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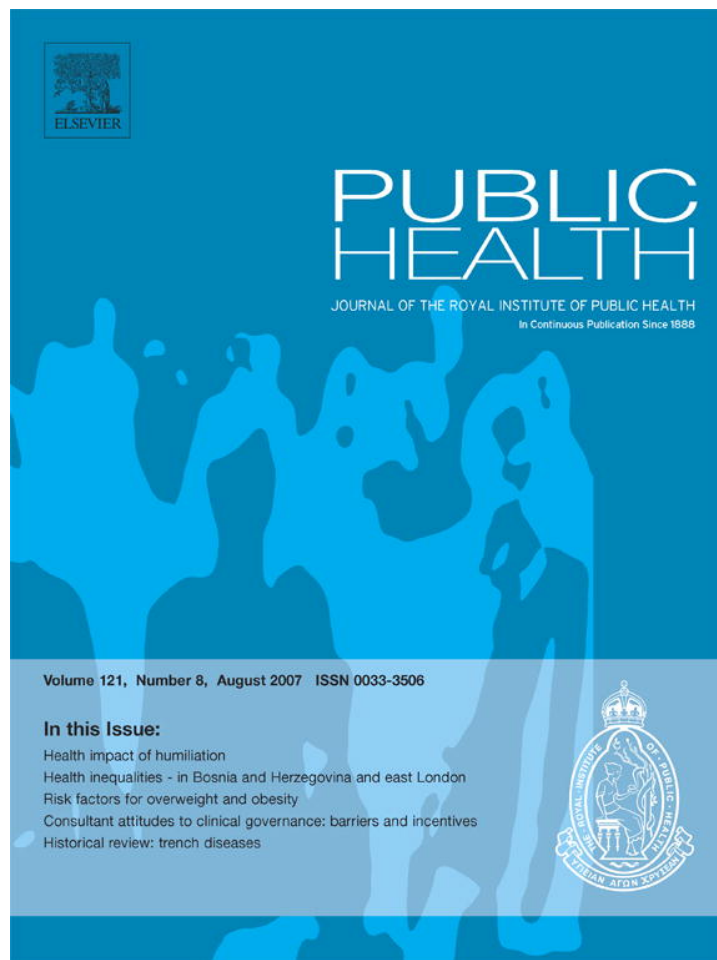
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Original Research

Humiliation: the invisible trauma of war for Palestinian youth

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KEYWORDS

Humiliation;
Health outcomes;
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Summary Objectives: To investigate the influence of exposure to humiliation in war-like conditions on health status in 10th- and 11th-grade students living in the Ramallah District, West Bank, Occupied Palestinian Territory.

Study design: A stratified single-stage cluster sample of 3415 students from cities, towns, villages and refugee camps of the Ramallah District.

Methods: Survey questions were derived from the World Health Organization's Health Behaviour in School-aged Children Survey, the Gaza Community Mental Health Programme Traumatic Event Checklist, and focus group discussions with young people. The survey questionnaire was completed by students in their classrooms, under the supervision of a trained field worker.

Results: There was a significant association between a high number of subjective health complaints and demographic variables, particularly for females compared with males, and refugee camp dwellers compared with village dwellers. In addition, exposure to humiliation was significantly associated with an increased number of subjective health complaints. Students experiencing three forms of humiliation were found to be 2.5 times more likely to report a high number of subjective health complaints compared with those who had never been exposed to humiliation (52% vs 21%), while those experiencing four forms of humiliation were three times more likely to report a high number of subjective health complaints (62% vs 21%). A multiple logistic regression model revealed that humiliation was significantly associated with a high number of subjective health complaints, even after adjusting for sex, residence and other measures of exposure to violent events. The odds ratio of reporting a high number of subjective health complaints increased as the number of forms of humiliation increased, with values of 1.69, 2.67, 4.43 and 7.49 for reporting a high number of subjective health complaints when exposed to one, two,

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three or four forms of humiliation, respectively, compared with those who had never been exposed to humiliation.

