

Risk and Protective Factors Among Palestinian Women Living in a Context of Prolonged Armed Conflict and Political Oppression

Journal of Interpersonal Violence

1–29

© The Author(s) 2019

Article reuse guidelines:

sagepub.com/journals-permissions

DOI: 10.1177/0886260519865960

journals.sagepub.com/home/jiv



Guido Veronese,¹  Federica Cavazzoni,¹
Sabrina Russo,² and Cindy Sousa³

Abstract

Research has widely documented the effects of war and political violence on the functioning and well-being of adults and children. Yet, within this literature, women's agency in the face of war-related adversity and political violence remains underexplored. The present study was conducted in the Gaza Strip in the aftermath of the most recent war on Gaza in 2014, with the aim of investigating the consequences of war and political violence for women's mental health and psychological functioning. Based on interviews with 21 Palestinian women exposed to extreme war-related traumatic events, the article offers an analysis of the risk and protective factors affecting their well-being and enhancing (or diminishing) their agency. *Human Security, Family Ties, Psychosocial Resources, Individual Resources, and Motherhood* emerged from the women's narratives as key factors contributing to the

¹University of Milano-Bicocca, Italy

²An-Najah National University, Nablus, Palestinian Territory

³Bryn Mawr College, PA, USA

Corresponding Author:

Guido Veronese, Associate Professor in Clinical Psychology, Family Psychotherapist and Trauma Intervention Specialist, "Riccardo Massa" Department of Human Sciences for Education, University of Milano-Bicocca, Piazza dell'Ateneo Nuovo, 1, 20126 Milano, Italy.
Email: guido.veronese@unimib.it

maintenance of positive psychological *functioning* and the ability to adjust to traumatic war events in the aftermath of acute armed conflict. These exploratory findings suggest that Palestinian women display a high level of functioning and resources for adjustment that is preserved after periods of devastating armed conflict. The study draws attention to a set of protective factors for the well-being of women and their families when living with chronic political violence.

Keywords

women, war, political oppression, risk and protective factors

Introduction

Women experiencing war and political violence are exposed to a wide range of traumatic experiences such as loss of their homes, relatives, children, and other forms of severe violence and abuse that can undermine their physical and psychological functioning (Cohn, 2013). Within political violence, women tend to face risks that are distinct from those of other populations, including increased burdens related to health, safety, and parenting (Al Gasseer, Dresden, Keeney, & Warren, 2004; United Nations Research Institute for Social Development [UNRISD], 2005). Studies that have examined the role of gender in relationship to outcomes of political violence have found that war-related hardships and adversities seem to affect women and men differently (Ahern et al., 2004; Carballo, Simic, & Zeric, 1996; Rehn & Sirleaf, 2002; Usta, Farver, & Zein, 2008). Armed conflicts tend to work alongside other risks within women's social and political contexts. Women in these settings tend to be at greater risk of widowhood, unemployment, poverty, and losing their homes, which further exacerbates gender inequalities and discrimination (UNEGEEW, 2013). Perhaps because of these distinct risks within their environments, women have been found to display more severe symptoms of distress and mental illness, including posttraumatic stress disorder (PTSD), than men as an outcome of war (Adams & Boscarino, 2006; Brewin, Andrews, & Valentine, 2000; Kimhi & Shamai, 2006; Zeidner, 2006). Scholarship suggests that women are twice as likely as men to develop PTSD as direct consequence of armed conflict (Eytan et al., 2004; Plümper & Neumayer, 2006; Solomon, Gelkopf, & Bleich, 2005).

Although war-related traumatic events, extreme violence, and political oppression are linked to serious psychological burden and mental illness (de Jong, Komproe, & Van Ommeren, 2003; Mollica & Caspi-Yavin, 1991), they can also lead to the discovery of unexpected resources, personal growth, and

agency (Diab, Isosävi, Qouta, Kuittinen, & Punamäki, 2017; Lenette, Brough, & Cox, 2012; Veronese, Pepe, Massaiu, De Mol, & Robbins, 2017). Women living in contexts of war tend to cope with everyday traumatic experiences, with some even reporting positive outcomes following exposure to war-related events (Calhoun, Cann, & Tedeschi, 2010; Hirsch & Lazar, 2012; Hobfoll et al., 2007). The ability to adapt and maintain positive functioning in the face of hardship is typically described as *resilience* (Masten, 2001; Rutter, 1985; Werner, 1984). Increasingly, resilience is conceptualized as neither the exception nor a static trait or outcome that people possess or lack. A growing body of scholarship on the topic highlights that even within extreme situations like war, people regularly emerge much better than might be expected—and cope through a variety of means within ongoing dynamic processes (Barber, 2013). As we understand resilience as an ongoing, fluid process, we can also better attend to the imperative to not constrict our idea of resilience to the realm of an individual, but rather ought to consider how resilience is continuously built and rebuilt within families and communities—as with other factors that underlie mental health, resilience depends on one’s context and the associated availability of both logistical and emotional resources (Patterson, 2002; Pfefferbaum & Klomp, 2013; Sousa, Haj-Yahia, Feldman, & Lee, 2013; Ungar, 2011b).

Socioecological models of resilience have stressed the interlocked relationship between individuals and multiple levels of their social and physical ecological contexts (Ungar, 2012). Traditionally, studies carried out in war-torn environments looked at the construct of resilience as the absence of pathological and/or stress-related individuals’ reactions in the aftermath of armed conflicts (Klasen et al., 2010; Punamäki, Qouta, Miller, & El Sarraj, 2011). However, resilience can be considered a multifaceted psychological process implying multiple ecological factors, as well as collective and cultural facets, which merit an independent assessment. For instance, Nguyen-Gillham, Giacaman, Naser, and Boyce (2008) identified factors such as communal care and political participation as key components of resilience characteristic of many of the Global South societies. Moreover, approaching research with populations affected by ongoing extreme and structural violence, we need to take into account and include in our inquiry historical, social, and political micro- and macro-cultural factors that are affecting ecologies of women surviving prolonged conflict (Suarez, 2015).

Relatedly, in the limited literature that specifically focuses on gender differences within war, there are suggestions that men and women might not only experience different risks but might also have different coping resources within their environments that undergird resilience (Araya, Chotai, Komproe, & de Jong, 2007; Hobfoll, Mancini, Hall, Canetti, & Bonanno, 2011). Although there is little comparative work, research done with women in

conflict settings points to the importance of both internal and social resources. In terms of internal resources, studies of women in both Africa and Peru indicate that adjustment to the trauma of war is aided by memories of resistance, personal beliefs, spirituality, and an ability to make sense of the events of the war and hope for the future (Goodman, Vesely, Letiecq, & Cleaveland, 2017; Gustavsson, Oruut, & Rubenson, 2017; Suarez & Suarez, 2015). Support from family, as well as from social and religious networks, is critical for women in war, as is the opportunity to receive education, be reintegrated into their communities, and gain access to the labor market (Coulter, Persson, & Utas, 2008; Goodman et al., 2017; Khamis, 2000; Lykes, Beristain, Perez-Armioan, 2007; Sousa, 2013).

Risk and Protective Factors

Within the literature on women living in war-torn environments, there is growing emphasis on the risks, and potential sources of resilience, within the sensitive developmental phases of pregnancy and motherhood (Akesson, 2008; Cairns & Dawes, 1996). Studies show how the physical and emotional care of young children remains primarily mother's work in war time (Yoshida, 2012). In the stress and trauma within unstable war-generated environments, mothers find it difficult or impossible to protect their children (Dekel & Nuttman-Shwartz, 2014; Qouta, Punamäki, & El Sarraj, 2005; Salmon & Bryant, 2002); this is exacerbated by the fact that the protection usually provided by external sources (school, community, and neighborhoods) may be disrupted (Murphy, Rodrigues, Costigan, & Annan, 2017). The sense of helplessness resulting from mothers' inability to effectively care for their children causes significant distress and insecurity for women (Ajduković, 1996; Berman, Giron, & Marroquin, 2009; Kaitz, Levy, Ebstein, Faraone, & Mankuta, 2009; Pavlish, 2005; Punamäki, 2006; Robertson & Duckett, 2007; Shachar-Dadon, Gueron-Sela, Weintraub, Maayan-Metzger, & Leshem, 2017). Caring for their children and providing for their safety and security during wartime are extremely challenging, to the degree that parenting is perceived as an additional burden (Brodsky et al., 2012; Qouta et al., 2005; Robertson & Duckett, 2007). Yet, at the same time, as the sense of meaning and responsibility within motherhood represents a hardship, it may also represent a key protective factor against the negative consequences of war trauma for mothers (Qouta et al., 2005; Smith, Perrin, Yule, & Rabe-Hesketh, 2001; Walsh, 2003) and a source of resilience (Baines, 2014; Brodsky et al., 2012; Wyche et al., 2011).

