their community and uphold their families. In the late seventies, younger groups of women emerged. These were mainly university students and college graduates who formed women's committees within the various political parties in Palestine who were then working underground. In Palestine today there are five

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main political parties and a few smaller ones.

The Women Committees played a major role in the organization of the struggle for the liberation of the homeland, especially during the intifada. While a lot of emphasis was put on political work and the struggle for the liberation of the homeland, little was placed on social issues and the equal status of women.

As the negotiations between the Palestinians and Israelis were started in the early nineties, women began to realize the need for mobilization towards achieving more political and social rights for women. They began to fear the fate suffered by the women of Algeria, who were sacrificed to the achievement of political reconciliation with fundamentalist groups. Women became then more sensitive to the fact that through the long years of struggle for liberation, the issue of equal rights had been neglected.

Within the General Union of Palestinian Women, a school of thought still exists that believes that it is not yet the time to address social issues and that all efforts should be mobilized and concentrated on the liberation of the homeland. This school feels that focusing on equality issues now will divert the attention of the public from more pressing matters related to the continued occupation and harassment of Palestinians. The severe economic hardship and the lack of attention to the practical needs of women make this argument valid. The other school of thought is represented by a coalition of women's committees and organizations and professional Palestinian women who believe that it is always time to address social issues, especially now when the laws and legislation are being shaped. This second school, represented by the Women's Affairs Technical Committee, WATC, believes that the liberation of the homeland cannot be achieved if half of the community are severely discriminated against.

The Women's Affairs Technical Committee was established at the beginning of negotiations between Israel and the PLO in 1992. The PLO then established technical committees for different spheres of life to prepare for the negotiations. The representation of women within these committees was very low. In addition, no committee was established to address women's rights and issues. As women activists demanded the establishment of such a body, the Women's Affairs Technical Committee, WATC, was established. It included sixteen women activists representing three main political groups and some independent professionals. Today, WATC represents women in the four main political parties in Palestine. In addition there are representatives of women's study centers and independent professional women.

As the Oslo agreement began to be implemented, WATC started to mobilize, pressuring the Palestinian Authorities into abolishing regulations that discriminated against women. Under the Oslo Agreement, the legislation that existed in the Palestinian territories before the occupation should be in effect under the rule of the Palestinian authority. Many of these laws discriminate against women (The Palestinian women's movement 1998).

Women were suddenly required to get the permission of "their guardians" in order to obtain passports. Women who wanted to take driving lessons were required to take a male chaperone along. Some banks did not allow women to open bank accounts for their children. WATC's protests ranged from petitions and media campaigns to demonstrations and were successful in getting these regulations reversed. Furthermore, as new laws and legislation were being drafted, they were analyzed by WATC from the perspective of gender, and suggestions for change were circulated widely. Many of these suggestions were adopted by the Palestinian Legislative Council because of WATC's strong lobbying efforts. Women are now able to give their nationality to their husbands and children, and even maintain their maiden names. Passports can now be obtained without the permission of any guardian, and females do not have to be chaperoned while taking driving lessons.

WATC did not restrict its activities to lobbying for equal rights. It provided training to women running for elections, women activists, and other women in government positions. Ministers of the Palestinian National Authorities were lobbied for more representation of women in decision-making posts, and the number of women in these posts grew considerably. Meanwhile, WATC was not very successful in achieving its demand for a quota of 30% for women in the legislative council, and in spite of active campaigns to vote for women, only five women won seats in the eighty-eight seat legislative council.

WATC is now organizing and preparing for more representation of women within the municipal and village council elections. Its activities have developed to include a daily radio program on the official Palestinian radio broadcasting service and a bi-weekly newspaper titled "The Voice of Women."

Still, there are many challenges in improving the conditions of Palestinian women. These challenges however, represent a political and national dilemma for Palestinians. The condition of Palestinian women is

naturally highly affected by the conditions of the Palestinian people as a whole. It is no coincidence that the volatile political situation and the continued unrest and feelings of insecurity that Palestinians have faced during the last three or four decades have led to their having the highest fertility rate in the world, and a relatively high percentage of early marriage and drop-out rate of secondary school education for girls. One should furthermore observe certain features of Palestinian society that affect the lives of Palestinian women in particular. These include a 99% of the elderly who do not live in homes for the aged, 84% of children who do not go to nurseries, and the fact that most Palestinian women outlive their partners and depend on their children for support. In addition, only 25% of families have some kind of retirement fund, and this mainly through the males in the family.

