

# Israeli settler violence against Palestinian population”psycho-social impacts & resilience”

## Abstract

The objective of this study was to identifying the psycho-social impact of Israeli settlers violence against Palestinian population and its relation with the following variables (Age, Sex, Education, Marital status, Working status, Area, Number of incidence, Type incidence, Source of violence and Direction of incidence”) Also to know the resilience of these population to restore the equilibrium and its relation to the following variables (sex and area). So this study came as a step to reach for a solid information’s about mental health conditions for those people who suffer from settlers violence, because available information’s has been unable to confirm details of a particular incidence impacts.

Four hundred twenty three consenting participants who were suffering from Israeli settlers violence , participant was selected purposively, the sample consisted on a groups intervention participants, which were received first psychological aid from NGOs, during the first two weeks to tow years of incidence. The researcher has used CRIES& IES-R scales, and CYRM scale, the data was collected through personal interview, and used SPSS to analyze data.

**Results:** The results showed that children and adults probability having post-traumatic stress disorder, and the most prevalence signs of PTSD were Intrusion is the highest next hyper arousal and lowest is avoidance. The study showed that there is a significant differences related sex in favor to female, source of violence to the favor of settler’s variables between children and adults. But also there is a significant differences related to type of incidence to the favor of property damage and intimidation between adults, also the study showed that there is no significant differences related to marital status, area, education, work status, number of incidence, direction of incidence variables between children and adults, and there is no significant differences related to type of incidence variable between children.

Also the results showed that the total means scores of child and youth resilience measure for all ages was having very high. And showed that there is no significant differences on resilience of population at the level of ( $\alpha=0.05$ ) according to child, youth and adults CYRM total score by gender, and there is no significant on resilience of population at the level of ( $\alpha=0.05$ ) according to child and adults CYRM total score by city. On the other hand, there is a significant differences on on resilience of population at the level of ( $\alpha=0.05$ ) according to youth CYRM total score by city to the favor of Qalqilia villages.

**Conclusion:** The results showed that children and adults probability having post-traumatic stress disorder. But also the results showed that child and youth resilience measure for all ages was having very high.

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**Abbreviations:** ERWs, Explosive Remnants of Wars; OCHA, Office for the Coordination of Humanitarian Affairs; ISA, Israel Security Agency; oPt, occupied Palestinian territories; PTSD, Posttraumatic stress disorder; PCC, Palestinian Counseling Centre); IES-R, The Impact of Events Scale-Revised; CRIES, Revised Child Impact Event Scale; CYRM, Child and Youth Resilience Measure; IDF, Israel Defense Forces

## Introduction

Since 1967 Israel has established over a hundred settlements in the West Bank. These settlements were established on vast tracts of land taken from the Palestinians, in breach of international humanitarian law.<sup>1</sup> Violence by Israeli settlers against Palestinians and their property is directly linked to the existence and expansion of illegal Israeli settlements in the West Bank, including East Jerusalem. Since 1967, Israel has established an estimated 150 settlements in the West

Bank, including East Jerusalem, in addition to some 100 “outposts” erected by settlers in contravention of Israeli law.<sup>2,3</sup> The expansion of settlements continues: during the first three months of 2013, the construction of 865 settlement housing units commenced in the West Bank, excluding East Jerusalem, marking a 355% increase compared to the last quarter of 2012.<sup>4</sup> At the end of 2014, the number of Palestinians in State of Palestine was estimated at 4.6 million: 2.8 million in the West Bank and 1.8 million in Gaza Strip.<sup>5</sup>

There are an estimated 588,000 settlers in the West Bank. This figure is derived from two sources: According to data provided by Israel’s Central Bureau of Statistics (CBS), at the end of 2015, 382,916 people were living in the settlements of the West Bank, excluding East Jerusalem. According to data provided by the Jerusalem Institute for Israel Studies, the population of the Israeli neighborhoods in East Jerusalem numbered 205,220 people at the end of 2014.<sup>6</sup> OCHA has recorded more Palestinian casualties caused by settlers.