Conclusions: The results of this study demonstrate that humiliation induced by conflict and war-like conditions constitutes an independent traumatic event that is associated with negative health outcomes in its own right, regardless of exposure to other violent/traumatic events. Based on these findings, it is proposed that humiliation should be included as an indicator of mental health status in research that investigates the consequences of war and conflict on the health of populations.

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Introduction

Conflicts and wars continue to plague the world today, and seem to be unyielding phenomena that shape the lives of many. The effects of war on civilian health exceed death, injury and disability, and include aspects such as displacement from homes and communities, interruption of basic services, and destruction of social, economic and cultural life. In addition, exposure to violence can lead to high levels of fear and stress, and impart negative consequences on emotional/psychological health status.^{1,2} A growing body of evidence suggests that the inter-relationship between political violence, ethnic conflict, war and population health is more complex than first thought. Indeed, a necessary task is the elucidation of local patterns of distress experienced in war, and the health impact of a range of forms of political violence against individuals as well as against communities.³ Existing measures designed to assess violent and traumatic events in relation to health outcomes are insufficient in representing the range and breadth of war-related experiences,⁴ as these can vary widely as a function of political context and cultural values.

Intentional humiliation (a profound violation of dignity and basic human rights) is a central tactic of war. It is often deployed deliberately as an instrument of political and other forms of control, and presents a potent force in domestic politics and international affairs with intense consequences.⁵ Humiliation has also been identified as a potential causal agent, or as a moderator, in the induction of psychosocial maladies.⁶ While the practice of humiliation in war is pervasive and is usually experienced both individually and collectively by communities, it has remained relatively unexamined by empirical research. Humiliation as a tactic is rarely practiced by subordinate groups in a conflict. On the contrary, humiliation is usually employed by dominant groups or at least by groups of equal power against others.

In this paper, humiliation is defined as an internal experience where the victim has feelings of having been unjustly treated and debased. In contrast to individualistic, intrapsychic theory explanations, this study adopts an interpersonal or relational perspective, where relationships are seen as a central human necessity, with disconnections as a source of psychological problems. In this perspective, unresolved experiences of disconnection, such as the experience of being humiliated by another, can have profound and long-term negative consequences, leading to psychological or behavioural problems.⁷ Given this link between humiliation and adverse mental health outcomes, it is hypothesized that humiliation can also lead to adverse physical and emotional outcomes, as expressed by subjective health complaints (SHC).

Enduring almost 100 years of chronic and ongoing conflict, the Palestinian population has been subjected to a range of violent and traumatic experiences over time, not the least of which is 'witnessing the destruction of a social world embodying their history, identity, and living values'.⁸ In recent times, other than ongoing Israeli military re-occupation of the West Bank and Gaza Strip, death, injury, shelling, bombing, house demolition, the destruction of a vast amount of agricultural land, closures, siege, spiralling poverty and other visible effects of war,⁹ Palestinians have also been subjected to chronic humiliation. Humiliation is often cited by the Israeli press as one of the daily experiences that Palestinians must withstand,¹⁰ and as a form of Israeli control over Palestinian lives.¹¹ However, to the authors' knowledge, humiliation in the Palestinian setting has been largely neglected as an important component of the ongoing chronic conflict, with possible ramifications on the well-being and mental health of the population.

The authors' interest in humiliation as an important war- and conflict-related experience was prompted by a focus group discussion with Palestinian emergency medical workers, which

sought to understand the impact of severe exposure to traumatic events on their lives, feelings, consciousness, health and hopes for the future. Humiliation was identified consistently as an important aspect of their exposure to trauma and on their mental health status. Utilizing this insight, further discussions and focus groups with young people in school, postgraduate students, and medical and ambulance workers were undertaken in an attempt to understand the concept of humiliation in the local context. The concept of humiliation was defined as respondents' feelings of debasement and injustice in relation to experiences to which they were exposed directly or which they witnessed being inflicted on others. Furthermore, humiliation was not only perceived as a personal feeling, but also as a social process, inextricably linked to the loss of dignity, honour and justice. This understanding made it necessary for the research to go beyond biomedical indicators that merely focus on casualties and symptom reduction, which fail to capture adequately the nature and extent of social suffering associated with war and conflict. Consequently, the authors decided to include the concept of humiliation in surveys of mental health and well-being among different groups of Palestinians living under occupation, and to examine its possible consequences on their health and well-being.