Research on the particular vulnerabilities related to gender in conflict zones must honor women's agency and self-determination (Hilhorst, Porter, & Gordon,

2018). Women are described as active social actors, able to make detrimental choices in situation of extreme dangers and emergencies during the war, as well as challenging cultural stereotypes that produce gender asymmetries in decision making regarding family and child protection (Annan, Blattman, Mazurana, & Carlson, 2009). In fact, studies enlightened women's agency as not based on physical confrontation such as men's one (e.g., confronting the enemy on the battlefield, demonstrating and resisting to police and soldiers' attacks), but displayed through the use of their skills and competencies for protecting their family (Shalhoub-Kevorkian, 2006). Indeed, the need for a dynamic view of women's experiences in war is illustrated in a small but important body of social science literature emerging from qualitative inquiry about women's daily lives in Palestine, where this study takes place.

Women in the Palestinian Context

Palestinian lives are characterized by displacement and dispossession, the disruption of economic and health care systems, and violence by the military and settlers (Elbedour, Baker, Shalhoub-Kevorkian, Irwin, & Belmaker, 1999). These negative conditions and a series of stressors resulting from a history of armed conflict and revolt (*Intifada*) are strongly associated with an increased level of psychological burden among the Palestinian population (Hirsch & Lazar, 2012; Michultka, Blanchard, & Kalous, 1998; Morina & Ford, 2008; Qouta et al., 2005). Moreover, restrictions on mobility due to the 11-year blockade on the Gaza Strip, military checkpoints, and the separation wall between Israel and West Bank affect all areas of Palestinian lives, hindering access to educational institutions, health services, and workplaces; preventing family and friends from uniting; and dividing and jeopardizing entire communities. Furthermore, over the past decade, the Israeli army (Addameer, Prisoner Support and Human Rights Association, 2017) has imprisoned more than 10,000 Palestinian women (United Nations for Women, 2017).

Given this background, scholars have examined the consequences of war and occupation on gender relations and dynamics in Palestine (Shalhoub-Kevorkian, 2003; United Nations for Women, 2017). Palestinian women are exposed to a high number of risks for their psychological functioning, such as exposure to cumulative trauma, social marginalization, discrimination, and political oppression (Wing, 1994). Traditionally, Palestinian women have been socially and politically active in resisting and confronting the Israeli occupation (Cohen & Shulman, 2019). In opposition to settler-colonialism politics, women in both the West Bank and the Gaza Strip played an active part in organizing demonstrations and marches to protest for their families' and communities' rights (Peteet, 1997). A study carried out by Shalhoub-Kevorkian (2006) in

Palestine highlighted how, notwithstanding the displacements and attacks on the domestic sphere, women continue to develop new strategies to rebuilt and protect safe spaces and homes, turning “normal acts of struggles to daily acts of resistance” (p.129). In this context of extreme violence, Palestinian men must cope with different challenges related to occupation, such as targeting, arrest, and long-term imprisonment (Akesson, Bogossian, & Gokani, 2018; Kuttab & Heilman, 2017). The absence of the husband or father due to imprisonment or violent death adds uncertainty for Palestinian families, leading women and mothers to take a significant position within the family structure in ensuring children’s well-being and in providing economic resources. This new hierarchy of the family structure is able to challenge and reverse cultural roles that traditionally favor men over women (Akesson, 2015; Shalhoub-Kevorkian, 2006). Moreover, in this context of extreme violence, motherhood has been valued within the Palestinian master narrative by emphasizing mothers’ status as the “mothers of the martyrs,” a national symbol of resistance and Palestinian *sumud* (steadfastness) (Johnson & Kuttab, 2001).

Work on suffering and resilience in Palestine points to how women’s persistence within their everyday routines represents, as Allen (2008) terms it, an agentic “getting by” (see also Johnson, 2010; Richter-Devroe, 2011; Ryan, 2015). As we described above, the specific processes of resilience within the conflict in Palestine are very much in line with the ways that resilience is now widely accepted as a dynamic, cultural-, and context-specific process that must be explored in its complexity rather than an outcome that can be simply measured (Masten & Obradovic, 2008; Ungar, 2011b). To adequately uncover the complex dynamics of women’s psychological well-being in conflict settings, we must take seriously women’s lived realities as expressed through their own narratives. Thus, the aim of this exploratory study was to address this gap in the literature by providing insight into the multiple resources mobilized by Palestinian women over decades of ongoing individual and social suffering (Giacaman, 2017).

The Study

Aims

This study was conducted in the Gaza Strip in autumn 2014, 2 months after the Israel Defense Forces launched operation “Protective Edge” on the Gaza Strip. During the war, there were shortages of water, electricity, and fuel and a lack of medical care and food. The attack on Gaza lasted 51 days; 2,104 Palestinians were killed, including 1,523 civilians, of whom 495 were children and 253 women (United Nations, 2014).

The research aim was to undertake an exploratory analysis of the risks women encountered during a period of intense warfare, as well as their processes of resilience (operationalized as their agency and survival strategies) as a means to increase functioning in a group of women affected by war and political oppression. We were particularly concerned with examining risk and resilience across multiple levels (individual, family, community, wider society), as the theoretical framework informing the study was an ecological perspective concerned with fostering aspects of functioning and well-being across multiple dimensions in war-affected populations (Miller & Rasmussen, 2017). Therefore, we set out to identify and discuss domains and dimensions of overall functioning that contributed either to undermining or to promoting women's well-being and ability to adjusting to traumatic war events in the aftermath of acute armed conflict.

Method

Participants

The participants in our pilot research project were teachers employed at a private school run by a local nongovernmental organization (NGO) in Jabalia, Gaza Strip. Selection was conducted following an ethnographic procedure and a purposive snowball sampling method (Bernard, 2000). To be included in the study, participants were required not to have been diagnosed with psychological syndromes since the war and to be in good health and serving as teachers in the school at the time of interview. Exposure to multiple extreme war episodes, such as destruction of one's home, witnessing human casualties, or receiving minor injuries during attacks, was an additional inclusion criterion. A final number of 21 interviewees were selected to take part in the study. Participants' ages ranged from 20 to 47 years ($M = 31.1$; $SD = 6.8$); 48% were mothers, 9% were divorced, and 43% were unmarried. All were of Muslim religion.

Participants were fully informed about the research aims and aware that they could decline to answer interview questions or withdraw from the study at any time. Written informed consent was obtained from all informants. The interviews were anonymized and informants' names substituted to ensure confidentiality. The study was approved by the Ethics Board of the University of Milano-Bicocca and complied with the ethical guidelines of American Psychological Association (APA).

Instruments and Procedures

In-depth individual interviews were conducted. These covered a wide range of topics from participants' life stories, to specific episodes related to the

2014 war on Gaza. The questions were designed to draw out the risks and protective factors characterizing the women's lives. Participants' narratives were audio-recorded, transcribed, and translated from Arabic into English by a local researcher, and then initially analyzed using an open-coding procedure by an experienced non-Palestinian researcher (Gale, 2006; Zarowsky, 2004). Data analysis was carried out following the principles of grounded theory (Saunders, Lewis, & Thornhill, 2012), and thematic content analysis (TCA) was applied to extract the main themes from the women's narratives (Miller & Crabtree, 1999). The coding procedure was organized as follows: (a) one researcher carried out open-coding analysis of the participants' narratives to facilitate the emergence of critical themes; (b) the themes were coded and organized into structured categories by two Palestinian independent coders working independently; (c) categories and coding were discussed and agreed between the judges, and the frequencies of occurrence of the codes (in the form of phrases, adjectives, or nouns) were discussed (Boyatzis, 1998).

Findings

The critical events experienced by all 21 women during the 51-day war on Gaza are reported in Table 1. All were exposed to missile attacks, bombings, and shelling by tanks on land and warships on the sea, and reported suffering emotional distress and high levels of anxiety both during and after the attacks.

