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THE IMPACT OF NIGHT RAIDS ON THE MENTAL HEALTH OF WOMEN IN WEST BANK REFUGEE CAMPS: A FOCUS ON PTSD AND GENERAL PSYCHOLOGICAL DISTRESS

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ABSTRACT

Night raids on families and homes in Palestinian camps severely impact psychological well-being of residents, particularly women and children. However, little is known about the specific effects of night raids conducted after midnight, when families are sleeping, within the context of a protracted armed conflict. This study therefore investigates the health consequences of night raids for women living in refugee camps in the Occupied Palestinian Territories. A sample of 194 Palestinian women volunteered to participate. All participants completed self-report questionnaires assessing symptoms of post-traumatic stress disorders (PTSD using the UCLA PTSD Index) and general health problems (using the General Health Questionnaire 28). The findings indicate the night raids significantly increase women's risk of developing PTSD and other health problems. The risk was highlighted for older women who witnessed the night raids. Women with children reported more somatic symptoms and depression compared to those without children. Furthermore, single and separated women were more likely to develop general health problems, including social and anxiety problems. Younger women, however, showed lower rates of somatic and depression symptoms. These findings underscore the urgent need for support interventions for these highly vulnerable groups.

KEYWORDS: Night Raids, Mental Health, Refugee Camps, women

Introduction

Palestine has been endured over seven decades of Israeli occupation, fueling a prolonged political crisis characterized by persistent instability, recurrent violence, and profound economic, social, and psychological hardships (Giacaman et al., 2011). These conditions have profoundly affected multiple aspects of daily life, posing significant challenge to mental health of the population (Hamnoudé et al., 2022), particularly among vulnerable groups such as women residing in refugee camps in the West Bank (Al-Khatib, Arafat & Musmar, 2005). These camps present unique challenges that exacerbate psychological distress, including chronic overcrowding, limited resources, inadequate infrastructure, displacement, destruction of camps, and ongoing insecurity (Gammoh et al., 2024, Taffal & Zawatiya, 2023)

For women in these settings, the challenges extend beyond displacement to encompass harsh economic and social constraints, making them especially susceptible to a range of psychological disorders, including post-traumatic stress disorder (PTSD), anxiety, and depression (Rabbani et al., 2024). Mental health constitutes a fundamental component of overall well-being, and extensive research has demonstrated that prolonged exposure to stress and trauma can result in severe psychological consequences (Manafe et al., 2024). In conflict-affected contexts, women face heightened risks due to the intersection of political violence, social marginalization, and significant familial responsibilities, all of which are intensified under conditions of crisis (Khalil et al., 2024; Zamora-Moncayo, Burgess, & Fonseca, 2021; Amsalem et al., 2025; Lafta & Merza, 2021; Rabbani et al., 2024;

In the Palestinian context, the persistence and cumulative impact of political crises underscore the urgency of studying mental health outcomes (Hamnoudé et al., 2022). Despite a growing body of literature on the psychological effects of conflict, there remains a notable gap in research examining the cumulative impacts of ongoing crises on the mental health of Palestinian women living in West Bank refugee camps, particularly regarding psychological well-being and PTSD symptoms (Gammoh et al., 2024; Abu-Ras et al., 2024; Darychuk & Jackson, 2025). Existing research has predominantly focused on the Gaza Strip (Hamad, 2021; Jamal et al., 2022; Abu Odeh, 2015) or Palestinian refugee women in other regional settings (Gammoh et al., 2024), leaving West Bank refugee camps relatively understudied despite their unique sociopolitical and humanitarian challenges.

To objectively assess psychological disorders in this population, internationally validated instruments such as the General Health Questionnaire (GHQ-28) and the UCLA PTSD Reaction Index (UCLA-PTSD-RI) were adapted and validated for the Palestinian context (Farhood & Dimassi, 2015; Thabet & Vostanis, 2005). These tools enabled accurate measurement of mental health outcomes and were essential for guiding evidence-based interventions.

