

# Child abuse and neglect services in the occupied Palestinian territory

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الخدمات المقدمة لأطفال تعرضوا للعنف أو الإهمال في المناطق الفلسطينية المحتلة  
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**الخلاصة:** أجريت هذه الدراسة عام 2005، وكان الهدف منها البحث عن الخدمات المتاحة لأطفال تعرضوا للعنف والإهمال في فلسطين المحتلة. وقد أجرت الباحثتان مقابلات عبر الهاتف مع 62 مؤسسة حكومية ومن القطاع الخاص ومن القطاع الغير ربحي الذين يستقبلون مثل هذه الحالات ، ويقدم 58 منها خدمات متعلقة بذلك. وقد كانت الخدمات المقدمة بشكل رئيسي في الصحة النفسية والاجتماعية. وقد جرت العادة على أن يجلب فرد من أفراد أسرة الطفل أو معلم من المدرسة الأطفال الذين تعرضوا للتعنيف إلى من يقدم الخدمات. الأنماط الشائعة التي تأتي إلى المؤسسات هي التعنيف التي شوهدت في المؤسسات فهي التعنيف الجسدي والنفسي والجنسي. وقد أفاد الذين تمت مقابلتهم بأن معظم حالات التعنيف قد حدثت في المنزل أو في المدرسة. وكانت التحديات التي تواجه هذه المؤسسات تتعلق بشكل رئيسي بقضايا اجتماعية وثقافية، والتدريب، والتمويل، والاحتلال العسكري.

**ABSTRACT** This study in 2005 aimed to investigate the services available for abused and neglected children in the occupied Palestinian territory. Telephone interviews were conducted with 62 institutions from the government, non-profit and private sectors that dealt with child abuse and neglect, of which 58 provided services. Services offered were mainly in psychosocial health. Usually abused children were brought to service providers by family members and teachers. Common types of abuse seen at these institutions were physical, psychological and sexual abuse. Interviewees reported most cases of abuse occurred in the home and at school. Challenges were related mainly to sociocultural issues, training, funding and the military occupation.

## Services de prévention de la maltraitance et de la négligence des enfants dans le territoire palestinien occupé

**RÉSUMÉ** Cette étude menée en 2005 visait à étudier les services destinés aux enfants victimes de maltraitance et de négligence dans le territoire palestinien occupé. Des enquêtes téléphoniques ont été réalisées auprès de 62 établissements des secteurs public, associatif et privé œuvrant dans le domaine de la maltraitance et de la négligence des enfants ; 58 de ces établissements proposaient des services, principalement en santé psychosociale. Généralement, les enfants victimes de maltraitance étaient amenés aux prestataires de services par des membres de la famille et des enseignants. Les cas de maltraitance couramment observés dans les établissements étaient de nature physique, psychologique et sexuelle. D'après les personnes interrogées, la plupart de ces cas se produisaient au domicile ou à l'école. Les principales difficultés étaient liées aux problèmes socioculturels, à la formation, au financement et à l'occupation militaire.

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## Introduction

For the past 40 years, the Palestinian population in the West Bank and Gaza Strip has been living under Israeli occupation and been exposed to multiple forms of violence and deprivation. It is well recognized that external violence generates violence within society, where children are among the most vulnerable [1,2]. In order to understand and respond to this problem, researchers began investigating child abuse and neglect within the Palestinian family, community and school environments.

In a study by the Palestinian Central Bureau of Statistics (PCBS) on the types and prevalence of domestic violence against children as reported by mothers, 51.6% of children aged 5–17 years had been exposed to violence in 2005, more in the West Bank than the Gaza Strip, and more in rural areas [3]. High rates of child abuse of teenagers (71% in the West Bank, 83% in the Gaza Strip) were reported by service providers [4]. It was also found that 16.4% of school-children aged 12–16 experienced psychological abuse within their families [5].

Other studies focused on sexual abuse among Palestinian undergraduate college students: 5.7% had been sexually abused by a family member, 11.6% by a relative and 13.2% by a stranger before the age of 12 years [6]. These high rates were confirmed by another study in which 13% of 9th grade students from the West Bank reported having experienced sexual assault [7].

Although the Palestinian Ministry of Social Affairs (MoSA) has taken the lead in providing services for children in need (of which child abuse and neglect is only one category), there are a large number of other service providers, mainly nongovernmental organizations (NGOs), who work in the same field.