A number of pivotal themes emerged from the narratives, corresponding to domains of functioning in women exposed to high-intensity conflict (Huebner et al., 2014; Veronese, Pepe, Jaradah, Murannak, & Hamdouna, 2017). Five themes and 14 subthemes related to risk and protective factors for women's overall functioning were identified. These themes demonstrate the importance of moving across individual, family, community, and societal levels when examining the realities of living in war, and thus point to the need to examine risk and resilience using a social ecological perspective. Our themes are as follows: *Human Security (feeling safe, psychophysical health, moving house)*, *Family Ties (nuclear and extended)*, *Psychosocial Resources (friendships, community protection)*, *Individual Resources (spirituality, education, work, activism and civic engagement, play, and humor)*, and *Motherhood (protection of children, maternal agency)* (see Table 2 and Figure 1).

Human Security

In our interviewees, women perceived their environments as risky and threatening, one that fostered an acute sense of uncertainty and unpredictability: *there was no safe place in Gaza* (Amira, 43 years old). Women reported

Table 1. Critical Events Reported by the Teachers During the Activities.

Critical Events	Critical Events, N	Critical Events (%)
1967: Israeli occupation of the land	1	1.2
2000: Violence during the Second Intifada	1	1.2
2008/2009: Bombings, war on Gaza (Cast Lead)	15	16.9
2012: Missile strikes, bombings, war on Gaza (pillar of defense)	10	12
2014: Missile strikes and bombing, war on Gaza (protective edge)	16	19.3
2014: War on Gaza as a second Nakba-displacement	1	1.2
Internal displacement	4	3.6
Direct threat to family members	3	3.6
Bombing of home	4	5.8
Loss of a family member during war episodes	14	16.9
Massive widespread destruction	3	3.6
Separation from family	3	3.6
Calling up of family members	1	1.2
Loss of significant other during the war	2	2.4
Receiving injuries during the war	5	6.1

Note. N = 83 occurrences of critical events. The percentage is calculated dividing the occurrences of each critical event by the total number of the occurrences.

suffering high levels of anxiety and fear when forced to deal with violent and indiscriminate attacks: *We spent 51 days without sleeping, always nervous, seeing pain and sorrow in every moment and every place. The only thing we could see was death, death everywhere around us* (Usaika, 47 years old). Several women described psychological symptoms: *I was feeling really heavy psychological pressure, they could bomb and hit you at any moment and anywhere* (Riham, 37 years old); *I have had difficulty getting over that difficult period. I suffer from anxiety and frequent mood swings* (Lubna, 32 years old). In addition, one of the reported consequences of the daily air-strikes was an ongoing feeling of insecurity that frequently manifested as physical pain or other forms of somatization: *My bones hurt from the constant tension. Never being able to sleep made me feel sick for the entire duration of the war* (Lubna, 32 years old).

Forced relocation as a result of the Israeli attacks was a feature common to many of the women's narratives. This finding was consistent with scholarship, much from within Palestine specifically, about how the precarity of home profoundly influences women's well-being; these studies highlight that

Table 2. Ecological Domains and Dimensions of the Women’s Functioning During the 2014 Armed Conflict.

Overall Functioning	Protective Factors	Risk Factors
Human Security	Feeling safe Psychophysical health House moving	Feeling unsafe Lack of psychophysical health House moving
Family	Protection from the nuclear family Extended family	Risk for nuclear family for extended family
Psychosocial Resources	Friendships Protection from the community	Separation from friends Lack of protection from community
Individual Resources	Spirituality Education Work Activism and ideology Play and humor	Disruption in spirituality Disruption in education Not being able to work Loss of hope and strength Not being able to play and loss of humor
Motherhood	Protection of the children Maternal agency	Lack of protection for children Lack of maternal agency

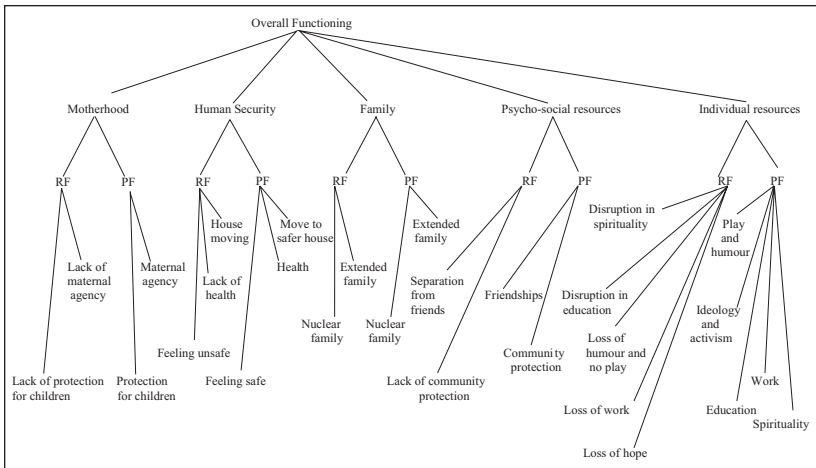


Figure 1. Hierarchical taxonomy of overall functioning in the interviewed women after 2014 war on Gaza.

Note. RF = risk factors; PF = protective factors.

threats to home create logistical problems, alongside crises of safety, comfort, meaning, and continuity offered by the security of home (Akesson, 2014; Sousa, Kemp, & El-Zuhairi, 2014). Some had moved to a different house more than once during the war, because their own homes were not safe anymore or had been totally destroyed. Anin, 37 years old, reported experiencing her forced abandonment of her home as a form of violence and coercion that she tried to dwell on as little as possible: *We tried to stay on anyhow and create liveable conditions for ourselves, because we did not want to leave our home, our comfort. Then the building behind us caught fire and we were forced to leave the house immediately.* However, for some of our interviewees, changing house was seen also as a source of psychological relief and an opportunity to benefit from additional support from families, neighbors, and the community in general: *Moving in with my parents-in-law was actually a major opportunity to reunite the family and be together again (Lubna, 32 years old). We went to my parents' house. It was dangerous there too but at least we knew that if we had to die, we would not die alone (Doana, 26 years old).*

Family. This domain included both nuclear and extended family. In relation to her husband's role during the war, Hola (31 years old) stated the following: *My husband was the least terrified. He helped me a lot, he was able to calm me down.* Marital and familial relations were described as crucial to enhancing women's sense of agency both during the war and in the subsequent recovery period (Seeman, 1996; Usta et al., 2008): *I am thinking of my family, about how much we used to cooperate during the war. When we are together, we share a strong spirit that helps us to forget about the war (Doana, 26 years old).* On the contrary, feeling alone and without any family support has increased women's sense of burden, thus representing a risk factor for disrupted psychological adjustment and functioning: *I had to be a mother, a father, a doctor. Everything. But I was alone and I could not take care of everything (Dora, 26 years old).*

Psychosocial Resources

Women reported that their friends and community had provided them with crucial emotional and material nurturance during the war (Kaspersen, Matthiesen, & Gøtestam, 2003). More specifically, friendship and support from other community members had shielded them from stressful events and environmental constraints (DeVries, Glasper, & Detillion, 2003): *Together we were able to transform fear into something different. Maybe even into a kind of fun. I can always trust them [friends] (Meriam, 20 years old). They*

offered me to stay in their house. We were not relatives nor friends, but we are a community. Feeling this closeness made me optimistic again [community] (Ada, 31 years old).

Individual Resources

This domain encompassed a number of different dimensions corresponding to individual resources that the women in our study had either been able to mobilize or that had remained inaccessible to them during the war: *spirituality, activism and civic engagement, education, work, play, and humour*. Strong religious faith was described as a significant resource for coping with adversity. For example, Usaika (47 years old), single and without children, mentioned faith and spirituality as key to maintaining a sense of safety and hope during the attacks:

I was praying out loud so everyone could hear me. I was praying to make them feel safe. Safety comes from believing in faith and God. We are sitting here and without any help, we cannot do anything to change our situation. But we are surrounded by faith and God's protection. God will make us safe.

Consistently with the mobility and security issues outlined above, some women reported that difficulty in accessing their places of worship, due to the bombings, had represented a source of frustration for them: *The bombings became frequent, so we gave up leaving the house. Not being able to get to the mosque really tore us apart. It had been a big source of strength and hope for us (Ania, 30 years old)*. Again, related to culture and spirituality, civic engagement and activism form another key protective dimension that was mobilized by the women during the war. Ada, 31 years old stated,

We do not have a State, we cannot say that this was a war involving the confrontation of two armies. Ours is a continuous resisting of oppression and violence, ours is an uprising [Intifada] against the oppressor that occupies our land and controls our lives. The only way to make the Palestinian voice heard.

