



An-Najah National University

Faculty of Graduate Studies

**THE IMPACT OF PHYSICAL AND
PSYCHOLOGICAL VIOLENCE ON
DEPRESSION SYMPTOMS AND
PSYCHOLOGICAL TRAUMA AMONG
LIBERATED PRISONERS IN PALESTINE**

By

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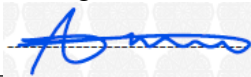
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Dedication

To my dear parents,

May God grant you long life. Your boundless love, sacrifices, and continuous support have been the foundation of my academic career. I dedicate this thesis to you, for your belief in me and your inspiration to achieve my dreams.

To my supportive siblings,

Thank you for your support, encouragement, and understanding of the hard work and effort expended in preparing this thesis. Your encouragement has been invaluable. I ask God to grant you long life.

To All Prisoners,

A special thank you to all prisoners whose freedom was restricted, yet whose minds and spirits remained free; to the prisoners in captivity who patiently and silently faced the harshest forms of injustice; to those who returned from behind bars carrying freedom on shoulders laden with pain; To the liberated prisoners whose will remained steadfast despite years of imprisonment, isolation, and suffering, and to all those who faced their psychological battles in silence and continued to live despite the invisible scars...

I dedicate this work to you, with sincere gratitude, loyalty, and respect.

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First, all praise and thanks are due to God, Lord of the Worlds, who has blessed me with the completion of this thesis. May peace and blessings be upon the Master of Messengers, Muhammad, may God bless him and grant him peace, and upon all his family and companions, who said, “He who does not thank people does not thank God”.

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I must not forget to express my gratitude to the institutions working in the field of human rights affairs. The prisoners were thanked for the data they provided and for their assistance in accessing information and field sources.

Declaration

I, the undersigned, declare that I submitted the thesis entitled:

THE IMPACT OF PHYSICAL AND PSYCHOLOGICAL VIOLENCE ON DEPRESSION SYMPTOMS AND PSYCHOLOGICAL TRAUMA AMONG LIBERATED PRISONERS IN PALESTINE

I declare that the work provided in this thesis, unless otherwise referenced, is the researcher's own work, and has not been submitted elsewhere for any other degree or qualification.

Student's Name: Geyane Refat Joma Kharaz

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Date: 23/12/2025

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Abstract

Background: Palestinian political prisoners are routinely subjected to systematic physical and psychological violence in Israeli prisons, leaving deep and lasting scars on their mental health. After their release, most continue to suffer from depression, post-traumatic stress disorder (PTSD), and other mental health conditions that hinder their reintegration into society. Psychological support services for former prisoners are inadequate, and they are more vulnerable to chronic trauma despite the serious consequences.

Aim: The study was conducted to investigate the effects of physical and psychological violence on raising rates of depression and trauma symptoms in released Palestinian political prisoners.

Methodology: The research used descriptive-analytical design on a sample of 204 released prisoners (163 males and 41 females) in various West Bank governorates. The Beck Depression Inventory (BDI) was used to measure depression, Davidson Trauma Scale (DTS) to measure post-traumatic stress, and semi-structured interviews were conducted (with 40 participants) in order to obtain qualitative information. Correlation and regression, as statistical tests, were applied to investigate the relationship between variables and test hypotheses of the study.

Results: The results showed high rates of physical and psychological violence experienced by released political prisoners, and a strong correlation between this violence and increased symptoms of depression and post-traumatic stress disorder (PTSD). Depressive symptoms ranged from moderate to severe, while trauma symptoms ranged from severe to extremely severe. Physical and psychological violence

were found to directly exacerbate depression and PTSD symptoms. Demographic variables, such as gender, age, length of detention, and marital status, also influenced the varying severity of symptoms.

Conclusion: This research demonstrates that exposure to physical and psychological violence is a major factor in the worsening of depression and PTSD among released Palestinian political prisoners. The persistence of these symptoms even after release underscores the need for specialized psychological services, rehabilitation programs, and community support to facilitate their reintegration into society and aid their recovery. The study recommends conducting periodic psychological assessments, providing specialized counseling services, and implementing psychosocial support programs specifically designed to meet the needs of former prisoners.

Keywords: Physical violence; psychological violence; depression; psychological trauma; Palestinian prisoners; mental health.

Chapter One

Introduction and Theoretical Background

1.1 Introduction

In our current era, humanity lives in the midst of a rapidly accelerating race among human beings, dominated by political and cultural conflicts, in addition to social and economic problems. This has forced the individual to constantly struggle with the difficult life circumstances he experiences. When the individual is exposed to continuous pressures resulting from the nature of the life circumstances surrounding him, he finds himself in a struggle with reality, which makes him unable to confront it and unable to adapt properly to the environment and its requirements. He is overcome by a state of failure and distraction that may lead to psychological crises and disturbances, and he finds himself burdened by the pressures surrounding him from all sides (Hamamra et al., 2025).

However, Neria et al., (2002) states that a person's psychological health is determined by the social reality in which he lives and its events and facts. As long as the elements of security and satisfaction are present, this will reflect positively on his psychological health (to an increase in the individual's sense of security, social appreciation, and self-esteem when he belongs to a strong group, whose personality he takes on and unites himself with it. As the results of the study showed (Neria et al., 2002) noted that weak social and psychological support leads to Increasing the psychological suffering of prisoners.

The Palestinian society has a distinct characteristic in the subject of shocks, whether in their severity, type, or continuity, for example, researcher Mahmoud pointed out the large numbers of prisoners languishing in occupation prisons. The occupation is not satisfied with this amount of torture, but continues to violate sanctities by demolishing homes, uprooting trees and confiscating property (Farajallah, 2022). The severity of the abuse is increased by the humiliation and degradation of dignity that the people are exposed to at checkpoints and preventing them from moving between their cities. It is written, it is written for this people to be patient and endure all forms of abuse from killing and arrest and to endure pain. Where detention has become a prominent phenomenon in the life of the Palestinian people. This phenomenon has affected every

village, camp and city (Afana R., 2023). Thousands of families across the country have suffered long nights waiting for their sons to come out, and have suffered with them the harsh hardships they have lived under oppression and subjugation, and they are still standing at the doors of the occupation's detention centers distributed throughout Palestine. All of this has produced psychological problems and led to the occurrence of many psychological disorders (Mahmoud, 1996).

Therefore, Palestinian prisoners have been subjected to numerous violations and inhumane practices at the hands of the Israeli authorities, particularly during their detention, with the number of Palestinian political prisoners in Israeli prisons exceeding 9,500. These practices are part of systematic policies, as stated in Article 5 of the Universal Declaration of Human Rights: “No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment” (*United Nations Convention against Torture.*, 1993).

Al-Issa, (2020), discusses the severe psychological and social hardships consistently faced by Palestinian prisoners. Whether psychological or social, especially since the enemy is unjust, cruel and ignorant. Such an enemy creates negative and oppressive psychological and social conditions for the prisoners, conditions that result in the cracking of their personalities, the destruction of their hopes, the weakening of their self-confidence, the breaking of their morale, the affliction of complexes and psychological illnesses, the disintegration of their social values, and the decrease of their ambitions with their surrounding reality of dangers, challenges, fears and intersections. This leads to a feeling of alienation as a result of their isolation, loss and the dissipation of their ambitions and goals. Such bad psychological and social conditions that the prisoners have experienced leave their clear effects and fingerprints on the prisoners to the point that it is difficult for them to be freed from them and to be freed from their negatives except after a long period of their release.

The issue of Palestinian prisoners in the occupation prisons has always been a public opinion issue among the Palestinian people, considering prisoners a symbol of the struggle on the path to liberation from the occupation (Makhlouf, 2023), A large segment of prisoners has been subjected to many forms of abuse during the various stages of their detention. The writer Awda explained in a statistic in a study she conducted that in 1967, more than (800) thousand cases of detention were recorded,

representing approximately (20%) of the Palestinians residing in the occupied Palestinian territories, as there is no longer a Palestinian family in which one or all of its members has not been arrested once or several times (Norman, 2021).

Accordingly, returning to the numbers and figures of Palestinian prisoners, we conclude that Palestinian society is home to more than 611 thousand liberated prisoners, who influence and are influenced by society through their interaction in various aspects of it. The prisoner's experiences in his detention experience of torture and deprivation play an important role in this process of influence. According to the opinions of experts and scholars, the prisoner's experiences and the torture that accompanied them will reflect the same on his behavior and social interaction (Marie & Battat, 2021).

Albadawi, (2023), points out the physical violence to which Palestinian prisoners released from Israeli occupation prisons are subjected, which constitutes an important human rights issue, as many of these prisoners suffer from the effects of torture and violence to which they were subjected during their detention in Israeli occupation prisons. This physical violence includes a group of violations practiced by the occupation during arrest or during the period of detention, and these effects may continue after their release.

Psychological violence against Palestinian prisoners released from Israeli occupation prisons constitutes an important part of their ongoing suffering, as many of them are exposed to deep and long-term psychological effects as a result of the violations practiced against them during their detention or even after their release (Dokkedahl et al., 2021) Psychological violence is not only a result of the physical torture these prisoners were subjected to, but extends to include practices and repercussions that leave psychological effects that continue after their release, and may affect their daily lives (Wagner et al., 2020)

Depression and psychological trauma are among the main challenges facing prisoners released from occupation prisons (Mundy et al., 2021). Prisoners who have spent years in prison are exposed to harsh conditions that greatly affect their psychological and mental health. In general, depression and psychological trauma are serious issues that require special attention and support from society and the state to provide appropriate

treatment for released prisoners, to ensure improving their quality of life and help them recover from the effects of imprisonment (Aldabbour et al., 2024).

However, the return of prisoners to their communities entails many difficulties and problems due to the isolation they suffered and the torture, oppression and humiliation practiced against them (Wilson, 2019). They need to be rehabilitated and integrated into their local communities and compensated for the persecution and torture they suffered so that they can contribute to building their homeland for which they sacrificed.

The variation in the forms, intensity, and duration of physical and psychological violence experienced by Palestinian prisoners during incarceration plays a significant role with regard to their post-release psychological and emotional well-being. The prevalence of depression and psychological trauma is perhaps one of the most prominent consequences of such violence, which deserves an in-depth study because its impact manifests differently depending on the type of abuse, duration of imprisonment, and the conditions of detention.

In light of the above, and given the importance of understanding the impact of physical and psychological violence on the development and aggravation of depressive symptoms and trauma among liberated prisoners in Palestine, it becomes essential to analyze this phenomenon to provide evidence-based insights for policymakers, mental health practitioners, and human rights advocates.

1.2 Theoretical background

In this section, the researcher will discuss the theories that studied the analytical, cognitive and behavioral aspects of physical and psychological violence, depression and psychological trauma. Previous research has studied the extent to which negative physical behaviors and psychological disorders affect released prisoners in Palestine.

1.2.1 Physical violence

Physical violence is considered one of the most prominent forms of violations to which Palestinian prisoners are subjected in occupation prisons, as it is linked to what Bandura referred to in his theory of social learning, its believe that the learning process takes place within the narrow family. Some parents teach and encourage their children to practice violent behavior against others and believe that it indicates courage, and that

the opposite behavior is cowardly and weak. Societies also differ from one another, as some rural areas encourage their male children to behave harshly with others, especially towards the opposite sex, to show strength and superiority (Sumianto et al., 2024).

The forms of physical violence are defined and described psychologically and across the social sciences in a number of variants depending on theoretical and cultural context. The (Straus & Gelles, 2017) defined it as the active application by an individual to himself or herself or towards others of physical force so as to cause physical harm and/or damage, appearing in some form, such as injury or the suffering, but not limited to death. (Gusmões et al., 2018) considers physical violence in intimate relationships to be consistent use of coercion with the aim of control and subordination. It may be considered a kind of abuse of both children and adults and has long-term consequences on the psychological and developmental well-being. (AlBuhairan et al., 2017) perceived it as a manifestation of the power and control mechanisms in the family and in the society, and (Policastro & Finn, 2016) considered it as a violation of normal disagreements and stepping up into something that threatens the physical security of an individual. Based on these various views it is discernible that physical violence is not just a single time occurrence, but a process which has the source and origin in the social, psychological, and cultural plane and results in a repetitive pattern that has consequences on the individual, family and social level.

Therefore, physical violence is considered one of the simplest and most severe forms of violence (Eldoseri & Sharps, 2017). It is defined as the deliberate use of physical force to varying degrees against others with the aim of inflicting bodily harm and causing pain and psychological suffering. It is an illegitimate means of punishment (Kraav et al., 2019). In this type of violence, students employ their physical abilities, and it ranges from simple forms to dangerous and severe forms, such as: hitting, pulling hair, slapping, pushing, violently grabbing and twisting the hand, punching, throwing to the ground, biting, and strangulation (Yoon et al., 2021), as well as burning and branding (Robson et al., 2017). These behaviors are often accompanied by bouts of anger and aggression (Eldoseri & Sharps, 2017) Physical violence is considered the most common form of violence practiced in real life around the world.

In these studies, the researcher examines how the physical violence and torture experienced by Palestinian prisoners in occupation prisons leads to long-term psychological and physical effects. The research focused on post-traumatic stress disorder, isolation, and the health and economic problems faced by prisoners and their families. It also demonstrated that the severity of torture is directly related to the severity of psychological symptoms. The results confirmed that the negative effects extend to the families of prisoners, who are considered "secondary victims" of the suffering.

1.2.2 Psychological violence

Psychological violence is a kind of violence hitting deep in the mind and emotional well-being of a person. Such acts as insults, belittlement, threats, ignoring emotional needs of others, manipulating their behaviors, and undermining their self-esteem also belong among the behaviors involved. It may result in fear, anxiety, depression, loneliness and lack of self-confidence (Alkan et al., 2022). Researchers refer to it as any iterative pattern or attitude with a goal of dominating or controlling others psychologically, in a manner that detrimentally affects their psychological wellbeing, in a manner like constant criticism, ignoring, verbal/suggestive threats or restrictions on freedom of belief, action, speech, etc. (Abdullah et al., 2023) Psychological violence entails verbal bullying, publicly humiliating, casting doubts on the abilities of a person, using punitive silence as a control technique, and their indirect impact, causing emotional torture to leave the victim insecure or full of anxiety (Dim, 2020) Psychological abuse in a family setup may be in the form of, but is not limited to, emotionally controlling, consistently blaming and socially isolating. It has been proved that this form of violence may be more harmful in many cases than physical violence as it leaves long-term consequences in the mental sphere, affects social and professional relationships (Melanda et al., 2021).

One of the theories that explained psychological violence is Freud's theory of psychoanalysis, where he developed his theory of human behavior, which states that man is led by a group of instincts or instincts that are almost animalistic. Freud concluded that the instinct of destruction operates in every living being, and that it seeks to reach this being's original image of inanimate matter (Solms, 2021). It's also indicated that aggression is an innate behavior that stems from the death instinct

presented to the individual, and that the basic function of the death instinct is destruction and returning the individual to a state of lifelessness. Clear aggressive behavior is an external manifestation of these instincts. He also believes that aggression is an innate characteristic of man, and violence is the natural form that aggressive behavior takes. Freud explained that aggression can be put in the service of life and death alike and society, which helps the individual to control it. This is done by directing part of this force against the outside world without deteriorating into sadism and the other part against the self while avoiding masochism. Society must realize that there is a discharge for violence (Zhang, 2020).

The researcher believes that psychological violence is a form of violence that affects an individual's mental and emotional health through insults, belittlement, threats, and ignoring their emotional needs, leading to fear, anxiety, depression as well as self-confidence deficiency by means of insults, belittling, threats and by rejecting emotional needs of a person. She considers that aggression is a natural act that may be targeted toward the person or other people and that may have long-term consequences on the person and his social interaction. She also notes the psychological violence experienced in captivity or prison, causes psychological disorders that lower the level of the ability to adjust psychologically and socially, on release. The researcher is of the opinion that family and social support is central towards ensuring recovery and reinsertion of the victims in the society.

1.2.3 Depression

Depression is a common mental disorder characterized by persistent feelings of sadness and loss of interest or pleasure in daily activities. It refers to a chronic low mood and energy that affects thinking, behavior, and a person's ability to function in daily life (Fried et al., 2022), According to (Hull et al., 2021) study, it involves a combination of symptoms including depression; the loss of interest in food or overeating; the problem of sleeping; feelings of worthlessness or guilt, as well as inability to focus, and the period must last at least two weeks. Scientists believe it to be an illness brought about by a chemical imbalance in the brain between neurotransmitters, including serotonin and dopamine, that influences mood and emotion. According to a psychosocial model, certain people assume that depression originates in life stresses and exposure to trauma or loss and develops into the inability to adequately adjust psychologically and

increases low feelings of helplessness and hopelessness (Xie et al., 2021). Depression in medical terms is also characterized as a long-term or recurrent condition that may have physical impact including poor immunity and cardiovascular disorders as well as overall tiredness. It involves numerous therapeutic measures, such as psychotherapy and/or pharmaceutical ones towards the attainment of a long-term improvement (Ormel et al., 2022).

Simply put, depression could be described as a group of painful feelings such as sadness, guilt, feeling down, disability, and inhibition (Tashtoush R. & Mousa A., 2024) When exploring depression, cognitive theories are typically the first to be examined. In her research, (Liu et al., 2015) reveals that the hypothesis of cognitive theories of depression concludes that specific patterns of negative thinking can raise the probability of individuals developing and continuing to experience depression, especially during times of stressful life events. (Beck, 1961) cognitive theory on depression characterizes the negative self-schemata which are the individuals' beliefs and thoughts of those affected as a "cognitive triad". They possess negative perspectives of themselves as they as inadequate, worthless, deficient, and unlovable. They see their surrounding environment rich with obstacles and failure, and for their future, they see it as hopeless and empty of hope. This negative view of life affects the individual's interpretation and perception. This also affects the way the person memorizes the personal experiences in a negative construal of a person's life.

During her discussion, Liu et al., (2015) mentioned a cognitive theory on depression called "the hopelessness theory", which was proposed by (Abramson et al., 1989) .This theory suggests that individuals with a depress genic thinking style tend to attribute negative events to stable and global causes and are more susceptible to depression. This could be for two causes, a) negative consequences will be them even after a current negative situation, and b) that a negative experience in their life signifies that they are essentially flawed or worthless. According to hopelessness theory, cognitive susceptibility might raise the likelihood of depression by influencing how people process and evaluate personal life situations.

The researcher believes that depression is a common mental disorder characterized by persistent feelings of sadness and loss of interest in daily activities. It impacts on thinking, behavior and the capacity to live a normal life. She is of the opinion that

depression could be due to chemical imbalance in the brain or exposure to life stressors and psychological trauma that leads to feeling of helplessness and despair. She also indicates that, negative thoughts and a negative attitude about self, the surrounding environment, and the future are likely to contribute to developing and reinforcing depression. The researcher is of the opinion that depression is also impacting on physical health, in terms of low immunity, physical tiredness, among others, and that treatment involves psychological and medical treatment to be successful in long-term terms.

1.2.4 Psychological trauma

One of the theories that explained psychological shock is the psychological theory, where Green, Wilson, and Lindsay tried to provide a psychological and social explanation for psychological shocks (Thompson, 2021) They believe that the fate of the shock depends, on the one hand, on its severity and nature, and, on the other hand, on the personality of the person who was shocked and the role of the environment. The more appropriate the psychological and environmental factors are, the more the traumatized person will be able to overcome the effects of the trauma and restore adaptation to an acceptable level (Fang et al., 2020).

Also, the cognitive behavioral theory (Albert Ellis) which assumed the necessity of dealing with human behavior from the perspective of the knowledge and concepts that the individual carries, and in order to understand behavior, it is necessary to understand the ideas and interpretations of the individual and in order to understand them (Ellis, 2019). It is necessary to understand the basic assumptions and cognitive structures that have crystallized in him, and behavior in this case is a result of the system of ideas and feelings that haunt the individual in certain situations and experiences, and the ideas and feelings that haunt the individual do not come from a vacuum, but rather come through the cognitive structures that have accumulated in previous periods, and this knowledge and perceptions were formed in three main axes:

- Towards the self.
- Towards others.
- Towards the world and life.

The ideas and interpretations that the individual attributes to events in his life are governed by these axes and are often a cumulative process of upbringing and an expression of the extent of the depth of the present psychological needs or the result of individual events or crises or specific shocks that the individual may experience or a combination of both (Taylor et al., 2020), The greater the accumulated psychological needs or the more severe the psychological shocks, the more often cases of mental distortion arise in the individual, which leads the individual to negative thinking. These distortions take several forms:

- Generalizing a specific feeling, thinking or behavior in a specific situation to all situations.
- Limited thinking, i.e. polarization in a black or white form without seeing a comprehensive thinking of all angles.
- Arabization is the opposite of generalization, when a person attributes his problem in absolute proportion only to the physical factor or the proportion of danger to the place where the accident occurred and nothing else

However, the proponents of the cognitive theory focus in their interpretation of psychological trauma and how it develops into post-traumatic stress disorder on the individual's view of himself and the world, as the essence of the trauma relates to the sudden and sharp disintegration of the inner world of the traumatized individual and the shattering of his basic beliefs. Therefore, one of the most important results of the trauma is the belief that the world is dangerous and that it is threatening and unsafe, a decrease in personal worthiness and a lack of self-sufficiency, apart from feelings of anxiety, fear and high physiological responses. Also, the individual who does not feel safe falls more than others into suffering from effectiveness that includes intellectual conflict and cognitive collapse, feelings of guilt and excessive physiological arousal, whether directly after exposure to the trauma or after a latency period (Neuner, 2023).

Trauma affects individuals' psychological well-being to different degrees in terms of time, severity, and symptomatology After experiencing a traumatic event, such as assault, disaster, torture, or an accident, some may suffer trauma spectrum symptoms for weeks or months. In contrast some people continue to suffer these symptoms for a longer time (Calhoun et al., 2022; Spytka, 2023).