Relations and Effects of Education, Health and Labour.

A. Education

It is generally assumed that education improves women's opportunity for a greater degree of self-sufficiency, expansion of choices, control over resources and increased freedom of movement. Education also equips women with skills to participate in the public sphere of employment, and increases the feeling that women have the right to choose their own husbands.

The proportion of females enrolled in basic and secondary education increased incrementally between 1975 and 1996: primary education rose from 45.37% in 1975 to 49.05% in 1996. In the preparatory cycle, the percentage rose from 40.54% in 1975 to 46.67% in 1990. The percentage also rose dramatically for the secondary cycle from 36.86% in 1975 to 47.052% in 1996.

Literacy rate: 91.5% of males in Palestine are literate in contrast to 77% of females. The literacy rates improve with the younger generations (Suheir 1998)

B. Health

Discrimination in health care between male and female babies increases the mortality rate of female babies by 20% due to economic, social treatment, and care giving. Between 70-80 mothers in every 1000 cases die annually. This percentage increases in the age group between 15-19 signifying the disadvantages of early marriage. The number also rises to 140/1000 for women aged between 50-54.

Use of contraceptives: 45% of women at one time or another used contraceptive methods. Reasons for not using contraceptives according to a study by PCBS include: menopause 43.6%; not suitable 3.7%; cost 0.6%; lack of knowledge 2.1%; spouse opposition 17.7; own convictions 12.6%; religious convictions 7.3%; opposition of relatives 1.3%. This means that the social norms and beliefs lie behind the opposition to the use of contraceptives.

C. Labor

The percentage of women in the labor force is 11.4%. The following show a strong link between women's education and their participation in the labor force:

- The percentage of women workers in sectors other than the agricultural who have finished more than their secondary education is 39% in WB and 57% in Gaza.
- 40% of women's work is in the education sector; 20% in health and social services; 14% in textiles; 9% in sales, while 10% of males work in education, 6% in health and social services and 4.5% in textiles

Moreover, the highest percentage of females outside the labour force is within the age group 25-54, the lowest between 15-24 and over 55. These results are exactly the opposite for males. The reasons behind these findings is that women usually sacrifice their productive roles in society during their reproductive years especially because of the unavailability of services that would facilitate the work of women (Ibid 1998)

Efforts given by the Authority and Women's organisation to improve the conditions of Palestinian women:

A. Raising marriage age:

The Palestinian Women's Movement has been trying to advocate for a law that would raise the legal age of marriage to 18. Currently, the legal age for marriage is 15 for girls and 16 for boys. The Palestinian Legislative Council is trying to raise the legal age of marriage to 18.

B. Building more schools for girls:

For two years, 1996 and 1997, the slogan of the Ministry of Education has been "More Schools for Girls".

C. Transport cost sponsorship:

Through its campaigning work in the field, the Women's Affairs Technical Committee in Palestine has realized that one of the reasons for school drop-out for girls and thus to early marriage was the high cost of transport from remote areas to the nearest secondary schools. According to the statistics of the Ministry of Education, there are 160 secondary schools for girls in the West Bank and Gaza and 65 coeducational secondary schools. Most are located in the main towns. Taking into consideration that there are about 420 Palestinian villages, around 36 refugee camps and cities, this raises the need of secondary schools to over 450. The existing number of 225 schools leaves many sites without the service of a secondary school; thus students, especially in the remote areas of the West Bank, have to use transport and be able to afford it, in order to further their education. Since 1997, WATC has been trying to secure contributions for enabling girls to reach secondary schools by providing them with the cost for transportation. Although, this program cannot present a solution to the problem, a few girls may be saved.

D. Not dismissing married women from school:

Schools do not dismiss girls who get married: The Women's Movement in Palestine is today calling for a regulation that would prohibit marriage before the age of 18. As this may take a long time before it is achieved, and in view of the high percentage of early marriages, the movement saw it as an achievement when the MOE announced in 1996 that girls who get married while still in school will not be dismissed as they used to. Both male and female students who marry while still at school, however, have to visit the school counselor for possible assistance (Mirrwan 2002).

