An-Najah National University
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POLITICAL VIOLENCE AND MENTAL HEALTH OUTCOMES: THE MEDIATING ROLES OF COPING STRATEGIES, SOCIAL SUPPORT, AND HELP-SEEKING AMONG PALESTINIANS

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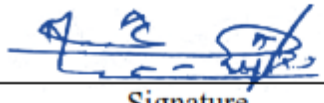
Dr. Marouf Al-Shaib Internal Examiner	 Signature

Dedication

I dedicate this thesis to my family members, specifically my parents, sisters, and brother, who have provided constant love, support, and encouragement and whose words of wisdom and guidance have shaped my journey.

I would also like to express my gratitude to my teachers, whose wisdom and guidance have been instrumental in shaping my academic journey and have consistently motivated me to transcend my boundaries.

To my friends, whose companionship, laughter, and understanding have made this journey more meaningful and bearable.

This work is a reflection of the belief you have all placed in me, and I am forever grateful for the strength you have all given me.

With profound gratitude and esteem,

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Finally, it is important to acknowledge that there is a dream worth waiting to see for all those who have suffered or are suffering because of the Occupation.

Declaration

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

POLITICAL VIOLENCE AND MENTAL HEALTH OUTCOMES: THE MEDIATING ROLES OF COPING STRATEGIES, SOCIAL SUPPORT, AND HELP-SEEKING AMONG PALESTINIANS

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.

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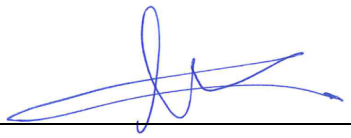
Signature:	
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Abstract

Decades of political violence - including displacement, systemic oppression, and settler aggression - have had a profound impact on the mental health of Palestinians. Despite escalating violence, research on psychological outcomes and mediating factors (coping, social support, help-seeking) remains limited.

This study examined first, the relationship between political violence and mental health (depression, stress, anxiety); second, the mediating roles of coping strategies, social support, and help-seeking; and third, demographic differences (gender, location, education) in these variables.

A quantitative descriptive-correlational approach was used, with standardized surveys administered to 375 Palestinians living in the West Bank. Data were analyzed using path analysis (AMOS v24) and MANOVA/ANOVA.

This study finds that political violence significantly predicts higher depression, stress, and anxiety, while reducing problem-solving coping and social support. Adaptive coping (e.g., problem solving) mitigated distress depression, whereas avoidance coping exacerbated anxiety. Social support indirectly improved outcomes by promoting help-seeking.

Men reported higher exposure to political violence, while women experienced greater stress. Camp residents were exposed to increased violence, while urban individuals were more likely to seek help - higher education correlated with adaptive coping, but also increased stress.

The mental health effects of political violence are mediated by coping and social resources. Culturally tailored interventions - in particular, strengthening community

support and adaptive coping - are urgently needed to address systemic psychological trauma in the Occupied Territory.

Keywords: Political violence, mental health, coping strategies, social support, help-seeking, Palestine.

Chapter One
Introduction and Theoretical Background

1.1 Introduction

The Palestinians have undergone and still endure several terrible incidents caused by numerous wars such as invasions, imprisonment, expulsions and destruction (Veronese, Pepe, Jaradah, Murannak, & Hamdouna, 2017). In Turn, many terrible incidents were either directly or indirectly inflicted on the Palestinians.

Some of them were drilling pictures of deformed bodies on television, exposed to heavy calorific gunfire, being shown evidence of shelling, listening to the sound of jet fighters, seeing their beloved ones being killed and Israelis using them as human shields (Thabet, Thabet, & Vostanis, 2018). Due to these experiences, Palestinians seemed to have been at a higher risk of contracting Post Traumatic Stress Disorder or the general symptomology of trauma.

The studies revealed that an increased risk of developing PTSD as a result of war exposure is evidenced by Higher Learning Institutions students especially when family member loss happens as is common in the Palestinian region revealing that in Palestine, a higher percentage of students have been exposed to some form of war trauma (El-Khodary, Samara, & Askew, 2020).

Living such difficult and difficult life situations was deemed to harm the mental well-being of Palestinians because they were discovered to experience major depression, anxiety and stress due to the invasions with the Israeli military occupation force (Marie, SaadAdeen, & Battat, 2020). Moreover, it was established that dwelling under such conditions leads several resident Palestinians to have a low quality of life and well-being; only 20 per cent of Palestinians reported moderate to high well-being (Harsha, Ziq, Ghandour, & Giacaman, 2016).

Factors such as poor economic status, political instability that escalated violence, and continued insecurity escalated influence of politics influenced depression symptoms in Palestinian adults (Hamdan & Hallaq, 2021; Wagner, Smith, & Abu-Saleh, 2020; McNeely, Schintler, & Stabile, 2014). A comparative analysis establishing the percentage prevalence of suicidal disposition among the 22 countries of the

Mediterranean region also noted that the top scores in this regard are in Palestine and Cyprus, followed by Greece and Slovenia (Eskin, 2020). On this note, it is ascertained that more Palestinians are attempting and committing suicide since the results highlighted showed an increased number of reported suicidal cases in the West Bank of Palestine in 2018 as compared to 2017 (Abu Ghoush, 2022).

The present study aims to explore the impact of political violence on mental health outcomes, including stress, anxiety, and depression. The intricate circumstances confronting Palestinians have prompted the investigation into the impact of various variables on their mental health, with a focus on whether these variables exacerbate or mitigate mental health outcomes.

To this end, the research will explore some mediating variables such as coping strategies positive and negative, help-seeking behavior wither formally such as from professional help or informally such as through religious leaders or other people, in addition to social support as the last mediating variable that the research will tackle, will help to understand the context better and help to improve the mental health among Palestine.

1.2 Political Violence and Mental Health Outcomes

In order to comprehend the relationship between political violence and mental health outcomes from a humanitarian perspective, the theory of Abraham Maslow and his "Hierarchy of Needs" is used.

Maslow's original proposition was that five fundamental needs, organized in a hierarchical structure from the most basic to the most complex, are indispensable for the optimal functioning of the human condition. The lower-order needs, also termed "deficiency needs," include physiological, safety, and love/belonging needs. In contrast, higher-order needs, also termed "growth needs," include esteem and self-actualization needs (Noltemeyer, Bush, Patton, & Bergen, 2012).

Therefore, when individuals interact with the surrounding areas, they seek to fulfilling their needs such as belongings and security, if those needs can't be satisfied such as feeling safe, they will probably be engaged in violent way to achieve their need of safety, and that's apply on the Palestinian contexts, when the need of safety which is lower and basic need for human according to Maslow's had been taken away, the people will fight

to achieve it in different means, and one of the means is resisting the occupation in violent on non-violent ways. These ways become legitimate to achieve basic human needs.

In addition, the premise of the Maslow's theory is that unless an individual's basic needs have been met, higher levels in the pyramid are of no relevance, as survival is the most basic human component (Benson & Dundis, 2003).

When basic needs are not met like safety, especially in the lens of continuous exposure to political violence by the Israeli occupation, individuals will experience a variety of mental health problems that may lead to disorders due to the intensity of the violence, which is likely to lead to increased mental health outcomes such as stress, anxiety and depression, this research will explore these three outcomes.

Less often has attention focused on the aftermath of traumatic experiences, and the importance of safety and reassurance that is necessary for longer-term well-being (Matheson, Asokumar, & Anisman, 2020). When individuals are unable to feel safe context of political violence, they might experience chronic fear, hypervigilance, and a sense of helplessness. This can lead to a state of ongoing stress which can overwhelm the body's ability to cope and can lead to PTSD.

On another hand, political violence can be defined as violence done about political objectives (McSherry, 2009). It can mean warfare between nations, the use of force and aggression against civilian populations political dissent by states, or the use of force by violent non-state actors against the states and the populations (Bardall, Bjarnegård, & Piscopo, 2020).

Another form of political violence is Non-state actors are defined as those who act independently of a state government or official authority and the violence that emanates from such entities can be used to describe political violence that is politically motivated and in which violence is used against a state or its institutions (Miller, 2022). Inaction via the government can also be considered as one of the political violence examples as not addressing the issue of famine or otherwise not providing necessities to specific groups of people in their respective countries.

Palestinian political violence is a kind of violence that Palestinians use to coordinate the achievement of political objectives that may involve resistance, commonly in the course of the Israel occupation (Stepanova, 2008). In the context of Palestine, political violence often appears as demonstrated by the Palestinian factions in order to resist the Israeli occupation and to achieve sovereignty over Palestine as well as self-determination (Ghanem, 2013).

While, Mental health is defined as a condition in which a person can face the challenges of life, achieve skills, build skills, work effectively and freely, and contribute towards society. As a result, it is a fundamental aspect of health and interdependence, and the foundation from which we form relationships, solve problems and create our future (World Health Organization, 2022).

To add to this subject, people need to appreciate the fact that mental health is one of the basic human rights. It is considered as a tool to the overall development of the individual, local society and economy. Throughout a lifetime, there may be several biopsychosocial factors at work that could either promote or threaten one's mental health, leading to a change in their status on the Multicultural Mental Health Competence Evaluation Scale MMHCE scale.

Risk factors including difficulty in managing emotions, drugs, alcohol, and genetic predispositions are considered by people with mental health issues (Centres for Disease Control and Prevention, 2023).

Another social determinant determines people's vulnerability to mental health disorders through the following ways: social, economic, geopolitical and environmental adversity features such as poverty, violence, inequality and environmental deprivation (Prince, et al., 2007). Concerning the characteristics of risks mentioned above, it should be noted that risk can be observed at any stage of life, but it is most dangerous when it occurs during critical developmental periods or prenatal and infancy periods.

Nevertheless, in the occupied Palestinian territory, violence is everywhere, People face violence, brutality, and life chaos every day. Despite its pervasiveness, men are overwhelmingly the direct victims of political violence (Giacaman, Rabaia, & Nguyen-Gillham, 2010). The consequences of political violence include a higher percentage of

men as direct victims, but also have a profound impact on the mental health and well-being of all individuals, especially vulnerable groups such as women and children.

Consequently, In their research undertaken by Lavi, Canetti, Sharvit, Bar-Tal, & Hobfoll, (2012), it was found that Palestinians exhibited higher levels of exposure to violence and post-traumatic symptomology than the Israeli samples. This finding is indicative of the unequal impact of political violence on the Palestinian community, which is frequently subjected to systemic oppression and ethnic cleansing.

In addition, a study by Bdier, Veronese, & Mahamid (2023) found that Palestinian mental health has been described as among the lowest in the world, with more than half of Palestinian adults meeting the diagnostic threshold for depressive symptoms and a significant proportion of Palestinians experiencing psychological distress and anxiety.

Similarly, a systematic review conducted by Marie et al. (2020), the authors investigated the prevalence of mental disorders among Palestinians. The analysis revealed that post-traumatic stress disorder (PTSD) emerged as the most prevalent mental condition among the study's Palestinian participants, encompassing children, adolescents, and women. The high prevalence of PTSD probably due to exposure to traumatic events such as incursions, demolishing houses and roads, displacement, closing checkpoints, and detonation.

Political violence it can lead to mental health problems such as stress, depression, anxiety, psychiatric morbidity, heightened risk of suicide, and emotional distress (Chudzicka-Czupała, et al., 2023). Mental disorders and mental health problems not only affect the individual but also have an impact on their relationships with their families and their ability to function in Palestinian society, thus depriving society of a person's potential and contribution.

According to a study, there is a higher prevalence of depression (28.9%), anxiety (30.7%) and post-traumatic stress disorder (23.5%) following the experience of political violence (Lim, et al., 2022). This emphasizes the importance of studying political violence and its impact on mental health outcomes.

Furthermore, one study examined the impact of trauma from the Gaza war on PTSD and coping strategies among Palestinian adults, with participants reporting an average of 5.4

traumatic events, and 42% meeting full criteria for PTSD (Thabet & Vostanis, 2017). These findings highlight the severe psychological burden of political violence, and the importance of adaptive coping mechanisms in mitigating PTSD symptoms in conflict-affected populations. Therefore, we will explore more about coping mechanisms. These will be used as one of the mediating roles in this research.

1.3 Theories of Political Violence

Political Opportunity Theory

Doug McAdam is regarded as the first scholar to systematically apply the concept of political opportunity structure in his study of the evolution of the Black Movement between 1930 and 1970, despite the earlier work of American researcher Peter Eisinger in the mid-1970s, who introduced the concept of political opportunity structure as a tool to observe, analyze, and interpret variations in protest activity related to issues of poverty and racial discrimination across 43 American cities, Eisinger concluded that the emergence of protest is linked to the nature of the political opportunity structure in each city, in the sense that certain institutional structures support openness in some cities, while other structures have a counter effect in others, resulting in the limitation of protests when open structures provide a growing pattern of political opportunities, whereas closed structures tend to escalate protests that demand the adoption of more inclusive and widely accepted policies, Tarrow defines political opportunity as "consistent—yet not necessarily formal, permanent, or national—dimensions of the political struggle that encourage people to engage in contentious politics" (Foryś, 2023).

In general, political opportunity can be defined as a social movement's capacity to mobilize its resources and leverage its potential for social and political change, by taking advantage of societal conditions that, at a certain moment, present a significant chance for transformation, Thus, the movement is able to seize this opportunity to fulfill its demands and defend the interests of its members, which in turn enables it to generate new political opportunities beyond those it initially exploited, The political opportunity theory maintains that the success of any social movement depends on its ability to detect and capitalize on the political opportunities made available by both internal and external channels to achieve its goals and protect its members' interests (Kriesi, 2004).

Conflict Theory

Conflict theory emerged as a critical intellectual movement in opposition to functionalism, which posits the existence of a socio-cultural system that maintains societal equilibrium, In contrast, conflict theory approaches the analysis of social problems—such as terrorism—from the standpoint of inequality and disparity among individuals within society, as well as from the angle of class-based exploitation, For instance, proponents of this perspective argue that the rise in crime rates within contemporary societies reflects underlying injustices and uneven development, which in turn contribute to the emergence of terrorism or political violence, Karl Marx is considered one of the most prominent figures in the development of conflict theories, as he believed that conflict—rooted in economic factors and in the differential ownership of the means of production—inevitably leads to social change, Marx maintained that the entire history of societies is fundamentally the history of class struggle, and that the primary driver of transformation lies in the economic competition among classes, Economic dynamics are viewed as the foundation upon which other forms of change emerge, through mechanisms of intense conflict between social groups and the various components of the broader social system (Prayogi, 2023).

Marx based his analysis of the social system on the principle of the inevitability of social and class conflict, asserting that the historical development of human societies is shaped by the dialectical struggle between social classes within a continuous historical process, He rejected the role of ideology—including values, laws, and social institutions—in producing social change or explaining social problems, Sociologists generally perceive the social world as being in a constant state of conflict, and the conflict perspective assumes that social behavior is best understood in the context of struggle or tension between competing groups, It is important to note that such conflict is not necessarily violent, as it can manifest in forms such as negotiation, party politics, competition among religious groups for followers, or disputes over federal budgets (Ferrare & Phillippo, 2023).

1.4 Theories of Anxiety

Psychoanalytic Theory

From the perspective of psychoanalytic theorists, anxiety serves as a warning signal indicating that something is threatening one's sense of security, leading to psychological imbalance and disturbance of inner peace, It functions as an alarm that is activated when an individual encounters a potential danger, This alarm mechanism may operate in various situations, all of which share certain characteristics, such as being related to anticipating an awaited outcome or involving future events that pose a threat, These situations are typically accompanied by feelings of apprehension, fear, and a perceived threat, which may sometimes be real and at other times imagined (Al-Hijjawi, 2204).

According to Balkilani (2008), the psychoanalytic view classifies anxiety into three distinct types, each associated with a hypothetical component of the personality structure, Neurotic anxiety stems from the id, realistic anxiety arises from the ego, and moral anxiety originates from the superego, which remains a consistent source of internal conflict, Anxiety emerges when suppressed thoughts and desires attempt to cross from the unconscious into conscious awareness, prompting the ego to react with an alert mechanism, This anxiety, in turn, motivates the individual to engage defense mechanisms as a means of protection, These defenses work by repressing instinctual drives into the unconscious, thereby preventing them from surfacing into consciousness and shielding the individual from perceived danger.

Existential Theory

Existential theorists are among the most prominent voices addressing the anxiety associated with future possibilities, They argue that individuals live within their own envisioned futures and are fully responsible for the decisions and choices they make, which can often provoke anxiety due to their potential consequences, This form of anxiety is not viewed as a disorder but rather as an inherent part of the self, Existentialists regard anxiety as a condition of life, born from the ongoing struggle for existence and survival, It serves as a driving force for personal development and achievement and represents an openness to growth and evolution on an individual level, Therefore, existential theorists distinguish between neurotic anxiety and natural anxiety, the latter of which fosters progress and self-realization (Saleh & Shamakh, 2011).

Humanistic Theory

Humanistic psychologists interpret anxiety as a fundamental fear and apprehension toward the future and the potential experiences it may bring that could threaten the individual, anticipation of future events, particularly those perceived as negative or challenging, leads to a psychological state marked by anxiety, In this view, anxiety is the result of thinking about future uncertainties and is characterized by discomfort and unease, It encompasses emotions such as apprehension and fear, which in turn trigger physiological and psychological changes within the body (Bouzyan, 2012).

Cognitive Behavioral Theory

According to cognitive behavioral theorists, an individual's beliefs are central to how events and experiences are interpreted, Based on this principle, anxiety is seen as a result of impaired ability to interpret and manage life challenges effectively, Future anxiety disorder, in this context, arises when individuals negatively evaluate and misinterpret the events they encounter, They tend to exaggerate the significance of these situations and assign them greater weight than they objectively deserve, This pattern of irrational thinking and overestimation results in heightened anxiety, as individuals become overwhelmed by their own unrealistic cognitive assessments (Saleh & Shamakh, 2011).

1.5 Theories Explaining Depression

Psychoanalytic Theory

Both Freud and Abraham proposed that depression can be explained as a regression to the oral phase of a child's development, In this context, the depressed individual experiences contradictory feelings toward their first love object, the mother, Due to feelings of frustration and unmet love needs in the early stages of development, contradictory emotions of love and hatred, attachment and rejection, are generated, As individuals grow older, when they experience a traumatic event such as disappointment or loss, they regress to these primary needs, utilizing unconscious defense mechanisms such as projection, regression, and incorporation (Okasha, 2015).

Additionally, individuals who suppress their emotions and direct them inward are more prone to depression than those who express their feelings in various ways, Those who experience early loss are at a higher risk of depression in adulthood, as they continuously

evoke past feelings of loss through current painful experiences, Since the superego rejects these emotions, they are redirected toward the self, Therefore, from a psychoanalytic perspective, depression is viewed as a form of self-directed aggression (Ghanem, 2013).

Behavioral Theory

Behaviorists argue that depression arises from a lack of external reinforcement and fulfillment, These individuals lack the necessary social skills to acquire the rewards essential for their lives, Furthermore, they tend to receive negative reinforcement more than positive reinforcement, When exposed to prolonged stressors, they exhibit symptoms of apathy, followed by feelings of helplessness and hopelessness, which eventually lead to other symptoms of depression (Abd Al-Masih, 2001).

Cognitive Theory

Beck, Steer, & Brown (1996), the proponent of this theory, posits that depression is an emotional disorder resulting from cognitive distortions, In depressed individuals, these distortions are dominated by excessive sensitivity, which influences their responses to situations, Beck suggests that their thinking is disorganized and unrealistic, They hold a faulty understanding of events, due to a disruption in organizing their thoughts, This results in negative beliefs about themselves, the world, and the future, seeing themselves as worthless, perceiving the world as unjust, and believing the future to be bleak and hopeless.

1.6 Learned Helplessness Theory (Seligman, 1975)

Seligman argued that continuous exposure to distressing and challenging events leads individuals to a state of emotional numbness, detachment, and withdrawal, which ultimately results in feelings of hopelessness and helplessness, This, in turn, gives rise to other symptoms of depression (Okasha, 2015).

Genetic Theory

Proponents of the genetic explanation of depression suggest that certain individuals are predisposed to biological disturbances, They focus on neurotransmitters, Although the relationship between genetic factors and depression is difficult to pinpoint, genetic theorists maintain that depression can be inherited through specific genes, Early onset

depression suggests a strong genetic influence, whereas depression that emerges after the age of fifty indicates a very weak genetic role (Al-Hijjar, 2018).

Psychosomatic Medical Theory

The psychosomatic medical theory is concerned with the medical symptoms resulting from depression and their correlation with physiological disturbances, It emphasizes any dysfunction in the nervous, hormonal, or chemical systems, without delving into the underlying causes of these symptoms, It employs medical treatments such as pharmacotherapy (medications) and electroconvulsive therapy (Hussein, 2022).

1.7 Coping strategies as mediating variable

Maslow's work represented the value position that it is good for a person to reach his or her true potential, as described in the last category of self-actualization (Goede & Burken, 2019). Therefore, in order to achieve the self-actualization that every human being seeks, they need to find positive ways to cope with the stressors of life and to mitigate the challenges of the individual's life. Meanwhile, Palestinians they don't just face normal challenges, they face struggles to exist where they have to try to survive, these challenges when they become a reality for every person in Palestine it becomes harder to achieve self-actualization, therefore we need to understand the coping strategies that Palestinians use, encourage the positive ones and work in reducing the negative ones to reduce the mental health consequences of political violence.