The researcher believes that psychological trauma is explained by the relationship between the severity of the trauma, the individual's personality, and the surrounding environment. The more supportive the psychological and environmental factors are, the greater the individual's ability to adapt and overcome the effects of the trauma. She also believes that the thoughts and beliefs an individual holds play a major role in explaining their behavior and responses to stress, as these thoughts are shaped by previous experiences and influence how they evaluate events. The researcher indicates that trauma leads to multiple cognitive distortions, such as overgeneralization, polarized thinking, and attributing the problem to specific factors in an absolute manner. This increases negative thinking and affects self-esteem and feelings of security. The researcher also believes that the impact of trauma varies from individual to individual in terms of duration and severity of symptoms. She also believes that an individual's ability to adapt psychologically is affected by personal factors and previous experiences, and that individual differences in response to trauma play a greater role than the severity of the experience itself in determining subsequent psychological developments.

1.3 Previous studies

Reviewing previous studies and literature is important in scientific research due to the enrichment it adds to the research. The following is a presentation of a group of previous studies, commentary on them, and a statement of the research gap between them and the current study.

First axis: Studies that dealt with Physical violence

Al-Zubair's (2001) study found about "The long-term effects of torture on political prisoners and their relationship with some variables." This study aimed to reveal the long-term effects resulting from torture practiced by the Israeli occupation on Palestinian fighters. The study attempted to identify the psychological and physical effects. Long-term for political prisoners released from Israeli prisons, and the study sample consisted of (220) prisoners released from Israeli prisons, and the researcher used the Torture Severity Scale, the Event Impact Scale, and the Physical Symptoms Scale. The study concluded that there is strong correlation between exposure to physical torture. The long-term effects resulting from the arrest, as the study showed that (35) % of the sample individuals suffer from a disorder resulting from psychological trauma, as the level of post-traumatic stress and psychological illnesses. The study showed that

there were no statistically significant differences between the long-term attributable to the age of the prisoner at the time of arrest.

Sarraj et al., (2003) about “Torture, ill-treatment and symptoms of stress-related disorders among Palestinian political prisoners.” This study aimed to detect symptoms and psychological disorders resulting from ill-treatment and torture during their detention by the Israeli occupation authorities. The occupation. The personal interview was used in this study, and the study was applied to (550) former Palestinian political prisoners from the residents of the Gaza Strip who spent a period in the occupation prisons, and their ages ranged between (13-40) years. The results showed that the more the prisoner was exposed to physical torture, the more he suffered from Isolation, indifference and exaggerated emotion. The study also showed that former prisoners who continued to be subjected to persecution and who were exposed to economic problems suffered from isolation, indifference and exaggerated emotion to a greater degree than others.

Al-Oqaili A., (2014), entitled "Problems resulting from the torture of Palestinian prisoners", aimed to reveal the problems resulting from torture suffered by released Palestinian prisoners, according to the opinions of employees of Beni Suef University. An exploratory survey was used. The question was answered by 50 employees at the university. The statistical method was to take responses, frequencies and percentages. The results of the research show that the most important problems suffered by Palestinian prisoners are psychological problems (43.75%), physical problems (33.75%) and economic problems (22.5%).

Favril et al., (2024), study, entitled “Mental and Physical Illness Among Prison Inmates: A Comprehensive Review,” found that prisoners worldwide suffer from a high health burden, characterized by a high prevalence of mental disorders, addiction, and infectious diseases. Major depression was found to be 11.4% of the entire population, post-traumatic stress disorder (PTSD) 9.8% and psychosis 3.7%. Alcohol use disorder (23.8) and drug use disorder (38.9) are more often than not hand in hand with other mental health disorders and affect nearly a quarter and more than a third of prisoners respectively. There was also a high prevalence rate of infectious diseases including hepatitis C (17.7%), although the incidences of hepatitis B, HIV, and tuberculosis were less (between 2.6% and 5.2%). The findings of the study are that such patterns of ill

health are an opportunity to enhance the national health system by making the prison health services an extension of the national health system, enhancing the primary care and mental health services, and follow-up care after release.

Dellazizzo et al., (2020), showed this meta-analysis, which included 30 study arms with a total of 296,815 adolescents and young adults under 30 years old, indicated that cannabis use was significantly associated with the occurrence of physical violence perpetration. The combined odds ratio of all the studies was 2.11 with 95% CI = 1.642.72, which means that cannabis users are more than twice likely to commit violence than non-users. The cross-sectional (OR = 2.15) and longitudinal studies (OR = 2.02) confirmed the presence of the link with stronger associations between persistent heavy users (OR = 2.81) compared to past-year (OR = 2.05) and lifetime users (OR = 1.94). Notably, the association was also important despite the mediation of other confounding variables including social economic status and other substances. The results of the study point to cannabis consumption as a moderate but strong risk factor of violence among the youth.

The study of Morris, (2015), entitled “Exploring the Effect of Exposure to Short-Term Solitary Confinement among Violent Prison Inmates” which included 3,808 male inmates in 70 prison units in a large southern US state, demonstrated that the use of short-term solitary confinement as a punishment after a first violent act did not significantly affect the likelihood of subsequent violent behavior, its timing, or the development of behavior patterns. The study was based on longitudinal archival evidence and a between-group difference, event history and a trajectory counterfactual research design (propensity score matching). The results indicate that temporary isolated confinement might be not a decisive point in regulating future conduct, which allows further research and a new discussion concerning the possibility of such policy in some situations.

The study conducted by Butler et al., (2021), which was focused on the Risk factors for interpersonal violence in prison: Evidence using longitudinal administrative prison data in Northern Ireland, is based on the basis of longitudinal administrative prison data. This longitudinal prospective study also investigated the potential of risk factors of interpersonal violence in prison previously identified to predict violent prison misconduct in Northern Ireland (NI). Researchers used administrative data of 429 adult

men incarcerated on November 22, 2017, to follow violent misconduct in 1 year. The results revealed that a few of the known risk factors were significant within the context of the NI, among which there were nationality, neighborhood deprivation, addiction history, submission of prison complaints, and prior prison misconduct and incarcerations. The other factors like religion, head injury/epilepsy, property offences and prison visits were significant at a marginal level. These findings indicate that culture is significant in determining the risk factors that are pertinent in different jurisdictions. Though the results are to some degree in favor of the importation theory, the fact that the environmental factors in the prison are limited is a limitation. This paper emphasizes the necessity of specialist services that minimize the level of interpersonal violence in prison, such as the interventions focused on improving the sense of fairness, focusing on medical concerns, and visitation opportunities.

Second axis: Studies that dealt with psychological violence

The study by Hin & Khaled, (2006), aimed to explore the relationship between the psychological effects of imprisonment and coping strategies among Palestinian ex-prisoners released from Israeli prisons in the Gaza Strip. It also sought to examine the psychological effects, specifically post-traumatic stress disorder (PTSD) and depression, and coping strategies in light of certain demographic variables. The problem of the study is framed through questions concerning whether there are differences in coping strategies among ex-prisoners, whether psychological effects such as PTSD and depression vary according to the nature of coping strategies like wishful thinking, playful problem solving, reappraisal, affiliation, responsibility, self-controlling, distraction, and escape, whether coping strategies differ according to length of imprisonment (below five years or five years and more), whether psychological effects differ based on length of imprisonment, whether coping strategies differ according to marital status (single or married), whether psychological effects differ based on marital status, whether coping strategies vary according to level of education (elementary and below, preparatory, secondary, university and above), and whether psychological effects vary according to education level.

Mahmoud, (1996), about "Psychological disorders caused by Israeli detention centers among Palestinian detainees." This study aimed to identify the type of psychological disorders resulting from bitter suffering in Israeli detention centers and their percentage,

and to know the most common disorders resulting from specific detention conditions. As well as revealing the correlation between the incidence of psychological disorder and some independent demographic variables specific to detainees, in an effort to prove the impact and role of each of these independent variables in the incidence of psychological disorder as a dependent variable. The sample size was (65) detainees who were selected randomly. Regularly, the researcher used the Minnesota Multiphasic Personality Inventory (MMPI) as a study tool. The results of the studies showed that the most common psychological disorders among detainees due to imprisonment were paranoia, followed by depression, beating, humiliation, and destruction of dignity. Solitary confinement for a period of Long, and there is a statistically significant correlation between the length of the detention period and the incidence of mental illness.

Zaqout S. & Abu Daqa M., (2012), entitled: Psychosocial adjustment among released female prisoners in the Gaza Strip. The study aimed to identify the extent of the ability of released Palestinian female prisoners in the Gaza Strip to achieve psychological and social adjustment after experiencing the matter and torture according to the variables of age, level income, educational level, social status, duration of detention and citizenship. The researchers used the descriptive analytical approach to answer the specific questions. The study sample was chosen as a purposive sample consisting of 48 released female prisoners from 1968 to 2011. The questionnaire was used as a tool for collecting information and measuring multiple dimensions of psychological, physical and social adjustment. The study reached several results, including that detention limits the ability to achieve psychological, physical, family and social adjustment and social harmony. The results also showed that exposure to the psychological shocks of detention and torture reduces the individual's ability to control the affairs of his daily life, and the individual's remaining away from social contacts as a result of detention loses the ability to address others.

Study of Sorour, (2004), about “The impact of torture on the psychological health of released Palestinian prisoners.” This study aimed to examine the relationship between the difficulty of the prisoners’ conditions and the extent of exposure to torture. The study sample was 64 Palestinians who spent more than three months in Israeli detention centers and prisons for reasons Political, and the researcher used 5 forms, a personal details form, a torture method form, a self-report forms appropriate to the DSM-IV

criteria for diagnosing PTSD, a form to assess thoughts related to P.T.S.D, and a self-report form, which is schizophrenia... The results showed a high percentage of prisoners 25% of the 56 released prisoners suffer from post-traumatic stress disorder, and there is no relationship between the age of the prisoner and the time of his arrest or release to the clinical picture of the prisoner. The prisoners who were arrested in the seventies and eighties were tortured more than the prisoners who were arrested in recent years. Torture by beating, hanging, being forced to stand or prevent movement, focusing on the head, and deprivation of various types.

A study Byrne & Howells, (2002) entitled “The psychological needs of women prisoners: Implications for rehabilitation and management.” This study addresses that the rehabilitation and management of women prisoners continues to generate concern and controversy due to the failure of previous policies. It emphasizes that any effective programs must be based on the actual needs of women prisoners, adhering to the responsiveness principle, which requires adapting programs to suit the gender characteristics and needs of women. The literature review reveals that women prisoners suffer from high rates of psychological and mental disorders, particularly post-traumatic stress disorder (PTSD), along with widespread substance abuse, personality disorders, exposure to physical or sexual violence, and self-harming behaviors. The study discusses the implications of these findings for best practices in rehabilitation and the design of therapeutic programs directed at them.

Ursano, (1981), about “Prisoners of War in the Vietnam Era: Pre-Captivity Personality and the Development of Psychopathy.” This study aimed to examine the role of personality development in the development of psychopathy after the experience of captivity in the war. The study sample consisted of six returning Vietnamese prisoners of war who were interviewed. Coincidentally, before captivity, the interview method was used as a study tool, and the results of the study concluded that the presence of mental illness or predisposition to mental illness is not necessary for the development of mental illness after return, and that changes in personality are reflected in adaptation to the family environment and the impact of the ideal ego on the punitive or disciplinary elements of the ego highest.

Third axis: Studies that dealt with Depression

Mowen et al., (2019), investigated the relationship between depression and substance use among individuals returning to society after incarceration, and the role of social support in moderating this relationship. Using longitudinal data, the results showed that depression was significantly associated with increased substance use, and that family support was associated with decreased use, while peer support had no clear effect. Institutional support was also associated with decreased alcohol consumption but increased use of illegal drugs. (Barry et al., 2020), aimed to explore the relationship between functional disability, depression, and suicidal ideation in older inmates (≥ 50 years old), with a focus on the mediating role of depression. Results showed that all measures of functional disability were significantly associated with depressive symptoms, and that stair-climbing difficulty and disability in prison activities of daily living (PADL)—but not the Short Physical Performance Rating (SPPB)—were independently associated with suicidal ideation. The study also found that depression mediated the relationship between functional disability, whether assessed objectively or via self-report, and suicidal ideation. These findings suggest that suicide prevention efforts among older inmates should focus on individuals with depression, with consideration given to those with functional disability. Furthermore, assessing functional disability may help identify individuals who should be screened for depression and suicidal ideation.

Girma et al., (2021), evaluated the levels of depression and related variables in the inmate population in the Mizan Prison Institution, southwestern Ethiopia. The findings revealed that depression was prevalent (29.9) (95% CI: 2534.8%). It was also discovered that inmates who were not engaged in prison shift work had 55% low chance of being depressed and physically active people had 81% low chances of becoming depressed in contrast with the inactive. The malnourished participants had two times higher chances of being depressed than those with normal nutritional status. The study has emphasized that these factors can be altered, and mental health care among the inmates should be given priority to the at-risk population, the physically inactive, the malnourished, and the prisoners involved in prison shifts.

Wagner et al., (2020) aimed to systematically review available meta-analyses, which focused on the influence of physical exercise on clinical and subclinical depression in children and adolescents. The findings indicated that exercise interventions, whose mean duration was 11.5 weeks with three sessions per week of around 41 minutes each, had a moderate positive impact on depression ($d = -0.50$), and that further results of analyses in clinically depressed groups indicated a small to moderate impact in favor of physical exercise ($d = -0.48$). The research established that physical exercise, especially aerobic exercise, is a promising and effective alternative among depressed children and adolescents though it requires additional research due to lack of studies that specifically studies the population unlike in adults.

Dereje et al., (2025), aimed to assess the prevalence of depression, identify its risk factors, and describe the signs and symptoms of depression among prisoners in the Eastern Ethiopian Prison Service. The participants of the study were 210 randomly chosen prisoners, and the status of depression was determined with the help of the Beck Depression Inventory-II (BDI-II). The findings revealed that depression was experienced by 61.9% of prisoners (95% CI: 55.2-68.6) with very severe being 1% and mild depression at 27.1; moderate depression at 25.7; severe 8.1 and very severe at 1% respectively. Presence of chronic diseases (AOR = 2.73), suicidal ideation (AOR = 2.13), poor social support (AOR = 2.91), and age (between the ages of 18-25) (AOR = 7.72) and 26-36 (AOR = 5.28) were significantly associated with depression. The research demonstrates that there is a necessity to offer screening and effective treatment of depressed prisoners who have a history of disease or poor social support and suicidal ideation in cooperation with the prison authorities and the responsible governmental and non-governmental bodies

COSTA et al., (2020), study aimed to determine the prevalence of depression and anxiety and their corresponding variables in the prison system with closed doors in Rio Grande do Sul, Brazil. The results showed the rate of prevalence of depression and anxiety to be 20.6% (95% CI: 17.5-23.8) and 19.9% (95% CI: 16.8-23.0) respectively. Each of them had a number of risk factors, including gender (female), psychiatric illness history, smoking, the use of drugs, and physical inactivity. The non-white color, religion and no visit with the prisoners to the depressed and the family history of psychiatric disorder were other risk factors to the anxious.

Woodfield et al., (2022), had the task of defining subtypes of anxiety and depression and post-traumatic stress disorder (PTSD) symptoms in prison personnel and their dependence on the trauma exposure type, years of service, and gender variation. The number of staff participating in the study was 1,995 members of staff of the UK and the PPTM scale, HADS scale, PCL-C scale was utilized. The findings showed that among males there were seven categories with one cluster (16.8) having a very high symptom and one cluster (10.3) having a high symptom, and among females, five categories were identified with one of the clusters (28.4) containing the above average symptom and another cluster (18.1) having high symptom. The exposure to environmental trauma and self-harm/death in males and exposure to violent trauma in females were linked to high symptom clusters, respectively, whereas the years of service were less in males than in females. These findings suggest that there is a difference in anxiety, depression, and PTSD symptoms between male and female as a function of type of trauma exposure of interest that has significant implications in future research and practice policy in prison facilities.

Fourth axis: Studies that dealt with Depression

A study Dukhan, (2020), aimed to identify the nature of the trauma of liberation and the methods of adaptation used by the liberated Palestinian prisoner, as well as to reveal the relationship between the trauma of liberation and the methods of adaptation used to confront them in addition to uncovering the differences in both the liberation shock and the methods of adaptation, the most important results were the absence of a relationship between the shock of liberation and the methods of adaptation and the presence of differences in the average shock of liberation among prisoners held for a period of one year or less, and detainees held for four years or more, as there were differences in 13 psychological adjustment methods attributable to the age of the prisoner when detained between the category 18 years and less and the category 19 years to 25 years.

Punamäki,z (2008) focused on ex- prisoners' psychological situation and the impact of coping methods in predicting Palestine's psychological distress. Results show that ex-prisoners were more avoidant and prone to denial. However, the non-prisoners were the opposite. The former shows mental problems or traumatic issues, while the latter shows a low level of psychiatric symptoms and distress: Individuals exposed to torture can

cope with these violent experiences using their political commitment and emotional regulation capacity.

Cohen et al., (2024), regarding the article entitled “Emotion, attention and stress regulation as markers of resilience in male and female Israeli soldiers during the Israel Hamas war. In this research the researchers investigated 57 male and female soldiers of the Israel Defense Forces (IDF) combat forces currently engaged in the war with Hamas and proved that psychological resilience is one of the key factors that determine the society and military stability in the case of war and terrorist attacks. Physiological results based on electrodermal activity (EDA) and auditory sustained attention test (ASAT) showed that female and male soldiers had more hyperarousal symptoms but less skin response to the initial startle stimulus, which indicates that the female soldiers had different emotion regulation. A positive correlation was found between self-reported acute symptoms and physiological emotion regulation capacity, and a negative correlation with attention regulation. No significant gender differences were found in general stress levels, resilience, or self-regulatory abilities, reflecting the high competence of female soldiers despite the gender-related risks of combat. The findings call for further follow-up and assessment of acute symptoms to mitigate post-traumatic stress disorder (PTSD), emphasizing the need to combine subjective and objective measures to accurately assess psychological resilience and trauma-related symptoms.

Rialon, (2010), conducted a study that aimed to identify future anxiety among people who had experienced traumatic experiences in their lives. The study sample consisted of (132) individuals. The results of the study showed that individuals suffering from post-traumatic stress disorder had pessimistic expectations of the future and expected weak social relationships in the future.

A study Carver et al., (1989), on the political prisoners in East Germany in the 1960s - 1970s shows that the individual differences regarding the reaction to trauma play a more effective role in post-traumatic psychopathology and not the severity of the traumatic experience (18). The reaction to trauma is divided into two processes: Primary appraisal and secondary appraisal, so under a stressful condition, one initially perceives the threat and then tries to cope with the stress.

In commenting on previous studies, previous studies varied between addressing physical and psychological violence, and depression among prisoners and detainees, with some studies focusing on psychological trauma. Their objectives varied between observing the effects of torture, studying violent behavior, and revealing coping strategies and psychological and social adjustment. In terms of methodology, the descriptive-correlational approach predominated, with some analytical studies or systematic reviews, and the use of psychometric scales in some cases. Research settings encompassed global, regional, and local scopes in Palestine. Regarding variables, studies addressed physical and psychological violence and depression separately. In terms of population and sample, most previous studies focused on diverse groups such as released prisoners, male and female prisoners, and the elderly. The current study, however, focused exclusively on released Palestinian prisoners, giving it a precise, locally applied character. Concerning the data collection instrument, majority of the past researches have used questionnaires as the main instrument with some studies employing interviews or psychometric tests. A questionnaire that was specially designed to assess the effectiveness of physical and psychological violence on depression and psychological trauma also contributed to the current study as it was possible to gather quantitative data and analyze interrelationships of variables correctly.

Based on the above, it can be argued that the research gap that the current study aims to address is the scarcity of studies that integrate the variables of physical and psychological violence as common stressors leading to depression and psychological trauma among released Palestinian prisoners. Most previous studies addressed these dimensions separately or partially, without examining the interactive relationship between them within a single framework. The literature also lacks in-depth research into the environment of released Palestinian prisoners specifically, making this study an original attempt to fill this gap by offering a local, applied perspective that combines violence in all its forms and the resulting psychological disorders in the context of captivity and release.

1.4 Problem Statement

The Palestinian people, in all their categories and individuals, are subjected to various forms of human rights violations, negatively impacting their daily lives. These violations have come to dominate their daily thoughts, conversations, and present

concerns, as well as their future aspirations, because they represent the lives of their children. This study addresses an important issue concerning released prisoners and their mental health. The number of released Palestinian political prisoners has reached tens of thousands. These prisoners were incarcerated in political detention centers within the occupation's prisons, most notably: Nafha, Negev, Ofer, Gilboa, Damon, Ramla, Ashkelon, Nitzan, and Megiddo. Approximately 10,000 prisoners have been released, and between 20,000 and 30,000 have been released over the years through various prisoner exchange deals. These released prisoners suffer from psychological disorders, particularly depression and trauma. It is noted that these disorders and their symptoms are at risk of worsening due to the lack of adequate psychological services provided to prisoners, who require increased care and services (Makhlouf, 2023). In the field of mental health, the occupation strives to destabilize the psychological state of prisoners, a problem that persists even after their release. This is particularly true of the physical harm inflicted on both body and soul, which hinders their reintegration into society and places a strain on their surrounding environment.

Although numerous studies have addressed the psychological effects of detention on Palestinian prisoners (Farajallah, 2022; Mahmoud, 1996), most have focused solely on the psychological dimensions, without fully integrating the physical and psychological aspects. This study aims to bridge this knowledge gap by examining the impact of physical and psychological violence on the increased symptoms of depression and trauma among released prisoners in Palestine. This work will contribute to a better understanding of this situation and the development of more comprehensive therapeutic interventions.

My interest in the issue of Palestinian prisoners stems from my academic and professional specialization as a social worker and psychologist. The prisoners' file is one of the most complex issues, combining psychological, social, and humanitarian dimensions within Palestinian society, given that prisoners represent a large segment of the population. My work with these cases involves understanding the psychological and social pressures and recognizing the symptoms that affect each individual based on their specific circumstances.

In this context, the importance of studying the impact of physical and psychological violence on the increase in symptoms of depression and psychological trauma among released prisoners in Palestine is highlighted, which this study seeks to uncover. Based on the above, the study's problem is represented by the following main question:

What is the impact of physical and psychological violence on the increase in symptoms of depression and psychological trauma among released prisoners in Palestine?

