

Research

The relationship between siege stressors, war trauma, and PTSD among Palestinian women in Gaza Strip

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Abstract

Aim

The aim of this study was to find the relationship between stressors of siege, war trauma, and PTSD among Palestinian women in the Gaza Strip.

Method

The study sample included 360 Palestinian women randomly simply selected from the five areas of the Gaza Strip, aged ranged from 19 to 65 years with mean age 43.24 The current study is a comparative study. Women were interviewed with fourscales: socioeconomic information scale, Siege Stressful Situations Checklists, Gaza Traumatic Events Checklist, and Post traumatic stress disorder scale-17 items.

Results

The results showed that stressors due to siege ranged from 0-16, mean stressors was 7. Women with children 8 and more reported more stressors due to siege than those with less number of children, women with family monthly income less than \$ 350 reported more stressors than those with higher family income. The results showed that mean traumatic events was 9. The most commonly reported traumatic events were: hearing shelling of the area by artillery (97.5%), hearing the sonic sounds of the jetfighters (95%), watching mutilated bodies in Television (94.2%), hearing the loud voice of the drone's motors (93.3%), and witnessing the signs of shelling on the ground(88.6%). Women with family monthly income less than \$ 350 reported more traumatic events than those with higher family income. The study showed that mean PTSD was 40.41, intrusion was 13.85, avoidance was 14.59, and hyper arousal was 11.98. Using cut off of 50 for PTSD, 23.1% of women reported PTSD. Women with family monthly income less than \$ 350 reported more PTSD than those with higher family income. Pearson correlation test showed that there were statistically significant positive correlations between stressors due to siege and traumatic events due to war on Gaza, PTSD, intrusion,

avoidance, and hyper arousal. Also, there were statistically significant relationship between traumatic events due to war on Gaza and PTSD, intrusion, avoidance, and hyper arousal.

Conclusion

Our study showed that women in Gaza Strip are suffering of stressors due to siege of the Gaza Strip which continued for the last 12 years. Such continue stressors are exaggerated by repeated exposure to war trauma and other stressors such as low monthly income, unemployment, and uncertainty of the political situation in this area. Such stressors and trauma had negative impact on women which increase suffering of PTSD.

Key Words: Gaza Strip; PTSD; Siege; Stress; Trauma; Women

Introduction

Throughout the Arab world, women's participation in the workforce is low due to family dependency on men as the main breadwinner to the family. This used to be the case in Gaza Strip few decades ago. At the

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time being, more women in Gaza Strip are entering the workforce area. This could be due to the fact that more women now are receiving their higher education. But lately due to the erosion of economy in Gaza Strip as a result of strict siege imposed by Israeli's and the severe downward of family income, women entered the workforce in order to help their families to improve their income. Participation in the workforce will expose women to extra pressure besides her usual responsibilities at home as a housekeeper [1].

Palestinian families in Gaza Strip were exposed to variety of stressors and traumatic events due to Israel violence including incursion, bombardment, shelling and closure of borders which lead to a very negative impact in psychological well-being. Exposure to war trauma had impacts on both parents' and children's mental health, whose emotional responses are inter-related. The results of study that investigated the impact of siege imposed against Gaza Strip on Palestinians feelings of anger and anger state, and psychological symptoms in relation to other socioeconomic variables revealed that Palestinians live in camps reported more general psychological problems, somatization, obsessive compulsive problems, interpersonal sensitivity, depression symptoms, anxiety, hostility, phobic anxiety, paranoid ideation than those who live in cities and villages [2]. In a study Thabet et al. [3] aimed to investigate the way of coping in Palestinian family exposed to siege and stress and mediating effect of coping on mental health problems. The results showed that the most common impact of siege of Gaza items were: prices are sharply increased (90.8%), I feel I'm in big prison(88.5%), I was not able to get specific medicine for me one of the family member due to shortage of fuel and absence of transportation (73.4%), and I was not able to get specific medicine for me or for one of the family member due to shortage of physicians and nurses (62.58%). People with monthly income less than \$350 showed more mental health problems than the others two groups. Thabet and Thabet [4] in a study aimed to investigate the relationships between stressor due to restriction of Palestinian movement, traumatic events due to war on Gaza and psychological symptoms, quality of life, and resilience. Found that the most common stressful situations due siege was: feelings of being living in a big prison cannot finish some construction and repair work in their house due to shortage of cement and building materials, prices were sharply increased in the last few years. Participants commonly reported traumatic events such as hearing shelling of the area by artillery, hearing the sonic sounds of the jetfighters, hearing the loud voice of drones, and watching mutilated bodies in TV. Males had significantly experienced severe traumatic events than females. People live in cities reported more traumatic events than those live in a village or a camp. Recently Bessio and Thabet [5] in study of the relationship between stressors due to siege, war trauma, anxiety and depression among cancer patients in Gaza Strip, showed that the most common reported stressors due to siege were: 92.9% said prices are sharply increased due to closure, 90.3% said they feel that they are in big prison, 85.5% their work affected so much due to cut-off of