On another hand, the term "coping" is defined as the thought processes and behaviors that are mobilized in order to manage both internal and external stress-inducing situations (Folkman & Moskowitz, 2004). According to Coppens, De Boer, & Koolhaas (2010) there are two types of coping: reactive and proactive. People who act proactively do well in stable situations because they have a routine, they are strict with themselves, and they don't get stressed easily. On the other hand, people who react to situations do better in more varied environments.

Lazarus claimed that stress consists of three processes. The first process is called primary appraisal, which is when you notice a threat to yourself. Secondary appraisal is the process of thinking about how you might respond to the threat. The third process is called coping, which is when you actually do something about the threat (Lazarus &

Folkman, 1984). Whilst these processes may be most readily characterized as a linear sequence, Lazarus & Folkman (1984) has emphasized that they do not occur in an unbroken stream. Consequently, the complete set of processes may be subject to repetitive cycles within a stressful transaction (Carver, Scheier, & Weintraub, 1989).

Folkman & Moskowitz (2004) argue the concept of coping can be broadly categorized into four distinct classifications. The first category is problem-focused. The second category is emotion-focused. The third category is meaning-focused. The final category is social coping (support-seeking).

Despite this, a growing body of research has demonstrated a strong correlation between maladaptive coping mechanisms and a wide range of psychiatric disorders. Psychiatric disorders, including PTSD, anxiety, and major depression, as well as somatic symptoms, have been found to be associated with coping styles characterized by avoidance (Santarnecchi, et al., 2018).

A study by Namir, Wolcott, Fawzy, & Alumbaugh (1987) finds avoidance and self-blame coping styles are associated with increased anxiety and depression, while positive action coping styles are associated with better health.

Moreover, a study by David, Dammeyer, & Dangana (2023) targeted Internally displaced adolescents' in North-east Nigeria found experience of psychological symptoms and choice of coping mechanisms related to their contextually perceived needs.

Therefore, the importance of studying coping strategies in the context of Maslow's theory becomes evident. By comprehending the underlying needs that motivate individuals to adopt certain coping strategies, we can enhance our ability to predict and understand such behaviors. This understanding can assist policymakers and organizations in fortifying the mental well-being of individuals and mitigating the repercussions of political violence on mental health outcomes.

1.8 Theories Explaining Coping Strategies

First: Psychoanalytic Theory

Johnson (2016) pointed out that the process of coping is often unconscious, meaning that the individual does not fully recognize the true reasons behind all of their behaviors, The well-adjusted person is one who is able to satisfy their essential needs through socially acceptable means, According to Freud, personality is composed of three psychological structures: the id, the ego, and the superego, The id represents our desires, needs, and basic drives, while the ego operates based on the reality principle, working to fulfill the individual's needs in a rational manner that is acceptable to the external world, The ego functions as the executive component of personality, restraining the impulses of the id while maintaining contact with the external environment in order to realize the individual's integrated desires within the demands of reality and the cultural standards imposed, The superego serves as a repository for internalized values, ideals, and social moral standards, Dain Kemerer described the core truth of our lives through Adler's concept of striving for superiority—not in the sense of seeking to be better than others in rank or privilege—but rather in striving for perfection, People struggle for completeness, Adler used various terms to describe this, such as striving upward, moving from below to above, or pushing from the negative to the positive, This upward drive parallels organic growth and is a vital part of life, Everything one does follows and is directed by this striving, and no human life is free of it because it is an inherent component of existence, Everything is shaped by this pursuit of superiority and perfection.

Second: Behavioral Theory

Behavioral theory emphasizes the role of adaptation in shaping and developing behavior that individuals acquire through their experiences and interactions with their surrounding environment, In this context, individuals develop a set of habits and behaviors that are suitable and effective for dealing with others and with various situations, These habits and behaviors, which contribute to reducing tension and satisfying psychological needs, become reinforced and gradually form part of an individual's coping pattern, Maladaptive behavior is generally considered to be the result of early life experiences, especially when the individual is dependent on parents and the primary social environment, The child acquires habits and skills from their

surroundings and seeks the approval and acceptance of others, The behavioral theory underscores the importance of external stimuli and the environment in shaping individual behavior, A person is seen as a product of their interaction with the environment and is influenced by their social, cultural, familial, and educational surroundings, If there is a disturbance or dysfunction in the environment, this may negatively impact the quality of an individual's behavior and their psychological well-being (Park & Iacocca, 2014).

Third: Social Theory

Hlawass (2020) indicated that this theory views coping through the lens of external behavioral manifestations of the individual or group and the extent to which they align with or deviate from agreed-upon social norms, Individuals tend to conform to group expectations and obey its directives in order to meet the demands of daily life and to live in harmony with those around them, Therefore, conformity to the group and obedience to its norms—along with maintaining personal behavioral adjustment, group unity. structural cohesion, and defending the group's interests and security—are seen as positive forms of coping, In contrast, following deviant groups and engaging in behaviors harmful to the group and its values or beliefs are regarded as signs of negative coping, Advocates of this perspective argue that one of the essential social requirements for effective coping is that the individual performs productively and engages in work that provides income and supports the family, and that they are aware of the nature of their behaviors and how these behaviors influence others

Fourth: Cognitive Theory

According to Abu Kamelah (2022), proponents of this theory emphasize that distorted assumptions and faulty patterns of thinking contribute to the persistence of disturbed behavior patterns, These flawed cognitive processes allow stress factors to exert their harmful effects, Cognitive therapy aims to identify and modify these inappropriate patterns of thought and behavior so that the individual can adjust their emotional responses accordingly.

Social support as mediating variable

While social support is often thought of as a coping strategy, in this study it is positioned as the second mediating variable in the study. To comprehend how we can fortify community responses to the stressor engendered by political violence, it is imperative to delve into the role of social support. Friends, family members, and significant others can provide instrumental, informational, or emotional assistance (House, Umberson, & Landis, 1988).

Thoits (1995) elaborates on the concept of social support. This assistance is frequently referred to as social support and is regarded as a psychosocial coping mechanism that positively influences an individual's personal resources, including self-esteem and self-efficacy. It also functions as a buffer against the deleterious effects of stress. This aligns with Maslow's theory of human motivation. It shows how social support can help people reach their full potential by finding inner strength. For this to happen, a person needs to reach the third level of Maslow's theory. At this level, a person gets support from family, friends, or a partner. This support is important because it helps people deal with difficult situations and reduces mental health problems caused by political violence.

Social support, and related terms such as social integration and social networking, are often used interchangeably to refer to three distinct aspects of social relations - their existence or quantity, their formal organization, and their functional content or degree of involvement in flows of affect or emotional involvement, instrumental or material help, information, and so on. (House & Kahn, 1985), as cited in (House, 1987).

Nevertheless, a study by Berkman, Glass, Brissette, & Seeman (2000) finds a clear link between social support and mental health. Moreover, Hefner & Eisenberg (2009) study revealed a negative and significant correlation between social support and mental health indicators. In bivariate analysis, this relationship was most pronounced for depression, with a 31% prevalence among individuals experiencing low-quality social support.

According to Wang, Chen, Zhai, & Fan (2022) High levels of social support may improve coping, foster resilience, and reduce the likelihood of internalizing problems such as anxiety and depression. Pouwelse, Bolman, Lodewijkx, & Spaa (2011) revealed that social support functions as a mediating variable between victimization and

depressive feelings. Children who have been victimized generally receive minimal social support, leading to the development of depression.

Therefore, within the domain of political violence, exposure to violence produces stressors such as fear, loss, and instability. Social support, in this case, functions as a mediator by offering emotional, informational, and instrumental assistance, thereby aiding individuals in coping with these stressors. The enhancement of personal resources, such as self-esteem and self-efficacy, is achieved through social support, thereby mitigating the adverse effects of political violence on mental health outcomes.

1.9 Theories of Social Support

Erikson's Psychosocial Theory of Development

Erikson based his theory on Freud's psychosexual framework, although he rejected Freud's perception of human nature, particularly the notion that individuals are inherently incapable of dealing with the problems and challenges they encounter, Erikson believed that human beings possess the ability to face life crises, and that self-actualization occurs when an individual finds suitable solutions to the psychological and social dilemmas experienced during various developmental stages, He proposed a hierarchical model consisting of eight stages of psychosocial development (a process of social normalization), and asserted that resolving each crisis within these stages can result in either a positive or negative outcome, A positive resolution in any given stage depends on the success of previous stages and the individual's sense of self-continuity and inner strength, whereas a negative resolution may lead to feelings of loneliness and alienation, Erikson's theory is considered one of the humanistic approaches that emphasize the subjective dimensions of life, including a person's perception of others and of the self, The theory highlights social characteristics and underscores the essential roles played by family, siblings, friends, and society in shaping an individual's personality, From this standpoint, the value of social support emerges as a key factor in helping individuals achieve success (Smith & Moore, 2012).

Maslow's Humanistic Theory

Maslow maintained that individuals are constantly striving toward self-actualization, a state that cannot be achieved unless a hierarchy of needs is fulfilled in sequential order, as illustrated in his pyramid of needs, At the base of Maslow's pyramid lie physiological needs such as hunger, thirst, and sleep, which require material support to be satisfied, Once these needs are met, individuals seek safety and security, which depend on emotional support and the presence of others, The next level involves the need for love and belonging, fulfilled through feelings of intimacy and affiliation with social groups, This stage requires moral and emotional social support, which enables the individual to proceed to the need for esteem and self-respect, These are attained through strong social bonds and consistent social support (Acevedo, 2018).

Adler's Individual Psychology Theory

Adler believed that human beings are inherently social and cannot live in isolation from those around them, Individuals are naturally inclined to form cooperative and social relationships and to actively engage in such interactions, According to Adler, human behavior is driven by motivations, and he introduced the concept of organic inferiority, suggesting that such deficiencies can become a source of strength if the individual receives support and acceptance from others in their environment, Human behavior, from Adler's perspective, aims at self-protection, as individuals begin life in a state of weakness and possess innate drives to overcome feelings of inferiority, Adler emphasized that people tend to prioritize social interests over personal ones (Tan, 2019).

Help seeking as mediating variable

The term Help defined according to oxford dictionaries as doing something for someone or giving someone something they need to make it easier or possible for them to do something ("Help", n.d.). While, term Seeking defined as to seek, to look for, to try to acquire, to gain, to ask (Seek, 2025).

Building on these definitions, help-seeking can be understood as the act of looking for relief or support to fulfill a need (Cornally & McCarthy, 2011). This process is often a reaction to changes in health, as highlighted by (O'Mahony & Hegarty, 2009), and plays a crucial role in addressing unmet needs.

Therefore, individuals seek help to meet their needs. This is in line with the theoretical background presented earlier, particularly Maslow's theory, which helps us understand political violence and mental health outcomes. In this study, help-seeking is considered a mediating variable.

Individuals seek help to feel safe and secure and to cope with challenges. For instance, Palestinians encountering distressing events due to incursions in Jenin camp may manifest symptoms such as anxiety, fear, and nightmares. Seeking help can alleviate these symptoms. Conversely not seeking help might increase the mental health outcomes due to political violence they experience.

Moreover, help-seeking can be divided according to types into three major categories. The formal help includes a psychiatrist, psychologist, and general practitioner; the close informal help included a boyfriend or girlfriend, friend, father or mother, or other relative; and the broad informal help included assistance from others such as teachers, clergymen (D'Avanzo, et al., 2021).

It is essential to understand these categories because the type of help sought can influence the effectiveness of the intervention. For instance, formal assistance may prove more efficacious in cases of severe mental health concerns, while informal support can offer immediate emotional relief in crisis situations.

While the categories outlined above underscore the variety of sources of support available, several barriers may prevent individuals from seeking help, particularly in the context of political violence.

In contrast, seeking help from professional mental health include many barriers among individuals who need it. First, stigma represents a significant obstacle to seeking treatment for mental illness (Abbey, et al., 2011; Corrigan, 2004), as cited in (Edwards & Crisp, 2016). A significant contributing factor to the prevailing social stigma concerning mental illness is the lack of psychoeducation (Reavley & Jorm, 2014).

Second, it has been determined by a number of studies that concerns regarding a lack of confidentiality serve as another significant impediment to mental health professionals seeking treatment for mental illness (Abbey et al., 2011; Gadit, 2009; Hansson,

Jormfeldt, Svedberg, & Svensson, 2013; White et al., 2006, as cited in (Edwards & Crisp, 2016).

Third, Sareen et al. (2007) discovered that respondents with low incomes exhibited a substantially elevated propensity to report a financial impediment. According to recent statistics, the overall poverty rate among Palestinians reached 32.8% in mid-2023 (World Bank Group, 2024). Therefore, the rise in poverty and low income among Palestinian workers makes it more difficult for them to seek help. However, there are some sources that provide free mental health support, but the barriers still exist due to the luck of knowing who can provide support.

A study of young people with mental distress revealed that participants exhibited awareness of their distress. However, they continuously modified the meaning they attached to their distress, particularly whether or not it was "normal." This modification was undertaken to accommodate higher levels of distress and avoid seeking help (Gulliver, Griffiths, & Christensen, 2010).

Despite this, A shift in attitudes following the use of services may occur (Diala, et al., 2001). Therefore, increasing awareness of mental health services and resources available to the Palestinian community is a potential factor in enhancing positive mental health outcomes.

1.10 Theories and Models Explaining Psychological Help-Seeking Behavior

Fischer Model (1983)

This model is considered one of the most widely adopted frameworks for explaining psychological help-seeking behavior, It consists of five progressive stages, The first stage involves the individual recognizing the presence of a current psychological issue and acknowledging its potential long-term consequences, This recognition marks the entry point into the help-seeking process, In the second stage, the individual makes a decision either to ignore the problem, attempt to resolve it independently, or seek assistance from others, whether professionals or trusted acquaintances, The third stage represents a positive and intentional commitment to pursue psychological help, In the fourth stage, the individual assesses various factors that may influence the decision to seek help, such as internal elements including the ability to bear stigma, social factors

like perceived societal acceptance, and practical considerations such as trust in the helper and financial costs, The final and fifth stage involves a clear initiation of help-seeking behavior, which includes contacting a professional and actively searching for a resolution to the issue, Alternatively, the individual may refrain from seeking help altogether due to an inability to overcome existing barriers or negative influences (Uffleman, 2005).

Transactional Theory

Lazarus & Folkman (1984) proposed that psychological stress is essentially the result of challenges that exceed an individual's capacity to cope, thus necessitating confrontation, the individual evaluates stressors as either threatening or manageable based on two levels of appraisal, the primary appraisal refers to the perceived significance of the stressor in relation to the individual's well-being, while the secondary appraisal involves assessing one's ability to control or manage the stressor. Following this appraisal process, the individual adopts one of two coping strategies, namely problem-focused coping or emotion-focused coping, Problem-focused coping entails actively seeking information, taking action, and requesting assistance to address the issue, It is typically employed when the intensity of the stressor surpasses the individual's adaptive capacity and cannot be controlled or eliminated independently, On the other hand, emotion-focused coping involves using personal beliefs, prior experiences, or social support to preserve emotional well-being, This strategy is often used in response to stressors that are perceived as unresolvable and must be accepted (Folkman, 2013).

Pescosolido & Boyer Model (1999)

This model aimed to transform traditional, linear understandings of psychological help-seeking into more dynamic frameworks, It conceptualizes help-seeking as a process composed of multiple distinct stages, The first stage begins with the emergence of psychological symptoms, followed by the recognition and acknowledgment of the problem, which constitutes the second stage, In the third stage, the individual begins to access and utilize psychological services, The fourth stage involves the actual connection with service providers, Finally, in the fifth stage, the individual decides

whether to continue seeking help or to withdraw from the process entirely (Pescosolido & Boyer, 1999).

1.11 Study Terminology

Political Violence (Terminologically): Refers to intentional political behavior directed at the political system, represented by its political institutions and symbols, and includes all practices involving the actual use or threat of using force to cause physical harm or damage to individuals, their property, or government facilities during demonstrations, protests, assaults, strikes, and any inclination to participate or attempt to participate in riots, as well as using offensive language on social media platforms such as Facebook and Twitter to achieve direct political, social, economic, or cultural goals with political connotations and implications (Hamida, 2024).

Political Violence (Operationally): The total score obtained by the participant on the political violence scale used in the current study.

Depression (Terminologically): A medical condition that affects an individual's emotions, perceptions, and behavior, characterized by a general sense of sadness and lack of interest in activities that were once enjoyable. Depression can represent various emotional and physical challenges, including weakening the individual's ability to function effectively at work and in personal life (Shaheen, 2025).

Depression (Operationally): The sub-total score obtained by the participant on the DASS scale used in the current study.

Anxiety (Terminologically): A general and distressing feeling of fear and apprehension due to an unknown threat, involving a sense of intense tension and unreasonable fear (Abdel-Aati, 2023).

Mental Health (Terminologically): A state of mental and emotional well-being that enables an individual to cope with the challenges of daily life, deal positively with life's pressures, and enjoy healthy social relationships. It also involves the ability to make sound decisions, promote personal growth, and maintain emotional balance in the face of crises (Lavi, Canetti, Sharvit, Bar-Tal, & Hobfoll, 2014).

Mental Health (Operationally): The total score obtained by the participant on the mental health scale used in the current study.

Adaptation Strategies (Terminologically): Behavioral and cognitive methods, activities, and approaches used by an individual to face stressful situations, solve problems, and reduce the emotional tension resulting from them (Al-Nawasra, 2021).

Adaptation Strategies (Operationally): The total score obtained by the participant on the adaptation strategies scale used in the current study.

Social Support (Terminologically): The provision of emotional support (such as care), informational support, practical support, material support, or psychological support by a social network, including family members, friends, or community members (Bedaso, Adams, Peng, & Sibbritt, 2021).

Social Support (Operationally): The total score obtained by the participant on the social support scale used in the current study.

Help-Seeking (Terminologically): Help-seeking is a structured and interactive social behavior, where individuals use others or other resources to solve problems when facing difficulties or challenges in learning or complex situations, such as identifying the presence of a problem, deciding the need for help, choosing the type of help required, selecting the person to seek help from, and finally receiving and addressing the help (Li et al., 2023).

Help-Seeking (Operationally): The total score obtained by the participant on the help-seeking scale used in the current study.

1.12 Related studies

(Jahnke, Abad Borger, & Beelmann (2022): Predictors of Political Violence Outcomes among Young People: A Systematic Review and Meta-Analysis.

The study aimed to analyze psychological factors associated with political violence among adolescents and young adults by examining data from 95 samples (from 67 publications in 23 countries). Using a meta-analytic approach, the research sought to identify associations between different psychological factors and political violence. Key

variables examined included depression, empathy, aggression, social marginalization, symbolic and tangible threats, and the impact of personal discrimination on outcomes of political violence. The results showed significant effects of factors such as depression, empathy and aggression, while variables such as self-esteem and tolerance for uncertainty showed no clear effects. The study concluded that political violence may result from an imbalance between risk and protective factors. It emphasized the importance of prevention strategies that focus on social identity, intergroup communication and the promotion of democratic values.

Bardall, Bjarnegård, & Piscopo (2020): How is political violence gendered? Disentangling motives, forms, and impacts.

This study aims to analyze how gender factors intersect in political violence through three interrelated approaches: The study adopted a comparative theoretical analytical approach that integrates the political violence literature with gender and political participation research, based on a critical review of a number of databases and research projects such as UCDP/PRIO, ACLED, and SVAC. The study population consisted of researchers and policymakers interested in political violence issues. The study found that political violence takes different forms, motives, and effects depending on gender, as it can be used to maintain male dominance or reflected in different ways for men and women, and is understood differently by societies.

(Byrne, Hamber, Morrow, Dougherty, & Gallagher (2016): Political violence and young people: Exploring levels of risk, motivations and targeted preventative work.

This study aims to explore the levels of risk and drivers of political violence among young people in Northern Ireland, and suggest ways of prevention. The study draws on a review of previous literature and field analysis including interviews and focus groups with young people and stakeholders. The findings indicate that young people in Northern Ireland have a complex relationship with paramilitary organizations, with some seeing them as a threat, while others are attracted to them because of benefits such as solidarity, status and financial gains, and the study emphasizes the importance of addressing social exclusion, unemployment and poverty to improve young people's aspirations and prevent their involvement in violence.

Merrilees, Taylor, Goeke-Morey, Shirlow, & Cummings (2014): Youth in contexts of political violence: A developmental approach to the study of youth identity and emotional security in their communities.

This study aims to analyses the relationship between ethnopolitical identity and emotional security in young people in communities experiencing political violence, the study is based on data from 823 adolescents in Belfast over 4 years, and uses quantitative methodology to analyze intra-individual changes in identity strength and sense of insecurity, the study tool was a questionnaire that measures the strength of ethnopolitical identity and emotional security in the community, the results show that there are linear changes with age in both variables, with differences between ethnopolitical groups in how they change, Results indicate that change in insecurity is related to identity strength at age 18, and that identity strength and emotional security are also related at age 18.

Khoury-Kassabri, Hasisi, & Itskovich (2024): Youth involvement in serious physical violence and political violence: Similarities and differences in risk factors.

The study aimed to analyze the individual and family factors associated with youth involvement in serious physical violence and political violence, especially in conflict zones, with a focus on the similarities and differences between the two types of violence. The study adopted the quantitative analytical method, where a structured self-administered questionnaire was distributed to a representative sample of 814 Arab male students, aged between 12 and 18 years, residing in East Jerusalem neighborhoods, and the results showed that more than half of the participants reported being involved in political violence (55.1%) or serious physical violence (58.8%) during the previous year, There was a positive association between physical violence and engagement in political violence, while higher parental control and lower impulsivity were associated with lower violence of both types, and the results showed that school engagement reduced only physical violence, while working during adolescence was associated with an increased likelihood of engaging in political violence.

