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Research Article

Prevalence of Post-Traumatic Stress Disor der among Palestinians During the Israeli Palestinian Conflict 2023-2024

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Abstract

This study aimed to determine the prevalence of PTSD symptoms among Palestinians during the Israeli Palestinian conflict 2023 - 2024. The study used descriptive, cross-sectional design. The sample of the study consisted of 762 individuals who have experienced a stressful event. The researcher used a self-report, 30-items (PTSD-S-i30) scale based on DSM-5 symptoms of PTSD. The validity and reliability of the scale was examined and alpha coefficient was 0.931. The results showed that 369 (48.4%) of respondents were males and 393 (51.6%) females, their mean age was 24.06±13.618 years. 99.1% of respondents felt that their psychological state changed following the stressful event, 97.4% reported that the symptoms lasted for more than one month, and 73.1% stated that their performance at work has been affected. The results indicated that 28.6% of respondents have moderate disturbance, 22.2% have severe disturbance, and 22% have very severe disturbance. The results also indicated significant association between severity of PTSD and gender, age, education level, work, and marital status. The study revealed alarming levels of PTSD, which require strategies to support these people and alleviate their suffering.

Key words: PTSD-S-i30, Severity of PTSD symptoms, DSM-5, Conflict-zone areas

Introduction

Post-traumatic stress disorder (PTSD) is a possible psychopathological result of exposure to a traumatic event that threatens one's psychological and/or physical integrity [1,2]. PTSD may develop following exposure to an extremely threatening or horrific event or series of events. It is characterized by: 1) re-experiencing the traumatic event or events in the present (intrusive memories, flashbacks, or nightmares); 2) avoidance of thoughts and memories of the event(s), or avoidance of activities, situations, or people reminiscent of the event(s); and 3) persistent perceptions of heightened current threat. These symptoms persist for at least several weeks and cause significant impairment in functioning. Effective psychological treatment exists.

The prevalence of PTSD and other mental disorders is high in conflict-affected settings [3]. Long-term exposure to political violence, such as the case of Israeli-Palestinian conflict, has led to profound physical and psychological distress to civilians [4], and results in the disruption of their social and economic structures [5]. These circumstances harm the mental health and development of children and youth [6]. Individuals with PTSD may recurrently experience memories, sensations, and emotions of a traumatic event through sensory flashbacks or nightmares, or experience avoidance, irritability, hypervigilance, difficulty sleeping, poor concentration, or emotional withdrawal [7].

Previous studies reflected variations in the prevalence of PTSD in different settings. A meta-analysis study showed that the overall pooled prevalence of probable PTSD was 22%, while the current prevalence defined as 1 week to 1 month was 25%. Conflict-unexposed regions had a pooled prevalence of probable PTSD of 8%, while conflict-exposed regions had a pooled prevalence of probable PTSD of 30% [8]. Another study indicated that the pooled prevalence of PTSD was 36% and ranged from 6% to 70%. Sub-group analysis showed that the PTSD prevalence did not differ according to region: West Bank and Gaza Strip [9]. In addition, [8], found no significant difference in the pooled prevalence of PTSD for men and women. Another study indicated that the aggregate prevalence of PTSD was 25.23%, which is alarming high. Demographic variables such as young age, female, single, educated, loss of employment, with financial difficulties, and victims of domestic violence were significantly associated with PTSD [10]. In addition, [11], examined the prevalence of mental disorders in war and conflict-afflicted areas, and found that the prevalence of PTSD was 23.5%.

Taking in consideration the variation in estimates of prevalence of PTSD among different target groups and different methods and tools, this study used a modified self-report scale (PTSD-S-i30) to measure the prevalence of PTSD in a conflict zone area.

Objectives of the study

- To determine the prevalence of PTSD among Palestinians.
- To identify the sociodemographic factors associated with PTSD.

Questions of the study

- What is the prevalence of PTSD among Palestinians?
- What are the sociodemographic factors associated with PTSD?

Materials & Methods

The study utilized descriptive, cross-sectional design. The sample of the study consisted of 770 respondents from different areas (Gaza Strip, West Bank, Green line). For data collection, the researcher used a self-report, 30-items (PTSD-S-i30) scale based on DSM-5 symptoms of PTSD. The scale was developed by the researcher. Psychometric properties have been evaluated [12]. Data was collected during the period from first of September to end of December 2023.