This paper focuses on 10th- and 11th-grade school students living in the Ramallah District of the West Bank, and examines whether humiliation is associated with reported health outcomes, regardless of exposure to other types of violent/traumatic events. Based on the findings, it is proposed that humiliation experiences should be included as predictors of mental health status in research that investigates the consequences of war and conflict on the health of populations.

Methods

This study was approved by the Institute of Community and Public Health, Birzeit University, Occupied Palestinian Territory, and the Health Sciences Research Ethics Board at Queen's University, Canada. The fieldwork was completed in May and early June 2003. A list of all students attending the 10th and 11th grades in the Ramallah District of the West Bank, itemized by school and section, was provided by the Palestine Ministry of Education and Higher Education, which also approved the study. A representative sample of young people was selected from this list using

stratified single-stage cluster sampling from the cities, towns, villages and refugee camps of the Ramallah District. Students were informed of the measures used to maintain confidentiality, and told that they could withdraw from the study or choose not to complete items that made them feel uncomfortable. The survey questionnaire was completed by students in their classrooms, under the supervision of trained field workers.

Out of a sampling list of 3755 students, 3415 students participated in the survey and were included in the analysis (response rate 91%). This high rate is an underestimate, as those who were not at school on the day of the survey were included in the denominator. The response rate was over 99% for most of the questions included in this paper.

The survey items were derived from SHC questions of the World Health Organization's Health Behaviour in School-aged Children (HBSC)¹² Survey and the Gaza Community Mental Health Programme Traumatic Event Checklist.¹³ Eight items derived from the HBSC survey that assess psychosomatic complaints were used to create an SHC scale (Cronbach's alpha = 0.815). The scale had four items measuring psychological indicators of emotional health (feeling depressed or low, irritability or bad mood, feeling nervous, feeling dizzy) and four items measuring somatic factors (headache, stomach ache, backache, difficulties getting to sleep). For each of these items, students were asked how often they had experienced the complaint in the past year ('about every day', 'more than once a week', 'about every week', 'about every month' and 'rarely or never'). The scale has been validated internationally, and has been established as a reliable measure of emotional health in adolescents.¹⁴ Scores on the SHC scale were categorized into four levels to explore associations with items representing exposure to trauma (EtT, below). The four categories were: no SHC; one SHC; two or three SHC; and four or more SHC per week. The SHC scale was then dichotomized into two levels to estimate the odds ratio (OR) of a high number of SHC resulting from EtT. Four or more SHC per week (high SHC) represented one level, and the other categories represented another level.

The EtT items were those of the Gaza Traumatic Event Checklist. This checklist contains 21 items covering different types of traumatic events specific to the military conflict in the area, rather than war events in general. A revised version was used in this study with 27 traumatic event items, after having piloted the instrument on 99 adolescents from the Ramallah District. The items used in this

analysis are shown in Appendix A. Exposure to traumatic events included individual exposure items (e.g. being arrested, injured, used as a human shield) and collective exposure items (e.g. exposure to tear gas, sound bombs, shelling in the neighbourhood) for a total of 27 exposure items. For each of these items, students were asked how often they had experienced the event during the past year (never, once, twice, three times or more than three times). The student sample was then dichotomized into two groups, with those who were never exposed representing one group and those who were exposed once or more during the past year representing the other group.

