



## Effects of Political and Community Violence on Mental Health of Adolescence in Gaza Strip.

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### Abstract

**Aim:** The aim of this study to investigate the impact of trauma due to Israeli and community violence on Palestinian adolescents PTSD, depression, and anxiety.

**Method:** A stratified cluster random sample survey of 394 adolescents; (51.5% males 49.5% females) aged between 15-18 years were assessed. The researcher used descriptive analytical design to represent the entire sample of the population. However, the researcher used some of modified scales from which; Gaza traumatic events checklist for Israelis violence, Gaza traumatic events checklist for factional fighting, the revised children's manifest anxiety scale (RCMAS), child depression inventory (CDI), UCLA PTSD Index for DSM IV.

**Results:** The major findings were: the most common traumatic events due to Israel violence revealed by children was "watching mutilated bodies in TV" by 90.4%, the most common traumatic events due to factional fighting was "hearing the shootings and bombardment due to fighting in the streets" by 87.1%. The prevalence of severe Israel violence events was 23.6%. The prevalence of severe factional fighting events was 22.1%. There were a significant association between Israel violence and factional fighting. The prevalence of anxiety, depression, and PTSD were 20.8%, 31.0%, 12.7% consecutively. There were positive significant correlation between anxiety, PTSD, depression and political violence. The study found significant differences in anxiety levels according to sex, but there were no significant differences in PTSD and depression levels according to sex. The study found significant differences between the means of anxiety, PTSD and depression levels according to Israel violence and factional fighting levels.

### Clinical implications

The findings of this study showed that there are needs for establishing therapeutic programmes including counseling for victims of violence or for those at risk, support groups, and behavioral therapy for depression and other psychiatric disorders. Also, public education campaigns using the media to target entire communities or educational campaigns for specific settings such as schools, workplaces, and health care and other institutions. For schools extracurricular activities for young people, such as sports, drama, art and music must be established. Moreover, training for police, health and education professionals, and employers to make them better able to identify and respond to the different types of violence.

**Keywords:** Children, Political Violence, PTSD, Anxiety, Depression.



## **Introduction**

More than 1.3 million people worldwide die each year as a result of violence in all its forms (self-directed, interpersonal and collective), accounting for 2.5% of global mortality. For people aged 15–44 years, violence is the fourth leading cause of death worldwide (WHO, 2014). From a health point of view, the impact of violence in general may be seen within a traumatization framework, i.e. that the different types of violence, including political violence, induce physical and/or mental harm to (i.e. traumatize) individuals, groups or populations. A separation of physical and mental traumatization is difficult, since physical traumatization can hardly occur without being accompanied by mental traumatization (WHO, 2002). The impact of conflicts on mental health is, however, extremely complex and unpredictable. It is influenced by a host of factors such as the nature of the conflict, the kind of trauma and distress experienced, the cultural context, and the resources that individuals and communities bring to bear on their situation (Summerfield, 1991). De Jong et al. (2001) studied community samples in four low-income countries that had recently been experiencing internal conflict. The prevalence rates for PTSD were 37.4% in Algeria, 28.4% in Cambodia, 15.8% in Ethiopia, and 17.8% in Gaza. Torture was reported by 8.4% in Algeria, 9.0% in Cambodia, 25.5% in Ethiopia, and 15.0% in Gaza.

In all cases, torture was significantly related to risk of PTSD. In a study of Silove et al, (2002) examines the effect of torture in generating PTSD symptoms by comparing its impact with that of other traumas suffered by a war-affected sample of Tamils living in Australia. Traumatic predictors of PTSD were examined among a subsample of 107 Tamils (refugees, asylum seekers, and voluntary immigrants) . Tamils exposed to torture returned statistically higher PTSD scores than other war trauma survivors after controlling for overall levels of trauma exposure. Similarly, in the study of Qouta et al, (2003) the prevalence and determinants of PTSD were assessed among 121 Palestinian children (6-16 years; 45% girls and 55% boys) living in the area of bombardment. The results showed that 54% of the children suffered from severe, 33.5 % from moderate and 11 % from mild and doubtful levels of PTSD. Girls were more vulnerable; 58% of them suffered from severe PTSD, and none scored on the mild or



