



An-Najah National University
Faculty of Graduate Studies

**CONTINUOUS TRAUMATIC STRESS RESPONSE AND
COPING STRATEGIES AMONG ADULTS EXPOSED
TO POLITICAL VIOLENCE IN THE NORTH OF THE
PALESTINIAN TERRITORIES:
A MIXED METHOD STUDY**

By

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Supervisor

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**This Thesis is Submitted in Partial Fulfillment of the Requirements for the Degree of
Master of Community Mental Health Nursing, Faculty of Graduate Studies, An-Najah
National University, Nablus, Palestine.**

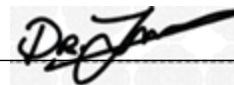
2024

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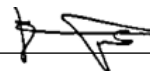
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Dedication

الحمد لله حياً وشكراً وإمتناناً، الحمد لله الذي بفضلله ادركت اسمى الغايات انظر لنفسى ولنجاحى كالذى ينظر الى معجزته، الى الحلم الذى طال إنتظاره، تحقق بفضل الله وأصبح واقعاً افتخر به.

الى من كانت الداعمة الأولى والأبدية ، ملاكى الطاهر ، من كان وجودها يمدني بالسعي دون ملل ، الى التى ظلت دعواتها تضم اسمى دائماً ، معلمتى الأولى ، دكتورتى الأولى ، أمى ومحبوبتى وملهمتى) ، أهديك هذا الإنجاز الذى لولاك لم يكن ، اهديك مراحلى وإنجازاتى كلها فالفضل والثناء للمولى ثم لكفاحك لأجلنى ، وعطائك الذى يضم تدبى ، كنت لى الأم والأب اكتفيت بك عن العالم أجمع يا خير عوض وأعظم سند ، كُنت لى النور فى دربى الشاق مضينا معاً طريقاً لم يكن محفوظاً بالسهوله ها أنا اليوم أهديك علماً وشهادةً تخليتنى عنها فى سبيل رعايتى وتعليمى ، ممتته لأن الله اصطفاك من البشر أما لى .

الى خيرة أيامى وصفوتها، الى من مدت لى أيادىهم وقت ضعفى وأمنوا بقدرتى، الى ضلعي الثابت وأمان أيامى (أخى وأختى).

زوجى الغالى الذى أشرقت شمسه فى سماء حياتى، وأصبحت نوراً تمدنى بالحب والدعم، سندی ورفيق دربى من أخذت عنه حب التحدى وتخظى الصعاب.

الى من غمرتونى بحبهم وعطفهم وكانوا بمثابة أهل وأغدقونى بحبهم وحنانهم دون مقابل – اهل زوجى الفاضلين.
ولا ينبغي أن أنسى دكاترتى ممن كان لهم الدور الأكبر فى مساندتى ومدى بالمعلومات القيمة، أهدى لكم بحث تخرجى، داعياً المولى -عز وجل- أن يطيل فى أعماركم، ويرزقكم بالخيرات.

الى الذين يبهجهم نجاحى، ولكل من كان عوناً وسنداً فى هذا الطريق، لأصدقاء ورفقاء السنين وأصحاب الشدائد والأزمات.

أخيراً الشكر موصول لنفسى على الصبر والعزيمة والإصرار، والتى كانت اهلاً للمصاعب، ها أنا اختم كل ما مررت به بفخر ونجاح الحمد لله من قبل ومن بعد، راجية من الله تعالى أن ينفعنى بما علمنى وان يعلمنى ما أجهل ويجعله حجة لى لا على.

Acknowledgement

نطلاقاً من العرفان بالجميل فإنه يسرني ويثلج صدري أن أعبر عن امتناني وشكري لجامعة النجاح الوطنية وخاصة أعضاء هيئة التدريس الذين لم يبخلوا علي بعطائهم من علمهم، وأخص بالشكر والعرفان المشرف الرئيسي على رسالتي الدكتور جمال القدومي الذي مدني من منابع علمه بالكثير من المساندة والمساعدة، وأتار دربي بتسليق درجات التقدم في البحث العلمي منذ دخولي الجامعة دون كلل أو ملل، وأحمد الله بأن يسره في دربي ويسر به أمري وعسى أن يطيل الله بعمره ليبقى نبراساً متلألئاً في نور العلم والعلماء.

كما أنني أمتن بجزيل العرفان والشكر للدكتور عدنان سرحان الذي قدم لي الدعم النفسي والتشجيع بالإضافة إلى توجيه والإرشاد العلمي بشكل مستمر.

كما أتقدم بجزيل شكري وتقديري لمنسقة برنامج الصحة النفسية العميدة الدكتورة عايدة القيسي التي منحتني وقتها الثمين لنصحي وإرشادي.

وأيضاً أتقدم بجزيل الشكر والعرفان للدكتور القدير محمد مرعي ، والذي كان سخي العطاء بوقته وعلمه.

وكل الشكر للدكتور محمود خريشة وكل زملائي في رحلة ماجستير التمريض بكافة التخصصات الذين أصبحوا نعم الأخوة والسند.

كما أتقدم بجزيل الشكر لكافة أعضاء لجنة المناقشة الموقرين الذين تكبدوا الكثير من العناء في قراءة رسالتي المتواضعة واغنائها بمقترحاتهم القيمة.

وأتقدم بجزيل الشكر والتقدير لكافة المؤسسات الشعبية والمراكز الشبابية ولجان أمهات الشهداء اللاتي ساعدنني على جمع المعلومات وتوزيع الاستمارات خاصة مؤسسة كي لا ننسى ومؤسسة الجليل اللواتي أحسنوا استقبالي وعملوا على توفير البيئة المناسبة لجمع البيانات وأشكر كافة المشاركين بالدراسة الذين منحوني ثقتهم ووقتهم وشاركوا بدراستي.

وأخيراً أقدم تحياتي لفلسطين، الأرض التي تُعلمنا دروس الصمود والتضحية، النبراس الذي يضيء درب الحرية، كلِّ ركنٍ في فلسطين يروي قصة مقاومة. تحيةً لكل شهيد يكتب بدمه فصلاً جديداً في سجل التاريخ.

Decaration

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

CONTINUOUS TRAUMATIC STRESS RESPONSE AND COPING STRATEGIES AMONG ADULTS EXPOSED TO POLITICAL VIOLENCE IN THE NORTH OF THE PALESTINIAN TERRITORIES: A MIXED METHOD STUDY

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

Student's Name: **Maram Ghannam**

Signature: *Maram Ghannam*

Date: 02/10/2024

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Continuous Traumatic Stress Response and Coping Strategies Among Adults Exposed to Political Violence in Palestinian Territories A Mixed Method Study

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Abstract

Background: Prolonged exposure to political violence, such that which occurred during the Israeli-Palestinian occupation, has caused serious physical and mental distress for Palestinian civilians. It is crucial to examine that people experience anxiety, dread, and sense of perceived threat during continuous traumatic stress are directly affect coping strategies.

The aim of the study: To assess the level of Continuous Traumatic Stress Response and coping strategies among Palestinian adults exposed to political violence.

Method: A mixed method of quantitative and qualitative research study design was adopted in this study. A purposive sampling method of adults who are from Jenin and Nablus camps and Nablus Old City. Out of 407 participants were included in this study. The Politically Violent Events Scale, continues traumatic stress response scale and the Jalowiec Coping Scale were used. Ten participants were included in this study in qualitative study for in depth interviews

Results: The findings indicated that the participants' greatest exposure (76.7%) was to their home being searched by the military. In terms of the event's severe impact, curfews or being prohibited from leaving one's home or city was ranked as the most severe influences. Participants feels fear and helplessness (63.6%), followed by feeling of exhausted and detachment (62.61%), and finally feeling of rage and betrayed (59.35%). the focus on concentrating their efforts on doing something about the situation was the highest among the approach coping method and their trying to find comfort in religion was the highest among the avoidant coping method among the study participants. In the qualitative findings, Six themes were emerged: Military occupation as a source of danger, terror, sabotage, deprivation of freedom and rights. a source of psychological and physical

diseases, loss of loved ones. And the “Challenging the occupation as a source of hope” theme.

Conclusion: Enhanced comprehension of the psychological ramifications of possibly traumatic incidents can eventually result in better CTSR prevention and treatment strategies. The promotion of mental health and well-being among people impacted by stress and trauma connected to conflict requires standardized instruments, family support, and cultural sensitivity.

Keywords: Continuous traumatic stress response, Political violence, Palestinian adults, Coping strategies.

Chapter One

Introduction

1.1 Overview

1.1.1 Palestine's political status

In order to subdue the Palestinians in the occupied West Bank and Gaza Strip, Israel has put in place an oppressive regime that depends heavily on the use of force—a level that is completely out of proportion to the threat the population's lack of weapons poses to its security. As a result, the Palestinians have adopted a range of resistance tactics in an effort to halt Israel's unlawful occupation of their territory and win their independence and sovereignty. The Palestinians began a national revolt (now called the intifada) in December 1987; it was a costly endeavor for them in terms of human casualties and severe suffering. 962 Palestinians had been slain by Israeli forces as of the second quarter of 1991; 252 of them had been 16 years of age or younger. Since many of the young people who were shot to death had upper body or head wounds, there was conjecture that the Israeli authorities might have been using snipers to position themselves during patrols. There have been an estimated 115,118 injuries. The Israeli authorities imposed a curfew on various portions of the territories for 10,212 days, excluding the period during which the entire area was under curfew. More than 100,000 trees have been removed, and 375,753 dunums—roughly equivalent to 25 acres—of land have been taken. The occupation forces have blocked off or destroyed 1,971 homes in total. There is still unrelenting Palestinian resistance to the Israeli occupation, either in spite of or perhaps because of this litany of tragedy (50).

The Palestinian communities have been plagued by daily tensions for decades, and the bloodshed still occurs today. Since the Second Intifada began in 2000, Israeli security forces have murdered 6,489 Palestinians, while 1,096 Israelis have been killed by Palestinians in various terrorist attacks (1).

Since September 2000, With total impunity, the Israeli army has slaughtered more unarmed Palestinian citizens than were killed on September 11, 2001. The army has executed 238 people extrajudicially while also killing 186 bystanders, including 26 women and 39 children. Small weapons fire, directed in more than half of the cases to the head, neck, and chest—the sniper's wound—killed 621 children, including 2/3 of those

under the age of 15, who were killed at checkpoints, in the street, on their way to school, and in their homes. It is obvious that Israeli soldiers are regularly permitted to fire and kill children in circumstances where there is little to no threat (2).

Between December 27, 2008, and January 19, 2009, Israel attacked the Gaza Strip, committing egregious, unparalleled human rights abuses that were the result of a political choice to ignore the deaths of civilians in favor of saving Israeli soldiers. These violations included assaults on medical staff and civilians, obstruction of emergency medical evacuations, limitations on civilian access to health care, impediments to referrals for care outside the Gaza Strip, and threats to the transfer of food and medical supplies (3).

The people in the Jenin refugee camp, as well as those in all other Occupied Territories, are deprived of their independence and have their sense of humiliation increased by living in cramped quarters that are surrounded by impenetrable borders that keep them cut off from the outside world. The house is purposefully made into a battlefield. Destroying and undermining houses turns becomes a tactical tool for attacking the community as a whole (52).

the manner in which sixty years of continuous fighting and forty years of Israeli military occupation have changed them. While standards of health, literacy, and education are currently higher in the Israeli compared to the occupied Palestinian territory than in several Arab countries, in 2007 (52%) of families (40% in the West Bank and 74% in the Gaza Strip) were living below the US\$3.15 per person per day poverty threshold (53).

During the second intifada, UNRWA's restoration of the Jenin refugee camp after Israel's catastrophic destruction in April 2002 was the largest humanitarian initiative. The author emphasizes the conflict between the needs and desires of the refugees and UNRWA's politically "neutral" technical vision by reviewing the interactions between planners and local refugee committees. Although acknowledging UNRWA's critical role, the author laments that the organization chose a more conventional (liberal) community-based development framework rather than a rights-based approach when expanding its operations beyond relief provision, which depoliticized the community's fight for its rights. Given this experience, it is even more imperative that UNRWA recognize the overlapping rights of Palestinian refugees and include them in its definition of humanitarianism (54).

The quality and accessibility of mental health services must be improved. To better serve the requirements of professionals and service consumers, Palestine's mental health policies and services need to be developed. Increasing the integration of mental health services with other health care domains and increasing awareness of mental health are critical. Basic human requirements, such as freedom of movement and the cessation of the occupation, must be satisfied for civilians. The ability and resilience of community mental health teams must be improved. greater funding is required, along with greater assistance, modern training, and oversight for mental health teams (5).

Civilians have experienced severe physical and mental suffering as a result of prolonged exposure to political violence (EPV), such as that experienced during the Israeli-Palestinian conflict (10).

1.1.2 CTS and PTSD

Israeli occupation and mental illness

Natural and man-made calamities frequently result in trauma and Post-Traumatic Stress Disorders (PTSD), with refugees being one such tragedy, some of which were brought on by political disputes. Since the 1948 Nakba, Palestinians have the greatest refugee population in the world, PTSD and other psychological issues are constantly a major concern for Palestinian children, teens, adults, and their families in the Gaza Strip(4).

Worldwide, a large number of people are subjected to continuous traumatic stress (CTS). It is yet unknown, though, what psychological effects CTS may have had or whether the diagnostic criteria for posttraumatic stress disorder (PTSD) apply in this particular case. Responses to CTS turned out to go beyond the current PTSD symptomatology. PTSD, anxiety, somatization, and depression were among the psychological responses to CTS (7).

A continuous or ongoing exposure to traumatic stress does not meet the current diagnostic criteria for posttraumatic stress disorder (PTSD). Therefore, stress symptoms linked to exposure to risks that last for months or years are not adequately captured by existing evaluation techniques. To fill this gap, we included the symptoms linked to persistent stress exposure, including those that are different from the diagnostic criteria for PTSD (8).

Existing conceptualizations of traumatic stress continue to assume that traumatic experiences have already happened, despite significant theoretical and empirical advancements in the field since the diagnosis of posttraumatic stress disorder (PTSD) was added to the mental health nomenclature. In order to characterize the experience and effects of living in situations of real-world present and continuing risk, such as prolonged political or civil unrest or widespread community violence, we suggest the term continuous traumatic stress (CTS) as an addition to the lexicon of traumatic stress(11). Many young adult Palestinians were involved directly or indirectly in the actual fighting while others witnessed the events (12). Numerous studies conducted during the past ten years have documented high levels of psychosocial issues among women, children and adolescents, refugees, and prisoners in Palestine. (13).

The three hallmark criteria for post-traumatic stress disorder (14) (Diagnostic and Statistical Manual of Mental Disorders; American Psychiatric Association, 2000) are re-experiencing the event (e.g., intrusive memories, dreams), avoiding stimuli connected to the events and emotional numbing, and symptoms of increased arousal. Exposure to extreme ethnic-political violence appears to interfere with the child's cognitive and emotional processing of those experiences (15). Additionally, it has been discovered that teenagers exposed to PV are susceptible to psychological distress and post-traumatic stress reactions (16). A wide range of psychological disorders, including as aggressive behaviors, sadness, anxiety, learning difficulties, and post-traumatic stress disorder (PTSD), can affect children and adolescents exposed to PV (17). Eleven out of twenty five questions that measured three different factors—exhaustion/detachment, rage/betrayal, and fear/helplessness—were kept by the writers. We discovered a moderate degree of agreement between the scales, suggesting that the CTSR assesses a concept that is connected to PTSD but separate from it (8) The evidence supporting the existence of a complicated kind of post-traumatic disorder in victims of protracted, repetitive trauma is reviewed in this essay. Disorders of Extreme Stress Not Otherwise Specified, or DESNOS, is the name being considered for this syndrome's inclusion in the DSM-IV. The majority of the existing diagnostic standards for PTSD come from the observations of people who have survived quite narrowly scoped traumatic situations (6).

The substantial significance of trauma and the severe burden for mental health in this population are indicated by the PTSD prevalence of (36%) revealed in Palestine in 2021

(19). While about one-third of PTSD sufferers recover after a year, those with war-related PTSD appear to have the lowest likelihood of doing so (21). The two groups' levels of intrusion symptoms did not differ, according to our findings. The only factor that might account for the difference in intrusion severity between the PTS and CTS groups was the reported lifetime exposure to traumatic experiences (22).

Regardless of the severity of the youth's past PTS symptoms, cumulative exposure to violence in more contexts over the course of the initial two years was linked to an increased risk of acquiring PTS symptoms later on than exposed to fewer instances of violence (24). PTSD is substantially more common in women than in men (25).

Participants with low and moderate incomes are thought to be the group most susceptible to PTSD. These findings highlight the need for quick action to assist the affected population in regaining their mental health so they may participate fully in society and meet the demands of the post-conflict era (26).

A review of Posttraumatic stress disorder symptoms were positively linked with both lifetime and the previous 30-day assessments of political violence (27). A study found that children directly exposed to the trauma developed more severe PTSD, while those who had been indirectly exposed to house demolitions developed more anxiety and mild/moderate PTSD. They give two interpretations for this finding: One is that those directly exposed develop emotions and a physical reaction to the bombing, while others only worry about what may happen. The second interpretation is that the PTSD in those directly exposed masked their anxiety (28).

The fear of bombardment puts civilians at risk for developing PTSD. Even if communities that are frequently threatened have high levels of resilience, it is wise to create and put into practice public health strategies to protect individuals who are most traumatized during and after assaults from getting PTSD. Interventions should take into account building on citizens' prior effective coping strategies because, to a small extent, prior trauma exposure buffers the response to bombardment (24). In contrast, a child who has experienced a terrible incident firsthand has had the chance to put his skills to the test and develop his strength on his own. In this instance, he might have been able to internalize the threat in order to feel less worried or fearful, allowing him to face it and overcome it peacefully. The other possibility is that the occurrence was much bigger than he could

have imagined and that his mind was unable to give the overpowering experience any significance (29). But It is advisable to exercise caution when applying current post traumatic stress models to those who have experienced ongoing trauma (30).

The threat of political violence to people's health is quite real. However, protective elements might enable individuals to develop resilience in the face of political violence (27).

