

Mental Health Challenges Facing Palestinian Families Living Under Israeli Colonialism

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ABSTRACT

This study aims to investigate the mental health of mothers and their children living in the vicinity and inside the Israeli settlements built in the area of old Hebron. In addition, the researcher seeks to reveal its impact on children's age and gender variables, age, and working mothers' variables. The researcher uses two measures. The first measure is to measure the PTSD symptoms among the children and their mothers. The results show that the female and younger age children have post-trauma symptoms distinguished from the males or the older children with statistically significant differences, while the women have not shown statistically significant differences, based on the variables of age and work. In addition, the researcher uses the measure of Carver to find out adaptation mechanisms for the children and their mothers. These children obtained positive adaptation mechanisms according to the highest adaptation strategies. Their order from the highest to the lowest is (Planning, Humor, Religion, Acceptance, Use of emotional support, Active coping, Instrumental support Use, Venting). As for their mothers, the order is as follows from the highest to the lowest: (Acceptance, Positive reframing, Self- distraction, Humor, Religion, and Use of instrumental support). All of these are considered positive coping strategies. Finally, the researcher recommends conducting expanded studies for all who are dwelling in these areas. Moreover, the author recommends intervention from civil society and mental health institutions to cover people living in these areas. This helps to illustrate the intensity and symptoms of post-trauma, especially among children.

Key Words: Israeli Colonialism, Palestinian families, PTSD, Adaptation, Mental health.

INTRODUCTION:

The Israeli occupation of the Palestinian territories is considered the longest occupation in the modern world. The Israeli-Arab conflict led to the existence of two wars: The first war is called the Nakbah (the Disaster) in the year 1948. Here the Israeli occupation plundered more than 75% of the lands of historical Palestine. This was followed by the War of 1967, which led to the occupation of all the Palestinian lands by the forces of the Israeli occupation in addition to some lands about some neighboring Arab countries such as Jordan, Egypt, Lebanon, and Syria. One of the most important results of these wars was the displacement of most inhabitants of historical Palestine to the neighboring states and the lands of Gaza, and

the West Bank, and they lived in what called the camps of refuge, hoping to return to their plundered land after the end of the occupation. However, after the two wars, the occupation forces since the first moment of occupying the land began to change the features of this land through confiscating the land and building what is called the settlements at the expense of the lands of the Palestinians (Al-Qodreh, 2020; Hasan @ Bader, 2017; Al-Jazeera Net <https://www.aljazeera.net/encyclopedia/events/22/5/2017>).

In 1979, the Security Council through the committee about the above topic dealt with the outcomes of the Israeli settlement policy

on the local inhabitants. It concluded that there is a mutual relationship between building settlements and displacing Arab inhabitants. The two Israeli human rights organizations B'Tselem and The Society of the Citizen's Rights in Israel indicated that the continuous violence of the settlers, imposing curfews and closing down of commercial stores, markets, and companies in the middle of the city of Hebron led to the collective departure of the Palestinians from these places. These two organizations concluded that planting the Israeli settlements in the occupied Palestinian lands is closely connected with displacing the Palestinians (B'Tselem, 2003; 2007).

Settlement in the Hebron Governorate was not far from the eye of the Israeli occupation. The expert of maps and settlement 'Abdul-Hadi Hanash emphasized that a sum of 30 settlements were built in the city of Hebron in addition to 20 settlement focuses including Kiryat 'Arba', Khristina, Mallouh, Hajay, Ramat Yishay, Al-tabbouleh or Beit Hadasa and Beit Romano. These settlement focuses were established in vital places inside the city of Hebron such as; Usamah Bin Munqith School and in the place of the Vegetable Market (<https://ramallah.news/post/>, settlement in Hebron is black history, Ramallah News Website; <https://felesteen.news/p/95967>), report on settlement building in Hebron: a new stage of Israeli control and escalation; <http://www.alhaya.ps/ar/Article> Hebron under the fire of settlement). West Bank, Gaza Strip, the city of Jerusalem, and the lands which were occupied in the 1967 War are all considered according to all international agreements and decisions as occupied territories and the occupier may not build on them (Al-Shudaifat & Al-Jabra, 2015; Hussein & Bader, 2017; Al-Qidreh & Serry, 2020).