Settler violence is not random criminal activity; in most cases, it is ideology-driven, organized violence, the goal of which is to assert settler dominance over an area.<sup>7</sup> Systematic violence perpetrated by settlers against Palestinians is a daily reality., settler violence damages communities physically and psychologically through shootings, beatings and verbal abuse, often aimed at children, women and the elderly. Most incidents take place in the areas surrounding settlements and are organized in groups, rather than individually. And settlers' violence takes many forms: property damage, preventing access to land and homes, trespassing on Palestinian property, stone-throwing, discarding waste and sewage, damaging water tanks, murder with firearms and physical abuse are all common incidents.<sup>8</sup> From 2009 to the end of August 2013, 38,532 trees were destroyed or damaged in such incidents. From 2009 to the end of June 2013, 14 attacks on schools by Israeli settlers were reported, affecting 1,611 children; in addition, 41 instances of denial of access to education by Israeli settlers were reported, affecting 3,397 children.<sup>9</sup> also in the first four months of 2015, the UN agency recorded a total of 72 Israeli settler attacks on Palestinians and their property across the West Bank, including East Jerusalem, of which 26 resulted in Palestinian injuries and 46 in damage to Palestinian property. On a monthly average, this represents a 33% decrease compared to the monthly average for 2014 (18 vs. 27 incidents).<sup>10</sup>

Additionally, there is widespread and systematic use of night raids by the Israeli military on Palestinian family homes in the West Bank and East Jerusalem. The Israeli military is currently conducting over 1,300 night raids on Palestinian communities each year.<sup>2</sup> Israeli military and police forces, as well as the Israel Security Agency (ISA) personnel, torture and otherwise ill-treat Palestinian detainees, including children, particularly during arrest and interrogation. Methods include beating with batons, slapping, throttling, prolonged shackling, stress positions, sleep deprivation and threats.<sup>11</sup> The humanitarian impact of settler violence is significant, furthermore, settler violence, and the environment of fear and intimidation that repeated violence and harassment creates, has a serious psychological impact on victims of, and witnesses to, violent attacks. This context of violence also affects the psychosocial well-being of women, men, girls and boys. The types of impacts recorded by a Protection Cluster member providing mental health responses to victims of settler violence include strong feelings of frustration (particularly for men), constant feelings of fear and insecurity, eating disorders, sleep disturbances (particularly for children), anxiety (particularly for women), depression and behavioral problems. These symptoms lead to aggressiveness, violence, social withdrawal, and academic deterioration and poor school performance for children.<sup>12</sup> Research shows that people who have been violently uprooted often express intense feelings of anger, sadness, hopelessness and helplessness, the most common disorders observed in the weeks following the demolition are anxiety, depression and post-traumatic stress disorder.<sup>13</sup> Posttraumatic stress disorder (PTSD) has been found to be a product of direct exposure, proximity to an attack, knowing someone injured or killed, or having concern that a loved one might have been hurt or killed.<sup>14</sup> Palestinian children in particular, suffer from significant mental health disorders, including 33% with acute levels of PTSD, 49% with moderate levels and 15.6% low levels. In "hot" areas, 55% of the children have acute levels of PTSD, 35% moderate levels, and 9% low levels.<sup>15</sup>

Recent research of the Palestinian Counseling Centre (PCC) has conclusively established that the wall has also had a profound negative impact on the mental health of Palestinian children.<sup>16</sup> Despite the trauma arising out of the intense political situation in Palestine, a wide cross section of the Palestinian population is still able to cope with the

violence and the resulting traumatic experiences. The chief sources of resilience in supporting this coping are family and community support, education, cultural belief systems (whether political or religious). The Intifada itself may be thought of as the violent expression of a political ideology.<sup>17</sup> Psychological resilience has been defined as a dynamic psychosocial process through which individuals exposed to sustained adversity or potentially traumatic events experience positive psychological adaptation over time.<sup>18</sup> There is a lack of information and the recorded events related to Israeli settler violence perpetrated against the Palestinian population. Additionally, available information is unable to confirm details regarding the impact of particular incidences, simply because harassment has become normalized or because those affected do not believe that reporting an incident will result in change. This study addresses these concerns, establishing information about the mental health situation for individuals who have experienced settler violence. So the researcher had conducted this research to identify the psycho-social impact of Israeli settler violence against the Palestinian population; and to determine the resilience resources available to and made use of by the Palestinian population to restore personal and social equilibrium