The first difference between CTS and PTSD is that there is no discernible beginning or end to CTS. The criteria for PTSD, on the other hand, require that symptoms be indicative of a protracted stress reaction that lasts for at least a month following prior events. PTSD stressor circumstances arise in the context of particular people, relationships, and events, whereas CTS emerges in families and is made worse by communities and cultures. Second, rather than past traumatic experiences, the temporal location of stressor conditions in CTS is concentrated on the present and future. This leads to an adaptive fixation on safety, as opposed to the pathological kind of hypervigilance observed in concurrent PTSD. Third, it can be difficult to distinguish between perceived and actual threats. Consequently, anticipatory anxiety is a component of CTS. Fourth, the lack or malfunction of external defense mechanisms that sustain persistent stressors characterizes CTS. Traditional PTSD paradigms do not specifically address the lack of these protective systems, despite the fact that systemic causes probably shape PTSD (32). It is crucial to remember that people's coping mechanisms from past experiences contribute to their feelings of perceived threat, dread, and anxiety when they experience CTS. PTS and CTS may also exhibit different avoidant behavior symptoms: PTS sufferers would attempt to avoid symptom triggers, while CTS sufferers would attempt to avoid true danger.(31). Additionally, the multivariate analysis showed that the likelihood of getting PTSD symptoms is increased if you have a history of trauma and feel unable of handling your patients amid the current Gaza war and Israeli-Palestinian political violence. Furthermore, utilizing behavioral disengagement, self-blame, and venting as coping mechanisms raises the risk of PTSD symptoms. Additionally, utilizing substance abuse and acceptance as coping mechanisms lowers the likelihood of experiencing symptoms of PTSD. (20). On the other hand the clinical picture for some individuals supports the diagnosis of post-traumatic stress disorder (PTSD). The onset and constellation of symptoms are, however, less typical of PTSD in other people. Instead of being caused by a single, prior traumatic

event, anxiety symptoms in these situations appear to develop gradually and are linked to persistent, daily tension over impending assaults. Their avoidance tactics are mostly grounded in fact. They describe experiencing hyperarousal, extreme distress, and lack of control both during and right after genuine missile attacks. They are less prone to display symptoms of reliving events, nevertheless. Additionally, in contrast to how PTSD often manifests, their symptoms frequently drastically lessen or disappear altogether once they are no longer in danger (9).

According to the transactional framework of stress, resilience may be thought of as a dynamic process in which people use both internal and external coping mechanisms in the face of hardship. This essay examines the functions of two resources—social support and self-efficacy—in the setting of forced migration, terrorism, and conflict. These resources are thought to be protective elements that might lessen the effects of hardship and facilitate healing from traumatic events. As essential elements of the coping process, they help people reframe their viewpoints and engage in cognitive restructuring, which eventually results in a recovery from hardship or even the formation of higher levels of functioning after trauma (23) Unsurprisingly, the results indicate a negative correlation between anxiety, despair, and intolerance for uncertainty and well-being. Overall, it was discovered that mental anguish mediated both the relationship between maladaptive coping and wellbeing as well as the relationship between uncertainty and wellbeing. (18).

Depending on the stage of recovery, certain coping mechanisms may or may not be time-dependent in their ability to promote recovery. Avoidance (such as fleeing) at the beginning of trauma exposure, for instance, may help to lessen the cognitive and biological "wear and tear" that a person might otherwise experience if they decide to stay close to the trauma and/or associated stressors. When confronted with an urgent and uncontrollable trauma, approach-oriented coping may jeopardize safety and psychobiological function that would have been maintained with more avoidant flight-oriented tactics (34).

1.2 Conceptual definitions

Continuous Traumatic stress(CTS) can show itself as emotions, actions, and perceptions in people as well as in families, societies, and communities. The suggested CTS model incorporates a cyclical element that unites perceptions from the past and present with emotional reactions resulting from ongoing, repetitive traumatic experiences over an extended duration (31) .

Political violence: The WHO defines political violence as acts of injury or intimidation against people that are physical, psychological, or sexual in nature. Examples include the use of rape, psychological torture, and assassinations as weapons of war and political repression (35).

Coping strategies: According to Webster's Dictionary, the word "cope" is derived from the Latin word "colpus," which means "to alter," and is typically used in the psychological paradigm to imply "dealing with and attempting to overcome problems and difficulties.", the transactional model classifies coping into two major groups. The first is known as the problem-focused coping technique, while the emotion-focused coping approach is the second. The ability to think and change the environmental event or scenario is more important when it comes to problem-focused coping (36).

1.3 Operational definitions

Continuous Traumatic stress Response scale (CTSR): a scale allows you understanding and effective measurement of the effects of persistent or ongoing trauma is necessary to identify and treat those affected. However, a scale assess the broader effects of exposure to ongoing traumatic stress aside from PTSD measures.

Political violence: adults who exposed to physical or verbal abuse at a military checkpoint, the arrest of themselves or a family member, being subject to long curfew periods, injury by soldiers, death of a relative, or property damage or loss during military house searching.

Coping strategies: specific coping behaviours which adolescents may use to manage and adapt to stressful situations as ventilating feelings, seeking diversion, developing self-reliance, developing social support, avoiding problems, seeking spiritual support, solving

family problems, investing in close friend, engaging in demanding activity, seeking professionals support, being humorous and relaxing .

1.4 Aim of the study

To assess the level of continuous Traumatic Stress response and coping strategies among Palestinian adults exposed to political violence .

1.4.1 Objectives

- To assess the frequency and severity of exposure of political violence among Palestinian adults who exposed to political violence.
- To assess the correlation between these characteristics (physical disability and psychological support receive services) with CTSR and coping strategies among Palestinian adults exposed to political violence.
- To assess the correlation between CTSR and coping strategies among Palestinian adults exposed to political violence.
- To assess the correlation between demographic characteristics (age, gender, educational level, income level, marital status, working status , family members number and housing status) with CTSR and coping strategies among Palestinian adults exposed to political violence.
- To explore Palestinian adults' experiences with political violence, continuous traumatic stress, and ways of coping with Palestinian-Israeli conflict.

1.5 Problem statement

A constant threat to their lives is the prolonged socio-political conflict or communal violence that millions of people and families face today and in the future. The concept of continuous traumatic stress (CTS) was proposed as an additional viewpoint to help comprehend the unique effects of being under both real-world threats and potential threats in the future (37). Political violence significantly interacted with proactive coping, reliance on oneself, and political or civic engagement to affect health in a counterintuitive way; those who scored higher on these more internalized and individualistic coping strategies showed worse health as political violence increased (27).

In the West Bank, an area affected by the political conflicts between Palestinian and the Israel's occupation. The conflict left many psychological illnesses undiscovered among civilians in Palestine. Therefore, not discovering these illnesses means not finding a solution or treatment for them.

1.6 Significant

The war leaves physical and psychological effects on the Palestinian people and all care providers are concerned with the physical effects of war victims and political violence and neglect the psychological aspect of fear and terror and the feeling that their lives are in danger and that their lives are not important. There is no article matching the same title in Palestine and published on approved sites. If we know the percentage of people exposed to political violence and those with a high level of continuous traumatic stress , we can create a support and psychological relief program and help them build healthy coping methods.

Assessing the level of CTSR helps you comprehend how to quantify the consequences of continuous or persistent trauma effectively, which is important for identifying and treating persons who are impacted. In addition to PTSD measurements, we evaluates the more general consequences of ongoing exposure to high levels of stress (8). The temporal directionality of the relationship between trauma exposure and coping has not yet been investigated in any research, which is a crucial therapeutic concern. Our results could contribute to intervention studies that aim to support adaptive coping strategies.

1.7 Research Questions

- What's the frequency and severity of exposure of political violence among Palestinian adults exposed to it?
- Is there a significant association between demographic characteristics (age, gender, educational level, income level, marital status, working status, family members number and housing status) and CTSR, coping strategies among Palestinian adults exposed to political violence?
- Is there a significant association between CTSR and coping strategies among Palestinian adults exposed to political violence.

- Is there a differences in coping strategies related to exposure to political violence among Palestinian adults.
- Is there a differences in the level of CTSR related to exposure to political violence among Palestinian adults.
- Is there a significant association between these characteristics (physical disability and psychological support receive services) and CTSR and coping strategies among Palestinian adults exposed to political violence.

1.8 Hypotheses

(H1) Research Hypothesis

Palestinian adults who exposed to political violence have higher level of CTSR.

(H0) Null Hypothesis

There is no relationship between level of exposure to political violence and coping strategies among Palestinian adults exposed to political violence.

1.9 Literature review (LR)

1.9.1 Introduction to literature review

The introduction to the literature review provides an overview of the Similarities and differences in terms and symptoms between CTS and PTSD and shows the prevalence of PTSD as a mental disorder.

In general, the literature review section of the study presents a detailed summary of the previous research that has been conducted on people who exposed to any type of political violence and the authors also discuss the impact of these violence on their mental health and coping strategies.

Search Engines: PubMed, Google scholar, Cochrane, Science Direct and CINAHL.

Key words: CTSR, PTSD, trauma, violence, political violence, coping strategies, mental illness, Palestinian war

Search strategy:

I used the keyword in the search sources, then I began to read the abstract. Any article that was in one way or another related to the idea of my topic, I would attach the link to a Word file, where I would appraise the article in terms of how to benefit from it in my research.

1.9.2 Review of literature

CTSR and PTSD:

A study Investigated the Continuous Traumatic Stress (CTS) concept and whether it can be distinguished from PTS based on structured clinical interviews with Congolese refugees (N = 226). The CTS group's fears about violence's return positively linked with their current exposure to it, whereas the greater intrusive symptom severity in the PTS group (no symptom reduction under safe conditions) was shown to be explained by higher lifetime trauma exposure. Symptom-like reactions may be considered appropriate reactions to real risk in situations where trauma exposure is ongoing. To prevent overestimating the prevalence of PTSD in these situations, it is important to take into account the chance that symptom changes are a reaction to actual dangers (22).

In another study conducted investigation of the network was done on the International Trauma Questionnaire's classification of Complex Post-Traumatic Stress Disorder (CPTSD) symptoms based on information from a nationally representative sample of 2000 Ukrainians. The findings support the ICD-11 classification system for PTSD, but they also imply that ongoing traumatic stress shows up as more compacted correlations between symptoms of the disorder, and that emotional control may be essential for triggering the CPTSD network. Scalable, concise self-help resources aimed at promoting emotion regulation and a sense of threat could be made available to people affected by war (38).

Another study aimed to ascertain the prevalence of moral injury and PTSD symptoms in the civilian population that experiences prolonged and continuous warfare, as well as the protective and risk factors that either exacerbate or lessen the negative psychological states in this population, a rich demographic surveys to around 1,300 civilians in Ukraine while the Russian invasion is still going on. Analyses showed that, in comparison to both previously published clinical cut-offs and assessments from a comparable sample, there was an exceptionally high prevalence of moral harm and severe PTSD symptoms. Additional regression analysis revealed protective and risk variables. The severity of PTSD symptoms was shown to be higher in women, older adults who were forced to flee their homes, and people from areas that were occupied by the Russians. Milder PTSD symptoms were connected with higher education. Younger people showed a particularly profound moral injury (39).

In another systematic review and meta-analysis of 2786 studies, 28 publications covering 32 samples and a total of 15,121 participants from the West Bank and Gaza Strip were selected because they either met the DSM-4 or DSM-5 inclusion criteria. The prevalence of PTSD, which ranged from (6%) to (70%), was (36%) overall. After only included studies utilizing a representative sample, sub-group analysis revealed that the prevalence of PTSD did not differ by geography (West Bank, Gaza Strip), and actually tended to decline (19).

An epidemiological study was conducted in the Gaza Strip to examine the prevalence of mental health issues among patients at primary care clinics. The study's goals were to find out how common post-traumatic stress disorder (PTSD) is among patients who visit primary care clinics in the Gaza Strip and whether certain sociodemographic factors are

linked to PTSD. Except for those who came for referrals, immunizations, insurance or driver's license exams, prenatal care, reports, pregnancy issues, or emergencies, Every other patient in each clinic, aged 16 to 55, was contacted and invited to take part. After contacting their medical practitioner, a total of 670 people were requested to participate in the study, and 661 of them said they would. The prevalence of PTSD symptoms was found to be (29%) overall and to be substantially greater in females than in males ($P=0.001$) among patients in primary care. (36%) of people who had been exposed to stressful experiences had PTSD. Patients with higher levels of education were more likely to experience stressful experiences, although PTSD was less common than it was among patients with lower levels of education. In comparison to traumatized females, guys reported a reduced prevalence of PTSD (25).

On a sample of Al-Furat university students in Deir ez Zor, a descriptive cross-sectional study design was utilized. 833 students in all were enrolled in the study. We looked into trauma and assessed PTSD prevalence. The estimated PTSD prevalence was (28.2%), and the students who were forced into sexual acts had the highest PTSD rates (46.3%). Internal displacement ($p =.032$), academic year ($p =.002$), and social economic position ($p =.000$) were all found to be significantly correlated with PTSD (26).

Mental Disorders related to political violence:

According to a review of the research, political violence and national security concerns can cause recurrent traumatic experiences over an extended period of time, which can lead to protracted exposure to threat in CTS. In these circumstances, symptomatology and/or reduced functioning are manifestations of the cumulative impact of these experiences. The capacity to go about daily life in these conditions begs the question of how people adjust or cope when exposed to ongoing risks for an extended period of time. It is crucial to remember that adapting to and thriving in these circumstances does not lessen the prevalence or severity of symptomatology in the impacted communities (31).

A cross-sectional study reveals a strong correlation between a history of trauma and anxiety disorders, such as post-traumatic stress disorder and other disorders. Furthermore, those who had experienced personal attack were more likely than those who had experienced other forms of trauma to seek treatment during the previous year. These exposures are probably a contributing factor in the presentation of PTSD or persistent

stressors. The fact that a chronic illness was linked to a seven-fold increase in the likelihood of seeking treatment for mental health issues in the previous year is also noteworthy. This suggests that medical illness, or somatic complaints, may be a significant presentation, whether or not anxiety or other psychiatric symptoms are expressly reported (40).

2006–2021: A long-term research conducted in Palestine seeks to understand how prolonged combat trauma affects PTSD diagnoses and symptoms. The main findings of the current study, which is a follow-up of 607 adolescents and adults aged 10 to 30 years, including those children who took part in the study in 2006, show that at least (97.2%) of participants had at least six traumatic experiences by the year 2006 and that (100%) of participants were exposed to traumas by the year 2021. Four categories of responses to persistent war stress were discovered in this study: (a) The acute group (n = 321, 52.9%) exhibits high PTSD symptoms both in 2006 and in 2021; (b) The Remitters group (n = 54, 8.9%) has substantial PTSD symptoms in 2006 but not in 2021; (c) Delayed group (n = 204, 33.6%) exhibits no major PTSD symptoms in 2006 but does so in 2021; (d) The resilient group (n = 28, 4.6%), which did not exhibit PTSD symptoms in 2021 as well as in 2006, was resilient (4).

According to a survey of Palestinian teenagers enrolled in school, both collective and individual exposure to violence will negatively affect the mental health of youngsters. Additionally, we thought that group exposures would not be as harmful to mental health as individual exposures. These theories were put to the test by our analysis. The survey was completed by 3415 students in the 10th and 11th grades from the Ramallah District of the West Bank. Scales of individual and collective exposures to trauma/violence (ETV). ETV and teenage mental health are strongly correlated, with both individual and group exposures having distinct impacts, according to logistic and multiple regression models. The prevalence of depressive-like conditions was greater among girls compared with boys, and in adolescents living in Palestinian refugee camps compared with those living in cities, towns and villages (23).

Three separate exposure periods—pre-Intifada, Intifada peak, and Intifada recession—were used to sample 3667 adolescents between the ages of 10 and 18 into two age groups, early and late adolescents. This study looked at potential differences in effects based on age and gender, as well as relationships between exposure to political violence among

Israeli adolescents and mental impacts throughout a seven-year period around the second Intifada. All of the Brief Symptom Index scales supported the initial hypothesis, which predicted that exposure to political violence would have a major impact on mental indices. Higher psychopathological indices during the Intifada peak than at the pre-Intifada and retreating Intifada periods supported the second hypothesis, which predicted a main influence of exposure duration, higher levels of exposure to political violence were linked to higher rates of symptomatology for both younger and older adolescents, according to research on potential moderating effects in the relationship between exposure to psychiatric indices and political life events. There was a general direct correlation between the intensity of political violence exposure and the severity of the mental outcome for both genders, however the relationship varied depending on the Intifada exposure period (41).

A study evaluates the reported stress, insecurity, and health-related quality of life (HRQoL) among Palestinian young adults in the West Bank. We conducted a survey of 398 university students in Nablus (mean age: 20.1; SF-36 HRQoL measure; PSS-4 stress measure; context-specific insecurity instrument). The results showed better outcomes for these people in several outcomes, with the notable exception of insecurity, among the participants who made up one-third of those who reported having Israeli citizenship. One of the first studies to consider Palestinian citizenship in the West Bank as a potential covariate to forecast well-being metrics. This study reveals that there are complicated dynamics outside of traditional political systems because citizenship is such a significant issue for Palestinians and is connected to personal freedom and access to resources (6).

An investigation examined the relationship between pre-schoolers in the Gaza Strip and war trauma, anxiety, and post-traumatic stress disorder (PTSD). N=399 mothers with preschoolers enrolled in kindergartens in the Gaza Strip. Ages of the kids ranged from 3-6 years. Mothers most frequently described hearing artillery shelling in the region (95.5%), hearing loud noises from drones (89.2%), and seeing dismembered bodies on TV (81.2%) as unpleasant experiences for their children. Preschoolers experienced 8.3 traumas on average, with (6%) of children five years old and above having higher prevalence scores for PTSD. Generalized anxiety was 10.7, social anxiety was 8.4, particular phobia was 21.1, and separation anxiety was 9.65. The mean for overall anxiety was 49.84. Significant correlations were found between PTSD and anxiety as well as

between PTSD and trauma, PTSD, and anxiety. No discernible statistical differences between reported traumatic occurrences by gender were found in the study (20).

Coping strategies after political violence:

A 2005 survey of 2,328 youth (aged 12 to 18) in the West Bank, Palestine, found a link between psychological symptomatology and exposure to spousal violence, school violence, and politically violent events. Additionally, connections were discovered between psychological symptomatology, family economic position, and family violence. The respondents described poor family functioning. Data showed some regional variation in the occurrence of violent political events, violent home situations, violent school situations, and psychiatric symptomatology (42).

A study looked into the connections between trauma, mental health, and coping mechanisms in kids living in the southern Gaza Strip 317 children and their parents made up the sample. Traumatic incidents were reported 9.34 on average by Palestinian children due to political violence. Boys than girls reported experiencing more distressing situations. According to the findings, (25.2%) of kids developed PTSD. For self-reported, parent, and teacher forms, the current study demonstrated the prevalence of general mental health disorders (19.4%, 24.3%, and 28.4%). A total anxiety score of 41.15 was reported. Compared to boys, girls reported having more panic/agoraphobia and separation anxiety. The association between total trauma and PTSD, PTSD and overall coping mechanisms, venting emotions and PTSD, social support and PTSD, and avoiding difficulties was significant (34).

In this study, adult Palestinian women from the West Bank (N = 122) had their mental and physical health investigated in relation to their lifetime and recent 30-day experiences of political violence. Two theories were looked at: Political or civic engagement would serve as moderators of the effects of political violence, buffering or reducing its effects on physical and mental health outcomes. (A) Reports of exposure to political violence would be associated with reports of poorer physical and mental health; and (B) several coping variables (proactive coping, self-reliance, reliance on political, family, and religious support, and political or civic engagement) would serve as moderators of the effects of political violence. . Posttraumatic stress disorder symptoms were positively linked with both lifetime and the previous 30-day assessments of political violence.