The Impact of trauma on the Palestinian Family (mothers & children)

In September, 2000, a new Palestinian uprising began against the now 34-year old Israeli occupation. The immediate cause of the uprising was the visit of the Israeli Knesset Member Ariel Sharon accompanied by over 1000 Israeli police in full riot-gear to what Jews call the Temple Mount and Muslims, the Noble Sanctuary ("El-Haram A-Sharif") on which sits Al-Aqsa Mosque. Following Friday prayers the next day, Palestinians protested this violation of their holy place, which resulted in Israeli police fatally shooting several unarmed protesters. This event provided the immediate spark for Palestinian protests throughout the West Bank and Gaza Strip, as well as the name for an uprising that continues at this writing—the "Al-Aqsa Intifada." The more distant cause for this second and

more violent Intifada was the increasingly evident failure of the Oslo peace process, whose impetus, ironically, came from the first—mainly non-violent uprising of 1987-93. Instead of a lasting peace between Israelis and Palestinians, Oslo had brought economic de-development (Roy 1995) including high unemployment, a 50% increase in Israeli settlement building and land confiscation, and a decrease in Palestinian freedom of movement and lack of civil liberties.

Our knowledge about the effect of violent trauma on children's mental health derives from the experience of both human-made and natural disasters. Studies on the effect of war on children come from the experience of the Second World War, contemporary conflicts in the Middle East, South Africa, Ireland and Bosnia, as well as the effect of urban violence targeted on American children. Similarly, studies of recent earthquakes in San Francisco and Armenia also provide useful information about children's psychological responses and their potential for recovery.

Some researchers have attempted to define the association between these traumatic events and the development of symptoms (Dunsdon, 1940; Brander, 1941; Ziv & Israeli, 1973; N. Milgram & R. Milgram, 1976; Terr, 1979; Punamaki, 1984; Krupinski, 1986; Corrolissen & Lab, 1987; Bradburn, 1991; Montgomery, 1992; Rosenbaum & Ronen, 1992; Klingman, 1992; Macksoud, 1992; Cliff, 1993), including the development of Post Traumatic Stress Disorder, PTSD (Kinzie, Sack, Angell, Manson & Rath, 1986; Pynoos, 1993; Barker, 1990; Green et. al., 1994; Weine et. al., 1995; Dawes, 1992; Dyregrove & Paundalen, 1993; Nader & Pynoos, 1993; Savin et.al.,1996; Macksoud et. al., 1996; Sack et.al.,1997). Other studies have focused on various mediating factors that mitigate the effects of traumatic experiences on children (Rofe & Lewin, 1979; Milgram & 1979; Hobfll, 1986; Hourani,1986; Mahioub, 1990), particularly including family dynamics (Freud & Burlingham, 1942; Fraser, 1974; Ziv & Israeli, 1973; Allodi,1980; Bryce and Walker,1986).

While researchers disagree on exactly how traumatic experiences may affect children's mental health, they consistently report that there is no direct link or relationship between traumatic experiences and a child's mental health. With that said, however, there is some empirical research supporting the assumption that the nature of traumatic experiences prescribes the nature and severity of psychological problems. (Punamaki, 1984; Krupinski, 1986; Carrolissen, 1987; Pynoos, 1987; Brad Burn, 1991; Straker,1992; Klingman, 1992; Dawes, 1992; Bryce, Walker and Peterson 1981).

For example, research on the psychological effects of Lebanon's 15 year Civil War (1975-1990) on Lebanese families indicates that deprived and depressed Lebanese mothers were more likely to be poor parents under these violent conditions than non-depressed mothers (Bryce, Walker and Peterson 1989). In another study [reference1989], researchers investigating the importance of different traumatic events in predicting depression among West Beirut women during Israel's 1982 invasion of Lebanon and war-related circumstances, found that only displacement from home increased depression. Similarly, a study (Rosenbaum & Ronen, 1992) of Israeli children showed that traumatic experiences, such as shelling during the 1990 Gulf War, led to higher level of anxiety in week 1 of the war than in week 5, and greater anxiety at night than during the day. Interestingly, the anxiety of the mothers of these children was higher than that of their children (Rosenbaum & Ronen, 1992).