Armed conflicts have a destructive effect on the mental health of the harmed inhabitants. They might be inflicted with mental disturbances including posttraumatic disorders and depression. These are

considered as the most spread disturbances under the wars and after them. They affect adults and children. Some studies pointed out that 30% of the inhabitants will suffer from post wars disturbances and painful events, and the proportion of the children will be most of those who suffer from these disturbances. These events also affect family relations, school performance, and relationships with peers, and the individual's satisfaction with life in general (Catani, 2018).

In a study conducted on 1369 male and female students from the Syrian society under the ongoing war, it was indicated that 53% of them suffer from post-trauma disturbance, 62% suffer from anger, 61% has moderate or severe mental health while only 9.3% did not inform about being exposed to any variable, which is related to the war (Kakaje et al. 2020). Being exposed to the war affected the post-trauma disturbance, and anger, increasing the post-trauma symptoms among the females as compared with the males (Thabet, El-Buhaisi & Vostanis, 2014). Social support worked slightly on lowering the degrees of disturbance of the post-trauma and anger (Kakaje et al. 2020; Snoubar, 2016; Michelle & Anat, 2017).

One of the most important results of the wars and the occupation of the lands of others and displacing their native owners is the psychological, social, and even economic harm, which is incurred on these people. This leads them to feel psychological stress and mental and social tensions and diseases. This study also showed that there were no statistically significant differences according to the age stage while there were differences in favor of the small age category on the side of psychological security (Theresa et al., 2020; Abu-El-Ghanem et al., 2016; Muldoon, Trew & Kilpatrick, 2000). Threat on life, violence, and losses form danger and work on increasing the mental health symptoms on the children. There is a positive role for the ability of the families to offer support for their children to go beyond these pressures. Also, family love protects the

natural growth of the child. In addition, the child's experience, the strategies of flexible confrontation, and using the method of stories help in building the ability for steadfastness, increasing the children's awareness, raising the level of the cognitive and emotional processes, raising the level of mental health and helping in building the preventive interventions (Alschuler & Otis, 2012; Qouta, Punamaki & El-Sarraj, 2008; Fairbank, Hansen & Fitterling, 1991). The individual who is exposed to traumas and post-trauma symptoms needs support and he needs to use suitable adaptation mechanisms for his emotional and mental health situation to overcome the psychological state that he is living because the accumulation of traumatic events affects negatively the mental health of the individual and subsequently on the method of his using the adaptation mechanisms in their negative and positive forms (Thabet, El-Buhaisi, & Vostanis, 2014; Christina et al., 2012).

Among the effects of the wars on civil inhabitants, the results of the studies that were conducted on many societies that women were more affected than men. The category which was most affected is the category of children and elderly people. The more the bodily support and the mental support increase, the symptoms resulting from traumas become less. In addition, there is a positive effect of acclimatization and the religious culture in decreasing the effects of traumatic events (Murthy & Lakshminarayana, 2006; Schweitzer, Melville, & Steel & Lacherez, 2006). However, the study of Amir et al., showed that the methods of resistance, adaptation, and acclimatization among those who are inflicted with the symptoms of mental health and trauma through comparing those who have symptoms and others who suffer from other symptoms, that those who are inflicted with mental health and trauma used the methods of confrontation and the method of acclimatization and replacing more than the methods of lessening and requesting help and reflection (Slanbekova et al., 2017; Wingo; Baldessarini; Windle, 2015; Thabet et al.,

2009), social support and avoiding problems, and adolescents who suffer from post-trauma disturbance used the strategies of professional support, developing a kind of social support, avoiding talking about feelings and social support (Thabet, El-Buhaisi & Vostanis, 2014; Schweitzer, Melville, Steel & Lacherez, 2006).

However, this study will investigate the effects of housing among the Israeli settlements that were built on Palestinian lands in the Old City of Hebron on the mental health of children and their mothers and the coping methods they used.

Methods:

Study sample:

Two places in Palestinian Authority Territories (POT) can be considered for this kind of research as Israeli settlements and Palestinians are living in the same area, the two places are located in West Bank, the one which is easier to search is an old city in Hebron Governorate, do not need permission from the Israeli side like the other two parts (Gaza Strip and East Jerusalem).