## Material and method

A cross sectional study methodology and purposive sampling was used, and consisted on (188 participants were fill the impact event scale and 235 participants were fill CYRM) these participants from villages which were affected by Israeli settler and soldier violence in the Salfit, Nablus and Qalqilia districts. The data of CYRM Collected during the period of time from the first of September 2014 till the end of June 2015. The data of IES was collected during the period of time Form the first of May 2015 till the End of July 2016. Each participants filled out reliable and validate questionnaires to measure the psychosocial impact (*The Impact of Events Scale-Revised-IES-R* and *Revised Child Impact Event Scale -CRIES*) and another questionnaire to measure the resilience (*Child and Youth Resilience Measure -CYRM*).

## Statistical analysis

The researcher was used SPSS to analyze the data, first step was finding the average, standard deviation, frequency and percentage to examine distribution of data, and next step involved using t- tests for two independent groups, and One Way ANOVA to compare means of three or more samples.

## Results

Q1; What is the psycho-social impact of Israeli settlers violence against Palestinian population? And what its relation with variables; Age, Sex, Education, Marital status, Working status, Area, Number of incidence, Type incidence , Source of violence and Direction of incidence". The total mean score of CRIES was 35, and its suggests that children are experiencing PTSD ,Intrusion is the highest total mean score 13 which included on the following statements: constantly thinking about the incident, having waves of strong feelings about incident, intrusive mental images and constant reminders about the incident. Hyperarousal comes next with total mean score of 14 and which included on the following statements: difficulties in paying attention or concentrating, easily startled or feeling more nervous than before the incident, easily irritated, heightened arousal even when there is no obvious need to be, and sleep difficulties. Avoidance has the lowest total mean score 8 and includes the following statements: trying to remove incident from his/her memory, avoiding reminders of incident (e.g. places or situations), trying not talk about the incident and trying not to think about incident (Table 1).

| No                | Scales        | Minimum Score | Maximum Score | Total mean scores | Standard deviation | Percentage of total mean scores | Degree of effect                |
|-------------------|---------------|---------------|---------------|-------------------|--------------------|---------------------------------|---------------------------------|
| 1                 | Intrusion     | 0             | 66            | 13                | 12.8               | 64%                             |                                 |
| 2                 | Avoidance     | 0             | 18            | 8                 | 4.4                | 39%                             |                                 |
| 3                 | Hyper arousal | 0             | 25            | 14                | 7                  | 56%                             |                                 |
| Total scores 1-13 |               | 5             | 95            | 35                | 16.4               | 53%                             | post- traumatic stress disorder |

A cutoff score of 30 on the CRIES-13.35

And the total mean scores of IES-R were 53, suggesting that Adults were experience high level of symptoms which were enough to suppress their immune systems functioning. Intrusion (which includes statements regarding reminders of the incident arousing emotions, difficulties staying asleep, constant reminders of the incident, intrusive thoughts of the incident, invasive mental images, found them acting or feeling as though they are back at that time of the incident and having strong feelings about incident) has the highest mean score of 22. Hyperarousal which (which includes statements about feeling irritable and angry, jumpy and easily startled, trouble in falling asleep,

trouble in concentrating, reminders of incident that cause physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart and feeling watchful or on-guard) comes next with a mean score of 15. Avoidance has the lowest mean score 17 and includes statements about getting avoided let clients get upset when he thought about incident or was reminded of it, have feeling as if incident hadn't happened or wasn't real, getting stayed away from reminders about incident, getting tried not to think about incident, clients aware that he still had a lot of feelings about incident, but he didn't deal with them, feelings about incident were kind of numb, tried to remove incident from clients memory and trying not to talk about incident (Table 2).