As the "Al-Aqsa Intifada" continued into its second year, the Israeli army frequently shelled the Palestinian Gaza Strip and West Bank. Until this writing, 559 homes have been destroyed in the Gaza Strip and the West Bank. In addition, 3669 have been shelled. The Israeli army uses a variety of methods to shell or destroy homes. These methods include tank shells, bulldozers, helicopter gunship, and fighter aircraft (e.g. American-made F-16's). Homes have been bombarded and destroyed or made uninhabitable. Many families have found themselves living in tents. When families witness the destruction of their own homes by enemy soldiers, the psychological effects are immense, as the Palestinian home is not only a shelter, but also the heart of family life. There are memories of joy and pain as well as attachment to the families' objects. Home is associated with feelings of security and consolation.

"Home" is highly significant to all human beings, and seeing one's home bombed is traumatic for anyone. For Palestinians refugees, the demolition of their homes is more horrifying as it reawakens the trauma of uprooting in 1948.

"I left my home and went to my parents' house when the shelling started. When I returned to my home in the evening, I found it destroyed. The furniture was scattered and broken. I began to weep. At that moment I began to remember the time when we were uprooted from our country, Palestine. We settled in the Khan Younis camp for 35 years. Then we left the camp to live here in another area in the city."

60-year old woman, Khan Younis

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Empirical research about the impact of the political violence on women

Taking into consideration this political context, the researchers were eager to explore the phenomena of losing “home” in such situation. Thus, we hypothesize that exposure to shelling and home demolitions will result in various behavioral and neurotic symptoms among mothers and their children, and will also lead to a high level of PTSD. Also we can expect that the mothers will develop high rates of psychiatric symptoms and PTSD, and that there is certain correlation ..

For the mothers, we used the following scales:

1- Symptoms Checklist-Revised SCL-90-R: The Symptom Checklist-Revised is a self-report instrument for the assessment of somatic complaints that are associated with generalized feelings of malfunctioning (Derogatis, 1977). The SCL90-R is considered a multidimensional indicator of psychopathology. It covers a wide range of complaints reported by ambulatory psychiatric patients, and can be used for screening and evaluation purposes. The SCL-90-R was translated and validated for use with Arabic speaking populations (Abu Hien, 19–, in press).

2- Neuroticism Scale: E.P.Q. was employed in the applied Arabic version of 23 items. It was translated to Arabic and it was found that the reliability of the scale ranged between 78-83.

3- PTSD for mother: PTSD symptoms were assessed via a list of 15 symptoms draw from Allodi (1990). The interviewer inquired whether the subject had been suffering from each of them for more than one month. Reliability of the scale by Alpha Cronbach was .81.

RESULTS:

1. Trauma exposure:

For children, the most prevalent types of trauma exposure were the shelling of the home 99.2%; being tear gassed 94.9%; witnessed shooting 96.6%; saw funerals 95.8%; saw strangers being injured or killed 51.7%.

For mothers, the most prevalent types of trauma exposure were: 100% saw shooting; 99.5% witnessed shelling their homes; 97.5% were tear-gassed.

Table (1) Prevalence rate of the traumatic experiences of children and their mothers

Direct Personal experience	Child	Mother
Shelling of the home	99.2%	99.5%
Tear-gassed	94.9%	97.5%
Severe burns	1.7%	2.5%
Shot by live bullets	.8%	4.2%
Shot by plastic bullets	4.2%	1.7%
Head injury with loss of consciousness	2.5%	2.5%
Deprivation of medical help	1.7%	2.5%
Witnessing traumatic events	Child	Mother
Saw shooting, fighting or explosion	96.6%	100%
Saw stranger being injured or killed	51.7%	62.2%
Saw friend or neighbor being injured or killed	35.6%	50.4%
Saw family member being injured	22.9%	32.2%
Saw funerals	95.8%	95.9%

Table (4) Means and standard deviation for some psychiatric variables of SCL for the Palestinian women before and after the Al-Aqsa Intifada

Variable	Before Al-Aqsa Intifada		During Al-Aqsa Intifada	
	SD.	Mean	SD.	Mean
Physical symptoms	7.5	8.1	8.6	19.7
Obsessions-Compulsions	5.9	6.9	7.0	16.9
Sensitivity	6.6	8.9	6.3	16.2
Depression	8.9	11.2	9.0	24.6
Anxiety	6.2	6.8	6.1	16.6
Hostility	3.6	4.1	3.9	9.0
Phobias	3.9	3.7	6.1	11.8
Paranoia	4.4	4.7	4.4	8.7
Psychosis	5.5	4.8	6.9	11.2