The scale consists of sociodemographic information and 5 domains: Re-experiencing (7 items), Avoidance (6 items), Negative changes in perception and mood (6 items), Excessive excitement (7 items), and Physical changes (4 items).

The respondents reported how much they were bothered by a symptom over the past week using a 4-point Likert scale as the following:

(0) = Not at all (Absence of symptoms)
(1) = Sometimes (the symptom occurs once/week.
(2) = Often (the symptom occurs 2 – 4 times/week).
(3) = All the time (the symptom occurs 5 times or more/week).

Total score can range from 0 to 90. Participants were asked to complete the PTSD-S-i30 in relation to the traumatic experience that troubled them most.

Results

In this study, 762 individuals who have experienced a traumatic event participated in the study, 369 (48.4%) males and 393 (51.6%) females, their mean age was 24.06±13.618 years.

Table 1: Sociodemographic characteristics of study participants.

Variable	Number	Percent
Age		
Teen age	419	55.0
20 – 29 years	105	13.8
30 – 39 years	112	14.7
40 – 49 years	82	10.8
50 years and more	44	5.8
Total	762	100.0
Level of education		
Prep school and less (up to 9th class)	398	52.2
Secondary school (class 10 – 12)	160	21.0
University	204	26.8
Total	762	100.0
Work status		
Working / employed	156	20.5
Not working	606	79.5
Total	762	100.0
Marital status		
Single	478	62.7
Married	248	32.5
Divorced	22	2.9
Widow	14	1.8
Total	762	100.0

Table (1) showed that 419 (55%) of respondents are teen age, 105 (13.8%) aged 20 – 29 years old, 112 (14.7%) aged 30 – 39 years old, 398 (52.2%) have an education up to 9th class, 160 (21%) have an education between class 10 to 12, and 204 (26.8%) have university education. The majority of respondents 606 (79.5%) are not working, while only 156 (20.5%) are working. About two-thirds of respondents 478 (62.7%) are single, 248 (32.5%) are married, 22 (2.9%) are divorced, and 14 (1.8%) are widowed.

Table 2: Experience of traumatic event.

Variable	Yes	No
Have you experienced a traumatic event?	762(100.0)	0
Did you feel that your psychological state has changed following this event?	755(99.1)	7(0.9)
Has it been more than a month since these symptoms after the accident?	742(97.4)	20(2.6)
Has your performance at work been affected?	557(73.1)	205(26.9)
Have your social relationships been affected?	647(84.9)	115(15.1)

Table (2) indicated that 755 (99.1%) of respondents felt that their psychological state has changed following this event, 742 (97.4%) stated that it has been more than a month since these symptoms after the accident, 557 (73.1%) reported that their performance at work has been affected, and 647 (84.9%) of respondents said that their social relationship has been affected.

Prevalence of PTSD symptoms

Table 3: Summary of re-experiencing symptoms.

No.	Item	Never	Sometimes	Often	Always	Mean	SD	%
1	Do you have recurring thoughts about the traumatic event?	2.0	21.8	42.5	33.7	2.08	0.793	69.3
2	Do you have recurring scenes (images) related to the traumatic event?	1.8	19.6	51.8	26.8	2.04	0.732	68.0
3	Are you afraid of a repeat of the traumatic event?	3.4	14.4	32.9	49.2	2.28	0.834	76.0
4	Do you have disturbing dreams (nightmares) related to the traumatic event?	7.7	30.3	36.2	25.7	1.80	0.912	60.0
5	Do you get upset when someone reminds you of the traumatic event?	5.6	26.2	45.3	22.8	1.85	0.834	61.6
6	Are you disturbed when you see images that remind you of the traumatic event?	4.9	23.1	46.2	25.9	1.93	0.824	64.3
7	Do you feel disturbed when seeing or being at the place of the traumatic event?	3.7	23.4	39.9	33.1	2.02	0.844	67.3
	Average	4.1	22.7	42.1	31.1	2.00	0.604	66.6

Table (3) showed that 42.5% of respondents often and 33.7% always have recurring thoughts about the traumatic event, 51.8% often and 26.8% always have recurring scenes (images) related to the traumatic event, 32.9% often and 49.2% always afraid of a repeat of the traumatic event, 36.2% often and 25.7% always have disturbing dreams (nightmares) related to the traumatic event, 45.3% often and 22.8% always get upset when someone reminds you of the traumatic event, 46.2% often and 25.9% always disturbed when you see images that remind you of the traumatic event, and 39.9% often and 33.1% always feel disturbed when seeing or being at the place of the traumatic event. Overall, 42.1% of respondents often and 31.1% always re-experiencing recurring memories of the traumatic event. The average mean score for this domain was 2.00 with mean percent 66.6%.