| No                | Scales        | Minimum Score  | Maximum Score | Total mean scores | Standard deviation | The Percentage of total Mean Scores | Degree of effect                        |
|-------------------|---------------|--|---------------|-------------------|--------------------|-------------------------------------|---|
| 1                 | Intrusion     | 6  | 32            | 22                | 6.8                | 68.90%                              |   |
| 2                 | Avoidance     | 2  | 30            | 17                | 7                  | 52.40%                              |   |
| 3                 | Hyper arousal | 0  | 24            | 15                | 5.7                | 60.50%                              |   |
| Total scores 1-22 |               | 10   | 86            | 53                | 17.2               | 60.60%                              | High enough to suppress immune system's |
| 24 or more        |               | PTSD is a clinical concern.(30) Those with scores this high who do not have full PTSD will have partial PTSD or at least some of the symptoms. |               |                   |                    |                                     |   |
| 33 and above      |               | This represents the best cutoff for a probable diagnosis of PTSD.(31)  |               |                   |                    |                                     |   |
| 37 or more        |               | This is high enough to suppress your immune system's functioning (even 10 years after an impact event).(32)                                    |               |                   |                    |                                     |   |

After testing the study hypothesis, the results showed that; , there is no significant differences on the psycho-social impact of Israeli settlers violence against Palestinian at the level of ( $\alpha=0.05$ )according to IES-R total score by marital status, area, education, work status, number of incidence and direction of incidence. And the results showed that; there is a significant difference between men and women regarding the psycho-social impact of Israeli settler violence against Palestinians, with far greater impact on women when assessed by both the CRIES and IES-R. There is no significant differences on the psycho-social impact of Israeli settlers violence against Palestinian at the level of ( $\alpha=0.05$ ) according to CRIES total score by type of incidence. On the other hand, there is significant differences on the psycho-social impact of Israeli settlers violence against Palestinian at the level of ( $\alpha=0.05$ ) according to IES-R total score by type of incidence to the favor of property damage and intimidation. There is significant differences on the psycho-social impact of Israeli settlers violence against Palestinian at the level of ( $\alpha=0.05$ ) according to CRIES and IES-R total score by source of violence to the favor of settlers.

Q2; What is the resilience of these population to restore the equilibrium? And what its relation with variables; sex and area.

To answer this question the mean scores and standard deviations of CYRM distributed by scales and age were calculated (Table 3).

Table 3 shows that; the average on the CYRM total score is 31.8 (SD = .20) reflecting very high level of resilience amongst participants. This pattern holds across the three sub-scales. Not surprisingly, children within this age group score highest in terms of relationship with their primary caregiver. The sub-scales assesses both Physical Caregiving (do parent(s)/caregiver(s) know where the child is and what he/she is doing; do participants have enough to eat when they feel hungry) and Psychological Care giving (do participants' parent(s)/caregiver(s) know a lot about them, are they able to talk to their family about how they are feeling, if participants' family members will stand by them times are hard, does the participant feel safe when he/she be with his/her family, and does the participant like the way her/his family celebrates things like holidays or learning about their culture). Children also score high on contextual resources (87%) which include Spiritual resources (such as participating in religious activities and helping out in the local community), Educational resources (doing well in school and fitting in with other children), and Cultural resources (does the participant have people he/she wants to be like, does the participant know where his/her family comes from or know his/her family's history and if the participant is treated fairly in his/her community). While still scoring very high, children make the least use of Individual resources (86%) which includes Personal Skills (if the participant shares with people around him/her, if the participant tries to finish activities, if other children like to play with

him/her, is the participant able to solve problems without hurting himself or other people, and if the participant knows what he/she are good at), Peer Support (if the participant has friends that care about him/her, and if the participant’s friends will stand by him/her when times are hard), and Social Skills (if the participant knows how to behave/act in different situations such as school, home and church or mosque, if he/she knows where to go to get help, if the participant has chances to show others that he/she is growing up and can do things independently and if he/she has chances to learn things that will be useful later in life).

Table 4 shows total mean score of CYRM for youth aged 10 to 23 years as well as the three sub-scales: Individual resources, Relationship with primary caregiver, and Contextual resources. The highest percentage is relationship with primary caregiver scale which indicates the high level of resilience with 88%, and then Context with

84% and the lowest is Individual scale with 83%.