Addressing this gap, the present study aims to assess the prevalence and severity of psychological disorders – particularly PTSD symptoms – among refugee women in West Bank camps within the context of ongoing political crises. Furthermore, it seeks to provide a comprehensive understanding of the mental health impacts of these conditions and to generate an evidence base that can inform health planning and the development of targeted intervention strategies. The findings are expected to serve as a critical foundation for designing psychosocial support programs that enhance psychological resilience and empower women in conflict-affected environments.

Repeated exposure to night raids may entrench trauma-related symptoms and general psychological distress among women. From a cognitive-behavioral perspective, the psychological sequelae of night raids can be conceptualized as follows:

1. **Distorted Memory Encoding and Cognitive Processing:** Night raids, characterized by their sudden, violent, and life-threatening nature, act as a super-stimulus traumatic event. According to the cognitive model of PTSD (Ehlers & Clark, 2000), the memory of such an event is often encoded in a fragmented, disorganized, and poorly contextualized manner. This defective encoding explains the intrusive memories and flashbacks where sensory-laden memories of the raid involuntarily intrude into consciousness, particularly when triggered by cues associated with the event, such as loud noises at night or darkness (Brewin, Dalgleish, & Joseph, 1996).
2. **Exaggerated Threat Appraisal and Negative Beliefs:** The intensity of the trauma fosters the development of profound, negative core beliefs about the self and the world, such as "The world is perpetually and unpredictably dangerous" and "I am completely helpless to protect myself and my

family" (Beck, 2011). These beliefs fuel a cycle of persistent hypervigilance and constant scanning for threat

3. **Avoidance and Maladaptive Coping Behaviors:** In response to these fear, individuals adopt avoidance-based coping strategies - behavioral (e.g., staying awake, excessive monitoring) and cognitive (e.g., suppression of intrusive thoughts) - that provide short-term relief but block emotional processing and cognitive restructuring essential for recovery (Foa & Kozak, 1986).
4. **Emotional and Somatic Dysregulation:** The persistent fear and hypervigilance impairs the individual's capacity for emotional regulation. This can lead to emotional numbing or difficulty feelings experiencing. Furthermore, this stress may manifests as physical symptoms like unexplained aches and pains. (Sharpless & Barber, 2011).

Collectively, these mechanisms explain how repeated exposure to night raids may entrench trauma-related symptoms and general psychological distress among women living under chronic threat.

Previous Research

Recent studies have consistently demonstrated the multifaceted impact of political conflict on mental health in Palestine, with several studies illuminating specific psychological mechanisms and vulnerable populations. Bdair (2025) reported that political trauma is firmly associated with both gender-based violence (GBV) victimization and perpetration, with self-concept and coping strategies serving as essential mediating factors between GBV and mental health distress and outcomes. The study highlighted that addressing these mediating factors could help reduce negative mental health effects and reduce GBV in war-affected populations. It offered an inclusive understanding of the influence of political trauma on GBV victimization and perpetration, while also identifying associated risk and protective factors within the Palestinian context.

In a similar vein, Ali, Shaheen, and Badrasawi (2025) found that the Israeli occupation and repeated assaults have severely affected the mental health of Palestinian women of reproductive age. Their review indicated that the collapse of healthcare infrastructure, deprivation of basic needs, and limited access to health facilities have provided to heightened psychological distress, particularly during pregnancy, childbirth, and the postpartum period. The researchers stressed the critical need for humanitarian intervention and the termination of aggression to protect women's mental and physical health

Expanding the focus to mental health practitioners, Ahmead et al. (2025) reported a high incidence of burnout (75.4%) among Palestinian mental health professionals during periods of political violence. Emotional exhaustion was associated to difficulty interacting with clients, negative psychological impacts, and self-blame, whereas planning reduced this risk. Depersonalization was associated with humor and behavioral disengagement, while religious coping decreased it. The researchers stressed the immediate need for stress management training, psychological support, and effective burden organization to protect the mental health of practitioners in conflict settings.