The focus group discussions referred to earlier led to the identification of four humiliation variables that were addressed in the study, namely being directly humiliated, seeing a family member being humiliated, seeing a friend being humiliated, and seeing a stranger being humiliated. Each variable included four response options ranging from 'never' to 'three times or more'. Using these variables, a cumulative humiliation scale was developed (Cronbach alpha = 0.584) that ranged from never being exposed to humiliation to being exposed to all four forms of humiliation. The modest but reasonable reliability of the scale points to the need for further development of the tool in future research. Data entry and analysis were completed using the Statistical Package for the Social Sciences Version 10.

Analysis

Descriptive analyses were performed to inspect the frequency distribution of variables. Baseline differences were assessed initially using cross tabulations and Chi-square testing of significance for each of the selected variables of interest. The OR for the association between reporting a high number of SHC (four or more) and the humiliation and the EtT variables were estimated using logistic regression. The model included variables identified as significant in the bivariate analysis, adjusted for age and residence.

Results

Forty-eight percent of the study participants were males and 52% were females, with 98.5% aged 15–18 years. Fifty-three percent of the respondents were in the 10th grade and 47% were in the 11th grade at the time of the survey.

Fifty-eight percent resided in villages, 19% in cities, 17% in towns and 6% in refugee camps housing those displaced in the 1948 and 1967 Arab Israeli wars.

Table 1 summarizes the EtT results by gender and residence subgroups. Overall, the level of reported EtT was very high. Higher proportions of students reported exposure to tear gas and sound bombs, having seen shooting and explosions, and having seen strangers being arrested, injured and humiliated. Having one's home sealed or demolished, having been beaten by Israeli settlers, and having been stripped in public were reported least often. Significantly more males reported high levels of exposure to EtT compared with females for all items. Furthermore, more students living in refugee camps and cities reported high levels of EtT compared with those living in villages. While 11th-grade students reported higher levels of EtT than 10th-grade students, these differences were generally not statistically significant, except for the humiliation variables.

Table 2 presents the percentage distribution of SHC levels by selected demographic variables, EtT and humiliation. There was a significant association between a high number of SHC and demographic variables, particularly for females compared with males, and for refugee camp dwellers compared with village dwellers. There were also significantly higher levels of reported SHC among students who reported exposure at least once to each of the EtT events. In addition, exposure to more than one form of humiliation was significantly associated with a high number of SHC, with 52% and 62% of students experiencing three or four forms of humiliation, respectively, reporting a high number of SHC compared with 21% of students who reported no exposure to humiliation.

Table 3 presents the results of the multiple logistic regression model. It is apparent that sex and reports of exposure to tear gas, having seen a stranger being killed and having had their body searched more than once were significantly associated with high SHC, after adjusting for age and residence. Females were more likely to report a high number of SHC compared with males [OR = 4.48, 95% confidence intervals (CI) 3.73–5.37]. Students who were exposed to tear gas once or twice were more likely to report a high number of SHC (OR = 1.41, 95% CI 1.18–1.69), those who reported seeing a stranger being killed were more likely to report a high number of SHC (OR = 1.31, 95% CI 1.09–1.58), and those who reported having had their body searched more than once were more likely to report a high number of SHC (OR = 2.20, 95% CI 1.32–3.69).

Table 1 Percentage exposure to traumatic events once or more during the preceding year.^b