Not surprisingly, education and work were mentioned as other tools for coping with the adversities experienced as a result of war and for maintaining hope for the future. Nura, a 29-year-old unmarried teacher, described education as a source of strength and protection for her:

I'm trying to forget the horrible events I experienced by studying. I'm working to get my master's degree and make up for the time lost during the war. Studying and learning distracts me from those memories and gives me hope for the future.

Similar was Anin's (37 years old) description of her teaching job: *My work changed me. It allowed me to be the person I have now become and it gave me the mental strength to get over this horrible war.* Vice versa, being unable to work or study during the war due to fear, power cuts, and bombardments was cited as a source of frustration and powerlessness: *I could not study and pursue my personal target*—continued Nura—it *made me feel like I had no power or control on my life.* Meriam (20 years old) spoke of her anxiety during the war period: *I felt as though the community was judging my behaviour [as a teacher] as highly inadequate.* Optimism, humor, and play were also widely discussed in the women's narratives. Suhalia, 38 years old, described how she would try to remain optimistic and boost the optimism of others as a strategy for coping with the war: *We spent a fun time together. I have huge energy, optimism and humour, I laugh all the time, I'm grateful for everything! . . . We had 51 days of fireworks here!* On the other side, not being able to laugh and play with their children was cited as a significant downside by the women. Doana, 26 years old stated, *He was out at work all the time. I'm not very good at playing when I'm scared, I missed his sense of humour and his ability to turn everything into a joke.*

Motherhood

Almost all the women in the sample described motherhood as one of the most meaningful aspects of their lives, which, for good and bad, compelled them to rise up to protect their children's well-being and ensure their survival both during and in the aftermath of war (Katengwa, 2014; Veronese & Castiglioni, 2015). Doana, a 26-year-old mother of three children, spoke about her sense of maternal inadequacy during an Israeli airstrike she was forced to face alone with her children, as her husband was not able to join the family at home: *I saw them [the children] crouching on the ground, and realized that I couldn't rescue them. At that moment, I understood what a terrible mother I was.* On the contrary, motherhood and maternal care became an important source of agency and thus a protective factor for them, and they described themselves as highly competent and confident in fulfilling maternal tasks even in turbulent times: *My children began to complain of being hungry, so I mustered up all my courage and went to the kitchen and started cooking for them [during an attack]. I had not expected so much courage and determination from myself* (Arida, 26 years old). Some of the mothers associated caring for their children and fulfilling their needs with a sense of well-being and happiness:

She [daughter] is the only beautiful thing in my life. She is the one who makes me happy and makes me strong. During the war, looking at her smiling made me feel capable of overcoming the burdens and despair of those days. (Mona, 24 years old)

In the next section, we discuss the ecological domains of functioning, the dimensions comprising each, and how they may oscillate between risk and protective factors in a context marked by war and political violence.

Discussion

Our findings highlight the importance of considering ecological domains as we examine the sources of agency and resistance among women surviving armed conflict, who live in a context of extreme trauma and political oppression. Accordingly, a composite and multifaceted portrait of women resilience emerges from our analysis, providing a glimpse of the multiple ecologies implied in promoting resistance and resilience among women victim of prolonged and structural violence (Suarez, 2013, 2015).

Not surprisingly, issues of safety and security within one's surrounding environment emerged from a large proportion of the interviews. During the devastating 2014 war, hundreds of buildings—including homes, mosques, and schools—were damaged or completely destroyed, making Gaza a totally unsafe environment (United Nation Office for the Coordination of Humanitarian Affairs [OCHA], 2017). All the women participating in the study also had been at risk of losing their lives on one or more occasions. As a result of both threats to themselves and their surroundings, they perceived their psychological and physical health to be precarious. Moreover, during the war, they were forced to be constantly “on the move,” in the desperate attempt to protect themselves and their families from the attacks (Robertson & Duckett, 2007). Given that the home is a primary source of security, losing it heightens the displaced person's sense of uncertainty, making them feel out of place (Akesson, 2014; Duyvendak, 2011; Sousa et al., 2014). Psychological adjustment to displacement implies a continuous need to renegotiate and rebuild relationships, gender and family roles, and support networks, leading to increased risk of distress and maladaptation in women forced to leave their homes (Suárez-Orozco & Qin, 2006).

Yet, at the same time, our findings portray women in the shadow of war and violence not as passive victims, but rather as active figures who mobilize resources both within themselves and within their social and political worlds (Ibeanu, 2002; Pavlish, 2005). As one woman put it,

It was frightening, but I couldn't stay there, wait for something bad to happen for my children and me. I had to keep control of myself, handle the fear and go away for my house and find a place where my children could feel safe and stable. (Arida, 26 years old)

Despite pervasive senses of human insecurity, women reported having maintained a sense of continuity in their lives as they strived to live a “normal” life in abnormal living conditions (Nguyen-Gillham et al., 2008). Doing this typically required them to draw on resources within their social worlds and was often motivated by a desire to care for their families.

Support from the family was perceived as a key protective factor for coping with traumatic experience and adversity during the Israeli strikes (Kessler, Price, & Wortman, 1985; McEwen, 1998; Oliver & Muntaner, 2005). Women described family as powerful sources of solidarity, support, and courage, in keeping with the collectivist and family-oriented tradition that is characteristic of Arab cultures (Rahman, Iqbal, & Harrington, 2003). Active and strong familial ties were crucial to solidarity, resistance, and subjective well-being. Laughing and playing served as a means of reconnecting family members and helping mothers’ to fulfill their role as protective and competent caregivers for their children. Arida, 26 years old, stated,

He [the grandfather] used to say that the sound of the bombs were fireworks. He made everything funny, without ever saying the word “war.” He made my children dance and laugh, trying to create a lively atmosphere and keep them from realizing what was really happening.

In addition, women’s narratives described friendships and support from community members as crucial to mitigate the negative effects of war and trauma (Berkman, Glass, Brissette, & Seeman, 2000; Cohen, 2008). Mutual and peer support provides individuals with a sense of sharing in positive and negative experiences, transforming the community into a resource for minimizing feelings of isolation and uncertainty (Moore & Varela, 2010). These findings, consistent with those in existing literature, support the idea that friends and community can mitigate the effects of political violence and enhance psychological functioning, perhaps by creating a sense of belonging and shared narratives of resistance that help to restore hope and a sense of control (Dekel & Nuttman-Shwartz, 2009; Eggerman & Panter-Brick, 2010; Punamäki, Komproe, Qouta, ElMasri, & de Jong, 2005; Punamäki, Palosaari, Diab, Peltonen, & Qouta, 2015; Sousa et al., 2013).

Spirituality, activism and civic engagement, education, work, play, and humor also emerged as powerful enhancers of women’s functioning, psychological well-being, and resilience. Several studies have confirmed the role of spirituality and religion as protective factors in conditions of war and violence (Eggerman & Panter-Brick, 2010; Veronese, Pepe, Massaiu, et al., 2017). Accordingly, our participants viewed their faith, God’s protection, and

spirituality more generally both as an intimate inner resource and powerful strategy for protecting themselves from the harmful effects of the war and as a means of uniting a community that had been fragmented by war, displacement, and multiple losses (Barber, 2001; Boothby, Wessells, & Strang, 2006). Again, related to spirituality, taking an active role in the community and battling to claim respect for basic human rights denied to them and to other people suffering from similar kinds of oppression, discrimination, and extreme violence increased the women's agency, acting as a buffer against fear and insecurity (Wexler, DiFluvio, & Burke, 2009). This reflects an enhanced sense of compassion and desire to engage in activism, particularly on behalf of others who are experiencing the same kind of situation. In fact, activism, along with spirituality, was a significant source of strength, sense of coherence, mastery of critical episodes, and dignity (Aggarwal, 2007; Nguyen-Gillham et al., 2008). Although this dimension emerged as a key protective factor for the participants, some downsides were reported. During the war, working for the community entailed being away from one's home and family. The husband of Doana (26 years old) worked in the humanitarian field and during bombing attacks was always out on the street helping: *I know he was a hero during the war. He was helping all the families, the community. But I was alone all the time. He was helping everyone but his own family. It was terrible for me.*

In terms of internal factors, interviewees leveraged positive emotion and a sense of humor to deal with adversity and mitigate their levels of stress during attacks (Bonanno & Keltner, 1997; Bonanno, Noll, Putnam, O'Neill, & Trickett, 2003). Furthermore, in keeping with the literature, the women's education or teaching job offered psychological protection from the effects of the war and acted to enhance their psychological functioning and well-being (Khamis, 1993; Sousa et al., 2013). Most of the women stated their willingness to further their education as part of their ongoing professional development. In a context where women have no control over external events, having the possibility to work or keep on studying and furthering their education can be extremely important to them. This finding illustrates the important connections between the resources within one's environment and well-being, and is in keeping with the literature on well-being and quality of life which has demonstrated a strong association between economic status, work, and psychological well-being (Suh & Oishi, 2002; Veenhoven, 2002).