Discussion

This article reports the reality of the Palestinian women in various perspectives, including the description of the psychological suffering of the mother and children who are currently exposed to shelling and bombardment, and the role of trauma-, child-, and mother-related characteristics in determining the symptoms. The results revealed a high level of PTSD: more than a half (55%) of the children suffered from severe level of PTSD symptoms, and a third from moderate level. The percentage corresponds with the levels of PTSD among the Cambodian (Kinzie, et al., 1986; Sack et al., 1995), and South American (Cervantes, et al., 1989) and Bosnia-Herzegovian (Smith et al., 2002) refugee children fleeing atrocities in their home countries. The level of PTSD was considerably higher than was reported among Lebanese and Israeli children (Laor et al., 1997; 22%), but lower than was reported among Iraqi children (Dyregrov et al., 2002; 84%).

There are some context-specific characteristics of the current trauma that may explain the children's high level of PTSD. First, losing one's home means more than an acute disaster for Palestinians as it evokes the memories of being a refugee and fleeing the home land. Shelling and demolition of home also means that families are forced to live in tents or in the houses of the relatives, which both is a reminiscent of the 1948 refugee and a reason for practical and social problems.

There are several documentations of how the current shelling and house demolitions evoke memories associated with the loss of historic Palestine in the 1948 war, which is the initial source of fear and insecurity and deeply affects the inner layers of the Palestinian psyche (El Sarraj, Tawahina, & Abu Hein, 1991). In the same vein, Israeli researchers have shown that combat soldiers whose parents were survivors of the holocaust were more vulnerable to PTSD than controls (Solomon,).

Second, shelling or demolition happens suddenly without prior notice. It is the unpredictability that is considered to be the most traumatic for both humans and primates (Seligman). The methods that the Israeli army employs in shelling, attacks and demolition are psychologically devastating, as the army carries them out suddenly in the middle of the night or sometimes at midday, when people are engaged in their daily life. Third, families are systematically prevented from helping their wounded dear ones, and to bury them with decency and honor. The bereavement process is therefore often inferred by strong feelings of guilt, helplessness, despair and anger. The following description depicts some of the reality of the families studied .

“I can’t forget that day, when my husband had been injured after our home had been hit by a missile. My home is near an Israeli checkpoint and one day they started to shell our home. My husband, kids and I tried to cross the wide street, which is close to the checkpoint to another street where we would be able to escape to a safer place. I arrived at the street first with my kids and my husband was behind us. He had almost arrived at that street when a missile hit his leg, knocking him down. My husband’s brothers ran to him and one tried to give him some first aid. The ambulance could not get through to take him to the hospital because of the shelling. Our house is on a wide street and the checkpoint is on high ground, so the Israeli soldiers can see everyone passing in the street. Finally, one of our neighbors came with his car and took my husband to the hospital. In the hospital they had to amputate my husband’s leg because he was too late getting to the hospital.” (Mother of four, 37 years).

Our results confirmed the already classical argument that the way the mother responds to danger and life threat, influences her offsprings. The mother’s PTS- symptoms and educational level was the most important determinanta of their children’s PTS- and especially avoidance symptoms. Yet, the mother’s characteristics determined the symptoms together with child’s characteristics and marginally with the trauma exposure. The girls witnessing violence to others and having well-educated mothers with high PTSD showed the highest level of PTS-symptoms. Intrusion symptoms were most common among young girls whose mothers showed a high PTSD, whereas, avoidance symptoms were common among all children, who were personally exposed to trauma, and whose mothers were educated and showed a high level of PTSD. Thus, intrusion symptoms seem to be more a function of child characteristics, and avoidance symptoms of the trauma itself. The result contributes to the hypotheses that PTSD is a dynamic and multi-dimensional concept, and that different models explain the occurrence of intrusion and avoidance (Horowitz, KS: JTS).

Girls were more vulnerable to PTSD, which concurs with the research on children living in war zones (for review, Pfefferbaum, 1997) and peaceful areas (Yule, 2000). In our sample, the gender differences were evident for both categorical (diagnostic) and symptom levels of PTSD. Concerning the specificity of symptoms, girls showed more intrusion, but not avoidance or hyperarousal, than boys. Our results differ from Hadi and Hlabre (1998), who found no gender differences in the severity of PTSD among Kuwaiti children.