Table 4&5 shows the total mean scores of adults (23 years and older) on the CYRM as well as the three sub-scales (Individual Resources, Relationship with primary caregiver, and Contextual Resources). The highest percentage is for Contextual resources, while the lowest is relationship with primary caregivers. After testing the study hypothesis the results showed that there is no significant differences on resilience of population at the level of ( $\alpha=0.05$ ) according to child, youth and adults CYRM total score by gender. There is no significant on resilience of population at the level of ( $\alpha=0.05$ ) according to child and adults CYRM total score by city. On the other hand, there is a significant differences on resilience of population at the level of ( $\alpha=0.05$ ) according to youth CYRM total score by city to the favor of Qalqilia villages

**Table 3** The mean scores and standard deviations of child CYRM (5-9 years) sub-scales and total scores

| No                | Scales                              | Minimum Score | Maximum Score | Mean Scores | Standard deviation | The Percentage of Mean Scores | Degree of Effect |
|-------------------|-------------------------------------|---------------|---------------|-------------|--------------------|-------------------------------|------------------|
| 1                 | Individual                          | 7             | 15            | 12.9        | 0.4                | 86%                           | Very High        |
| 2                 | Relationship with primary caregiver | 6             | 9             | 8.4         | 0.3                | 93%                           | Very High        |
| 3                 | Context                             | 8             | 12            | 10.4        | 0.33               | 87%                           | Very High        |
| Total scores 1-12 |                                     |               | 25            | 36          | 0.2                | 88%                           | Very High        |

**Table 4** The mean scores and standard deviations of child CYRM (10-23 years) sub-scales and total scores

| No                | Scales                              | Minimum score | Maximum score | Mean Scores | Standard deviation | The Percentage of Mean Scores | Degree of Effect |
|-------------------|-------------------------------------|---------------|---------------|-------------|--------------------|-------------------------------|------------------|
| 1                 | Individual                          | 8             | 15            | 12.5        | 0.3                | 83%                           | Very High        |
| 2                 | Relationship with primary caregiver | 3             | 9             | 7.9         | 0.38               | 88%                           | Very High        |
| 3                 | Context                             | 7             | 12            | 10.1        | 0.41               | 84%                           | Very High        |
| Total scores 1-12 |                                     |               | 24            | 36          | 0.21               | 85%                           | Very High        |

**Table 5** The mean scores and standard deviations of child CYRM (23+ years) sub-scales and total scores

| No                | Scales                              | Minimum score | Maximum score | Mean Scores | Standard deviation | The Percentage of Mean Scores | Degree of Effect |
|-------------------|-------------------------------------|---------------|---------------|-------------|--------------------|-------------------------------|------------------|
| 1                 | Individual                          | 8             | 15            | 12.8        | 0.32               | 85.20%                        | Very High        |
| 2                 | Relationship with primary caregiver | 4             | 9             | 7.6         | 0.37               | 84.70%                        | Very High        |
| 3                 | Context                             | 9             | 12            | 11.1        | 0.2                | 92%                           | Very High        |
| Total scores 1-12 |                                     |               | 26            | 36          | 0.2                | 87%                           | Very High        |

## Discussion

The total mean scores for CRIES (M=35) suggests the presence of PTSD amongst children, the results mirror other research which also indicates that mental disorders are prevalent amongst Palestinian children (23). A 2008 study in the Gaza Strip with 1,137 children, showed that exposure to chronic traumatic experiences led to an increase in symptoms of PTSD.(37) Other research found that war has an all-embracing impact on a child’s development, on his attitudes, his experiences of human relations, his moral norms and his outlook on life, also facing armed violence on a continuous basis creates deep-rooted feelings of helplessness and undermines the child’s trust in others.(14) Results from the three CRIES subscales (Intrusion, Avoidance, Arousal), shows that intrusion is the highest (M= 13) and