Doré, O'Loughlin, Beauchamp, Martineau, & Fournier (2016): Volume and social context of physical activity in association with mental health, anxiety and depression among youth.

The study aimed to explore the relationship between the volume of physical activity and its social context on the one hand, and mental health and symptoms of anxiety and depression in young people on the other hand, especially in the transition to adulthood. The study used the quantitative analytical method, where data were collected from 1527 post-secondary students at a CEGEP institute in Ottawa, Canada, through a questionnaire and the results showed. The volume of moderate to vigorous intensity recreational physical activity was positively associated with mental health and negatively with anxiety and depressive symptoms; group physical activity (e.g., team sports) was found to have a greater positive effect on mental health than individual activities, even when controlling for activity volume; and results indicated that both physical activity volume and its social context were independently associated with mental health.

Johnson, Dupuis, Piche, Clayborne, & Colman (2018): Adult mental health outcomes of adolescent depression: A systematic review.

The study aimed to systematically review the literature on the relationship between depression in adolescence and psychological outcomes in adulthood, including depressive, anxiety, and suicidal disorders, using a meta-analytic approach. By reviewing databases such as EMBASE, MEDLINE and PSYCinfo, longitudinal studies measuring depression at age 10 to 19 years and tracking mental health outcomes at age 21 years and older were selected. The sample included 20 articles representing 15 different research communities. The results showed that 17 out of 18 studies demonstrated that depression in adolescence increases the likelihood of depression in adulthood, with analyses of 11 datasets indicating that those with adolescent depression have a 2.78-fold risk of developing depression later in life. 7 out of 8 studies showed a strong association between adolescent depression and anxiety disorders in adulthood, while the evidence for the association with suicidal behaviour was mixed.

Kalin (2021): Anxiety, depression, and suicide in youth.

The study aimed to explore the most common mental disorders among children and adolescents, especially anxiety and depressive disorders, in terms of prevalence, genetic and environmental causes, distinctive features, and effective treatments. The study followed an analytical approach based on a review of scientific literature and recent clinical trials, and covered a number of randomised controlled trials involving adolescents and children suffering from anxiety and depression or from difficult social circumstances, and the sample included previous studies involving hundreds of children and adolescents from different backgrounds, such as the TADS trial and the CAMS trial, in addition to trials on children living in poverty The study used multiple tools, most notably cognitive-behavioural therapy, selective serotonin reuptake inhibitors, and functional neuroimaging. The results showed that the combination of pharmacological and behavioural treatment was effective in reducing symptoms of depression and anxiety, but relapse rates remained high in the long term, and showed that poverty and exposure to deprivation raise physical inflammatory markers associated with psychological disorders, and that changes in brain regions associated with reward and emotion contribute to the development of these disorders.

Lapshina, Crooks, & Kerry (2019): Changes in depression and positive mental health among youth in a healthy relationships program.

The study aimed to analyse the change in depressive symptoms in youth before and after their participation in a 15-week mental health promotion and healthy relationships programme, in which 722 Canadian youth between the ages of 11 and 21 participated. The study relied on the Latent Class Growth Analysis method to identify the trajectories of depression, taking into account the effect of group gatherings, and the results revealed three main trajectories: The study sample consisted of 74 groups after excluding one group due to age differences, and the DASS-21 scale was used to measure depression and anxiety. The results showed that participants who initially had high levels of depression showed significant improvement after the programme, and that positive mental health generally increased during the study period. The results indicate the effectiveness of the programme in reducing depressive symptoms, especially in the most affected group, and support the importance of adopting low-cost preventive and therapeutic group psychology programmes for youth.

Duan, et al. (2020): An investigation of mental health status of children and adolescents in china during the outbreak of COVID-19.

The study aimed to reveal the psychological effects of the Corona pandemic (COVID-19) on children and adolescents, by analysing their anxiety and depression levels and the factors associated with them, and the study used the descriptive-analytical method, and relied on the available sample method, as electronic questionnaires were distributed, including the Child Anxiety Scale (Spence), Child Depression Scale, and Coping Style Scale to 359 children and 3254 adolescents, and the results showed that the average level of anxiety in children reached (23. 87 ± 15.79) and in adolescents (29.27 ± 19.79), and it was found that 22.28% of the participants suffer from symptoms of depression, and the increase in anxiety levels was associated with several factors. (87 ± 15.79) and in adolescents (29.27 ± 19.79). 22.28 per cent of the participants were found to suffer from depressive symptoms, and increased anxiety levels were associated with several factors including: Females, living in urban areas, and the use of emotional confrontation, while depression was associated with nine factors, including: Smartphone addiction, internet addiction, and residence in Hubei province, while spending more hours online before the pandemic and using an issue-orientated coping style were associated with lower depressive symptoms.

Wiens, et al. (2020): A growing need for youth mental health services in Canada: examining trends in youth mental health from 2011 to 2018.

The study aimed to assess mental health-related trends among young Canadians aged 12 to 24 years, data was collected from eight cycles of the Annual Community Health Survey of Canada from 2011 to 2018, researchers used meta-regression to assess temporal trends in the prevalence of mental disorders such as anxiety, depression, suicidal ideation, sleep issues, and substance use, results showed an increase in the prevalence of poor/fair mental health, mood and anxiety disorders, and mental health counselling from 2011 to 2018, a decrease in the prevalence of heavy drinking among adult and adolescent males was also observed, while cannabis use among adolescents increased in 2018 after a period of decline.

Mayordomo-Rodríguez, Meléndez-Moral, Viguer-Segui, & Sales-Galán (2015): Coping strategies as predictors of well-being in youth adult.

The study aimed to determine the impact of coping strategies on youth well-being in a sample of 405 youth using structural equation modelling, a questionnaire-based research approach was used to measure coping strategies and well-being, indicators of coping quality were analysed to select the best structural equation model, where well-being was measured using RIV measures of well-being, results showed that issue-based coping positively predicted a significant portion of the variance in well-being, while emotional coping had a negative impact on well-being, religion was not included as a coping strategy in the final model a significant portion of the variance in well-being, while emotional coping had a negative impact on well-being, religion was not included as a coping strategy in the final model, the impact of the results was discussed within the literature on youth well-being, as the study concluded that youth do not typically use religion or magical thinking as coping strategies, and that the use of negative emotional coping was associated with lower issue-based coping.

Simpson, Suarez, Cox, & Connolly (2018): The role of coping strategies in understanding the relationship between parental support and psychological outcomes in anxious youth.

This study aimed to examine the role of coping strategies in modifying psychological outcomes at varying levels of parental support in a sample of youth with clinical anxiety, 174 youth (mean age 11.89) participated in the study and completed the Child Coping Strategies Inventory, Child and Adolescent Social Support Scale, Child Multidimensional Anxiety Scale, and Child Depression Test. Data were collected at a university anxiety disorder treatment clinic, a non-experimental approach was used to analyse active and passive coping strategies as modifying factors for anxiety and depression while controlling for parental support, the results showed that active coping strategies modified the relationship between parental support and anxiety, but not as expected, while the modification results for passive coping strategies were mixed. The results showed that anxious youth who received greater parental support and used active coping strategies were prone to higher levels of anxiety, but were protected from high depression, and passive coping strategies showed an effect that raised anxiety levels as expected.

Dariotis & Chen (2022): Stress coping strategies as mediators: toward a better understanding of sexual, substance, and delinquent behavior-related risk-taking among transition-aged youth.

The study aimed to test whether different coping strategies mediate the relationship between stressful life events and risky behaviours in three domains among youth in age transition (18 to 24 years old). The sample included 126 participants (mean age 21.3 years, standard deviation 1. 9), 52% black and 56% female, data were analysed using statistical models with adjustment for covariates, results showed that stressful life events were uniquely associated with risky behaviours at moderate to high levels, while perceived stress was not, significant indirect effects of stressful life events via avoidant coping strategies were found, especially in illicit drug use and risky sexual behaviour, and avoidant coping strategies were a partial mediator of the relationship between stressful life events and drug use/risky sexual behaviour; the study found no mediation of coping strategies in the relationship between stressful life events and delinquency.

Varga, & Zaff, (2018): Webs of support: An integrative framework of relationships, social networks, and social support for positive youth development.

This study aims to provide a new framework for understanding how supportive relationships influence the psychological, behavioural and academic adjustment of youth, with a focus on how relationships and resources are integrated within the developmental system of relationships. The study drew on the literature on social relationships, social support, social capital, and social networks, and introduced the concept of 'support networks' to better understand how relationships and resources work to support youth, and used a theoretical approach to analyse the impact of multiple relationships on youth development, considering youth's interaction with those relationships within different contexts (such as home and school), the findings showed that young people need to negotiate different relationships across contexts to secure the necessary developmental support, and that support networks are not just a random network, but rather contextualised relationships.

Stunden, et al. (2020): Help-seeking behaviors of transition-aged youth for mental health concerns: Qualitative study.

The study aimed to explore the influencing factors and patterns of mental health help-seeking among transitioning youth (17-29 years old) attending post-secondary educational institutions in Canada, given that this group is more vulnerable to psychological issues and less likely to seek support. The study followed a qualitative approach by conducting 12 semi-structured focus groups with youth from various Canadian universities, and the data were analysed using thematic analysis to identify the main themes. The findings revealed four main themes: (1) the influence of formal service providers in terms of accessibility and recipients' experiences, (2) the influence of social factors such as mobility within the health system and social stigma, (3) the influence of health education through the ability to recognise and respond to symptoms and the use of digital tools and awareness campaigns, (4) the role of low-intensity sources of support such as self-help and found that youth rely on various sources to seek support but face challenges in accessing formal support, highlighting the need to develop practical interventions that facilitate the process of seeking help and promote the use of digital tools and doctors as primary means of support.

Zhao, & Hu (2022): A multilevel model of the help-seeking behaviors among adolescents with mental health problems.

The study aimed to examine mental health issues and associated help-seeking behaviours in a sample of Chinese adolescents. The study used a descriptive-analytical approach, where data were collected from 3480 students from four middle and high schools in Changsha city, Hunan province, through an electronic questionnaire that included general information, psychological issues such as depression, anxiety, self-harm and suicidal thoughts, as well as help-seeking behaviours from official sources (such as psychological teachers and specialists) The results showed that the prevalence rates of depression, anxiety, self-harm and suicidal thoughts were 13. 7%, 11.5%, 9.8% and 9.1% respectively, Although 73 per cent of participants reported seeking help, the vast majority (99.3 per cent) used informal sources, while only 13.9 per cent used formal sources. Females, higher grades, lack of school psychological resources, and lack of suicidal thoughts were all found to be associated with an increased likelihood of seeking

formal help, while middle school students, average attainment, and more educated parents were less likely to seek formal support.

Lindow, et al. (2020): The youth aware of mental health intervention: impact on help seeking, mental health knowledge, and stigma in US adolescents.

The study aimed to evaluate the effectiveness of the "Youth Aware of Mental Health" (YAM) program, a primary preventive intervention delivered in schools to promote mental health and prevent suicide among adolescents. Previously implemented in Europe, this study represents the first evaluation of YAM in the United States. Researchers utilized a quasi-experimental pre-post approach without a control group. The program was administered to 1,878 students across 11 schools, with 436 students completing surveys before the intervention and three months afterward. The study employed tools including five questions on help-seeking behaviors, the General Help-Seeking Questionnaire (GHQ), two measures of mental health literacy, and two scales assessing stigma associated with mental illness. Results indicated significant improvements in three out of five help-seeking behaviors, increased mental health knowledge, and reduced stigma levels following the program. However, there was no change in the intent to seek help. The study concluded that YAM contributed to enhancing knowledge and preventive behaviors, underscoring its potential as an effective tool for promoting adolescent mental health. The findings suggest that further randomized controlled trials are warranted to confirm its efficacy in preventing suicidal behaviors among youth.

Planey, Smith, Moore, & Walker (2019): Barriers and facilitators to mental health help-seeking among African American youth and their families: A systematic review study.

The study aimed to explore the barriers and facilitators influencing mental health help-seeking and the utilization of mental health services among African American/Black adolescents. This focus stems from the observed underutilization of such services by this demographic. The researchers employed a narrative systematic review methodology, analyzing both quantitative and qualitative studies published between January 2000 and May 2017. Fifteen studies were selected based on specific criteria, including six quantitative studies, eight qualitative studies, and one mixed-method

study. These studies specifically addressed Black adolescents under the age of 18 in a non-aggregated manner. The review identified seven primary themes representing barriers: child-related factors, clinician-related factors, social stigma, religion, treatment costs and availability, the role of schools, and social networks. Similarly, seven themes were identified as facilitators: the child's psychological issues, caregivers' experiences, social support, positive therapeutic relationships, religion, referrals from parents or gatekeepers, and geographical location. The findings highlighted that the process of seeking mental health assistance among these adolescents is complex and multifaceted. It is influenced by individual, social, and structural factors. This complexity underscores the importance of reducing barriers and improving access to mental health services for this marginalized group.

1.13 Research Gap

Despite the extensive literature on the mental health challenges faced by Palestinians due to ongoing political violence, financial stress, and social stigma, there are notable gaps that need to be addressed. Many studies have focused on the prevalence of mental health disorders, particularly PTSD and depression, among various demographics such as children, adolescents, and adults in different regions like the West Bank, Gaza Strip, and East Jerusalem. However, there is a lack of comprehensive research exploring the specific attitudes and barriers to seeking mental health services in these populations.

Most existing studies emphasize the symptoms and prevalence of mental health issues but do not delve deeply into the underlying cultural, religious, and socio-political factors that influence help-seeking behaviour. Furthermore, while some research has highlighted the role of social support in mitigating the effects of political violence and trauma, there is a limited exploration of how different types of social support (e.g., family, community, and religious institutions) specifically affect attitudes toward seeking formal mental health services.

The interaction between perceived stigma, and the availability of informal support systems in shaping mental health help-seeking behavior remains under-researched. Additionally, the impact of socio-political factors such as discrimination and the inadequacy of mental health resources on help-seeking behavior has not been thoroughly examined. Addressing these gaps is crucial for developing culturally

sensitive mental health interventions and policies that can effectively support Palestinians in overcoming the barriers to accessing mental health care.

1.14 Problem Statement

Over seven decades of occupation have shaped the lives of Palestinians, with political violence playing a central role. This violence manifests in various forms including systematic oppression, displacement, incursions, movement restrictions, indiscriminate killings, land theft, settler violence, property destruction, and cattle rustling.

These practices have a direct and continuous impact on the lives of individuals in various Palestinian areas, including Gaza, Hebron, Jerusalem, and the northern West Bank. Consequently, the researcher believes that Palestinians are exposed to severe psychological pressures that might manifest themselves in disorders such as anxiety, stress and depression, making mental health one of the most important issues to be studied and understood.

However, the researcher notes that the impact of political violence on mental health varies from individual to individual, suggesting that there are mediating factors that might play a role in mitigating or intensifying these effects. Hence, this study seeks to examine the relationship between political violence (as an independent variable) and mental health (as a dependent variable), focusing on the mediating roles of three key factors: coping strategies, social support, and help-seeking.

The researcher argues that coping strategies, whether positive (e.g. problem-solving and active coping) or negative (e.g. avoidance and emotional reactivity), are an important factor in how individuals cope with the pressures of political violence. At the same time, the researcher believes that social support plays a crucial role in the Palestinian context, as Palestinian society is a collectivist society that relies heavily on family and social ties. Finally, the researcher acknowledges the significance of seeking professional help, yet acknowledges the obstacles that may prevent individuals from accessing specialized psychological support.

Moreover, the study considers demographic variables such as age, gender and education level to understand how these factors may influence individuals' reactions to political violence and its psychological consequences.

Despite the significant impact of political violence on the mental health of Palestinians, the researcher believes that published research on this topic is still limited, especially in light of the escalating degrees of violence in recent years compared to previous years. Consequently, this study aims to address this research gap by providing a comprehensive analysis of the relationship between political violence and mental health, with a focus on mediating factors that can modify this relationship.

The objective of this study is to provide a more profound comprehension of the relationship between political violence and mental health within the Palestinian context, with a particular emphasis on the role of mediating factors in attempting to modify this relationship. The study also aims to provide insights that contribute to the development of more effective psychosocial interventions appropriate to the Palestinian cultural and social context and support individuals and communities affected by political violence.

1.15 Research Questions

The study aims to answer the following questions:

- Does the proposed model, which examines the relationship between Political Violence and mental health outcomes, achieve an acceptable fit when Coping Strategies, social support, and Help-Seeking are included as mediating variables among Palestinians?
- Are there statistically significant differences in the means of Political Violence, mental health outcomes, Coping Strategies, Social Support, and Help-Seeking among Palestinians attributed to the variables of gender, place, and educational level?

1.16 Research Hypotheses

There are no statistically significant differences in the means of political violence, mental health outcomes, coping strategies, social support, and help-seeking among Palestinians attributed to gender, place, and educational level.

1.17 Study Significance

The study contributes to the current state of research by providing comprehensive insights into the ways Palestinians living in the West Bank deal with political violence, the support they receive, as well as the strategies they use to seek help. By accentuating these adaptive mechanisms in the context of the sociopolitical climate in the Palestinian territory, the research suggests valuable insights into people's and communities' resilience and creativity when facing a long-lasting war. Second, the findings of this research may be useful in the development of culturally appropriate mental health interventions and resources tailored for the Palestinians living through political violence and who have a set of certain needs and expectations.

By identifying the facilitators and barriers associated with this population's mental health help-seeking behaviors, mental health care providers, politicians and other stakeholders can engage in an effective interprofessional/intersectoral partnership to implement directed strategies that increase access to mental health services and promote their utilization. In addition, by describing the overlapping of political violence, coping mechanisms, social support, and mental health outcomes of the targeted individuals, the present study broadens our understanding of the more extensive impact of trauma and conflict on the lives of people from different societies. The effects relate these to other affected populations in other zones of occupation, including the Palestinian population.

1.18 Research Objectives

This study aims to:

- Examine whether the proposed model, which investigates the relationship between political violence and mental health outcomes, achieves an acceptable fit when coping strategies, social support, and help-seeking are included as mediating variables among Palestinians.
- Identify whether there are statistically significant differences in the levels of political violence, mental health outcomes, coping strategies, social support, and help-seeking among Palestinians based on gender, place of residence, and educational level.

1.19 Lack of Resources

Thus, a large part of the population in Palestine has to receive mental health care. However, the Palestinian Ministry of Health MH provides mental-health services is scarce, poor, blurry, and inaccessible services (Hammoudeh et al., 2020). Ethnic disparities and exclusion also matter much in the healthcare sector and the psychological well-being of Palestinians in the Palestine (Yudkin, Bakshi, Craker, & Taha, 2022). However, it might be useful to explore how demographic characteristics may affect stigma. Compared to the female students, more significant negative stigmatization and evaluation of mental health problems are observed among the male students (Rafal & Smith, 2018).

1.20 Study Limitation

Convenience sampling may lead to a Sampling Bias because people actively engaging in social media platforms may not be random or can be generalized to the total Palestinian population in the West Bank. This might lead to sampling bias and only include young people with easy access to the internet and a relatively higher understanding of the technology, while disregarding the experiences of older people or people with no internet connection at all. Furthermore, limitations arise from the fact that participants completed the questionnaires online and thus, data relies on self-report which may be influenced by the social desirability bias whereby participants try to avoid giving out information that they consider socially unacceptable or provide information that is socially desirable though it may not be accurate.

However, the measures for political violence exposure, mental health symptoms, coping styles, social support and help-seeking behaviors are self-generated and standardized, though the cross-sectional survey approach restricts the ability to make causal inferences. The data collected in this study can only establish a given pattern at a unique time and thus demarcate the relatedness but not the flow of events or circumstances between the two constructs of the study. Observational research could be more useful in assessing how political violence affects the health of a person and how people cope with the effects and seek support in the long run. In addition, the subject might be such a personal and sensitive one that respondents are reluctant to admit they were exposed to violent material or have mental disorders that prevent them from adjusting to a non-

violent society to avoid being stigmatized or punished and, therefore, this might skew the results downwards.

1.21 Study Limits

The study does not include Palestinians who are in Gaza or among the refugees since it is a cross-sectional study collected only among West Bank Palestinians. Also, the study is focused on cross-sectional survey data collected through online questionnaires, so the data might not be representative of actual severe mental health conditions and people's coping mechanisms across the population.

Chapter Two

Methodology and Procedures

This chapter covers the methods and procedures followed in the study, including the identification of the research methodology, participants and procedure, and a presentation of the study instruments. It also outlines the practical steps taken to validate the study tools, provides an explanation of the study variables, and highlights the types of statistical tests used to analyze the study data.

2.1 Method

This study employed a quantitative descriptive correlational approach to examine the associations between Political Violence and mental health outcomes among Palestinians. Specifically, it investigated the mediating roles of Coping Strategies, social support, and Help-Seeking in these relationships. Data were collected through standardized quantitative surveys, enabling a statistical analysis of the relationships between these variables and providing a robust understanding of the interplay between exposure to specific Political Violence and mental health indicators.

2.2 Participants and Procedure

The study population comprised Palestinians. A total of 30 participants took part in the pilot study, which aimed to evaluate the psychometric properties of the study instruments. For the main study, the sample included 375 Palestinian participants. Table 1 presents the distribution of the study sample according to demographic variables.