Further elucidating the psychological mechanisms underlying conflict-related mental health outcomes, Najem et al. (2025) reported that throughout the Israel-Palestine war of 2023, fear of war was associated with increased depression, anxiety, and reduced wellbeing among adults, with unacceptance of uncertainty presented as prospective and inhibitory anxiety operating as a key mediator. These anxiety elements fully mediated the relationship between fear of war and aggression, and partially mediated its connected with depression, anxiety, and wellbeing, whereas prospective anxiety fully mediated the related to suicidal ideation. The researchers emphasized the importance of addressing inability to tolerate of uncertainty to alleviate mental health challenges in conflict-affected populations.

Problem statement:

Despite the documented impact of political conflict on mental health, there remains a critical knowledge gap regarding the specific psychological effects of the ongoing, multifaceted crisis on Palestinian women residing in West Bank refugee camps. While previous has focused on discrete traumatic events or specific geographical areas, the cumulative impact of chronic political violence, structural oppression, and camp-specific stressors

on women's mental health remains underexplored. This study addresses this gap by examining the complex interplay between ongoing political trauma and mental health outcomes in this vulnerable population.

Research Objectives:

The primary objective of this study is to investigate the impact of night raids on the mental health of women in Palestinian camps.

Specific Objectives:

This study specifically aims to:

- 1- To determine the prevalence and severity levels of PTSD symptoms among women who have experienced night raids.
- 2- To evaluate the level of general mental health problems (according to GHQ-28 scale) among women in Palestinian camps resulting from exposure to night raids.
- 3- To identify statistically significant differences in PTSD symptoms and general mental health problems attributed to the following demographic variables: (Marital status, Age group, having children, having arrested children and witnessing night raid operations).

Research Questions:

Main Question

1. What is the impact of night raids on the mental health of women in Palestinian camps?

Sub-Questions:

2. What is the level of post-traumatic stress disorder (PTSD) symptoms among women in Palestinian camps resulting from exposure to night raids?
3. What is the level of general mental health problems (according to GHQ-28 scale) among women in Palestinian camps resulting from exposure to night raids?
4. Are there statistically significant differences in PTSD and distress levels according to demographic variables such as age, marital status, having children, witnessing the raids, or having detained family members?
5. Are there statistically significant differences in general mental health problems attributed to the following demographic variables: (Marital status, Age group, having children, having arrested children and witnessing night raid operations)?

Research Methodology:

Across-sectional, Descriptive-Correlational Quantitative study design was adopted to achieve the research objectives. Data were collected from 194 women in West Bank refugee camps using a specially design questionnaire. The questionnaire comprised three main sections: the first gathered socio-demographic data, the second utilized the UCLA-PTSD Reaction Index (UCLA-PTSD-RI) to assess trauma-related symptoms, and the third employed the General Health Questionnaire (GHQ-28) to measure general psychological problems.

Data analysis was performed using appropriate statistical methods, including descriptive statistics to characterize the sample, independent sample t-test, and one way analysis of variance (ANOVA) to identify differences in outcome variables based on demographic characteristics. The study maintained the highest ethical standards in scientific research, obtaining informed consent from all participants, ensuring data confidentiality, and providing a list of psychological support centers for participants who might require additional support.

Sampling:

This study employed a non-probability convenience sampling method. Participants were selected based on availability and accessibility within the targeted West Bank refugee camps, rather than random selection. This approach was necessitated by the escalation of Israeli military operations across the West Bank following the outbreak of war on Gaza in October 2023, which resulted in widespread closures, intensified raids, and

prolonged sieges on refugee camps, it was not feasible to construct a comprehensive sampling frame or implement a probability-based sampling strategy.

Inclusion criteria: participants were included in the study if they met all the following conditions: women aged 18 years or older, current residents of refugee camps located in the northern West Bank (specifically Jenin, Tulkarm, and Nablus), and willing and able to provide informed consent. **Exclusion criteria:** participants were excluded if they were under 18 years of age, didn't reside in the selected refugee camps at the time of data collection, refused to participate or were unable to provide informed consent, or were severely distressed or in acute psychological crisis at the time of recruitment, as determined by the field researcher, to avoid re-traumatization.