From the director of education and high education in Hebron, we received a list of schools that are located inside the old city, and students have to cross Israeli checkpoints daily, that contains (30) schools out of (152) in all the governorates, several students in this sight are (8000) student and the number of female and male teachers are (300) and (22) of educational councilors. We asked the director of education and high education in Hebron to randomly select 6 schools out of 30. From the chosen schools we asked the councilors to randomly select every fifth name in the student's list to reach a sample that represented 20% of all the society study, then asked the students and their mothers to fill and complete the UCLA PTSD Index (Rodriguez, Steinberg, & Pynoos, 1999) and the Coping strategies questioners (Brief cope) (Carver, 1997). Five hundred questionnaires were sent to schools to be filed by children and their mothers, we received 280 for UCLA PTSD Index and 145

for Coping strategies from children and 208
UCLA PTSD Index, and 97 for Coping

strategies filed ones for mothers. See table N:
1a&b.

Insert table 1a: Socio-demographic characteristics of children and mothers- UCLA PTSD test

UCLA PTSD RI: Total group (n= 280 for children & 208 for mothers)			
Gender		Age	
Mail	150 (54.8%)	< 14	135 (48%)
Female	130 (46%)	14- 18	145 (52)
Mothers Work		Age	
Yes	100(48%)	20-30	98(43%)
No	108(52%)	31-40	72(35%)
		41-50	38(22%)

Insert table 1b: Socio-demographic characteristics of children and mothers- Brief Cope test

Brief Cope :Total group (n=145 for children & 95 for mothers)			
Gender		Age	
Mail	52 (35.9%)	< 14	32 (22.1%)
Female	93 (60.1%)	14- 18	113 (77.9%)
Mothers Work		Age	
Yes	52(55%)	20-30	32(34%)
No	43(45%)	31-40	32(34%)
		41-50	31(32%)

Procedure:

Data regarding the psychological wellbeing of school-aged children and their mothers were collected in 2020-2021 by the use of the UCLA PTSD Index, and the coping strategies, which was filed anonymously by 280 children themselves or by parents for children with small ages for PTSD index, and in the same way 145 for the coping strategies scale. Mothers also filed 208 for the PTSD index and 97 for the coping one. Those participants were visited at their schools by the author and one of the councilors who have been trained in research methodology. Children and mothers were informed about

the research and its aims, asked the children and their mothers' consent to participate, and identified students were invited to complete the questionnaire. The researcher remained to give support to respondents if needed. The questionnaire was accompanied by written information about the study aims, anonymity and confidentiality, the researcher's contact information, information about possible referral for mental health support, and complete instructions. The researcher returned the next week to receive the completed questionnaires. Referral for mental health support was available to all participants, upon request.

Measures:

After a sociodemographic questionnaire, investigating age and gender children, parents and children themselves were asked to complete a self-report questionnaire about children's psychological wellbeing, UCLA-PTSD-Reaction Index (Shehadeh, 2015, 2021; Rodriguez, Steinberg, & Pynoos, 1999) and Brief cope (Shehadeh, 2016; Carver, 1997), the tow scales have been already used in Palestinian and Arabic context and before using the scales, they were discussed in a group of six experts from Palestinian universities to verify its stability for research aims and participates.

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 = 0.808). Rodriguez et al. (1999) proposed a score of 38 and higher as a clinical.

Coping Strategies Scale-Brief cope:

Brief cope (Carver, 1997: a self-report questionnaire, and has been widely used in research on coping strategies for adolescents (Almansori A, 2014), also in Palestine (Shehadeh et al., 2016, 2021). 28 items are scored on a Likert scale from 0 (not at all) to 3 (a lot). For this study, we used the Arabic version, which is adapted to the Palestinian context. The 28 items scale is divided into 14 ways of coping according to the Carver scale, (Cronbach's alpha = 0.78).

Statistical analysis

Descriptive statistics, t-test, and M analyzes were used to present sample demographic characteristics and prevalence of PTSD symptoms and coping strategies to determine the variables impacting the psychological wellbeing of children and families, especially mothers living among Israeli settlements in Hebron old city (age & gender, working), (total PTSD score on UCLA-PTSD-RI, ways of coping strategies that used by mothers or their children), analyzes were performed using SSPS (version 22).