doubtful levels of PTSD. In the study of Elbedour et al, (2007) to evaluate and describe the psychological effects of exposure of war-like circumstances on this population. Participants for this study were 229 Palestinian adolescents living in the Gaza Strip who were administered measures of post-traumatic stress disorder (PTSD), depression, anxiety, and coping. Of the 229 participants, 68.9% were classified as having developed PTSD, 40.0% reported moderate or severe levels of depression, 94.9% were classified as having severe anxiety levels, and 69.9% demonstrated undesirable coping responses. Similarly, Khamis (2008) in study aimed to assess the occurrence of post-traumatic stress disorder (PTSD) and psychiatric disorders (i.e., anxiety and depression) in Palestinian adolescents following intifada-related injuries found that 137 adolescents (76.5%) in the sample met full criteria for PTSD diagnosis after they had been injured by live ammunition. About 41 (29.9%) of the cases had a delayed onset; that is, the onset of symptoms occurred more than 6 months after the trauma. In regard to depression and anxiety, significant differences were found between PTSD and non- PTSD adolescents on the depression scale and anxiety scale. Adolescents who exhibited PTSD symptoms were more likely to report higher levels of depression and anxiety.

Also, Thabet et al (2008) in study of 200 families from North Gaza and East Gaza showed that 70.1% of children were likely to present with PTSD, 33.9% were rated as having anxiety symptoms of likely clinical significance, and 42.7% were rated as having significant mental health morbidity by their parents. Thabet et al (2015a) in study of acute traumatic stress disorder symptoms in a sample of displaced and non-displaced children and adolescents in the Gaza Strip, found that 10.0% of non-displaced children and 18.4% of displaced children had acute traumatic stress disorder. Displaced children reported more acute stress disorder, dissociative, re-experiencing, avoidance, and hyperarousal symptoms, Moreover, Thabet et al., (2015b) in a study aimed to investigate the effect of traumatic events due to eight days of military escalation on children PTSD, anxiety, resilience, relationship of between children mental health problems and resilience. This study showed that 35.9% of children showed full criteria of PTSD. Post traumatic stress disorder and re-experiencing symptoms were more in



girls, 30.9% of children had anxiety disorder. No differences in anxiety disorder between boys and girls. The aim of this study to investigate the impact of trauma due to Israeli and community violence on Palestinian adolescents PTSD, depression, and anxiety.

## **Method**

### **Subjects**

A cross-sectional stratified cluster random sample survey of 394 adolescents; 203 (51.5%) males and 191 (49.5%) females aged 15-18 years. We chose two schools from each governorate; (one males school and one females school) randomly by using sampling frame. By the same way in each school we chose three classes (10<sup>th</sup>, 11<sup>th</sup> and 12<sup>th</sup>).

### **Instruments of the study**

We used the following questionnaires

#### **Demographic status**

Demographic status developed to assess the adolescents age, sex, place of residence, mother educational level, father educational level, mother work, father work, and family income

#### **Gaza Traumatic Events Checklist for Israelis Violence (Thabet et al., 2006)**

This checklist consists of 28 items covering different types of traumatic events that a child may have been exposed to in the particular circumstances of the regional conflict and Israeli violence in the last 6 months. This checklist covers three domains of trauma. The first domain covers witnessing acts of violence such as the killing of relatives, home demolition, bombardment, and injury of others. The second domain covers hearing experiences such as hearing of the killing or injury of friends or relatives. The third domain covers personal traumatic events such being shot, injured, or beaten. This checklist can be completed by children aged 6-16 ('yes' or 'no'). For the 31-item scale, Cronbachs's alpha was 0.90.

#### **Gaza Traumatic Events Checklist for Factional fighting (Thabet et al. 2006)**

This checklist consists of 20 items covering different types of traumatic events that a child or adolescents may have been exposed to in the particular circumstances of the regional conflict between Fatah and Hamas faction fighting including traumatic events resulting from insecurity and the lawless situation in the Gaza Strip, the last factional fighting and war in the area. This checklist can be completed by children aged 6-16 ('yes' or 'no'). For the 18-items scale, Cronbachs's alpha was 0.87.