Table 1

Distribution of the Study Sample by Demographic Variables(n= 375)

Variables	Categories	Number	% Percentage
Gender	Male	79	21.1
	Female	296	78.9
Place	City	103	27.5
	Village	250	66.7
	Camp	22	5.9
Educational level	High School or Below	46	12.3
	Bachelor's Degree	231	61.6
	Postgraduate Studies	98	26.1

2.3 Measures

Political Violence Scale

To measure Political Violence, the researcher used a collection of existing scales, including (Exposure to Political Violence Inventory EPVI). Based on these scales, the current study adapted the measure to better suit the sample and the study environment. This unidimensional scale consists of 49 self-report items, rated on a dichotomous scale (Yes = 1, No = 0). A higher total score indicates a greater level of Political Violence. Participants were asked to answer each item with either “Yes” or “No.” For example, they were asked: Have you witnessed the occupying forces or settlers assault any of your parents, siblings, or relatives by beating them with their hands ?" and "Have you witnessed the occupying forces or settlers forcibly drag or push any of your parents, siblings, or relatives?".

DASS-21 Depression and Anxiety Scales

To measure mental health outcomes, the DASS-21 scale (Depression, Anxiety, and Stress Scales) was used. The DASS-21 is a self-report tool containing 21 items (7 per scale) that assess three constructs: Depression, Anxiety, and Stress (Lovibond & Lovibond, 1995). In the DASS-21, the depression subscale is composed of Items 3, 5, 10, 13, 16, 17, and 21, and includes statements such as “I couldn’t seem to experience any positive feeling at all.” The anxiety subscale consists of Items 2, 4, 7, 9, 15, 19, and 20, with items such as “I felt I was close to panic.” The stress subscale is made up of Items 1, 6, 8, 11, 12, 14, and 18, and includes items like “I found myself getting agitated.” The items are rated on a 4-point Likert scale ranging from 0 (Did not apply to me at all) to 3 (Applied to me very much or most of the time). The DASS-21 scale has been widely used in psychological studies and has consistently demonstrated high internal consistency, with all Cronbach’s α values above .87 (Antony, Bieling, Cox, Enns, & Swinson, 1998). Test-retest reliability and construct validity have also been reported as adequate across various studies (Antony, Bieling, Cox, Enns, & Swinson, 1998; Lovibond & Lovibond, 1995), with additional evidence supporting construct validity in non-clinical sample. (Sinclair, et al., 2012; Henry & Crawford, 2005).

Coping Strategies Scale

To assess Coping Strategies, the scale used in Najem's study (2022) was employed. This multidimensional tool comprises 30 self-report items and measures four distinct dimensions: Solving Problems (items 1, 5, 6, 11, 16, 20, 23, 27, 28), Effective Coping Strategies (items 2, 8, 12, 14, 15, 17, 24), Coping Avoidance (items 3, 4, 7, 9, 18, 21, 25, 29), and Emotional Coping (items 10, 13, 19, 22, 26, 30). The scale is rated on a triadic format with the response options "Always applies" (2), "Sometimes applies" (1), and "Does not apply" (0). It should be noted that the scale does not yield a meaningful overall total score; instead, scores are interpreted separately for each dimension. For example, in the Solving Problems dimension, participants responded to the statement "I made a plan to solve the problem," while in the Coping Avoidance dimension, they answered the statement "I resorted to sleeping a lot during crises."

Social Support Scale

To measure social support, the Social Support Scale was developed after reviewing a range of existing instruments, including the Social Support Scale in Tamoni & Alrhman (2022) and other notable measures (Social support scale). The current scale is composed of 8 self-report items and is unidimensional. The items are rated on a 4-point Likert scale (0 = I strongly disagree to 3 = I strongly agree), with higher total scores indicating greater levels of social support. Participants were asked to indicate the extent to which they agreed with statements such as, "There are people who really love me".

Notably, the 8 items of the current scale correspond to key items from Tamoni & Alrhman's (2022) 12-item scale, lending additional support to its validity. Tamoni & Alrhman (2022) established measurement invariance across genders for the MSPSS and reported strong internal consistency (McDonald's Omega = .906) along with good fit indices ($\chi^2 = 94.745$, df = 51, RMSEA = .047, CFI = .997, TLI = .996). These findings underscore the appropriateness of the selected 8 items for capturing social support within the Palestinian context, affirming the reliability and validity of the developed scale.

Help-Seeking Scale

To assess help-seeking, the researcher used a collection of existing scales, including (Help seeking scale). Based on these scales, the current study adapted the measure to better suit the sample and the study environment. The Help-Seeking Scale used in the current study consists of 10 items. This unidimensional measure employs a 5-point Likert format (0 = I strongly disagree to 4 = I strongly agree), with higher total scores indicating a greater level of help-seeking. Items 1, 3, 5, 6, and 7 are positively worded, whereas items 2, 4, 8, 9, and 10 are negatively worded; these negative items were reverse scored during data analysis.

Participants were asked to indicate the extent to which they agreed with statements such as, “I trust that I will find solace in seeking counseling and psychotherapy if I experience a severe psychological crisis at this stage of my life.” The 10 items employed in the current study are intended to effectively capture help-seeking behavior within the specific context of this research...

2.4 Psychometric properties of the study scales

To validate the psychometric properties of the study scales, the scales were administered to a pilot sample of 30 among Palestinians. The results were as follows:

Construct Validity

Pearson correlation coefficients were calculated to determine the association of each item with both its corresponding dimension and the total score of the DASS-21 scale. Additionally, Pearson correlations were used to evaluate the relationship between each individual item and the total score computed for its respective scale namely, for Political Violence, Social Support, and Help-Seeking. For the Coping Strategies scale, however, each item's correlation was computed solely with its corresponding sub-dimension (i.e., Solving Problems, Effective Coping Strategies, Coping Avoidance, and Emotional Coping) since no logical total score exists for this scale. These results are presented in Tables 2, 3, 4, 5, and 6.

Tables 2

Correlation coefficients of the items in the Political Violence Scale with the total scale score (n=30)

Item	Correlation with total score	Item	Correlation with total score	Item	Correlation with total score	Item	Correlation with total score	Item	Correlation with total score
1	0.670	11	0.711	21	0.496	31	0.584	41	0.390
2	0.674	12	0.683	22	0.591	32	0.479	42	0.334
3	0.820	13	0.620	23	0.582	33	0.374	43	0.384
4	0.636	14	0.563	24	0.342	34	0.522	44	0.597
5	0.606	15	0.669	25	0.529	35	0.557	45	0.347
6	0.493	16	0.451	26	0.527	36	0.383	46	0.341
7	0.602	17	0.674	27	0.488	37	0.340	47	0.570
8	0.399	18	0.813	28	0.421	38	0.363	48	0.575
9	0.524	19	0.655	29	0.488	39	0.332	49	0.357
10	0.647	20	0.376	30	0.488	40	0.385	-	-

Table 2 shows that the items correlation coefficients ranged between 0.332 and 0.820, all exceeding the specified threshold of 0.30.

Tables 3

Values of the correlation coefficients between the items of the DASS-21 scale and their respective dimensions, the correlation coefficients between the items and the total scale score, and the correlation coefficients between each dimension and the total scale score (n=30)

Item	Connection with dimension	Correlation with total score	Item	Connection with dimension	Correlation with total score	Item	Connection with dimension	Correlation with total score
	Depression			Stress			Anxiety	
3	0.603	0.398	1	0.608	0.580	2	0.739	0.600
5	0.605	0.763	6	0.617	0.565	4	0.784	0.662
10	0.790	0.773	8	0.782	0.678	7	0.702	0.586
13	0.852	0.882	11	0.918	0.886	9	0.602	0.576
16	0.884	0.834	12	0.855	0.862	15	0.660	0.617
17	0.666	0.411	14	0.825	0.831	19	0.840	0.795
21	0.787	0.500	18	0.814	0.789	20	0.770	0.685
A total score for the dimension of 0.87			A total score for the dimension of 0.96			A total score for the dimension of 0.89		

Table 3 shows that the items correlation coefficients ranged between 0.398 and 0.918, all exceeding the specified threshold of 0.30.

Tables 4

Correlation coefficients of the Coping Strategies Scale items with their corresponding sub-dimension scores (n=30)

Item	Connection with dimension	Item	Connection with dimension	Item	Connection with dimension	Item	Connection with dimension
	Solving Problem		Effective Coping Strategies		Coping Avoidance		Emotional Coping
1	0.590	2	0.558	3	0.497	10	0.610
5	0.609	8	0.723	4	0.636	13	0.794
6	0.683	12	0.714	7	0.588	19	0.603
11	0.655	14	0.614	9	0.417	22	0.766
16	0.798	15	0.412	18	0.636	26	0.687
20	0.675	17	0.583	21	0.309	30	0.776
23	0.677	24	0.674	25	0.613	-	-
27	0.450	-	-	29	0.337	-	-
28	0.508	-	-	-	-	-	-

Table 4 shows that the items correlation coefficients ranged between .309 and .798, all exceeding the specified threshold of 0.30.

Tables 5

Correlation coefficients of the Social support Scale items with the total scale score (n=30)

Item	Correlation with total score
	Social Support
1	0.577
2	0.860
3	0.878
4	0.904
5	0.921
6	0.906
7	0.885
8	0.786

Table (5) shows that the items correlation coefficients ranged between 0.577 and 0.921, all exceeding the specified threshold of 0.30.

Tables 6

Correlation coefficients of the Help-Seeking Scale items with the total scale score (n=30)

Item	Correlation with total score
	Help-Seeking
1	0.532
2	0.469
3	0.515
4	0.359
5	0.678
6	0.692
7	0.466
8	0.410
9	0.504
10	0.566

Table 6 shows that the items correlation coefficients ranged between 0.359 and 0.692, all exceeding the specified threshold of 0.30.

2.5 Reliability

The internal consistency of each scale was evaluated using appropriate reliability coefficients based on the nature of the items. Specifically, for the Political Violence scale which is a dichotomous measure (coded as 1, 0) the Kuder-Richardson-20 (KR-20) formula was employed, as it is considered the most suitable reliability estimate for dichotomous scales (Adamson & Prion, 2013). In contrast, Cronbach's alpha was used for the DASS-21, Coping Strategies, Social Support, and Help-Seeking scales, as these scales utilize a Likert-type rating format. Table 7 provides the detailed results.

Table 7

Reliability coefficients of the study scales: Kuder-Richardson-20 was used for the dichotomous Political Violence scale, while Cronbach's alpha was employed for the DASS-21, Coping Strategies, Social Support, and Help-Seeking scales

Tools	The dimension	Number of Items	Cronbach's alpha	Kuder-Richardson (KR-20)
Political Violence	-	49	-	0.94
DASS-21	Depression	7	86.0	-
	Stress	7	89.0	-
	Anxiety	7	85.0	-
DASS-21		21	94.0	-
Coping Strategies	Solving Problem	9	81.0	-
	Effective Coping Strategies	7	70.0	-
	Coping Avoidance	8	62.0	-
	Emotional Coping	6	80.0	-
Social Support	-	8	94.0	-
Help-Seeking	-	10	69.0	-

Table 7 shows the reliability coefficients for the study scales. The Political Violence scale, which consists of 49 dichotomous items, demonstrated high internal consistency with a Kuder-Richardson-20 (KR-20) coefficient of 0.94. For the DASS-21 scale, Cronbach's alpha values were 0.86 for Depression, 0.89 for Stress, and 0.85 for Anxiety, with an overall reliability coefficient of 0.94. The Coping Strategies scale was assessed across its subdimensions, with Solving Problem, Effective Coping Strategies, Coping Avoidance, and Emotional Coping yielding Cronbach's alpha values of 0.81, 0.70, 0.62, and 0.80, respectively. Additionally, the Social Support and Help-Seeking scales, comprising 8 and 10 items, demonstrated reliability coefficients of 0.94 and 0.69, respectively. These findings suggest that the scales exhibit acceptable to excellent reliability, making them suitable for the study.

2.6 Study Variables

The study included the following variables:

- Independent variable: Political Violence.
- Mediating variables: Coping Strategies, Social support, Help-Seeking.
- Dependent variable: Mental Health Outcomes.

2.7 Demographic Variables

1. Gender: Two categories: (1- Male, 2- Female).
2. Place: Three categories: (1- City, 2- Village, 3- Camp).
3. Educational level: Three categories: (1- High School or Below, 2- Bachelor's Degree, 3- Postgraduate Studies) .

2.8 Study Implementation Procedures

The study was conducted according to the following steps:

1. Collecting information from various sources to establish the theoretical framework for the study.
2. Select the study population and then the study sample.
3. Choosing the study instruments.
4. Distributing the study instruments to a pilot sample comprising 30 Palestinians to assess the psychometric properties.
5. Distributing the study instruments to the main sample, requesting participants to respond to the items accurately and objectively, after ensuring that participants were informed that their responses would be used exclusively for scientific research purposes.
6. Using SPSS (version 28) and AMOS (version 24) for data analysis and conducting the appropriate statistical tests.
7. Discussing the results derived from the analysis in light of theoretical literature and previous studies, and formulating a set of recommendations and research proposals.

2.9 Statistical Analyses

To analyze the data, the researcher used SPSS (version 28) and AMOS (version 24), employing the following statistical methods:

1. Pearson Correlation Coefficient to assess construct validity.
2. Cronbach's Alpha to determine the reliability coefficient for each of the study scales.

3. MANOVA ("without interaction effects") to examine the differences in the mean scores of DASS-21, and Coping Strategies attributed to the variables: gender, place, and Educational level.
4. Three-way ANOVA ("without interaction effects") to examine the differences in the mean scores of each of the following scales: Political Violence, Social support, and Help-Seeking, to assess differences based on the variables: gender, place, and Educational level.
5. Scheffe Test for post-hoc comparisons.

Additionally, AMOS (version 24) was used to test the model based on the Maximum Likelihood Estimation (MLE) method, utilizing the following goodness-of-fit indices:

- Chi-square (χ^2)
- P-value.
- CMIN/df: The Relative Chi-Square.
- Comparative Fit Index (CFI).
- Incremental Fit Index (IFI).
- Tucker–Lewis Index (TLI).
- Root Mean Square Error of Approximation (RMSEA).
- Root Mean Squared Residual (SRMR).

Path analysis was conducted to examine the Direct, Indirect, and Total Effects of the variables, using the Bootstrapping method.

Chapter Three

Study Findings

This chapter presents the findings of the study in relation to the research questions posed. The results are organized systematically according to a structured methodology, as follows:

3.1 Results related to the research questions

Question 1: Does the proposed model, which examines the relationship between Political Violence and mental health outcomes, achieve an acceptable fit when Coping Strategies, social support, and Help-Seeking are included as mediating variables among Palestinians?

To answer this question, the means, standard deviations, and correlations between the variables in the proposed model were calculated, and the results are presented in Table 8 below.

Table 8

Means, Standard Deviations, and Correlations between the Variables of the Proposed Model (N=375)

Variables	M	SD	Political Violence	Depression	Stress	Anxiety	Solving Problem	Effective Coping	Coping Avoidance	Emotional Coping	Social Support	Help-Seeking
Political Violence	0.29	0.213	1.000									
Depression	1.30	0.673	0.343	1.000								
Stress	1.23	0.591	0.404	0.730	1.000							
Anxiety	0.89	0.643	0.397	0.646	0.773	1.000						
Solving Problem	1.13	0.400	-0.159	-0.298	-0.276	0-.347	1.000					
Effective Coping	1.17	0.355	-0.021	-0.285	-0.233	-0.221	0.671	1.000				
Coping Avoidance	0.81	0.320	0.271	0.280	0.241	0.380	-0.250	-0.227	1.000			
Emotional Coping	1.14	0.459	-0.037	0.176	0.273	0.193	-0.153	-0.135	0.367	1.000		
Social Support	2.15	0.575	-0.159	-0.131	-0.010	0.032	-0.006	0.089	-0.043	-0.080	1.000	
Help-Seeking	2.22	0.562	-0.044	0.001	0.115	0.117	0.011	0.122	-0.050	-0.062	0.211	1.000

Table 8 presents the Pearson correlation coefficients among the study variables. The analysis reveals that Political Violence is moderately correlated with Depression (r = 0.343), Stress (r = 0.404), and Anxiety (r = 0.397), indicating that increased exposure to political violence is associated with higher psychological distress. In contrast, the problem-focused coping strategy "Solving Problem" shows negative correlations with Depression (r = –0.298), Stress (r = –0.276), and Anxiety (r = –0.347), suggesting that effective problem-solving may mitigate the adverse effects of political violence on mental health.

Similarly, Effective Coping is negatively associated with Depression (r = –0.285), Stress (r = –0.233), and Anxiety (r = –0.221), and it is strongly linked with Solving Problem (r = 0.671), highlighting the coherence among adaptive coping strategies. Conversely, Coping Avoidance is positively correlated with Depression (r = 0.280), Stress(r =0.241), and Anxiety (r = 0.380), which may imply that avoidance strategies exacerbate psychological distress.

Emotional Coping shows slight positive correlations with Stress (r = .273) and Anxiety (r = 0.193), with minimal association with Depression (r = 0.176). Furthermore, Social Support exhibits a weak negative correlation with Depression (r = –0.131) and negligible associations with the other mental health outcomes, while Help-Seeking displays modest positive relationships with Stress (r = 0.115) and Anxiety (r =0 .117). These weak direct associations for Social Support and Help-Seeking suggest that they may not be primary predictors of mental health outcomes; instead, they might serve as mediating variables that buffer or modify the impact of stressors including Political Violence on psychological distress.

Before performing the analysis and calculating the model's goodness-of-fit indices, Mahalanobis Distance-squared (D^2) was computed to identify potential outliers with significance values less than $p < 0.001$, following (Tabachnick & Fidell, 2013). The analysis revealed that there were no extreme values in the sample, and the final sample size remained at 375.

In addition, the normality of the observed variables was evaluated by calculating skewness and kurtosis values, as shown in Table 9 below.

Table 9

Skewness and Kurtosis Values

Variables	skew		kurtosis	
	Value	c.r.	Value	c.r.
Political Violence	0.890	7.035	0.234	0.926
Depression	0.605	4.780	-0.014	-0.055
Stress	0.097	0.769	-0.431	-1.702
Anxiety	-0.129	-1.019	0.396	1.565
Solving Problem	-0.449	-3.552	0.439	1.735
Effective Coping	-0.729	-5.760	1.000	3.953
Coping Avoidance	-0.125	-0.986	-0.759	-3.000
Emotional Coping	0.552	4.367	-0.573	-2.266
Social Support	0.636	5.025	0.197	0.780
Help-Seeking	0.187	1.476	-0.809	-3.196

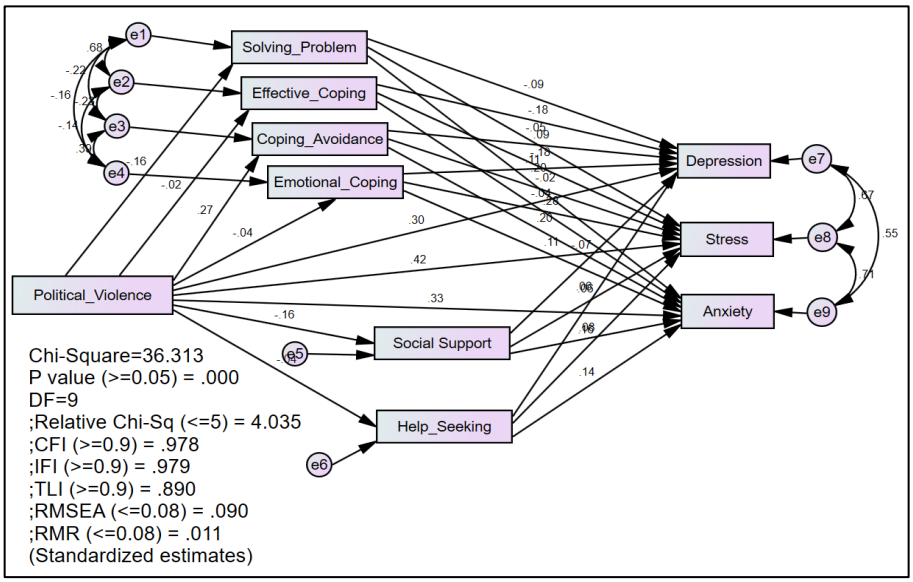
Note: c.r. = Critical Ratio.

As shown in Table 9, skewness values range from -0.729 to 0.890 and kurtosis values range from -0.809 to 1.000, all falling within the acceptable limits recommended by Finney & DiStefano (2006), where skewness should be within ±2.00 and kurtosis within ±7.00.

A causal model was constructed based on theoretical foundations, logical reasoning, and findings from previous studies. This model proposed Political Violence as the independent variable, with Coping Strategies, Social Support, and Help-Seeking as mediating variables, and Mental Health Outcomes (depression, stress, and anxiety) as dependent variables. To test this model, path analysis was conducted using the Maximum Likelihood Estimation method through AMOS (version 24), which enabled mapping the proposed model and evaluating the data fit using goodness-of-fit indices, as illustrated in Figure 1.

Figure 1

Fit Indices and Regression Coefficients for the Proposed Model



As shown in Figure 1, the proposed model identifies Political Violence as an independent variable, with Coping Strategies, Social Support, and Help-Seeking as mediating variables, and Mental Health Outcomes (depression, stress, and anxiety) as dependent variables. The figure also illustrates the fit indices and regression coefficients for the proposed model. For a detailed presentation of the model's fit indices for the study sample, including criteria, values, and fit status, see Table 10 below.