Results

PTSD symptoms for children according to UCLA-RI

Insert table 2: Arithmetic averages and standard deviations of the questionnaire items

Number	Items	M	Percentage	The level
1 d4	I watch out for danger or things that I am afraid of.	2.68	54%	A high degree
2 b4	When something reminds me of what happened, I get very upset, afraid, or sad.	2.33	47%	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.	2.93	59%	A high degree
4 d2	I feel grouchy, angry, or mad.	2.56	51%	A high degree

5 b2	I have dreams about what happened or other bad dreams.	2.92	60%	A high degree
6 b3	I feel like I am back at the time when the bad thing happened, living through it again.	2.91	60%	A high degree
7 c4	I feel like staying by myself and not being with my friends.	3.30	66%	A high degree
8 c5	I feel alone inside and not close to other people.	3.27	65%	A high degree
9 c1	I try not to talk about, think about, or have feelings about what happened.	2.64	53%	A high degree
10 c6	I have trouble feeling happiness or love.	3.06	63%	A high degree
11 c6	I have trouble feeling sadness or anger.	2.99	62%	A high degree
12 d5	I feel jumpy or startle easily, like when I hear a loud noise or when something surprises me.	2.49	50%	Middle degree
13 d1	I have trouble going to sleep or I wake up often during the night.	2.89	58%	A high degree
14 of	I think that some part of what happened is my fault.	2.79	56%	A high degree
15 c3	I have trouble remembering important parts of what happened.	3.04	61%	A high degree
16 d3	I have trouble concentrating or paying attention.	2.77	55%	A high degree
17 c2	I try to stay away from people, places, or things that make me remember what happened.	2.64	53%	A high degree
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.	2.82	56%	A high degree
19 c7	I think that I will not live a long life.	3.19	64%	A high degree
20 d2	I have arguments or physical fights.	2.86	57%	A high degree
21 c7	I feel pessimistic about my future.	3.13	63%	A high degree

22 of	I am afraid that the bad thing will happen again.	2.74	55%	A high degree
	The overall score of the scale	2.88	58%	A high degree

The previous table indicates that: All the items on the scale scored a high score except for the two items (2 and 12), which got a medium score. Paragraph (2) had the lowest arithmetic average, which amounted to (2.33). It states, "When someone reminds me

of the event I faced, I feel anxious, stressed, and sad."

Paragraph (7), which states, "I like to be alone and not with my friends," got the highest average score, as it reached (3.30).

Insert table 3: Table-3- PTSD Filling by children

	Gender	N	M	SD	T	p	Age	M	SD	t	P
Total PTSD	M	150	2.69	.751	-	.022	12- < 14	2.87	.626	-	.001
	F	130	2.94	.582	2.110		14- 18	2.57	.624	2.673	

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

Insert table 4: Coping strategies according to Brief Cope: For children: Arithmetic averages and standard deviations of the questionnaire items.

N	Items	M	Percentage	The level
.1	I have been turning to work or other activities to take my mind off things.	2.00	40%	Sometimes
.2	I've been concentrating my efforts on doing something about the situation I'm in.	2.76	55%	Frequently
.3	I've been saying to myself "this is not true"	2.51	50%	Frequently
.4	I have been using alcohol or other drugs to make myself feel better.	1.25	25%	Sometimes
.5	I have been getting emotional support from others.	2.23	45%	Sometimes
.6	I have been giving up trying to deal with it.	2.38	48%	Sometimes
.7	I have been taking action to try to make the situation better.	2.05	41%	Sometimes
.8	I have been refusing to believe that it has happened.	2.37	47%	Sometimes