#### **The Revised Children's Manifest Anxiety Scale (RCMAS) (Reynolds and Richmond, 1978) (Arabic version, Thabet 1998):**

This is a standardized 37-item self-report questionnaire for children aged 6-19. It measures the presence or absence of anxiety-related symptoms ('yes'/'no' answers) in 28 anxiety items and 9



lie items. A cut-off total score of 19 has been found to predict the presence of anxiety disorder (Reynolds and Richmond, 1997). Regarding the total anxiety scale reliability, Cronbach's alpha was 0.82. UCLA PTSD index for DSM-IV: Adolescent version [Rodriguez et al., 1999]

The items of the UCLA PTSD indices are keyed to DSM-IV criteria and can provide preliminary PTSD diagnostic information. Self-reports for children and adolescents exist, as well as a parent report of PTSD symptoms. The adolescent Version (for adolescent aged 13 years and older) contains a total of 22 questions, have also been administered in school classroom settings. A 5-point Likert scale from 0 (none of the time) to 4 (most all the time) is used to rate PTSD symptoms. Only 17 items were included in the total score because two items were not DSM-IV criteria and three items were repeated symptoms. The split-half reliability of this measure was 0.84 and the Cronbach alpha was ( $\alpha = 0.91$ ).

### **Child Depression Inventory (CDI) Kovacs, M. (1985)**

The CDI is a standardised self-report questionnaire of depressive symptomatology (Kovacs, 1985). This has been developed for children and young people aged 6-17. The CDI includes 27 items, each scored on a 0-2 scale (from 'not a problem' to 'severe') for the previous two weeks. The total score ranges between 0-54, and a score of 19 and higher has been found to indicate the likelihood of a depressive disorder. The CDI has been adapted for use with Arab children (Gharib, 1985). For the 27-items, Cronbach's alpha was 0.65.

### **Study procedure**

An approval letter was obtained from Helsinki committee in the Ministry of Health to allow us to carry out his study and another agreement was obtained from the Palestinian ministry of higher education to facilitate data collection procedures. Data was collected through the distribution of questionnaires on governmental schools in the Gaza governorates by the help of some teachers in those schools in the period from 6/2/2008 to 26/2/2008.

### **Statistical analysis**

After data collection of the sample the researcher used SPSS computer program for data entry and analysis. While the researcher used other statistical analysis that clarifying the differences between the groups such as frequencies, t- independent test, comparing means, one way A NOVA, and chi-square that also denoted the differences between the groups and within the groups of the study variables.

### ***Demographic results of the study sample***

The following table shows the demographic results of the study sample, which described the study sample according to sex, Place of residence, Type of residence, number of siblings, mother & father educational level, mother & father work, and monthly income.



The sample consisted of 394 adolescents, 203 were males (51.5%) and 191 were females (48.5%). Adolescents coming from North Gaza were (24.1%), from Gaza (28.4%), from middle area (16.8%), from Khan Younis (15.0 %), and from Rafah (15.7%). According to number of siblings were (28.4%) of adolescents had 4 and less siblings, (45.4%) of adolescents had 5-7 siblings, and (26.1%) of adolescents had 8 and more siblings. According to place of residence, 62.7% of study sample live in cities, 28.4% live in camps, and 8.9% live in villages. According to family monthly income, were (20.1%) of adolescents' had family income less than 600 NIS, (15.0%) family income was from 601-1400 NIS, (12.7 %) of adolescents were from 1401-2000, (19.5%) were from 2001-3000 NIS, (32.7%) were more than 3000 NIS.

**Table 1:** Demographic characteristics of the study Sample (N = 394).

	N	%
<i>Sex</i>		
Males	203	51.5
Females	191	48.5
Total	394	100.0
<i>Place of residence</i>		
North Gaza	95	24.1
Gaza	112	28.4
Middle area	66	16.8
Khan Younis	59	15.0
Rafah	62	15.7
Total	394	100.0
<i>Number of Siblings</i>		
4 and less	112	28.4
5-7 siblings	179	45.4
8 and above	103	26.1
<i>Family income by 'NIS' (One Us dollar = 3.8 NIS)</i>		
600 and less	79	20.1
601-1400	59	15.0
1401-2000	50	12.7
2001-3000	77	19.5
More than 3000 NIS	129	32.7

### Frequency of traumatic events due to Israel violence



The following frequency table 2 described the most traumatic events due to Israel violence and its frequency among study sample. The researcher found that 90.4% of study sample watching mutilated bodies in TV, 86.0% hearing shelling of the area by artillery, and 84% hearing the sonic sounds of the jetfighters. While the lowest traumatic events were physical injury due to bombardment of your home 16.5%, deprivation from going to toilet and leave the room at home where you was detained 17.3%, and threatened to death by being used as human shield to arrest your neighbors by the army 17.5%. There were no significant differences in traumatic events due to Israel violence according to sex.