In this study, we will try to answer the following questions:

1. What is the level of physical and psychological violence among released prisoners in Palestine?
2. What is the level of depression among released prisoners in Palestine?
3. What is the level of psychological trauma among released prisoners in Palestine?
4. Is there a relationship between violence (physical and psychological), depression and psychological trauma among released prisoners in Palestine?
5. Does depression and violence (physical and psychological) affect psychological trauma among released prisoners in Palestine?
6. Does the effect of dimensions of depression on psychological trauma among released prisoners in Palestine?
7. Are there statistically significant differences at the significance level ($\alpha \leq 0.05$) in the degrees of depression among released prisoners in Palestine, Nablus, attributable to differences in their demographic variables (gender, age, educational level, social status, place of residence, years of detention)?
8. Are there statistically significant differences at the significance level ($\alpha \leq 0.05$) in the degrees of psychological trauma among released prisoners in Palestine, Nablus, attributable to differences in their demographic variables (gender, age, educational level, social status, place of residence, years of detention)?

1.5 Study Hypothesis

To answer the last questions, null hypotheses were developed to test it at the level of statistical significance. The study hypotheses were formulated as follows:

1. There is no statistically significant relationship at a significance level of ($\alpha \leq 0.05$) between violence (physical and psychological), depression, and psychological trauma among released prisoners in Palestine.
2. There is no statistically significant effect at the level ($\alpha \leq 0.05$) of depression and violence (physical and psychological) on psychological trauma among released prisoners in Palestine.
3. There is no statistically significant effect at the significance level ($\alpha \leq 0.05$) of the dimensions of depression on psychological trauma among released prisoners in Palestine.
4. There are no statistically significant differences at the significance level ($\alpha \leq 0.05$) in the degrees of depression among released prisoners in Palestine, Nablus, attributable to differences in their demographic variables (gender, age, educational level, social status, place of residence, years of detention)
5. There are no statistically significant differences at the significance level ($\alpha \leq 0.05$) in the degrees of psychological trauma among released prisoners in Palestine, Nablus, attributable to differences in their demographic variables (gender, age, educational level, social status, place of residence, years of detention).

1.6 Study Significance

The importance of this study stems from the following:

- Studying the impact of physical and psychological violence on the increase in symptoms of depression and trauma for released prisoners in Palestine" is of great importance on several levels. The importance of this study can be summarized in the following points:
- The study sheds light on how physical and psychological violence, to which released prisoners in Palestine are exposed, affects their mental health. By studying this effect, researchers and specialists can understand the relationship between

violence and symptoms such as depression and psychological trauma, which helps in identifying the mechanisms that contribute to the exacerbation of these symptoms.

- Monitoring the relationship between violence, depression and trauma: Through this study, scientific evidence can be provided that proves the relationship between physical and psychological violence on the one hand, and the increase in symptoms of depression and psychological trauma on the other hand. This helps in identifying the dimensions of the psychological problems suffered by released prisoners and provides a deeper understanding of the psychological pressures they face.
- Identifying the most important post-traumatic disorders suffered by released prisoners as a result of their stay in Israeli detention centers and the subsequent harsh treatment and deprivation of Their rights.
- Submitting the results of this study to mental health institutions and all institutions concerned with prisoners' affairs; to encourage them to provide the best possible assistance to them, and this study will open the way in the future for researchers to study other aspects of them that we did not address in this study.
- This study is considered one of the few studies that examine the psychological disorders faced by Palestinian prisoners, which leads to enriching the topics related to psychological disorders and their impact on prisoners and ways to challenge them.

1.7 Study Objectives

This study aims to identify the impact of physical and psychological violence on the increase in symptoms of depression and psychological trauma among released prisoners in Palestine by achieving the following sub-objectives:

1. To identify the level of physical and psychological violence among released prisoners in Palestine.
2. To measure the level of depression among released prisoners in Palestine.
3. To determine the level of psychological trauma among released prisoners in Palestine.

4. To examine the relationship between violence (physical and psychological), depression and psychological trauma among released prisoners in Palestine.
5. To study the impact of depression and violence (physical and psychological) on psychological trauma among released prisoners in Palestine.
6. To verify the impact of dimensions of depression on psychological trauma among released prisoners in Palestine.
7. To determine whether there statistically significant differences at the significance level ($\alpha \leq 0.05$) in the degrees of depression among released prisoners in Palestine, Nablus, attributable to differences in their demographic variables (gender, age, educational level, social status, place of residence, years of detention).
8. To determine whether there statistically significant differences at the significance level ($\alpha \leq 0.05$) in the degrees of psychological trauma among released prisoners in Palestine, Nablus, attributable to differences in their demographic variables (gender, age, educational level, social status, place of residence, years of detention).

1.8 Definition of Terms

1.8.1 Physical Violence

Physical violence is an act attempting to cause, or resulting in, pain and/or physical injury. As with all forms of violence, the main aim of the perpetrator is not only – or may not always be – to cause physical pain, but also to limit the other's self-determination.

Physical violence sends a clear message to the victim from the perpetrator: "I can do things to you that you do not want to happen." Such violence demonstrates differences of social power, or may intend to promote particular demands, sometimes regularly, through coercion. Physical violence includes beating, burning, kicking, punching, biting, maiming or killing, or the use of objects or weapons.

Violence is described as the intentional use of physical force against a person, oneself, or a group of people that causes trauma, psychological harm, or even death. It could take the shape of physical or psychological harm, deprivation, or emotional or sexual assault. Violence of many different kinds is committed in jails globally. However, they

are frequently carried out in secrecy, which makes them challenging to establish. According to (Baggio et al., 2024), violence is common in prisons, and institutional factors such as infrastructure and fluctuations in the prisoner population may contribute to its occurrence. (Clark, 2020), suggests that violence in prisons is often difficult to detect due to the secrecy surrounding its occurrence.

The prohibition of torture is one of the fundamental pillars of international law. In contrast to other accepted norms in this area of law, the prohibition of torture is absolute⁷⁶ and States may not derogate from it or make it a condition, whether in times of peace, war or emergency.⁷⁷ This prohibition has been established over the years as a customary rule binding on any State, organization or individual throughout the world, but prisoners may nevertheless be subjected to brutal assaults during all stages of arrest and imprisonment: during arrest itself, when moving between interrogation facilities and military prison facilities and between them and prison service facilities, during the absorption phase in prison, during the counting process, and during cell searches. Violence is systematic and continuous as part of the daily routine: at every exit and entry to cells, during rare visits to the clinic, before and after court hearings, and even on the eve of prisoners' release. Attacks are a means of intimidation and physical abuse. Evidence suggests that dogs have been part of the new routine in prisons. The attacks took place inside and outside the cells, and the dogs were often muzzled, but in at least one case they were not, which is against prison service regulations. The prisoners, who were exposed at all times to systematic and continuous threats of severe and continuous violence, were in a state of constant alert and lacked any ability to protect themselves. This had long-term and short-term psychological effects on the condition of the prisoners who had been released from prison, and thus caused them to suffer from psychological disorders such as psychological trauma and depression.

Procedural physical violence is the deliberate application of physical force by institutional staff or authorities to persons in prisons or places of detention with the aim of intimidation or punishment or control. For the purpose of intimidation, punishment, or control. It manifests itself in beating, kicking, punching, and the use of tools or weapons, causing physical and psychological harm to prisoners within the context of daily official procedures.

1.8.2 Psychological Violence

In the American literature, a distinction is sometimes made between psychological and emotional abuse, with or without physical abuse, and “psychological violence,” which occurs only in conjunction with physical violence. When considering psychological abuse, definitions that refer to the agency or purpose of the abuser use words such as “systematically,” “coercively,” and “intentionally.” Thus, according to Loring, psychological abuse is “an ongoing process in which one individual systematically diminishes and destroys the inner self of another”. (Murphy & Cascardi, 1999), defined psychological abuse as “coercive or aversive behaviors, not involving physical force or threats of harm,” that are “intended to cause emotional harm and directed at the target’s sense of self,” while (Tolman R. M., 1998), defined psychological abuse in terms of victim isolation, perpetrator dominance, and emotional/verbal abuse of the victim. The categories of psychological or emotional abuse also present difficulties because they tend to be used as umbrella terms that encompass multiple forms of non-physical abusive behavior. While some have used these terms interchangeably to refer to non-physical abuse, others distinguish between them. For example, (Miller, 2010), suggested that emotional abuse involves comments and actions that are intended to undermine the victim’s self-esteem and sense of worth. This includes complaints, insults, humiliation, name-calling, public embarrassment, or accusations. Psychological abuse is somewhat different; the purpose of this violence is to undermine the victim’s sense of security and sanity. In short, the abuser makes the victim feel as if they are losing their mind. In a German study, survivors described psychological abuse as a form of brainwashing, which makes them disconnected from their feelings and emotions, destroys their self-esteem, and makes them feel as if they are going crazy.

Psychological procedural violence is the use by institutional or authority personnel of deliberate threats, intimidation, and humiliation against individuals within prisons or detention centers, with the aim of controlling them and undermining their sense of security and sanity. This violence manifests itself in insults, humiliation, isolation, or any systematic behavior that undermines prisoners' psychological health and undermines their self-esteem.

1.8.3 Depression

Depression is characterized by a state of negative emotions that can range between mild unhappiness and detachment and severe feelings of sadness, pessimism, and hopelessness that immensely interfere with daily operations. The lower energy and decreased motivation, trouble concentrating, social withdrawn nature may bring about alterations of eating and sleeping patterns, which are all indicative of many mental illnesses. Progressive, radical, violent, revolutionary, socialist, and communist forms of arguments are defined as the six-dimensional subcategory of arguments (“APA Dictionary of Psychology,,” 2020) .In this study, depression refers to enduring feelings of sadness and disinterest in everyday activities. It involves a sense of hopelessness, worthlessness, and a lack of enthusiasm, as well as difficulties finding pleasure in things that were once enjoyable, as assessed by the DASS-21.

Procedural depression can be defined as a condition of constant negative emotional feelings of a person in a prison or the place of detention because his or her activities were influenced by some psychological and physical violence and disinterest. This leads to a loss of interest in daily activities, feelings of hopelessness, and a lack of enthusiasm. This depression affects energy, concentration, sleep, and eating, causing an overall deterioration in the mental health of prisoners.

1.8.4 Psychological Trauma

There are several definitions of trauma in the literature. These include “an emotional response to an extremely negative situation (Starcevic, 2019), An emotional response to a horrific event such as an accident, rape, or natural disaster” (American Psychological Association, n.d.), and “the result of unusually stressful events that shatter your sense of security and leave you feeling helpless in a dangerous world” (Robinson et al., 2024) Pathogenesis; severity of onset (suddenness); duration; frequency; associations with premorbid personality traits. The scientific literature describes trauma as internal conflicts that typically occur on a physically vulnerable (modified) basis, especially in people with a genetic predisposition to psychiatric disorders (Ellis, 2019), The clinical profile is characterized by the intensity of the traumatic experiences, the vividness of these images, and the distressing imagination; increased emphasis on interpreting health disorders, internal discomfort, and suffering; and anxiety about the future.

The definition of “trauma,” which is widely accepted by the scientific community, is undoubtedly that given by the French school of psychodynamics Janet, which defines it as one or more events that, due to their characteristics, can alter the subject’s psychic system, threatening to disintegrate mental coherence. Charcot agreed with this view, but he focused more on the diagnostic hypothesis of “traumatic hysteria,” resulting from acute trauma. Pavlov instead considered trauma to be simply an innate defensive reaction in response to environmental threats, which presented permanent physiological changes over time. More simply, it can be affirmed that it is one or more events that the person perceives as "critical", generating helplessness and weakness, and capable of causing such intense stress that it threatens the integrity of the person's psychological and physical balance. The traumatic event itself can be of any kind: it can be related to the loss of a loved one, mourning the end of a relationship or the loss of a job that was for the subject a central point in his existence, and still a serious illness or involvement in a dramatic situation that led to helplessness and weakness, such as physical violence (rape) or psychological violence (domestic violence, verbal violence, bullying), or negative practices that prisoners go through as a result of arrest or captivity, and this is what we will address in this study.

Procedural psychological Trauma is a serious, emotional and psychological reaction that people of prisons or detention centers have been exposed to due to the influence of coercive and systematic practices, including physical and psychological violence and neglect. The result of this trauma is a sense of helplessness, fear and a sense of psychological insecurity. This trauma causes continuous mental and physical illnesses, which impact the adjustment of the prisoner to his/her environment.

Chapter Two

Methods

2.1 Introduction

This section describes the methodology that is used in this research. It provides information on the participant's selection process, scales, and this chapter consists of the practical aspect of the study, as it includes a description of the study methodology that was used, a description of the study community, its sample, its tools, its psychometric characteristics, its validity and reliability indicators, the study variables, and the statistical tests used to answer the study questions.

2.2 Study Design

The study was based on the mixed methodology approach, a combination of quantitative and qualitative research methods, since it was also appropriate to the study aims and research questions. The reason why the quantitative approach was implemented is that it allows the researcher to objectively examine phenomena and examine the reality, and to obtain the results that are measurable and able to be analyzed statistically, which adds to the testing of the hypotheses of the study in an accurate way (Ahmadin, 2022). The qualitative approach was also used to gain a deeper understanding of phenomena and explore the experiences, feelings, and social and cultural relationships of individuals. It allows for a comprehensive and in-depth description of reality from the participants' perspectives and generates new concepts and (Busetto et al., 2020). The study relied on field research to collect data, providing the information necessary to achieve the research objectives, test its hypotheses, and analyze the results in a precise and objective manner (Denny & Weckesser, 2022). The use of a mixed-method approach enabled the researcher to combine the power of quantitative measurement with the depth of qualitative research to comprehensively understand the phenomenon under study.

2.3 Study population

The study population consists of more than 10,000 Palestinian prisoners in occupation prisons, according to reports from the Commission of Prisoners' Affairs and the Palestinian Prisoners' Club (*Prisoners and Freed Prisoners Affairs Authority. (2024).*

Report on the Conditions of Palestinian Prisoners in Occupation Prisons. Ramallah, Palestine., 2024) . The prisoners are distributed across the various governorates of the country, especially the West Bank governorates, which are among the areas that witnessed the largest number of arrests, including: Nablus, Jenin, Tubas, Tulkarm, Bethlehem, Hebron, Qalqilya, and Ramallah. The study sample was selected from the released prisoners (males and females) within these governorates, through different time periods and different number of years of imprisonment, where the number of participants in the study amounted to (204) prisoners and released prisoners, including (163) male and freed female prisoners and (41) female and freed female prisoners. prisoners, including (163) released male prisoners and (41) released female prisoners.

2.4 Study sample

The study sample consisted of (204) male and female prisoners released from Israeli occupation prisons, according to the duration of detention for each individual. The number of males predominated over the number of females in the sample, as the percentage of males reached approximately (80%), representing (163) participants, compared to (20%) of females, representing (41) participants. The ages of the participants ranged between (18-65) years. The facilitated sample method was adopted to ensure representation of all categories, as (204) questionnaires were distributed electronically via social media with the aim of reaching the largest possible number of released prisoners in the various governorates of the West Bank. After collecting the questionnaires, a statistical analysis of the sample was conducted, in addition to conducting in-depth interviews with (40) participants from the released prisoners (27 males and 13 females) to enhance the quantitative data with qualitative information.

The sample was chosen randomly from the records of prisoners and the database of detainees at the institutions responsible for prisoners' affairs. The selection was based on different criteria (such as age, political orientation, social background, or years of detention), and a sample was chosen from each stratum so as to reflect the diversity within the overall group.

The sample was selected based on specific criteria, including defining the research objective and its main purpose. This also involved determining the sample type: random sampling; determining the appropriate sample size: the study required a large number of

prisoners to ensure the generalizability of the results; and selecting the criteria: defining the criteria by which prisoners would be chosen (such as age, marital status, type of crime, and length of imprisonment).

2.5 Instruments of study and validation indicators

2.5.1 The researcher used the following tools to collect information and data for the study

Personal Data Form: This contains preliminary demographic data on released prisoners, including marital status, gender, age, and place of residence. Questions related to the prisoner's status within captivity include: number of years in detention, number of transfers between prisons, solitary confinement, the degree of violence to which prisoners were subjected, the nature of interrogation and detention, and the prisoners' health status. The prisoner must select the appropriate option based on the situation they experience within captivity and the information applicable to them for the purpose of the study.

2.5.2 Psychological Disorder Scale (Beck Depression Inventory)

2.5.2.1 Introduction

The Beck Depression Inventory (BDI) is among the most popular psychometric instruments of measurement of the severity of depressive symptoms in individuals. The inventory is based on the model created by (Beck, 1961) to estimate depression severity among adults and adolescents. In that it is a self-report questionnaire, it allows individuals to approximate mood, cognitive patterns, and physical symptoms of depression, which makes it a priceless instrument of the clinical and research setting. The BDI was revised several times with the most common one being the BDI-II which was published in 1996 (Beck et al., 1996).

2.5.2.2 Development and Structure

The BDI-I, the first version of the inventory, was created in response to the limitations of earlier tools that were less sensitive to the nuanced psychological aspects of depression. Beck, drawing from cognitive theories of depression, designed the BDI to focus on the cognitive and emotional symptoms of the disorder, rather than only the

physiological signs. This shift in focus allowed the BDI to more effectively capture the internal experience of depression.

The BDI-II was developed to align with the diagnostic criteria for depression outlined in the DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition). Since the diagnosis of depression is mainly done by observing that the patient exhibits the symptoms of depression at least two weeks, the BDI-II was adjusted to reflect on the time frame, though it also covered the questions of feeling guilty, lack of interest, and lack of concentration all of which were the core of a contemporary definition of depression.

The BDI-II consists of 21-item self-administered multiple-choice questionnaire that is specific to depressive symptoms. These have been pegged on the diagnosis of the major depressive disorder (MDD) of the DSM-IV and are divided into mood, cognitive functioning, motivation, physical symptoms, and behavior. The rating of all the items is according to the category of 0-3 where higher means the severity of the symptoms. The questions will measure the experience of these symptoms in the individual in the last two weeks, which is the period that is required to make a diagnosis of major depression.

2.5.2.3 Scoring and Interpretation

The Likert scale is a key component of the depression scale. The Likert scale consists of five levels that correspond to different degrees of agreement with the statements contained in the scale. These levels represent varying degrees of frequency or agreement, ranging from "always," "often," "sometimes," "rarely," and "never." Each level is assigned a specific number from 1 to 5, with 5 being "always" and 1 being "never".

In calculation of DASS-21 total score, the sum of all the items will give the projected score when multiplied in 2. Depression traditional scores are calculated to rate the severity of the symptoms, they fall under the following categories: 0–9 is considered normal, 10–13 is mild, 14–20 is moderate, 21–27 is severe, and a score of 28 or higher is considered extremely Severe.

These classifications help assess the severity of depression and PTSD to be evaluated so that clinicians and researchers can discern the necessity of a therapeutic intercession or the greater refinement forthcoming follow-up.

2.5.2.4 Validity and Reliability

A. Validity

To ensure the validity of the research tools, construct validity was tested after distributing the study tool to a sample of 204 male and female prisoners released from Israeli occupation prisons. As for the depression scale, Pearson's correlation coefficient was calculated for the items in each dimension (depression) with their total score, and the results were as shown in Table 1.

Table 1

Construct validity of the depression scale

Item	R-Value
D1	0.789**
D2	0.817**
D3	0.815**
D4	0.844**
D5	0.618**
D6	0.742**
D7	0.553**
D8	0.607**
D9	0.837**
D10	0.594**
D11	0.674**
D12	0.818**
D13	0.802**
D14	0.864**
D15	0.785**
D16	0.802**
D17	0.694**
D18	0.524**
D19	0.611**

* Significantly correlated at ($\alpha \leq 0.05$), *** Significantly correlated at ($\alpha \leq 0.01$)

Based on the previous table, it showed that the Pearson correlation coefficient values between the items and the total depression score in the scale were statistically significant at the significance level ($\alpha \leq 0.05$) and ranged between (524- 846). These values emphasize that the study instruments achieve what it is intended to measure.

B. Reliability

To ensure the reliability of the depression scale, Cronbach's alpha equation was used. The reliability coefficients for the scale dimensions reached (0.933). This value means that the tools are suitable for achieving the research objectives.

2.5.3 Post-traumatic stress disorder scale

2.5.3.1 Introduction

The Davidson Trauma Scale (DTS) is a widely used self-report inventory developed to assess the presence and severity of Post-Traumatic Stress Disorder (PTSD) symptoms in individuals exposed to traumatic events. The DTS was developed by (Davidson J. R., 1996) to represent the diagnostic criteria of PTSD based on the DSM-IV, and as such, it is an invaluable instrument in clinical practice as well as research, even though changes in the DSM have been introduced in further editions. It is short, has great psychometric qualities and is simple to implement, which makes it a viable option in terms of screening and monitoring the symptoms of PTSD with time.

The scale's items were divided into three subscales:

1. Readiness for traumatic experiences, including the following items (1, 4, 3, 2, 17)
2. Avoidance of traumatic experiences, including the following items (11, 10, 9, 8, 7, 6, 5)
3. Arousal, including the following items or items: (12, 13, 14, 15, 16).

2.5.3.2 Development and Structure

The DTS consists of 17 items, each corresponding to a specific PTSD symptom as defined in the DSM-IV. These items are categorized into three main symptom clusters:

1. Intrusion (e.g., distressing recollections, nightmares, flashbacks)

2. Avoidance/Numbing (e.g., emotional detachment, avoidance of trauma-related stimuli)
3. Hyperarousal (e.g., irritability, hypervigilance, sleep disturbances)

However, with higher scores indicating greater PTSD symptom severity.

2.5.3.3 Assessment and Interpretation:

Scores can be interpreted in different ways depending on the clinical or research objective. Subscale scores also can be considered independently in order to define the most noticeable clusters of symptoms. This can assist in the design of interventions as it will know whether an individual has symptoms of intrusion, avoidance behaviors or hyperarousal as the main effects.

The Likert scale is an essential part of the PTSD scale. The Likert scale consists of five levels corresponding to varying degrees of agreement with the statements in the scale. These levels represent varying degrees of frequency or agreement, ranging from "always," "often," "sometimes," "rarely," and "never." Each level is assigned a specific number from 1 to 5, with 5 being "always" and 1 being "never".