9	I have been saying things to let my unpleasant feelings escape.	2.50	50%	Frequently
10	I have been getting help and advice from other people.	1.28	26%	Sometimes
11	I have been using alcohol or other drugs to help me get through it.	2.77	55%	Frequently
12	I have been trying to see it in a different light, to make it seem more positive.	2.17	43%	Sometimes
13	I have been criticizing myself.	2.88	58%	Frequently
14	I have been trying to come up with a strategy about what to do.	2.59	52%	Frequently
15	I have been getting comfort and understanding from someone.	2.28	46%	Sometimes
16	I have been giving up the attempt to cope.	2.94	59%	Frequently
17	I have been looking for something good in what is happening.	2.83	57%	Frequently
18	I have been making jokes about it.	2.38	48%	Sometimes
19	I have been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.	2.89	58%	Frequently
20	I have been accepting the reality of the fact it has happened.	2.89	58%	Frequently
21	I have been expressing my negative feelings.	2.72	54%	Frequently
22	I have been trying to find comfort in my religion or spiritual beliefs.	3.21	64%	Frequently
23	I have been trying to get advice or help from other people about what to do.	2.57	51%	Frequently
24	I have been learning to live with it.	2.40	48%	Sometimes
25	I have been thinking hard about what steps to take.	3.02	60%	Frequently
26	I have been blaming myself for things that happened.	2.12	42%	Sometimes
27	I have been praying or meditating.	2.36	47%	Sometimes
28	I have been making fun of the situation.	1.76	35%	Sometimes

	The overall score of the scale	2.42	48%	Sometimes
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The previous table indicates that: Paragraphs 1, 4, 5, 6, 7, 8, 10, 12, 15, 18, 24, 26, 27, 28 are sometimes appreciated. Paragraph (4), which states, "I resort to alcohol and stimulants to help me get out of the problem," received the lowest arithmetic average, which amounted to (1.25).

Paragraphs 2, 3, 9, 11, 13, 14, 16, 17, 19, 20, 21, 22, 23, 25 were often highly rated, and Paragraph 22, which states: "I try to find comfort and reassurance by resorting." to religion." On the highest arithmetic average, it reached (3.21). The total score was sometimes graded with an arithmetic average of (2.42).

Insert table 5: Table-5- total coping filling by children

	Gender	N	M	SD	t	p	Age	M	SD	t	P
Total coping	M	52	2.41	0.347	-	0.834	9-14	2.35	0.364	-	0.267
	F	93	2.42	0.373	0.205		14-<18	2.44	0.362	1.126	

*p<.05, **p<.01, ***p<.001, coping strategies as measured by the Brief cope Questionnaire.

The previous table indicates the acceptance of the previous hypothesis, which states, "There are no statistically significant differences at the significance level ($\alpha \leq 0.05$) in the coping methods that children in Hebron city resort to when exposed to trauma due to the gender variable." The significance level

reached (834), which is higher than ($\alpha \leq 0.05$), which means that the hypothesis is accepted. The second hypothesis, states that "there are no statistically significant differences at the significance level ($\alpha \leq 0.05$) in the coping methods that children resort to in the city of Hebron when exposed to trauma due to the age variable." The significance level reached (267.), which is higher than ($\alpha \leq 0.05$), which means that the hypothesis is accepted.

Table 6: Arrange the axes according to the arithmetic mean in descending order:

N	Axes	M	S. D	Percentage	Level
1.	Planning	2.95	.829	59%	Frequently
2.	Humor	2.86	.810	57%	Frequently
3.	Religion	2.78	.763	56%	Frequently
4.	Acceptance	2.64	.803	53%	Frequently
5.	Use of emotional support	2.61	.900	52%	Frequently
6.	Active coping	2.57	.822	51%	Frequently
7.	Use of instrumental support	2.54	.902	51%	Frequently
8.	Venting	2.55	.762	51%	Frequently

9.	Positive reframing	2.29	.807	46%	Frequently
10	Denial	2.28	.754	46%	Frequently
11	Behavioral disengagement	2.26	.782	45%	Frequently
12	Self-distraction	2.19	.690	44%	Frequently
13	Self-Plame	2.14	.878	43%	Frequently
14	Substance use	1.27	.731	25%	Frequently

The highest coping strategies the children obtained -according to their point of view- by accumulating points above 50% are as follows, from highest to lowest(Planning, Humor, Religion, Acceptance, Use of emotional support, Active coping, Use of instrumental support, Venting).