electricity and shortage of gas (85.5%). The patients with cancer reported from 2-16 stressors due to siege with mean 9.02. Male cancer patients reported more stressors due to siege and families with low income had more stressors.

The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) defines a traumatic event as exposure to actual or threatened death, serious injury, or sexual violence [6]. Lifetime exposure has been reported to range from 52% [7] to 90% [8], considering that the respondents experienced at least one traumatic event. Posttraumatic Stress Disorder (PTSD) is one of the most serious outcomes of exposure to trauma. The DSM-5 outlines the diagnostic criteria for PTSD as having exposure to traumatic event, the presence of some specific symptoms, persistence avoidance of stimuli, negative alteration in cognition, mood, arousal, and reactivity associated with the traumatic events [6]. Studies have revealed strong relationships between the rate and type of trauma exposure and the occurrence of PTSD [9,10,11]. Long-term exposure to stress and feeling of being under pressure may lead to the development of emotional and mental symptoms. Meredith et al., [12] in a study aimed to determine prevalence of psychological symptoms in ICU nurses when compared with general nurses. Within the hospital system, 24% of the ICU nurses tested positive for symptoms of PTSD related to their work environment, compared with 14% of the general nurses. Marthoenis et al., [13] in study lifetime exposure to traumatic events and the rate of PTSD among university students living in a post conflict and disaster-prone area. PTSD was found in 21% of respondents. Approximately 96% of the respondents have been exposed to traumatic events during their lifetime. Both genders have the same rate of PTSD and exposure to traumatic events The aim of this study was to identify the find the relationship between stressors of siege, war trauma, and PTSD among Palestinian women in the Gaza Strip.

Method

Participants

The study sample included 360 Palestinian women randomly simply selected from the five areas of the Gaza Strip, aged ranged from 19 to 65 years with mean age 43.24 (SD = 8.42).

Measures

Demographic and Occupational Characteristics

Demographic data were collected on the women's including age, number of children, place of residence, education, marital status, and occupational status occupation (physician, nurse, technician, administration).

Gaza Stressful Situations and Siege Checklist (3)

Stressful situations experiences were collected using Stressful Situation due to siege Checklist, describing the most common stressful experienced

during the last 10 years of closure and seize of Gaza Strip. The checklist consisted of 16 items with answer with 4 answers: strongly disagree (0), disagree (1), agree (2), and strongly agree (3). The scoring of the scale is considered by summing all the answers. The internal consistency of the scale was calculated using Chronbach's alpha, and was high ($\alpha = .85$) and split half was 0.82.

The Gaza Traumatic Events Checklist For 8 Days War on Gaza (14)

The checklist consisting of 18 items covering three domains of events typical for the war on Gaza: (1) Witnessing personally acts of violence (e.g., killing of relatives, home demolition, bombardment, and injuries); (2) Having experiences of loss, injury and destruction in family and other close persons; and (3) Being personally the target of violence (e.g., being shot, injured, or beaten by the soldiers). In checklist respondent were asked whether they had been exposed to each of these events: (0) no (1)yes . In this study, the split half reliability of the scale was high ($r = .59$). The internal consistency of the scale was calculated using Chronbach's alpha, and was high ($\alpha = .80$) and split half was 0.82.

Posttraumatic Stress Disorder Checklist (Dsm-iv). The Arabic Version(14)

The check list contains 17 items PTSD symptom criteria. Respondents are asked to rate on a 5-points Likert scale(0 not at all to 4 extremely) the extent to which symptoms troubled them in the previous month. Total score was provided, as well as sub-scales score for intrusion, arousal and avoidance PTSD symptom. The characteristic symptoms of PTSD resulting from the exposure to extreme trauma included re-experiencing traumatic event (criterion B),avoidance of stimuli associated with the trauma and numbing of general responsiveness (criterion C),and symptoms of increased arousal(criterion D) . The researcher used the Arabic version of the scale which was widely used in the same area in the last decade [14]. The internal consistency of the scale was calculated using Cronbach's alpha, and was high ($\alpha = 0.89$) and split half was 0.85.