**Table 2:** Frequency of traumatic events due to Israel violence.

No	Items	yes	%
1.	Watching mutilated bodies in TV	356	90.4
2.	Hearing shelling of the area by artillery	339	86.0
3.	Hearing the sonic sounds of the jetfighters	331	84.0
4.	Witnessing the signs of shelling on the ground	326	82.7
5.	Hearing the shootings and bombardment	278	70.6
6.	Witnessing assassination of people by rockets	269	68.3
7.	Deprivation from water or electricity during detention at home	214	54.3
8.	Hearing killing of a close relative	191	48.5
9.	Hearing killing of a friend	190	48.2
10.	Witnessing firing by tanks and heavy artillery at neighbors homes	164	41.6
11.	Witnessing of a neighbor home demolition	151	38.3
12.	Being detained at home during incursions or due to factional fighting	142	36.0
13.	Threaten by shooting	134	34.0
14.	Threaten by telephoned to evacuate your home before bombardment	118	29.9
15.	Witnessing firing by tanks and heavy artillery at own home	111	28.2
16.	Witnessing arrest or kidnapping of someone or a friend	108	27.4
17.	Witnessing shooting of a friend	106	26.9
18.	Witnessing of own home demolition	103	26.1
19.	Threaten of family member of being killed	96	24.4
20.	Beating and humiliation by the army	93	23.6
21.	Witnessing killing of a friend	90	22.8
22.	Witnessing shooting of a close relative	88	22.3
23.	Destroying of your personal belongings during incursion	83	21.1
24.	Witnessing killing of a close relative	79	20.1
25.	Threaten of being killed	72	18.3



26.	Threatened to death by being used as human shield to arrest your neighbors by the army	69	17.5
27.	Deprivation from going to toilet and leave the room at home where you was detained	68	17.3
28.	Physical injury due to bombardment of your home	65	16.5

### Level of traumatic events due to Israel violence

The following table shows that 129 of study sample have mild traumatic events (0-4) Israel violence 32.7%, while 172 of study sample have moderate traumatic events (5-10) 43.7% and 93 of study sample have severe traumatic events (11 events and more) 23.6%.

### Frequency of traumatic events due to factional fighting

The following frequency table describes the traumatic events due to factional fighting and its frequency among study sample. The researcher found that 87.1% of study sample "Hearing the shootings and bombardment due to fighting in the streets", 82.2% "Watching mutilated bodies in TV", and 77.7% "Hearing arrest or kidnapping of someone or a friend". While the lowest traumatic events were "Threaten by shooting or killing" 17.0%, "Shooting by bullets, rocket, or bombs" 17.5%, and "Deprivation from going to toilet and leave the room at home where you was detained" 18.5%.

**Table 3:** Frequency of traumatic events due to factional fighting.

No	Items	yes	%
1.	Hearing the shootings and bombardment due to fighting in the streets	343	87.1
2.	Watching mutilated bodies in TV	324	82.2
3.	Hearing arrest or kidnapping of someone or a friend	306	77.7
4.	Being detained at home	209	53.0
5.	Witnessing of a neighbor home exposing to shooting and shelling	205	52.5
6.	Deprivation from water or electricity during detention at home	201	51.0
7.	Hearing killing of a friend	191	48.5
8.	Hearing killing of a close relative	137	34.8
9.	Being exposed to shooting during the last shooting and confrontations between factions	122	31.0
10.	Witnessing of your home exposing to shooting and shelling	119	30.2
11.	Witnessing shooting of a friend	112	28.4
12.	Beating and humiliation and beating	104	26.4
13.	Threaten of family member of being killed	103	26.1
14.	Witnessing shooting of a close relative	90	22.8





15.	Witnessing killing of a friend	89	22.6
16.	Destroying of your personal belongings during incursion	89	22.6
17.	Witnessing killing of a close relative	75	19.0
18.	Deprivation from going to toilet and leave the room at home where you was detained	73	18.5
19.	Shooting by bullets, rocket, or bombs	69	17.5
20.	Threaten by shooting or killing	67	17.0

### Level of traumatic events due to factional fighting

The following table shows that 120 of study sample have mild traumatic events (0-4) 30.5%, while 187 of study sample have moderate traumatic events (5-10) 47.5%. and 87 of study sample have severe traumatic events (11 and above) 22.1%. In order to test the sex difference between the two types of violence among the study sample the researcher performed t-independent test. As shown in the following table; the result found significant differences in traumatic events due to factional fighting according to sex with an actual probability ( $t = 2.65$ ;  $df = 392$ ,  $p = 0.008$ ) in favor to males.