Insert table 7: PTSD symptoms for mother's accordion to UCLA-RI- Arithmetic averages and standard deviations of the questionnaire items

Number	Items	M	Percentage	The level
1 d4	I watch out for danger or things that I am afraid of.	4.8	95%	Very high degree
2 b4	When something reminds me of what happened, I get very upset, afraid, or sad.	4.7	93%	Very high degree
3 b1	I have upsetting thoughts, pictures, or sounds of what happened come into my mind when I do not want them to.	4.6	92%	Very high degree
4 d2	I feel grouchy, angry, or mad.	4.6	92%	Very high degree
5 b2	I have dreams about what happened or other bad dreams.	4.5	91%	Very high degree
6 b3	I feel like I am back at the time when the bad thing happened, living through it again.	4.5	91%	Very high degree
7 c4	I feel like staying by myself and not being with my friends.	4.3	89%	Very high degree
8 c5	I feel alone inside and not close to other people.	4.2	85%	Very high degree
9 c1	I try not to talk about, think about, or have feelings about what happened.	4.2	85%	Very high degree
10 c6	I have trouble feeling happiness or love.	4.2	85%	Very high degree

11 c6	I have trouble feeling sadness or anger.	4.2	85%	Very high degree
12 d5	I feel jumpy or startle easily, like when I hear a loud noise or when something surprises me.	4.1	83%	Very high degree
13 d1	I have trouble going to sleep or I wake up often during the night.	4.1	83%	Very high degree
14 of	I think that some part of what happened is my fault.	4	80%	Very high degree
15 c3	I have trouble remembering important parts of what happened.	3.9	79%	A high degree
16 d3	I have trouble concentrating or paying attention.	3.9	79%	A high degree
17 c2	I try to stay away from people, places, or things that make me remember what happened.	3.9	79%	A high degree
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.	3.9	79%	A high degree
19 c7	I think that I will not live a long life.	3.8	78%	A high degree
20 d2	I have arguments or physical fights.	3.8	78%	A high degree
21 c7	I feel pessimistic about my future.	3.7	77%	A high degree
22 of	I am afraid that the bad thing will happen again.	3.4	74%	A high degree
	The overall score of the scale	4.15	%84	Very high degree

The previous table indicates that:
The highest response percentage was (95%)
for paragraph (5), while the lowest

percentage was (74%) for paragraph (17),
and the average response on the total score
was very high insignificance (84) %).

Insert table 8: Table-5- PTSD Filling by mothers

	work	N	M	SD	t	p	Age	M	SD	t	p
Total PTSD	Yes	52	1.86	0.47	-	0.56	20-30	1.79	0.43	-	0.39
	No	43	1.91	0.46	0.24		31-40	1.86	0.44	1.34	

							41-50	1.93	0.47		
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* $p < .05$, ** $p < .01$, *** $p < .001$, PTSD: posttraumatic stress disorder as measured by the USCL-PTSD Reaction Index Questionnaire.

It is clear from the previous table that there are no statistically significant differences at the significance level ($\alpha \leq 0.05$) on the total score, as the significance level for the values of (P) on it, was greater than (0.05), for the

two variables work and age for mothers, and thus we accept the null hypothesis.

Coping strategies according to Brief Copc: For mothers:

Insert table 9: Arithmetic averages and standard deviations of the questionnaire items

N	Items	M	Percentage	The level
.1	I've been turning to work or other activities to take my mind off things.	2.23	45%	Sometimes
.2	I've been concentrating my efforts on doing something about the situation I'm in.	2.13	43%	Sometimes
.3	I've been saying to myself "this is not true"	2.22	44%	Sometimes
.4	I've been using alcohol or other drugs to make myself feel better.	2.40	48%	Sometimes
.5	I've been getting emotional support from others.	2.14	43%	Sometimes
.6	I've been giving up trying to deal with it.	2.26	45%	Sometimes
.7	I've been taking action to try to make the situation better.	2.29	46%	Sometimes
.8	I've been refusing to believe that it has happened.	2.19	44%	Sometimes
.9	I've been saying things to let my unpleasant feelings escape.	2.13	43%	Sometimes

.10	I've been getting help and advice from other people.	2.38	48%	Sometimes
.11	I've been using alcohol or other drugs to help me get through it.	2.15	43%	Sometimes
.12	I've been trying to see it in a different light, to make it seem more positive.	2.45	49%	Sometimes
.13	I've been criticizing myself.	2.33	47%	Sometimes
.14	I've been trying to come up with a strategy about what to do.	2.42	48%	Sometimes
.15	I've been getting comfort and understanding from someone.	2.69	54%	Frequently
.16	I've been giving up the attempt to cope.	3.08	62%	Frequently
.17	I've been looking for something good in what is happening.	3.18	64%	Frequently
.18	I've been making jokes about it.	3.78	76%	Frequently
.19	I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.	3.33	67%	Frequently
.20	I've been accepting the reality of the fact it has happened.	3.18	64%	Frequently
.21	I've been expressing my negative feelings.	2.69	54%	Frequently
.22	I've been trying to find comfort in my religion or spiritual beliefs.	2.58	52%	Frequently
.23	I've been trying to get advice or help from other people about what to do.	2.44	49%	Sometimes
.24	I've been learning to live with it.	2.65	53%	Frequently
.25	I've been thinking hard about what steps to take.	2.56	51%	Frequently
.26	I've been blaming myself for things that happened.	2.51	50%	Frequently