This survey, conducted in 2005 by the Child Health Unit at the Institute of Com-

munity and Public Health at Birzeit University, aimed to provide baseline information for policy-makers about existing services. The questions for this study were: who provides services for abused and neglected children and their families; what types of services are available and what is their geographical distribution; what linkages exist between service providers; what are the characteristics of abuse and neglect; what information systems exist, if any; and what are the major obstacles and challenges to the implementation of programmes to tackle child abuse and neglect.

## Methods

For the purpose of this study, a consultative committee was formed to include institutions and organizations who have worked on and/or studied child abuse and neglect, including the MoSA, United Nations Children's Fund (UNICEF), Defence for Children International (DCI) Palestine Section and some specialized professionals and researchers. The aim of the consultative committee was to define the concepts, agree on the specific objectives of the questionnaire and to identify the approach in locating relevant institutions.

A child was defined as being below the age of 18 years. Abuse was defined as physical, sexual and/or psychological, perpetrated by members of the family, school, neighbourhood communities or society at large. Neglect was defined as intended or unintended failure to provide basic health, education, affection or material needs appropriate to the child's age and development.

The questionnaire was designed to include the following variables: types of institution; location and activities; services offered; frequency of types of abuse dealt with (frequent, moderately frequent or rare); severity (mild, moderate or severe);

where maltreatment occurs and who brings children to the institution; recording and reporting of cases; and challenges facing the implementation of services. If the institutions produced resources relevant to this research study, these were requested and collected.

Relevant service providers from various sectors in the occupied Palestinian territory were obtained from lists compiled by the Institute of Community and Public Health at Birzeit University, the MoSA and the Palestinian Academic Society for the Study of International Affairs directory. Interviews were conducted by telephone with government, NGOs and international institutions and the United Nations Relief and Works Agency (UNRWA) across the main service sectors of education, psychosocial, physical health and special needs. Interviewees were also asked whether they knew of any other institutions that worked in the field of child abuse and neglect to add them to the list of targeted institutions.

Two field workers carried out the interviews over a 6-week period in 2005. Although the final list might have missed some institutions, of those interviewed the response rate was 100%. In all of the interviews it was requested that the interviewee be someone who knew the work of the institution well to ensure quality of information. Consequently the director or head of programmes was usually interviewed.

## Results

A total of 62 institutions whose work was related to child abuse and neglect were identified and their directors/heads of programmes were interviewed. The bulk of the institutions were located in the West Bank (38, 61%); 49 (79%) were based in urban areas, 9 (14.5%) in refugee camps and 4 (6.5%) in rural areas. Of those interviewed,

58 provided services for child abuse and neglect. Most of them (39, 67%) worked for Palestinian NGOs, while 11 (19%) worked for the government institutions or UNRWA serving the refugees. The rest (8, 14%) worked for international organizations.

### Type of activities

Activities related to child abuse and neglect prevention were divided into 5 broad categories, noting that most of the institutions were involved in more than 1 activity. Nearly all of the institutions provided services (58, 94%), 42 (68%) produced resource materials, 25 (40%) conducted research related to child protection and 19 (31%) were active in policy-making. In addition, 3 of the institutions said they also funded projects implemented by others.

Of the 58 institutions that provided services, 41 provided more than 1, amounting to a total of 101 services (Table 1). Services offered included: 40% psychosocial services for abused children, including some medical care; 15% vocational training, continuing education and capacity-building for school

Table 1 **Types of child abuse and neglect services in the occupied Palestinian territory offered by the institutions providing services**

Service category	No. of programmes/projects	% of service category
Psychosocial, medical	40	40.0
Training/capacity-building	15	15.0
Child protection	12	12.0
Culture/recreation	12	12.0
Disability	9	9.0
Advocacy/awareness raising	8	8.0
Outreach	5	5.0
Total services reported	101	100.0

dropouts, teachers and caregivers; 12% specific services for abused and neglected children; and 12% cultural and recreational activities (Table 1).

### Frequency and severity of main types of abuse and neglect dealt with

Due to the lack of data on institutions dealing with child abuse and neglect cases, an estimate of frequency of cases was used in the questionnaire: frequent, moderately frequent or rare. Physical abuse and psychological abuse cases were the most frequently dealt with according to 77% and 70% of interviewees respectively. Child neglect was moderately frequently dealt with according to 41% of interviewees, compared to 29% who said they either frequently or rarely dealt with it. As for sexual abuse, it was rarely dealt with, as indicated by 73% of interviewees.