The age of the child was not associated with the diagnostic severity of

PTSD, but younger children suffered more from intrusion symptoms than older. Earlier research on the child age and PTSD is discrepant. On the one hand, young children are suggested to be protected due to their less accurate perception and understanding of trauma (Pfefferbaum, 1997; Fivush), and, on the one hand, more vulnerable due to their less effective coping capacities (Weisenberg et al., 1993; Punamäki & Puhakka, 1995). Clinical observations indicate that intrusion symptoms can be very frightening for children. Young Palestinian children reported, for instance, that “the fighting is going on in my head at night”, when referring to nightmares. That may explain why younger children were more vulnerable especially to intrusion symptoms.

Our results contradict the findings among Kuwaiti children (Hadi, and Llabre, 1998; Pynoos, 1993) suggesting that only the severity of personal exposure to direct violence and witnessing of violent acts lead to PTSD. Yet, they concur with Israeli research evidencing the important role of parental responses in determining children’s PTSD (Bat-Zion, 1996; Solomon).

In our models, witnessing violence towards others was marginally associated with total PSD-score, and direct trauma with avoidance symptoms. The relatively modest trauma-symptom link may be explained by the acuteness of traumatic stress in our study. The families were interviewed while military action was still going on. The life endangering situation apparently affected all children, and the accumulation of trauma was not salient in explaining the general variation of intrusive, hypervigilant and avoidance symptoms.

Both the high level of PTSD among Palestinian children and the importance of their mothers’ responses to life-threat, emphasize, again, that a safe home fulfills a basic need and makes it possible to establish secure and adaptive human relationships (Garbarino, Kostelny, & Dubrow, 1992). Tragically, the protective shield that is essential for children’s mental health is dramatically destroyed when their families are faced with the shelling and demolition of their homes. It is also important to remember that the atmosphere of military and political violence creates a state of disorganization inside the Palestinian family. Our earlier findings suggested that military trauma was associated with neglecting and non-involved parenting styles, which mediated the negative impact of trauma on child adjustment (Punamäki, Qouta, & El Sarraj). The fact that parents are unable to protect their children and appear to be helpless victims in front of them has an especially devastating impact on child development

(Punamäki, 1987; Lieblich, 1977). Eight-year old Moti typifies this when he said, "Mother, when I hear the shelling, it feels like we're going to die. Can you tell me when the shelling will be over?" The mother tried to calm down her son and told him that it would be safer tomorrow. But when the shelling started again, the mother felt very confused. For her, the shelling and demolitions did not only mean danger to life but challenged a highly intimate and personal question of her task as a mother protecting her children.

The results confirm that in this sample Palestinian children and their mothers have a high prevalence of both direct experience of military trauma and indirect exposure by witnessing assaults to others. The mean amount of exposure is congruent with research by Nader and Pynoos (1993) who used a 10-item trauma scale and reported exposure by an average of five different types of trauma for Kuwaiti children during the Iraqi occupation. In our study, the scale consisted of 12 items and the mean number of traumatic events was six. The exposure was, however more severe as compared to Lebanese children studied by Macksoud and Aber (1996), who used a 28-item trauma scale and reported average exposure to 5.7 traumatic events. The level of family exposure corresponds with the reports by International and local human right organizations. The Israeli government is responsible for the indiscriminate attack on civilian population in the re-occupied areas. Facing validity since tear gassing, home demolitions and injuries due to bullet wounds have been widely reported.

Our study has many faults and can be generalized only to families living in acute danger to life and military destruction. First, our sample is relatively small and focused and prevents all epidemiological conclusions on the national level. Second, to gain a genuine view of how families survive extreme life-endangering situations, the responses of the fathers are also essential. A more comprehensive setting including family resiliency and vulnerable factors could have been more informative.

References

- Allodi, (1990)
- Allodi, F.A. (1991). Assesment and treatment of torture victims: A critical review. *Journal of Nervous and Mental Disease*, 179, 4-11.
- Adjukovits ().
- Baker, A., (1990). Psychological Responses of Palestinian Children to the Environmental Stress Associated with Military Occupation, *Journal of Refugee Studies*, 4, 237-247.