To compute the score of the scale on PTSD the scores on all items are added, and consequently multiplied by the number two to come up with a final score. These scores are assigned to the degree to which the patient is affected by PTSD, with scores categorized as follows: 0 is considered normal, 1–10 is mild, 11–20 is moderate, 21–35 is severe, and any score of 36 or higher is classified as extremely Severe.

These ratings help assess the severity of PTSD symptoms well as they assist clinicians and researchers in defining the most conspicuous symptoms and paying special attention to the development of accurate reaction or treatment planning.

2.5.3.4 Validity and Reliability

A. Validity

To ensure the validity of the research tools, construct validity was tested after distributing the study tool to a sample of 204 male and female prisoners released from Israeli occupation prisons. As for the trauma scale, Pearson's correlation coefficient was

calculated for the items of each dimension (trauma) with its total score, and the results were as shown in Table 2.

Table 2

Construct validity of the depression scale

Item	R-Value
T1	0.709 **
T2	0.757**
T3	0.584**
T4	0.453**
T5	0.701**
T6	0.647**
T7	0.507**
T8	0.754**
T9	0.751**
T10	0.830**
T11	0.761**
T12	0.879**
T13	0.781**
T14	0.812**
T15	0.814**
T16	0.722**
T17	0.682**

* Significantly correlated at ($\alpha \leq 0.05$), *** Significantly correlated at ($\alpha \leq 0.01$)

Based on the previous table, it showed that values of the Pearson correlation coefficient between the items and their total score were statistically significant at ($\alpha \leq 0.05$) and ranged from (0.453_ 0.879). These values emphasize that the study instruments achieve what it is intended to measure.

B. Reliability

To ensure the reliability of the trauma scale, Cronbach's alpha equation was used. The reliability coefficients of the trauma scale were (0.930). These values indicate the suitability of the tools to achieve the research objectives.

2.5.4 Semi-structured Interview

2.5.4.1 Introduction

The interview inventory of this study was carefully constructed so that it corresponds to the objectives of the research and it induced in depth, relevant and meaningful responses among the respondents. This inventory was a semi-structured guide, and that is why it was possible to strike the balance between consistency during the interviews and flexibility to find new themes and insights at the moment.

The study employed the interview as a study tool, which contained 20 questions that focused on the psychological and the physical aspects of prisoners. The sample of the study was also deliberate, with the released inmates (male and female) being contacted. A total of 40 male and female prisoners were used as the sample of different ages. This was aimed at exploration i.e. to understand better the psychological feelings and physical well-being of prisoners, the kind of psychological disorder or negative feelings the prisoners develop as a consequence of the imprisonment, and the symptoms that remain to the prisoners after being released. The kind of interview employed in this research was semi-structured and lasted a period of one hour and in different places (place of work, municipality, home, other institutions). The interviews were held both in-person, through the mobile phone, and through Zoom. The researcher was able to employ the interview method where one question was asked, then the respondent responded to it in his or her own manner, by elaborating or narrowing down the answers. Active listening skills, in turn, enabled the researcher to make notes on any observations that could be utilized in scientific research to establish the degree of psychological impact on released prisoners and their needs. The researcher conducted the interviews in Arabic, which were then transcribed into English for analysis.

2.5.4.2 Development and Structure

The interview list was designed based on key themes derived from the literature review and the research questions. It was comprised of open-ended questions that were divided into thematic issues in order to cover as much as possible. These were: (1) physical health, (2) mental health. In every section, there were some main questions, which were aimed at the clarification and study. This list came up through an iterative process. The first questions have been developed according to the theoretical models and the previous

studies in the sphere. They were presented to academic advisors and experts and subjected to review and evaluation to ensure clarity, relevance, and impartiality.

2.5.4.3 Interview Commentary

In this study, after the researcher conducted a number of interviews with a number of male and female prisoners released from Israeli occupation prisons, the interviews added unique data and information that enriched the research value of the study. The interviews were very helpful as it was possible to understand the data, context, and the reactions of the participants in more detail, as it gave an idea of the experience and perceptions of the participants, as well as their point of view. Not only do they help to put the raw data in context, but also to indicate the links between the responses and the central research questions, so that they add an interpretative aspect to the thesis.

2.5.4.4 Contextualizing the Interviews

The first stage in preparing the interviews consisted of explaining the interview and its context, the nature of the study's participants' selection, and the extent to which their perspectives were relevant to the research questions. This section also focused on the ability to generate information that informs the study's purpose and clarifies the psychological effects suffered by released prisoners after their release from occupation prisons. This section is a detailed analysis and reflection on the interviews conducted with prisoners. These personal accounts constitute an essential part of the study, as they offer firsthand perspectives on the psychological and physical effects of imprisonment. The interviews contributed to humanizing the public debate, providing a deeper understanding of the prisoners lived experiences, and conveying a clear picture of their suffering, particularly in terms of psychological and physical aspects.

The interviews were conducted with a purposive sample of prisoners who had been detained under various conditions in Israeli prisons. There were both males and females that took part in it and their ages were between their early twenties till their late fifties, with the terms of their imprisonment varying between a few months to a few years. The reason why semi-structured interviews were selected is that it gives freedom to the interviewees to express themselves, and yet the necessary issues are addressed to fulfill the purpose of the study.

The most important topics covered in the interviews in this study, in the first section, are the psychological impact on the prisoner, which included (feelings of frustration, self-confidence and confidence in others, methods of social and psychological support, negative thoughts about oneself and life, moodiness, lack of a sense of security and safety, despair, astonishment, humiliation and ridicule, and exposure to violence). The physical impact includes (health problems, medical care, fatigue and exhaustion, and the emergence of infectious diseases). The data revealed that the prison experience under the Israeli occupation left psychological and physical effects on released prisoners in general, without exception. These effects are considered evidence of a system designed to weaken the individual and undermine the capacity for collective resilience.

2.5.4.5 Reflections on the Interview Process

Conducting these interviews was not easy; it was psychologically and emotionally exhausting. Participants were also fearful of being watched, held responsible or punished and therefore, some participants were initially not willing to speak openly particularly, under the prevailing conditions. It was hard to locate the appropriate sample, as there are different characters of the participants. Others were powerful, intrepid, brave, and willing to share the experiences and talk about the ugly truth the prisoners lived in and the consequences that were imposed on them in both psychological and physical ways. Some of them were engulfed by stress, powerlessness, anxiety, and fear of going to prison once again, and unwillingness to contact or communicate with others. Hence, trust was essential to be built. The first thing we did was to communicate with them, informing them about the aim of the study, confidentiality and privacy, and thus they were enabled to give their complete stories. This required listening to accounts of psychological and physical torture, isolation, and separation, and sometimes required additional psychological support for the study participants. The researcher noted many psychological impressions, feelings, and behaviors that accompanied the prisoners during the interview, each character individually. For example, feelings of anxiety and tension when talking about the experience of captivity and the suffering they were subjected to; feelings of shock represented by avoiding talking about the details of the painful event, or suddenly stopping when talking due to remembering a difficult event; hesitation, reservation, and fear when speaking, and not trusting the researcher sufficiently; feelings of anger that appeared on the faces of some prisoners when recounting their suffering, which the

researcher distinguished through the tone of their voices, the movement of their bodies, the look in their eyes, and the nature of the speech they narrated; and feelings of sadness and pain over what they lost during their captivity, whether in terms of life, health, or close people, as tears would flow during the conversation, and breaths would be held, mixed with pain, disappointment, and helplessness. In addition, the prisoners felt a sense of pride and steadfastness, and pride in their heroic stances and national struggle, which served as a kind of mitigation for the psychological impact of their losses and suffering. Behavioral aspects included (excessive or tense movement: such as constantly moving the legs, playing with a pen or fingers, or repeatedly looking at the door.)

Therefore, observing these impressions, feelings, and behaviors in released prisoners is no less important than the content of spoken language. In fact, it assisted the researcher to understand more about the psychological and physical condition of the prisoner, could interpret some of the indirect or awkward responses, and handle sensitive and consciously painful situations. It is also enlightening on the psychological impacts in the long run of incarceration, even when they are freed.

2.6 Data Collection Procedure

The researcher began by analyzing and reviewing the psychological literature and previous studies related to the research topic, with the aim of identifying the most important concepts, theories, and previous findings that could support the current study. Based on this, two appropriate scales were selected to measure the main variables in the research: the depression scale and the psychological trauma scale. Subsequently, the research plan and proposal were prepared, and approval was obtained from the Dean of Graduate Studies, as well as approval from the Institutional Review Board (IRB) to implement the research tools.

The researcher then prepared the research questionnaire and interview questions, which were presented to experts and specialists for review and to ensure their clarity and suitability for the study objectives. The researcher also visited several institutions concerned with prisoners and released prisoners, such as the Committee for Released Prisoners' Affairs, the Palestinian Prisoners' Club, the Foundation for Victims of Torture, and the Palestinian Center for Psychological Counseling, to gather information about released prisoners and ways to communicate with them.

The study sample consisted of 204 released prisoners from Israeli occupation prisons, distributed according to the length of their detention. Two hundred and four questionnaires were distributed electronically via social media to ensure access to the largest possible number of released prisoners across the West Bank governorates. After collecting the questionnaires, statistical analysis of the quantitative data was conducted to determine levels of depression and psychological trauma.

In addition, to supplement the quantitative data with qualitative information, in-depth interviews were conducted with 40 participants from the sample (27 males and 13 females). They were contacted and suitable interview dates were set at appropriate locations, such as the Tubas Charitable Society. The scale was also administered to 204 individuals related to the released prisoners included in the study to verify the validity and reliability of the research tools before beginning the primary data collection. Finally, after data collection, statistical analysis was used to arrive at the desired results and achieve the study objectives.

2.7 Ethical Considerations

This study has taken into account all ethical considerations so that the dignity and physical and psychological safety of the participants, and the academic integrity would be preserved. The Institutional Review Board (IRB) of the Faculty of Medicine and Allied Health Sciences at An-Najah National University was used to get the ethical approval. Releases were also made through necessary approvals that would apply to the releases that were to work with the released inmates and other competent authorities. Moreover, all participants were informed and gave a written consent to participate in the study and given information about what the study was about, the intended purposes, and the means by which it was to be done, and their views were also respected.

Given the sensitive nature of this study, which addressed the impact of physical and psychological violence on the increased symptoms of depression and psychological trauma among released prisoners in Palestine, a set of ethical considerations were taken into account to ensure the dignity, psychological and physical safety of the participants, and academic integrity. Informed consent was obtained from all released prisoners participating in the study. They were informed of the nature of the research, its objectives, and the methods and purposes for which the data would be used. They also

had the right to object or refuse, and their opinions were respected. Privacy and confidentiality were guaranteed during data collection, and no private information about the released prisoners or their testimonies, which included sensitive details, was disclosed. Furthermore, the data was stored in hard copy and electronically to prevent loss, leakage, or exploitation. Access to the data was restricted to respect the participants' confidentiality and privacy. The study questionnaires did not request any personal information from them, nor were they asked to write their names or any identifying information on any of the questionnaires to ensure confidentiality. Participants were randomly selected. The psychological state of the prisoners was also taken into consideration during the interviews, so as to avoid exposing them to psychological harm. They were treated with caution when posing interview questions, to avoid re-inflicting the trauma, and to deal with them neutrally and objectively, while maintaining a scientific and objective nature in presenting and analyzing information.

2.8 Statistical Analysis and Methods

The collected data were analyzed using SPSS version 25.0. Descriptive and test statistics were applied to all variables. To test the hypotheses, a paired-samples t-test (pre- and post-test) was conducted to compare changes in depression and trauma across the sample group.

In this study, the researcher also used Pearson's correlation coefficient to test content validity, and Cronbach's alpha coefficient was used to test the reliability of both the depression and trauma scales.

Chapter Three

Results

3.1 Introduction

In this chapter, this presents the findings related to the quantitative and qualitative research questions.

3.2 Sample Characteristics

Through the questionnaire, the researcher observed certain demographic characteristics of respondents that included six variables in this study, as shown in Table 4.1, which contains the frequency and percentage for each variable listed according to the survey categories.

The result in Table 3 showed that the survey results highlight the demographic characteristics of the respondents. The majority (79.4%) identified as male, while 20.6% were female. In terms of age distribution, 24.5% were under 25 years old, 34.3% were between 26-35 years, 28.9% were aged 36-50 years, and 12.3% were 51 years or older. Regarding place of residence, most respondents lived in the city (52.0%), followed by villages (30.4%) and camps (17.6%). The level of education was high and 35.8% had a high school education, 41.7% had a bachelor degree, 11.8% had a diploma and 10.8% had graduate studies. Marital status data revealed that 57.8 percent of the respondents were married, 41.2 percent of the respondents were single and 1.0 percent were divorced. These results are a deep insight into the surveyed population by the significant demographic variables.

Table 3:

Results of analyzing the sample characteristics

Detention

The survey shows troubling situations and experiences of detainees. Most (52.9) of them were imprisoned between 2 and 10 years with 12.7% serving more than 10 years in prison. There were frequent movements between prisons with 73% having less than 5 transfers, 21.6% had 6-15 transfers and 5.4% had more than 16 transfers. Isolation was a common practice, with 66.2% saying they were in isolation. There was also a very

high incidence of physical abuse: slapping (69.6%), hitting the head and pulling hair (73.5%), striking extremities (76% upper, 73.5% lower), back slaps (72.5%), abdominal blows (56.9%), chest beating (59.8%), and strangulation (36.3%). Psychological torture was also rampant, including threats (89%), insults (82%), contempt (80%), and threats against family (66%), with 39% reporting actual arrests of relatives. There was also evidence of detainees being exposed to extreme conditions including extreme temperatures (52.9%), being held in one position (98.5%), and remaining secluded (59%). A large number were crowded together with 35% living in groups of 1020 people and 16% in groups of over 20. There were serious health outcomes: 40.7 percent had to be hospitalized in the period of detention, and 71.6 percent had a chronic disease or some health issues because of an arrest. Only 15.7% had pre-existing chronic conditions before detention.

Table 4:

Results of analyzing the sample Detention

3.3 Quantitative research results

Results of answering the main question: What is the impact of physical and psychological violence on the increase in symptoms of depression and psychological trauma among released prisoners in Palestine?

To answer the main question, the following sub-questions were answered:

Results of the first question: What is the level of physical and psychological violence among released prisoners in Palestine?

To answer the previous study question, the arithmetic means, standard deviations, level of agreement and percentage of the financial planning dimensions were calculated, as shown in Table (5):

Table 5:

Descriptive analysis of *violence*

Based on Table 5, The descriptive statistics for violence (physical and psychological) were analyzed using a sample of 204 observations. The violence variable had a

minimum value of 2.00 and a maximum value of 19.00, with a mean score of 12.61 and a standard deviation of 4.17, indicating moderate variability in the data. For the psychological violence, scores ranged from 1.00 to 8.00, with an average of 5.40 and a standard deviation of 1.75, suggesting relatively lower dispersion compared to the other variables. Finally, the physical violence had a minimum score of 1.00 and a maximum of 11.00, with a mean of 7.21 and a standard deviation of 3.12, reflecting moderate variability in responses.

Table 6:

Descriptive Statistics of Depression, Trauma, and Violence

The results indicate relative differences between males and females. The mean for depression was higher among females (3.39) than among males (3.19), as was the mean for trauma (3.48 for females versus 3.34 for males). Conversely, the mean for exposure to violence was higher among males (13.07) compared to females (10.81). This may suggest that females may exhibit higher levels of psychological symptoms, while males are exposed to higher levels of direct violence.

Regarding educational level, the results show that individuals with lower levels of education (secondary) have higher levels of depression and trauma compared to those with postgraduate studies, with the average depression score dropping to 2.59 among postgraduate degree holders. This may reflect the fact that higher education contributes to improved psychological resilience to stress.

Concerning marital status, divorced individuals recorded the highest levels of depression (3.78) and psychological trauma (4.03), which may reflect the impact of social and psychological stress associated with divorce. Levels were relatively lower among married and single individuals.

The results also show differences based on place of residence. Camp residents recorded the highest levels of depression (3.68), psychological trauma (3.78), and violence (14.36) compared to residents of cities and villages. This may be related to the more difficult socioeconomic conditions in camps.

Regarding age, the results show that younger age groups reported higher levels of depression and trauma compared to older age groups, while exposure to violence was higher among older age groups.

Concerning years of detention and number of transfers, the results indicate that individuals who spent 2–10 years in detention reported higher levels of violence compared to others. Furthermore, individuals who were transferred between detention facilities 6–15 times reported the highest average level of violence (14.00), suggesting that frequent transfers may increase exposure to stress and violence within the detention environment.

Results of the second question: What is the level of depression among released prisoners in Palestine?

Depression is measured using three dimensions: Mild, Moderate, and Sever. To describe the depression dimensions, the means, standard deviation, and percentage weight were calculated. According to the result in Table 7:

Table 7:

Descriptive analysis of Depression

The table presents the psychological impact of depression across different dimensions, with most scores indicating moderate levels of distress. Mild psychological impact ranked highest (Mean = 3.25, 65%), suggesting that detainees commonly experienced some degree of emotional strain. Moderate psychological impact followed closely (Mean = 3.15, 63%), indicating sustained but manageable distress. Severe psychological impact had the highest mean score (Mean = 3.39, 68%), reflecting more intense depression among detainees. Depression also scored moderately (Mean = 3.23, 65%)

First dimension :Mild

The result in Table 8 illustrates that the mean and standard deviation of the Mild dimension

Table 8:

Paragraph analysis for Mild dimension

Based on the previous table, the survey assessed psychological well-being through several statements, revealing moderate levels of distress across different emotional and cognitive dimensions. Pessimism about the future (DM1) scored a mean of 3.26 (65%), Feelings of sadness (DM2) were also notable (Mean = 3.17, 63%), Loss of enjoyment in life (DM3) was reported at 3.25 (65%), Increased nervousness (DM11) was the highest-rated symptom (Mean = 3.41, 68%), Reduced empathy (DM12, Mean = 3.36, 67%) and difficulty making decisions (DM13, Mean = 3.02, 60%) The "Mild" category (Mean = 3.25, 65%) aligns with these findings.

Second dimension :Moderate

The result in Table 9 illustrates that the mean and standard deviation of the Moderate dimension

Table 9:

Paragraph analysis for Moderate dimension

The table indicates that the indicate that the level of psychological distress among detainees falls within the moderate range, with symptoms indicating moderate emotional and cognitive problems. Participants expressed a willingness to sleep more (64 %), bored in life (68 %), want to cry (64 %), and they were less active in their work and felt that they lost some professionalism, signs that could point to depression. Anxiety symptoms were more evident as they were reflected by the inability to sleep (72%) and unreasonable health concerns (73%), which still represent the characteristics of a highly-stressed state. Despite the presence of strong negative feelings such as a sense of failure (54%) and guilt (51%), a high percentage (79%) expressed positive feelings about themselves, reflecting variations in individuals' perceptions of themselves. Overall, the results show that detainees suffer from moderate psychological distress, represented by a combination of anxiety and depression symptoms, along with some attempts to maintain a positive self-image.

Third dimension: Sever

The result in Table 10 illustrates that the mean and standard deviation of the process talent development dimension.

Table 10:

Paragraph analysis for Sever dimension

The results of the table indicate that the highest reported issue was pervasive fatigue, with 77% of respondents experiencing constant tiredness and bodily exhaustion (mean=3.85). There were also appetites disturbances with 71% of the detainees affected (mean=3.53), where 69% also reported a significant variation of body weight (mean=3.46). This was more varied in responses (SD=1.41) and 55% (mean=2.73) indicated the sense of being punished. These physical symptoms all had severity level of 68% (mean=3.39).

Results of the third question: What is the level of psychological trauma among released prisoners in Palestine?

The psychological trauma is measured using three dimensions, which are Avoidance, Reexperience, and Hyperarousal. To describe the psychological trauma dimensions, means, standard deviation, and percentage weight were calculated. According to the result in Table 11.

Table 11:

Descriptive analysis of psychological *trauma*

The findings reveal significant trauma-related symptoms among detainees, with particularly high levels of avoidance and re-experiencing symptoms. Re-experiencing trauma (TA) was the most critical dimension with the respondent proportion being 73% and the mean of 3.64 that depicted the frequent occurrence of intrusive memories or flashback of events that were distressing. Active efforts to avoid trauma reminders were also very common (70%, mean=3.51), which implies avoidance behaviors (TR). Although also worrying, hyperarousal symptoms (TH) were moderately evident (64% mean=3.19) which represents such problems as increased startle response or irritability. In general, the general trauma symptoms were moderate (67%, mean=3.37), which proves that detention experiences are often the causes of post-traumatic stress reaction that is clinically significant.

First dimension: Avoidance

The result in Table 12 in appendix (C) illustrates the mean and standard deviation of the Avoidance dimension.

The results indicate that there are extensive trauma symptoms in the detainees and that the worst symptoms of the trauma manifest in the symptoms of re-experiencing and emotional distress. The most frequently recorded symptoms were intrusive recollections with 82 percent reporting vivid unwanted memories (TR1: mean=4.11) and 82 percent reporting intense distress when remembering their experiences (TR4: mean=4.12). Also, 77% of them were characterized by consistent fears of recurrence (TR3: mean=3.86), and 70 percent experienced disturbing nightmares (TR2: mean=3.51). There were also avoidance behaviors in which 70% demonstrated some form of avoidance that was significant (mean=3.51). This comprised 65 percent socially isolating themselves (TR9: mean=3.27) and 64 percent loss of pleasure in what otherwise brought enjoyment (TR8: mean=3.20). It is noteworthy that memory lapses of traumatic events were only reported by half of them (TR7: mean=2.50).

Second dimension: Reexperience

The result in Table 13 in appendix (C) illustrates that the mean and standard deviation of the Reexperience dimension.

The results revealed that there were high levels of trauma responses in detainees with the most debilitating avoidance and re-experiencing symptoms. Avoidance was also very much common with 74 per cent engaging in avoidance behaviors of events causing them memories of their capture (TA5: mean=3.69) and 72 per cent avoiding upsetting thoughts and feelings about the incident (TA6: mean=3.58). These actions demonstrate conscious attempts to get out of mental suffering, which is a common trait of PTSD.