### Prevalence of anxiety

The following table shows that 312 of study sample are not anxious 79.2%, while 82 of study sample had anxiety 20.8% ( $Mean = 12.33$ ,  $SD = 5.97$ ). In order to test the sex difference between anxiety, and gender, performed t-independent test was conducted. The result showed significant differences in anxiety levels according to sex with an actual probability ( $t = 2.88$ ;  $df = 392$ ,  $p = 0.004$ ) in favor of females.

### Prevalence of depression

The following table shows that 272 of study sample are not depressed 69.0%, while 122 of study sample were depressed 31.0% ( $Mean = 14.44$ ,  $SD = 8.05$ ). There were no significant differences in depression according to sex.

### Prevalence of PTSD

The following table shows that 227 of study sample fulfill criterion (B) (re-experiencing) 57.6% ( $Mean = 7.12$ ;  $SD = 4.633$ ), while 89 of study sample fulfill criterion (C) (Avoidance) 22.6% ( $Mean = 9.12$ ;  $SD = 5.377$ ), and 139 of study sample fulfill criterion (D) (increased arousal) 35.3% ( $Mean = 7.49$ ,  $SD = 4.184$ ). Using cut-off point of DSM-IV criteria, 255 of study sample have no PTSD (64.7%), 89 of study sample have partial PTSD (22.6%), while 50 of study sample have full PTSD (12.7%) ( $Mean = 28.90$ ,  $SD = 14.93$ ). There were no significant differences in PTSD according to sex.

**Table 4:** Prevalence of PTSD.

Variables	Frequency	Percent
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		N	%
PTSD level	No PTSD	255	64.7
	Partial PTSD	89	22.6
	Full PTSD	50	12.7
Total		394	100.0

### Relationships between Trauma Exposure-Related to Israeli and community violence, PTSD anxiety, and depression

In order to find the relationships between the dependent and independent variables, Pearson correlation coefficient test was done. Total traumatic events due to Israeli violence were significantly correlated to community violence ( $r=0.79$ ,  $p = 0.01$ ), anxiety ( $r =0.12$ ,  $p = 0.01$ ), PTSD ( $r=0.16$ ,  $p = 0.01$ ), and depression ( $r =0.12$ ,  $p = 0.01$ ). Traumatic events due to community were significantly correlated to anxiety ( $r =0.12$ ,  $p = 0.01$ ), PTSD ( $r =0.13$ ,  $p = 0.01$ ), and depression ( $r =.11$ ,  $p = 0.01$ ).

**Table 5:** Correlations between Trauma Exposure-Related to Israeli and community violence, PTSD anxiety, and depression.

	1	2	3	4
1. Israeli violence				
2. Community violence	.79**			
3. Anxiety	.12*	.12*		
4. PTSD	.16**	.13*	.68**	
5. Depression	.12*	.11*	.62**	.60**

### Discussion

The aim of the study was to investigate levels of political violence that adolescence encountered in Gaza governorates and their effects on the mental health. The most prevalent traumatic event due to Israel violence that affects the study sample was "Watching mutilated bodies in TV" 90.4%. The researcher hypothesized that these finding related to continuous browsing of martyrs and injured in the television by the media that attracted all ages to follow these events. Furthermore, the daily news exhibit different media that presented to the audience without monitoring. Also, this reflects the importance of the media and its affect on our community; since all of us listen and watch TV programs especially daily news. The second most traumatic



events due to Israel violence that affect the study sample was "hearing shelling of the area by artillery" (86.0%). The researcher hypothesized that these findings related to that artillery occurred suddenly and randomly and nobody knows what the consequences of such rights shelling. The results were consistent with previous studies of Thabet et al. (2007) and El Majdalawi and Thabet, (2009), Thabet et al (2015a, 2015b) found that the most common traumatic events children reported was watching mutilated bodies and wounded people on TV 98.5%, 96.9% respectively. There were no significant differences in Israel Violence according to sex. The researcher attributes that for the social habits in our society that reflect the dominant male and who more exposed to different types of trauma; who shared in different types of aggression events, and violence.

The most prevalent traumatic events due to factional fighting were "hearing the shootings and bombardment due to fighting in the streets" (87.1%), "watching mutilated bodies in TV" (82.2%). The average mean indicated that males exposed to traumatic events due to factional fighting more than females.