Table 10

Fit Indices for the Model in the Study Sample Based on Criteria, Values, and Fit Status

Model fit indicators	Value	Indicator standard	Criterion
χ^2	36.313		
Number of distinct sample moments	55		
Number of distinct parameters to be estimated	46		
Degrees of freedom	9		
p-value	0.000	Not a sign	Not a Good Fit
df / χ^2	4.035	Less than or equal to 5	Acceptable Fit
CFI	0.978	Greater than or equal to 0.90	Acceptable Fit
IFI	0.979	Greater than or equal to 0.90	Acceptable Fit
TLI	0.890	Greater than or equal to 0.90	Not a Good Fit
RMSEA	0.090	Less than or equal to 0.80	Not a Good Fit
RMR	0.011	Less than or equal to 0.80	Acceptable Fit

Note: Acceptance criterion indicators are as stated in (Wang & Wang, 2020; Awang, 2012).

Table 10 indicates mixed results regarding model fit. The chi-square value ($\chi^2 = 36.313$, $p < 0.001$) suggests a poor fit, despite the relative chi-square ($\chi^2/df = 4.035$) falling below the threshold of 5. The CFI (0.978) and IFI (0.979) values meet the acceptable criterion (≥ 0.90), while the TLI (0.890) is slightly below the acceptable level. Additionally, the RMSEA value (0.090) exceeds the recommended maximum of 0.080, although the RMR (0.011) is within acceptable limits. Overall, although some indices indicate an acceptable fit, others suggest that the model fit is generally unsatisfactory.

The regression coefficients for the causal paths between variables were also extracted, including the Standardized Regression Weights, Unstandardized Regression Weights, and the statistical significance of the regression coefficients. Table C.1 in appendix C illustrates this:

Table C.1 in appendix C presents the regression coefficients for the causal paths in the model, displaying both standardized and unstandardized values, along with their statistical significance levels.

Statistically Significant Paths ($p < 0.05$)

- Political Violence has significant negative effects on Social Support (β = -0.159, p = .002) and Solving Problem (β = -0.159, p = .002). Exerts significant positive effects on Coping Avoidance (β = 0.271, p < .001), Depression (β = 0.296, p < .001), Stress (β = 0.423, p < .001), and Anxiety (β = 0.333, p < .001). These results indicate that higher exposure to political violence is associated with lower levels of social support and problem-solving, while it increases reliance on avoidance coping and elevates psychological distress.
- Effective Coping significantly reduces Depression (β = -0.184, p = .003) and Stress (β = -0.181, p = .002).
- Emotional Coping is significantly positively related to Depression (β = 0.112, p = .023), Stress (β = 0.277, p < .001), and Anxiety (β = 0.110, p = .017).
- Help-Seeking and Solving Problem Help-Seeking shows significant positive associations with Stress (β = 0.158, p < .001) and Anxiety (β = 0.140, p < .001).
- Solving Problem is significantly negatively related to Anxiety (β = -0.199, p < .001).

Non-significant Paths ($p > 0.05$)

- Political Violence does not significantly affect Emotional Coping (β = -0.037, p = .468), Help-Seeking (β = -0.044, p = .390), or Effective Coping (β = -0.021, p = .680).
- Coping Strategies to Depression and Stress the direct effect of Solving Problem on Depression (β = -0.088, p = .161) is not significant.
- Coping Avoidance's effects on Depression (β = 0.094, p = .070) and Stress (β = -0.020, p = .680) are also non-significant.
- Social Support's effect on Depression (β = -0.068, p = .134) and Help-Seeking's effect on Depression (β = 0.063, p = .162) do not reach significance.

The results suggest that Political Violence is a key predictor of increased psychological distress, directly elevating Depression, Stress, and Anxiety, while also reducing adaptive coping resources such as Social Support and Solving Problem strategies. Notably, some coping strategies like Effective Coping and Emotional Coping demonstrate mixed effects, with Effective Coping reducing distress and Emotional Coping being associated with higher distress. The non-significant paths indicate that certain expected direct effects (e.g., Political Violence on Emotional Coping and Help-Seeking, or Social Support and Help-Seeking on Depression) may be better explained by indirect or mediating relationships rather than a straightforward direct impact.

To optimize the model's fit, two adjustment methods were considered. The first approach involved removing non-significant paths between variables, consistent with Hooper, Coughlan, & Mullen (2008), who recommend excluding paths with low or non-significant effects to reduce potential error. Although this strategy is one of the model adjustment practices, it was not applied here as removing these paths may oversimplify the model, potentially overlooking indirect relationships among variables. Thus, instead of eliminating paths, the second approach, which is also supported by Hooper, Coughlan, & Mullen (2008) and further recommended by Kline (2015), was adopted. This method leverages the Modification Indices to suggest adding paths between mediator variables, such as Coping Strategies, social support, and Help-Seeking. This adjustment retains the overall structure of the model while addressing observed non-significant effects, better capturing potential indirect relationships and preserving the model's integrity.

Consequently, this approach maintains the integrity of the model and enhances its capacity to explain nuanced interactions among variables.

Based on the above, the second proposal, using the Modification Indices, was adopted, as shown in Table C.2 in appendix C. This adjustment involved adding paths between social support and Help-Seeking, followed by a reanalysis, as illustrated in Figure (2).

As shown in Table C.2 in appendix C, a path from Social Support to Help-Seeking was added based on the Modification Indices (M.I. = 15.566, Par Change = 0.199). Adding this specific path is expected to reduce the Chi-Square value and improve the model's fit indices. This modification suggests that the relationship between Social Support and Help-Seeking plays a significant role in explaining the variance among the mediator variables in the model.

Additionally, based on the above, the second proposal, which involved adding paths between the variables, was adopted, as shown in Figure 2 below:

Figure 2

Fit Indices and Regression Coefficients for the Optimal Causal Model After Adjustment

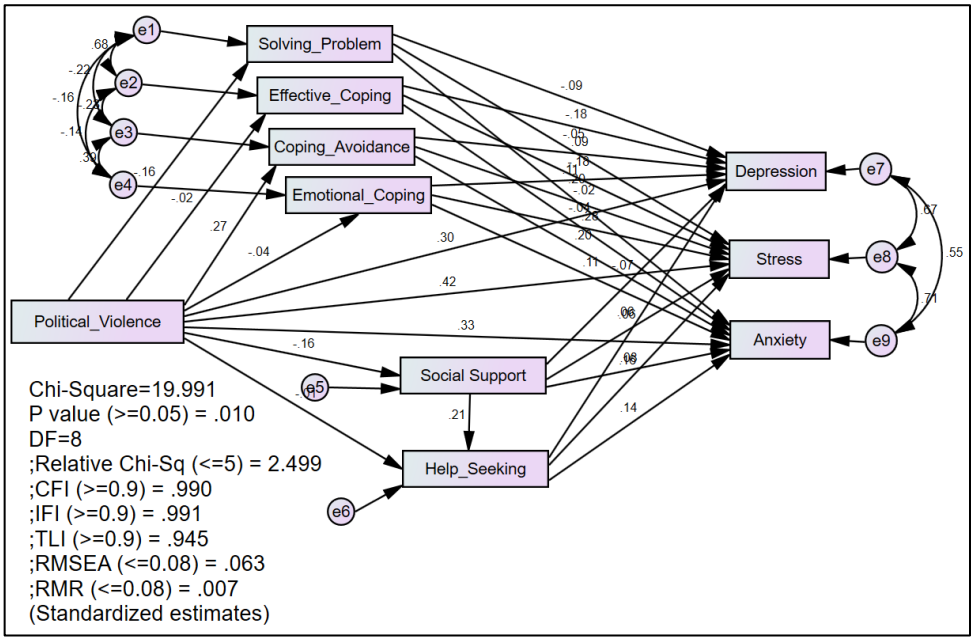


Figure 2 shows that most model fit indices meet the acceptable thresholds. The Comparative Fit Index (CFI) and Incremental Fit Index (IFI) were .990 and .991, respectively, and the Tucker-Lewis Index (TLI) was .945; all exceed the recommended

threshold of .90. Although the Chi-Square statistic is 19.991 with a p-value of .010 (df = 8), which is statistically significant, this result is not uncommon in structural equation modeling - especially with a small degrees of freedom - and should be interpreted alongside other fit indices. The Relative Chi-Square (χ^2/df) is 2.499, which is well below the typical cutoff of 5, supporting an acceptable model fit. Furthermore, the Root Mean Square Error of Approximation (RMSEA) value of 0.063 and the Root Mean Square Residual (RMR) value of 0.007 are both below the threshold of .08, indicating a good overall fit. In summary, despite the significant Chi-Square, the combination of these fit indices suggests that the theoretical model adequately fits the sample data.

The regression coefficients for the causal paths, including standardized and unstandardized values and their statistical significance, were extracted for the optimal model after adjustment. Table C.3 in appendix C presents these results:

Based on the findings presented in Table C.3 in appendix C:

- The regression results indicate that Political Violence significantly increases stress ($\beta = 0.422$, $p < 0.001$), anxiety ($\beta = 0.332$, $p < 0.001$), and depression ($\beta = 0.296$, $p < 0.001$), while also being associated with higher levels of Coping Avoidance ($\beta = 0.271$, $p < 0.001$) and lower levels of Solving Problem ($\beta = -0.159$, $p < 0.01$). In contrast, Effective Coping serves as a protective factor, significantly reducing depression ($\beta = -0.184$, $p < .01$) and stress ($\beta = -0.180$, $p < 0.01$), though its effect on anxiety was not statistically significant ($p = 0.446$). Additionally, Emotional Coping is linked to increases in depression ($\beta = 0.112$, $p < 0.05$), stress ($\beta = 0.277$, $p < 0.001$), and anxiety ($\beta = 0.110$, $p < 0.05$). Help Seeking positively affects coping strategies and anxiety, but it does not significantly reduce stress ($p = 0.214$) or depression ($p = 0.504$).
- Finally, Social Support does not exhibit strong direct effects on depression ($\beta = -0.069$, $p = .143$), stress ($\beta = 0.062$, $p = .161$), or anxiety ($\beta = 0.076$, $p = 0.083$). This may indicate that Social Support exerts its influence indirectly through other variables in the model such as through coping or help-seeking mechanisms.

Direct Effects, Indirect Effects, and Total Effects for Variables in the Optimal Model After Adjustment:

To examine the direct, indirect, and total effects between Political Violence as the independent variable, social support, Coping Strategies, and Help-Seeking as mediator variables, and mental health outcomes (depression, stress, and anxiety) as dependent variables, the bootstrapping method was used. This approach was employed to test these effects within the model.

It is worth noting that bootstrapping is widely regarded as one of the most robust methods for testing mediation effects, outperforming both the Baron and Kenny method and the Sobel test. Bootstrapping operates by generating a large number of random samples drawn with replacement from the original sample, aiming to improve estimate accuracy by deriving unbiased estimates from a set of biased ones (Awang, 2012; Hayes, 2009).

Consequently, bootstrapping was conducted using AMOS software, with 5000 resamples and a 95% bias-corrected confidence interval to test mediation and to estimate the values of direct, indirect, and total effects, along with their statistical significance. Table C.4 in appendix C presents the results.

Based on the findings presented in Table C.4 in appendix C, the results can be logically structured as follows:

Direct Effects

- Political Violence exerts significant direct effects on mental health outcomes. It has a significant negative direct effect on Social Support ($\beta = -0.430$, $p < 0.05$) and Solving Problem ($\beta = -0.298$, $p < 0.05$), and a significant positive direct effect on Coping Avoidance ($\beta = 0.408$, $p < 0.05$). Moreover, Political Violence shows significant positive direct effects on Anxiety ($\beta = 1.004$, $p < 0.05$), Stress ($\beta = 1.178$, $p < 0.05$), and Depression ($\beta = 0.934$, $p < 0.05$). Its direct effects on Help Seeking, Effective Coping, and Emotional Coping, however, are not statistically significant.
- Help Seeking demonstrates a significant positive direct effect on Social Support ($\beta = 0.204$, $p <0.05$) and on Anxiety ($\beta = 0.160$, $p < 0.05$).

Indirect Effects

- The model reveals a significant negative indirect effect from Help Seeking ($\beta = -0.088$, $p < 0.05$), suggesting that Help Seeking partially mediates the relationship between Political Violence and mental health outcomes by mitigating its negative impact. Additionally, modest yet significant indirect effects via Social Support are observed for Anxiety ($\beta = 0.033$, $p < 0.05$) and Stress ($\beta = 0.034$, $p < 0.05$), while the indirect effect on Depression ($\beta = 0.149$) is not significant. These findings indicate that the mediator variables namely, coping strategies (e.g., Coping Avoidance and Solving Problem), Social Support, and Help Seeking partially mediate the effects of Political Violence, reducing its detrimental impact on mental health outcomes.

Total Effects

- When combining both direct and indirect effects, Political Violence shows significant total effects on Anxiety ($\beta_total = 1.197$, $p < 0.05$), Stress ($\beta_total = 1.120$, $p < 0.05$), and Depression ($\beta_total = 1.084$, $p < .05$). The total effects on Social Support ($\beta_total = -0.430$, $p <0.05$) and Solving Problem ($\beta_total = -0.298$, $p < 0.05$) also remain significant, while the total effects for Help Seeking, Effective Coping, and Emotional Coping are minimal or non-significant.

In summary, exposure to Political Violence is associated with increased levels of Anxiety, Stress, and Depression. Importantly, the mediator variables namely, coping strategies, Social Support, and Help Seeking play a crucial protective role by partially mediating the adverse effects of Political Violence on mental health outcomes. The significant indirect effect through Help Seeking highlights how help-seeking behaviors can mitigate these negative psychological impacts, emphasizing the complex interplay between distressing experiences and mental health.

Question 2: Are there statistically significant differences in the means of Political Violence, mental health outcomes, Coping Strategies, Social Support, and Help-Seeking among Palestinians attributed to the variables of gender, place, and educational level?

To address this question, the means and standard deviations were calculated for the responses of the study sample regarding Political Violence, Social Support, and Help-Seeking. A three-way ANOVA without interaction was conducted to examine differences

in Political Violence, Social Support, and Help-Seeking. Additionally, a three-way MANOVA without interaction was employed to explore differences in mental health outcomes and Coping Strategies based on demographic variables, as follows:

First, differences in Political Violence by the variables of gender, place, and educational level were examined:

To assess these differences, the means and standard deviations were calculated for the study sample's responses on the Political Violence scale among Palestinians according to gender, place, and educational level. Table C.5 in appendix C shows these results.

Table C.5 in appendix C shows observed differences in the means on the Political Violence scale based on the study variables. To determine the significance of these differences in the means on the Political Violence scale, a Three-way ANOVA without interaction was conducted. Table C.6 in appendix C presents the results.

Based on Tables C.5 and C.6, in appendix C the results can be summarized as follows:

- There are statistically significant differences in Political Violence based on gender ($F(1,369) = 12.804$, $p < 0.001$, $\eta^2 = .034$). Specifically, males reported significantly higher Political Violence scores ($M = 0.40$, $SD = 0.214$) compared to females ($M = 0.26$, $SD = 0.204$).
- Statistically significant differences in Political Violence were also found based on place of residence ($F(2,369) = 12.384$, $p < .001$, $\eta^2 = 0.063$).
- Significant differences in Political Violence exist across educational levels ($F(2,369) = 8.640$, $p < 0.001$, $\eta^2 = 0.045$).

To determine differences in mean scores on Political Violence based on place and educational level among Palestinians, the Scheffé test was used. Tables C.7 and 18 in appendix C present the results.

Table C.7 in appendix C indicates that there are statistically significant differences in mean Political Violence scores based on place among Palestinians. Post-hoc comparisons indicate that the mean score for participants from the Camp ($M = 0.511$) is significantly higher than those from the City ($M = 0.301$; difference = -0.210, $p < 0.05$) and the Village ($M = 0.263$; difference = -0.248, $p < 0.05$). No significant difference was found between

the City and Village groups (difference = 0.038). These findings suggest that Palestinians residing in camps experience higher levels of Political Violence compared to those living in cities or villages.

Table C.8 in appendix C indicates that there are statistically significant differences in Political Violence scores based on educational level among Palestinians. Specifically, participants with a High School education or below reported significantly higher scores (M = 0.425) than those with a Bachelor's degree (difference = 0.162, $p < .05$) and those with Postgraduate Studies (difference = 0.142, $p < .05$). No significant difference was observed between the Bachelor's degree (M = 0.263) and Postgraduate Studies groups (M = 0.283). These findings suggest that lower educational attainment is associated with higher perceptions of Political Violence among Palestinians.

Second, differences in mental health outcomes by the variables of gender, place, and educational level:

To explore the differences in mental health outcomes based on gender, place, and educational level, the means and standard deviations were calculated for the responses of the study sample on the mental health outcomes scale among Palestinians according to the variables of gender, place, and educational level. Table C.9 in appendix C shows these results.

Table C.9 in appendix C shows observed differences in the mean scores of the study sample on the Mental Health Outcomes scale based on the distribution across demographic variables. To determine the significance of these differences in the means of the Mental Health Outcomes scale and its dimensions, a MANOVA "without Interaction" test was conducted. Before performing the analysis, its assumptions were verified by calculating Bartlett's Test of Sphericity, which yielded $\chi^2 = 636.003$ with a statistically significant result ($p < 0.000$), indicating that this condition was met. Table C.10 in appendix C presents the results of the MANOVA test.

Based on the findings presented in Tables C.9 and C.10 in appendix C:

- Statistically significant differences were found between males and females for stress and the total mental health score. Specifically, females reported significantly higher stress levels ($F(1,369) = 9.671$, $p = 0.002$, $\eta^2 = 0.026$), with a mean score of 1.28 (SD

= 0.623) compared to males mean of 1.08 (SD = 0.416). Similarly, the total mental health score was significantly higher among females (M = 1.17, SD = 0.591) than males (M = 1.04, SD = 0.480), as indicated by ($F(1,369) = 4.262$, $p = 0.040$, $\eta^2 = 0.011$). Although females also had slightly higher mean scores for depression (1.33 vs. 1.19) and anxiety (0.90 vs. 0.84), these differences did not reach statistical significance.

- No statistically significant differences were observed in mental health outcomes based on place of residence. For instance, depression ($F(2,369) = 1.621$, $p = 0.199$), stress ($F(2,369) = 2.763$, $p = 0.064$), anxiety ($F(2,369) = 0.473$, $p = .624$), and the total mental health score ($F(2,369) = 1.564$, $p = 0.211$) did not vary significantly across residents of cities, villages, and camps. The mean scores for these outcomes were comparable across the groups, indicating similar levels of psychological distress regardless of place.
- A statistically significant difference was found only for stress, with educational level influencing stress scores ($F(2,369) = 6.207$, $p = 0.002$, $\eta^2 = .033$). In contrast, no significant differences were observed for depression ($F(2,369) = 0.549$, $p = 0.578$), anxiety ($F(2,369) = 1.013$, $p = .364$), or the overall mental health score ($F(2,369) = 2.167$, $p = 0.116$) based on educational level.

To determine the differences in mean scores on stress based on educational level among Palestinians, the Scheffé test was used. Table C.11 in appendix C presents the results:

Table C.11 in appendix C indicates that there are statistically significant differences between the Bachelor's Degree and Postgraduate Studies groups. Specifically, participants with a Bachelor's Degree reported a mean stress score of 1.16, which is significantly lower than the 1.40 observed for the Postgraduate Studies group (difference = -0.244, $p < 0.05$). In contrast, the differences between the High School or Below group (M = 1.26) and the other educational groups were not statistically significant. These findings suggest that higher educational levels, particularly at the postgraduate level, are associated with higher reported levels of stress among Palestinians.

Third, differences in Coping Strategies by the variables of gender, place, and educational level:

To explore the differences in Coping Strategies based on gender, place, and educational level, the means and standard deviations were calculated for the responses of the study sample on the Coping Strategies scale among Palestinians according to the variables of gender, place, and educational level. Table C.12 in appendix C shows these results:

Table C.12 in appendix C shows observed differences in the mean scores of the study sample on the Coping Strategies scale dimensions (Solving Problem, Effective Coping, Coping Avoidance, and Emotional Coping) based on demographic distribution. To determine the significance of these differences, a MANOVA "without Interaction" test was conducted. Prior to the analysis, the assumptions were verified via Bartlett's Test of Sphericity, which yielded $\chi^2 = 304.319$ with a statistically significant result ($p < 0.000$), confirming the adequacy of the correlations among the dimensions. Table C.13 in appendix C presents the results of this MANOVA test.

Based on the findings presented in Tables C.12 and C.13 in appendix C:

- Statistically significant differences between males and females were found for the "Solving Problem" and "Effective Coping" dimensions. Specifically, for Solving Problem, the MANOVA results indicated a significant difference ($F(1,369) = 4.151$, $p = 0.042$, $\eta^2 = 0.011$); males had higher mean scores ($M = 1.21$, $SD = 0.403$) compared to females ($M = 1.10$, $SD = 0.397$). Similarly, for Effective Coping, a significant difference was observed ($F(1,369) = 17.677$, $p < 0.001$, $\eta^2 = 0.046$), with males scoring higher ($M = 1.31$, $SD = 0.348$) than females ($M = 1.13$, $SD = 0.348$). In contrast, differences in Coping Avoidance ($F(1,369) = 0.274$, $p = 0.601$, $\eta^2 = 0.001$; females: $M = 0.81$, $SD = 0.318$; males: $M = 0.83$, $SD = 0.331$) and Emotional Coping ($F(1,369) = 0.448$, $p = 0.504$, $\eta^2 = 0.001$; females: $M = 1.16$, $SD = 0.456$; males: $M = 1.11$, $SD = 0.471$) were not statistically significant.
- Significant differences based on place of residence were observed in the Solving Problem ($F(2,369) = 4.390$, $p = 0.013$, $\eta^2 = 0.023$) and Coping Avoidance ($F(2,369) = 3.450$, $p = 0.033$, $\eta^2 = 0.018$) dimensions. However, Effective Coping and Emotional Coping did not show statistically significant differences across the

residential categories (city, village, and camp), indicating that these aspects of coping remain relatively consistent regardless of place.

