Israel and Hamas, children in war. Grappone (EMDR Italy): "For them, surviving is only the first step"

Palestinian children killed, seriously injured or forced to live in terror under the bombings; Israeli children hostage of Hamas. They are two faces of the same coin: the very high price paid by children in the atrocious Israel-Hamas conflict, like in any other conflict. People, religion, ethnicity make no difference: the pain of the innocent carries no flag. Save the Children reports data released by the Palestinian and Israeli health authorities:

over 3,257 children have been reported killed since 7 October, including at least 3,195 in Gaza, 33 in the West Bank and 29 in Israel.

More than 4,000 Palestinian children were injured, some of them seriously mutilated, during the bombing of the Anglican hospital on 14 October and during the continuous air attacks; all of them are forced to live in fear, perhaps after having witnessed the death of a parent or a sibling, with a shortage of food, water, medical care, and no longer able to go to school. There are about a thousand missing children in Gaza who may be buried under the rubble. And the tally is set to rise. What psychological consequences will those who survive carry with them? Meanwhile, the Tel Aviv government released the photos of the little Israelis kidnapped on 7 October by Hamas terrorists. The youngest, Kfir, is just nine months old; next to him is his brother Ariel, 4 years old. The eldest is 17. We do not know if they are all still alive. What are they going through, what does this senseless captivity mean for them? How much will it scar them, assuming they manage to survive and regain their freedom? For all of them, escaping death is the first step. The second one is to return to living. Will they succeed? And how? We discussed this with an expert: Noemi Grappone, EMDR practitioner psychologist and member of EMDR Italia. EMDR (Eye Movement Desensitisation and Reprocessing) is a therapeutic tool used in the treatment of disorders linked to stressful and/or traumatic events such as violence, accidents, severe grief, wars. "In a very recent study conducted in the Gaza Strip, in areas subject to sustained bombing and other acts of military violence," Grappone begins, "an attempt was made to establish a relationship between traumatic experiences of the ongoing war, post-traumatic stress disorder (PTSD) and anxiety symptoms in children, while also taking into account the parents' mental health responses. In the sample analysed - 100 families with 200 parents and 197 children between the ages of 9 and 18 - both children and parents were found to have a high level of experienced traumatic events, high rates of Ptsd and anxiety'. Exposure to war trauma has a strong impact on the mental health of both parents and children, and their emotional responses are correlated. Therefore, the expert argues,

'dealing with children and their psychophysical responses always implies the cross-sectional involvement of the entire family group'.

What are the most common symptoms in children directly exposed to conflict? Many develop both short-term and long-term post-traumatic stress reactions. The most recurring symptoms include sadness, anger, fear, numbness, irritability, mood swings, change in appetite, difficulty sleeping, nightmares, avoidance of situations reminiscent of the traumatic event, impaired concentration, guilt for having survived or for not having suffered major consequences during the event. In addition to this, there is another element that is significant but not widely recounted. What is it about? It is the impact of separation on the child, an experience known from the work carried out when children were separated from their parents on admission to hospital. Much research shows that children who are separated from their parents - particularly children under the age of 4 - experience symptoms of anxiety, eating disregulation, increased postoperative complications, withdrawal, sleep disturbances

and aggression. Prolonged separation can also lead to developmental trauma such as attention deficit hyperactivity disorder, oppositional defiant disorder and cognitive impairment. This is particularly the case in Gaza, where the deteriorating health services mean that many children with urgent or long-term conditions require more specialised services than are available in the Strip, but Israel requires all Palestinians to obtain a permit from the Israeli authorities before leaving Gaza. Parents of sick children also need a special 'escort permit', which is often denied for security reasons. This has two consequences: either the transfer is not carried out, or the sick child is accompanied by another family member or acquaintance, causing great distress to the child and often little or no communication with the family about the child's condition. However, from Operation Cast Lead to the present day, children in the Strip have been living in a state of insecurity for years. It is a constant insecurity that generates fear, helplessness and horror in the entire population, but from which children suffer the most. In the aftermath of Cast Lead (the war that lasted from 27 December 2008 to 18 January 2009), a study conducted by the Gaza Community Mental Health Programme (GCMHP) found that 75 per cent of children over the age of six suffered from one or more symptoms of post-traumatic stress. But in the enclave, the trauma is continuous, has been going on for at least two decades, and shows no sign of ending.

Gaza's health system, already strained before the current war, is now on the verge of collapse, and mental health experts have long warned of the terrible toll on children.

The captivity of Israeli children in the hands of Hamas is also worrying. Absolutely. We have no studies on the Israeli children because their conditions were relatively good until 7 October, but these little hostages are certainly suffering the same sense of helplessness and fear, with the risk of developing post-traumatic stress disorder. The consequences are the same for both sides, because children do not wear 'flags'; it is the adults who put them up. In addition to the children who are directly involved, there are those who 'witness' the war from a distance, on television perhaps. Indeed, the trauma affects not only those who are directly exposed, who are the primary victims, but also those who, in this case other children, witness this crime against humanity from afar and indirectly. Seeing the wounded and mutilated bodies on television and hearing the sound of bombs is a traumatic event for them. Boys are more exposed to this traumatisation than girls, less so children from high income families, and there seems to be no link with age. Doctor, you are part of EMDR Italia, one of the 40 national associations that are members of EMDR Europe. What is your work in this field? EMDR Europe has always provided trained trauma specialists. If we are unable to reach the directly affected areas, we use remote means to provide support, containment and processing of ptsd symptoms, as we have done in other humanitarian emergencies. After the first two days of Russian bombardment of Ukrainian territory, Emdr Europe, with its 40 member states, took action to provide psychological support and guidance in coping with the emergency.

Psychologists were able to intervene on a massive scale in an ongoing war situation for the first time

to support people in Ukraine, on the border and in border countries - Poland, Romania, Slovakia, Hungary - and throughout the rest of the EU in areas hosting large refugee communities. We hope to be able to provide relief, prevention and mental health support in this dramatic emergency caused by the Israeli-Hamas war.

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