Political violence significantly interacted with proactive coping, reliance on oneself, and political or civic engagement to affect health in a counterintuitive way; those who scored higher on these more internalized and individualistic coping strategies showed worse health as political violence increased. Relying on religious support, especially in particular receiving it from and taking part in religious institutions' activities, has been found to be a key protective factor. The findings highlight the significance of examining not only whether political violence has an impact on health but also how those associations might arise, including the possible protective role of resources in people's social context (27) .

Besides, a survey of 332 adult Israeli residents who reside in the southern portion of the country was conducted to gather information about their exposure to political violence, coping mechanisms, level of post-traumatic stress disorder (PTS), and preference for experiential and rational processing styles. The results showed that, through the mediation of strong emotion-focused coping, there was a direct and indirect link between low rational thinking and elevated PTS. According to the research, a tendency toward irrationality may put one at risk, while rational cognition may protect against the stress caused by frequent exposure to political violence (43).

1.9.3 Summary of the L.R

Overall, the studies provide valuable evidence to the effect of political violence and traumatic events on occurrence of mental illness and used coping strategies that are deviant from safe strategies, many articles assessing the prevalence of PTSD in many areas and other studies Link two terms CTS and PTSD, The remaining studies connecting these variables.

Chapter two

Method and procedures

2.1 Introduction

This chapter describes the methodology adopted by the study in carrying out research, and the design used to achieve the study results. It also entails processes of population determination, sampling for suitable population, and data management.

2.2 Study design

Mixed methods research: A cross sectional, descriptive quantitative study design will be used to assess the score of CTSR and coping strategies among Palestinian adults exposed to political violence. Researchers in a variety of social science fields employ in-depth interviews as a flexible method of gathering qualitative data. They enable people to express how they perceive and understand the world in their own terms. People communicate through asking and responding questions during interviews, which are a deceptively common social interaction. Nonetheless, they are a very specific kind of discussion, directed by the researcher and employed for particular purposes. For inexperienced researchers in particular, this dynamic presents a number of methodological, analytical, and ethical difficulties. The phases and difficulties of planning, carrying out, and analyzing an interview project, as well as methods for overcoming these difficulties, are the main topics of this primer (45). In this study in-depth interviews can provide qualitative data on adults' experiences and opinions with political violence and continuous stress reaction and coping strategies related to it.

As long as the skill sets of collaborators are viewed as equally beneficial to the project, there can be genuine advantages to such mixed-methods collaboration, such as reaching different and more diverse audiences or testing assumptions and theories between research components in the same project (e.g., testing insights from prior quantitative research via interviews, or vice versa). As a starting point, Cheek offers a series of questions that can help direct collaboration, whether it be through mixed approaches or another approach.

2.3 Study Population

In this study target population, Palestinian adults(18 years or older) in north West Bank who exposed to political violence. The selected sample in qualitative part was adults who are from (jenin camp >Askar Camp >Balata Camp> Ein Beit Almaa> Nablus Old City) and exposed to political violence. In qualitative part the sample was adults who are from (jenin camp > Nablus Old City) and exposed to political violence.

2.4 Site and setting

The first step is to select sample from North West Bank(Jenin, Nablus), I chose this city because that is easy to access to some of them and I focus on camps that is located in areas where there are political confrontations and there are daily confrontations, arrests and killings of Palestinians in these areas and others. Second step I chose five regions (jenin camp >Askar Camp >Balata Camp> Ein Beit Almaa> Nablus Old City). From the community, I asked anyone in front of me if he or she is s from the camp and ask him or her to fill out the questionnaire.

Collective sessions and interviews took place in the homes of the mothers of the martyrs from two regions (jenin camp and Nablus Old City). All participants had signed assent forms immediately prior to participating.

2.5 Study time

After receiving IRB (Institutional Review Board) approval from An-Najah National University (NNU) and approval from the Palestinian Ministry of Health's Research Ethics Committee Department, the study will begin in November 2023. The pilot study conducted in December 2023 as well. After the pilot sample, we made several modifications to suit the level of the participants. Among the modifications we made, first, we changed the age from continuous periods to state your age specifically. We also changed the marital status and added a widower item. We also added to the work item that he works as a worker in the occupied territories and added the variable of physical disability.

From December to February 2024, data collected and entered. In addition, by the end of February 2024, data analysis, literature reviewing, and writing study results were completed.

2.6 Sample size and sampling methods

2.6.1 Sample size

Related to quantitative part: we need at least sample size equal to 379. It calculated by sample size calculator called ROASOFT, With this value (confidence level = 95%, margin of error = 5%, population size =27700, response of distribution=50, attrition rate about 10%), actual sample size equal to 407 participants who engaged to the study.

Regarding to qualitative part ten participants, along with an academic supervisor and a note-taker, make up the optimal participants size regarding to Numerical standards state that saturation happens once a specific number of interviews are conducted. This is frequently troublesome, though, because it is impossible to predict in advance how many themes would surface from an iterative process of data collecting and analysis. It's a common misconception that "themes" are unaffected by the social background, experience, understanding, etc. of the participants and that additional informants wouldn't provide fresh insights (44). small sample (n=10, Age Range = 20 to 60 years), including principals. The participants (70%) identified as female and (30%) identified as males

2.6.2 Sampling method

Purposive sampling a sampling technique where the goal is to find the most pertinent individuals for the study issue in terms of their deep knowledge or insights. (45).

Purposive samples of Palestinian adults (18 years or older) in north West Bank who exposed to political violence were recruited to participate in this study.

2.7 Inclusion and Exclusion Criteria

Inclusion criteria:

- Palestinian adults (18 years or older) in north West Bank camps who exposed to political violence.
- Adults who have the ability to speak fluently about the subject of political violence and its effects.
- Adults who are able to read and write.

Exclusion criteria:

- those with severe intellectual or mental impairment.
- People who are unable to speak.

2.8 Data collections

Data collection took place in January 2024.

2.8.1 Data Collection tools and process:

In quantitative part:

The data collected in January, 2024, by a self-reported questionnaire, it designed to capture the demographic and socioeconomic status of the respondents, including their exposure to trauma, selection of coping strategies and a scale of CTSR on adults who exposed to political violence. First and second scales translated into Arabic, and back translated by a professional translator, fluent in both Arabic and English, and then it was independently translated back into English to ensure the accuracy of translation. The needed time to fill out the questionnaire and scales is 15 to 20 minutes.

2.8.1.1 The Politically Violent Events Scale

The scale assessed the level of subjective severity of experiencing different political events activated by the Israeli army. Respondents were asked first to indicate (Yes or No) whether they experienced any of the following events: physical or verbal abuse at a military checkpoint, the arrest of themselves or a family member, being subject to long curfew periods, injury by soldiers, death of a relative, or property damage or loss during military house searching. If the answer was yes, they were asked to rate the level of severity, using a scale ranging from 1 (no impact) to 5 (serious impact). Sample question: "Has the Israeli army ever made a search in your house?"; Cronbach's alpha = .92. Political Violent Events Scale (this measure was prepared by the research teams based on focus groups adapted to cultural norms and specific situations), it was prepared in Palestine in arabic version (42).

2.8.1.2 CTSR SCALE

The scale include 1.exhaustion / emotional detachment (5 items; e.g., I feel mentally exhausted); 2. Rage / betrayal, (3 items; e.g., I feel betrayed); and 3. Fear / helplessness (3 items; e.g., I feel I cannot protect those who depend on me). The internal consistency was $\alpha = .90$ for the total scale, $\alpha = 0.86$ for Exhaustion / emotional detachment, $\alpha = .82$ for Rage / betrayal, and $\alpha = .74$ for Fear / helplessness. Mild to moderate correlations were found between the three factors. Correlation coefficient values ranged between

$r=.511$ (exhaustion/detachment and fear/helplessness) and $r=.649$ (exhaustion/detachment and rage/betrayal; $p < .001$ for all). Concurrent and construct validity was assessed. The questionnaire was taken directly from the author via email in English and was translated into Arabic, and back translated by a professional translator, fluent in both Arabic and English, and then it was independently translated back into English to ensure the accuracy of translation.

2.8.1.3 The Jalowiec Coping Scale

The scale consists of 40 coping behaviors culled from a comprehensive literature review, which are rated on a 1- to 5-point scale to indicate degree of use. Twenty judges classified the items to permit analysis of the coping behaviors according to a problem-oriented/affective-oriented dichotomy; 15 problem and 25 affective items resulted. Overall agreement by the judges was (85%), with greater consensus on problem items. Evaluation of stability using a two-week retest interval ($N = 28$) yielded significant rhos of .79 for total coping scores, .85 for problem, and .86 for affective. With a one-month interval ($N = 30$) coefficients were .78, .84, and .83, respectively. Alpha reliability coefficients of .86 ($N = 141$) and .85 ($N = 150$) supported instrument homogeneity. Content validity is substantiated by the systematic manner of tool development, by the large number of items used, and by the inclusion of diverse coping behaviours (46).

Cope scale—28 questions used in Palestine in arabic version, it was statistically tested using the Cronbach Alpha test, resulting value: 0.919. face and content validity were assessed (47). The original study using the Brief COPE was conducted on a community sample of adult survivors of Hurricane Andrew; and it indicated acceptable psychometric properties, including an internal reliability of $\alpha = 0.68$. We adapted the scale to include the 11 items that performed best with the Sierra Leonean sample in the pilot phase. Each item represents a different dimension of coping, including self-distraction, behavioral disengagement, denial, substance use, positive reframing, planning, use of emotional support, religious coping, use of instrumental support, acceptance, and self-blame. We asked participants to think about stressful war experiences, and provide responses retrospectively about the coping strategies they used after experiencing a particular stressor. Response options ranged from not at all to a lot. The Cronbach α value for the overall scale in this sample was 0.60 (48).

After constructing the questionnaire, it will be presented to a group of experts in the field of scientific research and hold PhDs in nursing, to judge face and content validity, and to get feedback and comments.

In qualitative part:

In December 2023, the interview cofacilitated by the first author and the academic supervisor who used semi-structured protocols. Immediately prior to the in depth interviews, demographic information (age, gender, educational level and income level) were collected from all participants. Semi-structured interview analysis could be viewed as a generating process as opposed to an extractive one. The data from the interviews does not already contain any findings (45).

Questions that were asked to participants about their experience with the occupation and the violent situations they have been subjected to, and what do they know about political violence and what impact it has on them. Questions included “Please tell us how your life is in the camp with the occupation, what do you know about political violence? ,” “Does political violence pose a psychological threat to you?,” “What does it mean to you to be ‘traumatized by political events’?,” and “What are the coping methods you follow to continue in life?”.

The interview was audio-recorded and transcribed by trained researchers. This study was approved by the University’s Institutional Review Board and all participants provided informed consent.

2.9 Pilot study

In quantitative part the survey was tested and allow participants to give input on the items, the translation, the time required for completion, and ethical or emotional issues regarding the survey. pilot study was conducted 39 participants who make up (10%) of the study sample in which they filled out the questionnaire as a way to assess the questionnaire before starting data collection on a larger scale.

2.10 Variables

Dependent variables: Continuous Traumatic Stress Response and Coping Strategies
Independent Variables: political violence, we considered multiple geographic and demographic factors as independent variables of potential influence. These included

gender (with male, female), age, marital status (married or not married), and education (with secondary, college/vocational secondary, bachelor's degree, and higher university degree as levels).

2.11 Data analysis

Quantitative data was analysed using descriptive statistics in Statistical Package for Social Sciences called SPSS version 23, to describe the distribution of variables.

Descriptive statistics: used to summarize the characteristics of the study sample , including age, gender, educational level and income level. Descriptive statistics can also be used to calculate measures of central tendency (such as mean or median) and measures of variability (such as CTSR, PTSD, coping strategies and political violence).

In regard to the qualitative data, the first author was conducted thematic analysis (49) of participants' responses to continuous stress. This method is appropriate for identifying and describing patterns or themes that emerge in qualitative data and for exploring an array of questions using inductive or deductive approaches (49). First, the author and academic supervisor were fully immerse themselves in the data by independently reading and re-reading each transcript and making notes of themes that they observed. Next, they were discussed their findings and transform the themes into an initial set of codes that they were summarized codebooks for participant group. Using the codebooks, they were independently code the transcripts and met to resolve any discrepancies in their coding decisions.

Initial coding was done line by line. A coding matrix described codes and their relationships to each other, to data from the larger project (e.g. photographs, field notes, interview transcripts), and to theories, grey literature and other scholarly research on political violence (particularly within the West Bank). Braun & Clarke (2006) provide a six-phase guide which is a very useful framework for conducting this kind of analysis, The codes had been arranged into more general themes by the end of this step, which appeared to address this study issue in a particular way. The majority of our themes were descriptive; they explained data patterns that were pertinent to the study topic(49). Data were analyzed with a theoretically informed thematic analysis, supported by Nvivo® software.

2.12 Ethical Consideration

1. Ethical approval was obtained from the institution review board (IRB) at An-Najah university, also the permissions from the Medical Research and Ethics Committee of the Ministry of Health in Palestine.
2. The confidentiality of all study participants were assured by giving a number to each one of them for the purpose of data analysis only & by no form of identification was required from participants or any markers to identify participants indicated on any questionnaires.
3. The participation in the study was voluntary (no coercion, right to self-determination).
4. No rewards was given to the participants
5. A written consent form was taken from all participants or their legal representatives that explained the study in language that was easy to understand.
6. Participants' protection rights: Participants were assured that no harm or risks were encountered as they participate in the study. This was included monitoring participants for adverse events or psychological complications related to the study procedures and taking steps to ensure that any adverse events were promptly addressed.
7. The identity of the participants will be protected if the research is published.
8. Harm minimization, informed consent, anonymity and confidentiality, and reflexivity and positionality were assured in the qualitative part.

2.13 Risk-benefits assessment

There will be no risk throughout the implementation of the research. When people felt stressed and anxious while collecting data from them, I gave them the freedom to choose to complete the information collection process or withdraw from the study. If they wanted to continue, I gave them a period of time with stress-relieving exercises such as deep breathing exercises before completing the study.

Chapter three

Results

3.1 Introduction

This thesis used mixed method (qualitative & quantitative) to get a whole view of the Palestinian people exposed to political violence events. By qualitatively explore and quantitatively assess the type and severity of political violence events effect on the Palestinian people exposed to political violent events. Then, figure out the feelings of Palestinian people exposed to political violent events. Furthermore, type and frequency of coping mechanism which were used by those Palestinian whom exposed to political events.

Part one: Results of the quantitative part

Demographic characteristics of study participants whom exposed to political events exposure:

Out of 407 participants, 179 (44.4%) were male compare to 223(55.3%) were female. The majority were from Jenin camp (62.3%). Nearly half of them participants had school level of education (61.3%), married (57.3%), and their mean age was 36 ± 13.7 years old. See table 3.1.

Table 3.1

Demographic characteristics of study participants whom exposed to political events exposure (N=407)

		Frequency	Percent
Residence	Jenin Camp	251	62.3
	Askar Camp	63	15.6
	Balata Camp	45	11.2
	Ein Beit Almaa	26	6.5
	Nablus Old City	16	4.0
Gender	Male	179	44.4
	Female	223	55.3
Education	School	143	35.5
	Tawjihi	104	25.8
	Diploma	43	10.7
	Bachelor	96	23.8
	Higher	16	4.0
Marital Status	Married	231	57.3
	Single	139	34.5
	Divorce	19	4.7
	Widowed	14	3.5
Age	M (SD)	MIN	MAX
	36.27 (13.73)	15	80

The results showed that (50.1%) of the participants in study who were Palestinian exposed to political events were unemployed. Adding (7.9%) were partially employed and only (21.1%) of the participants were working full time.

As for monthly income, unfortunately, (84.1%) had a monthly income of less than 1,500 shekels, while (22%) were the percentage of those whose income exceeded 1,500 shekels per month. On the other hand, the number of family members and household, the largest percentage (41.7%) of families participating in the study was containing 6 or more members, and 64.9% owned a private house. See table 3.2 in Appendix A.

Despite the participants' EVP events and (12.7%) of them having disabilities, unfortunately, most of them (63%) did not receive any type of psychological support, in addition see table 3.3 in Appendix A.

Regarding political violence events in terms of frequency and severity of exposure, the results showed that the exposure of their home was searched by the soldiers was the highest percentage (76.7%) of exposure among the participants, followed by under curfew or forbidden to leave your house or city (73.7%), and house or property was damaged by the Israeli military forces (71.0%). On the other side, as for the severity of the impact of the political violence event, under curfew or forbidden to leave your house or city and home was searched by the soldiers were rated as the highest sever impact political violence events, as is shown in Table 3.4 and Figure 3.1.