Study Procedure

Before we conducted the study, we obtained official letter of approval to conduct the study from Helsinki Committee in the Gaza Strip. Data collection was conducted by 4 trained field workers with previous experiences in data collection in similar projects. They had been trained on questionnaires of the study. We selected the sample according to the population density of the Gaza Strip. We gave the data collectors the total number of women from each area (Gaza Strip is divided in to 5 areas). Each Data collector had the exact number of women to be interviewed. Women were informed about the purpose of the study and signed a consent form and were told that the information will kept confidential with the researcher co do the interview. Housewives were interviewed inside their homes and working women were interviewed in their working place. The data collection was carried out October 2014.

Data Analysis

Data analyses were performed using SPSS Version 23 (SPSS, Inc. Chicago, United States). The frequencies of categorical data are presented. Established cut-off scores were used to provide rates of likely PTSD. For findings differences between two groups, independent t tests were performed. One way ANOVA test, Post hoc Turkeys test was conducted to find differences between socioeconomic variables and stressors, trauma, and PTSD. Furthermore, Pearson correlation test was done for finding relationships between siege stressors, trauma, and PTSD. Prediction of PTSD was tested by series of stepwise multiple with each traumatic events as the predictor and total PTSD as dependent variable. A two-tailed p value $< .05$ was considered statistically significant

Results

Sociodemographic Characteristics of The Study Sample

As shown in table 1, the sample consisted of 360 women. The age of women ranged from 19-65years with mean age of 34.42 years ($SD = 8.42$).

Frequency of Stressful Situations Due to Siege In Women

The study showed the most commonly reported stressors of siege were:My work affected so much due to cut-off of electricity and shortage of gas (67.8%), prices are sharply increased due to closure (66.1%), I cannot finish some construction and repair work in my house due to shortage of building materials (63.9%), and I feel I am in a big prison (63.6%). As shown in table 2.

Means And SD of Stressors Due to Siege and Study Sample

The results showed that stressors due to siege ranged from 0-16, mean stressors was 7 ($SD=4.05$).

Stressors due to siege and sociodemographic variables of the study sample

In order to find differences in mean of stressors due to siege, independent t test and One-Way ANOVA test were conducted. The results showed no significant differences in mean stressors and type of work, marital status of women, place of residence. However, women with children 8 and more reported more stressors due to siege than those with less number of children ($F(2/357)= 6.29, p= 0.002, \eta_p^2=0.070$). Also, women with family monthly income less than \$ 350 reported more stressors than those with higher family income ($F(2/356)= 8.25, p= 0.001, \eta_p^2=0.082$).

Traumatic Event Due to 8 Days' War on Gaza

The results showed that women reported from no traumatic events to 18 events with mean 9.1 ($SD=3.39$). The most commonly reported traumatic events were: Hearing shelling of the area by artillery (97.5%), hearing the sonic sounds of the jetfighters (95%), watching mutilated bodies in

Table 1: Sociodemographic characteristics of the study sample(N =360)

	N	%
<i>Age</i> Mean = 34.42 (SD =8.42)		
<i>Placeof residence</i>		
North Gaza	43	11.9
Gaza	71	19.7
Middle area	62	17.2
Khan Younis	134	37.2
Rafah	50	13.9
<i>Type of residence</i>		
City	202	56.1
Village	43	11.9
Camp	115	31.9
<i>Working status</i>		
Working	180	50
Housewife	180	50
<i>Marital status</i>		
Single	42	11.7
Married	304	84.4
Widowed	4	1.1
Divorced	10	2.8
<i>Citizenship</i>		
Refugee	275	76.4
Citizen	85	23.6
<i>Number of children</i>		
Less than 4	189	52.5
From 5-7	130	36.1
More than 8	41	11.4
<i>Family monthly income</i>		
Less than \$350	180	50.0
\$351-600	122	33.9
\$601-1000	36	10.0
\$1001 and above	22	6.1
<i>Education level</i>		
Less than secondary school	157	43.6
Diploma	82	22.8
University degree	121	33.6