- A statistically significant effect of educational level was found for Effective Coping ($F(2,369) = 5.834$, $p = 0.003$, $\eta^2 = 0.031$) and Coping Avoidance ($F(2,369) = 3.136$, $p = 0.045$, $\eta^2 = 0.017$). In contrast, the Solving Problem and Emotional Coping dimensions did not differ significantly based on educational level, suggesting that while some coping strategies are influenced by education, others are not.

To determine the differences in mean scores on coping strategies based on [Place: Solving Problem and Coping Avoidance] and [Educational Level: Effective Coping and Coping Avoidance] among Palestinians, the Scheffé test was used. Tables C.14 & C.15 in appendix C present the results.

Based on the findings presented in Table C.14 in appendix C:

- Solving Problem: Participants in the City group reported a significantly higher mean score ($M = 1.22$) compared to those in the Village group, with a mean difference of 0.144 ($p < 0.05$). There was no significant difference between the City and Camp groups (mean difference = 00.022).
- Coping Avoidance: Participants in the Camp group exhibited a significantly higher mean score ($M = 0.977$) compared to those in the Village group, with a mean difference of -0.181 ($p < 0.05$). No statistically significant differences were found between the City group ($M = 0.822$) and the other groups.

Based on the findings presented in Table C.15 in appendix C:

- Effective Coping: A significant difference was found between the Bachelor's Degree and Postgraduate Studies groups, with the Postgraduate Studies group reporting significantly higher Effective Coping scores ($M = 1.26$) compared to those with a Bachelor's Degree ($M = 1.14$; difference = -0.123, $p < 0.05$). In contrast, the difference between the High School or Below group ($M = 1.15$) and the other educational levels was not statistically significant.
- Coping Avoidance: Participants with a High School education or below ($M = 0.921$) exhibited significantly higher Coping Avoidance scores compared to those in the

Postgraduate Studies group (difference = 0.128, $p < 0.05$). No significant difference was found between the High School or Below and Bachelor's Degree groups.

Fourth, differences in social support by the variables of gender, place, and educational level:

To explore the differences in social support based on gender, place, and educational level, the means and standard deviations were calculated for the responses of the study sample on the social support scale among Palestinians according to the variables of gender, place, and educational level. Table C.16 in appendix C shows these results.

Table C.16 in appendix C shows observed differences in the means on the social support scale based on the distribution across the study variables. To determine the significance of these differences in the means for the social support scale, a Three-way ANOVA "without Interaction" was conducted. Table C.17 in appendix C presents the results:

Based on the findings presented in Tables C.16 and C.17 in appendix C:

- The analysis revealed statistically significant differences in Social Support scores based on gender ($F(1,369) = 14.765$, $p < .001$, $\eta^2 = 0.038$). According to the means table, females reported a higher Social Support score ($M = 2.20$, $SD = 0.555$) compared to males ($M = 1.92$, $SD = 0.599$).
- Statistically significant differences were also found for both Place and Educational Level. For Place, the ANOVA results indicated significant differences in Social Support ($F(2,369) = 10.413$, $p <0 .001$, $\eta^2 = 0.053$). Similarly, for Educational Level, significant differences were observed ($F(2,369) = 6.883$, $p = 0.001$, $\eta^2 = 0.036$).

To determine where the differences lie between the mean scores on the social support scale among Palestinians, based on the variables of place and educational level, the Scheffé test was used. Tables C.18 & C.19 in appendix C show the results:

Table C.18 in appendix C shows that there are statistically significant differences ($p < .05$) between the Village group and both the City and Camp groups. Specifically, the City group reported a mean Social Support score of 2.30, which is significantly higher than that of the Village group (mean difference = 0.241, $p < 0.05$). Similarly, the Camp group's mean score of 2.32 is significantly higher than that of the Village group (mean difference = 0.254, $p < 0.05$). These results suggest that Palestinians residing in cities and camps experience higher levels of social support compared to those living in villages.

Table C.19 in appendix C indicates that there are statistically significant differences. Specifically, participants with a High School education or below reported significantly lower Social Support scores (M = 1.84) compared to those with a Bachelor's Degree (mean difference = -0.299, $p < 0.05$) and those with Postgraduate Studies (mean difference = -0.454, $p < .05$). No significant difference was found between the Bachelor's Degree group (M = 2.14) and the Postgraduate Studies group (mean difference = -0.155). These findings suggest that higher educational attainment is associated with higher levels of perceived Social Support among Palestinians.

Fifth, differences in Help-Seeking by the variables of gender, place, and educational level:

To examine the differences in Help-Seeking based on gender, place, and educational level, the means and standard deviations were calculated for the responses of the study sample on the Help-Seeking scale among Palestinians according to the variables of gender, place, and educational level. Table C.20 in appendix C shows these resuls:

Table C.20 in appendix C shows observed differences in the means on the Help-Seeking scale based on the study variables. To determine the significance of these differences in the means on the Help-Seeking scale, a Three-way ANOVA without interaction was conducted. Table C.21 in appendix C presents the results:

The following points are evident from Table C.21 in appendix C:

- There are no statistically significant differences at an alpha level of $\alpha = 0.05$ in Help-Seeking based on gender. The results were as follows, respectively: ($F(1,369) = 0.160$, $p = 0.689$, $\eta^2 = 0.000$).
- There are statistically significant differences at an alpha level of $\alpha = 0.05$ in Help-Seeking based on place. The results were as follows: ($F(2,369) = 8.104$, $p < 0.000$, $\eta^2 = 0.042$).
- There are statistically significant differences at an alpha level of $\alpha = 0.05$ in Help-Seeking based on educational level. The results were as follows: ($F(2,369) = 17.367$, $p < .000$, $\eta^2 = 0.086$).

To determine where the differences lie between the mean scores on the Help-Seeking scale among Palestinians, based on the variables of place and educational level, the Scheffé test was used. Tables C.22 & C.23 in appendix C show the results:

Table C.22 in appendix C shows that there are statistically significant differences in Help-Seeking scores based on place of residence among Palestinians. Specifically, the City group reported a significantly higher mean score (M = 2.39) compared to the Village group (mean difference = 0.232, $p < 0.05$) and the Camp group (mean difference = 0.359, $p < 0.05$). No significant difference was observed between the Village (M = 2.16) and Camp groups (M = 2.03; mean difference = 0.127). These findings suggest that Palestinians residing in cities are more likely to engage in Help-Seeking behaviors compared to those living in villages or camps.

Table C.23 in appendix C indicates that there are statistically significant differences in Help-Seeking scores based on educational level among Palestinians. Specifically, the Postgraduate Studies group reported the highest mean score (M = 2.48), which is significantly higher than that of the High School or Below group (mean difference = -0.509, $p < 0.05$) and the Bachelor's Degree group (mean difference = -0.323, $p < 0.05$). In contrast, the difference between the High School or Below group (M = 1.97) and the Bachelor's Degree group (M = 2.15) was not statistically significant (mean difference = -0.186, $p > 0.05$). These findings suggest that higher educational attainment is associated with increased engagement in Help-Seeking behaviors among Palestinians.

Chapter Four
Discussion, Conclusions, Recommendations

This chapter includes a discussion of the research questions and hypotheses. Finally, recommendations for the study are provided based on the findings.

4.1 Discussion

Discussion Results Related to the First Question

Does the proposed model, which examines the relationship between Political Violence and mental health outcomes, achieve an acceptable fit when Coping Strategies, social support, and Help-Seeking are included as mediating variables among Palestinians?

Based on the results derived from testing the proposed model that examines the relationship between political violence and psychological outcomes, it is evident that the model demonstrates an acceptable level of fit after implementing the suggested modifications using modification indices. This indicates that incorporating coping strategies, social support, and help-seeking behaviors as mediating variables enhances the model's ability to explain the psychological impacts of political violence on Palestinians**.**

The findings revealed that political violence is one of the most significant factors directly contributing to elevated levels of anxiety, stress, and depression. It also undermines positive coping resources such as social support and problem-solving-based strategies, while simultaneously reinforcing negative coping mechanisms such as avoidance, which in turn exacerbates psychological distress. On the other hand, certain coping strategies, such as effective coping, play a protective role in reducing stress and depression levels, whereas emotional coping is associated with an increase in these symptoms. Help-seeking behaviors were found to have a partial role in mitigating the effects of political violence. Although they do not directly impact all psychological outcomes, they contribute indirectly by supporting adaptive coping and fostering connections with social support systems**.**

Accordingly, the proposed model demonstrates both theoretical and empirical coherence in explaining the complex relationship between political violence and mental health among Palestinians. It highlights the significant mediating role of coping strategies, social

support, and help-seeking behaviors, reflecting the cumulative and interactive nature of the conflict's impact on individuals.

The results derived from the proposed model indicate that political violence is not merely a transient external factor, but rather a persistent structural threat to the mental health of individuals living in occupation-affected environments. From the researcher's perspective, this prolonged impact stems from the very nature of political violence, which not only targets individuals directly, but also undermines core psychological elements such as safety, emotional stability, and collective identity—elements that are essential for maintaining emotional and mental equilibrium**.**

The association between political violence and increased symptoms of anxiety, stress, and depression reflects the harsh reality experienced by Palestinians under occupation. Repeated exposure to political and security-related stressors—such as raids, arrests, threats, and the loss of loved ones—creates fertile ground for feelings of helplessness, fear, and loss of control. From a social psychology perspective, such emotions lead to the collapse of internal coping mechanisms and push individuals toward alternative strategies that are often ineffective or even psychologically damaging, such as avoidance or withdrawal**.**

Notably, the results reveal that political violence does not only exert a direct impact on psychological well-being, but also erodes the support structures that typically help individuals cope—namely, social support and problem-solving strategies. This is particularly alarming, as these resources represent the "last line of defense" in times of crisis. For example, social ties may be disrupted due to displacement or imprisonment, and chronic stress may impair an individual's ability to think rationally and make sound decisions when confronted with adversity**.**

Conversely, the findings highlight the importance of positive coping strategies as effective mechanisms for mitigating the psychological effects of political violence. The researcher interprets this as evidence that psychological resilience can be strengthened when individuals are trained to utilize effective coping approaches—such as cognitive reappraisal, solution-focused thinking, and adaptive coping skills.

Regarding help-seeking behaviors, the results indicate a partial and indirect role in alleviating the psychological consequences of political violence. The researcher attributes this to the multiple factors that influence the effectiveness of help-seeking, such as the availability of resources, trust in support providers, and the ability to express one's needs without fear of stigma or embarrassment. Thus, the researcher believes that promoting a culture of help-seeking and providing accessible, trustworthy psychological services could play a crucial role in improving individuals' mental health responses to traumatic experiences**.**

In conclusion, the researcher asserts that the proposed model not only explains the relationship between political violence and psychological outcomes but also reveals a complex interactive network of psychological and social variables that influence and intersect with one another. Understanding these interactions provides a solid scientific foundation for designing psychological and therapeutic interventions that consider the political, social, and cultural context in which Palestinians live.

The current study's findings agree with the results of (Simpson, Suarez, Cox, & Connolly, 2018; Varga & Zaff, 2018), both of which demonstrated that coping strategies and social support operate as key mediators of psychological outcomes, and also align with Stunden et al. (2020), who showed that help‑seeking behaviors meaningfully mediate the relationship between stressors and youth mental health. In contrast, corrent results differ from (Jahnke, Abad Borger, & Beelmann (2022), which found no clear mediating effect of coping variables in the political-violence–mental-health link, and from (Bardall, Bjarnegård, & Piscopo, 2020), which examined gendered motives and forms of political violence without identifying coping or support processes as mediators

Discussion Results Related to the Second Question

Are there statistically significant differences in the means of Political Violence, mental health outcomes, Coping Strategies, Social Support, and Help-Seeking among Palestinians attributed to the variables of gender, place, and educational level?.

First, differences in Political Violence by the variables of gender, place, and educational level were examined:

Based on the results of the statistical analysis, it can be concluded that there are statistically significant differences in levels of political violence among Palestinians based on variables such as gender, place of residence, and educational level.

Regarding gender, the results indicate that males reported higher levels of political violence compared to females. These differences in political violence between genders are statistically significant, reflecting potential gender-based influences on individuals' experiences with political violence in the Palestinian context.

Regarding place of residence, the results show that Palestinians living in camps experience higher levels of political violence compared to those living in cities or villages. However, no statistically significant differences were observed between those living in cities and those living in villages. It appears that living in camps increases individuals' exposure to harsher and more impactful political conditions.

As for educational level, there were also statistically significant differences in political violence levels among individuals with different educational backgrounds. Those with an education level lower than high school reported higher levels of political violence compared to those with a bachelor's degree or postgraduate studies. These differences suggest that lower education levels may be associated with stronger perceptions of political violence, potentially due to the economic and social challenges associated with lower educational attainment.

From the researcher’s perspective, these results can be interpreted as follows:

Regarding the differences in political violence between males and females, the explanation may be related to the differences in social roles and cultural expectations between genders in Palestinian society. In many cases, men may be more exposed to direct engagement in political or military activities due to traditional roles expected of them by society, which may increase their exposure to political violence. On the other hand, women may be more likely to live in environments that are more protective or confined by social roles, reducing their direct exposure to such violence.

As for the place of residence, the experience of Palestinians in camps might be harsher due to the difficult economic and social conditions they endure, as well as the high concentration of political conflict and military presence in these areas. Living in camps may lead to an enhanced sense of helplessness and constant interaction with authority, contributing to higher levels of political violence experienced by the residents. In contrast, cities and villages may reflect relatively more stable social realities, which reduce the exposure of their residents to such violence.

Regarding educational level, the link between lower education and higher political violence may stem from the lack of economic and social opportunities available to individuals with lower educational backgrounds. These individuals may face greater challenges in dealing with harsh political conditions or engaging in political activities due to limited resources and opportunities. Additionally, a lack of education may contribute to a lower awareness of political mechanisms that could help mitigate the impact of political violence, thus increasing their sense of threat and reinforcing their negative experience.

Therefore, these results suggest that political violence in the Palestinian context is not merely a random phenomenon, but is linked to a range of social, cultural, and economic factors that influence how individuals interact with this phenomenon based on their personal and social characteristics.

The current study's finding that males report higher levels of political violence than females echoes (Bardall, Bjarnegård, & Piscopo, 2020), who demonstrate that political violence is deeply gendered, with men more frequently both perpetrators and targets of such violence. In contrast, Khoury‐Kassabri et al. (2024) observed that higher school engagement had no mitigating effect on youth involvement in political violence, a divergence from the current study's result that individuals with lower educational attainment experience—and perceive—greater political violence

Second, differences in mental health outcomes by the variables of gender, place, and educational level:

Based on the results of the analysis, several important conclusions can be drawn regarding the impact of social variables such as gender, place of residence, and educational level on mental health outcomes among Palestinians.

Regarding gender, the results showed statistically significant differences between males and females in terms of stress levels and the overall mental health score. Females generally reported higher levels of stress compared to males, suggesting that women may experience greater psychological pressure under the prevailing political and social conditions. Although females also reported slightly higher levels of depression and anxiety, these differences were not statistically significant, indicating that gender differences in these areas may be less pronounced or more influenced by other factors beyond gender.

Concerning place of residence, the analysis revealed no statistically significant differences in mental health outcomes between residents of cities, villages, and camps. Stress, depression, and anxiety levels were comparable across these areas, suggesting that social and economic conditions may not significantly impact mental health based on place of residence, or that the effects of these factors may be somewhat uniform across these regions.

As for educational level, a statistically significant difference was found in stress levels based on education, with individuals holding a bachelor's degree or higher reporting higher levels of stress compared to those with a high school education or below. This result may reflect the psychological pressures faced by individuals with higher education due to greater economic or social challenges, as they may have higher expectations or responsibilities in their personal and professional lives. However, no significant differences were found in depression and anxiety based on educational level, suggesting that education may not have a direct impact on these aspects of mental health.

Based on these results, it can be concluded that variables such as gender and educational level have an uneven effect on Palestinians' mental health, while place of residence does not appear to play a significant role in influencing these outcomes.

The current study's finding that females report significantly higher stress mirrors Duan et al. (2020), who likewise observed elevated anxiety levels among female adolescents during the COVID‑19 outbreak, pointing to a consistent gendered vulnerability to psychological pressure. In contrast, Duan et al. (2020) also found urban residence to be associated with greater anxiety—diverging from the current study's absence of any place ‑of‑residence differences, which suggests a more uniform distribution of mental health outcomes across camps, cities, and villages. Finally, the current study's non‑significant depression and anxiety differences by educational level align with Johnson, Dupuis, Piche, Clayborne, & Colman pressive and anxiety disorders regardless of educational attainment.

Third, differences in Coping Strategies by the variables of gender, place, and educational level:

Regarding gender, significant differences were observed between males and females in certain coping strategies, specifically in the areas of problem-solving and effective coping. Males were found to report higher scores in these dimensions, indicating that they may be more inclined to use active and constructive coping methods. This could suggest that males tend to approach stressful situations with a focus on resolving the issue at hand and utilizing strategies that promote positive outcomes. However, no significant differences were observed in the avoidance of coping or emotional coping, suggesting that both genders may employ similar levels of emotional regulation and avoidance strategies when dealing with stress, even though they may approach problem-solving and active coping differently.

In terms of place of residence, significant differences were found in problem-solving and coping avoidance. Participants residing in cities reported higher problem-solving scores compared to those in villages, which may indicate that urban dwellers have greater access to resources or social support systems that enable them to tackle challenges more effectively. Conversely, those residing in camps reported higher coping avoidance scores than those in villages, suggesting that people in camps may be more likely to disengage or avoid dealing with stressful situations, possibly due to the challenging and unstable living conditions they face. The lack of significant differences in emotional and effective coping across residential areas points to the possibility that these aspects of coping may

be influenced less by geographic location and more by individual characteristics or broader societal factors.

Regarding educational level, significant differences were found in effective coping and coping avoidance. Those with postgraduate studies reported higher effective coping scores compared to those with a bachelor's degree, indicating that higher levels of education may be associated with more adaptive coping strategies. Conversely, individuals with lower educational levels (high school or below) exhibited higher coping avoidance scores, which could reflect a tendency to disengage from stressors or lack of effective coping resources. This suggests that education may play a role in shaping how individuals cope with stress, with higher educational attainment linked to more active and constructive coping methods, while lower educational levels may be associated with avoidance strategies.

In conclusion, the results suggest that coping strategies among Palestinians are influenced by gender, place of residence, and educational level, with males, city residents, and individuals with higher education generally reporting more effective and active coping strategies. Conversely, those in camps and with lower educational levels are more likely to rely on avoidance coping.

The current study's finding that males exhibit higher problem‑solving and effective coping parallels (Mayordomo-Rodríguez, Meléndez-Moral, Viguer-Segui, & Sales-Galán, 2015), who reported that issue‑based (i.e. problem‑focused) coping positively predicts youth well‑being, suggesting that more active strategies confer adaptive advantages. In contrast, Duan et al. (2020) found that females and urban adolescents relied more on emotional confrontation—an emotional coping style—which diverges from the absence of gender or residential differences in emotional coping observed here. Likewise, the pronounced avoidance coping among camp residents and lower‑educated participants in the current study conflicts with Dariotis & Chen (2022), who demonstrated that avoidant coping functions as a stress mediator broadly across transition‑aged youth without significant subgroup variation, indicating that avoidance may not necessarily differ by context or education in other samples.

Fourth, differences in social support by the variables of gender, place, and educational level:

Based on the analysis conducted on levels of social support in Palestine according to the variables of gender, place of residence, and educational level, several important conclusions can be drawn:

The results revealed significant differences in levels of social support between males and females, with females reporting higher levels of perceived social support. This may be attributed to traditional social roles that encourage women to build stronger and more stable support networks compared to men, who may rely on fewer or different forms of social support.

Regarding the place of residence, Palestinians living in cities and refugee camps were found to have higher levels of social support compared to those living in villages. This could be due to the greater availability of social opportunities and resources in urban and camp settings, which facilitate the development of strong support networks. In contrast, villages may lack the same level of social diversity and service access, leading to comparatively lower support levels.

In terms of educational level, individuals with higher education—those holding a Bachelor's degree or postgraduate qualifications—reported higher levels of social support than those with lower educational attainment. This may be explained by the fact that individuals with higher education are more likely to have access to professional, academic, or social networks that enhance their support systems. On the other hand, individuals with limited education may face more challenges in building and accessing such networks, resulting in lower levels of social support.

Based on these findings, it is evident that social support among Palestinians is significantly influenced by gender, place of residence, and educational level, with each factor playing a role in shaping individuals' experiences and perceptions of social support.