The reexperiencing dimension was even more pronounced (73%, mean=3.64), indicating frequent intrusive recollections of traumatic events. These results together with the previous results of 82% experiencing vivid flashbacks and 82% experiencing emotional distress when reminded of their ordeal give a troubling view of continued involuntary trauma reliving. The high percentage weights (72-74%) and elevated mean scores (3.58-3.69) reveal these symptoms are both widespread and intense among detainees.

Third dimension: Hyperarousal

The result in Table 14 in appendix (C) illustrates that the mean and standard deviation of the Hyperarousal dimension.

Based on the previous table, the survey results reveal significant hyperarousal symptoms among detainees, with sleep disturbances being the most prevalent issue (72%, mean=3.60). Most of the respondents expressed moderate levels of cognitive and emotional dysfunction, which are considered to be of clinical significance, such as difficulty with concentration (66%, mean=3.31), frequent episodes of stress and anger (66%, mean=3.30), and easy distractibility (64%, mean=3.21). Emotional disturbances were frequent, as 63% of them were reported to be more reactive and 62% of them felt sad and detached. Also, a little less common, physiological symptoms of hyperarousal - such as trembling, sweating and rapid heartbeat when remembering traumatic events - were also observed in the majority of detainees (57%, mean=2.85). The total hyperarousal dimension was moderate (64%= mean=3.19), and through the standard deviations (0.98-1.36) the symptoms were always present in the population.

Results of the fourth question: Is there a relationship between violence (physical and psychological), depression and psychological trauma among released prisoners in Palestine?

To answer the previous question, the following hypothesis was examined:

Hypothesis 1: There is no statistically significant relationship at a significance level of ($\alpha \leq 0.05$) between violence (physical and psychological), depression, and psychological trauma among released prisoners in Palestine.

To answer the third question, and to test these hypotheses, a Pearson correlation coefficient was found between violence (physical and psychological), depression, and psychological trauma.

Table (14) in appendix (C) shows a strong statistically significant, positive correlation at the significance level of 0.05 between depression and psychological trauma. The correlation coefficient reached 0.905, indicating that the higher the levels of depression, the higher the levels of psychological trauma among released prisoners in Palestine. This result reflects the existence of a close relationship between the two variables and

confirms that prisoners' suffering from symptoms of depression may coincide to a large extent with their suffering from psychological trauma. Regarding the variable of violence (physical and psychological), the results showed a weak, but statistically significant, positive correlation at the 0.05 level with both depression (0.129) and psychological trauma (0.128). This means that violence plays a role in increasing levels of depression and psychological trauma, but the strength of this correlation is weak compared to the strong correlation between depression and psychological trauma.

Based on this, it can be said that the results demonstrate a strong, statistically significant correlation between depression and psychological trauma among released prisoners, while violence has a weak relationship with both variables.

Results of the fifth question: Does depression and violence (physical and psychological) affect psychological trauma among released prisoners in Palestine?

To answer the previous question, the following hypothesis was examined:

Hypothesis 2: There is no statistically significant effect at the level ($\alpha \leq 0.05$) of depression and violence (physical and psychological) on psychological trauma among released prisoners in Palestine.

To test the hypothesis, the results of a multiple regression analysis were extracted.

The results of the multiple regression analysis show in Table (16) in appendix (C) that depression has a statistically significant and highly robust effect on psychological trauma among released prisoners in Palestine. The standardized beta coefficient (Beta = 0.904) with a significance level of (Sig = 0.000) indicates that higher levels of depression are strongly associated with increased levels of psychological trauma, with depression being the most influential factor within the model. In contrast, violence (physical and psychological) did not have a statistically significant effect on psychological trauma (Beta = 0.012, Sig = 0.693), reflecting its lack of direct contribution when depression is present in the model. The model also exhibited high explanatory power with R-square value of 0.820, meaning that the depression and violence variables explain 82% of the variance in psychological trauma. This validates

the critical importance of depression in augmenting the occurrence of psychological trauma among the released prisoners.

Results of the six questions: Does the effect of dimensions of depression on psychological trauma among released prisoners in Palestine?

To answer the previous question, the following hypothesis was examined:

Hypothesis 3: There is no statistically significant effect at the significance level ($\alpha \leq 0.05$) of the dimensions of depression on psychological trauma among released prisoners in Palestine.

To test hypothesis, the results of a multiple regression analysis were extracted.

The results of the multiple regression analysis show in Table (16) in appendix (C) that the dimensions of depression (mild, moderate, and severe) have statistically significant effects on psychological trauma among released prisoners in Palestine at the significance level ($\alpha \leq 0.05$). The results showed that moderate depression had the greatest impact on psychological trauma, with a standardized beta coefficient (Beta = 0.405), followed by mild depression (Beta = 0.340), and then severe depression (Beta = 0.209), all of which were highly statistically significant (Sig = 0.000). The coefficient of determination (R-square = 0.820) indicated that these dimensions combined explain 82% of the variance in psychological trauma, this model was strong in explaining how the dimensions together contributed to an extent that increased severity of psychological trauma among released prisoners.

Results of the seven questions: Are there statistically significant differences at the significance level ($\alpha \leq 0.05$) in the degrees of depression among released prisoners in Palestine, Nablus, attributable to differences in their demographic variables (gender, age, educational level, social status, place of residence, years of detention)?

To answer the previous question, the following hypothesis was examined:

Hypothesis 4: There are no statistically significant differences at the significance level ($\alpha \leq 0.05$) in the degrees of depression among released prisoners in Palestine, Nablus,

attributable to differences in their demographic variables (gender, age, educational level, social status, place of residence, years of detention)

To test the hypothesis, Multiple analysis of variance (MANOVA) was tested.

The results of the multiple analysis of variance (MANOVA) presented in the table (17) in appendix (C) above indicate that there were no statistically significant differences in depression scores attributed to the variables of gender (Sig = 0.554), marital status (Sig = 0.939), age (Sig = 0.325), or number of years of arrest (Sig = 0.846), as all significance values were greater than the significance level ($\alpha \leq 0.05$). In contrast, the results showed statistically significant differences attributable to place of residence (Sig = 0.049) and educational level (Sig = 0.035), as it was shown that these two variables contribute to explaining the variance in total depression scores, especially in the dimensions of moderate depression (Sig = 0.050 for place of residence, Sig = 0.050 for educational level) and mild depression (Sig = 0.029 for educational level), while no significant differences were found in the dimension of severe depression (Sig = 0.074 for place of residence, Sig = 0.114 for educational level). Therefore, it can be concluded that place of residence and educational level constitute two main variables in the variance in depression levels among released prisoners, unlike the rest of the demographic variables, which did not have a significant effect.

Results of the eight questions: Are there statistically significant differences at the significance level ($\alpha \leq 0.05$) in the degrees of psychological trauma among released prisoners in Palestine, Nablus, attributable to differences in their demographic variables (gender, age, educational level, social status, place of residence, years of detention)?

To answer the previous question, the following hypothesis was examined:

Hypothesis 5: There are no statistically significant differences at the significance level ($\alpha \leq 0.05$) in the degrees of psychological trauma among released prisoners in Palestine, Nablus, attributable to differences in their demographic variables (gender, age, educational level, social status, place of residence, years of detention).

To test the hypothesis, Multiple analysis of variance (MANOVA) was tested.

Based on the Table (18) in appendix (C), the results of the multiple factor analysis of variance (MANOVA) indicate that most demographic variables (gender, marital status, age, number of years in detention, and place of residence) did not show statistically significant differences in the scores of psychological traumas and its various dimensions (avoidance, re-experiencing, and hyperarousal). All significance values were greater than 0.05, indicating that these variables do not significantly affect the levels of psychological trauma among released prisoners. Conversely, the results showed that educational level was the only variable that produced statistically significant differences in some dimensions of psychological trauma. Significant differences appeared in the re-experiencing dimension (Sig = 0.010), the hyperarousal dimension (Sig = 0.003), and the total psychological trauma score (Sig = 0.016). However, no statistically significant differences appeared in the avoidance dimension (Sig = 0.163). Thus, it can be said that educational level is a factor influencing the severity of some dimensions of psychological trauma among released prisoners, while the remaining demographic variables had no significant effect.

Table 12:

Correlations Between Demographic Variables, Depression, Trauma, and Violence

The results showed a very strong correlation between depression and psychological trauma ($r = 0.905$, $p < 0.01$), a highly statistically significant positive relationship. This means that an increased level of psychological trauma in individuals is associated with an increased level of depressive symptoms. This finding is consistent with the psychological literature indicating that exposure to trauma is one of the most important factors associated with the onset of depression.

The results also showed a negative correlation between age and both depression ($r = -0.171$) and trauma ($r = -0.183$), suggesting that younger individuals may experience higher levels of psychological symptoms compared to older individuals.

In addition, a statistically significant negative correlation was found between educational level and both depression ($r = -0.242$) and trauma ($r = -0.263$), suggesting that higher educational level may be associated with lower levels of psychological symptoms.

Conversely, the results showed a positive correlation between violence and gender ($r = 0.220$), as well as between violence and the number of years of detention ($r = 0.235$), indicating that exposure to violence may be higher in certain groups, particularly with longer periods of detention.

A positive correlation was also found between the number of transfers and years of detention ($r = 0.421$), which is logical since individuals who spend longer periods in detention may be subjected to more transfers between detention facilities.

3.4 Results related to qualitative analysis (interviews)

- **Responses of Released Prisoners to Interview Questions (Psychological Aspect)**

Question 1: Are there negative or frustrating feelings that dominate you most of the time?

About 47.5% of released prisoners who responded to this question reported that negative and frustrating feelings dominated them most of the time, especially shortly after their release and the end of the joyful. They began to reflect on their surroundings and become aware of their surroundings, facing difficulty adapting and engaging with those around them, whether family or relatives, or even losing their passion for life. During their captivity, prisoners, especially those who had been held for a long period, returned to their environment after a prolonged absence and separation, imagining an environment based on their beliefs and expectations. Upon their release and liberation, they were shocked by reality, whether through development, changes in customs and beliefs, or a change in people's culture in general, which left some feeling lost and frustrated. Some prisoners also reported feeling frustrated by the years they spent in detention, feeling sad and sorry for the lost years of their lives and for growing older without enjoying every stage of life. They also expressed frustration at society's

perception of released prisoners and fear of being rejected in all aspects of life, including engagement, marriage, job searches, and building a future.

During the interviews, the researcher observed negative and frustrating feelings expressed by released prisoners, such as a loss of passion, frustration, and an inability to adapt to the new environment after their release and to their families. According to some of them, this was due to the psychological challenges they experienced during their captivity by the Israeli occupation army. It became clear that they were suffering from a severe psychological condition. These negative feelings are indicative of a psychological disorder such as trauma and depression, a reflection of the situation these prisoners experienced and the reality they encountered.

Question 2: How do you deal with psychological pressure?

According to their responses, 100% of released prisoners reported having various ways to deal with the psychological pressures they face, such as when they feel distressed, suffocated, or when they recall negative events, bad memories, or experiences they have gone through. All prisoners reported that each of them had their own method they considered an outlet for venting negative feelings. These methods include prayer, reading the Quran, spending time with family, sitting in isolation, walking, reading books, doing any work or task, whether domestic or professional, playing with children, drawing and writing, sleeping, sitting in cemeteries for long hours while visiting martyrs, and talking with friends of released prisoners.

The researcher observed a clear diversity in the responses of released prisoners regarding their methods for relieving psychological pressure. This reflects individual differences, each person's way of dealing with psychological pressure, their coping mechanisms, their ability to respond to different circumstances, and their psychological flexibility.

Question 3: Negative thoughts about themselves?

The vast majority of answers to this question showed that released inmates did not feel negative about themselves. They had no negative thoughts about themselves even though they experienced psychological pressures and negative feelings that were commonly around them. This is as opposed to the little group of released prisoners (20%), whose views of themselves involved the feeling of being weak, being a burden to other people, and being subjected to harsh conditions making them abnormal and psychologically and physically unhealthy. Some experienced that they were cursed and the experience in prison was a kind of revenge of the gods to keep them responsible and to punish them because of their behaviors. The researcher is convinced in this question based on the answers given by the released prisoners that some of them think negatively about themselves. This is understandable considering that they had their captivity experience and the tough conditions they had to withstand, left a distinct negative impression on the psyche and self-images. The other group did not have negative thoughts about themselves which is a pointer of the resilience of their mind psychologically and their high adaptability and capacity to cope with the pressures of psychology.

Question 4: Negative thoughts about life?

About (57.5%) do not harbor negative thoughts about life and feel a sense of belonging and attachment to reality. (42.5%) harbor negative thoughts about life, describing it as unfair and unjust. They also feel alienated, disconnected from reality, hopeless, and deeply anxious about the future.

From the responses of released prisoners to this question, the researcher notes that some have a positive outlook on life, despite the difficult psychological conditions they have experienced and the unjust prison conditions they have endured. They also possess a high capacity for psychological adaptation, refusing to surrender to negative feelings, and relying on the future. In contrast, others expressed negative thoughts about life, stemming from unjust circumstances that have led to a loss of confidence in life.

Question 5: What is the psychological and social support mechanism that helps you cope?

Through their responses, 100% of the prisoners indicated the presence of a psychological and social support system that helped them cope. This support comes

from family, relatives, spouse, and friends, in addition to internal support such as faith in God, obedience, willpower, patience, and study.

The researcher notes that the answers of the released prisoners to this question indicate that each of them has a different psychological and social support system, with some answers being similar. This highlights the importance of a supportive environment in an individual's life, as it fosters a sense of comfort and security, helps them express negative psychological pressures, breaks isolation, and builds positive relationships.

Question 6: How did their captivity experience affect their self-confidence?

55% of released prisoners responded to this question that their self-confidence had increased. Conversely, their experience of captivity in occupation prisons provided a powerful impetus to boost their self-confidence, self-discovery, and their sense of perseverance, resilience, and endurance, which they considered a moral and psychological achievement.

45% of released prisoners reported that their captivity had weakened their self-confidence as a result of the harsh conditions they were subjected to, including isolation, oppression, and humiliation. These conditions left psychological effects on them, including doubt, weakness, and inadequacy.

The researcher found in the prisoners' responses to this question that the majority of them enjoyed self-confidence, attributed to the harsh experience they had undergone. This was due to their sense of inner security, psychological resilience, belief in the justice of their cause, and a sense of resilience and defiance. This is in contrast to others whose self-confidence was shaken by their detachment from reality due to the psychological pressures they were subjected to and the captivity they endured.

Question 7: Did your experience in captivity affect your trust in others?

About 100% of released prisoners unanimously reported that their trust in others was significantly affected by their experience of captivity and detention. The researcher observed the responses of released prisoners to the question about trust in others, and they all agreed that their captivity experience had affected their level of trust in others.

This was due to their captivity and the negative circumstances they experienced, including betrayal, defamation, and insecurity, which created a constant sense of caution and mistrust in them. They often avoided others and lived in isolation.

Question 8: Do you feel upset if you see someone being subjected to violence, and how do you feel?

All prisoners agreed, 100% of the time, that they experience negative emotions when they witness someone being subjected to violence. Their reactions varied from one person to another, including: inability to bear it, high blood pressure, extreme fear, fear for oneself, discomfort, tension, anxiety, constant thinking, reliving painful memories, feelings of anger, feelings of humiliation and surrender, feelings of sadness, discomfort, fear, nervous breakdowns, and helplessness.

According to the researcher, the prisoners' answers to this question unanimously indicate that they experience negative emotions when they witness someone being subjected to violence. This reflects the profound psychological impact of what the prisoners experienced during their captivity, bringing back painful memories they experienced, which can lead to psychological symptoms that may lead to a psychological disorder such as post-traumatic stress disorder (PTSD).

Question 9: Do you consider yourself a moody person?

The highest percentage of released prisoners (62.5%) reported experiencing mood swings at certain moments, describing their moods as joyful and happy, and at other times as sad, hopeless, and frustrated. At other times, they had difficulty distinguishing between emotions and psychological states. These mood swings are a result of the psychological distress prisoners experience during captivity and their inability to cope normally. Living in a repressive environment and then living freely, they lost the ability to control their emotions, shifting from a state of calm, balance, and happiness to a sudden state of anger, sadness, and agitation. This was in addition to a lack of emotional interaction, a loss of affection, anxiety, and constant tension.

The researcher believes that the answers of released prisoners to this question reveal a wide range of moods, and that the highest percentage of prisoners suffer from mood swings. These mood swings are a natural result of the psychological pressures they were exposed to during captivity and after their release. This is an indication of the

psychological trauma these prisoners suffer as a result of the difficult circumstances they experienced during their captivity.

Question 10: Has your captivity affected your relationship with your family members and friends?

About 92.5% of prisoners reported that the family had a positive impact, with support, embrace, and family bonding. Family bonds increased and strengthened among all family members. (7.5%) of the prisoners reported that there was a negative impact, including an inability to get along, and a lack of understanding.

The researcher's opinion regarding the responses of released prisoners indicates that the period of captivity affected their relationships with their families and friends. The majority of them indicated that these relationships were a significant source of psychological support, helping them feel safe, secure, and belonging, and facilitating their coexistence and integration after their release. A few others indicated that these relationships had a negative impact, resulting in a lack of harmony and an inability to adapt. This was due to the negative feelings and impressions that affected them and prevented them from integrating and adapting to their surroundings, including family and friends.

Question 11: A constant feeling of insecurity and insecurity?

After 100% of the prisoners agreed that they did not feel safe and secure after their release from prison, the researcher noted that their feeling of insecurity is not merely a passing sensation. Rather, it is a natural feeling resulting from the harsh practices they were subjected to during their captivity, the negative feelings of anxiety and constant expectations, and their internal sense of psychological instability.

Question 12: Do you feel hopeless and not optimistic about the future?

About 70% of released prisoners feel hopeless and not optimistic about the future due to the harsh conditions they experienced in captivity, the fear, and the constant expectation of returning to the same conditions and reliving the experience. They feel disappointed, stagnant, unreasonable, empty, lonely, and lack a sense of self-worth and existence.

The researcher observed that the responses of released prisoners included feelings of hopelessness and a lack of hope for the future. The highest percentage answered "yes."

This is a result of accumulated psychological pressures and a lack of psychological support. This feeling is normal and does not indicate a weak personality or a surrender to reality. The other, smaller, group had higher psychological capacities and were able to withstand psychological pressures and control their negative emotions. This reflects their psychological resilience. Despite all the difficult circumstances they have experienced, they still maintain a sense of hope, optimism, and a positive outlook for the future.

Question 13: Feeling of surprise and lack of integration with those around you?

About 52.5 %, this percentage of prisoners who were released from their feeling of amazement and their lack of integration with those around them, and this feeling of all prisoners without exception, but in different dimensions, where the prisoners in this part expressed that they returned to a different and strange environment, and they had difficulty integrating with the environment, and others. People who had been imprisoned for long periods had a very specific and closed lifestyle. When they were released into their normal environment, they faced difficulty adapting. This was compounded by the general changes in society, the economic situation, modern developments, and the differences in customs and cultures. These all hindered the integration of released prisoners into their environment.

The researcher believes that released prisoners' reactions to feelings of surprise and disengagement are common, resulting from changes in society and the relationships surrounding them. This is also due to the habit of a specific routine within captivity and the rapid adaptation attempts that cause psychological stress, leading to isolation and surprise. Others, who did not feel disengaged after release, were more integrated and connected to their surroundings, due to their psychological flexibility, adaptability, and relationships with their surroundings during their imprisonment.

Question 14: (If you were subjected to some form of insult, mockery, criticism, or belittlement, what would be your reaction?)

All prisoners indicated that they had been subjected to various forms of mockery, ridicule, and humiliation, and their reactions were varied, including: surrender, anger and helplessness, a desire for death, and suicide, excessive nervousness, screaming,

destruction and vandalism, despair, feelings of humiliation and degradation, suicidal thoughts, and helplessness.

The researcher believes that prisoners' reactions to being subjected to insult, mockery, and belittlement, and their reactions to these negative and degrading behaviors, which represent a violation of human dignity, a destruction of character, and a breaking of will and determination, are the result of negative practices and psychological pressures to which prisoners were subjected during their imprisonment, which aim to cause psychological disorders and feelings of helplessness and surrender.

Question 15: Do you practice violence against those around you?

There is a consensus among prisoners not to practice violence against those around them. The researcher believes that the fact that released prisoners refrain from committing violence against those around them stems from the psychological maturity, moral balance, and strong moral foundations they developed during their captivity, which strengthened their sense of responsibility toward others.

• **Responses of Released Prisoners to Interview Questions (Physical aspect):**

Question 1: What illnesses did the released prisoners suffer from and continue to suffer from after their release?

The prisoners' responses unanimously indicate that they suffered from various illnesses during their captivity and continued to suffer after their release. These include: high blood pressure, back pain, neck pain, heart problems, diabetes, back and joint pain, infections, skin infections, cancer, pneumonia, kidney disease, anemia, toothaches, respiratory diseases, stomach problems, cracked ribs, punctured lungs, broken nails, bone calcification resulting from lack of movement, inflammation and fractures of the rib cage, fractures in the hands, herniated discs, joint inflammation, osteoporosis, colon problems, high blood pressure, allergies, eczema, diabetes, cancer, and skin diseases.

The researcher believes that the physical illnesses suffered by the released prisoners are a result of the difficult and harsh conditions they experienced as a result of deliberate and intentional medical neglect, harsh detention conditions, torture, and malnutrition, in

addition to the psychological stress resulting from the conditions of detention, torture, and isolation, which have led to the emergence of other illnesses among the prisoners.

Question 2: Did you receive the necessary medical care during your detention?

100% of the released prisoners' responses indicated that they did not receive medical care.

The researcher believes that released prisoners do not receive medical and psychological care as a result of physical and psychological abuse, which has led to a deterioration in their health and exacerbation of chronic diseases in some of them. This has led to increased psychological pressures, resulting in psychological disorders that have affected the prisoners due to the harsh conditions they have endured.

Question 3: Do you feel a general weakness of the body without a specific disease that you complain about?

About 100%, the prisoners' responses unanimously indicate that there is a general weakness in the body without any physical disease that the prisoners suffer from

The researcher sees through the responses of the freed prisoners to accompany this feeling, despite their medical examinations and their medical diagnosis, but they are psychological symptoms related to the experience of their arrest and this weakness as a result of their long periods of families, malnutrition, medical neglect and lack of exercise, in addition to continuous psychological pressures.