Table 2 : Types and frequency stressful situations due to siege (N = 360)

	No		Yes	
	No.	%	No.	%
1. I feel I am in a big prison	131	36.4	229	63.6
2. I cannot finish some construction and repair work in my house due to shortage of building materials	130	36.1	230	63.9
3. Prices are sharply increased due to closure	122	33.9	238	66.1
4. Social visits are less than before	139	38.6	221	61.4
5. My work affected so much due to cut-off of electricity and shortage of gas	116	32.2	244	67.8
6. I sold some of my furniture and my wife's gold.	224	62.2	136	37.8
7. I was not able to get specific medicine for me or for one of the family member	172	47.8	188	52.2
8. I need to travel outside the Gaza Strip and can not	253	70.3	107	29.7
9. I went to Zakat organizations and other organizations to get the food	223	61.9	137	38.1
10. I cannot get married or help my sons in marriage	186	51.7	174	48.3
11. My monthly income decreased and cannot send my children for schools	252	70.0	108	30.0
12. I had suffering of not able to receive proper medical care	239	66.4	121	33.6
13. I was unable to travel to visit my relatives outside Gaza due to siege	200	55.6	160	44.4
14. I stopped sending my children to schools and send them to work to help the family	287	79.7	73	20.3
15. One of the family member died due to prevention of traveling for treatment	271	75.3	89	24.7
16. I was prevented from visiting one of the family members in Israelis jails	271	75.3	89	24.7

Television (94.2%), hearing the loud voice of the drone's motors (93.3%), and witnessing the signs of shelling on the ground(88.6%).

Table 3 : Traumatic event due to 8 days' war on Gaza (2012) (N =360)

	Yes		No	
	No.	%	No.	%
Hearing shelling of the area by artillery	351	97.5	9	2.5
Hearing the sonic sounds of the jetfighters	342	95	18	5
Watching mutilated bodies in Television	339	94.2	21	5.8
Hearing the loud voice of the drone's motors	336	93.3	24	6.7
Witnessing the signs of shelling on the ground	319	88.6	41	11.4
Hearing killing of a friend	276	76.7	84	23.3
Unable to leave you home with family members due to fears of shelling in the street	214	59.4	146	40.6
Witnessing firing by tanks and heavy artillery at neighbors' homes	175	48.6	185	51.4
Forced to leave you home with family members due to shelling	157	43.6	203	56.4
Receiving threaten letters by the Israeli army through local Televisions or the Radios	142	39.4	218	60.6
Receiving pamphlets from Airplane to leave your home at the border and to move to the city centers	131	36.4	229	63.6
Hearing killing of a close relative	129	35.8	231	64.2
Witnessing shooting of a friend	128	35.6	232	64.4
Witnessing assassination of people by rockets	76	21.1	284	78.9
Witnessing shooting of a close relative	61	16.9	299	83.1
Threaten by telephoned to evacuate your home before bombardment	55	15.3	305	84.7
Witnessing firing by tanks and heavy artillery at own home	42	11.7	318	88.3
Physical injury due to bombardment of your home	28	7.8	332	92.2

Traumatic Event Due to 8 Days' War on Gaza and Sociodemographic Variables of The Study Sample

The results showed no significant differences in mean trauma and type of work, marital status of women, place of residence, number of children, and citizenship. However women with family monthly income less than \$ 350 reported more traumatic events than those with higher family income ($F(3/356) = 4.17, p = 0.006, \eta_p^2 = 0.054$).

Means and SD of PTSD and Subscales

The study showed that mean PTSD was 40.41 ($SD = 11.97$), mean intrusion was 13.85 ($SD = 4.22$), avoidance was 14.59 ($SD = 5.63$), and hyper arousal was 11.98 ($SD = 4.56$). Using cut off of 50 for PTSD. Our study showed that 227 of women had no PTSD (76.9%) and 83 had PTSD (23.1%).

Table 4 : Independent t test of PTSD due to 8 days war on Gaza and working condition

	N	Minimum	Maximum	Mean	Std. Deviation
PTSD	360	17	82	40.41	11.97
Intrusion	360	5	25	13.85	4.22
Avoidance	360	7	34	14.59	5.63
Hyperarousal	360	5	25	11.98	4.56

Ptsd and Sociodemographic Variables of The Study Sample

The results showed no significant differences in mean PTSD and type of work, marital status of women, place of residence, number of children, and citizenship. However women with family monthly income less than \$ 350 reported more PTSD than those with higher family income ($F(3/356) = 10.57, p = 0.001, \eta_p^2 = 0.16$).