	<i>n</i> =	Total (3415) (%)	Male (1637) (%)	Female (1777) (%)	<i>P</i> -value ^a	City (628) (%)	Town (576) (%)	Village (1980) (%)	Camp (206) (%)	<i>P</i> -value ^a	10th grade (1800) (%)	11th grade (1615) (%)	<i>P</i> -value ^a
House searched	35	40	31	<0.001	50	32	30	52	<0.001	36	35	0.42	
House occupied and you in it	14	16	12	0.002	19	11	13	25	<0.001	15	13	0.08	
House occupied and you thrown out	9	10	7	0.002	13	9	7	17	<0.001	9	8	0.27	
House shot at	22	24	20	0.006	45	22	14	31	<0.001	22	23	0.19	
House bombed or shelled	8	8	9	0.48	11	12	6	12	<0.001	9	8	0.14	
Shelling in the neighbourhood	31	33	29	0.028	78	34	13	45	<0.001	31	31	0.51	
Beaten by the Israeli army	15	30	2	<0.001	15	12	15	27	0.006	13	18	0.001	
Used as a human shield	6	10	3	<0.001	8	5	6	10	<0.001	6	6	0.72	
Exposed to tear gas	60	72	50	<0.001	75	63	52	84	<0.001	58	63	0.002	
Exposed to sound bombs	63	71	56	<0.001	66	65	60	80	<0.001	61	66	0.003	
Body searched	30	54	9	<0.001	36	23	29	38	<0.001	28	32	0.01	
Shot at or hit	25	38	13	<0.001	31	24	21	44	<0.001	24	26	0.16	
Detained or arrested	17	29	6	<0.001	15	15	16	31	<0.001	14	20	0.001	
Interrogated	13	22	5	<0.001	14	10	13	25	<0.001	13	13	0.96	
Saw stranger being arrested	62	70	54	<0.001	75	63	56	77	0.001	60	64	0.031	
Saw stranger being injured	49	60	39	<0.001	59	50	43	70	<0.001	47	50	0.09	
Saw stranger being killed	28	32	23	<0.001	35	28	24	42	<0.001	26	29	0.08	
Saw family member arrested	31	35	27	<0.001	36	25	30	43	<0.001	30	31	0.63	
Saw family member injured	17	20	15	<0.001	19	15	15	37	<0.001	17	17	0.78	
Saw family member being killed	7	8	5	0.003	7	5	6	13	<0.001	6	7	0.57	
Saw friend/neighbour arrested	37	44	31	<0.001	50	33	32	59	0.001	35	40	0.007	
Saw friend/neighbour injured	22	30	15	<0.001	29	20	19	45	<0.001	22	23	0.77	
Saw friend/neighbour killed	11	14	8	<0.001	16	10	9	22	0.01	10	12	0.09	
Humiliated	23	34	13	0.001	22	23	22	34	<0.001	22	25	0.027	
Saw stranger being humiliated	67	72	62	<0.001	73	68	62	82	<0.001	63	70	<0.001	
Saw family member humiliated	29	30	28	0.054	27	28	29	40	0.007	27	32	<0.001	
Saw friend/neighbour humiliated	35	42	29	<0.001	43	35	31	52	<0.001	32	39	<0.001	

Percentages exclude missing values.

^aChi-square tests for differences between gender, residence and grades and the listed exposures.

^bSource: Giacaman et al. *Palestinian adolescents coping with trauma*. Ramallah: Institute of Community and Public Health, Birzeit University; 2004.

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Table 2 Percentage distribution of levels of subjective health complaints (SHC) by selected demographic characteristics, traumatic events^a and humiliation.