.27	I've been praying or meditating.	2.74	55%	Frequently
.28	I've been making fun of the situation.	2.52	50%	Frequently
	The overall score of the scale	2.52	50%	Frequently

The previous table indicates that:

Paragraphs 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 23 are sometimes appreciated. Paragraph (9), which states, "I've been saying things to let my unpleasant feelings escape." had the lowest arithmetic average, which amounted to (2.13).

Paragraphs 15, 16, 17, 18, 19, 20, 21, 22, 25, 26, 27, 28 were mostly appreciated.

Paragraph (19), states: "I've been doing something to think about it less, such as going to movies, watching TV, reading the, daydreaming, sleeping, or shopping." On the highest arithmetic average, which amounted to (3.33).

The overall score was often appreciated with an arithmetic mean of (2.52).

Table 10: Arrange the axes according to the arithmetic mean in descending order.

N	Axes	M	S. D	Percentage	Level
1.	Acceptance	2.92	.706	58%	Frequently
2.	Positive reframing	2.85	.786	57%	Frequently
3.	Self- distraction	2.78	.384	56%	Frequently
4.	Humor	2.77	.656	55%	Frequently
5.	Religion	2.66	1.02	53%	Frequently
6.	Use of instrumental support	2.48	.560	50%	Sometimes
7.	planning	2.44	.804	49%	Sometimes
8.	Use of emotional support	2.42	.586	48%	Sometimes
9.	Self-Plame	2.42	.837	48%	Sometimes
10.	Behavioral disengagement	2.41	.822	48%	Sometimes
11.	Venting	2.41	.660	48%	Sometimes
12.	Substance use	2.27	.815	45%	Sometimes
13.	Active coping	2.21	.760	44%	Sometimes
14.	Denial	2.21	.824	44%	Sometimes

The following table showed that the highest coping strategies the mothers obtained - according to their point of view- by accumulating points above 50% are as

follows, from highest to lowest(Acceptance, Positive reframing, Self- distraction, Humor, Religion, Use of instrumental support).

Insert table 11: Coping strategies Filling by mothers

	work	N	M	SD	t	p	Age	M	SD	t	P
Total coping strategies	Yes	52	2.53	0.475	-	0.735	20-30	1.49	0.53	-	0.243
	No	43	2.49	0.353	0.339		31-40	1.36	0.49	1.44	
							41-50	1.43	0.47		

* $p < .05$, ** $p < .01$, *** $p < .001$, coping strategies as measured by the Brief cope Questionnaire.

The previous table indicates the acceptance of the previous hypothesis, which states that there are no statistically significant differences at the significance level ($\alpha \leq 0.05$) in the adaptation methods that women resort to in the city of Hebron due to the work variable. The significance level reached (0.735), which is higher than ($\alpha \leq 0.05$), which means that the hypothesis is accepted.

In addition, there were no statistically significant differences that could be attributed to the variable of age, where the value of the significance level was 0.243, which is higher than ($\alpha \leq 0.05$), which means that the hypothesis is also accepted.