Table 3.4
Political events exposure scale of study participants whom exposed to political events (N=407)

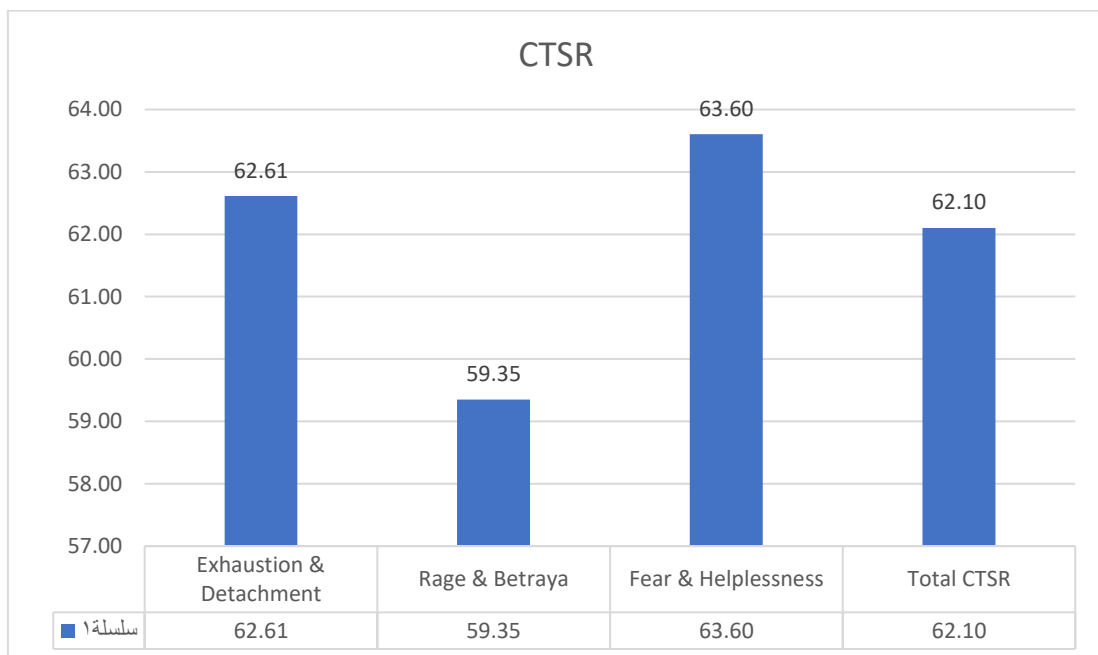
	Political events			
	Exposed		Severity out of 5	
	None	Yes	Mean	SD
You or one of your family members have been arrested	203 (50.4)	49.6	1.45	1.76
You were abused in a military checkpoint	214 (53.1)	46.9	1.32	1.70
You have been injured or shot by the Israeli army	272 (67.5)	32.5	0.91	1.55
A relative of yours died or was injured by the Israeli army	163 (40.4)	59.6	1.88	1.89
Your house or property was damaged by the Israeli military forces	117 (29.0)	71.0	2.28	1.82
You were under curfew or forbidden to leave your house or city	106 (26.3)	73.7	3.10	2.13
Your home was searched by the soldiers	94 (23.3)	76.7	2.99	2.08

Figure 3.1
percentage distribution of political events exposed by



CSTR scale was used in the present thesis for measuring the feeling of continuous traumatic stress response by Palestinian people who exposed to political violence events, the study showed that the highest response of participants who were exposed to political violent events was the feeling of fear and helplessness (63.6%), followed by feeling of exhausted and detachment (62.61%), and finally feeling of rage and betrayer (59.35%). See figure 3.2

Figure 3.2
Frequency distribution of CTSR subscales



The feeling of the participants to their exposure to political violence events were varied between their feelings of mental exhaustion, the feeling of hard to trust the people around them and feeling that their lives are in danger as being their highest reactions, while their feelings of betrayal and the lack of meaning of life as their lowest response feelings to the political violence events exposure. See table 5

Table 3.5

Frequency of CTSR items: extent of the study participants feeling over the past month

	Statement	None	Little	Often	Always
1. ED	I feel unmotivated	113 (28.0)	118(29.3)	54(13.4)	111(27.5)
2. ED	I feel mentally exhausted	51(12.7)	103(25.6)	65(16.1)	180(44.7)
3.FH	I feel that my life is in danger	90(22.3)	65(16.1)	61(15.1)	181(44.9)
4.ED	I feel that my life has no meaning	151(37.5)	89(22.1)	40(9.9)	107(26.6)
5.RB	I have difficulty controlling my emotions	97(24.1)	100(24.8)	86(21.3)	113(28.0)
6.ED	I find it hard to trust the people around me	90(22.3)	118(29.3)	78(19.4)	112(27.8)
7.ED	I feel that no one understands me	125(31.0)	106(26.3)	72(17.9)	92(22.8)
8.FH	I have intense feelings of fear or horror	102(25.3)	115(28.5)	70(17.4)	108(26.8)
9.RB	I have episodes of rage	110(27.3)	98(24.3)	89(22.1)	98(24.3)
10. RB	I feel betrayed	192(47.6)	61(15.1)	54(13.4)	89(22.1)
11. FH	I feel that I cannot protect those who depend on me	146(36.2)	80(19.9)	66(16.4)	107(26.6)

Note. ED = exhaustion and detachment; RB= rage and betrayal; FH= fear and helplessness.

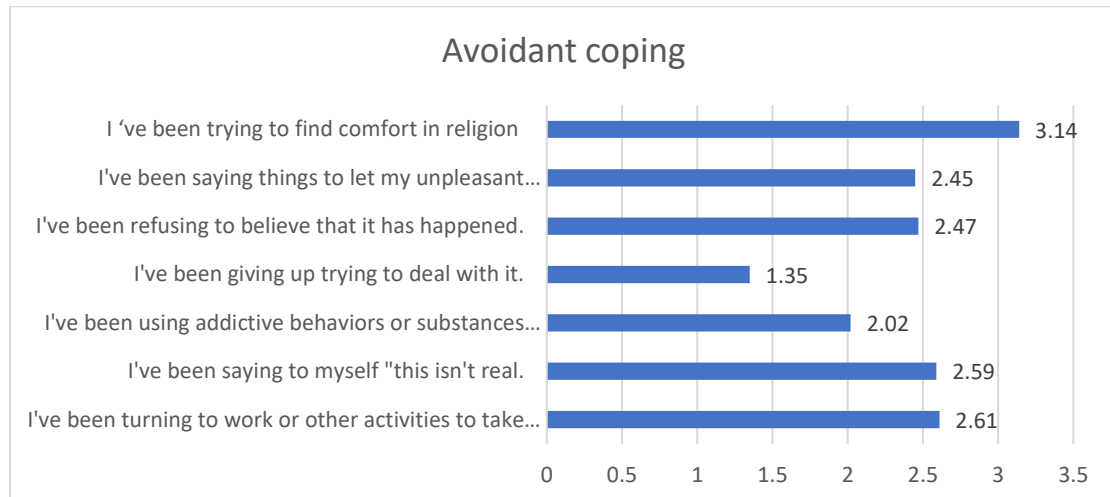
As for the coping style adapted by the study participants who were exposed to political violence events, it was generally slightly higher through avoid coping compare to approach coping.

The results showed that the highest methods of coping through avoid type among the study participants were their trying to find comfort in religion (3.14 out of 5), trying to distract their thoughts through work or Other activities (2.61/5), and their claim that what happened was not real (2.59/5).

While, the focus on concentrating their efforts on doing something about the situation was the highest among the methods of coping with the confrontation (2.8/5), as well as taking action in an attempt to improve the situation (2.5/5). For more information, you can refer to Tables 3.6, 3.7 and Figures 3.3, 3.4.

Table 3.6*Participants' responses frequency distribution of their avoidance Coping scale items*

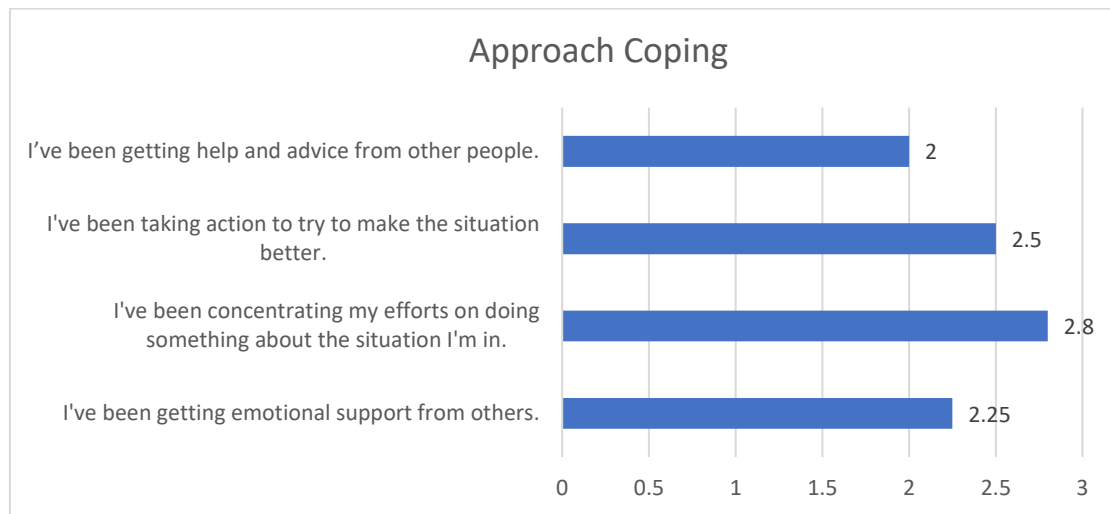
avoidance Coping scale items	None	Little	Fair	Often	RM
I've been turning to work or other activities to take my mind off things	98(24.3)	93(23.1)	73(18.1)	134(33.3)	2.61
I've been saying to myself "this isn't real.	82(20.3)	93(23.1)	117(29.0)	96(23.8)	2.59
I've been using addictive behaviors or substances to make myself feel better	169(41.9)	101(25.1)	71(17.6)	52(12.9)	2.02
I've been giving up trying to deal with it.	316(78.4)	30(7.4)	31(7.7)	15(3.7)	1.35
I've been refusing to believe that it has happened.	97(24.1)	114(28.3)	87(21.6)	99(24.6)	2.47
I've been saying things to let my unpleasant feelings escape.	99(24.6)	100(24.8)	110(27.3)	83(20.6)	2.45
I've been trying to find comfort in religion	53(13.2)	60(14.9)	62(15.4)	223(55.3)	3.14

Figure 3.3*Participants' responses frequency distribution of their avoidant Coping scale items***Table 3.7***Participants' responses frequency distribution of their approach coping scale items*

Approach coping	None	Little	Fair	Often	RM
I've been getting emotional support from others.	130(32.3)	99(24.6)	83(20.6)	71(17.6)	2.25
I've been concentrating my efforts on doing something about the situation I'm in.	66(16.4)	86(21.3)	100(24.8)	141(35.0)	2.80
I've been taking action to try to make the situation better.	109(27.0)	89(22.1)	86(21.3)	110(27.3)	2.50
I've been getting help and advice from other people.	175(43.4)	102(25.3)	59(14.6)	58(14.4)	2.00

Figure 3.4

Participants' responses frequency distribution of their approach coping scale items



Regarding the relationship between the intensity of exposure to political violence events and the type of feelings (CTSR) among the Palestinian participants who were exposed to political violence events, Table 3.8 shows that there is a statistically significant positively relationship between exposure to events of political violence and the feelings of the participants in the study of total CTSR ($r=0.369$, $p<0.001$), and its subscales; Exhaustion & Detachment ($r=0.301$, $p<0.001$), Rage & Betrayal ($r=0.310$, $p<0.001$), and Fear & Helplessness ($r=0.344$, $p<0.001$).

Table 3.8

Correlations between the severity of political events exposure and their psychological responses to stress

		Exhaustion & Detachment	Rage & Betrayal	Fear & Helplessness	CTSR
Total Events	Pearson (r)	.301**	.310**	.344**	.369**
	Sig.	< 0.001	< 0.001	< 0.001	< 0.001
	N	351	366	369	339

** Correlation is significant at the 0.01 level (2-tailed).

Table No. 3.9 in Appendix A shows that the means of the variables, the severity of the political violence event ($Z=-4.47$, $P<0.001$), participants' feeling of exhaustion and detachment ($Z=-2.59$, $P=0.010$), feeling of rage & betrayal ($Z=-2.03$, $P\leq 0.043$), and total feeling response via CTSR ($Z=-2.03$, $P<0.042$), were higher in males compare to females, and this difference were statistically significant. However, the other variables, especially coping style, avoid, or approach, did not have any statistically significant difference between males and females ($P>0.05$).

The variables that had a statistically significant difference with presence of physical disabilities were exposure to political violence ($Z=-3.25$, $P=0.001$), total feeling CTSR ($Z=-4.44$, $P<0.001$), exhaustion & detachment ($Z=-4.52$, $P<0.001$), rage & betrayal ($Z=-3.36$, $P=0.001$), fear & helplessness ($Z=-2.93$, $P=0.003$), as well the coping style ($Z=-2.08$, $P=0.037$), see table 3.10 in Appendix A.

As for the study variables that had a statistically significant difference between the participants who received psychological support compared to those who did not receive psychological support, most of the thesis variables were slightly higher among those participants who did not received any type of psychological support but did not have any statistically significant difference (p values > 0.05) except for the intensity of exposure to events of political violence ($Z=-4.43$, $P<0.001$) and participants feeling of exhaustion & detachment ($Z=-1.96$, $P=0.05$), as the rate of exposure to political violence was higher among the participants who did not receive any type of psychological support (15.17 & 59.47 respectively) compared to their counterparts who did receive psychological support (11.4 & 46.15 respectively). For more information, you can refer to table. 3.11 in Appendix A.

As for the place of residence of the study participants, the study showed that the place of residence had a statistically significant difference with the intensity of exposure to political violence ($K-WH=123.70$, $P<0.001$), as the residents of Jenin camp and residents of Ain Beit Al-maa camp had the highest score (17.22 & 14.62 respectively) for the intensity of exposure to political violence events. Likewise, the participants' feelings of total feeling CTSR ($K-WH=55.113$, $P<0.001$), exhaustion & detachment ($K-WH=28.466$, $P<0.001$), rage & betrayal ($K-WH=39.486$, $P<0.001$), fear & helplessness ($K-WH=53.695$, $P<0.001$) were statistically significant difference according to participants' place of residence.

Finally, although the place of residence had a statistically significant difference with the coping style ($K-WH=12.514$, $P=0.014$), but there was no difference between avoid versus approach way of coping see table 3.12 .in Appendix A.

Table 3.13: Regarding age and family members, and their relationship with the thesis variables, the results showed that the age of the participants had a statistically significant positive relationship with the feeling of fear & helplessness ($r=0.172$, $p=0.001$), as well

as the total feelings CTSR ($r=0.110$, $p=0.038$) and the avoid method of coping style ($r=0.193$, $p<0.001$), while others had no significance statistic relation ($p > 0.05$).

On the other hand, the number of family members did not have any statistically significant relationship with the variables. See table 3.13 in Appendix A.

Regarding the educational level, the results showed that it had a statistically significant difference with the intensity of exposure to political violence events (K-WH= 11.969, $P =0.081$), and higher in tawjihi educational level. Feeling of exhaustion & detachment (K-WH= 26.070, $P <0.001$), feeling rage & betrayal (K-WH= 13.120, $P =0.011$), feeling fear & helplessness (K-WH= 26.337, $P <0.001$), and CTSR (K-WH= 30.170, $P <0.001$) and higher in Postgraduate studies or higher educational level.

The coping style, avoid coping, and approach coping did not have any statistically significant difference attributed to the educational level. See table 3.14 in Appendix A.

Regarding the marital status, the results showed that the marital status had a statistically significant difference with the intensity of exposure to political violence events (K-WH= 7.602, $P =0.055$), feeling of exhaustion & detachment (K-WH= 9.454, $P =0.024$), feeling rage & betrayal (K-WH= 19.146, $P <0.001$), and higher in single participants. Feeling fear & helplessness (K-WH= 28.285, $P <0.001$), higher in a widower marital status. In general CTSR (K-WH= 22.131, $P <0.001$) higher in single participants.

As for the coping style, it did not have a statistically significant difference with the marital status, but there was a difference in terms of avoid coping (K-WH= 9.758, $P =0.021$) and higher in single participants or approaching coping (K-WH= 10.534, $P =0.015$) in the coping method and higher in married participants attributed to the marital status. See table 3.15 in Appendix A.

Regarding participants' employment, the results showed that feeling the severity of exposure to political violence events (K-WH= 35.43, $P <0.001$) and higher in non employment participants, feeling rage & betrayal (K-WH= 15.696, $P =0.003$), and CTSR (K-WH= 13.943, $P =0.007$) had a statistically significant difference attributed to participants' employment and higher in worker participants.

Although the coping style had no statistical significance difference, but employment of participant had a significance difference with avoid coping. See table 3.16 in Appendix A.

Regarding monthly income, finding revealed that monthly income had the least effect. Results showed that there was no statistically significant difference with the variables in the study except for feeling of exhaustion & detachment (K-WH= 8.115, P =0.044), and CTSR (K-WH= 10.696, P =0.013), total CTSR higher in lower income level see table 3.17 in Appendix A.

As for the variable related to the nature of owning a house, the results showed that it had a statistically significant difference with the feeling fear & helplessness (K-WH= 21.351, P <0.001), and CTSR (K-WH= 12.897, P =0.005), while with the rest of the variables had no statistically significant difference see table 3.18 in Appendix A.

Figure 3.5
Frequency distribution of Coping scale items

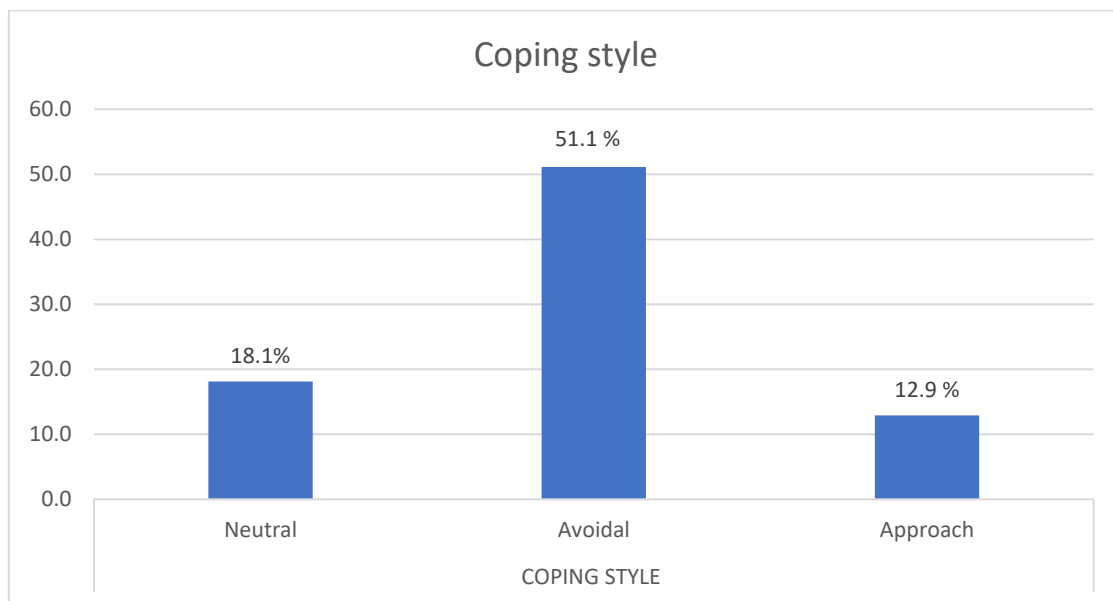


Table 3.19 revealed that there were no any statistical significance relationship between the total political events with coping strategies while the CTSR had a moderate positive correlation with approach coping style, a low positive correlation with avoidant coping style, and a low positive correlation with coping style ($r = .338, .236, \& .128$ respectively) and these correlations were statistically significant ($p = 0.001, 0.001, \& 0.026$ respectively).

Table 3.19*the relationship between total political events and CTSR with coping strategies*

		Avoidant Coping	Approach coping	Coping strategies
Total Events	Pearson (r)	0.005	0.077	0.035
	Sig.	0.927	0.152	0.531
CTSR	Pearson (r)	0.236**	0.338**	0.128*
	Sig.	0.000	0.000	0.026

The statistical analysis showed that the tools used in the study had acceptable to good level of reliability. The cronbach alpha for:

Political violence events was 0.760

CTSR was .855

The subscales' of CTSR as follow:

Exhaustion & Detachment .766

Fear & Helplessness .672

Rage & Betraya .528

Coping style was 692

Table 3.20*Reliability Statistics*

	Cronbach's Alpha
Political events/ N of Items	0.760
CTRS	0.855
Exhaustion & Detachment	0.766
Fear & Helplessness	0.672
Rage & Betrayal	0.528
Coping/ 11	0.692

3.2 Qualitative part findings

Our findings are consistent with a regularly emerging theme in other research on violence in Palestine – that of importance of sumud, or steadfastness: ongoing, daily acts of resistance (both large and small) aimed at protecting the survival of Palestinian land, identity, dignity, and well-being in the face of the occupation.