Table 4: Summary of avoidance behaviors.

No.	Item	Never	Sometimes	Often	Always	Mean	SD	%
8	Do you avoid thinking about the traumatic event?	4.1	17.5	50.0	28.5	2.03	0.789	67.6
9	Do you avoid talking about the traumatic event?	3.8	21.9	50.8	23.5	1.94	0.777	64.6
10	Do you avoid situations that remind you of the traumatic event?	3.3	22.8	53.7	20.2	1.91	0.744	63.6
11	Do you avoid activities that remind you of the traumatic event?	9.3	25.2	47.1	18.4	1.75	0.863	58.3
12	Do you avoid participating in recreational activities?	12.5	31.4	40.4	15.7	1.59	0.898	53.0
13	Do you turn away from friends (tend to be lonely)	15.6	36.5	35.3	12.6	1.45	0.902	48.3
	Average	8.2	25.8	46.2	19.8	1.77	0.573	59.0

Table (4) indicated that 50% of respondents often and 28.5% always avoid thinking about the traumatic event, 50.8% often and 23.5% always avoid talking about the traumatic event, 53.7% often and 20.2% always avoid situations that remind you of the traumatic event, 47.1% often and 18.4% always avoid activities that remind you of the traumatic event, 40.4% often and 15.7% always avoid participating in recreational activities, and 35.3% often and 12.6% always turn away from friends (tend to be lonely). Overall, 46.2% of respondents often and 19.8% always avoiding thoughts that trigger the event. The average mean score for this domain was 1.77 with mean percent 59%.

Table 5: Summary of negative changes in perception and mood.

No.	Item	Never	Sometimes	Often	Always	Mean	SD	%
14	Do you feel guilty about yourself?	34.4	32.2	25.5	8.0	1.07	0.956	35.6
15	Do you have negative feelings towards others?	20.6	32.2	39.9	7.3	1.34	0.886	44.6
16	Do you have difficulty or not being able to achieve (achieve goals)?	9.3	31.9	39.4	19.4	1.69	0.889	56.3
17	Do you feel sad because of the traumatic event?	5.2	24.9	43.6	26.2	1.91	0.845	63.6
18	Do you find it difficult to sleep for several hours?	4.7	25.9	40.8	28.6	1.93	0.854	64.3
19	Are you feeling increasingly cautious	3.3	16.4	35.7	44.6	2.22	0834	74.0
	Average	12.9	27.2	37.5	22.35	1.69	0.564	56.3

Table (5) showed that 25.5% of respondents often and 8% always feel guilty about their selves, 39.9% often and 7.3% always have negative feelings towards others, 39.4% often and 19.4% always have difficulty or not being able to achieve goals, 43.6% often and 26.2% always feel sad because of the traumatic event, 40.8% often and 28.6% always find it difficult to sleep for several hours, and 35.7% often and 44.6% always feel increasingly cautious.

Overall, 37.5% of respondents often and 22.35% always have negative thoughts and mood swings. The average mean score for this domain was 1.69 with mean percent 56.3%.

Table 6: Summary of excessive excitement and behavioral changes.

No.	Item	Never	Sometimes	Often	Always	Mean	SD	%
20	Do you feel unjustifiably angry?	7.3	29.9	33.9	28.9	1.84	0.926	61.3
21	Do you engage in violence/aggressive behavior against others?	22.4	31.5	35.8	10.2	1.34	0.937	44.6
22	Do you punish yourself (such as deprivation)?	41.3	37.9	16.8	3.9	0.83	0.844	27.6
23	Do you act impulsively without giving enough time to think?	14.4	34.0	35.0	16.5	1.54	0.932	51.3
24	Do you have the desire to break things (plates, cups, tools...)	36.0	25.7	29.1	9.2	1.12	1.003	37.3
25	Do you have a desire to practice violent games (boxing, wrestling, karate)	47.5	22.2	20.7	9.6	0.92	1.030	30.6
26	Do you have a desire to play violent games on mobile / computer	52.2	16.4	18.8	12.6	0.92	1.099	30.6
	Average	31.6	28.2	27.2	13.0	1.21	0.706	40.3

Table (6) showed that 33.9% of respondents often and 28.9% always feel unjustifiably angry, 35.8% often and 10.2% always engage in violence or aggressive behavior against others, 16.8% often and 3.9% always punish themselves such as deprivation, 35% often and 16.5% always act impulsively without giving enough time to think, 29.1% often and 9.2% always have the desire to break things such as plates, cups, and tools, 20.7% often and 9.6% always have a desire to practice violent games such as boxing, wrestling, and karate, and 18.8% often and 12.6% always have a desire to play violent games on mobile or computer. Overall, 27.2% of respondents often and 13% always have excessive excitement and behavioral changes. The average mean score for this domain was 1.21 with mean percent 40.3%.