Discussion:

Despite the attempt of the Palestinians to live in peace and to accept peace based on the international agreements, the theft of the land, and the continuous attempt of the Israeli settlers to steal the land and the source of the subsistence of the Palestinian families in the West Bank, Gaza Strip and East Jerusalem as being the lands of the Palestinian state of which the Palestinian dreams according to the international agreements, these matters made the Palestinian to be in permanent perplexity and in permanently expecting the unknown. This affected his mental, social and economic stability. The results of this study showed the exposure of the Palestinian children who live among the serial

settlements and who are exposed to the harassments of the settlers continuously because of the nearness of their residence to the settlements, which are built on the lands of the Palestinians themselves. The symptoms of the post-trauma (PTSD) appeared on them, this result agreed with the results of each (Thabet, 2019; Catani, 2018; Thabet, El-Buhaisi, & Vostanis, 2014; Christina et al., 2012; Abdeen et al., 2008; Hadi & Llabre, 1998; Llabre & Hadi, 1997). In addition, these symptoms appeared among the small ages more than in the big ages. This result agreed with the results of each of (Abu-El-Ghanam, El-Khaddam & Un'aimaat, 2016; Shehadeh et al., 2016; Thabet El-Buhaisi & Vostanis, 2014; Hadi & Llabre, 1998; Llabre & Hadi, 1997). In addition, the symptoms appeared among the females more than the males. This result also agreed with the results of (Shehadeh, 2016; Thabet, El-Buhaisi & Vostanis, 2014; Hadi & Llabre, 1998; Llabre & Hadi, 1997).

The ability of the Palestinians to acclimatize with traumatic events is considered a high ability and tends somewhat to positive adaptation. The results of the research pointed out that the children from both sexes and all ages obtained similar results somehow whereby there were no statistically significant differences among all the age categories or both sexes. All obtained the following order in the adaptation mechanisms on adopting that higher than 50% of the responses achieved this mechanism of adaptation. It came according to the following from the highest to the

lowest of the total sum of the mechanisms (Planning, Humor, Religion, Acceptance, Use of emotional support, Active coping, Use of instrumental support, Venting). These mechanisms are considered positive adaptation mechanisms according to (Carver, 1997). The results of the research agreed with the results of (Afana et al. 2020; Thabet, El-Buhaisi & Vostanis, 2014; Thabet et al., 2009; Schweitzer, et al., 2006). The appearance of these positive mechanisms might be due to the multiplicity of traumatic events through which the Palestinian people had passed and is passing and the multiplicity of his experience with adapting to these matters and events.

As for the symptoms of the PTSD concerning the mothers and according to their ages or whether the mother works or she does not work, there were no statistically significant differences according to the variables concerning the mothers. This result disagreed with the results of the studies of (Veronese, Sousa & Cavazzoni, 2021; Amer et al., 2015; Quota, Punamaki & El-Sarraj, 2008; Punamaki, 1990; Khamis, 1998) which were conducted on women during and after the wars whereby they have high symptoms of the PTSD. This result might be due to the existence of the settlement for long periods in this area and the women being accustomed to such matters or it may be the appearance of power by the Palestinian women out of fear of their appearance of the disturbed or afraid appearance in front of the settlers or their children.

The women from Hebron who participated in this study showed positive adaptation mechanisms according to adaptation criteria. The adaptation mechanisms of the women came according to the measure of (Carver, 1997), which obtained the proportion of 50% and higher of positive responses was taken. The order of the adaptation mechanisms was as follows; (Acceptance, Positive reframing, Self- distraction, Humor, Religion, and Use of instrumental support). The results of this study agreed with the results of each of) Afana et al., 2020; Shehadeh et al., 2016;

Thabet, El-Buhaisi, & Vostanis, 2014; Christina et al., 2012).

The Palestinian people is considered one the peoples who suffered the most during the passage of years and decades, whereby many of the pains were practiced against it by the occupation of the land and human. Among the results of these tragedies is that the Palestinian human being has formed mechanisms, which help him in the positive adaptation.

The children and their mothers obtained nearly the same adaptation mechanisms with a difference in order but in the outcome, they are considered positive adaptation mechanisms as viewed by (Carver, 1997). The repeated experiences of the painful events and the compulsion of living with them in a form that does not affect negatively the mental health of the Palestinian individual have the basic role in the Palestinian individual's adopting these experiences in the positive adaptation.

Recommendations:

The researcher recommends conducting expanded studies whereby they include the largest number possible of the residents inside or near the areas, which are confiscated for the benefit of the settlements.

The role of the civil society institutions and the mental health institutions, which can give sessions on mental health, should be activated.

Conflicts of interest:

The author has declared that he has no competing or potential conflicts of interest, and there has been no significant financial support for this work that could have influenced its outcome.

As corresponding author, I confirm that the manuscript has been read and approved for submission.

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