Question 4: During the family period, are you exposed to solitary confinement and how much does this affect you?

About 100% all the prisoners were exposed to a solitary isolation and every person is a different period from the other and had a major negative impact on them during the period of families and after their liberation from the families, where the freed prisoners reported that the effects of solitary confinement accompanied them after the freedom with the difficulty Their presence among the family and society and their separation from the self.

The researcher sees through the responses of the freed prisoners that the isolation policy that was practiced against the prisoners has deep physical and psychological effects and

a basic cause of psychological disorders such as depression and shock and its psychological effects extending after emancipation, so solitary defense and the continuous desire for unity and isolation.

Question 5: Infection with skin diseases?

Yes, allergies, varicose veins, eczema, Skype

The researcher unanimously noticed the prisoners in their responses about their skin diseases as a result of the harsh and unhealthy conditions in the place of their arrest from the lack of hygiene, poor ventilation, lack of medical care, the inability to obtain the ingredients of personal hygiene and the high degree of humidity, the temperatures in summer, cold in winter, the quality of the water, the quality of food, and the lack of exposure to the sun.

Through the previous analysis of field interviews, the researcher concluded that the repressive practices and negative feelings experienced by prisoners released from occupation prisons, including feelings of worthlessness, self-blame, inability to adapt, loneliness, isolation from others, frustration, and constant sadness, in addition to persistent insomnia, are indicators of psychological disorders such as depression and trauma, which include mood swings, reliving painful memories and previous negative experiences. Some also experience bouts of anger, feelings of despair, and detachment from oneself, others, and reality. These symptoms caused significant distress for some and a noticeable decline in social and professional performance. The researcher also believes that the interviews clearly demonstrated that detention is not limited to restricting freedom, but extends to systematic attempts to dismantle the individual's psychological structure and undermine their dignity and humanity. He believes that what prisoners were subjected to were individual and collective practices aimed at breaking their resolve, weakening them, and affecting their physical and mental health.

Chapter Four

Discussions and Conclusions

4.1 Discussion

The primary objective of this study is to examine the impact of physical and psychological violence on the increased symptoms of depression and psychological trauma among released prisoners in Palestine. To achieve this, the researcher examined four potential key variables (physical and psychological violence, depression, and trauma). In this chapter, the study will discuss the answers to the study's questions, its limitations, and final recommendations.

The results of the first sub-question showed that released prisoners in Palestine were exposed to high levels of violence, both physical and psychological. This is evident from the combination of direct physical violence (such as beating and restraint) and long-term psychological violence (such as threats, isolation, and humiliation), methods aimed at weakening the psychological and social structure of the prisoner. The researcher believes that this pattern reflects a systematic policy within prisons based on a combination of physical torture, such as beating and restraint, and psychological torture, such as threats, humiliation, and solitary confinement, with the aim of breaking the prisoner's will and affecting their mental health. The Ministry of Prisoners' Affairs and Ex-Prisoners confirmed in its periodic reports that more than 90% of prisoners are subjected to various forms of torture and cruel treatment, which has serious repercussions on mental and physical health, such as sleep disorders, chronic anxiety, and depression (*Prisoners and Freed Prisoners Affairs Authority. (2024). Report on the Conditions of Palestinian Prisoners in Occupation Prisons. Ramallah, Palestine. , 2024*) . These findings are consistent with what (Sarraj et al., 2003) on the direct relationship between physical torture and psychological isolation, and with the conclusions of (Mahmoud, 1996; Sorour, 2004) that repeated psychological violence leads to chronic disorders such as depression, paranoia, and post-traumatic stress disorder.

At the international level, similar findings emerge in studies of political prisons, such as (Straus & Gelles, 2017) study, which showed that systematic physical violence weakens prisoners' social bonds after release, and (Gusmões et al., 2018) study, which linked

repeated violence to difficulties in social integration. However, it is noteworthy that the results of the current study differ partially from those found by (Butler et al., 2021) in the context of prisons in Northern Ireland, where violence was interpreted more as a product of internal cultural and behavioral factors among prisoners. In the Palestinian case, however, it becomes clear that violence is the product of an organized colonial policy aimed at breaking the will of prisoners, which gives the results a political dimension that goes beyond the individual or cultural framework. In this way, the researcher is convinced that physical and psychological violence of the Palestinian prisoners is not a casual individual practice, but an institutionalized process with direct consequences on the psychological and physical outcomes of the ex-prisoners.

According to the findings of the second question on the level of depression of the released inmates in Palestine, the reports indicated that all three dimensions (mild, moderate, and severe) were either in the moderate level (moderate, moderate, and extreme) to some extent. Mild cases of depression were evidenced by pessimism, sadness, loss of pleasure, excessive irritability and lack of empathy and this showed that inmates experience the daily pressure of psychosomatic stress, but not enough to cause total breakdown. Contrastingly, the moderate dimension of depression revealed that the subjects were experiencing a sense of failure, guilt and loss of professional activity, and sleeping problems and obsession with health which indicated a state of psychological anxiety coupled with depression. The severe depression dimension was mainly defined by the constant physical fatigue, eating dysfunctions, and weight changes and this means that psychological stress was evidently manifested in severe physical symptoms (*Prisoners and Freed Prisoners Affairs Authority. (2024). Report on the Conditions of Palestinian Prisoners in Occupation Prisons. Ramallah, Palestine. , 2024*) a substantial number of released prisoners experience a condition known as "mood disorders" and recurrent cases of depressive symptoms, due to the continued denial of the simplest requirements of normal life in prison like sleeping, eating, and exercising. These data can be compared with those of ("Physicians for Human Rights – Israel. (2023). Reports on the Conditions of Palestinian Prisoners in Israeli Prisons," 2023) who wrote that the issue of chronic mental health problems is observed among the Palestinian prisoners due to prolonged detention, and most of them develop depression and post-traumatic stress disorder (PTSD).

These results are consistent with previous studies indicating that depression is among the most prevalent mental disorders of prisoners and ex-prisoners. According to a report conducted by (Girma et al., 2021) , the rate of depression among prisoners was 29.9 percent of that population, and the issue was directly associated with the conditions of malnutrition and a lack of physical activity. The study by (COSTA et al., 2020) also indicated that about 20.6 percent of the incarcerated individuals in Brazil were depressed with most of these individuals affected by inadequate social support system coupled with psychological strain taking place inside prisons. These results are in accordance with the findings of the current study, which showed overlapping psychological and physical symptoms, not to mention feelings of guilt and failure that reflect the multiple-layer condition of the detention experience on the mental condition.

On the other hand, there are other studies that have indicated that depression in released prisoners can be alleviated by the availability of social and family support. Indicatively, in a study by (Mowen et al., 2019), it was found that the family support was connected to lower rates of substance use among inmates upon release, and it also helped to alleviate the relationship between depression and adverse behaviors. This observation follows the situation in Palestine where social and familial solidarity plays a significant role in the post-detention coping. It is, however, also opposite to some research, including the one by (Woodfield et al., 2022), which revealed that the degree of depression and anxiety among prison personnel is highly different based on the kind of trauma and personal experience, so it is possible to assume that psychological reactions can differ in relation to personal and social conditions.

Accordingly, the researcher is of the view that the findings of this study show that depression among released prisoners in Palestine takes forms of a mixture of psychological and physical symptoms (a mix of sadness, guilt, pessimism and fatigue, sleep disorders, and appetite). These results are mostly in line with the existing literature regarding the prevalence of depression in the prison environment (COSTA et al., 2020; Dereje et al., 2025; Girma et al., 2021), but introduce an aspect of the Palestinian-specific context of long-term detention and the related torture and deprivation, which exposes the individual to further layers of psychological symptoms, which makes the therapeutic and supportive measures even more critical.

The findings of the third question revealed that the released prisoners in Palestine experience symptomatic psychology trauma, especially in the avoidance and re-experiencing dimensions. It was concluded that 82 % of the participants had intrusive memories and images related to the experience of being detained, 82 % of the participants were severely distressed when reminded of the events, 77 % of the participants were always scared of doing it again, and 70 % experienced nightmares. These results demonstrate that prisoners experience a constant re-experiencing of their captivity and torture. These findings reveal that incarcerated people have a lasting revival of their incarceration and torture. This agrees with findings of (Sorour, 2004) that indicated a significant proportion of released Palestinian prisoners suffered symptoms of post-traumatic stress disorder due to use of torture techniques and severe prison conditions. These were in form of nightmares and constant flashbacking of the events that caused trauma.

In the avoidance dimension, it was found that 74% of participants avoided situations that reminded them of their captivity experience, and 72% avoided thoughts and feelings associated with the incident. This result reveals that prisoners seek to reduce psychological pain by avoiding memory triggers. This is consistent with (Punamäki, 2008) observation that Palestinian prisoner's resort to avoidance strategies such as denial and isolation as a mechanism for coping with trauma. However, it contradicts the findings of (Carver et al., 1989), where stressful events were addressed using positive cognitive appraisals to minimize the level of trauma in East German political prisoners due to individual and environmental differences in coping behaviors.

As for the hyperarousal dimension, it recorded a moderate level (64%), with sleep problems occurring in 72%, difficulties concentrating and frequent anger in 66%, and feelings of sadness and emotional detachment in excess of 60%. These results confirm that prisoners suffer from persistent nervous arousal and emotional and physical disturbances, which is consistent with the findings of (Dereje et al., 2025), showed that more than 60% of prisoners in Ethiopia suffered from symptoms of depression and trauma, including sleep disturbances and persistent anxiety. This study also converges with the study by (Hin & Khaled, 2006), which linked long-term captivity to higher levels of depression and anxiety among released Palestinian prisoners. In light of this, the researcher believes that the results of this study reveal that psychological trauma

among released prisoners in Palestine is not a transient symptom, but rather a prolonged condition that includes repeated re-experiencing of events, clear avoidance behaviors, and persistent neurological and emotional disturbances. This makes it essentially similar to international findings, but more severe due to the political and humanitarian context of Palestinian captivity.

Regarding the results of the fourth question, there is a strong and statistically significant relationship between depression and psychological trauma among released prisoners in Palestine, reflecting the close interconnectedness between the two variables. This implies that the occurrence of depression in high numbers is associated in large part with occurrence of psychological trauma, that the encounter of detention with its associated brutality and inhuman treatment leaves psychological and emotional scars in liverally identical computation. The researcher regards this finding to be naturally occurring in the Palestinian context in which the sadness, despair, and demotivation of depression is supplemented by reminders of one or a combination of the symptoms of the trauma, including re-experiencing, avoidance and hyperarousal. In the Palestinian context, this correlation is even more evident due to the specific nature of political detention, characterized by torture, isolation, and humiliation. This makes symptoms of depression (sadness, loss of motivation, hopelessness) directly overlap with symptoms of trauma (nightmares, obsessive memories, constant anxiety). (*Prisoners and Freed Prisoners Affairs Authority. (2024). Report on the Conditions of Palestinian Prisoners in Occupation Prisons. Ramallah, Palestine. , 2024*) documented that the majority of released prisoners suffer from varying levels of both depression and trauma, in the form of comorbidity, which increases the difficulty of therapeutic intervention. This finding is in agreement with the (Sorour, 2004) , who identified that a sizable proportion of released prisoners were experiencing post-traumatic stress disorder which is directly attributed to depression. The result has also been in line with (Barry et al., 2020), which had found that depression among older prisoners mediated the relationship between functional disability and suicidal ideation.

Regarding violence (psychological and physical), the results showed a weak but statistically significant relationship with both depression and psychological trauma. This suggests that violence contributes to some degree to increased levels of psychological disorders, but it is not the most influential factor compared to depression and trauma.

The researcher believes that this weak association may be attributed to the fact that violence is viewed as a trigger or initial factor, whereas long-term psychological consequences are more clearly reflected in depression and trauma disorders. This is consistent with what (Sarraj et al., 2003), indicated, that torture and violence in prisons generate isolation, apathy, and excessive emotionality. However, it also contradicts what (Al-Oqaili A., 2014), demonstrated, which considered psychological problems resulting from torture to be among the most prominent outcomes of the detention experience, ahead of physical or economic problems.

Accordingly, the researcher confirms that the relationship between depression and psychological trauma among released prisoners is an intertwined and strong one, making it difficult to separate them in the detention experience. Meanwhile, violence is also one of the contributing factors, but it is statistically less significant. The findings are mostly similar to the findings of international research, including the works of (Girma et al., 2021), who indicated that prisoners with health problems or nutritional issues were more susceptible to depression and psychological disorders. They also overlap with (Favril et al., 2024), that pointed out the fact that prisons are a favorable place in which various mental disorders can spread, yet the Palestinian setting makes it more specific in the degree of the correlation between trauma and depression.

The outcome of the fifth question showed that depression was the strongest predictor of the explanation of psychological trauma amongst the freed prisoners in Palestine meaning that the relationship between the two factors was strong and that depression was a direct influence to augment symptoms of psychological trauma. (*Prisoners and Freed Prisoners Affairs Authority. (2024). Report on the Conditions of Palestinian Prisoners in Occupation Prisons. Ramallah, Palestine., 2024*), affirmed that most prisoners experience both symptoms on release, which include depressive disorders which are directly tied to the recollection of the arrest and torture. According to a report by (“Physicians for Human Rights – Israel. (2023). Reports on the Conditions of Palestinian Prisoners in Israeli Prisons,” 2023), as well, depression has been reported as one of the most prevalent psychological symptoms of any released Palestinian prisoners, usually accompanied by nightmares, lack of energy, and inability to adapt to post-imprisonment life. This outcome shows that the emotions of great sadness, frustration, and hopelessness that come with depression emerge as one of the initial

triggers of reliving, avoidance, and hyperarousal which are the most prevalent features of trauma. The researcher believes this is consistent with the results of (Dereje et al., 2025), study, which showed that depression was closely associated with the prevalence of psychological trauma among prisoners in Ethiopia, as well as with (Barry et al., 2020), study, which demonstrated that depression plays a mediating role in the relationship between functional disability and suicidal ideation among older prisoners. As for violence (physical and psychological), the results showed that its effect was not statistically significant in explaining psychological trauma when the depression variable was present in the model (Beta = 0.012, Sig = 0.693). The researcher believes that this indicates that violence represents a primary triggering factor for psychological pain, but its direct effect declines when depressive symptoms crystallize, becoming the strongest determinant of trauma. This result is consistent with what (Mowen et al., 2019), indicated, which showed that family and social support can mitigate the direct effects of violence and stress on negative behaviors associated with depression. However, it contradicts the findings of (Al-Oqaili A., 2014), which indicated that torture itself was one of the most prominent causes of psychological problems among released prisoners, considering it an essential factor that cannot be ignored.

Therefore, the particularity of the results in the case of the Palestinian people is that depression is seen not only as a consequence of detention but as a primary mechanism that goes into the intensity and duration of psychological trauma, and violence is a prerequisite, yet more negligent when describing the long-term psychological trauma. This finding highlights the need for therapeutic interventions that primarily target depression as a gateway to reducing the severity of trauma, within comprehensive psychological and social rehabilitation programs.

The results of the sixth question revealed that psychological trauma in the released prisoners in Palestine was significantly affected by all depression dimensions (mild, moderate, and severe). It means that moderate symptoms, including persistent anxiety and sleeping disturbances, and guilt are the most hazardous in solidifying psychological trauma whereas mild symptoms, including sadness and demotivation, can lead to the diminution of the ability of the prisoner to cope after their release. The relatively less effect of severe depression may be related to the fact that this disorder is highly overlapping with the traumatic symptoms in themselves. This finding was demonstrated

by the (Prisoners and Freed Prisoners Affairs Authority. (2024). *Report on the Conditions of Palestinian Prisoners in Occupation Prisons. Ramallah, Palestine.* , 2024), with data indicating that most not only suffer from different levels of depression after release, but also that the even the so-called mild symptoms severely affect the re-integration of the released prisoners. (“Physicians for Human Rights – Israel. (2023). *Reports on the Conditions of Palestinian Prisoners in Israeli Prisons,*” 2023), also reported that the permanent sleep deprivation and poor prison conditions resulted in a long-term anxiety and depression state, which even light symptoms last long.

Accordingly, the researcher believes that these results are consistent with what (COSTA et al., 2020; Girma et al., 2021), where all the states of depression were associated with the elevated risk of developing complex mental disorders, including mild depression. They are also consistent with the results provided by (Barry et al., 2020), who noted the impact of depression on the intensification of psychological challenges and suicidal behavior of prisoners. These findings stand in contrast to those made by (Al-Oqaili A., 2014), who believed that the most serious symptoms are the ones with the closest relationship to the actual experience of arrest and torture, which once again emphasizes the uniqueness of the Palestinian case, as depressions of any degree contribute to the development of psychological trauma in a gradual and multifaceted way.

The results of the seventh question showed that most demographic variables, such as gender, marital status, age, and number of years in detention, were not statistically significant in explaining differences in depression scores among released prisoners, with significance values above the significance level ($\alpha \leq 0.05$). The researcher believes that this result demonstrates that the experience of detention itself imposes similar psychological pressures regardless of these variables, as the difficulties resulting from torture, isolation, and lack of freedom transcend individual demographic differences. This result is consistent with (Mahmoud, 1996), study, which showed that demographic factors such as age were not clearly related to psychological distress scores, and that the primary influencing factor was the detention conditions themselves.

In contrast, the results showed statistically significant differences attributable to the variables of place of residence and educational level. It was found that moderate depression was associated with place of residence, and mild and moderate depression was associated with educational level, while no significant differences were found for

severe depression. The researcher believes that this result indicates that living environment and educational level may constitute a framework that determines coping strategies to the effects of detention. Living in an urban or rural setting may impose different patterns of social support, and education level may contribute to interpreting events and developing cognitive tools for coping with psychological stress. These findings align with the findings of (Zaqout S. & Abu Daqa M., 2012), which confirmed that the ability of released female prisoners to adapt psychologically and socially was influenced by their level of education and living conditions, as education enhanced their chances of adaptation and reduced the severity of trauma.

Compared to other studies, these findings are consistent with (Girma et al., 2021), study, which found that some modifiable factors, such as nutrition and physical activity, influenced depression levels among prisoners more than fixed demographic factors. They contrast with the findings of (Dereje et al., 2025), study, which showed that age was an important factor in explaining differences in depression levels among prisoners in Ethiopia. Thus, the researcher believes that the Palestinian context reveals a pivotal role for variables related to the social and cultural environment, such as education and place of residence, more than it is related to individual characteristics, such as age or marital status.

Discussing the results of the eighth question, it was found that most demographic variables, such as gender, marital status, age, years of detention, and place of residence, were not statistically significant in explaining differences in psychological trauma scores and its three dimensions (avoidance, re-experiencing, and hyperarousal). The researcher believes that this result indicates that the harsh experience of detention and the subsequent torture and deprivation impose similar psychological effects on prisoners, regardless of their individual characteristics or social backgrounds, as trauma transcends these differences to become a shared collective experience. This result is consistent with the findings of (Sorour, 2004), which confirmed that the severity of torture and detention conditions were the most influential factor in the emergence of PTSD symptoms, more than any other demographic variable.

In contrast, the results showed that educational level was the only factor that produced statistically significant differences in some dimensions of psychological trauma, specifically in the dimensions of re-experiencing and hyperarousal, in addition to the

total psychological trauma score. The researcher believes that this result reflects the role of education in shaping prisoners' perceptions of and coping with traumatic events. Individuals with higher education may be more aware of the consequences of the experience and better able to express their psychological suffering, making their trauma symptoms more pronounced. This is in accordance with the research conducted by (Zaqout S. & Abu Daqa M., 2012), which reported educational level as a factor that contributes greatly to the psychological and social adaptation of female prisoners who are released.

This result is consistent with the study by (Girma et al., 2021), which demonstrated that modifiable factors such as physical activity or nutrition have a greater impact on mental health than fixed factors such as age or gender. It contradicts the findings of (Dereje et al., 2025) showed that age was an important factor in explaining levels of depression and psychological disorders among prisoners in Ethiopia. The researcher is of the view that the Palestinian situation points to an education factor as the significant variable in elucidating the disparities in psychological trauma whereas other personal attributes take an inferior role in the shadow of the strength of the detention experience itself.

Based on the results of interviews with released prisoners, it was found that their captivity had profound psychological and physical effects, with a wide range of psychological disorders such as depression, trauma, mood swings, insecurity, loss of trust in others, and feelings of alienation after release. These results align with other studies e.g. El-Sarraj et (Sarraj et al., 2003), that showed that the exposure to torture leads to isolation, apathy, and exaggerated emotions. As shown in the study by (Sorour, 2004), one out of four former prisoners have PTSD. This is also in line with the report that reveals high prevalence rate of psychological disorders, depression, and physical disorders among the inmates across the world conducted by (Favril et al., 2024), . Therefore, the existence of reports provided by the current interviews confirms the idea that the detention does not consist solely in the restriction of freedom, but also implies a system of actions aimed at breaking down the psychological structure of an individual and weakening their ego, moral and physical health.

On the other hand, aspects of resilience and adaptability also emerged in the interviews, as some prisoners demonstrated greater self-confidence after the experience and were able to leverage family and faith support to cope with stress. This aligns with the

findings of (Punamäki, 2008), who indicated that prisoners may leverage their political commitment and emotional regulation abilities to cope with trauma. Moreover, the results of individuals who did not develop negative self-views and showed psychological resilience leave out the strongly conducted studies like that of (Mahmoud, 1996), that conceptualized the occurrence of psychological disorders like paranoia and depression amongst prisoners. This paradox indicates that individual differences in the reaction to the family experience are substantial, and social support and faith are the determinants of boosting resilience and alleviating the adverse effects of detention.

Accordingly, the experience of detention generates a general shock, but it does not lead to equal negative outcomes for all prisoners. Rather, individual differences and social and religious support play a pivotal role in mitigating its effects. Such results provide reasons to consider designing psychosocial support programs, which should be provided to released prisons by considering individual and environmental factors and, thereby, influence the rise of the psychological recovery process after release.