Relationship Between Stress Due to The Siege, Trauma, and PTSD Symptoms

Pearson correlation test showed that there were statistically significant positive correlations between stressors due to siege and traumatic events due to war on Gaza ($r(360) = 0.20, p < 0.001$), PTSD ($r(360) = 0.31, p < 0.001$), intrusion ($r(360) = 0.23, p < 0.001$), avoidance ($r(360) = 0.25, p < 0.001$), and hyper arousal ($r(360) = 0.28, p < 0.001$). Also, there were statistically significant relationship between traumatic events due to war on Gaza and PTSD ($r(360) = 0.33, p < 0.001$), intrusion ($r(360) = 0.29, p < 0.001$), avoidance ($r(360) = 0.30, p < 0.001$), and hyper arousal ($r(360) = 0.22, p < 0.001$).

Table 5 : Pearson correlation coefficient of variables of siege stressors, war trauma, PTSD and subscales

	1	2	3	4	5
1.Traumatic events due to war	1.00				
2. Total siege stressors	.20**	1.00			
3. PTSD	.33**	.31**	1.00		
4. Intrusion	.29**	.23**	.77**	1.00	
5. Avoidance	.30**	.25**	.87**	.50**	1.00
6. Hyperarousal	.22**	.28**	.83**	.49**	.60**

*p<0.05, **p< 0.01, ***p <0.001

Prediction of PTSD By Traumatic Events s

In a multivariate regression model, total PTSD score was entered as dependent variables and each war traumatic events as independent variables. Total PTSD was predicted by Witnessing shooting of a friend ($\beta=.16, t (358), p<0.001$),unable to leave you home with family members due to fears of shelling in the street ($\beta= 0.15, t (358), p<0.008$), and hearing killing of a close relative($\beta= 0.17, t (358), p<0.003$) $R^2 = .15, F (2/179) =13.66, p = 0.001$.

Table 6 : Multivariate regression model of Prediction of PTSD by traumatic events

	Unstandardized Coefficients		Standardized Coefficients		Sig.	95.0% Confidence Interval for B	
	B	Std. Error	Beta	t		Lower Bound	Upper Bound
(Constant)	33.80	1.07		31.62	.00	31.70	35.90
Witnessing shooting of a friend	4.08	1.53	.16	2.66	.01	1.06	7.10
Unable to leave you home with family members due to fears of shelling in the street	3.65	1.22	.15	2.99	.00	1.25	6.06
Hearing killing of a close relative	4.29	1.37	.17	3.14	.00	1.61	6.98

Discussion

The results showed that mean siege stressors were 7. Women most commonly reported stressors of siege were:My work affected so much due to cut-off of electricity and shortage of gas (67.8%), prices are sharply increased due to closure (66.1%), I cannot finish some construction and repair work in my house due to shortage of building materials (63.9%), and I feel I am in a big prison (63.6%). Such findings were consistent with study of Thabet et al., (2) which showed that mean stressors of siege were 12. And the most common stressors of siege of Gaza items were: prices are sharply increased (97.67%), I feel I am in a big prison (92.23%), I cannot find things I need in the market (91.70%), I quitted some purchased daily needs (88.30%), and social visits are less than before (85.23%). Also, our study results were consistent with study of Lubad &Thabet [15] of university students in Gaza Strip, which showed that students commonly reported siege stressors such as we cannot finish some construction and repair work in our house due to shortage of cement and building materials (97.4 %), one of the family member died due to prevention of traveling for treatment (86.2 %). Similarly, Thabet et al., [3] found that mean stressors of siege was 10.83. Also, they showed that most commonly reported stressors of siege of Gaza were: prices are sharply increased (90.8%), I feel I am in a big prison (88.5%), I cannot find things I need in the market (91.70%), I was not able to get specific medicine for me or for one of the family member due to shortage of fuel and absence of transportation (73.4%), and I was not able to get specific medicine for me or for one of the family member due to shortage of physicians and nurses (62.58%). Moreover, in study of the relationship between stressors due to siege of Gaza Strip on anxiety, depression and coping strategies among university students, Juma&Thabet [16] , showed that mean stressors in males was 12.38 and was 10.33 in females which is higher than this