Six themes emerged:

3.2.1 Military occupation as a source of danger, terror, sabotage and deprivation of freedom and rights

The research participants described the moment of the Zionist occupation army's incursions into the cities and villages of the West Bank as the most difficult moment in life and a moment of terror, anxiety, fear, panic, destruction, demolition, vandalizing private contents.

“Occupation fighting us all our lives. The occupation are not human beings. They are monsters. They kill our sons on the pretext that they are saboteurs. They imprison what remains of them in closed prisons and solitary rooms without windows. They deprive them of food, drink, and clothing. They cut off the air from them. And what is worse is that they torture them, humiliate them, and beat them with weapons. When I go to visit my son in prison, I feel humiliated and humiliated by the searches and bad words that are being made. We hear it from them and the constant insults, and they even deprive me of touching and hugging him, while he is a part of me. How can they do that to us? What right do they have?”. (participant3)

Describing the feeling of danger and the expectation of bad events when the army entered, Umm Shahid told her story. She said when the army entered:

"My daughter and I were in the market and she wanted to eat in the restaurant, when I heard that the army was in the market, I felt like my heart was eating me up, and when I heard the sound of gunfire, I felt that my son was the one who was shot, and because of my strong feelings, I left my daughter in the restaurant, and I began to act like crazy people and hit people. I started running in the street, screaming and saying I know that my son died". (participant1)

One of the participants tells her story and says that because of her extreme fear when the army entered, she was shocked and lost the ability to speak:

"When the army entered the camp, I felt very afraid for my children, and I was extremely afraid of losing them, just as I lost one of my sons. I was shocked and did not know what to do. I lost the ability to speak, and when my son said to me, “What is wrong with you, mother?” I pointed at the Jews". (participant5)

Among the acts of sabotage carried out by the occupation, which the participants narrated, was the demolition of homes and the burning of pictures of martyrs. Among this is what a martyr's mother narrates:

"when the soldiers entered the house, they took the pictures of my martyr's son off the wall, gathered them." (participant5)," stepped on them with their feet." (participant1), and "burned them in front of my eyes." (participant 6)

One of the acts of sabotage against the homes of martyrs is the demolition of their families' homes, and this is what Umm Shahid narrates:

"The occupation army threatened us with leaving the house or else it would bomb the house while we were in it, and when we left the house they blew it up with a missile." (participant5)

In another description by a participant who lives in the old city of Nablus about the feeling of getting used to events and the change in response when hearing the news of someone's martyrdom. The young man says:

"We wake up every day to the news of someone's martyrdom. This means that it has become a normal thing that someone gets used to being martyred. For the first time, the world was dark and life stopped." (participant2)

Long-lasting conflicts and Israeli control of civilian areas are well-known features of the West Bank (53). Umm Shahid expressed her fear of moving between cities in the West Bank and said:

"I am afraid to go from Nablus to Jenin to the mothers of other martyrs to perform my duty and return the visit because of the presence of army checkpoints on the roads. I am afraid of being beaten or arrested at one of the checkpoints, and due to the severity of my fear, I refrained from going to Jenin. My wish is to move comfortably, to become a bird in Heaven is wherever I want, I can go freely. My wish is to see Jerusalem, touch its pure soil, pray in Al-Aqsa Mosque, and contemplate the Dome of the Rock." (participant3)

From the participants narrates that they are deprived of their most basic rights in life, that they have dreams and hopes like other countries, and that they are human beings, not animals, as an army officer described them.

“In our country, we are deprived of our most basic rights in life, which is to live in peace and freedom without constantly feeling danger and being alert to any event.” (participant 3). “We live in poverty, hunger, pain and heartbreak, and we live with humiliation. In the end, the army describes us as not deserving of life because we are animals. We are human beings with our dreams. We dream of a happy and stable life. I dream that I have a house and a car, travel and return freely.” (participant 2)

The mother of the martyr narrates and says that she hates all the hours allocated for entering the army and that she is afraid of the idea that they take advantage of the night for their devilish deeds.

I have begun to hate the night and want it not to come because most of their entry into us is at night, for the rest of the people outside our country, the night is reserved for calm, rest, and sleep, and staying away from the troubles of life and going to another world, which is the world of dreams, but for us in Palestine, the night is reserved for the entry of the Zionist army, terror, killing and bloodshed.” (participant 3), “even if we were able to sleep, we began to have nightmares and dreams full of blood and killing. I am afraid to go outside at night and be killed. I am still afraid that even if I am inside my house and I am worried that they will suddenly enter my house while I am alone, I am afraid to hang pictures of my martyred son on the wall.” (participant 6)

“When my son calls the ambulance, to come and take me to the hospital because my blood sugar rose the army prevents the ambulance from reaching me. After the recent events, when I saw death in my eyes, we leave the camp every day when darkness falls to a safer place.” (participant 5)

3.2.2 Occupation as a source of psychological and physical diseases

Umm Shahid expressed her terror and psychological fatigue when the army enters the neighbourhood in which she lives, and the physical symptoms that afflict her resulting from fear.

“When the army enters the neighbourhood in which we live, I feel intense fear for my last son, because his brothers, one of whom was martyred and the other in prison, I fear the idea of losing the latter. When the army arrives at the door of our house, I am unable to control myself. I begin to tremble with fear, and I feel my heartbeats coming out of my limbs. My blood sugar level rises.” (participant 5)

When I asked the participants to describe the meaning of the feeling of loss, especially the loss of a son or brother, and what its impact on them psychologically and physically was. One of the mothers of the martyrs says:

“Before my son was martyred, I had an intuition that I was going to lose him, so much so that one day, on a dusty night, I could not distinguish whether it was a dream or reality. I saw my son wearing a white shirt stained with blood, and he said to me, ‘Mother, pray for me.’ Suddenly, I opened my eyes and prayed to my Lord that he would be there.” It was just a dream and it would not come true. After three days, my son came in to take a shower and said to me, “Mother, give me the white shirt so I can wear it.” I said to him, “Please don’t wear it.” He did not listen to my words. He put on the white shirt and went to the market, and when I heard the sound of gunfire, I knew that my son had been hit. She said, crying hard. My son is gone from my hands and will not return”. (participant 1)

The mothers of the martyrs recount their wishes that their remaining sons would be imprisoned instead of being killed or shot. At least they would remain alive above the ground, alive, and not under the dirt. They tell of their feelings when the army suddenly raided the house, and the feeling of terror, tension, and shock for the sons.

“One day, the army suddenly entered our house, and my son was sleeping, and I knew that they had come to take him from me. When I saw them from the window, I felt very terrified and afraid that they would kill him. I felt that my feet could not carry me, and I fell to the ground and started crawling, and when I reached my son, I lost the ability to speak, and I motioned with my hand. He has to leave the house quickly.” (participant 6).

Shahid's mother expressed her anger at the loss of her son, and that she was so nervous that she broke everything in front of her, and after a while she began taking sedative medications.

“When I felt that I had lost my son, I started breaking glass and screaming unconsciously, and out of my intense anger, I got rid of everything that reminded me of my son. I got rid of his pictures, his yacht, his clothes, even the plates of food intended for him, because at night I would not sleep because of my constant imagination of him while he was sleeping, and I would not eat food when I saw his plate and when I saw him. I imagine him wearing them in front of me. I got rid of everything, even the sofa set, because it reminds me of his sessions with his friends, all of whom were martyred.” (participant 8)

“Immediately after my son left the house at midnight , I fell asleep and suddenly I heard the sound of my other son screaming and he ran off without a trace. My consciousness went out without him telling me what happened. In the middle of the night, I opened my mobile phone and saw a picture of my eldest son and it was written that he was martyred. Meanwhile, I do not know what happened. I only remember that my hand convulsed and I lost the ability to speak. I felt that I was not breathing and that a mountain was pressing on my chest. I was injured. After a stroke, four months later, I lost the ability to move and speak.” (participant 4)

3.2.3 The occupation is a source of loss of loved ones

In describing the stages of loss and progression between them, beginning with rejection and extreme anger, then forcing oneself to accept and submit to the reality, one of the participants said:

“At first glance, when I received the news of my son's martyrdom, I said, “It is impossible for it to be him. You are all liars and do not tell the truth.” I screamed and started breaking utensils and tearing my clothes. I felt that I had lost control of myself. I refused to say goodbye to him or to see him and said that it was not him. Then when I saw a large number of people at the funeral. They carried him and carried pictures of him. I went running towards them and took my son down and hugged him. I refused to let him be buried. I held on to him with all my might. Then I lost consciousness. When I woke up, I found myself in the hospital. The first word I said, “Where is my son?” I wished it had been a dream.” (participant 1)

A martyr's father expresses his panic and shock upon receiving the news of his son's martyrdom. He expresses his dispersion, his constant sense of danger, and his unwillingness to lose his son.

“On a dark day several months ago, I heard the sound of an exchange of gunfire. I turned directly to the news. I saw the news of a clash between an Israeli force and Palestinian mujahideen, seconds later, my daughter called me and said, “Daddy, there is a martyr in the war, but they only published a picture of his foot, and this is my brother’s shoes. My brother is him.”. Due to the severity of the psychological shock, I was wondering where my shoe was and looking for it while it was in my hand. I was feeling distracted and not concentrating on anything. When I saw him being carried on the shoulders, I broke down and started crying and felt that my heart was not beating and that my blood pressure had risen very high. I grabbed my son and started cursing. I smell him and pass my hand over his body, and at this moment I am ashamed to say that I spend hours in my room looking at his pictures and crying, and God knows how many tears I have shed longing for him.” (participant 10)

One of the participants indicated that she refrains from talking or thinking about the incident of her brother’s martyrdom, and says that she collapses and cries when she just thinks about it.

“I hate for anyone to ask me about my martyr brother or to tell me my condolences to you. I hate the idea of believing that my brother is not with us. I love the feeling that he is with us and accompanying us. He always sent me messages about his sister’s love and when he sees me he says to me, “You are my second mother.” I love to see videos. To my brother laughing and I love to hear the sound of his laughter in the video. He is not with us but he is in my heart.” (participant 7)

Some of the participants indicated that they lost passion for life after the death of their son, neglected taking care of themselves, and refrained from conducting examinations, taking medications, or doing their usual work.

“When I believed the truth that I had lost my son and found myself that I was not in a dream, but rather a reality, here I began to lose the taste and pleasure of life. I began to see the world as black around me, abstained from food and drink, neglected taking care

of myself, and did not carry out daily tasks. I felt that nothing caught my attention, and I was losing the ability to focus and forget a lot, to the point that my daughter forced me to take B12 injections, and very recently I began to improve and take care of myself and my children.” (participant 1)

One of the strange and dangerous thoughts of Umm Shahid is that she is thinking about killing herself and going to her son, she says:

“Many times I feel like I have to kill myself in order to go and call my son and hug him in the other world.” (participant 1)

A similar statement by Umm Shaheed is that she is thinking about opening her son’s grave, removing the dirt from it, and exhuming it.

“When I go to my son's grave, I feel that he is saying to me, "Mother, I am alive and unable to breathe in the dirt." I looked around to see if any of the people were watching me, and when I am sure that no one is there, I start digging his grave. My son is alive and asking for my help.” (participant 8)

Shahid’s mother expressed her anger at the loss of her son, and that she was so nervous that she broke everything in front of her, and after a while she began taking sedative medications.

“When I felt that I had lost my son, I started breaking glass and screaming unconsciously, and out of my intense anger, I got rid of everything that reminded me of my son. I got rid of his pictures, his bed, his clothes, even the plates of food intended for him, because at night I would not sleep because of my constant imagination of him while he was sleeping, and I would not eat food when I saw his plate and when I saw him. I imagine him wearing them in front of me. .” (participant 8)“ I got rid of everything, even the sofa set, because it reminds me of his sessions with his friends, all of whom were martyred.” (participant 9)

In their description of accepting their son's death the phrase was repeated that they are forced to accept because life will go on.

“we are forced to accept and continue in life because life moves quickly and there are many responsibilities and duties that we must carry out.” (All participants)

“We continue despite the pain, distance and estrangement. We continue for the sake of our other children and for the freedom of the homeland and a more beautiful future.” (participant 2)

“Now I am better than before. In the past, when my son was martyred, I used to stay at his grave day and night, not eating or drinking. I spend all my time with him, talking to him about all the details of our lives and telling him about his friends who got married and about his sisters who graduated from school. But now I have accepted the idea of not having him among us. Even though my insides are burning with longing and my nerves are always tense .” (participant 5)

“It is true that loss is difficult, and even just imagining the event without it happening is bad, but my son went to his Lord. God is the one who gave him to me and God is the one who took him, and this is the only thing that eases my pain.” (participant 3)

3.2.4 Talking about the martyr as a source of conflict feelings (happiness and sadness)

Umm Shahid told the story of her son and his rituals in Ramadan, and how he had distinctive qualities and a love for feeding the poor and doing good deeds, and she smiled when she mentioned his name and narrated

“My son used to fast, pray, and do good deeds. He had special rituals during Ramadan, including wearing legitimate Pakistani clothing and distributing meals, dates, and milk to the poor. He would bring them clothes and donate money to them. He was a good boy and would not refuse my request. I love you, my son.” (participant 8)

In Umm Shaheed’s expression of the passage of religious occasions without her son, the passage of the month of Ramadan and the holidays for Muslims, she cries bitterly and says:

“The first Ramadan without him, I started shouting and crying unconsciously and speaking in disorganized words when we gathered at the dining table, and when we wanted to eat, I refrained from eating. I went to his room and brought a picture of him

and placed it on the chair designated for him. I placed the plate designated for him and poured the food into it. I started talking to him and saying, "Let's eat." With us, I know that you are hungry, my son. On the first Eid, I went to the market and bought him clothes and placed them on his grave for him to wear ." (participant 1)

Among all these feelings, laughter was drawn on the faces of the participants when they told us about their relationship with the martyr and the beautiful situations and memories.

Shahid's mother said that when she remembers his stances, movements and sayings, she smiles, as he is a lot of joker and fun and brings joy to the house.

"He was always joking with me and telling me that you loved money more than your son, and if they gave you a choice, I swore that you would choose money because you are stingy, and then when I got angry, he would run to me and hug me and say that I am joking with you, mother." (participant 8)

While laughing, the mother of a martyr recounted her memories of her son's friends who were martyred after him. They laughed and joked a lot, and I consider them like my children.

"Every day, my son's friends would come to our house and say to me, "What are you cooking? We smell a beautiful scent." I told them, "I cook for you what you like." They eat and sleep in our house. When one of them wants to joke with me, he tells me, "You are good at acting in the movies. I will call you the drama of the world." I used to listen to it and laugh a lot." (participant 9)

The father of the martyr talks about the last scene he remembers that happened between him and his son, and he laughs and expresses his feelings when he remembers that scene.

"The last event that happened between us was when my martyred son entered the house to pray and eat. When he saw me, I was sitting on the sofa. He raised his hand high and greeted me. He said to me, "Father, be proud of me." He said to me, "I love you, Father." Remember my words well, Father. I considered his words as if they were a commandment to me, and from the day of his martyrdom. It never left my mind." (participant 10)

One of the situations that happened was when we spoke with the mother of a martyr, and when we said his name for the first time, she started crying profusely and said that he was the best one of her sons.

“My son is calm and beautiful. He does not like to cause problems. He loves giving and doing good. My son is a legend. He was wounded by the army, then a prisoner, then a martyr.” (participant 6)

In describing the mother of her son’s martyr, She said in describing his giving, generosity, and compassion for her, and his fear that she would sleep hungry:

“My son is very affectionate. Hours before his martyrdom, he bought me shawarma, chocolate, and cola and told me, “Mother, eat them before you sleep so that you can have sweet dreams and not sleep hungry.” I ate the shawarma and left the rest on the table.” (participant 5)

In one of the comments, one of them described her feelings of guilt and remorse because of her presence at work when her son was martyred.

“When the news of my son’s martyrdom crept up on me, I was working in another city. I started running in the street without shoes and saying, “I wish I had never left you, my son. I wish I had hugged you more and smelled your scent more. I carry myself with guilt because I left the house and let the monster soldiers assassinate him.”(participant 1)

3.2.5 Challenging the occupation as a source of hope

From what mother of the martyr, she dreams of a better future and her hopes are to liberate the homeland:

“When the homeland is liberated from the Zionist occupation, we will populate the land, have children, build the houses that were demolished, plant the trees that were cut down, inject blood, heal the wounds, and live a prosperous life.” (participant 7)

In the novel, a young man is proud of the heroic actions carried out by the resistance fighters against the occupation.

“I am proud to be a resistant young man who defends my country, and I consider every person who does not defend his country to be indifferent to the enemies. Defending my country gives my heart hope for freedom and to live happily and comfortably. I adore the history of the 7th of October, and I adore Gaza, its people, its soil, and its steadfastness.” (participant 2)

Some of the participants said in the end that the loss affected them positively in all aspects and added beautiful things to them that were not present in them. From what Umm Shahid said:

“After losing my son, my personality changed. I became strong, facing the occupation, standing up to them, and protecting my other children. I began to feel responsible, that I had to be like this in order to protect them from being killed or imprisoned.” (participant 6)

3.2.6 Ways to cope and adapt

Forcing oneself to continue living, Denial of losing loved ones, Visit the grave, talk to the picture of the martyr, meet his friends, Talk to people who have the same experience and Spirituality as a source of adaptation and coping.

3.2.6.1 Forcing oneself to continue living as a source of adaptation

The participants narrated several ways they use to alleviate their feelings and reduce the feeling of sadness inside them and help them complete and continue their lives, although they said that a heart that is broken is impossible to return to the way it was and restore it, and that everything is no longer as it was before, but they are forced to move forward.

“When I used to go to my son’s grave and talk to him a lot and tell him what happened with us and that he would receive his martyred friends after him, I felt that he heard me and I felt that he was happy when he received his friends and that he was not alone, and this feeling comforted me very much. I felt like I was opening my heart.” (participant 8)

Some participants also narrated that they try to keep themselves busy and leave the house in order to fill their time and distract their minds from thinking about their missing person.