The current study’s finding that women report higher levels of perceived social support mirrors Simpson, Suarez, Cox, & Connolly (2018), who showed that female adolescents tend to perceive stronger parental and peer support than their male counterparts. Likewise, the elevated support among city and refugee‑camp residents aligns with Varga & Zaff

(2018), whose integrative framework emphasizes how urban contexts foster denser, more diversified support networks. In contrast, (Doré, O'Loughlin, Beauchamp, Martineau, & Fournier (2016) observed that rural youth participating in group physical activities experienced social bonding on par with urban peers an outcome at odds with the lower support levels found among village dwellers in the current study. Finally, the association between higher educational attainment and greater social support concurs with Planey, Smith, Moore, & Walker (2019), who noted that individuals from more educated backgrounds access a broader array of formal and informal support resources

Fifth, differences in Help-Seeking by the variables of gender, place, and educational level:

The analysis of help-seeking behaviors among Palestinians revealed that these behaviors are significantly influenced by both the place of residence and educational level, while gender does not appear to play a significant role. Specifically, individuals living in urban areas demonstrated a greater tendency to engage in help-seeking compared to those residing in villages or refugee camps. This pattern may be attributed to the relatively greater availability of mental health services, awareness programs, and social openness in urban settings, which collectively facilitate and encourage help-seeking behavior.

Moreover, educational attainment emerged as a key factor in predicting help-seeking tendencies. Individuals with postgraduate education reported the highest levels of engagement in help-seeking, followed by those with a bachelor's degree, while those with only a high school education or below exhibited the lowest levels. This suggests that educational advancement contributes to a greater awareness of the importance of psychological support and access to professional help, as well as a reduction in the stigma often associated with seeking help.

In contrast, gender differences were not found to be significant, indicating that both males and females report similar levels of help-seeking behavior. This could imply a cultural or contextual norm in which gender does not heavily influence decisions related to seeking support.

The findings underscore the importance of socio-demographic factors particularly urban living and higher education in enhancing individuals' willingness and ability to seek help.

The pattern of greater help-seeking among urban dwellers in the current study is in line with Planey, Smith, Moore, & Walker (2019), who identified geographical location as a key facilitator of service utilization—African American adolescents in urban areas reported easier access to and higher use of mental health resources compared with those in more remote settings. Likewise, the stepwise increase in help-seeking with educational level echoes the multilevel model of Zhao & Hu (2022), which found that Chinese adolescents in higher grades were more likely to engage formal support channels. In contrast, the absence of gender differences here departs from Zhao & Hu's finding that female students sought formal help more often than males

4.2 Recommendations

Based on the study results, the researcher recommends the following:

- Approach short workshops aimed at teaching participants how to identify behavioral and cognitive avoidance patterns, using a unified instructional manual distributed to psychologists and behavioral therapists.
- Develop a mobile application or online platform in locally spoken Arabic that offers interactive exercises for solving daily problems resulting from political violence, implemented with the support of mental health experts.
- Train institutional employees in "reciprocal guidance" strategies, where individuals learn how to seek help and offer it simultaneously, as part of professional development programs across all institutions.
- Restructure social support programs to be non-traditional, developed under the supervision of a social worker, and tailored to emotional proximity rather than formal relationships.
- Educate school students on how the political context influences their psychological responses, through counseling classes that include critical analysis exercises of real-life incidents and reflective questions connecting emotions, context, and coping behaviors.
- Train male and female officers within the security institution to serve as informal psychological mediators, receiving specialized training in active listening, case referral, and basic emotional support provision.

- Provide designated rooms or corners equipped with simple emotional regulation tools (e.g., soft lighting, sound insulation, deep-breathing aids, and illustrated booklets). This system is implemented in collaboration with local institutions and promoted without stigma through gentle awareness messages displayed in the space.
- Break the stereotype associated with help-seeking and problem confrontation by organizing public awareness campaigns in streets, on social media, and in schools, showcasing real stories of individuals who used logical thinking to overcome their challenges.

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Appendices

Appendix A

المقاييس المستخدمة في الدراسة

Exposure to Political Violence Inventory (EPVI)-Youth Version (Arabic) Developed by Muhammad M. Haj-Yahia, Ph.D. (العنف السياسي)

#	الفقرة	نعم	لا
1	هل شاهدت قوات الاحتلال أو المستوطنين يعتدون بالضرب باليدين على احد والديك أو احد اخوتك أو احد اقاربك؟		
2	هل شاهدت قوات الاحتلال أو المستوطنين يعتدون بالضرب على احد الوالدين أو احد اخوتك أو احد اقاربك باستعمالهم جسم معين مثل عصا, كرسي أو قضيب حديد أو أي جسم آخر؟		
3	هل شاهدت قوات الاحتلال أو المستوطنين يجرون أو يدفعون بقوة احد والديك أو احد اخوتك أو احد اقاربك؟		
4	هل شاهدت قوات الاحتلال أو المستوطنين يطلقون النيران على احد والديك أو على احد اخوتك أو على احد اقاربك ولكن لم يُصابوا بأذى؟		
5	هل شاهدت قوات الاحتلال أو المستوطنين يطلقون النيران على احد والديك أو على احد اخوتك أو على احد اقاربك وأصيبوا مما استدعى مكوثهم في المستشفى؟		
6	هل اعتدت قوات الاحتلال أو المستوطنين على احد والديك أو على احد اخوتك أو على احد اقاربك مما ادى لإعاقة جسدية بسيطة ولكن مستديمة (مثل بتر بعض الاصابع, جرح ترك اثرً ا وما شابه)؟		
7	هل اعتدت قوات الاحتلال أو المستوطنين على احد والديك أو على احد اخوتك أو على احد اقاربك مما ادى لإعاقة جسدية متوسطة مستديمة (مثل بتر أحد الكفين أو بتر احدى الرجلين, أو عدة جروح ولها آثار)؟		
8	هل اعتدت قوات الاحتلال أو المستوطنين على احد والديك أو على احد اخوتك أو على احد اقاربك مما ادى لإعاقة جسدية صعبة مستديمة (مثل إعاقة في كلا الرجلين, فقدان البصر, فقدان السمع, أو ما شابه)؟		
9	هل شاهدت قوات الاحتلال أو المستوطنين يطلقون النيران أو الرصاص المطاطي أو		

	يعتدون بطرق مختلفة على افراد اسرتك مما ادى الى الاستشهاد؟		
10	هل شاهدت قوات الاحتلال أو المستوطنين يصرخون على احد والديك أو احد اخوتك احد اقاربك ويهددونهم أو يهينونهم أو يشتمونهم أو يمارسون ضدهم ممارسات تحقيريه؟		
11	هل شاهدت قوات الاحتلال أو المستوطنين يقتحمون بيتكم أو بيت احد اقاربكم وقاموا بتحطيم بعض الممتلكات؟		
12	هل شاهدت قوات الاحتلال أو المستوطنين يعتدون بالضرب باليدين على شخص تعرفه ولكنه ليس من اقاربك؟ (جار, معلم, صديق)		
13	هل شاهدت قوات الاحتلال أو المستوطنين يعتدون بالضرب على شخص تعرفه ولكنه ليس من اقاربك باستعمالهم جسم معين مثل عصا, كرسي, قضيب حديد أو أي جسم آخر؟		
14	هل شاهدت قوات الاحتلال أو المستوطنين يجرون أو يدفعون بقوة شخصاً اخر ليس من اقاربك ولكنك تعرفه؟		
15	هل شاهدت قوات الاحتلال أو المستوطنين يطلقون النيران على شخص تعرفه وليس من اقاربك ولكن لم يصاب بأذى؟		
16	هل اعتدت قوات الاحتلال أو المستوطنين يطلقون النيران على شخص تعرفه وليس من اقاربك مما أدى إلى إعاقة مستديمة؟		
17	هل شاهدت قوات الاحتلال أو المستوطنين يطلقون النيران على شخص ليس من اقاربك وأصيب بأذى مما استدعى مكوثه في المستشفى؟		
18	هل شاهدت قوات الاحتلال والمستوطنين يعتدون بطرق مختلفة على شخص تعرفه وليس من اقاربك مما ادى الى الاستشهاد؟		
19	هل شاهدت قوات الاحتلال أو المستوطنين يصرخون, يهددون أو يشتمون أو يمارسون ممارسات تحقيريه تجاه شخص ليس من اقاربك؟		
20	هل شاهدت قوات الاحتلال أو المستوطنين يقتحمون بيت شخص ليس من اقاربك ويعتدون على ممتلكاته وقاموا بتحطيمها؟		
21	هل شاهدت الجنود الإسرائيليين أو المستوطنين يلاحقون أو يطاردون شخص ليس من اقاربك بهدف إلحاق الاذى به وقد أمسكوا به واعتدوا عليه بطرق شتى؟		

22	هل تعرض شخص ليس من اقاربك لتحرشات جنسية من قبل قوات الاحتلال أو المستوطنين؟		
23	هل قوات الاحتلال والمستوطنين تهجموا عليك وضربوك باليدين على مناطق مختلفة في جسمك؟		
24	هل تعرضت للضرب من قبل قوات الاحتلال والمستوطنين باستخدامهم جسم معين مثل عصا أو كرسي أو قضيب حديد أو أي جسم اخر؟		
25	هل تعرضت للتهجم أو الجر أو الدفع بالقوة من قبل قوات الاحتلال أو المستوطنين؟		
26	هل تعرضت لإطلاق النيران من قبل قوات الاحتلال أو المستوطنين ولكن لم تصاب بأذى؟		
27	هل تعرضت لإطلاق النيران من قبل قوات الاحتلال أو المستوطنين مما ادى الى اصابتك ومكوثك في المستشفى؟		
28	هل اعتدت عليك, بأي شكل من الاشكال قوات الاحتلال أو المستوطنين مما ادى لإعاقة جسدية بسيطة ولكن مستديمة (مثل بتر بعض الاصابع, جرح ترك اثرً ا وما شابه)؟		
29	هل اعتدت عليك, بأي شكل من الاشكال قوات الاحتلال أو المستوطنين مما ادى لإعاقة جسدية متوسطة مستديمة (مثل بتر أحد الكفين أو بتر احدى الرجلين, أو عدة جروح ولها آثار)؟		
30	هل اعتدت عليك, بأي شكل من الاشكال قوات الاحتلال أو المستوطنين مما ادى لإعاقة جسدية صعبة مستديمة (مثل إعاقة في كلا الرجلين, فقدان البصر, فقدان السمع, أو ما شابه)؟		
31	هل تعرضت للتهديد والصراخ والتحقير والشتيمة والاهانة من قبل قوات الاحتلال أو المستوطنين؟		
32	هل قامت قوات الاحتلال والمستوطنين بمصادرة اراضيكم أو جزءا منها؟		
33	هل قامت قوات الاحتلال والمستوطنين بهدم بيتكم؟		
34	هل قامت قوات الاحتلال والمستوطنين بهدم بيت احد اقاربك أو اصدقائك؟		
35	هل شاهدت قوات الاحتلال والمستوطنين تعتقل احد والديك, أو احد الاخوة, أو احد		

	الاقارب؟		
36	هل تعرضت للاعتقال من قبل قوات الاحتلال؟		
37	هل حصل ان استنشقت غاز مسيل للدموع رمته قوات الاحتلال عليك أو على الاخرين؟		
38	هل قامت قوات الاحتلال بفرض منع التجول على بلدتك؟		
39	هل قامت قوات الاحتلال بتحويل بيوتكم أو جزءا منه الى ثكنة عسكرية؟		
40	هل قامت قوات الاحتلال والمستوطنين بمصادرة بيتكم؟		
41	هل حصل ان داهمت أو اقتحمت قوات الاحتلال والمستوطنين مدرستك وقام بالعبث بممتلكاتها؟		
42	هل حصل ان داهمت قوات الاحتلال والمستوطنين مدرستك الى انك لم تشاهدهم أثناء فعلهم ذلك؟		
43	هل شاهدت طائرات أو دبابات قوات الاحتلال تقصف اهدافا فلسطينية ورأيت مكان وقوع القذيفة أو الصاروخ؟ (لا نقصد أثناء المشاهده في التلفاز)		
44	هل شاهدت طائرات أو دبابات قوات الاحتلال تقصف اهدافا فلسطينية الا انك لم تشاهد مكان وقوع الصاروخ أو القذيفة؟ (لا نقصد أثناء المشاهده في التلفاز)؟		
45	هل شاهدت جرافات الاحتلال تقتلع اشجار اهلك لتبني على ارضهم مستوطنة أو الجدار الفاصل؟		
46	هل شاهدت جرافات الاحتلال تقتلع اشجار أقاربه أو اناس اخرون تبني على ارضهم مستوطنة أو الجدار الفاصل؟		
47	هل شاهدت الجنود الإسرائيليين أو المستوطنين يلاحقون أو يطاردون احد والديك أو اخوتك بهدف إلحاق الاذى بهم الا انهم لم يمسكوا به؟		
48	هل شاهدت الجنود الإسرائيليين أو المستوطنين يلاحقون أو يطاردون احد والديك أو اخوتك بهدف إلحاق الاذى به وقد أمسكوا به واعتدوا عليه بطرق شتى؟		
49	هل تعرضت لتحرشات جنسية من قبل قوات الاحتلال؟		

Appendix B

مقياس الاكتئاب، القلق، والتوتر (*DASS*)

رقم الفقرة	الفقرة	أبدا	أحيانا	غالبا	دائما
1	كان من الصعب أن أقوم بتهدئة نفسي	0	1	2	3
2	كنت أشعر بخوف شديد لدرجة أنه كان علي الشعور بجفاف فمي	0	1	2	3
3	كان من الصعب الشعور بأي مشاعر ايجابية	0	1	2	3
4	واجهت صعوبة بالتنفس على سبيل المثال (كنت أتنفس بسرعة كبيرة, أو مواجهة صعوبة في التنفس دون بذل أي مجهود).	0	1	2	3
5	كان من الصعب علي البدء بأي عمل	0	1	2	3
6	كنت أبالغ في ردة فعلي تجاه العديد من المواقف	0	1	2	3
7	شعرت بأنني أرتجف او ارتعش على سبيل المثال (اليدين)	0	1	2	3
8	شعرت أنني اتصرّف بعصبية	0	1	2	3
9	كنت قلقا في كثير من المواقف لدرجة أنني قد أصاب بنوبة هلع وأبدو كالأحمق	0	1	2	3
10	شعرت بأنه ليس هنالك ما أسعى أو أطمح لفعله	0	1	2	3
11	وجدت نفسي مرتبكا وقلقا	0	1	2	3
12	كان من الصعب على الاسترخاء	0	1	2	3
13	شعرت بأنني محبط وحزين	0	1	2	3
14	لم أكن قادر على استيعاب أي شيء قد يمنعني عن القيام بما أقوم به	0	1	2	3
15	شعرت بأنني قد أصاب بنوبة هلع	0	1	2	3
16	لم أكن قادرا على الشعور بالحماسة تجاه أي شيء	0	1	2	3
17	كإنسان أو كفرد لم أعد أشعر بقيمتي	0	1	2	3
18	شعرت بأنني حساس أكثر عمّا قبل	0	1	2	3
19	كنت قادرا على الاحساس بنبضات قلبي وذلك دون بذل أي جهد	0	1	2	3
20	شعرت بالخوف دون وجود سبب مقنع لذلك	0	1	2	3
21	شعرت بأنه لا يوجد قيمة للحياة	0	1	2	3

The coping Mechanism Scale Prepared by Badia and Akli (2014) and provided by Imad Najem (Najem, 2022) استراتيجيات التكيف .

#	الفقرة	تنطبق تماما	تنطبق أحيانا	لا تنطبق
1	وضعت خطة لحل المشكلة			
2	أحببت التحدي لتحقيق أهدافي			
3	لجأت للنوم بكثرة وقت الأزمات			
4	استسلمت بسهولة عندما واجهت الموقف الضاغط			
5	استفدت من خبرتي السابقة لحل المشكلة			
6	بادرت فوراً لحل المشكلة المسببة للضغط النفسي			
7	وجدت متعة كبيرة في تناول الطعام عندما واجهتني مشكلة			
8	ثابرت من أجل الحصول على ما أريد			
9	تركت المشكلة حتى تحل مع الزمن			
10	توتّرت عندما واجهتني مشكلة ما			
11	تنبأت بالنتائج المحتملة للمشكلة			
12	بذلت جهداً مضاعفاً كي أحقق الأهداف الصعبة			
13	لمت نفسي عندما عجزت عن إيجاد حل لمشكلتي			
14	أبذل جهداً مضاعفاً كي أحقق الأهداف الصعبة			
15	لجأت للرياضة كي أخفف من الوضع الضاغط			
16	استعرضت خطوات الحل قبل البدء في تنفيذها			
17	تقبلت انتقادات زملائي لي			
18	أشغلت نفسي بمشاهدة التلفاز كي أنسى المشكلة			
19	أصبحت شديد/ة الغضب عندما أكون في مأزق			
20	درست عواقب ونتائج الحل الذي سأنفذه			
21	تجنبت الحلول الوسطى			
22	أصبحت حزيناً/ة عندما كنت في موقف ضاغط			
23	حددت المشكلة الأهم وبدأت في حلها			
24	واجهت الشخص الذي تسبب لي بالمشكلة			
25	تجبنت التفكير بالمشكلة			

26	لمت نفسي على المشكل الذي حصل لي				
27	غيرت خططي لتتوافق مع المشكلات الجديدة				
28	لم أترك شيئاً يقف في طريقي لتحقيق ما أريد				
29	تجنبت مواجهة المتسببين في المشكلة				
30	ألوم نفسي لأني أتعامل بانفعال مع المشكلة				

مقياس الدعم الاجتماعي

الرقم	الفقرة	التدريــج			
		أوافق بشدة	أوافق	أعارض	أعارض بشدة
1	هناك أشخاص يحببوني حقاً				
2	عندما لا أكون بحالة نفسية جيدة, يظهر الأخرون لي الدعم والمساندة				
3	عندما أشعر بحزن, هناك أشخاص يشعروننني بالفرح				
4	هناك شخص ما يساندونني عندما أحتاج إلى الدعم والمساندة				
5	هناك أشخاص أستطيع الإعتماد عليهم				
6	عندما أكون قلقاً, هناك شخص ما يقوم بتهدأتي				
7	هناك اشخاص يوفرون لي المساعدة عندما أحتاجها				
8	عندما أواجه مواقف صعبة في هذه الحياة, أجد من يقدم لي الدعم والمساندة				

مقياس البحث عن المساعدة.

#	الفقرة	موافق بشدة	موافق	محايد	غير موافق	غير موافق بشدة
1	سيكون أول طريقة ألجأ اليه هو أن أتلقى عناية من المتخصصين في مجال الإرشاد والعلاج النفسي إذا اعتقدت بأنني أعاني من انهياراً نفسياً.					
2	بالنسبة لي طريقة ضعيفة للتخلص من المشكلات فكرة التحدث الى شخص متخصص بالإرشاد النفسي عن تلك المشكلات.					

3	أثق بأنني سأجد ارتياحاً باللجوء إلى الارشاد والعلاج النفسي إذا كنت أمر في أزمة نفسية صعبة في هذه المرحلة من حياتي					
4	الشخص الذي يتكيف مع مشكلاته دون اللجوء إلى الارشاد والعلاج النفسي .يلقى نوع من الإعجاب.					
5	إذا استمر القلق أو الخوف لدي لفترة زمنية طويلة قد اطلب المساعدة من المتخصصين في مجال الارشاد والعلاج النفسي.					
6	في المستقبل قد احتاج إلى الإرشاد والعلاج النفسي.					
7	الشخص الذي لديه مشكلات نفسية قد يحلها بالاستعانة بالمختصين في مجال الارشاد والعلاج النفسي وليس بنفسه.					
8	التكلفة المالية التي يطلبها الإرشاد والعلاج النفسي تجعل شخصاً مثلي يشك في قيمتهما					
9	يجب أن يقوم الشخص بحل مشكلاته بنفسه, ويكون الخيار الأخير الأخير لديه اللجوء إلى الارشاد والعلاج النفسي.					
10	كم ان المشكلات العابرة مصيرها أن تختفي تلقائياً فإن المشكلات الشخصية والانفعالات النفسية مثلها.					

Appendix C

Tables

Table C.1

Regression Coefficients for Causal Paths: Standardized and Unstandardized Values, and Statistical Significance for the Model

Path			Regression Weights		S.E.	C.R.	p-value
			Standardized	Unstandardized			
Political Violence	-->	Emotional Coping	-0.037	-0.081	0.111	-0.726	0.468
Political Violence	-->	Social support	-0.159	-0.430	0.138	-3.119	0.002*
Political Violence	-->	Help Seeking	-0.044	-0.117	0.136	-0.860	0.390
Political Violence	-->	Solving Problem	-0.159	-0.298	0.096	-3.108	0.002*
Political Violence	-->	Effective Coping	-0.021	-0.036	0.086	-0.413	0.680
Political Violence	-->	Coping Avoidance	0.271	0.408	0.075	5.454	0.000*
Political Violence	-->	Depression	0.296	0.934	0.154	6.057	0.000*
Political Violence	-->	Stress	0.423	1.178	0.128	9.203	0.000*
Political Violence	-->	Anxiety	0.333	1.004	0.138	7.264	0.000*
Solving Problem	-->	Depression	-0.088	-0.148	0.105	-1.403	0.161
Effective Coping	-->	Depression	-0.184	-0.349	0.117	-2.986	0.003*
Effective Coping	-->	Stress	-0.181	-0.302	0.097	-3.112	0.002*
Effective Coping	-->	Anxiety	-0.044	-0.080	0.105	-0.762	0.446
Coping Avoidance	-->	Depression	0.094	0.198	0.110	1.812	0.070
Coping Avoidance	-->	Stress	-0.020	-0.038	0.091	-0.413	0.680
Coping Avoidance	-->	Anxiety	0.199	0.400	0.098	4.070	0.000*
Emotional Coping	-->	Depression	0.112	0.165	0.072	2.278	0.023*
Emotional Coping	-->	Stress	0.277	0.359	0.060	5.977	0.000*
Emotional Coping	-->	Anxiety	0.110	0.154	0.065	2.383	0.017*
Social support	-->	Stress	0.062	0.064	0.044	1.433	0.152
Social support	-->	Anxiety	0.076	0.085	0.048	1.774	0.076
Help Seeking	-->	Stress	0.158	0.167	0.045	3.724	0.000*
Help Seeking	-->	Anxiety	0.140	0.160	0.049	3.293	0.000*
Solving Problem	-->	Stress	-0.050	-0.074	0.087	-0.852	0.394
Solving Problem	-->	Anxiety	-0.199	-0.319	0.094	-3.389	0.000*
Social support	-->	Depression	-0.068	-0.080	0.054	-1.497	0.134
Help Seeking	-->	Depression	0.063	0.076	0.054	1.399	0.162

Note: * $p < .05$,, S.E. = Standard Error, C.R. = Critical Ratio.