Cases of child abuse and neglect received by the services were rated as severe by 93% of interviewees for psychological abuse, 88% for general neglect, 79% for sexual abuse and 77% for physical abuse.

### Where abuse and neglect occur

The most common place for child abuse and neglect to occur was the home, reported by 53 (91%) interviewees, or the school, reported by 41 (71%) (Table 2). Fewer institutions reported that child abuse and neglect was perpetrated by strangers in the streets and wider community (18, 31%) or in Israeli prisons or military violence at checkpoints (14, 24%).

### Who brings cases to the attention of service providers

The question of who brings cases to the attention of service providers triggered more than one answer (Table 3). Most of the interviewees (41, 71%) cited family members, while 37 (64%) mentioned schoolteachers

and counsellors. Palestinian Authority institutions in general contributed according to 22 interviewees (38%). Other sources were links through community networks and outreach such as community-based rehabilitation (20); self-admittance of child victims (19); NGOs (18); the police (16); and health professionals (4, 7%).

### Recording and reporting of cases

Of the 58 service providers who saw cases of child abuse or neglect, 15 stated they did not report it at all. The rest (43, 74%) said they did report cases they saw, of which 28 (48%) reported exclusively within their own organizations; the remaining 15 reported to 1 or more relevant institutions, such as MoSA (8); other ministerial bodies (2); the police (3); Israeli institutions if the child victim lived in East Jerusalem, and to various other organizations (7).

### Major challenges to the implementation of services

Two issues were raised as major challenges by most interviewees and across the service sectors: sociocultural attitudes and practices (39, 27%); and inadequacy of human

Table 2 Places where child abuse and neglect occurred in the Occupied Palestinian territory, as reported by institutions providing services (n = 58)

Place of occurrence	No. of responses	%
Home/family	53	91.4
School	41	70.7
Street/community (incl. child-to-child)	18	31.0
Israeli occupation violence/prison	14	24.0
PA institution/prison	8	13.8
Work (employment place, street selling)	5	8.6
Recreation centres/youth hangouts	2	3.4

**Table 3 Who brings cases of child abuse/neglect to the attention of service providers in the Occupied Palestinian territory, as reported by institutions providing services (n = 58)**

Who brings cases	No. of responses	%
Family members	41	70.7
Schoolteachers/ counsellors	37	63.8
Palestinian Authority institution	22	37.9
Community worker/ community-based rehabilitation/outreach	20	34.5
Direct contact with child	19	32.8
Nongovernmental organizations	18	31.0
Police	16	27.6
Medical services/ doctors/primary care	4	6.9
Personal relations	4	6.9
Palestinian/Israeli courts	2	3.4
Advertisements	1	1.7
United Nations Relief and Works Agency	1	1.7

resources (39, 27%) (Figure 1). Other important issues were funding or financial constraints (22, 15%) and the Israeli occupation (20, 14%). Less frequently mentioned challenges were poverty, lack of legislation and law implementation, issues related specifically to mothers, caregivers and children themselves, and the role of Palestinian Authority institutions.

Challenges related to sociocultural attitudes and practices included resistance to behavioural change; common attitudes among people, such as taboos about sexual abuse and disabilities; power structures within the patriarchal family; the common understanding of services as relief rather than prevention and cooperation; and girls' rights to education undermined by the priority of marriage, especially early marriage for the sake of the family's social needs. These were obstacles to parents cooperating when

it comes to protecting their own children from abuse. Thus, a major challenge identified was how to create awareness and meet the needs of children already abused or at risk, without breaking the family system.

The other major challenge according to the service providers was inadequate human resources, both quantitative and qualitative, concerning the availability of expertise and capacity-building through effective training. This calls for proper needs assessments for planning, better institutional capacities and specializations, improved professional expertise and technical skills at various referral levels, better quantity and quality of training, monitoring and evaluation of programmes, and coordination and proper cooperation between service providers.

A particular problem in the occupied Palestinian territory was dependency on external funding for all sectors, which in some documented cases obstructed the sustainability of programmes as the time frames and budgets allocated for projects were limited. Furthermore, services were implemented independent of each other, without a coherent framework of cooperation between various actors. In addition, essential components for the success of a project were rarely funded, such as transportation, space, facilities and salaries for administrative staff.