And some of their sayings include:

“In order not to think about my son, I started going outside a lot. I went to buy unnecessary things, or I walked outside the house, or I went to my family’s house, or I went to the park and planted and took care of trees.” (participant 4)

3.2.6.2 Denial of losing loved ones as a source of coping

Umm Shahid noted that the thing that comforts her is that she does not accept the idea of loss and not being with her and said-As she looked at the ground with brokenness- that:

“the only thing that makes the calamity easier for me is that I am not convinced that my son is gone and will not return. I am convinced by the idea that he has traveled to a place and will return soon and open the door and say, “Here I come, mother.” .” (participant 9)

In another similar expression, the mother of a martyr narrated that she did not believe until now that her son was martyred, and this is what gives her hope. She said in the context of the hadith:

Until this moment, I do not believe that my son was martyred. It is true that he was injured in front of my eyes and was bleeding on the ground, but the occupation soldiers took his body and told us that he was dead. I am hoping that he will come out in front of me one day and tell me that the occupation lied to you, mother, and that I did not die.” (participant 3)

When I asked one of the participants in the research, who is the mother of a martyr, about the things she does that relieve her loss of her son, she said that nothing relieves her pain, and inside her a fire is burning.

“What relieves me is that I did not believe that he disappeared until this moment, and that I have suppressed a lot of pain inside me. I cannot cry, believe, or scream. I cannot open his pictures on the phone or hear his voice on videos. I cannot express all my feelings inside me that I cannot express to anyone. It is as if my feelings are a volcano erupting inside me and burning my insides.” (participant 8)

“From the day my son was martyred until now, I hate to count how much time has passed since he was gone because I always imagine him in front of me and talk to his soul. I hate remembering the day of his martyrdom, and I hate remembering that he is under the dirt.

I say and repeat, it is true that martyrdom is very beautiful, but the loss hurts more.”
(participant 6)

Among what was added by one of the young men who lived in the old city of Nablus and spent half his life in prison and was subjected to violence, beatings, insults, humiliation, and solitary confinement.

“It is true that I was harmed a lot, and while I was in prison, I could not see a speck of light. I did not know what time it was day or whether it was dark. I was sleeping and I did not know how long I slept and how many days had passed. Many days without water, food, or bathroom. The thing that made all that torture easier for me was... The birth of my first child is my hope and happiness in life, and my only focus is to make him have a happy life other than the one his father lived. It is true that I do not have money, but I do have humanity and love.” (participant 2)

3.2.6.3 Visit the grave, talk to the picture of the martyr and meet his friends as a source of adaptation

One of the frequently mentioned participants’ statements is that when they go to visit the grave of their imprisoned son or son, they feel comfortable just by being by his side.

“When I go to my son's grave and talk to him a lot, I feel that all the weights on my chest have been lifted. I feel a psychological release and I feel that he hears me.”
(participant 8)

One of the mothers indicated that she feels comfortable when she talks about her son for long hours, tells about his characteristics, and sees his friends.

“When I sit among people and tell them about the qualities of my son, and that he was a kind person who loved goodness, and was brave and beloved, and his friends only liked to spend the night with him, I feel happy and proud that that person was my son, and when I speak I feel psychological comfort and relief.” (participant 3)

Shahid's mother expressed her feeling of security when she meets her son's friends

“Before my son’s martyrdom, I hated his friends and refused to welcome them into my home because I thought they were the ones dragging him to death. After his martyrdom,

when they visit me, I feel very happy and hug them and feel safe, and they are the scent of my precious son.” (participant 1)

“There are times when I am very upset and worried, I stay up late with my friends, I talk to each other, I smoke, I start a blazing fire, and many times we take pictures on Tiktok for entertainment and changing the mood, and we play football matches.” (participant 2)

3.2.6.4 Talk to people who have the same experience as a source of either healing or opening the wound.

Most of the participants found comfort when they met people who had gone through the same experience and experienced the same feelings, pain, and humiliation.

“When I go with the other mothers of martyrs and each one of them tells the story of her martyr son and tells us about his qualities, I feel that there are women who lived through the same pain as me. I feel that I am not the only one in this world who suffers, and when the mother of two martyrs speaks and I see how strong and patient she is, I say how patient she is. She lost her two sons, and there are mothers who lost four of their children. When I see the extent of their plight and that they are patient, my plight is easy for me.” (participant 4)

On the contrary, the mother of a martyr said that she felt that her wounds had opened when she sat with the mothers of the martyrs and mentioned the story of her martyr son.

“The first time I sat with the mothers of the martyrs, they began telling the stories of their heroic sons, praising their sons, and recalling the moments of their martyrdom. When it was my turn to talk about my son, I could not. I began to cry intensely without interruption, as if the scene of his martyrdom was like a repeating tape in my brain.” (participant 8)

3.2.6.5 Spirituality as a source of safety

Finally, all participants indicated that they turn to God, as He is the only one who can relieve them

“We all agreed that we turn to God, I pray a lot, read the Qur’an, and pray to God.” (participant 6). “God alone knows the indescribable pain and pain in their hear.”

(participant 3). “Our Lord is the only support, and God is able to turn the fire of their hearts into coolness and peace.” (participant 5)

“Now I am convinced that he has gone to God and will not return. I hope it will be. In a better place than here.” (participant 1)

The young man also adds that when he feels psychologically distressed by the state of the country and the large number of martyrs and injustice, he sits with his friends and communicates.

“When I am sitting alone I say, Oh Lord, the injustice has increased, Oh God, relief with a deep breath.” (participant 2)

From the words of one of the participants in the research and her description of the beauty of jihad for the sake of God and the pain of loss despite the splendor of martyrdom, one of them says:

“I knew that my son was on the path of jihad for the sake of God, and I was certain that the end of this path was martyrdom. I always had mixed feelings, which were feelings of pride, honor, and pride that my son was resisting for the sake of God and the nation, and feelings of fear of losing him, terror, tension, and anxiety, especially at night when darkness fell.” (participant 3)

From what a martyr’s father narrated, he felt fine when he met the fathers of other martyrs.

“When we meet and tell the stories of our sons to each other and talk about their status in heaven, I feel psychological comfort and worries go away.” (participant 10)

Chapter four

Discussion

4.1 Discussion

Arabs are perceived as the ones who are causing Israel's problems, or, in a more comprehensive perspective, as a formidable barrier to Israel's establishment in 1948. This was a component of Zionist sentiment toward the Arab world, particularly before to 1948 when Israel was being propagated as an ideology. Palestine was viewed as an empty wasteland that was just waiting to bloom, with its people reduced to little more than nomadic nomads without a permanent cultural presence or a legitimate claim to the land (68).

The ongoing threat of demolitions puts Palestinians in a precarious situation that causes them to worry about losing their homes in the future. As part of the embodied dimension of the precarities brought about by the occupation, Palestinians who live under such threats are thus vulnerable to what we refer to as the brutality of "affectual demolition." The precarities of living under imminent demolition orders are characterized by positive political agencies and opposing behaviors in addition to the debilitating manifestations of dread, anxiety, shame, tension, frustration, and despair(51). This is the basis of disagreement, ongoing wars, army actions, sabotage and destruction. This study emphasizes how participants perceive risks to their homes in conflict situations by combining themes of location, well-being, and political violence.

PTSD, depression, anxiety, addictions, somatization with chronic pain, dissociation, psychosocial dysfunctions, suicidal conduct, and other psychological effects of intense stress are common among both military personnel and civilians. A general sense of instability and increased anxiety seem to be exacerbated by military conflicts, terrorist attacks, and information wars, which are heightened by technologically advanced mass media, the internet, and social networks, affecting even larger populations globally(60).

Serious psychological effects resulted from prolonged exposure to war and after stressors in civilian women; PTSD is just one condition among many posttraumatic reactions. Postwar stressors increased the quantity and severity of posttraumatic symptoms but had no effect on the prevalence of PTSD (55). Palestinians will suffer from post-traumatic

stress disorder (PTSD) or what is actually called Chronic Traumatic Stress Disorder (CTSD) for a very long time. Since living under occupation for 74 years is the primary root of the problem, treating PTSD or CTSD without ending this period is not possible (4).

The Diagnostic and Statistical Manual of Mental Disorders (DSM-5; American Psychiatric Association, 2013) (57) Feelings of dread, rage, despair, terror, perplexity, and hatred are all triggered by aggressiveness. All respondent categories exhibited symptoms of PTSD and depression, according to the study's findings, the initial response to a traumatic event may include physical arousal, dulled affect, fatigue, perplexity, grief, worry, agitation, numbness, and dissociation. In that they impact the majority of survivors and are self-limited, socially acceptable, and mentally beneficial, most reactions are typical. Severe dissociation symptoms, vivid intrusive memories that persist even after returning to safety, and ongoing anguish without intervals of relative calm or relaxation are markers of more severe reactions. The Diagnostic and Statistical Manual of Mental Disorders (DSM IV-TR) lists the following conditions as anxiety disorders: phobic disorders (which include agoraphobia, social phobia, and specific phobia, i.e., anirrational, uncontrollable fear of an object or situation), generalized anxiety disorder (prolonged anxiety accompanied by overwhelming, extreme worry about nominal and significant matters alike), and panic disorders (characterized by frequent panic attacks, somatic and autonomic indications of fear), obsessive compulsive disorder (continuous, uncontrollable thoughts, images, or behaviors) and post-traumatic stress disorder (intruding, unpleasant thoughts of the trauma previously experienced expressed through problematic behavioral acts). All of these symptoms appeared with the participants in the qualitative part, for example, symptoms of anticipation and heightened alertness to escape from the army or smuggling their children, intense fear of the danger resulting from entering the army, terror, tension, prediction of bad events, and feeling the feeling of the son's martyrdom before it happens(59).

Compared to the married and single groups, the widowed had greater scores for PTSD and depressive symptoms.(26). The percentage of CTSR was higher among widows. This is because widows were exposed to a previous shock, which is the loss of a partner, so they became more sensitive to trauma. They felt more afraid and mentally exhausted.

Untreated chronic stress can lead to major impairments such as immune system weakness, sleeplessness, elevated blood pressure, anxiety, and muscle soreness. It may also contribute to the development of serious conditions like obesity, heart disease, and depression (70). While indicators of neurological and physical diseases alone were substantially correlated with combat trauma, signs of GI, cardiac, or nervous diseases alone were only weakly correlated. A (51%) increased incidence of indicators of physician-diagnosed heart, GI, and nervous disease, as well as a (14%) increased incidence of distinct disease problems, were predicted by one objective measure of interpersonal violence: the percentage of company murdered. Because it acts as a stand-in for a number of traumatic stressors, including seeing or handling dead bodies, losing friends in a traumatic way, knowing one's own death is imminent, killing others, and being powerless to stop others from dying, the percentage of a company killed is probably a powerful variable (71). Previous research has shown a strong correlation between being positively diagnosed with post-traumatic stress disorder (PTSD) and having lost a valuable personal object that poses a risk to one's life or seeing a loved one pass away (63). It is noteworthy that even after adjusting for vascular risk factors and illness burden, which can explain an elevated risk of neurodegenerative disease, strong correlations between PTSD and both physical and comorbid Cog/physical persisted. According to the findings, respondents with chronic PTSD may be more susceptible to cognitive and functional abnormalities that go beyond age-expected levels. This could be a sign of a multi-systemic condition where Cog/physical appears in midlife (61). Among the physical, cognitive and psychological symptoms that appeared on the participants as a result of the presence of the army were the following: high blood pressure, high blood sugar, inability to sleep as a result of excessive alertness, fear of entering the army, symptoms of forgetfulness, muscle spasms, and heart attack as a result of receiving the news of the martyrdom of a dear person, loss of passion, and depression after his loss. Signs of fear, helplessness and avoidance have a positive relationship with age.

Most of the participants who are exposed to political violence do not receive psychological support, and their rate of CTSR is high. This indicates the small number of institutions that provide people with psychological support, or the army preventing institutions from performing their proper role and destroying these institutions or tampering with their contents in order to prevent them from alleviating the pain of the Palestinian people.

Avoidance and anxiety are frequently linked, as avoidance exacerbates anxiety symptoms. To cope with painful feelings, memories, or events, people start to avoid certain people, places, or circumstances. There is evidence that trauma and coping are related; cross-sectional studies indicate that those who have experienced more trauma appear to have a lower capacity for coping (i.e., more avoidance coping, less approach coping). The cross-sectional literature was in line with the between-person effects. It's interesting to note that the within-person findings suggested an adaptive cycle over time, rather than an increase in avoidance coping and trauma exposure (59). On other hand the highest coping subscales in previous study was seeking professional assistance, seeking diversions, resolving family conflicts, developing social support, fostering independence, venting emotions, partaking in strenuous activities, unwinding, seeking spiritual assistance, avoiding problems, being humorous, and investing in close friends (34). Specifically, increased trauma exposure marginally predicted an increase in approach coping ($B=0.05$, $p=0.07$), and approach coping predicted decreased trauma exposure ($B=-0.07$, $p=0.04$) (62). Our results showed that CTSR exhibited a low positive association with avoidant coping style, a moderate positive correlation with approach coping style, and a low positive correlation with coping style.

The rationale behind avoidant behaviors might also be investigated in an effort to provide diagnostic information. As previously indicated, avoidance symptoms in PTSD may serve as a primary defense against reliving the incident. Contrarily, avoidance actions in the context of continuous traumatic stress may be more logical and try to safeguard against actual danger both now and in the future. Whether or not anxiety symptoms go away after the person is no longer in danger determines whether or not chronic traumatic stress reactions occur (9).

Although they haven't been fully studied, theories of trauma-related guilt contend that some avoidant coping behaviors—like problematic alcohol use—are key links between trauma-related guilt and post-traumatic stress disorder. The results demonstrated that problematic alcohol intake was a significant factor linking global guilt and guilt cognitions with PTSD. Additionally, the findings showed that PTSD was a key mechanism connecting problematic alcohol consumption and feelings of worldwide guilt and misery. Because alcohol use and PTSD co-occur so frequently, our study's findings suggest that alcohol use is an important concept that has been neglected in the trauma-

related guilt literature (and alcohol use disorder) (64). The percentage of non-use of addictive behaviors or substances was very high, equal to 169(41.9), because most of the participants in the research were Muslims, and the use of alcohol or substances that cause addiction is prohibited in Islam.

The intercepts of trauma ($B = -.18, p < 0.001$) and approach coping ($B = 0.08, p = 0.04$) showed a strong gender relationship, with females experiencing significantly higher levels of trauma and significantly lower levels of approach coping and higher initial levels of avoidance coping (62). One of the most important effects of war is on the psychological well-being of the general populace. The frequency and prevalence of mental diseases are clearly on the rise, according to studies conducted on the general public. Compared to men, women are more impacted. The elderly, the disabled, and children are other vulnerable categories. The severity of the trauma and the accessibility of both physical and emotional help are related to prevalence rates. In emerging nations, cultural and religious coping mechanisms are often employed (65). Regarding the overall events, including the intensity of exposure to political violence events, CTSR, the percentage of men was greater than that of women, and this difference were statistically significant. The reason is often that men are more exposed to army attacks, arrests, beatings, and killing from the army, confrontation, and defense of the land, and they see many frightening events and situations that occur in front of them on the ground. Reversing the role of women in Palestinian society, they defend their homeland with their heart and not by attacking the enemy, and they defend with their patience and sacrifice of their money and children in sacrifice for the homeland. However, the other variables, especially coping style, avoid, or approach, did not have any statistically significant difference between males and females ($P > 0.05$). These results are contrary to previous studies. Our results showed that among disabled people, a large percentage were exposed to political violence, and that the measure of the percentage of exposure to continuous trauma was very high compared to others, but there was no change in ways of coping.

The relationship between human rights and humanitarian law is one of the most contentious topics in the history of international law. It shows how “human rights thinking” played a critical generative role in transforming humanitarian law, thereby creating important legacies for today's understandings of international law in armed conflict van(73). Clinical practice that focuses on helping victims adjust to unusual living

conditions is useless and unethical (74). participants indicated that they are deprived of their most basic rights and deprived of food, drink, and living happily, freely, safely, and stably.

The long-lasting effects of war trauma and related stressors were highlighted since they continue to have an influence outside of the conflict zone and show up as upsetting physical and psychological responses. The risk and severity of psychological difficulties were found to be significantly influenced by notable individual and socio-environmental risk factors, including mental disorders, financial instability, the experience of having relatives injured or displaced, and adjusting to a new environment. This emphasizes how important coping mechanisms, social networks, faith-based coping mechanisms, self-efficacy, and cultural resilience are for overcoming the difficulties brought on by stressors and trauma from war. The investigation offered in this study highlights the complex relationship between variables influencing resilience in those displaced by violence (33).

Participants who indicated that their monthly financial income is less than the minimum income had highest CTSR level, This is because they suffer from more than one source of continuing psychological trauma and stress. On the one hand, they are worried about the lack of money and on the other hand, they are stressed because of the political situation. The participants indicated that they suffer from poverty and find food and shelter with difficulty, and they point out that they do not have the money to build. Due to the lack of job opportunities in Palestine and the lack of funds, men were forced to work on confiscated lands and endure insults and humiliation from the occupation in order to survive.

The women's narratives revealed Human Security, Family Ties, Psychosocial Resources, Individual Resources, and Motherhood as critical elements supporting the preservation of positive psychological functioning and the capacity to adapt to traumatic war events following acute armed conflict (19). The interconnection between the participants with the surrounding environment, with neighbors and between people, family cohesion, the mother's relationship with her martyr son, and the family's relationship with the children's friends appeared. Thinking is what the participants do when they form a committee of mothers and fathers of martyrs and support each other, feel the same pain, and talk about their experience and how they overcame it. These relationships have their source in the fact that we live in an Islamic environment and in religion we must be like

this. This is the opposite of what happened in Ukraine, the conflict in Ukraine has resulted in serious social and psychological issues that have a detrimental effect on family relationships and intergenerational communication (58).

Positive religious coping in the wake of Hurricane Katrina was linked, according to a study, to a decreased risk of PTSD, significant depression, a reduced quality of life, and an increase in alcohol consumption. Positive religious coping may therefore operate as a buffer against PTSD (66). Higher levels of negative religious coping were found to be a significant predictor of higher levels of PTSD symptomatology, according to study findings (67). More than half of the participants exposed to political violence used religious coping methods because the residents of Palestine consider God to be the refuge after any trauma or loss.

Both reliance on religiosity (e.g., "prays"; "believes what has happened is fate") and reliance on religious institutions (e.g., "seeks information and advice from religious people"; "participates in religious activities") were included in the article's assessment of dependence on religious support. As a result, it was more than just a test of faith; rather, it was a test of dependence on institutions and structured religious practices. The sole coping characteristic that showed a statistically significant protective influence in the link between political violence and health was reliance on religious support. The first model's results, which indicated that people who relied heavily on religion saw improvements in their physical and mental health as the amount of political violence in the previous month increased, are consistent with the wealth of research on political violence that shows how religion can be protective against political violence (27).