4.2 Study Limitations

In this section, the researcher aims to discuss the limitations of this study to provide a detailed understanding of the boundaries and obstacles that may interrupt the findings:

1. The sample of the current study was restricted to the released prisoners in the West Bank only and did not cover prisoners in the Gaza Strip as well outside Palestine prisoners within Israel, thus posing a lack of generalizability of the findings of the current study, referring to all prisoners of Palestine.
2. Sensitivity of the subject of violence and the experience of detention is a sensitive topic that may prompt some participants to refrain from fully disclosing their psychological or physical suffering, either out of fear of social stigma or a desire to forget the experience. This may affect the accuracy of responses.
3. Self-measurement of the study considered mainly self-administered measurement tools and questionnaires completed by the participants. This leaves it susceptible to personal opinion or individual understanding of certain words, like the symptoms of depression or what constitutes trauma and thus the validity of conclusions and accuracy may be surpassed by it.

4. The interviews have shown that some prisoners developed high measure of psychological resilience through faith or family support, and in other situations prisoners ended up suffering. This fluctuation can make the outcomes powerless to oversee to all launched prisoners.
5. The study included released prisoners at different time periods, some of whom had been released many years ago and others recently. This may have influenced the persistence of psychological symptoms and their ability to adapt to society.
6. The study did not include a comparison group (such as former prisoners from other countries or non-imprisoned samples), making it difficult to determine the extent to which psychological symptoms are due to the conditions of detention itself or to other socioeconomic factors.
7. The political and social environment in the Palestinian context is characterized by ongoing occupation, which creates a unique environment that may make the results of this study differ from the results of similar research in other contexts, thus limiting generalizability.

4.3 Conclusions

The study found out that detention experience is among the most severe human experiences and its long-term psychological consequences even after release. Ex-prisoners experience psychological conditions, the most common of which is post-traumatic stress disorder (PTSD), depression, and anxiety, as well as severe challenges when socializing with others. The findings proved that psychological, which includes insults, isolation, and deprivation, is not less harmful than physical violence and in some cases may cause more serious disorders. On the one hand, there was found in the study a direct correlation between the severity of the violence and the duration of the detention with the severity of the psychological symptoms after release, on the other hand. The report came to the conclusion that physical torture, psychological degradation, and the long-term isolation could have significant impact on the psychological and social system of the released prisoners, and the consideration of their psychological health was the crucial component of human justice and the resilience of the Palestinian people in the confrontation with the occupation.

The study showed that the aggregate effect of physical abuse, psychological breakdown, and the long-term isolation leads to the long-term mental health issues. Most of the ex-prisoners experience post-traumatic stress disorder, chronic depression, anxiety, and the inability to adapt back into society many years after leaving prison. The researcher lays down recommendations in the next section after the research findings.

4.4 Recommendations

Based on the results of this study, which demonstrated and revealed the psychological and physical effects of violence experienced by Palestinian prisoners, its association with mental health disorders, and the importance of supporting their mental health after their release and mitigating the effects of psychological disorders resulting from detention, such as psychological trauma and depression, the researcher recommends the following:

1. Released inmates need to be evaluated psychologically soon after release and even in subsequent periods, to identify depression and traumatization symptoms.
2. Released prisoners should be provided with psychological interventions which may include but is not limited to cognitive behavioral therapy (CBT) and group therapy in order to reduce depression and trauma symptoms.
3. Provide highly qualified psychologists, counselors, and social workers who are able to deal with mental disorders professionally and competently, especially those with traumatic experiences and victims of torture.
4. Organizing awareness campaigns through awareness initiatives, meetings, and workshops about the conditions endured by prisoners in prison, to promote social acceptance and empathy, facilitate prisoners' adaptation to others, and thus prevent them from experiencing any emotional or psychological disturbances.
5. Develop rehabilitation programs that include psychological counseling, family support, vocational training, and community reintegration to help released prisoners rebuild their lives and adapt to avoid developing mental health disorders.
6. Advocating for and monitoring prison reform by encouraging international and local human rights organizations to advocate for improving prison conditions and

documenting and monitoring violations of physical and psychological abuse within prisons.

7. Involving the families of detainees in Israeli prisons in the rehabilitation process, including involving them in the treatment process, and providing them with guidance and psychological support to strengthen family ties and support networks after release.
8. Encouraging the Palestinian authorities to develop national policies and allocate resources for mental health care for former prisoners, and to integrate mental health rehabilitation into public health strategies.
9. Continuously conducting research and supporting such studies on prisoners and their difficult experiences, to convey the true picture of prisoners' experiences in detention, to study the long-term psychological impact of imprisonment, and to evaluate the effectiveness of intervention programs.

• **Further research recommendations should be conducted to:**

- a. Study the psychological and mental condition of ex-convicts in Palestine, particularly depression, trauma and their related coping mechanisms upon release.
- b. Examine the effectiveness of different psychological interventions, including cognitive behavioral therapy (CBT), group therapy, and social support interventions in reducing depression and the effects of trauma in released prisoners must also be examined.
- c. Explore how factors that promote resiliency (e.g. family support, education, faith) are associated with levels of psychological distress in released prisoners and influences their social reintegration and quality of life.
- d. Explore the long-term physical and psychological health outcomes of released prisoners, including the interaction between chronic physical symptoms (e.g., fatigue, sleep disturbances) and mental health conditions.

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Appendices

Appendix A

Quantitative questionnaire

تحية طيبة وبعد:

انا الباحثة جيانا خراز، طالبة في جامعة النجاح الوطنية ماجستير علم نفس اكلينيكي، اقوم بإجراء دراسة تستهدف تأثير اعراض الاكتئاب والصدمات النفسية لدى الاسرى المحررين في فلسطين، راجيين منكم التكرم بالاستجابة على المقياس باهتمام وموضوعية اذ لا يستغرق الاستجابة عن تلك الفقرات أكثر من بضع دقائق، شاكرين لكم اهتمامكم ومساعدتكم.

القسم الاول:

البيانات الاولية:

- الجنس: * ذكر * أنثى *
- مكان السكن: * قرية * مدينة * مخيم *
- المستوى التعليمي: * ثانوية عامة * دبلوم * بكالوريوس * دراسات عليا *
- الحالة الاجتماعية: * أعزب * متزوج * أرمل * مطلق *
- العمر: * 25_15 * 35_26 * 45_36 * 46 فما فوق *
- عدد سنوات الاعتقال: * سنة فما دون * 2_5 سنوات * 6_10 سنوات * 11 فأكثر *
- خلال فترة الاعتقال، كم عدد فترات التنقل بين السجون؟
- خلال فترة الاعتقال، هل تلقيت حكماً بالسجن الانفرادي؟ اذا نعم، كم المدة؟

القسم الثاني:

الرجاء قراءة كل فقرة من فقرات المقياس التالية، من ثم ضع دائرة حول الإجابة المناسبة والتي تعبر عن حالتك النفسية:

الرقم	البند	دائماً	غالباً	أحياناً	نادراً	اطلاقاً
1	لدي نظرة تشاؤم بالمستقبل					
2	أشعر بأني شخص حزين					
3	لم يبدو لي أن بإمكانني الإحساس بمشاعر إيجابية على الإطلاق					
4	لم أعد استمتع بجوانب الحياة المختلفة مثلما اعتدت بالسابق					
5	أشعر بالفشل وأني لا أجيد التفوق بمجالات الحياة المختلفة					
6	أشعر بالذنب اتجاه نفسي					
7	أشعر بأني اتلقى عقاباً					
8	أشعر بالرضى عن نفسي					
9	أشعر بأني شخص سيئ والوم نفسي					
10	أشعر بضيق من الحياة					
11	أشعر برغبة بالبكاء					
12	أشعر بالتوتر أكثر من المعتاد					
13	اهتمامي بالآخرين أكثر من المعتاد					
14	أواجه صعوبة في اتخاذ القرارات					
15	أشعر بأنني أقل حيوية وبمزاج متقلب					
16	أشعر بأنني أقل مهنية ولا أقوم بعملتي كما تعودت					
17	أواجه صعوبة بالنوم					
18	أشعر بتعب وارهاق عام في جسدي					
19	أشعر بأن شهيتي للطعام أقل من المعتاد					
20	الاحظ تفاوت في جسمي ما بين سمته ونحافة					
21	أشعر بانشغالي الدائم على صحتي أكثر من السابق					
22	اتخيل صور وافكار وذكريات مرتبطة بالحدث الذي تعرضت اليه					
23	اعاني من احلام مزعجة وكوابيس ليلا اثناء النوم					
24	أشعر بمشاعر فجائية، اي ان ما حدث سيتكرر مرة اخرى					
25	أشعر بالضيق كلما تذكرت ما تعرضت له					
26	أتجنب المواقف والاشياء التي تذكرني بالحدث (حادثة الاسر)					
27	أتجنب المشاعر والافكار التي تذكرني بحادثة الاسر					
28	عانيت من فقدان الذاكرة للأحداث الصادمة التي تعرضت لها					
29	أواجه صعوبة في التمتع بالحياة وممارسة النشاطات التي تعودت عليها					
30	أميل للعزلة وعدم الرغبة بالاختلاط مع الآخرين					
31	أشعر بالحزن وعدم الاحساس والحب					

					أجد صعوبة في تخيل بقائي على قيد الحياة لفترة طويلة وتحقيق اهدافي في العمل والزواج وإنجاب الأطفال	32
					يبتابني نوبات من التوتر والغضب	33
					اعاني من صعوبات في التركيز	34
					اواجه صعوبة في النوم	35
					اشعر انني من السهل تشتيت انتباهي	36
					اشعر بأنني استثار لأتفه الاسباب ومن السهل استفزازي	37
					_ اعاني من نوبات من ضيق التنفس والرعدة والتعرق الشديد وسرعة في ضربات القلب عند تذكر الحدث (الاسر)	38

انتهى المقياس شاكرين لكم حسن تعاونكم وجهدكم

Appendix B

Qualitative questionnaire (interview)

لا	نعم	البنود	الرقم
		هل تسيطر عليك مشاعر سلبية أو كئيبة معظم الوقت؟	1
		هل لديك طريقة للتعامل مع الضغوط النفسية؟	2
		أفكار سلبية عن نفسك؟	3
		أفكار سلبية عن الحياة؟	4
		هل لديك نظام دعم نفسي واجتماعي ساعدك على التأقلم؟	5
		هل أدت تجربتك في الأسر إلى فقدان الثقة بالنفس؟	6
		هل أثرت تجربتك في الأسر على ثقتك بالآخرين؟	7
		هل تشعر بمشاعر سلبية عندما ترى شخصًا يتعرض للإساءة؟	8
		هل تعتبر نفسك شخصًا متقلب المزاج؟	9
		هل أثرت فترة أسرك على علاقتك بأفراد عائلتك وأصدقائك؟	10
		شعور دائم بعدم الأمان والقلق؟	11
		هل تشعر باليأس وعدم اليقين بشأن المستقبل؟	12
		هل تشعر بالغيرة والعزلة عن حولك؟	13
		هل تعرضت للإذلال أو السخرية أو النقد أو الازدراء؟	14
		هل تعرضت للعنف ضد من حولك؟	15
		هل أصبت بأي أمراض نتيجة احتجازك أو أثناء أسرك؟	16
		هل تلقيت الرعاية الطبية اللازمة خلال فترة أسرك؟	17
		هل تشعر بضعف جسدي عام دون أي مرض محدد؟	18
		هل خضعت للحبس الانفرادي خلال فترة أسرك؟	19
		هل أصبت بأمراض جلدية؟	20

Appendix C
Tables of Study

Table 3

Paragraph analysis for Avoidance dimension

	Statements	Mean	Std.	Percentage weight	Level
TR1	Imagine images, thoughts, and memories associated with the event you experienced	4.11	0.97	82%	high
TR2	I suffer from disturbing dreams and nightmares at night while sleeping	3.51	1.24	70%	high
TR3	I feel sudden feelings, that what happened will happen again	3.86	1.07	77%	high
TR4	I feel bad whenever I remember what I went through	4.12	1.03	82%	high
TR7	I suffered from memory loss for the traumatic events I experienced	2.50	1.33	50%	moderate
TR8	I have difficulty enjoying life and doing the activities I used to do.	3.20	1.23	64%	moderate
TR9	I tend to isolate myself and not mix with others	3.27	1.28	65%	moderate
	Avoidance	3.51	0.88	70%	high

Table 4

Paragraph analysis for Reexperience dimension

	Statements	Mean	Std.	Percentage weight	Level
TA5	I avoid situations and things that remind me of the event (the captivity incident	3.69	1.24	74%	high
TA6	I avoid feelings and thoughts that remind me of the captivity incident	3.58	1.20	72%	high
	Reexperience	3.64	1.15	73%	high

Table 5*Paragraph analysis for Reexperience dimension*

	Statements	Mean	Std.	Percentage weight	Level
TH10	I feel sad, unfeeling and unloved	3.11	1.31	62%	moderate
TH11	I find it hard to imagine myself living for a long time and achieving my goals of work, marriage, and having children.	2.98	1.36	60%	moderate
TH12	I have bouts of stress and anger	3.30	1.20	66%	moderate
TH13	I have difficulty concentrating	3.31	1.06	66%	moderate
TH14	I have difficulty sleeping	3.60	1.16	72%	high
TH15	I feel like I get distracted easily	3.21	1.15	64%	moderate
TH16	I feel like I get triggered for the slightest reasons and I'm easily provoked	3.15	1.28	63%	moderate
TH17	I experience episodes of shortness of breath, trembling, excessive sweating, and rapid heartbeat when I remember the event (captivity)*	2.85	1.29	57%	moderate
	Hyperarousal	3.19	0.98	64%	moderate

Table 6*Pearson's correlation coefficient test results*

Items	Depression	Psychological trauma	Violence
Depression	1		
Psychological trauma	0.905*	1	
Violence	0.129*	0.128*	1

*Correlation is significant at the 0.05 level

Table 7

Results of regression analysis of depression, violence, and their impact on psychological trauma

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
Violence	0.003	0.006	0.012	0.396	0.693
Depression	0.894	0.030	0.904	29.952	0.000*
R-square= 0.820					

*Statistically significant at the 0.05 level

Table 8

Results of regression analysis of dimensions of depression and their impact on psychological trauma.

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
Mild	.297	.057	.340	5.201	0.000*
Moderate	.404	.076	.405	5.333	0.000*
Sever	.193	.052	.209	3.693	0.000*
R-square= 0.820					

*Statistically significant at the 0.05 level

Table 9

Results of multiple analysis of variance (MANOVA) depression according to demographic variables

Source	Variable	Type III Sum of Squares	df	Mean Square	F	Sig.
Gender	Depression	0.255	1	0.255	0.351	0.554
	Mild	0.051	1	0.051	.053	0.818
	Moderate	0.541	1	0.541	0.765	0.383
	Sever	0.148	1	0.148	0.172	0.679
Place of Residence	Depression	4.446	2	2.223	3.060	0.049*
	Mild	4.906	2	2.453	2.554	0.080
	Moderate	4.305	2	2.153	3.048	0.050*
Educational Level	Sever	4.531	2	2.265	2.636	0.074
	Depression	6.371	3	2.124	2.923	0.035*
	Mild	8.834	3	2.945	3.066	0.029*
Marital Status	Moderate	5.621	3	1.874	2.653	0.050*
	Sever	5.188	3	1.729	2.012	0.114
	Depression	.091	2	0.045	.063	0.939
Age	Mild	3.850E-5	2	1.925E-5	.000	1.000
	Moderate	0.153	2	0.077	.109	0.897
	Sever	0.536	2	0.268	.312	0.732
Years of detention	Depression	2.535	3	0.845	1.163	0.325
	Mild	1.894	3	0.631	0.658	0.579
	Moderate	3.223	3	1.074	1.521	0.211
Years of detention	Sever	3.018	3	1.006	1.171	0.322
	Depression	.244	2	0.122	0.168	0.846
	Mild	.637	2	0.319	0.332	0.718
Years of detention	Moderate	.318	2	0.159	0.225	0.799
	Sever	.025	2	0.013	0.015	0.985

*Statistically significant at the 0.05 level

Table 10

Results of multiple analysis of variance (MANOVA) psychological trauma according to demographic variables

Source	Dependent Variable	Type III Sum of Squares	df	Mean Square	F	Sig.
Gender	Avoidance	1.171	1	1.171	1.604	0.207
	Reexperience	1.095	1	1.095	0.872	0.352
	Hyperarousal	0.070	1	0.070	0.079	0.779
	Psychological trauma	0.200	1	0.200	0.279	0.598
Place of Residence	Avoidance	2.672	2	1.336	1.829	0.163
	Reexperience	3.491	2	1.745	1.389	0.252
	Hyperarousal	2.513	2	1.256	1.422	0.244
	Psychological trauma	2.631	2	1.316	1.835	0.163
Educational Level	Avoidance	3.786	3	1.262	1.728	0.163
	Reexperience	14.562	3	4.854	3.864	0.010*
	Hyperarousal	12.869	3	4.290	4.855	0.003*
	Psychological trauma	7.639	3	2.546	3.551	0.016*
Marital Status	Avoidance	.063	2	0.032	0.043	0.958
	Reexperience	2.104	2	1.052	0.838	0.434
	Hyperarousal	.269	2	0.135	0.152	0.859
	Psychological trauma	.166	2	0.083	0.116	0.891
Age	Avoidance	4.870	3	1.623	2.223	0.087
	Reexperience	8.258	3	2.753	2.191	0.091
	Hyperarousal	2.265	3	0.755	0.855	0.466
	Psychological trauma	3.776	3	1.259	1.755	0.157
Years of detention	Avoidance	1.131	2	0.566	0.774	0.462
	Reexperience	5.879	2	2.940	2.340	0.099
	Hyperarousal	.423	2	0.212	0.240	0.787
	Psychological trauma	.448	2	0.224	0.312	0.732

*Statistically significant at the 0.05 level

Table 11*Analysis of the responses of released prisoners in interviews*

No.	Questions	Yes	No
1	Are you overwhelmed by negative or depressing feelings most of the time?	% 52.5	% 47.5
2	Do you have a way to deal with psychological stress?	%100	%0
3	Negative thoughts about yourself?	%20	%80
4	Negative thoughts about life?	%57.5	%42.5
5	Do you have a psychological and social support system that has helped you cope?	%100	%0
6	Has your experience of captivity led to a loss of self-confidence?	%55	%45
7	Has your experience of captivity affected your trust in others?	%100	%0
8	Do you feel negative feelings when you see someone being abused?	%100	%0
9	Do you consider yourself a moody person?	%62.5	%37.5
10	Has your period of captivity affected your relationship with your family members and friends?	%7.5	% 92.5
11	A constant feeling of insecurity and anxiety?	%100	%0
12	Do you feel hopeless and uncertain about the future?	%70	%30
13	Do you feel alienated and isolated from those around you?	%52.5	%47.5
14	Have you been subjected to humiliation, ridicule, criticism, or contempt?	%100	%0
15	Have you experienced violence against those around you?	%0	%100
16	Have you contracted any illnesses as a result of your detention or during your captivity?	%100	%0
17	Did you receive the necessary medical care during your captivity?	%0	%100
18	Do you feel general physical weakness without any specific illness?	%100	%0
19	Were you subjected to solitary confinement during your captivity?	%100	%0
20	Did you develop skin diseases?	%100	%0

Appendix D

IRB Approval Letter

An-Najah National University
Faculty of Medicine & Health Sciences
Institutional Review Board

جامعة النجاح الوطنية
كلية الطب وعلوم الصحة
لجنة أخلاقي البحث العلمي

Ref: Mas. Sept. 2024/32

IRB Approval Letter

Title of Research:
The impact of physical and psychological violence on depression symptoms and psychological trauma among liberated prisoners in Palestine


Submitted by:
Geyana Kharraz

Supervisor:
Ahmad Hanani

Approved:
29th Sept. 2024

Your Study Title "*The impact of physical and psychological violence on depression symptoms and psychological trauma among liberated prisoners in Palestine*."
Reviewed by An-Najah National University IRB committee and was approved on 29th Sept. 2024

Hasan Fitian, MD
IRB Committee Chairman



Nablus - P.O Box :7 or 707 | Tel (970) (09) 2342902/4/7/8/14 | Faximile (970) (09) 2342910 | E-mail :
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Appendix E

Facilitating the task for the Prisoners' Affairs Authority

An-Najah
National University
Faculty of Graduate Studies



جامعة
النجاح الوطنية
كلية الدراسات العليا

التاريخ : 2024/11/27م

السادة هيئة شؤون الاسرى والمحربين المحترمين

تحية طيبة وبعد،،

الموضوع: تسهيل مهمة الطالبة / جيانا رفعت جمعة خراز . رقم التسجيل (12154588)
تخصص ماجستير علم النفس الاكلينيكي.

نهديكم اطيب التحيات وتعلمكم بأن الطالبة جيانا رفعت جمعة خراز هي طالبة دراسات عليا في برنامج ماجستير علم النفس الاكلينيكي وهي بصدد اعداد رسالة الماجستير الخاصة بها والتي هي بعنوان:

" أثر العنف الجسدي والنفسي على أعراض الاكتئاب والصدمات النفسية لدى الأسرى المحررين في فلسطين "

يرجى من حضرتكم الابعاز لمن يلزم بتسهيل مهمة الطالبة، حيث تحتاج الطالبة توزيع استبانة واجراء مقابلات مع الاسرى المحررين من سجون الاحتلال الاسرائيلي، وذلك لجمع معلومات حول أثر العنف الجسدي والنفسي على أعراض الاكتئاب والصدمات النفسية لدى الأسرى المحررين في فلسطين، وذلك لأغراض بحثية خاصة برسالة الماجستير الخاصة بها. مؤكداً لكم بأن كافة المعلومات التي سوف يتم جمعها هي لأغراض البحث العلمي فقط، وسوف يتم الحفاظ على السرية التامة وعدم استخدام هذه المعلومات لأغراض أخرى.