The Israeli occupation affected the Palestinian population in the occupied Palestinian territory in many ways. Specific issues raised by respondents were: lack of security and safety; the status of Palestinians in Jerusalem; military closure of roads; humiliation and delays at checkpoints; settler violence in some areas; and anger and violence among children caused by witnessing military attacks.

Poverty as one of the challenges was described as economic hardship and unemployment, for example, parents not sending their children to school with enough food.

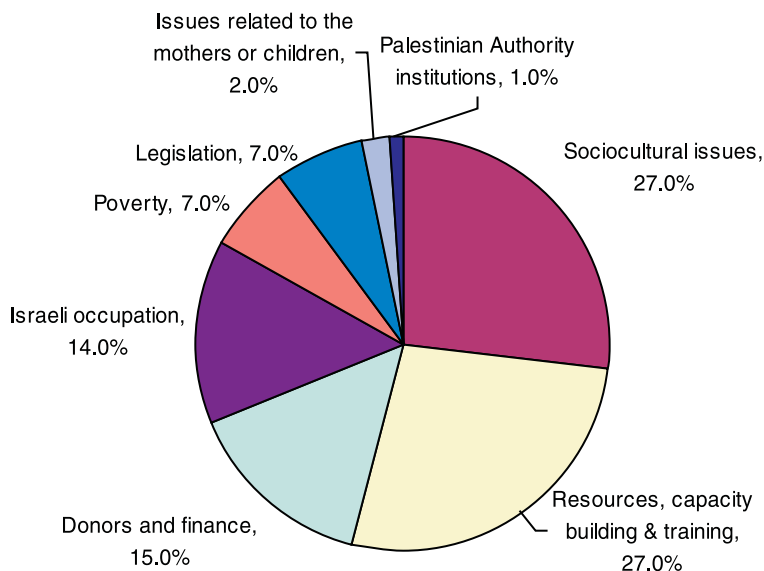


Figure 1 Main challenges in implementing child abuse and neglect prevention services in the occupied Palestinian territory ( $n = 145$  responses)

Concerning legislation, comments included: lack of a legal framework for effective protection of abused women and children; laws that were missing or not clear; no law protecting those working with abused or neglected children; the law being always on the side of the abuser (parents, father); no implementing power prevailing in schools; and courts not functioning.

Family issues included: lack of education of mothers; lack of social awareness in parents; mothers not having time for their small children; children with learning difficulties; and adjustment of new boarders when they first come to boarding school. A few local NGOs complained about lack of support from the Palestinian Authority.

## Discussion

This study was the first national survey to identify institutions working in child abuse

and neglect prevention in the occupied Palestinian territory. The findings will be used to support the recent initiative by the Palestinian MoSA and Ministry of Planning and UNICEF, working to establish an integrated effective reporting and referral system for child protection in the occupied Palestinian territory.

The research has shown that the distribution of services for abused and neglected children was consistent with the distribution of the population in the West Bank and Gaza Strip, but was highly concentrated in urban areas (79% of institutions for 53% of the population) [8]. In addition, the proportion of institutions providing specific services for child abuse and neglect was relatively small (12, 21%). This may reflect the limited use of such services or the limited funding.

Looking at the types of abuse seen by service providers, physical abuse was the

one most frequently dealt with; yet a study of self-reported abuse by female adolescents suggested that psychological abuse was the commonest type reported by victims [9]. This may reflect a delay in referral of psychologically abused children, i.e. until the symptoms are very severe. This was confirmed by our study, as service providers reported that psychological abuse was less frequently seen than physical, yet the cases were the most severe of all types of abuse.

Interviewees in our survey reported that most abuse occurred at home. In a national study carried out by PCBS 93.3% of mothers of children between the ages of 5 to 17 years reported that assault occurred mainly at home [3]. The same study showed that 34.6% of mothers reported abuse occurring in schools [3]. In our study a high proportion of respondents reported abuse in schools. However, there are different definitions of abuse at school. The PCBS definition was limited to teachers abusing pupils, while in our study it included bullying and child-to-child violence in addition to teachers' abuse.