Table 7: Summary of physiological changes.

No.	Item	Never	Sometimes	Often	Always	Mean	SD	%
27	Do you get acceleration in the heartbeat when remembering the traumatic event?	11.8	24.3	38.7	25.2	1.77	0.958	59.0
28	Do you have rapid or shortness of breath when remembering the traumatic event?	14.2	25.5	37.9	22.4	1.69	0.974	56.3
29	Do you sweat when remembering the traumatic event?	28.9	28.5	31.9	10.8	1.25	0.990	41.6
30	Do you have the urge to vomit and feel sick when remembering the traumatic event?	48.3	27.0	19.2	5.5	0.82	0.929	27.3
	Average	25.8	26.3	31.9	16.0	1.38	0.809	46.0

Table (7) showed that 38.7% of respondents often and 25.2% always get acceleration in the heartbeat when remembering the traumatic event, 37.9% often and 22.4% always have rapid or shortness of breath when remembering the traumatic event, 31.9% often and 10.8% always sweat when remembering the traumatic event, 19.2% often and 5.5% always have the urge to vomit and feel sick when remembering the traumatic event. Overall, 31.9% of respondents often and 16% always have physiological changes. The average mean score was 1.38 with mean percent 46%.

Table 8: Prevalence and severity of PTSD symptoms.

Severity of disorder	Total score	Number	Percent
No disturbance	0 – 30	92	12.1
Mild disturbance	31 – 40	115	15.1
Moderate disturbance	41 – 50	218	28.6
Severe disturbance	51 – 60	169	22.2
Very severe disturbance	61 - 90	168	22.0
Total		762	100.0

Table (8) provides information on the prevalence and severity of PTSD symptoms based on total scores on the assessment tool (PTSD-S-i30).

The distribution of respondents across the severity categories reveals that the majority of individuals (28.6%) fall into the "moderate disturbance" category. Following that, there are substantial proportions of individuals in the "severe disturbance" (22.2%) and "very severe disturbance" (22.0%) categories. A smaller proportion of individuals fall into the "mild disturbance" (15.1%) and "no disturbance" (12.1%) categories.

Overall, this table underscores the significant prevalence of PTSD symptoms within the population under study, with a notable proportion experiencing moderate to very severe disturbance. Such data can guide healthcare professionals and policymakers in allocating resources and designing interventions to address PTSD effectively at varying levels of severity.

Severity of PTSD symptoms and sociodemographic factors

Table 9: Association between severity of PTSD symptoms and sociodemographic factors.

Factor	Group	Severity of PTSD symptoms					X^2	Sig.
		0-30	31-40	41-50	51-60	61 and more		
Gender	Male	60(16.3)	40(10.8)	100(27.1)	83(22.5)	86(23.3)	20.073	< 0.001
	Female	32(8.1)	75(19.1)	118(30.0)	86(21.9)	82(20.9)		
Age	Teen age	30(7.2)	42(10.0)	138(32.9)	102(24.3)	107(25.5)	85.161	< 0.001
	20 – 29 years	19(18.1)	25(23.8)	20(19.0)	13(12.4)	28(26.7)		
	30 – 39 years	20(17.9)	11(9.8)	36(32.1)	28(25.0)	17(15.2)		
	40 – 49 years	13(15.9)	29(35.4)	13(15.9)	16(19.5)	11(13.4)		
	≥50 years	10(22.7)	8(18.2)	11(25.0)	10(22.7)	5(11.4)		
Education	Prep and less	19(4.8)	40(10.1)	127(31.9)	105(26.4)	107(26.9)	85.476	< 0.001
	Secondary	30(18.8)	23(14.4)	37(23.1)	31(19.4)	39(24.4)		
	University	43(21.1)	52(25.5)	54(26.50	33(16.2)	22(10.8)		
Work	Working	35(22.4)	28(17.9)	39(25.0)	34(21.8)	20(12.8)	26.987	< 0.001
	Not working	57(9.4)	87(14.4)	179(29.5)	135(22.3)	148(24.4)		
Marital status	Single	43(9.0)	51(10.7)	152(31.8)	110(23.0)	110(25.5)	69.283	< 0.001
	Married	44(17.7)	46(18.5)	60(24.2)	54(21.8)	44(17.7)		
	Divorced	5(22.7)	12(54.5)	3(13.6)	2(9.1)	0(0.0)		
	Widowed	0(0.0)	6(42.9)	3(21.4)	3(21.4)	2(14.3)		