The final sample consisted of 194 participants, selected based on predefined inclusion criteria including: age (18 years and above), resident in one of the targeted camps, and previous exposure to night raids. The demographic characteristics of the sample were distributed as follows: age groups varied between 18-25 years (28.8%), 26-35 years (25.8%), 36-45 years (21.7%), and over 45 years (23.7%). The data showed that 71.6% of participants were married, while 28.4% were separated. The percentage of participants with children reached 62.9%, with 31.4% reporting having arrested children in their families. Notably, 72.2% of the sample had directly witnessed night raid operations.

Instruments:

UCLA-PTSD-Reaction Index (UCLA-PTSD-RI) (Rodriguez, Steinberg, & Pynoos, 1999): the self-report questionnaire is based on the DSM-IV criteria for PTSD, and has been widely used in research on PTSD in children and adolescents (Steinberg et al., 2004), also in Palestine (Shehadeh et al., 2015, 2016; Abdeen et al., 2008; Shehadeh et al., 2015). 22 items are scored on a Likert scale from 0 (none) to 4 (most). For this study, we used the Arabic version, which is adapted to the Palestinian context. The total score is the sum of the 22 items (Cronbach's alpha = 0.882). Rodriguez et al. (1999) proposed a score of 38 and higher as a clinical.

General Health Questionnaire-28 (GHQ-28) (Goldberg & Hillier, 1979): This self-report questionnaire measures psychological wellbeing and consists of 28 items, divided into four subscales (each 7 items): somatic symptoms, anxiety/insomnia, social dysfunction, and severe depression. Each item can be answered on a Likert scale from 0 (*not at all*) to 3 (*more than usual*) (Sterling, 2011). The general health questionnaire was translated into many languages, including Arabic (Thabet, 2005), and already used in Palestinian context (Thabet et al., 2013; Shehadeh et al., 2016). Cronbach's alpha was 0.97 in our sample.

Ethical Consideration:

This study was conducted in full accordance with the Declaration of Helsinki and the ethical guidelines for research in conflict-affected settings issued by the World Health Organization (2022). A multi-layered protection protocol was implemented: 1) Informed consent: each participant received an oral and written explanation of the study purpose, voluntary nature, right to withdraw at any time without penalty, and the limits of confidentiality. 2) Anonymity and data security: no names or camp-specific identifiers were recorded; each participant was assigned a coded number. 3) Mandatory referral: any participant scoring above the clinical cut-off on either the UCLA-PTSD-RI (≥ 38) or GHQ-28 (≥ 5) was offered immediate on-site support and referred- free of charge- to the nearest Ministry of Health community mental health clinic.

Results and discussion

Women:

Table 1. Socio-demographic characteristics of wives

	Total group (n=194)
Material states	
Married	139 (71.6)%
Separated	55 (28.4)%
Age	
18-25 years	56 (28.8. %)

> 25-35 years	50 (25.8%)
>35-45 years	42(21.7%)
> 45 years	46(23.7%)
With children	
Yes	122(62.9%)
No	72(37.1%)
Arrested children	
Yes	61(31.4%)
No	133(68.6%)
Did see the night raids process	
Yes	140 (72.2%)
No	54 (27.8%)
Total	194(100%)

Result 1.

To answer the first three questions, we check the mediums and percentages of all the items and axes of the UCLA.PTSD INDX and General health questioners (28), table number (2,3) enplane the presence PTSD symptoms and GH symptoms.