study, students commonly reported stressors were: prices are sharply increased due to closure (92%), their study was affected so much due to cut-off of electricity and shortage of gas (83.5%). Similarly, in study of 502 Palestinian families after war 2014, Thabet and Thabet [15] showed that mean stressful situations was 10.3. Participants commonly reported the following types of stressors due to siege, felt that they are living in big prison (88%), said they cannot finish some construction and repairing work in their house due to shortage of building materials (87.3%), said prices are sharply increased due to closure (85.5%), said social visits are less than before (81.3%), and said that their work was affected so much due to cut-off of electricity and shortage of gas (77.9%). Cancer patients in Gaza suffered from siege, Bseiso and Thabet [5] in study the relationship between siege stressors, anxiety, and depression among patients with cancer in Gaza, showed that the most common reported stressors due to siege were : 92.9% said prices are sharply increased due to closure, 90.3% said they feel that they are in big prison , 85.5% their work affected so much due to cut-off of electricity and shortage of gas (85.5%). The patients with cancer reported from 2-16 stressors due to siege with mean 9.02. The results of this study showed that women with monthly income less than 350 US \$ were more affected by siege that the other groups with higher family monthly income. Also, our results consistent with Thabet et al. (3) study in the Gaza Strip which that people live in cities reported mental health problems less than those live in villages and camps. Also, the results showed that people with monthly income less than \$350 US showed more mental health problems than the others two groups were more affected by siege that the other groups.

The results showed that women reported from no traumatic events to 18 events with mean 9.1 The most commonly reported traumatic events were: hearing shelling of the area by artillery (97.5%), hearing the sonic sounds of the jetfighters (95%), watching mutilated bodies in Television (94.2%), hearing the loud voice of the drone's motors (93.3%), and witnessing the signs of shelling on the ground (88.6%). Such findings were consistent with previous studies in the area [4,5,14].

The study showed that mean PTSD was 40.41, mean intrusion was 13.85, avoidance was 14.59, and hyperarousal was 11.98. Our study showed that 23.1% of women had PTSD. Thabet et al., (2007) in study of domestic violence and mental health of women showed that mean PTSD was 36.8, intrusion mean = 10.6, avoidance mean = 15.32, hyper arousal means = 10.9 Considering the cutoff point of 50 for Post Traumatic Checklist, 17 women (14.7%) had been diagnosed as PTSD. Our study results consistent with Thabet et al. (2008) study of children and parents after shelling of Gaza Strip which showed that 60% of parents had symptoms of potential clinical significance which much more than this study. Our results supported by study by Shamia et al., (2015) which examined the prevalence of trauma and PTSD among nurses. Mean PTSD in nurses was 22.66, mean of intrusion was 8.03, avoidance was 8.39, and the hyper

arousal was 6.47. While, 19.7% of nurses met the criteria for a diagnosis of PTSD. Moreover, our results consistent with study of domestic violence and PTSD among 622 women from the entire Gaza Strip. 14.7% had been diagnosed as PTSD, 18% of women showed moderate to severe anxiety symptoms, and 15.6% showed moderate to severe depression [17]. Similarly, Thabet et al [18] in study the impact of war of 200 parents in the middle area of the Gaza Strip and their children showed that prevalence of PTSD in parents was 60% and 26.5% reported anxiety disorder. Such differences in prevalence of PTSD in women in Gaza Strip could be due to changing the type of traumatic events, level of exposure, social, and family support for those women.

Conclusion

Our study showed that women in Gaza Strip are suffering of stressors due to siege of the Gaza Strip which continued for the last 12 years. Such continue stressors are exaggerated by repeated exposure to war trauma and other stressors such as low monthly income, unemployment, and uncertainty of the political situation in this area. Such stressors and trauma had negative impact on women which increase suffering of PTSD.

Clinical Implications

Our study results highlight the need for ending Gaza siege immediately because there is negative long-term effect on Palestinian women mental health. Humanitarian organizations should play more positive role to protect Palestinian community from the negative consequences of siege.

Such findings of PTSD showed that there is need for supporting the existence organization dealing with women to increase the psychosocial services for women victims of community and political violence. Also, more training workshop for women to enable them of early detection of their mental health problems and ways of dealing with such problems must be carried out by different organization and governmental bodies in Palestine. More studies for women risk and protective factors for developing mental health problems, family support, social support, coping strategies, resilience, and post traumatic growth of women after war.

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