- Brander, T. (1941). Kinderpsychiatrische Beobachtungen während des Krieges in Finland 1939-1940. *Zeitschrift für Kinder Psychiatrie*, 7,177-187.
- Bryce & Walker, 1985
- Cervantes
- Cliff, J. (1993). The Impact of War on Children: Health in Mozambique. *Social Science Medicine*, 36,7,843,848.
- Dawes, A.(1992). Mental Health in South Africa. *South African Journal of Psychology*, 22,28-33.
- Dunsdon, M.I. (1941). A Psychologist's Contribution to Air Raid Problems. *Mental Health*, 2, 37-41.
- Dyregrove, A.& Raundalen, M.(1993). A longitudinal Study of War-Exposed Children in Iraq, Presented at the International GCMHP Conference Mental Health and the Challenge of Peace, 13-15 September 1993.KS.
- El Sarraj, Punamäki, Salmi, & Summerfield, 1996;
- Freud, A. & Burlingham, D.T. (1943). *War and Children*. New York: Medica War Books, Ernest Willard.
- Garbarino, J., Kostelny, K. & Dubrow, N. & Pardo, C. (1992). *Children in Danger*, San Francisco: Josey-Bass Publishers.
- Hadi, & Llabre (TRAUMATIC STRESS).
- Kinzie, J. D., Sack, W.H., Angel, R.H., Manson, S, & Rath, B. (1996). The psychiatric effect of massive trauma on Cambodian children: I The children. *Journal of the American Academy of Child Psychiatry*, 25, 370-376.
- Klingman, A.(1992). Stress Reaction of Israeli Youth during the Gulf War: A Quantitative Study. *Professional Psychology, Research Practice*, 23(6), 521-527.
- Last, V.(1989). Transgenerational impact of Holocaust trauma: Current status of evidence. *Journal of Mental Health*, 14,17,23.
- Laor, 1997
- Laor 2001
- Llabre, & Hadi
- Macksoud, M. (1993). Assessing War Trauma in Children, *Journal of Refugee Studies*, 7, 34-54.
- Macksoud, M., & Aber, J. (1996). The War Experience and Psychological Development of Children in Lebanon. *Child Development*, 67, 72-88.
- Milgram, R., Milgram, N.(1976). The Effect of the Yom-Kippur War on Anxiety Level in Israeli Children, *Journal of Psychology*, 94, 107-113.
- Nader, K.O.
- Nader, K.O., & Pynoos, R.S. (1993). Preliminary Study on Grief Among the Children of Kuwait Following the Gulf Crisis, *British Journal of Clinical Psychology*, 32, 407-416.
- Nader, K.O., & Fairbanks, Punamäki, R.L., (1984) Reactions of Palestinian and Israeli Children to War and Violence. *Arab Studies Institute*.
- Punamäki, R.L. (1998). The role of dreams in protecting psychological well-being in traumatic conditions. *International Journal of Developmental Behaviour*, 22, 559-588.
- Punamäki, R.L. (1987).

- Punamäki, R.L., & Puhakka, T.
Punamäki, R.L., Qouta, S., & El Sarraj, E. (2001)
Punamäki, R.L., Qouta, S., & El Sarraj, E. (1996) Models
Qouta, S., Punamäki, R.L. & El Sarraj, E. (1996). House demolition and mental health: the victims and witnesses. *Journal of Social Distress and Homeless*, 6, 203-211.
Qouota, Punamäki, & El Sarraj, 1997
Pynoos, R.S. (1987).
Pynoos, R.S., Frederick, C., Nader, K., Arroy, W., Steinberg, A., Eth, S., Nunez, F., & Fairbanks, L. (1987). Life Threat and Post-Traumatic Stress in School-Age Children. *Archives of General Psychiatry*, 44, 1057-1063.
Rosenbaum, M. & Ronen, T. (1992). How did Israeli Children and their Parents cope with the Threat of Daily Attacks by Scud Missiles during the Gulf War? Paper presented at the Ministry of Education Conference on the Stress Reaction of Children in the Gulf War. Ramat Gan, Israel.
Roy (1995).
Sack, W.H., Clarke, G.N., & Seeley, J. (1995). Posttraumatic stress disorder across two generations of Cambodian refugees. *Journal of American Academy of Child and Adolescence Psychiatry*, 34, 1160-1166.
Saigh, (1991)
Weisenberg, M., Schwarzwald, J., Waysman, M., Solomon, Z., & Klingman, A. (1993). Coping of school-age children in the sealed room during scud missile bombardment and postwar stress reactions. *Journal of Consulting and Clinical Psychology*, 61, 462-467.
Ziv, A. & Israeli, R. (1973). Effects of Bombardment on the Manifest Anxiety Levels of