An growing field of study that examines the relationship between people and their own environments is called "psychology of place." According to the psychology of location, people need a "good enough" setting in which to live. Three important psychological processes—attachment, familiarity, and identity—connect them to that environment. Place attachment is a caring relationship that exists between a person and a cherished location. It is similar to but different from attachment to people. The methods by which individuals acquire in-depth cognitive knowledge of their surroundings are referred to as familiarity. The process of drawing a feeling of identity from the places one lives is known as place identification. Displacement, disorientation, and familiarity pose threats to attachment, familiarity, and place identification, three psychological processes (72). All

participants indicated that the land is a part of them and that they are doing their best to preserve it, to the point that they are willing to lose themselves or their children to liberate the homeland and live in dignity on the land of Palestine. They indicated that the issue of defending the land is a religious duty from God and it is called jihad for the sake of God and the homeland. The percentage of feelings of betrayal to the homeland was very low because the Palestinian people are loyal to their land and homeland and that they feel that the land is their address and identity.

Despite the common negative experience of living in unstable political environments, researchers have discovered that by overcoming ongoing stress and challenges, some people may be able to grow in positive ways and improve their coping mechanisms, self-awareness, self-acceptance, spiritual strength and beliefs, compassion, and positive self-perceptions. We refer to this new understanding of trauma as "Post-traumatic Growth," or "PTG." (75). This appeared in the item "challenging the army" as a source of hope, and it also appeared when the participants said that they have become stronger than in the past and are facing the army without hesitation and with their heads held high. The results of this study align with a recurring theme in other studies on violence in Palestine: the significance of *sumud*, or steadfastness: continuous, everyday acts of resistance (big and small) meant to preserve Palestinian land, identity, dignity, and well-being against the occupation.

4.2 Conclusions

The collected observations indicate that the main problem is the occupation's tampering with civilian homes, killing and captivating the Palestinian people, considering them a people without rights, and keeping them under terror, fear, tension, and shocks that have been going on for years. They suffer mentally as a result of the stress that has built up. Although the Palestinian people are the real owners of the land, they do not have the power and support from other countries, and international political interests are the opposite of the truth.

Numerous needs expressed by the participants suggest that in addition to financial assistance, it is necessary to give them access to mental health clinics and facilities, jobs, and housing. Financial aid is not as critical as psychological and psychiatric support—possibly even more so. Local and international authorities who aid and support

Palestinians should be aware of this truth. Findings suggest that social support following trauma is important for CTSR and should be prioritized in recovery interventions with trauma survivors. Enhanced comprehension of the psychological ramifications of possibly traumatic incidents can eventually result in better CTSR prevention and treatment strategies.

As part of their duty of care for those suffering from the effects of war, all psychiatrists and psychiatric associations should be required by law to commit to educating political decision-makers about the negative effects of armed conflicts on mental health(69). The components of the stress factor would highlight stress as a risk factor for a number of diseases, and the doctor should ask about potential stressors and other life events. Decisions for treatment should be influenced by the definition of stress's effects. Although there are a number of successful therapies to remove excessive fluctuations or restore balance within particular hormonal systems, there are currently no Western medical techniques that focus on restoring equilibrium. It has been demonstrated that a number of non-Western methods, including acupuncture, mindfulness, and certain herbal formulations, are highly successful. Cognitive-behavioral techniques are already being developed to improve predictability, lower uncertainty, and increase a person's sense of control. Clinical trials and the development of pharmaceutical or biophysiological adaptogens as well as homeostatic measures are still pending (56).

Lastly, more research, better access to resources, and focused interventions are needed to address the mental health needs of Palestinian adults. The promotion of mental health and well-being among people impacted by stress and trauma connected to conflict requires standardized instruments, family support, and cultural sensitivity.

4.3 Recommendations

Additional investigation on this phenomena is necessary in order to develop focused policies for intervention, treatment, prevention, and rehabilitation of individuals who have been exposed to inhumane conditions during times of war (76).

In order to ameliorate symptoms of war-related PTSD, prevention and intervention programs should concentrate concurrently on nightmares, terror, and insomnia (60).

The Ministry of Labor and Economic Affairs must find a solution to the problem of community unemployment, create job opportunities, and allocate financial aid to needy families.

The significance and viability of investigating terrorism exposure and functional impairment as risk factors for suicidal ideation are highlighted by this study (61). This is what must be focused on in cases of loss, especially mothers of martyrs. There must be institutions of support and continuous psychological evaluation of these cases and detection if there are suicidal or dangerous thoughts.

Master of Mental Health students and mental health professionals need immediate assistance in enhancing their mental well-being through supervision, psychotherapy, and comprehensive and continuous training. And to overcome their negative feelings, mental health professionals should be supervised, treated, and given psychological assistance at work. Further study is required to comprehend the effects of war and political violence on healthcare professionals in the workplace, especially when they are victims rather than caretakers(58).

To completely comprehend coping mechanisms for traumatic events, more qualitative and quantitative study is needed. Future research should look at the short-term effects of trauma on coping and whether these modifications have an effect on longer-term post-trauma adaption.

4.4 Strength and Limitations

To the best of our knowledge, this study is one of the few prospective analyses that looks at the connection between coping mechanisms and the persistent trauma caused by political violence, examine these associations in other age groups, developmental periods, and contexts in order to increase generalizability of these findings and to capture periods of coping

The research used two types of research style, quantitative and qualitative, and a large sample size was used, equal to 407 participants and from more than one residential area.

Limitations:

- The present study was cross-sectional, due to which the relationships between the variables used cannot be presented in the cause-and-effect order.
- The research sample was selected using non-probability sampling. An opportunity sample was studied. The results of this study cannot be applied to the entire Palestinian population
- Our factors were face valid and showed strong internal validity, but there may be other ways to classify coping strategies. This issue of the structure of coping is not specific to our study as it is a central problem within the larger coping literature.
- I found it difficult to move between cities, great obstruction from the occupation, inspections at checkpoints, confiscation of mobile phones, and looting of money.
- I found it difficult to convince people to participate in the research because most people are afraid to express their opinion and think that the study is purely political and that the names will reach the enemy.
- Many institutions refused to participate in distributing questionnaires due to their fear of the political situation.
- I faced financial difficulty and social obstacles. Most institutions did not accept to cooperate with me and allow me to meet the people within them because these institutions were afraid of confronting the occupation.
- There may be the need to conduct a similar study on a national level for better generalization.
- From another perspective, we did not find trusted published data regarding the impact of the Palestinian crisis on the mental health care.

List of abbreviations

Abbreviation	Meaning
PTSD	Post Traumatic Stress Disorder
CTSR	Continues Traumatic Stress Response
PV	Political Violence
CS	Coping Strategies
H ₁	Research hypothesis
LR	Literature Review
DSM-V	Diagnostic and Statistical Manual of Mental Disorders
EPV	Exposure to Political Violence
Eg.	For Example
H ₀	Null hypothesis
DSO	Disturbances in Self Organization
ICD-10	International Classification of Diseases, Tenth Revision
CTS	Continuous Traumatic Stress
ETV	Exposures to Trauma/Violence
CPTSD	Complex Post-Traumatic Stress Disorder
HRQoL	Health-Related Quality of Life
IRB	Institutional review board
WHO	World Health Organization
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
Spss	Statistical Package for Social Sciences
Z	Confidence level
%	Percentage
NGO	Non-Governmental Organizations
SD	Standard Deviation

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Appendices

Appendix A Tables

Table 3.2

Work and income of Palestinian people exposed to political events study (N=407) participants

		Frequency	Percent
Work	Full	85	21.1
	Partial	32	7.9
	None	202	50.1
	Worker	59	14.6
	Student	23	5.7
Income	Less than 1500	194	48.1
	1501-2500	111	27.5
	2501-3500	57	14.1
	More than 3500	32	7.9
Family Member	1-3	75	18.6
	4-5	160	39.7
	6 & More	168	41.7
House	Owner	188	46.7
	Rent	65	16.1
	With Family	145	36.0
	Other	5	1.2

Table 3.3

Frequency of disability and psychological support among Palestinian people exposed to political events study participants (N=407)

		Frequency	Percent
Disability	Yes	51	12.7
	No	350	86.8
Psychological Support	Yes	148	36.7
	No	254	63.0

Table 3.9

Gender and study variables (political event, CTSR, & coping style)

	Gender	N	Mean	Std. D	M-W U	Z	P value
Total Events	Male	170	15.98	8.68	13162.00	-4.47	<0.001
	Female	211	11.96	7.75			
Exhaustion & Detachment	Male	159	65.94	22.39	14213.00	-2.59	0.010
	Female	212	60.12	19.37			
Rage & Betrayal	Male	172	62.06	21.77	16133.00	-2.03	0.043
	Female	213	57.24	20.16			
Fear & Helplessness	Male	173	64.35	23.88	17977.50	-0.57	0.570
	Female	215	63.06	22.91			
CTSR	Male	153	64.59	20.14	13647.50	-2.03	0.042
	Female	204	60.24	17.64			
Avoid	Male	159	24.74	5.87	15262.00	-0.41	0.679
	Female	197	24.82	5.97			
Approach	Male	163	19.57	6.86	16116.00	-0.51	0.613
	Female	204	20.22	7.56			
Coping style	Male	148	0.91	0.61	13062.00	-0.64	0.520
	Female	183	0.96	0.62			

M-W U: Mann-Whitney U

Table 3.10*Disability and study variables (political event, CTSR, & coping style)*

	Disability	N	Mean	Std. D	M-W U	Z	P value
Total Events	Yes	47.00	17.38	6.97	5540.50	-3.25	0.001
	No	333.00	13.22	8.48			
Exhaustion & Detachment	Yes	46.00	75.76	18.77	4394.50	-4.52	<0.001
	No	324.00	60.77	20.56			
Rage & Betrayal	Yes	49.00	69.39	22.78	5819.50	-3.36	0.001
	No	337.00	57.89	20.35			
Fear & Helplessness	Yes	50.00	72.33	21.72	6292.00	-2.93	0.003
	No	338.00	62.20	23.23			
CTSR	Yes	44.00	74.07	16.80	4042.00	-4.44	<0.001
	No	313.00	60.42	18.53			
Avoid coping	Yes	47.00	25.68	5.41	6454.00	-1.20	0.231
	No	308.00	24.62	5.98			
Approach coping	Yes	46.00	20.08	7.89	7317.00	-0.03	0.976
	No	319.00	19.85	7.13			
Coping style	Yes	44.00	1.11	0.58	5218.00	-2.08	0.037
	No	285.00	0.91	0.61			

M-W U: Mann-Whitney U

Table 3.11*Psychological support and study variables (political event, CTSR, & coping style)*

	Psych Support	N	Mean	Std. D	M-W U	Z	P value
Total Events	Yes	139	11.40	8.85	12183.50	-4.43	<0.001
	No	241	15.17	7.80			
Exhaustion & Detachment	Yes	134	59.74	19.21	13880.50	-1.96	0.050
	No	236	64.15	21.66			
Rage & Betrayal	Yes	143	57.87	20.72	16366.00	-0.89	0.371
	No	242	60.12	21.14			
Fear & Helplessness	Yes	142	60.86	22.35	15590.50	-1.77	0.076
	No	246	65.11	23.76			
CTSR	Yes	130	59.27	17.47	12725.50	-2.10	0.035
	No	226	63.64	19.44			
Avoid coping	Yes	133	24.87	5.01	14813.50	-0.02	0.986
	No	223	24.67	6.38			
Approach coping	Yes	134	19.92	6.85	15133.00	-0.42	0.673
	No	232	19.90	7.49			
Coping style	Yes	124	0.96	0.59	12364.50	-0.56	0.574
	No	206	0.92	0.63			

M-W U: Mann-Whitney U

Table 3.12*residency and study variables (political event, CTSR, & coping style)*

	Residency	N	Mean	Std. D	K-W H	P value	
Total Events	Jinin Camp	232.00	17.22	7.04	123.770	<0.001	
	Askar Camp	60.00	8.48	6.16			
Post Jinin & ein	Balata Camp	45.00	4.38	5.15			
	Ein Beit	26.00	14.62	8.17			
	Almaa						
	Nablus Old City	16.00	9.06	9.64			
Exhaustion & Detachment	Jinin Camp	233.00	66.70	20.46	28.466	<0.001	
	Askar vs jinin	Askar Camp	57.00	53.25			18.79
	Balata Camp	44.00	57.50	21.34			
	Ein Beit	21.00	60.71	17.84			
	Almaa						
Nablus Old City	14.00	50.71	19.89				
Rage & Betrayal	Jinin Camp	238.00	64.29	19.73	39.486	<0.001	
	Askar Camp	62.00	49.19	17.64			
Askar & jinin & ein	Balata Camp	45.00	55.19	25.70			
	Ein Beit	24.00	50.35	18.63			
	Almaa						
	Nablus Old City	15.00	49.44	17.10			
Fear & Helplessness	Jinin Camp	241.00	70.12	21.72	53.695	<0.001	
	Askar Camp	61.00	53.55	23.59			
jinin vs Askar, Balata, Nablus	Balata Camp	45.00	50.00	17.50			
	Ein Beit Almaa	25.00	57.33	23.49			
	Nablus Old City	15.00	50.56	22.15			
	Jinin Camp	223.00	67.59	17.40			
CTSR	Askar Camp	55.00	51.36	17.48	55.113	<0.001	
	Balata Camp	44.00	54.96	19.33			
	Ein Beit Almaa	20.00	54.66	14.29			
	Nablus Old City	13.00	48.25	14.41			
	Jinin Camp	219.00	25.11	5.89			
Avoid	Askar Camp	58.00	24.35	6.40	2.751	0.600	
	Balata Camp	44.00	25.11	3.82			
	Ein Beit Almaa	19.00	22.86	7.03			
	Nablus Old City	15.00	23.07	7.19			
Approach	Jinin Camp	224.00	20.69	7.86	6.243	0.182	
	Askar Camp	59.00	18.56	6.56			
	Balata Camp	43.00	19.87	5.96			
	Ein Beit	24.00	16.89	5.26			
	Almaa						
Nablus Old City	15.00	18.40	3.43				
Coping style	Jinin Camp	200.00	1.02	0.63	12.514	0.014	
	Askar Camp	55.00	0.71	0.53			
	Balata Camp	42.00	0.93	0.51			
	Ein Beit Almaa	18.00	0.78	0.55			
	Nablus Old City	14.00	1.00	0.68			

K-W H: Kruskal-Wallis H

Table 3.13

Correlations between age and family number with study variables (political event, CTSR, & coping style)

		Total Events	Exhaustion & Detachment	Rage & Betrayal	Fear & Helplessness	CTSR	Avoid	Approach	Coping style
Age	r	0.050	0.067	0.059	0.171**	0.110*	0.193**	0.045	0.020
	Sig.	0.336	0.195	0.249	0.001	0.038	0.000	0.387	0.718
	N	379	370	385	388	356	355	365	329
Family number	r	0.068	-0.039	-0.038	-0.063	-0.056	-0.052	-0.077	-0.051
	Sig.	0.188	0.449	0.458	0.218	0.291	0.327	0.140	0.357
	N	381	371	386	389	357	357	367	331

** Correlation is significant at the 0.01 level (2-tailed).

* Correlation is significant at the 0.05 level (2-tailed).

Table 3.14

Education level and study variables (political event, CTSR, & coping style)

	Education level	N	Mean	Std. D	K-W H	P value
Total Events	School	133	15.62	8.43	11.969	0.018
	Tawjihi	100	12.74	9.09		
	Diploma	40	13.93	6.96		
	Bachelor	92	12.75	7.77		
	Higher	15	10.07	8.49		
Exhaustion & Detachment	School	131	69.73	21.81	26.070	<0.001
	Tawjihi	96	57.08	19.22		
	Diploma	38	63.95	17.79		
	Bachelor	90	59.11	18.79		
	Higher	15	53.33	25.82		
Rage & Betrayal	School	136	63.91	21.30	13.120	0.011
	Tawjihi	100	54.67	19.00		
	Diploma	41	59.55	20.54		
	Bachelor	92	58.97	20.79		
	Higher	16	52.08	26.44		
Fear & Helplessness	School	137	70.62	23.83	26.337	<0.001
	Tawjihi	100	56.67	23.24		
	Diploma	41	68.29	18.84		
	Bachelor	94	60.64	20.65		
	Higher	16	54.17	26.53		
CTSR	School	123	68.92	19.44	30.170	<0.001
	Tawjihi	93	56.33	17.59		
	Diploma	37	64.13	15.71		
	Bachelor	88	59.71	16.74		
	Higher	15	51.67	23.01		
Avoid	School	123	25.42	6.04	5.697	0.223
	Tawjihi	91	23.60	5.92		
	Diploma	39	24.92	5.28		
	Bachelor	87	25.32	5.50		
	Higher	16	23.96	7.44		
Approach	School	131	21.17	8.06	4.858	0.302
	Tawjihi	90	19.31	6.65		
	Diploma	41	20.38	7.22		

	Bachelor	88	18.98	6.57		
	Higher	16	17.92	6.38		
Coping style	School	114	0.95	0.65	4.227	0.376
	Tawjihi	82	0.83	0.62		
	Diploma	38	1.03	0.59		
	Bachelor	80	0.99	0.54		
	Higher	16	1.00	0.63		

K-W H: Kruskal-Wallis H

Table 3.15

marital status and study variables (political event, CTSR, & coping style)

	Marital status	N	Mean	Std. D	K-W H	P value
Total Events	Married	215	14.87	7.78	7.602	0.055
	Single	135	12.17	9.50		
	Divorce	19	12.95	6.09		
	widow	12	12.92	6.88		
Exhaustion & Detachment	Married	212	64.55	20.47	9.454	0.024
	Single	127	58.82	22.05		
	Divorce	18	59.72	16.84		
	widow	14	71.43	15.50		
Rage & Betrayal	Married	216	61.46	20.34	19.146	<0.001
	Single	137	53.77	21.32		
	Divorce	19	67.11	17.00		
	widow	14	70.83	20.61		
Fear & Helplessness	Married	219	67.96	22.14	28.285	<0.001
	Single	138	55.50	22.48		
	Divorce	18	63.43	25.27		
	widow	14	75.60	25.63		
CTSR	Married	202	65.03	17.86	22.131	<0.001
	Single	124	56.21	19.85		
	Divorce	17	61.76	13.81		
	widow	14	72.40	15.92		
Avoid coping	Married	199	25.27	5.65	9.758	0.021
	Single	125	23.69	6.21		
	Divorce	19	24.60	5.84		
	widow	14	27.64	5.66		
Approach coping	Married	204	20.42	7.44	10.534	0.015
	Single	130	18.59	6.88		
	Divorce	19	23.11	6.37		
	widow	14	20.98	7.43		
Coping style	Married	180	1.00	0.61	5.649	0.130
	Single	118	0.83	0.60		
	Divorce	19	1.00	0.75		
	widow	14	0.93	0.47		

Table 3.16

Employment and study variables (political event, CTSR, & coping style)

	Employment	N	Mean	Std. D	K-W H	P value
Total Events	Full	81	11.74	8.04	35.43	<0.001
	Partial	30	12.43	6.08		
	None	190	12.86	8.55		
	Worker	55	19.80	7.57		
	Student	23	15.00	6.83		