Table (9) presents data on the association between the severity of PTSD (Post-Traumatic Stress Disorder) symptoms and various sociodemographic.

Gender: The table shows that males generally report higher levels of PTSD symptoms compared to females, with a statistically significant association ($X2 = 20.073$, $p < 0.001$).

Age: PTSD symptoms appear to vary across different age groups. Teenagers and individuals aged 50 years and older tend to report lower levels of symptoms compared to those in other age groups. There's a significant association between age and PTSD severity ($X^2 = 85.161$, $p < 0.001$).

Education: There is a notable association between education level and PTSD symptoms, with individuals who have received higher education reporting lower levels of symptoms. This association is statistically significant ($X^2 = 85.476$, $p < 0.001$).

Work status: Those who are not working tend to report higher levels of PTSD symptoms compared to those who are employed. This association is statistically significant ($X^2 = 26.987$, $p < 0.001$).

Marital status: Marital status also associated with PTSD symptom severity. Single individuals tend to report higher levels of symptoms compared to those who are married, divorced, or widowed. This association is statistically significant ($X^2 = 69.283$, $p < 0.001$).

Overall, the table highlights significant associations between sociodemographic factors and the severity of PTSD symptoms. These findings can inform interventions and support strategies tailored to specific demographic groups experiencing higher levels of PTSD symptoms.

Discussion

Post-traumatic stress disorder (PTSD) may develop following exposure to an extremely threatening or horrific event or series of events. This study aimed to determine the prevalence of PTSD symptoms among Palestinians during the Israeli Palestinian conflict 2023 - 2024.

The vast majority of respondents felt changes in their psychological state after exposure to stressful event, and most of them reported that their work performance has been affected.

The results indicated that 28.6% of respondents have moderate disturbance, 22.2% have severe disturbance, and 22% have very severe disturbance. The results of Ng et al. (2020) found that the pooled prevalence of probable PTSD in conflict-exposed regions estimated at 30%, and the results of Agbaria et al. (2021) indicated that the pooled prevalence of PTSD was 36%. Also, the results of Abuhadra et al. (2023) indicated that the aggregate prevalence of PTSD was 25.23%, and Lim et al. (2022) found that the prevalence of PTSD was 23.5%.

The results also indicated significant association between severity of PTSD and gender, age, education level, work, and marital status. Similar results obtained by Abuhadra et al. (2023) which reflected that young age, female, single, educated, loss of employment, with financial difficulties, and victims of domestic violence were significantly associated with PTSD. While NG et al. (2020) found no significant differences in the pooled prevalence of PTSD between men and women.

Conclusion

This study sheds light on the significant psychological impact of the Israeli-Palestinian conflict, highlighting the prevalence of PTSD symptoms among Palestinians. The findings underscore the urgent need for mental health support and interventions for individuals affected by the ongoing violence and trauma. It's crucial for policymakers and mental health professionals to acknowledge these findings and prioritize resources for effective intervention strategies to address the mental health needs of affected populations.

Implications of the study

The implications of this study are profound and multifaceted. Firstly, it underscores the enduring psychological toll of the Israeli-Palestinian conflict on individuals within Palestinian communities. The high prevalence of PTSD symptoms among respondents highlights the urgent need for mental health support and intervention services tailored to address the specific needs of this population. Furthermore, the study emphasizes the ripple effects of trauma on various aspects of life, particularly on work performance. The significant number of respondents reporting that their work performance has been affected underscores the broader societal and economic implications of untreated PTSD. From a public health perspective, these findings underscore the necessity of allocating resources for mental health services and interventions within conflict-affected regions. It is imperative for policymakers, healthcare providers, and humanitarian organizations to prioritize mental health support as an integral component of humanitarian aid efforts.

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Limitations of the study

The main limitation of the study included difficulties in reaching the target population and obtain their voluntary agreement to participate in the study.

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Conflict of interest

There are no conflicts of interest to be declared.

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