Avoidance is the lowest (M=8). These results are significant with the recent research which had implemented in Gaza in 2008 which found that the most prevalent common symptoms of PTSD were: *cognitive symptoms*, from which 25% of children suffered from sleep problems, cannot stop thinking about the trauma they have been exposed to, and feel everything around them is not safe; *emotional symptoms* from which 22% suffered from feeling lonely, nightmares, easily getting tense and nervous, sad, fearful and bedwetting; *social behavioural disorders*, from which 22% suffered from aggressive and rude behaviour, rejecting a teacher’s or parent’s authority, having difficulty enjoying games and hobbies; *academic behavioural disorders*, from which 17% suffered from difficulty in concentrating on study, increasingly bad academic performance, difficulties in paying attention during school lessons, disruptive behaviour at

school; *somatic symptoms*, from which 14% suffered from headaches, stomach-ache, hypochondriasis, somatization.<sup>19</sup> Similarly, in *Children of the Conflict*, a study with children whose Palestinian residency rights in Jerusalem had been revoked, found that Israeli aggression has led to the manifestation of a number of anxiety-related problems and disorders in children, like bed-wetting, separation anxiety and lack of concentration, leading to poor school performance. These problems are caused by such factors as uprooting and threat to one's existence; absence of stability and security; continuous threat of separation and disruption of children's normal development.<sup>20</sup> The total mean scores of the IES-R, indicates that PTSD is also prevalent amongst adults, again reflecting findings from other research which shows that PTSD results amongst Palestinian adults due to direct exposure, proximity to an attack.<sup>14</sup> As Elbedour found, a significant proportion of Palestinian adolescents living in the Gaza Strip are experiencing serious psychological distress.<sup>21</sup> It also mirrors research which shows that stress occurs when people's psychosocial or material resources are threatened with loss, are actually lost, or when individuals must invest resources without obtaining reasonable resource gain. Under periods of major or traumatic stress, a spiral of loss often develops, as resource loss begets further resource loss.<sup>22</sup>

Participants scored highest on the Intrusion sub-scale of the IES-R (M=22). As with children, participants scored lowest on Avoidance (M=17). CRIES, and IES-R total scores further show that there are the psycho-social impact of Israeli settler violence against Palestinians has a greater impact on females, again reflecting previous research showing that the lifetime prevalence of PTSD is significantly higher in women than men.<sup>19,23</sup> Other research also has demonstrated that gender is an extremely salient risk factor, even controlling for differences in the type of events that are experienced by men compared to women.<sup>24</sup> Age does not appear to impact responses to stress events, reflecting Caffo's research which found that children's responses to major stress are similar to adults' (reexperiencing the event, avoidance, and arousal) and that these responses are not transient.<sup>25</sup> Additionally this study found that location does not account for the psycho-social impact of violence. These results are expected as the various communities are geographically close to each other and have the same resources, culture and tradition. Surprisingly, results show that marital status does not account for any differences on the psycho-social impact of Israeli settler violence against Palestinians. This is in contrast to literature that suggests social factors such as marriage can operate as protective factors. Similarly, results showed that level of educational does not account for the psycho-social impact of violence against Palestinians. Again, this is contrary to literature which identifies increased educational levels as a protective factor for mental health. Research has demonstrated for example, that lower levels of education and income, and being divorced or widowed are risk factors PTSD.<sup>24</sup> Some research has even demonstrated the cyclical interaction between education and PTSD, where persons with low educational attainment are more apt to be exposed to traumas and develop PTSD while persons with high PTSD symptoms are often unable to reach higher educational levels.<sup>26</sup> As with education, our findings show that employment status has no impact on psycho-social outcomes in the fact of violence. Again, other research has highlighted employment as a protective factor where higher levels of symptomatology have been found among disabled and unemployed people.<sup>26</sup> The study found no significant differences on psycho-social impact of Israeli settler violence against Palestinians with regards to the number of incidence experienced. However, recent research in

the Gaza Strip showed that adolescents who are exposed to multiple traumas are more likely to experience more severe symptoms of PTSD and depression than those who experience a single event, with this effect independent of childhood adversity and everyday stressful life experiences. Exposure to multiple trauma, however, does not seem to be associated with more severe anxiety symptoms.<sup>27</sup> Similarly, the study found no significant differences on the psycho-social impact of violence in terms of type of incidence with regards to children. For adults however, there are significant differences on the psycho-social impact of settler violence especially with regards to property damage and intimidation. Loss of one's home can be a traumatic experience not only as a material loss but also in terms of psychological deprivation: the home provides shelter and the heart of family life. It contains memories of joy and pain as well as attachment to family's belongings. One's home is associated with feelings of security and consolation. And this is the intention of the systematic Israeli policy to punish Palestinians through destroying houses; to cause the highest level of pain and penalty for Palestinian.