Finally, in keeping with the current literature, motherhood appeared to act as a risk factor when our participants perceived themselves as unable to protect their children (Mann et al., 1994). Some women reported feeling an overwhelming sense of responsibility for making their children as safe as possible, especially when they were temporarily separated from their husbands and

other relatives. Most of the women reported that their duty as parents had become particularly salient during the war. They described this as an unexpected resource for their functioning as the need to help and protect their children encouraged them to mobilize psychological and physical resources. Despite ongoing conditions of danger and fear during wartimes, being committed to taking care of their children and looking after their needs helped the women to deal with traumatic war-related events. The dynamic of the maternal role as a protective factor appears all the more crucial if we compare mothers with women without children, who expressed, for example, the following: *I felt that if I had died nobody would have even noticed. I don't have children, nobody would have missed me, nobody needed me* (Lubna, 32 years old). The mother–child relationship emerged as a key contributor to functioning that fostered both subjective well-being and mutual support (Qouta et al., 2005). These findings seemed to confirm motherhood, parenting, and the presence of children as a protective factor and a source of resilience and agency for women dealing with armed conflicts (Brodsky et al., 2012; Katengwa, 2014; Robertson & Duckett, 2007).

Limitations of the Study

We now examine the limitations of the present research. All our participants were women employed as teachers, whereas a large proportion of the female Palestinian population is unemployed and poorly educated. Thus, our sample may not be representative of the most disadvantaged population. However, despite this group of women being considered privileged, all of them were extremely exposed to the war events and the immediate consequences of the conflict aftermath, no matter their status. Displacement, house destruction, exposure to death, and direct life threats were diffuse experiences beyond socioeconomic class and level of education. In fact, during the 2014 war, no place was declared safe in Gaza, making our women group absolutely comparable with other less privileged groups. Further investigation could provide us with meaningful information about extremely disadvantaged strips of the population in Gaza. Women in our sample were not particularly privileged, but rather part of a middle to lower socioeconomic level. Thus, our results can be considered sufficiently explanatory of a large group of women in Gaza, although they are still not generalizable. Another limitation concerns cultural differences between the participants and the researchers. This gap was reduced by means of constant reflective dialogue with local key informants and scholars aimed at minimizing cultural bias and misinterpretations. In the future, mixed-method studies will be required so that we can triangulate our results, providing a more nuanced

and complete picture on the complex phenomenon of women and violence in Gaza Strip, and in general in Middle East. Further research in this field is needed if the role of women in the recovery processes of war-stricken communities and societies is to be fully explored and acknowledged.

Despite its limitations, our results appear to be well grounded in the cultural context, and our ecological perspective helps situate the results so that this study might offer unique insights into psychological well-being, agency, and skills of survival among women affected by war and political oppression. In so doing, we hope our findings offer insight into the vast amount of resources that women can mobilize within communities affected by severe military violence, if and when the international community can help to restore social justice and a time for healing.

Conclusion

Women are conventionally viewed as a vulnerable group in the mainstream literature, and their coping abilities, survival skills, and agency have been consistently underestimated (Hilhorst et al., 2018). This stereotype of vulnerability, which science has often upheld, risks reinforcing a perspective that perpetuates a colonizing narrative wherein Palestinian women are deprived of agency and competence. Existing research thus might undermine findings related to gender-specific capacities for recovery and protection from extreme traumatization. In so doing, it may lead us to fail to grasp the far more nuanced framework of women's risk and resilience during armed conflict that emerges, for instance, from our work. Thus, the research reported here advances scientific knowledge on women's capabilities of facing extreme traumatic realities, as it challenges traditionally narrow conceptualizations of women as highly vulnerable objects with diminished competence, rather than as socially and politically situated subjects who draw on their environments to actively cope with hardships, fight against traumas, and nurture their own self-efficacy as they build functioning and survival skills within armed conflict. The main scope of our work has been, therefore, an attempt to feel the gap between literature that punctually detected weaknesses and risks on mental health in women victim of war and political violence (Friedman, 1992; Mankowski & Everett, 2016; Usta & Masterson, 2015), through providing a more nuanced perspective wherein we are better able to include competencies and strengths that can be harnessed to promote women's well-being in adversity. The picture emerging from this research highlights how Palestinian women are highly competent and active actors, who draw on internal and external resources, and aspects of their own identity to strengthen their resolve and resilience as they face considerable adversity. For example, our findings

suggest that motherhood can act as an effective protective factor when women are able to realize their individual and relational aspirations, reinforcing their sense of mastery over extremely dangerous and unpredictable life events. Being mothers who are in a position to benefit from social support, draw down economic and educational resources, access a shelter where they feel safe and protected, and guarantee their offspring and families a sufficiently safe and secure environment predetermines healthy psychological functioning in women, and consequently also their potential to deploy functional adjustment strategies and survival skills (Datzberger & Le Mat, 2018; Veronese, Pepe, Dagdukee, & Yaghi, 2018). Our findings thus add credence to frameworks that challenge gender stereotypes relegating women to the narrow culturally constructed role of at-risk, vulnerable victims, unable to manage their lives during disasters and crises (Fordham, 2004).

The complexity of an intractable conflict such as the Israeli/Palestinian one requires an approach that spans different levels of analysis, one that does not reduce suffering and resilience to mere individual cognitive and psychological reactions. Thus, our findings underline the complex socioecological shapes of the Palestinian social suffering, as well as the need to avoid dichotomizing women's psychological and emotional reactions into those that are "normal" and "abnormal" (Giacaman, 2017). As well, as our work demonstrates, we need to consider the multilevel ecology of women's suffering and their skills of survival, orienting our analysis away from a view that only prioritizes individual competencies, but rather values the cultural and political contexts that influence Palestinian lives (Giacaman, 2018). Socioecological theories help us to conceptualize resilience as a dynamic, multilevel construct that better reflects how people, including the women in our study, position themselves along a continuum of ease and disease, rather than solely thinking within the traditional classification of human functioning as normal *against* abnormal (Ungar, 2011a; Veronese, Pepe, Jaradah, et al., 2017).

In our exploratory survey, Palestinian women appeared to display a high level of functioning both before and after a devastating armed conflict, despite precarious and highly disrupted living conditions on Gaza due to the siege and political oppression that have been ongoing since 2006, and to which the entire Palestinian population is forcibly subjected (McNeely, Barber, Giacaman, Belli, & Daher, 2018). Our findings confirm women's suffering as part of the broader Palestinian "social suffering" characterizing the long-term traumatic living conditions of the communities in the region (Giacaman, 2017; Tawil, 2013). At the same time, findings from our study highlighted the social environment as a source of resilience. In so doing, our results suggest that intervention programs must be oriented at fostering women's resilience and mobilizing the ecological resources that can protect them

at the individual, relational, and cultural levels. Hence, programs that focus exclusively on psychiatric symptoms increase the risk of iatrogenic effects. Interventions focused on global mental health need to be oriented to women rights, promoting their liberation, freedom, and advocacy (Diab et al., 2018).

In conclusion, our work contributes to the research on the agency that multiple groups demonstrate in opposing and confronting military violence, and the particular importance of understanding the social and political environment in the dynamic, ongoing process of building resilience (Kaufman & Williams, 2013; Rajasingham-Senanayake, 2004). In so doing, our findings underline the urgent need for fresh frameworks in approaching research on risk and resilience among populations affected by war and political oppression. Using a socioecological perspective rooted in critical understandings of resilience is particularly important to this end, as our study illustrates. In fact, models exclusively centered on vulnerability and dysfunctionality of diverse groups—such as women, children, or those affected by war and conflict around the globe—often run the risk of passivizing and victimizing these populations as our research undermines their competencies and unique contribution to their communities in wartimes. In contrast, our conclusions illustrate the need to conceptualize women in a community severely affected by extreme violence as central social actors, who actively and continually build resistance including through the engendered and culturally informed strategies they deploy for survival and resistance.


Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

ORCID iD

Guido Veronese  <https://orcid.org/0000-0001-9681-8883>

References

- Adams, R. E., & Boscarino, J. A. (2006). Predictors of PTSD and delayed PTSD after disaster: The impact of exposure and psychosocial resources. *The Journal of Nervous and Mental Disease, 194*, 485-493.
- Addameer, Prisoner Support and Human Rights Association. (2017). *Imprisonment of women and girls* (Document). Retrieved from <http://www.addameer.org/printpdf/563>

- Aggarwal, N. K. (2007). Exploring identity, culture, and suffering with a Kashmiri Sikh refugee. *Social Science & Medicine*, *65*, 1654-1665.
- Ahern, J., Galea, S., Fernandez, W. G., Koci, B., Waldman, R., & Vlahov, D. (2004). Gender, social support, and posttraumatic stress in post-war Kosovo. *The Journal of Nervous and Mental Disease*, *192*, 762-770.
- Ajduković, M. (1996). Mothers' perception of their relationship with their children during displacement: A six-month follow-up. *Child Abuse Review*, *5*, 34-49.
- Akesson, B. (2008). Addressing the psychosocial needs of pregnant women affected by war: Program approaches and program gaps. *Refuge: Canada's Journal on Refugees*, *25*, 55-59.
- Akesson, B. (2014). "We may go, but this is my home": Experiences of domicile and resistance for Palestinian children and families. *Journal of Internal Displacement*, *4*, 9-22.
- Akesson, B. (2015). Holding everything together: Palestinians mothers under occupation. In T. Takseva & S. Sgoutas (Eds.), *Mothers Under fire: Mothering in conflict areas* (pp. 40-56). Bradford, Ontario, Canada: Demeter Press.
- Akesson, B., Bogossian, A., & Gokani, R. (2018). A model of paternal protection in the context of political violence: Insights from the occupied Palestinian territories. *International Social Work*. Advance online publication. doi:10.1177/0020872818798438
- Al Gasseer, N., Dresden, E., Keeney, G., & Warren, N. (2004). Status of women and children in complex humanitarian emergencies. *Journal of Midwifery and Women's Health*, *49*, 7-13.
- Allen, L. (2008). Getting by the occupation: How violence became normal during the Second Palestinian Intifada. *Cultural Anthropology*, *23*, 453-487.
- Annan, J., Blattman, C., Mazurana, D., & Carlson, R. (2009). *Women and girls at war: "Wives," mothers and fighters in the LRA*. Retrieved from <https://www.prio.org/utility/Download.ashx?x=146>
- Araya, M., Chotai, J., Komproe, I. H., & de Jong, J. T. (2007). Gender differences in traumatic life events, coping strategies, perceived social support and socio-demographics among post-conflict displaced persons in Ethiopia. *Social Psychiatry and Psychiatric Epidemiology*, *42*, 307-315.
- Baines, E. (2014). Forced marriage as a political project: Sexual rules and relations in the Lord's Resistance Army. *Journal of Peace Research*, *51*, 405-417.
- Barber, B. K. (2001). Political violence, social integration, and youth functioning: Palestinian youth from the Intifada. *Journal of Community Psychology*, *29*, 259-280.
- Barber, B. K. (2013). Annual research review: The experience of youth with political conflict-challenging notions of resilience and encouraging research refinement. *Journal of Child Psychology and Psychiatry, Allied Disciplines*, *54*, 461-473.
- Berkman, L. F., Glass, T., Brissette, I., & Seeman, T. E. (2000). From social integration to health: Durkheim in the new millennium. *Social Science & Medicine*, *51*, 843-857.
- Berman, H., Giron, E. R. I., & Marroquin, A. P. (2009). A narrative study of refugee women who have experienced violence in the context of war. *The Canadian Journal of Nursing Research*, *41*, 144-165.

- Bernard, H. R. (2000). *Social research methods*. Thousand Oaks, CA: Sage.
- Bonanno, G. A., & Keltner, D. (1997). Facial expressions of emotion and the course of conjugal bereavement. *Journal of Abnormal Psychology, 106*, 126-137.
- Bonanno, G. A., Noll, J. G., Putnam, F. W., O'Neill, M., & Trickett, P. (2003). Predicting the willingness to disclose childhood sexual abuse from measures of repressive coping and dissociative experiences. *Child Maltreatment, 8*, 302-318.
- Boothby, N., Wessells, M., & Strang, A. (Eds.). (2006). *A world turned upside down: The social ecology of children and war*. New York, NY: Kumarian Press.
- Boyatzis, R. E. (1998). *Transforming qualitative information: Thematic content analysis and code development*. Thousand Oaks, CA: Sage.
- Brewin, C. R., Andrews, B., & Valentine, J. D. (2000). Meta-analysis of risk factors for posttraumatic stress disorder in trauma-exposed adults. *Journal of Consulting and Clinical Psychology, 68*, 748-766.
- Brodsky, A. E., Talwar, G., Welsh, E. A., Scheibler, J. E., Backer, P., Portnoy, G. A., . . . Kline, E. (2012). The hope in her eyes: The role of children in Afghan women's resilience. *American Journal of Orthopsychiatry, 82*, 358-366.
- Cairns, E., & Dawes, A. (1996). Children: Ethnic and political violence—A commentary. *Child Development, 67*, 129-139.
- Calhoun, L. G., Cann, A., & Tedeschi, R. G. (2010). The posttraumatic growth model: Sociocultural considerations. In T. Weiss & R. Berger (Eds.), *Posttraumatic growth and culturally competent practice: Lessons learned from around the globe* (pp. 1-14). Hoboken, NJ: John Wiley.
- Carballo, M., Simic, S., & Zeric, D. (1996). Health in countries torn by conflict: Lessons from Sarajevo. *The Lancet, 348*, 872-874.
- Cohen, E. (2008). Parenting in the throes of traumatic events. In D. Brom, R. Pat-Horenczyk, & J. Ford (Eds.), *Treating traumatized children, risk, resilience & recovery* (pp. 72-84). London, England: Routledge.
- Cohen, E., & Shulman, C. (2019). Mothers and toddlers exposed to political violence: Severity of exposure, emotional availability, parenting stress, and toddlers' behavior problems. *Journal of Child & Adolescent Trauma, 12*, 131-140.
- Cohn, C. (2013). *Women and wars: Contested histories, uncertain futures*. Hoboken, NJ: John Wiley.
- Coulter, C., Persson, M., & Utas, M. (2008). *Policy Dialogue. Young female fighters in African wars: Conflict and its consequences*. Uppsala, Sweden: Nordiska Afrikainstitutet.
- Datzberger, S., & Le Mat, M. L. (2018). Just add women and stir? Education, gender and peacebuilding in Uganda. *International Journal of Educational Development, 59*, 61-69.
- de Jong, J. T., Komproe, I. H., & Van Ommeren, M. (2003). Common mental disorders in post-conflict settings. *The Lancet, 361*, 2128-2130.
- Dekel, R., & Nuttman-Shwartz, O. (2009). Posttraumatic stress and growth: The contribution of cognitive appraisal and sense of belonging to the country. *Health & Social Work, 34*, 87-96.
- Dekel, R., & Nuttman-Shwartz, O. (2014). Being a parent and a helping professional in the ongoing shared traumatic reality in southern Israel. In R. Pat-Horenczyk,