PTSD symptoms for wives according to UCLA-RI

Insert table 2: Arithmetic averages and percentages of the questionnaire items

Number	Items	M	Percentage	The level
1 d4	I watch out for danger or things that I am afraid of.	3.76	75%	A high degree
2 b4	When something reminds me of what happened, I get very upset, afraid, or sad.	3.76	75%	Middle degree
3 b1	I have upsetting thoughts, pictures, or sounds of what happened come into my mind when I do not want them to.	3.72	74%	A high degree
4 d2	I feel grouchy, angry, or mad.	3.70	74%	A high degree
5 b2	I have dreams about what happened or other bad dreams.	3.67	73%	A high degree
6 b3	I feel like I am back at the time when the bad thing happened, living through it again.	3.67	73%	A high degree
7 c4	I feel like staying by myself and not being with my friends.	3.48	70%	A high degree
8 c5	I feel alone inside and not close to other people.	3.43	69%	A high degree
9 c1	I try not to talk about, think about, or have feelings about what happened.	3.37	67%	Middle
10 c6	I have trouble feeling happiness or love.	3.37	67%	Middle
11 c6	I have trouble feeling sadness or anger.	3.37	67%	Middle
12 d5	I feel jumpy or startle easily, like when I hear a loud noise or when something surprises me.	3.35	67%	Middle
13 d1	I have trouble going to sleep or I wake up often during the night.	3.33	67%	Middle
14 of	I think that some part of what happened is my fault.	3.32	66%	Middle

15 c3	I have trouble remembering important parts of what happened.	3.31	66%	Middle
16 d3	I have trouble concentrating or paying attention.	3.31	66%	Middle
17 c2	I try to stay away from people, places, or things that make me remember what happened.	3.27	65%	Middle
18 b5	When something reminds me of what happened, I have strong feelings in my body, as my heart beats fast, my headaches, or my stomach aches.	3.26	65%	Middle
19 c7	I think that I will not live a long life.	3.21	64%	Middle
20 d2	I have arguments or physical fights.	3.18	64%	Middle
21 c7	I feel pessimistic about my future.	3.06	61%	Middle
22 of	I am afraid that the bad thing will happen again.	2.94	59%	Middle
Total	The overall score of the scale	3.76	75%	A high degree

The previous table indicates that: All the items on the scale scored a high score and the overall score of the scale except for the items (9 to 22), which got a medium score.

Paragraphs (1 and 2), which states, "I watch out for danger or things that I am afraid of." And "When something reminds me of what happened, I get very upset, afraid, or sad." Got the highest average score, as it reached (3.76).

Insert table 3: Arithmetic averages and percentages of the questionnaire axes

Axes of questionnaire	M	Percentage	The Level
Somatic symptoms	2.8888	56%	Middle
Anxiety/insomnia	3.1757	60%	High level
Social dysfunction	3.4936	68%	High level
Severe depression	2.6590	49%	Middle

The overall score of the scale's Anxiety/insomnia and Social dysfunction scored a high score while the Severe depression and Somatic symptoms scales scored middle score.

Result 2. PTSD symptoms

Are there statistically significant differences in PTSD symptoms attributed to the following demographic variables: (having children and witnessing night raid operations)?

Analysis of variance (independent samples t-test) revealed no statistically significant differences in PTSD levels across age groups and marital status ($p > 0.05$). while significant differences were found for having children and witnessing the raid event ($p < 0.05$), indicating that direct exposure and maternal roles may intensify trauma responses.

To answer the question: The t-test for informational samples (independent samples t-test) was used to determine the differences in the arithmetic mean of the study sample members' estimates. We found that, there were statistically significant differences at the significance level ($\alpha \leq 0.05$) regarding the impact of night raids on the mental health of women in the camp, attributed to the variable of observing night raids & there are statistically significant differences at the significance level ($\alpha \leq 0.05$) regarding the impact of night raids on the mental health of camp women attributed to the variable of having children.

Table No. (4) PTSD Filling by wives

	yes	140	3.5994	.6295						
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Total PTSD	Did see the night raids process	No	N	54	M	3.2991	SD	.3236	T	2.14	<i>p</i>	0.029
Total PTSD	Have children	yes		122		3.8934		.6295				
		No	N	72	M	3.5591	SD	.3236	T	1.2	<i>p</i>	0.027

* $p < .05$, ** $p < .01$, *** $p < .001$, PTSD: posttraumatic stress disorder as measured by the USCL-PTSD Reaction Index Questionnaire.