The study has found that when violence is enacted by Israeli settlers (rather than Israeli military) there is a significant impact on psycho-social outcomes for both children and adults. And these results came as a consequence of settlers' systematic violence against Palestinian property and population. Surprisingly, this study found no significant impact of violence directionality on psycho-social outcomes. The total mean scores of CYRM for younger children (i.e. 5-9 years) was very high (88%), as were results on the three sub-scales which includes factors and sources related to promote resilience; (Individual, Relationship with primary caregiver, Context) are very high with 88%, the highest percentage is relationship with primary caregiver scale which indicates the high level of resilience with 93%, the lowest is Individual scale with 86%. A similar pattern is seen in the CYRM score of adolescents (10-23 years; 85%), this cluster includes three sub-scales which includes factors and sources related to promote resilience; (Individual, Relationship with primary caregiver, Context), the highest percentage is relationship with primary caregiver scale which indicates the high level of resilience with 88%, the lowest is Individual scale with 83%. In principle of child development the main task is for.

However, it should be noted that despite the high level of exposure to traumatic events, the symptomatology associated with political violence is relatively low. This finding could be a manifestation of collective resilience or what Warner, Baro and Eigenberg (2004) described as normal behaviour in an abnormal situation.<sup>28</sup> CYRM scores for Adults (23 years and older) is also very high (87%), this cluster includes three sub-scales which includes factors and sources related to promote resilience; (Individual, Relationship with primary caregiver, Context), the highest percentage is Context scale which indicates the high level of resilience with 92%, and the lowest is relationship with primary caregiver scale with 84.7%. People in Palestine live and work in a significantly challenging environment. As a result of these challenges they have developed resilient responses which are embedded in their cultural context. 'Sumud', in particular, is a socio-political concept which refers to ways of surviving in the context of occupation, chronic adversity, lack of resources and limited infrastructure. And recent research has indicated that the main resilience resources include 'Sumud and Islamic cultures', 'Supportive relationships', 'Making use of the available resources', and 'Personal capacity'.<sup>29</sup>

This study found that gender has no significant differences in the resilience of this population, even though Nguyen-Gillham study showed that Sources of resilience differ based on sex; among boys were friends, families and sports activities, while for girls, they were found to include reading, writing and drawing, in addition to the pursuit of education.<sup>30</sup> and Mohamad Marie study which showed that there are differences between sources of resilience among boys and girls; most girls develop their sources of resilience inside the homes<sup>31</sup> Additionally, while there are no differences for children and adults in resilience scores in terms of community, this does make a difference for youth, with those from Qalqilia villages scoring highest. People in Palestine live and work in a significantly challenging environment. As a result of these challenges they have developed resilient responses which are embedded in their cultural context. Finally I want to say the Palestinians may be deprived of their autonomy and punished for actions over which they have little control, but they remain resilient.

## Conclusion

The results showed that children and adults probability having post-traumatic stress disorder, and the most prevalence signs of PTSD were Intrusion is the highest next Hyperarousal and lowest is avoidance. The study showed that there is a significant differences related sex in favor to female, source of violence to the favor of settler's variables between children and adults. But also there is a significant differences related to type of incidence to the favor of property damage and intimidation between adults, also the study showed that there is no significant differences related to marital status, district, education, work status, number of incidence, direction of incidence variables between children and adults, and there is no significant differences related to type of incidence variable between children. The total means scores of child and youth resilience measure for all ages was having very high. And showed that there is no significant differences on resilience of population at the level of ( $\alpha=0.05$ ) according to child, youth and adults CYRM total score by gender and city, and there is no significant on resilience of population at the level of ( $\alpha=0.05$ ) according to child and adults CYRM total score by city. On the other hand, there is a significant differences on resilience of population at the level of ( $\alpha=0.05$ ) according to youth CYRM total score by city to the favor of Qalqilia villages.

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## Conflict of interest

The authors declare that there is no conflict of interest.

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