Demographic		No SHC (%)	One SHC (%)	Two or three SHC (%)	Four or more SHC (%)
Sex	Male	23***	16	29	32***
	Female	17	13	28	42
Residence	City	20	13	26	41
	Town	19	16	27	39
	Village	21	15	30	34
	Camp	7	9	28	56
Grade	10th grade	21***	16	29	34***
	11th grade	18	13	28	41
<i>Traumatic events</i>					
House searched	Never	22***	16*	29	33***
	Once or more	16	12	27	45
House shot at	Never	22***	16**	29	34***
	Once or more	14	10	27	50
Shelling in the neighbourhood	Never	21***	16*	30	34***
	Once or more	16	12	27	46
Exposed to tear gas	Never	26***	17*	30	28***
	Once or more	16	13	28	43
Exposed to sound bombs	Never	26***	17*	28	30***
	Once or more	16	13	29	42
Body searched	Never	22***	15	29	35***
	Once or more	14	14	29	43
Shot at or hit	Never	22***	15	30**	34***
	Once or more	13	13	26	48
Saw strangers being arrested	Never	26***	17	29	27***
	Once or more	16	13	29	43
Saw strangers being injured	Never	25***	16	30	30***
	Once or more	14	13	28	45
Saw family member arrested	Never	22***	15*	30*	33***
	Once or more	14	13	26	47
Saw family member killed	Never	21***	15*	29	36***
	Once or more	9	8	31	53
Saw friend/neighbour arrested	Never	22***	16	30	32***
	Once or more	15	12	27	46
Saw friend/neighbour injured	Never	22***	15	30	34***
	Once or more	12	12	26	50
Humiliation	Never experienced	35***	18	26	21
	One form of humiliation	19	16	31	35
	Two forms of humiliation	17	14	31	39
	Three forms of humiliation	10	11	28	52
	Four forms of humiliation	6	9	24	62

This table presents row percentages, i.e. percentage of SHC within demographic and exposure factors. Percentage totals may reach 101% due to approximations.

* $P < 0.05$, ** $P < 0.01$, *** $P < 0.001$.

^aOnly exposure factors with a prevalence of 20% or more are included in this table.

Moreover, humiliation experiences were found to be significantly associated with high SHC, even after adjusting for sex, residence and significant

EtT variables (Table 3). The OR of reporting a high number of SHC increased as the number of forms of humiliation increased. The OR of reporting a high

Table 3 Multiple logistic regression model^a presenting the association between selected exposure variables and a high number (four or more) of subjective health complaints.

		Odds ratio	(95% Confidence interval)
Sex	Male	Reference	
	Females	4.48 ^{***}	(3.73–5.37)
Exposed to tear gas	Never	Reference	
	Once or twice	1.41 ^{**}	(1.18–1.69)
Body searched	Never	Reference	
	Once or twice	2.20 ^{**}	(1.32–3.69)
Saw stranger being killed	Never	Reference	
	Once or twice	1.31 ^{**}	(1.09–1.58)
Humiliation	Never experienced	Reference	
	One form of humiliation	1.69 ^{***}	(1.32–2.16)
	Two forms of humiliation	2.67 ^{***}	(2.06–3.46)
	Three forms of humiliation	4.43 ^{***}	(3.32–5.92)
	Four forms of humiliation	7.49 ^{***}	(5.23–10.74)

* $P < 0.05$, ** $P < 0.01$, *** $P < 0.001$.

number of SHC with exposure to one form of humiliation was 1.69 (95% CI 1.32–2.16), 2.67 for exposure to two forms (95% CI 2.06–3.46), 4.43 for exposure to three forms (95% CI 3.32–5.92), and 7.49 for exposure to four forms of humiliation (95% CI 5.23–10.74), compared with those who had never been exposed to humiliation.

Discussion

Since September 2000, Palestinian daily life has worsened considerably and has been characterized by frequent exposure to Israeli army violence, closures, siege, various types of military actions, and spiralling poverty, all negatively affecting civilian life and health. The high levels of EtT reported in this survey are not unusual, and reflect the conditions of intensified conflict that accompanied the Israeli army's re-invasion of the West Bank in September 2000, and the specific conditions of severe intensification of violence of 2002¹⁵ which continued during 2003. In this study, fewer girls reported exposure to violence and trauma, perhaps due to restricted freedom of movement afforded to them by family and community members, compared with boys. However, they reported higher levels of SHC. These results corroborate findings of other cross-national studies that point to

distinct differences between boys and girls in their responses to stressors,¹⁶ and to higher levels of psychosomatic symptoms among girls compared with boys who report higher exposure to violence,¹⁷ and point to the need to account for gender differences in both research and intervention spheres.