- D. Brom, & J. M. Vogel (Eds.), *Helping children cope with trauma: Individual, family and community perspectives* (pp. 224-240). London, England: Routledge.
- DeVries, A. C., Ghasper, E. R., & Detillion, C. E. (2003). Social modulation of stress responses. *Physiology & Behavior, 79*, 399-407.
- Diab, S. Y., Isosävi, S., Qouta, S. R., Kuittinen, S., & Punamäki, R. L. (2017). The protective role of maternal posttraumatic growth and cognitive trauma processing among Palestinian mothers and infants. *Infant Behavior and Development, 19*, 463-486.
- Diab, M., Veronese, G., Jamei, Y. A., Hamam, R., Saleh, S., & Kagee, A. (2018). Community work in the ongoing crisis context of Gaza: Integrating a public health and human rights approach. *Australian and New Zealand Journal of Family Therapy, 39*, 320-330.
- Duyvendak, J. W. (2011). *The politics of home*. Basingstoke, UK: Palgrave Macmillan.
- Eggerman, M., & Panter-Brick, C. (2010). Suffering, hope, and entrapment: Resilience and cultural values in Afghanistan. *Social Science & Medicine, 71*, 71-83.
- Elbedour, S., Baker, A., Shalhoub-Kevorkian, N., Irwin, M., & Belmaker, R. H. (1999). Psychological responses in family members after the Hebron massacre. *Depression and Anxiety, 9*, 27-31.
- Eytan, A., Gex-Fabry, M., Toscani, L., Deroo, L., Loutan, L., & Bovier, P. A. (2004). Determinants of postconflict symptoms in Albanian Kosovars. *The Journal of Nervous and Mental Disease, 192*, 664-671.
- Fordham, M. (2004). Gendering vulnerability analysis: Towards a more nuanced approach. In G. Bankoff, G. Frerks, & D. Hillhorst (Eds.), *Mapping vulnerability: Disasters, development and people* (pp. 174-182). London, England: Earthscan.
- Friedman, A. R. (1992). Rape and domestic violence: The experience of refugee women. *Women & Therapy, 13*, 65-78.
- Gale, L. A. (2006). The refugee "family": Child fostering and mobility among Sierra Leonean refugees. *International Journal of Sociology of the Family, 32*, 273-288.
- Giacaman, R. (2017). Social suffering, the painful wounds inside. *American Journal of Public Health, 107*, Article 357.
- Giacaman, R. (2018). Reframing public health in wartime: From the biomedical model to the "wounds inside." *Journal of Palestine Studies, 47*, 9-27.
- Goodman, R. D., Vesely, C. K., Letiecq, B., & Cleaveland, C. L. (2017). Trauma and resilience among refugee and undocumented immigrant women. *Journal of Counseling & Development, 95*, 309-321.
- Gustavsson, M., Oruut, J., & Rubenson, B. (2017). Girl soldiers with Lord's Resistance Army in Uganda fighting for survival: Experiences of young women abducted by LRA. *Children's Geographies, 15*, 690-702. doi:10.1080/14733285.2017.1300233
- Hilhorst, D., Porter, H., & Gordon, R. (2018). Gender, sexuality, and violence in humanitarian crises. *Disasters, 42*, s3-s16.
- Hirsch, T. L., & Lazar, A. (2012). Experiencing processes of growth: Coping and PTG among mothers who were exposed to rocket attacks. *Traumatology, 18*, 50-60.
- Hobfoll, S. E., Hall, B. J., Canetti-Nisim, D., Galea, S., Johnson, R. J., & Palmieri, P. A. (2007). Refining our understanding of traumatic growth in the face of terrorism:

- Moving from meaning cognitions to doing what is meaningful. *Applied Psychology*, 56, 345-366.
- Hobfoll, S. E., Mancini, A. D., Hall, B. J., Canetti, D., & Bonanno, G. A. (2011). The limits of resilience: Distress following chronic political violence among Palestinians. *Social Science & Medicine*, 72, 1400-1408.
- Huebner, E. S., Hills, K. J., Sidall, J., & Gilman, R. (2014). Life satisfaction and schooling. In M. J. Furlong, R. Gilman, & E. S. Huebner (Eds.), *Handbook of Positive Psychology in Schools* (2nd ed., pp. 192-207). New York, NY: Routledge.
- Ibeanu, O. (2002). Healing and changing: The changing identity of women in the aftermath of the Ogoni crisis in Nigeria. In S. Meintjes, M. Turshen, & A. Pillay (Eds.), *The aftermath: Women in post-conflict transformation* (pp. 189-209). London, England: Zed Books.
- Johnson, P. (2010). Displacing Palestine: Palestinian householding in an era of asymmetrical war. *Politics & Gender*, 6, 295-304.
- Johnson, P., & Kuttab, E. (2001). Where have all the women (and men) gone? Reflections on gender and the second Palestinian intifada. *Feminist Review*, 69, 21-43.
- Kaitz, M., Levy, M., Ebstein, R., Faraone, S. V., & Mankuta, D. (2009). The intergenerational effects of trauma from terror: A real possibility. *Infant Mental Health Journal*, 30, 158-179.
- Kantengwa, O. (2014). How motherhood triumphs over trauma among mothers with children from genocidal rape in Rwanda. *Journal of Social and Political Psychology*, 2, 417-434.
- Kaspersen, M., Matthiesen, S. B., & Götestam, K. G. (2003). Social network as a moderator in the relation between trauma exposure and trauma reaction: A survey among UN soldiers and relief workers. *Scandinavian Journal of Psychology*, 44, 415-423.
- Kaufman, J. P., & Williams, K. P. (2013). *Women at war, women building peace: Challenging gender norm*. Boulder, CO: Kumarian Press.
- Kessler, R. C., Price, R. H., & Wortman, C. B. (1985). Social factors in psychopathology: Stress, social support and coping processes. *Annual Review of Psychology*, 36, 531-572.
- Khamis, V. (1993). Post-traumatic stress disorder among the injured of the Intifada. *Journal of Traumatic Stress*, 6, 555-560.
- Khamis, V. (2000). *Political violence and the Palestinian family: Implications for mental health and well-being*. New York, NY: Haworth Maltreatment and Trauma Press.
- Kimhi, S., & Shamai, M. (2006). Are women at higher risk than men? Gender differences among teenagers and adults in their response to threat of war and terror. *Women & Health*, 43(3), 1-19.
- Klasen, F., Oettingen, G., Daniels, J., Post, M., Adam, H., & Hoyer, C. (2010). Posttraumatic resilience in former Ugandan child soldiers. *Child Development*, 81, 1096-1113.
- Kuttab, E., & Heilman, B. (2017). *Understanding Masculinities* (International Men and Gender Equality Survey—Middle East and North Africa [IMAGES —MENA]). Birzeit, Palestine: Institute of Women's Studies, Birzeit University. Retrieved

- from <https://promundoglobal.org/wp-content/uploads/2017/05/IMAGES-MENA-Multi-Country-Report-EN-16May2017-web.pdf>
- Lenette, C., Brough, M., & Cox, L. (2012). Everyday resilience: Narratives of single refugee women with children. *Qualitative Social Work, 12*, 637-653.
- Lykes, M. B., Beristain, C. M., & Perez-Armioan, M. L. C. (2007). Political violence, impunity, and emotional climate in Maya communities. *Journal of Social Issues, 63*, 369-385.
- Mann, E., Ikeda, Y., Mueller, C., Takahashi, A., Tao, K. T., Humris, E., . . . Chan, D. (1994). Cross-cultural differences in rating hyperactive disruptive behaviors in children. *American Journal of Psychiatry, 149*, 1539-1542.
- Mankowski, M., & Everett, J. E. (2016). Women service members, veterans, and their families: What we know now. *Nurse Education Today, 47*, 23-28.
- Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist, 56*, 227-238.
- Masten, A. S., & Obradovic, J. (2008). Disaster preparation and recovery: Lessons from research on resilience in human development. *Ecology and Society, 13*(1), Article 9.
- McEwen, B. S. (1998). Stress, adaptation, and disease. Allostasis and allostatic load. *Annals of the New York Academy of Sciences, 1*, 33-44.
- McNeely, C. A., Barber, B. K., Giacaman, R., Belli, R. F., & Daher, M. (2018). Long-term health consequences of movement restrictions for Palestinians, 1987-2011. *American Journal of Public Health, 108*, 77-83.
- Michultka, D., Blanchard, E. B., & Kalous, T. (1998). Responses to civilian war experiences: Predictors of psychological functioning and coping. *Journal of Traumatic Stress, 11*, 571-577.
- Miller, K. E., & Rasmussen, A. (2017). The mental health of civilians displaced by armed conflict: An ecological model of refugee distress. *Epidemiology and Psychiatric Sciences, 26*, 129-138.
- Miller, W. L., & Crabtree, B. F. (1999). Primary care research: A multimethod typology and qualitative road map. In B. J. Crabtree & W. L. Miller (Eds.), *Doing qualitative research* (Vol. 3, pp. 3-30). Newbury Park, CA: Sage.
- Mollica, R. F., & Caspi-Yavin, Y. (1991). Measuring torture and torture-related symptoms. *Psychological Assessment: A Journal of Consulting and Clinical Psychology, 3*, 581-587.
- Moore, K. W., & Varela, R. E. (2010). Correlates of long-term posttraumatic stress symptoms in children following Hurricane Katrina. *Child Psychiatry & Human Development, 41*, 239-250.
- Morina, N., & Ford, J. D. (2008). Complex sequelae of psychological trauma among Kosovar civilian war victims. *International Journal of Social Psychiatry, 54*, 425-436.
- Murphy, K. M., Rodrigues, K., Costigan, J., & Annan, J. (2017). Raising children in conflict: An integrative model of parenting in war. *Peace and Conflict: Journal of Peace Psychology, 23*, 46-57.
- Nguyen-Gillham, V., Giacaman, R., Naser, G., & Boyce, W. (2008). Normalising the abnormal: Palestinian youth and the contradictions of resilience in protracted conflict. *Health & Social Care in the Community, 16*, 291-298.