شاكرين لكم حسن تعاونكم

مع وافر الاحترام ،،،

د. فادي حسونة
عميد كلية الدراسات العليا



مرفق: الاستبانة، شهادة IRB

فلسطين، نابلس، ص.ب 7، 707 هاتف: /2345115، 2345114، 2345113 (09) 2345113 * فاكس: (09) 2342907 *
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Appendix F

Facilitating the task for the Palestinian Guidance Center

An-Najah
National University
Faculty of Graduate Studies



جامعة
النجاح الوطنية
كلية الدراسات العليا

التاريخ : 2024/11/27م

السادة المركز الفلسطيني للإرشاد المحترمين

تحية طيبة وبعد،،،

**الموضوع: تسهيل مهمة الطالبة / جيانا رفعت جمعة خراز . رقم التسجيل (12154588)
تخصص ماجستير علم النفس الاكلينيكي.**

تهديكم اطيب التحيات ونعلمكم بأن الطالبة جيانا رفعت جمعة خراز هي طالبة دراسات عليا في برنامج ماجستير علم النفس الاكلينيكي وهي بصدد اعداد رسالة الماجستير الخاصة بها والتي هي بعنوان:

" أثر العنف الجسدي والنفسي على أعراض الاكتئاب والصدمات النفسية لدى الأسرى المحررين في فلسطين "

يرجى من حضرتكم الابعاز لمن يلزم بتسهيل مهمة الطالبة، حيث تحتاج الطالبة توزيع استبانة واجراء مقابلات مع الأسرى المحررين من سجون الاحتلال الاسرائيلي، وذلك لجمع معلومات حول أثر العنف الجسدي والنفسي على أعراض الاكتئاب والصدمات النفسية لدى الأسرى المحررين في فلسطين، وذلك لأغراض بحثية خاصة برسالة الماجستير الخاصة بها. مؤكداً لكم بأن كافة المعلومات التي سوف يتم جمعها هي لأغراض البحث العلمي فقط، وسوف يتم الحفاظ على السرية التامة وعدم استخدام هذه المعلومات لأغراض أخرى.

شاكرين لكم حسن تعاونكم

مع وافر الاحترام ،،،

د. فادي حسونة
عميد كلية الدراسات العليا



مرفق: الاستبانة، شهادة IRB

فلسطين، نابلس، ص.ب 7070 هاتف:-/2345115، 2345114، 2345113 (09)(972) *فاكسيل:2342907(09)(972)

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Appendix G

Facilitating the mission of the Independent Commission for Human Rights

An-Najah
National University
Faculty of Graduate Studies



جامعة
النجاح الوطنية
كلية الدراسات العليا

التاريخ : 2024/11/27م

السادة الهيئة المستقلة لحقوق الانسان المحترمين

تحية طيبة وبعد،،

الموضوع: تسهيل مهمة الطالبة / جيانا رفعت جمعة خراز . رقم التسجيل (12154588)
تخصص ماجستير علم النفس الاكلينيكي.

نهدىكم اطيب التحيات ونعلمكم بأن الطالبة جيانا رفعت جمعة خراز هي طالبة دراسات عليا في برنامج ماجستير علم النفس الاكلينيكي وهي بصدد اعداد رسالة الماجستير الخاصة بها والتي هي بعنوان:

" أثر العنف الجسدي والنفسي على أعراض الاكتئاب والصدمات النفسية لدى الأسرى المحررين في فلسطين"

يرجى من حضرتكم اليعاز لمن يلزم بتسهيل مهمة الطالبة، حيث تحتاج الطالبة توزيع استبانة واجراء مقابلات مع الاسرى المحررين من سجون الاحتلال الاسرائيلي، وذلك لجمع معلومات حول أثر العنف الجسدي والنفسي على أعراض الاكتئاب والصدمات النفسية لدى الأسرى المحررين في فلسطين، وذلك لأغراض بحثية خاصة برسالة الماجستير الخاصة بها. مؤكداً لكم بأن كافة المعلومات التي سوف يتم جمعها هي لأغراض البحث العلمي فقط، وسوف يتم الحفاظ على السرية التامة وعدم استخدام هذه المعلومات لأغراض أخرى.

شاكرين لكم حسن تعاونكم

مع وافر الاحترام ،،،

د. فادي حسونة
عميد كلية الدراسات العليا



مرفق: الاستبانة، شهادة IRB

فلسطين، نابلس، ص.ب 7070 هاتف: /2345115، 2345114، 2345113 (09) (972) * فاكسيل: (09) (972) 2342907

2345115، 2345114، 2345113 *Tel. 972 9 Nablus, P. O. Box (7) *هاتف داخلي (5) 3200

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Appendix H

Facilitating the mission of the Palestinian Red Cross

An-Najah
National University
Faculty of Graduate Studies



جامعة
النجاح الوطنية
كلية الدراسات العليا

التاريخ : 2024/11/27م

السادة منظمة الصليب الأحمر الفلسطيني المحترمين
طوباس

تحية طيبة وبعد،،،

الموضوع: تسهيل مهمة الطالبة / جيانا رفعت جمعة خراز . رقم التسجيل (12154588)
تخصص ماجستير علم النفس الاكلينيكي.

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" أثر العنف الجسدي والنفسي على أعراض الاكتئاب والصدمات النفسية لدى الأسرى المحررين في فلسطين "

يرجى من حضرتكم الاعاز لمن يلزم بتسهيل مهمة الطالبة، حيث تحتاج الطالبة توزيع استبانة واجراء مقابلات مع الاسرى المحررين من سجون الاحتلال الاسرائيلي، وذلك لجمع معلومات حول أثر العنف الجسدي والنفسي على أعراض الاكتئاب والصدمات النفسية لدى الأسرى المحررين في فلسطين، وذلك لأغراض بحثية خاصة برسالة الماجستير الخاصة بها. مؤكداً لكم بأن كافة المعلومات التي سوف يتم جمعها هي لأغراض البحث العلمي فقط، وسوف يتم الحفاظ على السرية التامة وعدم استخدام هذه المعلومات لأغراض أخرى.

شاكرين لكم حسن تعاونكم

مع وافر الاحترام ،،،

د. فادي حسونة
عميد كلية الدراسات العليا



مرفق: الاستبانة، شهادة IRB

فلسطين، نابلس، ص.ب 70707 هاتف: /2345115، 2345114، 2345113 (09) (972) * فاكس: (09) (972) 2342907
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Appendix I

Facilitating the mission of the Palestinian Prisoners Club Association

An-Najah
National University
Faculty of Graduate Studies



جامعة
النجاح الوطنية
كلية الدراسات العليا

التاريخ : 2024/11/27م

السادة جمعية نادي الأسير الفلسطيني المحترمين

تحية طيبة وبعد،،،

الموضوع: تسهيل مهمة الطالبة / جيانا رفعت جمعة خراز . رقم التسجيل (12154588)
تخصص ماجستير علم النفس الاكلينيكي.

تهديكم اطيب التحيات ونعلمكم بأن الطالبة جيانا رفعت جمعة خراز هي طالبة دراسات عليا في برنامج ماجستير علم النفس الاكلينيكي وهي بصدد اعداد رسالة الماجستير الخاصة بها والتي هي بعنوان:

" أثر العنف الجسدي والنفسي على أعراض الاكتئاب والصدمات النفسية لدى الأسرى المحررين في فلسطين "

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شاكرين لكم حسن تعاونكم

مع وافر الاحترام ،،،

د. فلهي حسونة

عميد كلية الدراسات العليا



مرفق: الاستبانة، شهادة IRB

فلسطين، نابلس، ص.ب 7، 707 هاتف: /2345115، 2345114، 2345113 (09) 972 * فاكس: (09) 2342907 (972)

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Appendix J

Facilitating the mission of the Center for the Treatment and Rehabilitation of Victims of Torture

An-Najah
National University
Faculty of Graduate Studies



جامعة
النجاح الوطنية
كلية الدراسات العليا

التاريخ : 2024/11/27م

السادة مركز علاج وتأهيل ضحايا التعذيب المحترمين

تحية طبية وبعد،،

الموضوع: تسهيل مهمة الطالبة / جيانا رفعت جمعة خراز . رقم التسجيل (12154588)
تخصص ماجستير علم النفس الاكلينيكي.

نهديكم اطيب التحيات ونعلمكم بأن الطالبة جيانا رفعت جمعة خراز هي طالبة دراسات عليا في برنامج ماجستير علم النفس الاكلينيكي وهي بصدد اعداد رسالة الماجستير الخاصة بها والتي هي بعنوان:

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يرجى من حضرتكم الابعاز لمن يلزم بتسهيل مهمة الطالبة، حيث تحتاج الطالبة توزيع استبانة واجراء مقابلات مع الاسرى المحررين من سجون الاحتلال الاسرائيلي، وذلك لجمع معلومات حول أثر العنف الجسدي والنفسي على أعراض الاكتئاب والصدمات النفسية لدى الأسرى المحررين في فلسطين، وذلك لأغراض بحثية خاصة برسالة الماجستير الخاصة بها. مؤكداً لكم بأن كافة المعلومات التي سوف يتم جمعها هي لأغراض البحث العلمي فقط، وسوف يتم الحفاظ على السرية التامة وعدم استخدام هذه المعلومات لأغراض أخرى.

شاكرين لكم حسن تعاونكم

مع وافر الاحترام ،،،

د. فاهي حسونة

عميد كلية الدراسات العليا



مرفق: الاستبانة، شهادة IRB

فلسطين، نابلس، ص.ب 7-707 هاتف: /2345114, 2345113, 2345113 (09)(972)* فاكس: (09)(972) 2342907
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* Facsimile 972 92342907 *www.najah.edu - email fgs@najah.edu

Appendix K

Thesis Tables

Table 12

Results of analyzing the sample characteristics

Variable	Options	Frequency	Percentage %
Gender	Male	162	79.4
	Female	42	20.6
Age categories	Less than 25 years	50	24.5
	26-35 years	70	34.3
	36-50 years	59	28.9
	51 years or older	25	12.3
Place of Residence	camp	36	17.6
	village	62	30.4
	city	106	52.0
Education level	high school	73	35.8
	diploma	24	11.8
	Bachelors	85	41.7
	Graduated studies	22	10.8
Marital Status	Divorced	2	1.0
	Single	84	41.2
	Married	118	57.8

Table 13*Results of analyzing the sample Detention*

Variable	Options	Frequency	Percentage %
Number of years in detention	Less than 2 years	70	34.3
	2-10 years	108	52.9
	More than 10 years	26	12.7
During the period of detention, approximately how many times were there transfers between prisons, if any	Less than 5 times	149	73.0
	6-15 times	44	21.6
	More than 16 times	11	5.4
During your detention, were you held in solitary confinement? If so, for how long? *	No	69	33.8
	Yes	135	66.2
During your detention, were you subjected to any of the following	Slap in the face	142	69.6%
	Hitting the head and pulling the hair	150	73.5%
	Hitting the upper extremities (such as hands and shoulders)	155	76.0%
	Hitting the lower extremities (such as the legs and thighs)	150	73.5%
	Back slaps	148	72.5%
	Hitting the abdomen and lower abdomen.	116	56.9%
	Chest beating	122	59.8%
	Strangulations	74	36.3%
	9 Staying in a room where I am exposed to extreme cold and extreme heat	108	52.9%
	Sitting on a lie detector chair or Sitting in a chair for long periods without being allowed to move	201	98.5%
	During your detention, were you subjected to any of the following	Individual isolation before investigation for a long period	120
Threat		182	89%
Insults		168	82%
Contempt		163	80%
Living in a bird room		117	57%

	Threatening to arrest family members and relatives.	134	66%
	Family members arrested	79	39%
During your detention, were you subjected to military investigation?	No	100	49.0
	Yes	104	51.0
Which of the following applies to you during the period of detention	Living in a room	153	75.0
	Living in a tent, living in a room	51	25.0
Which of the following applies to you during the period of detention	Living alone throughout the period of detention	12	6%
	Living with a group of less than 5 people	69	34%
	Living with a group of 5-10	57	28%
	Living with a group of 10-20	72	35%
	Living with a group of more than 20	33	16%
Have you ever been hospitalized during your detention	No	121	59.3
	Yes	83	40.7
Did you suffer from a chronic illness before your arrest	No	172	84.3
	Yes	32	15.7
Did your arrest cause you to develop a chronic illness or medical problem? *	No	58	28.4
	Yes	146	71.6

Table 14*Descriptive analysis of violence*

Items	N	Minimum	Maximum	Mean	Std. Deviation
Violence	204	2.00	19.00	12.6078	4.17040
Psychological violence	204	1.00	8.00	5.4020	1.75471
Physical violence	204	1.00	11.00	7.2059	3.11784

Table 15*Descriptive Statistics of Depression, Trauma, and Violence*

		DEPRESSION		TRAUMA		voilence	
		Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation
Gender	female	3.39	.86	3.48	.78	10.81	3.87
	male	3.19	.90	3.34	.91	13.07	4.13
Educational Level	high school	3.45	.86	3.62	.81	12.41	4.42
	Bechalors	3.25	1.03	3.39	.95	13.21	3.97
	graduated studies	3.20	.83	3.31	.88	12.34	4.09
Marital Status	divorced	2.59	.79	2.76	.73	13.64	3.89
	single	3.78	1.03	4.03	.79	13.50	3.54
	married	3.32	.78	3.44	.81	12.06	4.08
Place of Residence	campous	3.15	.96	3.31	.93	12.98	4.23
	village	3.68	.81	3.78	.75	14.36	3.02
	city	3.05	.92	3.29	.90	12.02	3.69
ageg	less than 25	3.18	.86	3.29	.88	12.36	4.62
	26-35	3.26	.80	3.36	.86	11.38	3.89
	36-50	3.42	.92	3.58	.81	12.74	3.93
	more than 51	3.14	.86	3.32	.85	13.15	4.62
yearsdg	less than 2 years	2.83	.94	2.93	1.05	13.40	3.96
	2-10 years	3.18	.82	3.30	.92	10.89	3.94
	more than 10 years	3.32	.92	3.46	.82	13.56	3.80
	years	2.98	.94	3.18	1.00	13.27	4.90
transferdg	less than 5 times	3.29	.89	3.41	.89	12.17	4.22
	6-15 times	3.16	.91	3.33	.88	14.00	3.81
	more than 16 times	2.66	.67	2.98	.73	13.00	3.92

Table 16*Descriptive analysis of Depression*

Rank	Dimensions	Mean	Std. Deviation	Percentage weight	Level
2	Mild	3.25	1.01	65%	Moderate
3	Moderate	3.15	0.88	63%	Moderate
1	Sever	3.39	0.95	68%	Moderate
	Depression	3.23	0.89	65%	Moderate

Table 17*Paragraph analysis for Mild dimension*

	Statements	Mean	Std.	Percentage weight	Level
DM1	I have a pessimistic outlook on the future	3.26	1.29	65%	Moderate
DM2	I feel like a sad person	3.17	1.26	63%	Moderate
DM3	I no longer enjoy different aspects of life as I used to	3.25	1.15	65%	Moderate
DM11	I feel more nervous than usual	3.41	1.25	68%	Moderate
DM12	I care less about others than usual	3.36	1.18	67%	Moderate
DM13	I have difficulty making decisions	3.02	1.21	60%	Moderate
	Mild	3.25	1.01	65%	Moderate

Table 18*Paragraph analysis for Moderate dimension*

	Statements	Mean	Std.	Percentage weight	Level
DO4	I feel like a failure and that I am not good at excelling in different areas of life	2.69	1.393	54%	low
DO5	I feel guilty towards myself	2.55	1.429	51%	moderate
DO7	I feel good about myself	3.96	1.045	79%	high
DO8	I feel like a bad person and I blame myself	2.13	1.323	43%	low
DO9	I feel fed up with life	3.39	1.337	68%	moderate
DO10	I feel like crying	3.19	1.353	64%	moderate
DO14	I feel less energetic and worry about looking older	3.24	1.330	65%	moderate
DO15	I feel less professional and don't do my job as well as I used to	3.12	1.298	62%	moderate
DO16	I have trouble sleeping	3.58	1.191	72%	high
DO20	I feel more concerned about my health than before	3.64	1.160	73%	high
	Moderate	3.15	0.88	63%	moderate

Table 19*Paragraph analysis for Sever dimension*

	Statements	Mean	Std.	Percentage weight	Level
DS6	I feel like I'm being punished	2.73	1.41	55%	moderate
DS17	I feel tired and exhausted all over my body	3.85	1.05	77%	high
DS18	I feel that my appetite for food is less than usual.	3.53	1.20	71%	high
DS19	I notice a difference in my body between obesity and thinness	3.46	1.20	69%	high
Sever		3.39	0.95	68%	moderate

Table 20*Descriptive analysis of psychological trauma*

Rank	Dimensions	Mean	Std.	Percentage weight	Level
TR	Avoidance	3.51	0.88	70%	High
TA	Reexperience	3.64	1.15	73%	High
TH	Hyperarousal	3.19	0.98	64%	moderate
	Psychological trauma	3.37	0.88	67%	moderate

Table 21

Correlations Between Demographic Variables, Depression, Trauma, and Violence

		Correlations										
		Gender	Age	Place of Residence	Educational Level	Marital Status	Number of Years in Detention	Transferd_Reg	DEPRESSION	TRAUMA	violence	
Gender	Pearson Correlation	1										
	Sig. (2-tailed)											
	N	204										
Age	Pearson Correlation	.047	1									
	Sig. (2-tailed)	.507										
	N	204	204									
Place of Residence	Pearson Correlation	.007	.083	1								
	Sig. (2-tailed)	.926	.240									
	N	204	204	204								
Educational Level	Pearson Correlation	-.028	.310	.126	1							
	Sig. (2-tailed)	.689	.000	.073								
	N	204	204	204	204							
Marital Status	Pearson Correlation	.068	.646	.090	.315**	1						
	Sig. (2-tailed)	.335	.000	.200	.000							
	N	204	204	204	204	204						
Number of Years in Detention	Pearson Correlation	.253**	.460	.014	.194**	.241**	1					
	Sig. (2-tailed)	.000	.000	.838	.005	.001						
	N	204	204	204	204	204	204					
Transferd_Reg	Pearson Correlation	.173*	.199	.110	.062	.211**	.421**	1				
	Sig. (2-tailed)	.013	.004	.117	.375	.002	.000					
	N	204	204	204	204	204	204	204				
DEPRESSION	Pearson Correlation	-.092	-	-.154*	-.242**	-.110	-.089	-.124	1			
	Sig. (2-tailed)	.192	.015	.028	.000	.117	.203	.078				
	N	204	204	204	204	204	204	204	204			
TRAUMA	Pearson Correlation	-.065	-	-.174*	-.263**	-.093	-.066	-.081	.905**	1		

	Correlation		.183 **								
	Sig. (2-tailed)	.359	.009	.013	.000	.184	.349	.248	.000		
	N	204	204	204	204	204	204	204	204	204	
voilence	Pearson	.220**	.162 *	-.139-*	.041	.097	.235**	.006	.129	.128	1
	Correlation										
	Sig. (2-tailed)	.002	.021	.048	.561	.166	.001	.933	.067	.068	
	N	204	204	204	204	204	204	204	204	204	204
** . Correlation is significant at the 0.01 level (2-tailed).											
* . Correlation is significant at the 0.05 level (2-tailed).											



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قدمت هذه الرسالة استكمالاً لمتطلبات الحصول على درجة الماجستير في علم النفس الإكلينيكي، من كلية الدراسات العليا، في جامعة النجاح الوطنية، نابلس - فلسطين.

2025

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الملخص

خلفية الدراسة: يتعرض السجناء الفلسطينيون بشكل متكرر لعنف جسدي ونفسي ممنهج في السجون الإسرائيلية، مما يترك آثارًا عميقة وطويلة الأمد على صحتهم النفسية. بعد الإفراج عنهم، لا يزال الكثير منهم يعانون من الاكتئاب واضطراب ما بعد الصدمة واضطرابات نفسية أخرى تعيق اندماجهم في المجتمع. وعلى الرغم من شدة هذه العواقب، لا تزال الخدمات النفسية المقدمة للسجناء السابقين محدودة، مما يجعلهم أكثر عرضة للصدمات النفسية المستمرة.

الهدف: هدفت هذه الدراسة إلى دراسة تأثير العنف الجسدي والنفسي على زيادة أعراض الاكتئاب والصدمات النفسية لدى السجناء الفلسطينيين المفرج عنهم.

منهجية الدراسة: اعتمدت الدراسة على منهج وصفي تحليلي على عينة من 204 سجناء محررين (163 ذكرًا و41 أنثى) من مختلف محافظات الضفة الغربية. جُمعت البيانات باستخدام مقياس بيك للاكتئاب (BDI) لتقييم الاكتئاب، ومقياس ديفيدسون للصدمات (DTS) لقياس اضطراب ما بعد الصدمة، ومقابلات شبه منظمة مع 40 مشاركًا لاستخلاص رؤى نوعية. أُجريت تحليلات إحصائية، شملت تحليل الارتباط والانحدار، لفحص العلاقات بين المتغيرات واختبار فرضيات الدراسة.

النتائج: كشفت النتائج عن مستويات عالية من العنف الجسدي والنفسي الذي تعرض له السجناء المفرج عنهم، وارتبطت هذه المستويات ارتباطاً وثيقاً بزيادة أعراض الاكتئاب والصدمات النفسية. تراوحت مستويات الاكتئاب بين المتوسط والشديد، بينما اتسمت أعراض الصدمة في الغالب بالشدّة والشدّة الشديدة. وُجد أن للعنف الجسدي والنفسي تأثيراً مباشراً على تقاوم أعراض الاكتئاب واضطراب ما بعد الصدمة. كما ساهمت المتغيرات الديموغرافية، مثل الجنس والعمر وسنوات الاحتجاز والحالة الاجتماعية، في اختلافات في شدة الأعراض.

الخلاصة: تظهر الدراسة أن التعرض للعنف الجسدي والنفسي أثناء السجن يلعب دوراً محورياً في تقاوم الاكتئاب والصدمات النفسية لدى السجناء الفلسطينيين المفرج عنهم. ويؤكد استمرار هذه الأعراض بعد الإفراج الحاجة الملحة إلى خدمات صحة نفسية شاملة، وبرامج إعادة تأهيل، ودعم مجتمعي لتسهيل إعادة الإدماج والتعافي. توصي الدراسة بإجراء تقييمات نفسية دورية، وتقديم استشارات متخصصة، ودمج برامج دعم نفسي واجتماعي مُصممة خصيصاً لاحتياجات الأسرى السابقين.

كلمات مفتاحية: العنف الجسدي، العنف النفسي، الاكتئاب، الصدمات النفسية، الأسرى الفلسطينيون، الصحة النفسية.