It is clear from the previous table (N. 4) and the significance level of the total score (.027) and (.029) for the other one, which is less than the significance level, that there are statistically significant differences at the significance level ($\alpha \leq 0.05$) regarding the impact of night raids on the mental health of camp wives, attributed to the variable of first having children then to witnessing night raids. the differences were in favor of those who have children and to wives who witnessed night raids.

Result. 3 GH problems according to (GHQ 28)

Are there statistically significant differences in general mental health problems attributed to the following demographic variables: (Marital status, Age group, having children, having arrested children and witnessing night raid operations?

Material states variable: about the impact of the raids on the mental health of women in the camp attributed to the variable of marital status, a one-way analysis of variance (ANOVA) was used to determine the difference in the impact of the night raids on the mental health of women in the camp attributed to the variable of marital status.

One-way analysis of variance (ANOVA) was used to determine the differences in the impact of night raids on the mental health of camp women attributed to the marital status variable.

Table (5) General health problems (questioner 28) according to the marital status

	Sum of squares	Sum of squares	df	Mean square	F	Sig
Social problems Marital status	Between groups	5.516	2	2.758	6.008	0.004
	Within groups	41.779	91	.459		
	Total	47.295	93			
anxiety Marital status	Between groups	4.344	2	2.172	3.239	.044
	Within groups	61.029	91	.671		
	Total	65.373	93			
Somatic Problems Marital Status	Between groups	9.398	2	4.699	10.176	.000
	Within groups	42.018	91	.462		
	Total	51.416	93			
Total problem scale Marital Status	Between groups	2.179	2	1.090	4.343	.016
	Within groups	22.832	91	.251		
	Total	25.011	93			

* $p < .05$, ** $p < .01$, *** $p < .001$, SDQ: Scoring symptom scores by the General health problems (questioner 28).

The data in Table (5) indicate that there are statistically significant differences at a significance level of ($\alpha \leq 0.05$) in the impact of night raids on the mental health of camp women, attributed to the marital status variable. To find the source of the differences, the LSD test for post-hoc comparisons was used, as shown in Table (x).

Table (6) Results of the LSD test for post-hoc comparisons of differences in the marital status variable

Marital statues	Single	Married	Separated
Single			
Married	*-.30584		*-.30406
Separated			

It is clear from Table No. (6) that the differences were between the married category and the single category in favour of the single, and also between the married category and the separated category in favour of the separated.

Age group variable: about the impact of the raids on the mental health of women in the camp attributed to the variable of age, a one-way analysis of variance (ANOVA) was used to determine the difference in the impact of the night raids on the mental health of women in the camp attributed to the variable of age.

One-way analysis of variance (ANOVA) was used to determine the differences in the impact of night raids on the mental health of camp women attributed to the age group variable.

Table (7) General health questionnaire (28) problems according to age variable

	Sum of squares	Sum of squares	df	Mean square	F	Sig
Somatic problems	Between groups	5.083	3	1.694	3.613	0.016
	Within groups	42.212	90	.469		
	Total	47.295	93			
Depression	Between groups	7.186	3	2.395	3.163	.028
	Within groups	68.155	90	.757		
	Total	75.342	93			

* $p < .05$, ** $p < .01$, *** $p < .001$: Scoring symptom scores by the General health problems (questioner 28).

The data in Table (7) indicate that there are statistically significant differences at a significance level of ($\alpha \leq 0.05$) in the impact of night raids on the mental health of camp wives attributed to the age variable, with the exception of the somatic symptoms and depression axis, where it was found that there were significant differences. To find the source of the differences, the (LSD) test was used for post-hoc comparisons, as shown in Table (9).

Table (8) Results of the (LSD) test for post-hoc comparisons of differences in the age variable for the somatic symptoms dimension and depression.

Age	18->25	25->35	35->45	< 45
18->25				
25->35	*. -41558		*. -30202	
35->45				
< 45				

Table (8) shows that the differences were in favor of those aged 18-25 and 25-35 on the somatic symptom's axis. The differences were in favor of those aged 35-45 on the depression axis between the 18-25 and 35-45 age groups.