Table C.2

Modification Indices

Path	M.I.	Par Change
Social Support --> Help-Seeking	15.566	0.199

Table C.3

Regression Coefficients for Causal Paths: Standardized and Unstandardized Values, and Statistical Significance for the Optimal Model After Adjustment

Path			Regression Weights		S.E.	C.R.	p-value
			Standardized	Unstandardized			
Political Violence	-->	Social support	-0.159	-0.430	0.138	-3.119	0.002*
Political Violence	-->	Emotional Coping	-0.037	-0.081	0.111	-0.726	0.468
Political Violence	-->	Help Seeking	-0.011	-0.029	0.135	-0.217	0.828
Political Violence	-->	Solving Problem	-0.159	-0.298	0.096	-3.108	0.002*
Political Violence	-->	Effective Coping	-0.021	-0.036	0.086	-0.413	0.680
Political Violence	-->	Coping Avoidance	0.271	0.408	0.075	5.454	0.000*
Social support	-->	Help Seeking	0.209	0.204	0.050	4.085	0.000*
Political Violence	-->	Depression	0.296	0.934	0.154	6.062	0.000*
Political Violence	-->	Stress	0.422	1.178	0.128	9.210	0.000*
Political Violence	-->	Anxiety	0.332	1.004	0.138	7.269	0.000*
Solving Problem	-->	Depression	-0.088	-0.148	0.105	-1.403	0.161
Effective Coping	-->	Depression	-0.184	-0.349	0.117	-2.986	0.003*
Effective Coping	-->	Stress	-0.180	-0.302	0.097	-3.112	0.002*
Effective Coping	-->	Anxiety	-0.044	-0.080	0.105	-0.762	0.446
Coping Avoidance	-->	Depression	0.094	0.198	0.110	1.812	0.070
Coping Avoidance	-->	Stress	-0.020	-0.038	0.091	-0.413	0.680
Coping Avoidance	-->	Anxiety	0.198	0.400	0.098	4.070	0.000*
Emotional Coping	-->	Depression	0.112	0.165	0.072	2.278	0.023*
Emotional Coping	-->	Stress	0.277	0.359	0.060	5.977	0.000*
Emotional Coping	-->	Anxiety	0.110	0.154	0.065	2.383	0.017*
Social support	-->	Stress	0.062	0.064	0.045	1.402	0.161
Social support	-->	Anxiety	0.076	0.085	0.049	1.736	0.083
Help Seeking	-->	Stress	0.158	0.167	0.046	3.643	0.000*
Help Seeking	-->	Anxiety	0.139	0.160	0.050	3.222	0.001*
Solving Problem	-->	Stress	-0.050	-0.074	0.087	-0.852	0.394
Solving Problem	-->	Anxiety	-0.198	-0.319	0.094	-3.389	0.000*
Social support	-->	Depression	-0.069	-0.080	0.055	-1.465	0.143
Help Seeking	-->	Depression	0.063	0.076	0.055	1.369	0.171

Note: * $p < .05$, S.E. = Standard Error, C.R. = Critical Ratio.

Table C.4

Mediation Test Values for Direct, Indirect, and Total Effects and Their Statistical Significance in the Optimal Model After Adjustment

Effects		Political Violence	Social support	Help Seeking	Coping Avoidance	Effective Coping	Solving Problem	Emotional Coping
Direct Effects	Social support	-0.430*	0.000	0.000	0.000	0.000	0.000	0.000
	Help Seeking	-0.029	0.204*	0.000	0.000	0.000	0.000	0.000
	Coping Avoidance	0.408*	0.000	0.000	0.000	0.000	0.000	0.000
	Effective Coping	-0.036	0.000	0.000	0.000	0.000	0.000	0.000
	Solving Problem	-0.298*	0.000	0.000	0.000	0.000	0.000	0.000
	Emotional Coping	-0.081	0.000	0.000	0.000	0.000	0.000	0.000
	Anxiety	1.004*	0.085	0.160*	0.400*	-0.080	-0.319*	0.154*
	Stress	1.178*	0.064	0.167*	-0.038	-0.302*	-0.074	0.359*
	Depression	0.934*	-0.080	0.076	0.198	-0.349*	-0.148	0.165*
Indirect Effects	Social support	0.000	0.000	0.000	0.000	0.000	0.000	0.000
	Help Seeking	-0.088*	0.000	0.000	0.000	0.000	0.000	0.000
	Coping Avoidance	0.000	0.000	0.000	0.000	0.000	0.000	0.000
	Effective Coping	0.000	0.000	0.000	0.000	0.000	0.000	0.000
	Solving Problem	0.000	0.000	0.000	0.000	0.000	0.000	0.000
	Emotional Coping	0.000	0.000	0.000	0.000	0.000	0.000	0.000
	Anxiety	0.193	0.033*	0.000	0.000	0.000	0.000	0.000
	Stress	-0.058	0.034*	0.000	0.000	0.000	0.000	0.0000
	Depression	0.149	0.015	0.000	0.000	0.000	0.000	0.000
Total Effects	Social support	-0.430*	0.000	0.000	0.000	0.000	0.000	0.000
	Help Seeking	-0.117	0.204*	0.000	0.000	0.000	0.000	0.000
	Coping Avoidance	0.408*	0.000	0.000	0.000	0.000	0.000	0.000
	Effective Coping	-0.036	0.000	0.000	0.000	0.000	0.000	0.000
	Solving Problem	-0.298*	0.000	0.000	0.000	0.000	0.000	0.000
	Emotional Coping	-0.081	0.000	0.000	0.000	0.000	0.000	0.000
	Anxiety	1.197*	0.118*	0.1609	0.400*	-0.080	-0.319*	0.154*
	Stress	1.120*	0.098*	0.167*	-0.038	-0.302*	-0.074	0.359*
	Depression	1.084*	-0.065	0.076	0.198	-0.349*	-0.148	0.165*

Note: * $p < .05$

Table C.5

Means and Standard Deviations of the Study Sample Responses on the Political Violence Scale by Gender, Place, and Educational level.

Variables	Categories	Political Violence	
		M	SD
Gender	Male	0.40	0.214
	Female	0.26	0.204
Place	City	0.30	0.196
	Village	0.26	0.208
	Camp	0.51	0.228
Educational level	High School or Below	0.43	0.206
	Bachelor's Degree	0.26	0.209
	Postgraduate Studies	0.28	0.204

Table C.6

Three-way ANOVA (without Interaction) for the Political Violence Scale among the Study Sample based on Gender, Place, and Educational level

Source	Type III Sum of Squares	df	Mean Square	F	p-value	η^2
Gender	0.495	1	0.495	12.804	0.000*	0.034
Place	0.957	2	0.479	12.384	0.000*	0.063
Educational level	0.668	2	0.334	8.640	0.000*	0.045
Error	14.261	369	0.039			

Table C.7

Results of the Scheffé test for post-hoc comparisons of mean scores on Political Violence based on the place among Palestinians

Dependent variable	Categories	Means	City	Village	Camp
Political Violence	City	0.301	—	0.038	-0.210*
	Village	0.263		—	-0.248*
	Camp	0.511			—

Note. * $p < 0.05$.

Table C.8

Results of the Scheffé test for post-hoc comparisons of mean scores on Political Violence based on the educational level among Palestinians

Dependent variable	Categories	Means	High School or Below	Bachelor's Degree	Postgraduate Studies
Political Violence	High School or Below	0.425	—	0.162*	0.142*
	Bachelor's Degree	0.263		—	-0.020
	Postgraduate Studies	0.283			—

Note. * $p < 0.05$.

Table C.9

Means and Standard Deviations of the Study Sample Responses on the mental health outcomes Scale by Gender, Place, and Educational level

Variables	Categories	Statistics	Depression	Stress	Anxiety	Total score
Gender	Male	M	1.19	1.08	0.84	1.04
		SD	0.570	0.416	0.582	0.480
	Female	M	1.19	1.08	0.84	1.04
		SD	0.570	0.416	0.582	0.480
Place	City	M	1.37	1.24	0.91	1.17
		SD	0.716	0.595	0.625	0.576
	Village	M	1.26	1.21	0.88	1.12
		SD	0.636	0.589	0.658	0.566
	Camp	M	1.40	1.45	0.99	1.28
		SD	0.853	0.576	0.555	0.608
Educational level	High School or Below	M	1.23	1.26	0.87	1.12
		SD	0.604	0.628	0.640	0.563
	Bachelor's Degree	M	1.29	1.16	0.86	1.10
		SD	0.674	0.550	0.626	0.547
	Postgraduate Studies	M	1.37	1.40	0.98	1.25
		SD	0.701	0.636	0.682	0.622

Table C.10

Three-way MANOVA (without Interaction) for the Mental Health Outcomes Scale among the Study Sample based on Gender, Place, and Educational level

Source	Dependent Variable	Type III Sum of Squares	df	Mean Square	F	p-value	η^2
Gender	Depression	1.461	1	1.461	3.248	0.072	0.009
	Stress	3.200	1	3.200	9.671	0.002*	0.026
	Anxiety	.264	1	0.264	.638	0.425	0.002
	Total score	1.370	1	1.370	4.262	0.040*	0.011
Place	Depression	1.459	2	0.729	1.621	0.199	0.009
	Stress	1.829	2	0.914	2.763	0.064	0.015
	Anxiety	.392	2	0.196	.473	0.624	0.003
	Total score	1.006	2	0.503	1.564	0.211	0.008
Educational level	Depression	.494	2	0.247	.549	0.578	0.003
	Stress	4.107	2	2.054	6.207	0.002*	0.033
	Anxiety	.840	2	0.420	1.013	0.364	0.005
	Total score	1.394	2	0.697	2.167	0.116	0.012
Error	Depression	166.000	369	0.450			
	Stress	122.095	369	0.331			
	Anxiety	152.984	369	0.415			
	Total score	118.657	369	0.322			

Note. * $p < .05$.

Table C.11

Results of the Scheffé test for post-hoc comparisons of mean scores on stress based on educational level among Palestinians

Dependent variable	Categories	Means	High School or Below	Bachelor's Degree	Postgraduate Studies
Stress	High School or Below	1.26	—	0.101	-0.143
	Bachelor's Degree	1.16		—	-0.244*
	Postgraduate Studies	1.40			—

Note. * $p < 0.05$.

Table C.12

Means and Standard Deviations of the Study Sample Responses on the Coping Strategies Scale by Gender, Place, and Educational level

Variables	Categories	Statistics	Solving Problem	Effective Coping	Coping Avoidance	Emotional Coping
Gender	Male	M	1.21	1.31	0.83	1.11
		SD	0.403	0.348	0.331	0.471
	Female	M	1.10	1.13	0.81	1.16
		SD	0.397	0.348	0.318	0.456
Place	City	M	1.22	1.23	0.82	1.08
		SD	0.321	0.327	0.317	0.448
	Village	M	1.08	1.14	0.80	1.18
		SD	0.420	0.357	0.309	0.461
	Camp	M	1.20	1.26	0.98	1.10
		SD	0.422	0.415	0.413	0.482
Educational level	High School or Below	M	1.07	1.15	0.92	1.13
		SD	0.458	0.358	0.300	0.482
	Bachelor's Degree	M	1.14	1.14	0.80	1.18
		SD	0.373	0.338	0.319	0.425
	Postgraduate Studies	M	1.12	1.26	0.79	1.06
		SD	0.434	0.380	0.325	0.517

Table C.13

Three-way MANOVA (without Interaction) for the Coping Strategies Scale among the Study Sample based on Gender, Place, and Educational level

Source	Dependent Variable	Type III Sum of Squares	df	Mean Square	F	p-value	η^2
Gender	Solving Problem	0.646	1	0.646	4.151	0.042*	0.011
	Effective Coping	2.072	1	2.072	17.677	0.000*	0.046
	Coping Avoidance	0.028	1	0.028	0.274	0.601	0.001
	Emotional Coping	0.094	1	0.094	0.448	0.504	0.001
Place	Solving Problem	1.366	2	0.683	4.390	0.013*	0.023
	Effective Coping	0.471	2	0.236	2.011	0.135	0.011
	Coping Avoidance	0.692	2	0.346	3.450	0.033*	0.018
	Emotional Coping	0.665	2	0.332	1.592	0.205	0.009
Educational level	Solving Problem	0.307	2	0.154	0.987	0.374	0.005
	Effective Coping	1.368	2	0.684	5.834	0.003*	0.031
	Coping Avoidance	0.629	2	0.315	3.136	0.045*	0.017
	Emotional Coping	0.997	2	0.498	2.386	0.093	0.013
Error	Solving Problem	57.412	369	0.156			
	Effective Coping	43.252	369	0.117			
	Coping Avoidance	37.036	369	0.100			
	Emotional Coping	77.059	369	0.209			

Note. * $p < .05$.

Table C.14

Results of the Scheffé test for post-hoc comparisons of mean scores on Solving Problem and Coping Avoidance based on place among Palestinians

Dependent variable	Categories	Means	City	Village	Camp
Solving Problem	City	1.22	—	0.144*	0.022
	Village	1.08		—	-0.122
	Camp	1.20			—
Coping Avoidance	City	0.822	—	0.026	-0.156
	Village	0.796		—	-0.181*
	Camp	0.977			—

Note. * $p < 0.05$.

Table C.15

Results of the Scheffé test for post-hoc comparisons of mean scores on Effective Coping and Coping Avoidance based on Educational level among Palestinians

Dependent variable	Categories	Means	High School or Below	Bachelor's Degree	Postgraduate Studies
Effective Coping	High School or Below	1.15	—	0.001	-0.115
	Bachelor's Degree	1.14		—	-0.123*
	Postgraduate Studies	1.26			—
Coping Avoidance	High School or Below	0.921	—	0.120	0.128*
	Bachelor's Degree	0.801		—	0.008
	Postgraduate Studies	0.793			—

Note. * $p < 0.05$.

Table C.16

Means and Standard Deviations of the Study Sample Responses on the Social support Scale by Gender, Place, and Educational level

Variables	Categories	Social Support	
		M	SD
Gender	Male	1.92	0.599
	Female	2.20	0.555
Place	City	2.30	0.543
	Village	2.06	0.580
	Camp	2.32	0.486
Educational level	High School or Below	1.84	0.578
	Bachelor's Degree	2.14	0.580
	Postgraduate Studies	2.30	0.507

Table C.17

Three-way ANOVA (without Interaction) for the Social support Scale among the Study Sample based on Gender, Place, and Educational level

Source	Type III Sum of Squares	df	Mean Square	F	p-value	η^2
Gender	4.328	1	4.328	14.765	0.000*	0.038
Place	6.105	2	3.053	10.413	0.000*	0.053
Educational level	4.035	2	2.018	6.883	0.001*	0.036
Error	108.168	369	0.293			

Note. * $p < 0.05$.

Table C.18

Results of the Scheffe test for post-hoc comparisons between the mean scores on the Social support scale among Palestinians attributed to the place variable

Dependent variable	Categories	Means	City	Village	Camp
Social Support	City	2.30	—	0.241*	-0.014
	Village	2.06		—	-0.254
	Camp	2.32			—

Note. * $p < 0.05$.

Table C.19

Results of the Scheffé test for post-hoc comparisons of mean scores on Social support based on the educational level among Palestinians

Dependent variable	Categories	Means	High School or Below	Bachelor's Degree	Postgraduate Studies
Social Support	High School or Below	1.84	—	-0.299*	-0.454*
	Bachelor's Degree	2.14		—	-0.155
	Postgraduate Studies	2.30			—

Note. * $p < 0.05$.

Table C.20

Means and Standard Deviations of the Study Sample Responses on the Help-Seeking Scale by Gender, Place, and Educational level

Variables	Categories	Help-Seeking	
		M	SD
Gender	Male	2.15	0.527
	Female	2.23	0.571
Place	City	2.39	0.620
	Village	2.16	0.504
	Camp	2.03	0.730
Educational level	High School or Below	1.97	0.421
	Bachelor's Degree	2.15	0.544
	Postgraduate Studies	2.48	0.574

Table C.21

Three-way ANOVA (without Interaction) for the Help-Seeking Scale among the Study Sample based on Gender, Place, and Educational level

Source	Type III Sum of Squares	df	Mean Square	F	p-value	η^2
Gender	0.045	1	0.045	0.160	0.689	0.000
Place	4.538	2	2.269	8.104	0.000*	0.042
Educational level	9.726	2	4.863	17.367	0.000*	0.086
Error	103.326	369	0.280			

Note. * $p < 0.05$.

Table C.22

Results of the Scheffe test for post-hoc comparisons between the mean scores on the Help-Seeking scale among Palestinians attributed to the place variable

Dependent variable	Categories	Means	City	Village	Camp
Help-Seeking	City	2.39	—	0.232*	0.359*
	Village	2.16		—	0.127
	Camp	2.03			—

Note. * $p < 0.05$.

Table C.23

Results of the Scheffé test for post-hoc comparisons of mean scores on Help-Seeking based on the educational level among Palestinians

Dependent variable	Categories	Means	High School or Below	Bachelor's Degree	Postgraduate Studies
Help-Seeking	High School or Below	1.97	—	-0.186	-0.509*
	Bachelor's Degree	2.15		—	-0.323*
	Postgraduate Studies	2.48			—

Note. * $p < .05$.

جـامعـــة النجاح الوطنية
كليـــة الدراســـات العليـــا

العنف السياسي ومخرجات الصحة النفسية:
الأدوار الوسيطة لإستراتيجيات التكيف، والدعم الاجتماعي، والبحث عن المساعدة لدى الفلسطينيين

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د. ويدو فيرونيسي

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

لعقود من الزمن، كان للعنف السياسي – بما في ذلك النزوح والاضطهاد المنهجي والعدوان الاستيطاني – تأثير عميق على الصحة النفسية للفلسطينيين. وعلى الرغم من تصاعد العنف, لا تزال الأبحاث حول النتائج النفسية والعوامل الوسيطة (مثل المواجهة، والدعم الاجتماعي، والبحث عن المساعدة) محدودة.

هدفت هذه الدراسة أولاً إلى تحليل العلاقة بين العنف السياسي والصحة النفسية (الاكتئاب، التوتر، القلق), وثانيًا, استكشاف الأدوار الوسيطة لإستراتيجيات المواجهة والدعم الاجتماعي واللجوء إلى المساعدة، وثالثًا، دراسة الفروق الديموغرافية (النوع الاجتماعي، الموقع الجغرافي، التعليم) في هذه المتغيرات.

تم استخدام تصميم وصفي–ارتباطي كمي، حيث تم تطبيق استبيانات موحدة على 375 فلسطينيًا يعيشون في الضفة الغربية. وتم تحليل البيانات باستخدام تحليل المسار (AMOS v24) وتحليل التباين متعدد المتغيرات (MANOVA/ANOVA) .

كشفت الدراسة أن العنف السياسي يتنبأ بشكل كبير بارتفاع مستويات الاكتئاب والتوتر والقلق, بينما يقلل من استخدام إستراتيجيات المواجهة القائمة على حل المشكلات ويضعف الدعم الاجتماعي. كما أن المواجهة التكيفية (مثل حل المشكلات) خففت من حدة الاكتئاب، في حين أن المواجهة التجنبية زادت من القلق. وقد ساهم الدعم الاجتماعي في تحسين النتائج بشكل غير مباشر من خلال تعزيز البحث عن المساعدة.

وأظهرت النتائج أن الرجال تعرضوا لمستويات أعلى من العنف السياسي, بينما عانت النساء من مستويات أعلى من التوتر. كما أن سكان المخيمات تعرضوا لعنف أكبر مقارنة بغيرهم، في حين كان سكان المناطق القروية أكثر ميلًا لطلب المساعدة. وارتبط التعليم العالي باستخدام إستراتيجيات مواجهة تكيفية, ولكنه زاد أيضًا من مستويات التوتر.

تؤثر العوامل الوسيطة مثل المواجهة والدعم الاجتماعي على الآثار النفسية للعنف السياسي. هناك حاجة ملحة لتدخلات مخصصة ثقافيًا – خاصة تعزيز الدعم المجتمعي وإستراتيجيات المواجهة التكيفية – لمعالجة الصدمات النفسية المنهجية في الارض المحتلة .

الكلمات المفتاحية: العنف السياسي، الصحة النفسية، إستراتيجيات المواجهة، الدعم الاجتماعي، البحث عن مساعدة، فلسطين.