Our study also found that service providers lacked a reliable information system that allowed them to monitor and evaluate their work. While 74% of providers said they recorded cases of child abuse and neglect, only 35% reported these to other relevant institutions for the purpose of information sharing and/or further intervention. We also found that the MoSA, the ministry designated to oversee interventions against child abuse and neglect did not keep a record of cases, only numbers; names could not be verified for duplication nor could they be traced.

It is not surprising that the external challenges identified by service providers reflected findings from other studies that point to sociocultural attitudes and practices as constituting a major barrier to service

delivery. One researcher in child abuse and neglect argued that "the patriarchal structure of Palestinian society limits possibilities for providing appropriate services to battered women and their children that will satisfy their need for physical safety and emotional security, as well as for their general well-being". Another obstacle limiting access to services was the Israeli military occupation and the increasing number of checkpoints/closures that prevented adults and children from seeking basic and vital services.

According to service providers, capacity-building, monitoring and evaluation, as well as standardization of regulations and accreditations were the main internal obstacles to adequate service delivery. For example, most training courses were not evaluated or accredited. There were no established criteria for the accreditation or disqualification of specialists. These issues have been raised by other researchers. MoSA and other ministries are currently taking steps to standardize various specialties in the helping professions, especially in the area of psychosocial health in the occupied Palestinian territory.

Another major obstacle, generally affecting all service providers in the occupied Palestinian territory was funding and dependency on foreign aid. This is a result of priorities often being dictated by the funding community who decided on the type of projects, their duration and the amounts of money to be spent. This dependency limited and hindered the development of programmes that should in fact be built on the assessment of local community needs. The neglect of local needs by funders was confirmed by service providers, who said that many of their past projects were terminated, not because of a change in priorities but simply because the funding had ended. Another factor accelerating the level of poverty already existing within Palestinian

society was the recent boycott by foreign nations of funding to Palestinian Authority government institutions, withholding 60% of the population's salaries.

There were some limitations to the study. First, due to military closures and severe travel restrictions, most interviews were conducted by telephone. This could affect the reliability of the data, although most of these institutions were already known to us. Secondly, the data related to types of abuse, place of occurrence and source of referral were based on the recall of the interviewees due to lack of records. However, in all cases we made sure this information was obtained from someone directly involved in provision of services.

## Conclusions and Recommendations

This survey has fulfilled the research objectives by identifying institutions that provided services for child abuse and neglect in the occupied Palestinian territory, and their scope and challenges. Service providers reported that child maltreatment occurred in all of its forms—physical, psychological and sexual abuse and neglect—with varying frequency and severity. They reported it occurring mainly at home and at school. Service providers were centrally located, concentrated in urban areas, and their work was not coordinated, documented or evaluated. Major obstacles to intervention were sociocultural issues and limited or poorly trained human resources.

Building awareness and professional capacity have the potential to generate change. For example, new generations of children in Palestinian schools are now exposed to the programme “no violence in schools” adopted by the Ministry of Education, with a basic support structure of school counselors in place and training programmes under way. Other challenges, such as foreign aid and the Israeli occupation, are issues that can only be resolved at a political level.

It is recommended that a platform be laid out for a network of child abuse and neglect services and prevention activities, under the auspices of the MoSA or Ministry of Planning or an independent body. This body should assist with the installation of an effective system to prevent, identify, manage and monitor child abuse and neglect in the occupied Palestinian territory. The issue of equitable accessibility of services needs to be addressed, especially under the present circumstances of restricted mobility. However, all parties at the national and international levels must share the responsibility of creating and maintaining a viable Palestinian service system and to continue to protect the rights, and respond to the needs, of all Palestinian children, especially the most vulnerable ones.

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### **Launch of the Arabic version of the *World Report on Child Injury Prevention***

In a valuable addition to the global health library covering child rights, in November 2009 the WHO Regional Office for the Eastern Mediterranean launched the Arabic version of the *World Report on Child Injury Prevention*, prepared jointly by WHO and UNICEF.

The report presents comprehensive coverage of all currently available knowledge about the different types of unintentional injuries, such as those resulting from road traffic crashes, drowning, burns, falls and poisoning. More important, it describes how to prevent such injuries. The report supplements the study of the United Nations Secretary General on violence and intentional injuries against children, issued at the end of 2006. More information can be found at: <http://www.emro.who.int/pressreleases/2009/no33ar.htm>