Exhaustion & Detachment	Full	76	58.09	20.18	8.659	0.070
	Partial	30	64.17	21.82		
	None	186	61.80	20.38		
	Worker	54	67.78	21.67		
	Student	23	69.57	22.10		
Rage & Betrayal	Full	80	54.17	20.15	15.696	0.003
	Partial	31	67.20	22.25		
	None	194	58.08	20.78		
	Worker	58	63.07	20.77		
	Student	21	67.46	19.53		
Fear & Helplessness	Full	83	61.75	23.17	7.892	0.096
	Partial	30	64.72	20.61		
	None	196	62.24	23.76		
	Worker	55	65.76	23.06		
	Student	23	75.72	22.46		
CTSR	Full	75	57.39	17.48	13.943	0.007
	Partial	29	65.28	18.37		
	None	181	61.15	18.88		
	Worker	49	66.65	19.73		
	Student	21	71.65	17.64		
Avoid	Full	76	24.57	5.51	11.949	0.018
	Partial	29	26.81	5.81		
	None	177	24.28	6.00		
	Worker	52	24.32	6.24		
	Student	21	27.79	5.12		
Approach	Full	72	19.32	5.66	4.619	0.329
	Partial	30	20.90	7.86		
	None	186	19.76	7.55		
	Worker	54	19.40	7.24		
	Student	23	23.32	8.35		
Coping style	Full	66	0.95	0.57	1.016	0.907
	Partial	29	0.86	0.64		
	None	166	0.96	0.62		
	Worker	47	0.89	0.63		
	Student	21	0.90	0.70		

Table 3.17

Income and study variables (political event, CTSR, & coping style)

	Income	N	Mean	Std. D	K-W H	P value
Total Events	<1500	184	14.21	8.28	2.566	0.463
	1501-2500	105	13.24	8.86		
	2501-3500	53	13.74	7.96		
	>3500	30	12.23	8.22		
Exhaustion & Detachment	<1500	179	64.50	21.85	8.115	0.044
	1501-2500	104	64.13	18.69		
	2501-3500	51	56.86	21.91		
	>3500	29	56.03	20.06		
Rage & Betrayal	<1500	187	60.34	22.40	4.272	0.234
	1501-2500	107	60.12	17.92		
	2501-3500	54	54.01	19.34		
	>3500	31	59.14	24.28		
Fear & Helplessness	<1500	189	65.83	23.91	6.029	0.110
	1501-2500	106	63.52	21.19		

	2501-3500	55	57.12	24.08		
	>3500	32	63.80	23.34		
CTSR	<1500	171	64.30	19.93	10.696	0.013
	1501-2500	100	62.93	16.07		
	2501-3500	50	54.82	19.18		
	>3500	29	59.64	19.18		
Avoid	<1500	176	24.75	6.06	1.008	0.799
	1501-2500	95	25.07	5.76		
	2501-3500	50	24.96	5.86		
	>3500	29	23.97	5.72		
Approach	<1500	179	20.55	7.77	5.652	0.130
	1501-2500	100	20.11	7.16		
	2501-3500	52	17.49	5.17		
	>3500	29	18.85	6.86		
Coping style	<1500	163	0.95	0.65	1.676	0.642
	1501-2500	89	0.87	0.61		
	2501-3500	47	0.96	0.55		
	>3500	26	1.00	0.49		

Table 3.18
house and study variables (political event, CTSR, & coping style)

	House	N	Mean	Std. D	K-W H	P value
Total Events	Owner	174	14.56	7.43	5.931	0.115
	Rent	64	11.56	9.53		
	With Family	139	13.88	8.91		
	Other	4	9.25	6.99		
Exhaustion & Detachment	Owner	171	65.35	20.53	6.231	0.101
	Rent	61	58.44	22.80		
	With Family	134	61.27	20.17		
	Other	5	56.00	20.74		
Rage & Betrayal	Owner	178	61.94	19.71	5.513	0.138
	Rent	62	56.85	23.30		
	With Family	141	57.39	21.20		
	Other	5	53.33	25.41		
Fear & Helplessness	Owner	180	69.49	22.44	21.351	<0.001
	Rent	62	59.41	23.69		
	With Family	142	58.27	22.71		
	Other	5	55.00	21.73		
CTSR	Owner	166	65.74	17.61	12.897	0.005
	Rent	56	58.16	20.92		
	With Family	130	59.42	18.70		
	Other	5	55.00	21.40		
Avoid	Owner	163	25.43	5.65	6.643	0.084
	Rent	57	24.88	5.83		
	With Family	134	23.84	6.21		
	Other	3	28.62	2.52		
Approach	Owner	170	20.49	7.32	5.244	0.155
	Rent	58	20.80	7.60		
	With Family	135	18.88	7.01		
	Other	4	19.19	5.85		
Coping style	Owner	150	0.95	0.61	2.408	0.492
	Rent	53	1.02	0.64		
	With Family	125	0.89	0.61		
	Other	3	0.67	0.58		

Appendix B Data Collection Tool



جامعة النجاح الوطنية

كلية الدراسات العليا

ماجستير تمرير الصحة النفسية المجتمعية

نموذج الموافقة:

تحية طيبة

الموافقة لأجل المشاركة في بحث علم

استبيان

أنا طالبة ماجستير تمرير صحة نفسية مجتمعية من جامعة النجاح الوطنية، أقوم بدراسة حول الاستجابة للضغوط النفسية المستمرة واستراتيجيات التكيف لدى البالغين المعرضين للعنف السياسي في شمال الأراضي الفلسطينية، أرجو من حضرتك المشاركة في هذا البحث، علماً أن المشاركة طوعية و يحق لك الانسحاب دون إبداء الأسباب وأن كافة المعلومات الموجودة سيتم أخذها لغرض البحث العلمي مع الحفاظ على الخصوصية الكاملة لك والحفاظ على هذه المعلومات بما يستوجب ويتناسب مع أخلاقيات البحث العلمي.

احترامي وجزيل شكري

مرام غنام طالبة ماجستير صحة نفسية

جامعة النجاح الوطنية

الجزء الأول: البيانات الديموغرافية

* ما هو عمرك؟

الإجابة:

* في أي مدينة أو مخيم تعيش حالياً؟ (ضع دائرة عند الاختيار)

1. مخيم جنين
2. مخيم عسكر
3. مخيم بلاطة
4. مخيم عين بيت الماء
5. مدينة نابلس القديمة

* ما هو جنسك؟

1. ذكر
2. أنثى

* ما هو أعلى مؤهل لديك؟

1. أقل من شهادة الثانوية العامة
2. شهادة الثانوية العامة أو ما يعادلها
3. درجة الدبلوم
4. درجة البكالوريوس
5. دراسات عليا

* ما هي حالتك الاجتماعية؟

1. متزوج
2. اعزب
3. مطلق
4. ارمل

* ما هو وضعك الوظيفي الحالي؟

1. موظف بدوام كامل
2. عمل بدوام جزئي
3. غير موظف
4. عامل
5. متقاعد

* كم دخل البيت شهريًا ؟

1. أقل من 1500 ₪
2. 1500 إلى 2500 ₪
3. 2500 من 3500 ₪
4. اكثر من 3500 ₪

* كم عدد الأشخاص الذين يعيشون حاليًا في المنزل ؟

1. فرد واحد
2. فردين
3. 3 أفراد
4. 4 أفراد

5. 5 أفراد

6. 6 أفراد أو أكثر

* هل تمتلك أو تستأجر منزلك حاليًا؟

1. أنا صاحب منزل.

2. أنا مستأجر.

3. أعيش مع العائلة .

4. غير ذلك .

* هل يوجد لديك إعاقة جسدية (سمعية، بصرية، إعاقة حركية)؟

1. نعم لدي إعاقة.

2. لا، ليس لدي إعاقة.

* هل تلقيت دعم نفسي من جهة معينة ؟

1. نعم

2. لا

إذا كانت اجابتك "نعم"، من أين تلقيت الدعم النفسي

الجزء الثاني: ضع إشارة ✓ عند الاختيار وحدد النسبة إذا كانت اجابتك نعم .

الرقم	حدث سياسي	نعم(حدد النسبة)	نسبة شدة التعرض من(1الى 5) حيث ان التدرج من نسبة تعرض قليلة الى شديدة	لا
1	هل تم القبض عليك أو على أحد أفراد أسرتك من قبل الجيش الإسرائيلي؟			
2	هل تعرضت للإيذاء في نقطة تفتيش عسكرية إسرائيلية؟			
3	هل أصبت أو اطلق النار عليك من قبل الجيش الإسرائيلي؟			
4	هل توفي أحد أقاربك أو أصيب برصاص الجيش الإسرائيلي؟			
5	هل تضرر منزلك أو ممتلكاتك على يد القوات العسكرية الإسرائيلية؟			
6	هل كنت خاضعًا لحظر التجول من قبل الجيش الإسرائيلي أو ممنوعًا من مغادرة منزلك أو مدينتك؟			
7	هل قام جنود الجيش الاسرئيلي بتفتيش منزلك؟			

الجزء الثالث: مقياس الاستجابة للضغط النفسي المستمر (CTSR)، ضع إشارة ✓ عند الاختيار.

الرقم	العبارة	لم افكر هكذا ابدا	لقد كنت افكر هكذا قليلاً	لقد كنت افكر هكذا كثيرًا	دائما افكر هكذا
1	أشعر بعدم التحفيز (عدم الرغبة في التحرك نحو تحقيق هدف معين)				
2	أشعر بالإرهاق العقلي (كثرة التفكير)				
3	أشعر أن حياتي في خطر				
4	أشعر أن حياتي ليس لها معنى				
5	أجد صعوبة في السيطرة على مشاعري				
6	أجد صعوبة في الوثوق بالأشخاص				
7	أشعر أن لا أحد يفهمني				
8	لدي مشاعر شديدة من الخوف أو الرعب				
9	لدي نوبات من الغضب				
10	اشعر بالخيانة (التحالف مع الأعداء والجهات الخارجية التي تعمل على هدم مصالح الدولة)				

				أشعر أنني لا أستطيع حماية الأشخاص الذين يعتمدون علي	11
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الجزء الرابع: استراتيجيات التكيف مع الاحداث السياسية، ضع إشارة ✓ عند الاختيار.

الرقم	الجملة	لم أفعل هذا على الإطلاق	لقد كنت أفعل هذا قليلا	لقد كنت أفعل بشكل متوسط	لقد كنت أفعل هذا كثيرا
1	كنت ألبأ إلى العمل أو الأنشطة الأخرى لإبعاد ذهني عن الأمور.				
2	لقد تعلمت التعايش مع الحدث.				
3	لقد تلقيت الراحة/الفهم من شخص ما.				
4	كنت ألوم نفسي على الأشياء التي حدثت.				
5	لقد كنت أرفض تصديق حدوث ذلك.				
6	لقد كنت استخدم الكحول أو الادوية للتغلب على الاحداث .				
7	كنت أحاول رؤية الحدث من منظور مختلف لجعله يبدو أكثر إيجابية .				
8	حاولت الحصول على المساعدة/المشورة من الآخرين.				
9	كنت أحاول التوصل إلى استراتيجية حول ما يجب القيام به.				
10	لقد كنت أتخلى عن محاولة التأقلم.				
11	كنت أحاول أن أجد الراحة في ديني أو معتقداتي الروحية.				

Appendix C

The questionnaire is in English

First part: Demographic data

*How old are you?

Answer :

*In which city or camp do you currently live ? (Circle the choice)

- .1 Jenin camp
- .2 Askar camp
- .3 Balata Camp
- .4 Ein Beit El Ma'a Camp
- .5 Nablus Old City

What is your gender?

- 1. Male
- 2. Female

What is your highest qualification?

- 1. Less than a high school graduation
- 2. High school or equivalent degree
- 3. Diploma degree
- 4. Bachelor's degree
- 5. Postgraduate studies degree

What is your marital status?

- 1. Married
- 2. Unmarried
- 3. Separated
- 4. Widowed

What is your current employment status?

- 1. Full-time employment
- 2. Part-time employment
- 3. Unemployed

4. Worker
5. Retired

What's your household monthly income?

1. Less than 1500₺
2. 1500 to 2500₺
3. 2500 to 3500 ₺
4. More than 3500₺

*How many people are currently living in your house?

1. Only one
2. 2 people
3. 3 people
4. 4 people
5. 5 people
6. 6 or more people

*Do you currently own or rent your home?

1. I am a homeowner.
2. I am a renter.
3. I live with family or friends.
4. Other.

*Do you have a physical disability?

1. Yes, I have a disability.
2. No, I do not have a disability.

*Did you receive psychological support from a specific institution ?

1. Yes
2. No

If your answer is “yes”, where did you receive psychological support from?

.....

Second Part: Frequency and severity of exposure to political event

Political event	Yes (if yes select the grade from (1-5) where the staging from the lowest to the highest)	No
You or one of your family members have been arrested		
You were abused in a military checkpoint		
You have been injured or shot by the Israeli army		
A relative of yours died or was injured by the Israeli army		
Your house or property was damaged by the Israeli military forces		
You were under curfew or forbidden to leave your house or city		
Your home was searched by the soldiers		

Third part: The Continuous Traumatic Stress Response (CTSR) scale

Item	I never thought like that	I've been thinking like that for a little while.	I've been thinking like this a lot.	I always think like this
I feel unmotivated				
I feel mentally exhausted				
I feel that my life is in danger				
I feel that my life has no meaning				
I have difficulty controlling my emotions				
I find it hard to trust the people around me				
I feel that no one understands me				
I have intense feelings of fear or horror				
I have episodes of rage				
I feel betrayed				
I feel that I cannot protect the people who depend on me				

Fourth part: The Jalowiec Coping Scale

The Jalowiec Coping Scale	Not at all	Little bit	Medium amount	Doing a lot
I've been turning to work or other activities to take my mind off things				
I've been saying things to let my unpleasant feelings escape.				
I've been getting emotional support from others.				
I've been refusing to believe that it has happened				
I've been using addictive behaviors or substances to make myself feel better				
I've been taking action to try to make the situation better.				

I've been getting help and advice from other people.				
I've been concentrating my efforts on doing something about the situation I'm in.				
I've been giving up trying to deal with it.				
I've been trying to find comfort in religion				

Appendix D
IRB Approval Letter

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



جامعة النجاح الوطنية
كلية الطب وعلوم الصحة
لجنة أخلاقيات البحث العلمي

Ref: Mas . Jan. 2024/13

IRB Approval Letter

Title of Research:

Continuous Traumatic Stress Response and Coping Strategies Among Adults Exposed to Political Violence in the North of the Palestinian Territories: AMixed Method Study

Submitted by:

Maram Mofeed Mohamed Ghannam

Supervisor:

Jamal Qaddumi

Approved:

4th Jan. 2024

Your Study Title "**Continuous Traumatic Stress Response and Coping Strategies Among Adults Exposed to Political Violence in the North of the Palestinian Territories: AMixed Method Study**" reviewed by An-Najah National University IRB committee and was approved on 4th Jan. 2024.

Hasan Fitian, MD

IRB Committee Chairman



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جامعة النجاح الوطنية

كلية الدراسات العليا

الاستجابة للضغوط النفسية المستمرة واستراتيجيات التكيف بين البالغين
المعرضين للعنف السياسي في شمال الأراضي الفلسطينية
دراسة منهجية مختلطة

إعداد
مرام غنام

إشراف
د. جمال القدومي

قدمت هذه الرسالة استكمالاً لمتطلبات الحصول على درجة الماجستير في ترميز الصحة النفسية المجتمعية، من كلية الدراسات العليا، في جامعة النجاح الوطنية، نابلس - فلسطين.

2024

الاستجابة لضغوط الصدمة المستمرة واستراتيجيات التكيف لدى البالغين المعرضين للعنف السياسي في شمال الأراضي الفلسطينية: دراسة مختلطة

إعداد

مرام غنام

إشراف

د. جمال القدومي

الملخص

الخلفية: إن التعرض المطول للعنف السياسي، مثل الذي حدث أثناء الاحتلال الإسرائيلي الفلسطيني، قد تسبب في ضائقة بدنية ونفسية خطيرة للمدنيين الفلسطينيين. ومن المهم أن نفحص ما إذا كان الأشخاص الذين يعانون من القلق والخوف والشعور بالتهديد المتصور أثناء الضغوط النفسية المستمرة تؤثر بشكل مباشر على استراتيجيات التكيف.

الهدف من الدراسة: تقييم مستوى الاستجابة للضغوط النفسية المستمرة واستراتيجيات التكيف بين البالغين الفلسطينيين المعرضين للعنف السياسي. المنهج البحثي: تم تبني طريقة مختلطة من تصميم دراسة بحثية كمية ونوعية في هذه الدراسة. تم اختيار عينة مقصودة من البالغين من مخيمات جنين ونابلس والبلدة القديمة في نابلس. من أصل 407 مشارك تم تضمينهم في هذه الدراسة. تم استخدام مقياس أحداث العنف السياسي ومقياس الاستجابة المستمرة للضغوط الصادمة ومقياس جالوفيك للتكيف. تم تضمين عشرة مشاركين في هذه الدراسة في الدراسة النوعية لإجراء مقابلات متعمقة.

النتائج: أشارت النتائج بالنسبة للتعرض لأحداث العنف السياسي إلى أن أكبر تعرض للمشاركين (76.7%) كان لتفتيش منازلهم من قبل الجيش. من حيث التأثير الشديد للحدث، تم تصنيف حظر التجول أو منع المرء من مغادرة منزله أو مدينته على أنه التأثيرات الأكثر شدة. يشعر المشاركون بالخوف والعجز (63.6%)، يليه الشعور بالإرهاق والانفصال (62.61%)، وأخيرًا الشعور بالغضب والخيانة (59.35%). كان التركيز

على تركيز جهودهم على القيام بشيء ما بشأن الموقف هو الأعلى بين أسلوب التعامل المقارب وكان محاولتهم إيجاد الراحة في الدين هو الأعلى بين أسلوب التعامل التجنبي بين المشاركين في الدراسة. وفي النتائج النوعية، برزت ستة موضوعات: الاحتلال العسكري كمصدر للخطر، والإرهاب، والتخريب، والحرمان من الحرية والحقوق. ومصدر للأمراض النفسية والجسدية، وفقدان الأحباء. وموضوع "تحدي الاحتلال كمصدر للأمل".

الاستنتاج: إن الفهم المعزز للتداعيات النفسية للحوادث المؤلمة المحتملة يمكن أن يؤدي في نهاية المطاف إلى استراتيجيات أفضل للوقاية من الصدمات النفسية المرتبطة بالصراع. إن تعزيز الصحة العقلية والرفاهية بين الأشخاص المتأثرين بالضغط والصدمات المرتبطة بالصراع يتطلب أدوات موحدة، ودعم الأسرة، والحساسية الثقافية.

الكلمات المفتاحية: الاستجابة المستمرة للضغط النفسية، العنف السياسي، البالغون الفلسطينيون، استراتيجيات التأقلم.