The results also demonstrate that exposure to violence and trauma is significantly associated with SHC in the Occupied Palestinian Territory. Likewise, exposure to humiliation was found to have an independent effect on SHC (Table 3). In other words, it appears that humiliation, as a trauma exposure factor, is operational in its own right, regardless of exposure to other violent and traumatic events, and is associated with a high number of SHC. As such, the results of this analysis reveal that humiliation induced by war-like conditions and conflict constitutes an independent traumatic event that is associated with negative health outcomes.

It is well acknowledged that humiliation is a stressor that can induce negative feelings. Humiliation is cited as a cause of psychological disturbances in a wide range of settings, including that of trauma patients in emergency rooms,¹⁸ and as one of the underlying factors associated with social anxiety disorder.¹⁹ Humiliation is also one of the forms of abuse and violence that nurses use against patients as a means of creating social distance and

maintaining fantasies of identity and power.²⁰ More recently, the Abu Ghraib Baghdad prison scandal revealed the use of humiliation in dealing with war captives as a form of abuse,²¹ which elicited intense worldwide disapproval. However, mass humiliation in conflicts and wars is exercised against captive and subordinate populations on a large scale as a deliberate form of political control, and a violation of the most fundamental human right, the right to dignity. With such command, humiliation has not yet captured the attention of public health researchers and professionals who work to unfold and ameliorate the mental health consequences of war and conflict on population health.

In the Palestinian setting, exposure to systematic oppression, violence and long-term social suffering, including mass humiliation, is chronic and ongoing. The tragic conditions of daily life in the Occupied Palestinian Territory are bound to influence the health and behaviour of the population, particularly young people. This study has demonstrated the link between humiliation and SHC among young people, arguing for the need to incorporate humiliation as a determinant into research and interventions in conflict-affected areas. The delineation of the components and mechanisms of humiliation in the local context, and the measurement of its severity and long-term effects, has yet to be studied. The more worrisome aspect is the potential link between the indignities of humiliation and the 'hunger for retaliation'⁶ that may lead to a desire to strike back whenever possible. When humiliation is widely experienced, such feelings can lead to disastrous results not only among young people or those who have been humiliated, but also for other civilian populations on both sides of conflicts. An assessment of the individual tolerance for humiliation that may trigger retaliation may be a key question to raise in future research.

Through the incorporation of humiliation concepts into existing measures of exposure to violence and trauma, we can begin to make headway in our understanding of mental health, risky behaviour and the healing of trauma in young people. Such healing involves a process of dignity restoration entailing an acknowledgement of the trauma of humiliation and its impact on health and behaviour. However, the ultimate healing process can only be achieved through justice and peace. This study serves to alert health researchers and professionals alike to the need to include important and seemingly invisible traumas of war, such as humiliation, into the existing range of war-related experiences, as these reveal potential mechanisms for important health and behavioural outcomes.

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Appendix A. Variables used in the analysis

A.1. Dependent variable

The SHC scale was constructed using four items measuring psychological indicators of emotional health (feeling depressed or low, irritability or bad mood, feeling nervous, feeling dizzy) and four items measuring somatic factors (headache, stomach ache, backache, difficulties getting to sleep).

A.2. Independent variables

Sex
Residence
Grade

Since March 2002 until the present (May 2003), how many times have you experienced the following?
1 = never, 2 = once, 3 = twice, 4 = three times,
5 = more than three times

House searched
House occupied and you in it
House occupied and you thrown out
House shot at
House bombed or shelled
Shelling in the neighbourhood
Beaten by the Israeli army
Used as a human shield
Exposed to tear gas
Exposed to sound bombs
Body searched
Shot at or hit
Detained or arrested
Interrogated
Saw stranger being arrested
Saw stranger being injured

Saw stranger being killed
 Saw family member arrested
 Saw family member injured
 Saw family member being killed
 Saw friend/neighbour arrested
 Saw friend/neighbour injured
 Saw friend/neighbour killed
 Humiliated
 Saw stranger being humiliated
 Saw family member humiliated
 Saw friend/neighbour humiliated

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