The study found there were positive significant correlations between factional fighting and Israel violence, which means the high incidence of Israel violence will be combined with high incidence of factional fighting. Our findings were consistent also with the study of Thabet et al (2008) in a study of 200 families from North Gaza and East Gaza showed that 70.1% of children were likely to present with PTSD, 33.9% were rated as having anxiety symptoms of likely clinical significance, and 42.7% were rated as having significant mental health morbidity by their parents.

The prevalence of anxiety was (20.8%). This prevalence rate of anxiety appears to be consistent with the studies of Thabet and Vostains (1998) (21.5%) and Papageorgiou et al. (2000) (23.0%). But appears to be inconsistent with the studies of Thabet et al. (2007) (33.9%), Holtz (1998) (41.4%), and Scholte et al. (2004) (51.8%), Thabet et al 2008 (21.5%), Thabet et al., (2016 in press) (21.9%). The study there were positive significant correlations between anxiety and Israel Violence, also there were positive significant correlations between anxiety and factional fighting, which means the increase in incidence of Israel violence and factional fighting will lead to increasing of anxiety levels. Our results appeared to be consistent with the study of Punamäki and Suleiman (1990) that found exposure to political hardships increased children's psychological symptoms as general, also the study of Holtz (1998) which revealed that torture survivors had a statistically significant higher proportion of elevated anxiety scores than did the non-tortured, while the study of Scholte et al, (2004) that found higher rates of symptoms were associated with higher numbers of traumas experienced.

The prevalence of depression was (31.0%). This prevalence appears less than the studies of Alexander (2007) (35.0%), Eisenman et al, (2003) (36.0%), Scholte et al, (2004) (38.5%),



Mollica et al. (1999) (39.2%), Elbedour et al, (2007) (40.0%), Papageorgiou et al, (2000) (47.0%) Thabet et al., (2016 in press) (50.6%), but more than the study of Roussos et al, (2005) (13.9%). The study showed that there were positive significant correlation between depression and Israel Violence, also there were positive significant correlation between depression and factional fighting. Which means the increase incidence of Israel Violence, and factional fighting will lead to increasing of depression levels. The previous results appeared to be consistent with the study of Eisenman et al, (2003) that pointed to of those exposed to Israel Violence, (36%) had symptoms of depression. While the study of Scholte et al, (2004) found that higher rates of symptoms were associated with higher numbers of traumas experienced. Also Qouta et al, (2007) and Paxton et al, (2004) exposure to violence was significantly associated with depressive symptoms.

The prevalence of PTSD was 35.3%. This prevalence appear less than the studies of Silove et al. (1997) (37.0%), Thabet et al., (2000) (40.6%), Thabet et al. (1999), (41.0%), Qouta et al, (2003) (54%), Thabet et, al. (2007) (65.0%), Michultka (1998) (68.0%), Elbedour et al, (2007) (68.9%), El Majdalawi, (2002) (71.2%), but more the studies of Eisenman et al, (2003) (18.0%), Scholte et al, (2004) (20.4%), Mollica et al. (1999) (26.3%), Papageorgiou et al, (2000) (28.0%).

The study showed that there were positive significant correlation between PTSD and factional fighting. Which means the increase incidence of Israel Violence and factional fighting will lead to increasing of PTSD levels. The previous results appeared to be consistent with the study of Bravo-Mehmedbasić et al. (2003) that indicated torture is the most intense form of trauma leading to intensive psychopathological responses including chronic PTSD. Also Paxton et al, (2004), Punamäki et al, (2001) and Thabet et al, (2002) found that exposure to violence was significantly associated with PTSD symptoms. While study of Michultka (1998) and Thabet et al. (1999) found that higher numbers of war experiences predicted PTSD severity. While Scholte et al, (2004) conclude as general that higher rates of symptoms were associated with higher numbers of traumas experienced. Also the study of Qouta et al, (2007) indicated that adolescents' PTSD symptoms were most likely if they had been exposed to high levels of traumatic and stressful experiences.

### **Clinical implication**

The findings of this study showed that there are needs for establishing therapeutic programmes-including counseling for victims of violence or for those at risk, support groups, and behavioural therapy for depression and other psychiatric disorders. Also, public education campaigns using the media to target entire communities or educational campaigns for specific settings such as schools, workplaces, and health care and other institutions. For schools extracurricular activities for young people, such as sports, drama, art and music must be



established. Moreover, training for police, health and education professionals, and employers to make them better able to identify and respond to the different types of violence.

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