Having children variable: about the impact of the raids on the mental health of women in the camp attributed to the variable of having children or not, a *t- test* analysis was used to determine the difference in the impact of the night raids on the mental health of women in the camp attributed to the variable of having children.

Table No. (9) General health problems (questioner 28) according to having children and Witnessing Night Raids

Demographic Variable	Axes	Have children	N	M	SD	t	Sin
Having Children	Somatic symptoms	Yes	122(62.9)	2.9056	59	2.099	.039
		No	72(37.1)	2.5918	35		

	Depression	Yes	122(62.9)	2.5085	59	.690	.032
		No	72(37.1)	2.3755	35		
Witnessing Night Raids	Social disfunction	Yes	140(72.2)	3.5172	58	2.082	.040

* $p < .05$, ** $p < .01$, *** $p < .001$, SDQ: Scoring symptom scores by the *General health problems (questioner 28)*.

The data in Table No. (9) indicate the presence of statistically significant differences at a significance level of ($\alpha \leq 0.05$) in the impact of night raids on the psychological health of camp women attributed to the variable of the presence of children. The differences were in favor of those who have children in the axes of somatic symptoms and symptoms of depression.

Witnessing night raids variable: about the impact of the raids on the mental health of women in the camp attributed to the variable of witnessing night raids or not, a *t-test* analysis was used to determine the difference in the impact of the night raids on the mental health of women in the camp attributed to the variable of witnessing night raids.

The presence of statistically significant differences at level ($\alpha \leq 0.05$) for the impact of night raids on the psychological health of camp women in the social dysfunction axis attributed to the variable of witnessing night raids. The differences were in favor of women who witnessed the night raid on the camp.

Discussion:

1. The findings demonstrated that Palestinian women who experienced night raids reported notably high levels of PTSD symptoms, with mean scores exceeding the clinical threshold on the UCLA PTSD Reaction Index. This outcome aligns with (Giacaman et al., 2011; Hamnoudah et al., 2022) which have shown elevated trauma symptoms among women exposed to military violence and forced home intrusions. Night raids nature characterized by the sudden breaking of doors, loud explosions, home searches, arrests, and intimidation in the presence of children maximize psychological shock and perceived life-threat. According to the cognitive model of PTSD (Ehlers & Clark, 2000), this events promote poorly integrated, fragmented, and sensory simulated memory encoding, which manifests later some of symptoms as intrusive memories, nightmares, and physiological arousal. The unpredictable sudden timing of night raids happens usually after victims sleep- further strengthens maladaptive beliefs as "nowhere is safe" or "I cannot protect my children." And this can explain the elevated re-experiencing, avoidance, and hyperarousal symptoms found in the results. And these negative appraisals drive behavioral and cognitive avoidance, which in turn prevents the emotional processing of the traumatic memory and perpetuates symptoms (Foa & Kozak, 1986).
2. The findings also showed high levels of general psychological distress on the GHQ-28, including somatic symptoms, anxiety/insomnia, social dysfunction, and depressive tendencies. These results align with the reviewed literature documenting that Palestinian woman exposed to chronic instability and military aggression exhibit high somatic and anxiety symptoms (Rabbani et al., 2024; Ali et al., 2025).
3. The results also showed significant differences in PTSD and GHQ-28 scores based on specific demographic and exposure variable. Women who had children, witnessed raids directly, or had family members detained reported significantly higher symptom levels (for PTSD: $p = 0.027$ and $p = 0.029$, respectively). This aligns with studies indicating that maternal fear, particularly for children's safety, amplifies trauma responses in conflict settings (Ali et al., 2025). Directly witnessing the raid also increase higher PTSD and distress scores, This is confirmed by Study Brewin, which posits that closer and more intense exposure correlates with greater psychological impact (Brewin et al., 1996).
4. cognitive models of PTSD Interpretants the results of no significant differences in PTSD scores for age and marital status as the objective and subjective characteristics of the trauma are primary determinants of symptom severity, sometimes surpassing the influence of background factors (Ehlers & Clark, 2000).

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