- Oliver, M. N., & Muntaner, C. (2005). Researching health inequities among African Americans: The imperative to understand social class. *International Journal of Health Services, 35*, 485-498.
- Patterson, J. M. (2002). Understanding family resilience. *Journal of Clinical Psychology, 58*, 233-246.
- Pavlish, C. (2005). Action responses of Congolese refugee women. *Journal of Nursing Scholarship, 37*, 10-17.
- Peteet, J. (1997). Icons and militants: Mothering in the danger zone. *Journal of Women in Culture and Society, 23*, 103-129.
- Pfefferbaum, R. L., & Klomp, R. W. (2013). Community resilience, disasters, and the public's health. In F. Murphy (Ed.), *Community engagement, organization, and development for public health practice* (pp. 275-298). Amsterdam, The Netherlands: Springer.
- Plümper, T., & Neumayer, E. (2006). The unequal burden of war: The effect of armed conflict on the gender gap in life expectancy. *International Organization, 60*, 723-754.
- Punamäki, R.-L. (2006). Resiliency in conditions of war and military violence: Preconditions and developmental processes. In E. M. Garralda & M. Flament (Eds.), *Working with Children and Adolescents. An Evidence-Based Approach to Risk and Resilience* (pp. 129-177). New York, NY: Jan Aronson.
- Punamäki, R. L., Komproe, I. H., Qouta, S., Elmasri, M., & de Jong, J. T. (2005). The role of peritraumatic dissociation and gender in the association between trauma and mental health in a Palestinian community sample. *The American Journal of Psychiatry, 162*, 545-551.
- Punamäki, R. L., Palosaari, E., Diab, M., Peltonen, K., & Qouta, S. R. (2015). Trajectories of posttraumatic stress symptoms (PTSS) after major war among Palestinian children: Trauma, family-and child-related predictors. *Journal of Affective Disorders, 172*, 133-140.
- Punamäki, R.-L., Qouta, S., Miller, T., & El Sarraj, E. (2011). Who are the resilient children in conditions of military violence? Family- and child-related factors in a Palestinian community sample. *Peace and Conflict, 17*, 389-416.
- Qouta, S., Punamäki, R. L., & El Sarraj, E. (2005). Mother-child expression of psychological distress in war trauma. *Clinical Child Psychology and Psychiatry, 10*, 135-156.
- Rahman, A., Iqbal, Z., & Harrington, R. (2003). Life events, social support and depression in childbirth: Perspectives from a rural community in the developing world. *Psychological Medicine, 33*, 1161-1167.
- Rajasingham-Senanayake, D. (2004). Between reality and representation: Women's agency in war and post-conflict Sri Lanka. *Cultural Dynamics, 16*, 141-168.
- Rehn, E., & Sirleaf, E. J. (2002). *Progress of World's Women: Vol. 1. Women, war and peace*. New York, NY: United Nations Development Fund for Women.
- Richter-Devroe, S. (2011). Palestinian women's everyday resistance: Between normality and normalisation. *Journal of International Women's Studies, 12*, 32-46.
- Robertson, C. L., & Duckett, L. (2007). Mothering during war and postwar in Bosnia. *Journal of Family Nursing, 13*, 461-483.

- Rutter, M. (1985). Resilience in the face of adversity. Protective factors and resistance to psychiatric disorder. *The British Journal of Psychiatry*, *147*, 598-611.
- Ryan, C. (2015). Everyday resilience as resistance: Palestinian women practicing sumud. *International Political Sociology*, *9*, 299-315.
- Salmon, K., & Bryant, R. A. (2002). Posttraumatic stress disorder in children: The influence of developmental factors. *Clinical Psychology Review*, *22*, 163-188.
- Saunders, M., Lewis, P., & Thornhill, A. (2012). *Research methods for business students*. London, England: Bookseller Publications.
- Seeman, T. E. (1996). Social ties and health: The benefits of social integration. *Annals of Epidemiology*, *6*, 442-451.
- Shachar-Dadon, A., Gueron-Sela, N., Weintraub, Z., Maayan-Metzger, A., & Leshem, M. (2017). Pre-conception war exposure and mother and child adjustment 4 years later. *Journal of Abnormal Child Psychology*, *45*, 131-142.
- Shalhoub-Kevorkian, N. (2003). Liberating voices: The political implications of Palestinian mothers narrating their loss. *Women's Studies International Forum*, *26*, 391-407.
- Shalhoub-Kevorkian, N. (2006). Counter-spaces as resistance in conflict zones: Palestinian women recreating a home. *Journal of Feminist Family Therapy*, *17*, 109-141.
- Smith, P., Perrin, S., Yule, W., & Rabe-Hesketh, S. (2001). War exposure and maternal reactions in the psychological adjustment of children from Bosnia-Herzegovina. *The Journal of Child Psychology and Psychiatry and Allied Disciplines*, *42*, 395-404.
- Solomon, Z., Gelkopf, M., & Bleich, A. (2005). Is terror gender-blind? Gender differences in reaction to terror events. *Social Psychiatry and Psychiatric Epidemiology*, *40*, 947-954.
- Sousa, C. A. (2013). Political violence, health, and coping among Palestinian women in the West Bank. *American Journal of Orthopsychiatry*, *83*, 505-519.
- Sousa, C. A., Haj-Yahia, M. M., Feldman, G., & Lee, J. (2013). Individual and collective dimensions of resilience within political violence. *Trauma, Violence, & Abuse*, *14*, 235-254.
- Sousa, C. A., Kemp, S., & El-Zuhairi, M. (2014). Dwelling within political violence: Palestinian women's narratives of home, mental health, and resilience. *Health & Place*, *30*, 205-214.
- Suarez, E. B. (2013). Two decades later: The resilience and post-traumatic responses of Indigenous Quechua girls and adolescents in the aftermath of the Peruvian armed conflict. *Child Abuse & Neglect*, *37*, 200-210.
- Suarez, E. B. (2015). Surviving juntas (together): Lessons of resilience of indigenous Quechua women in the aftermath of conflict in Peru. *Intervention*, *13*, 6-18.
- Suarez, E. B., & Suarez, C. (2016). The memorialisation of narratives and sites among indigenous women in Ayacucho: Resilience in the aftermath of mass violence and atrocities. *Resilience*, *4*, 98-115.
- Suárez-Orozco, C., & Qin, D. B. (2006). Gendered perspectives in psychology: Immigrant origin youth. *International Migration Review*, *40*, 165-198.
- Suh, E. M., & Oishi, S. (2002). Subjective well-being across cultures. *Online Readings in Psychology and Culture*, *10*(1). doi:10.9707/2307-0919.1076

- Tawil, S. (2013). No end in sight: Moving towards a social justice framework for mental health in continuous conflict settings. *Intervention, 11*, 24-36. doi:10.1097/WTF.0b013e32836016fe
- Ungar, M. (2011a). Community resilience for youth and families: Facilitative physical and social capital in contexts of adversity. *Children and Youth Services Review, 33*, 1742-1748.
- Ungar, M. (2011b). The social ecology of resilience: Addressing contextual and cultural ambiguity of a nascent construct. *American Journal of Orthopsychiatry, 81*(1), 1-17.
- Ungar, M. (2012). Social ecologies and their contribution to resilience. In M. Ungar (Ed.), *The social ecology of resilience: A handbook* (pp. 13-31). New York, NY: Springer.
- United Nation Office for the Coordination of Humanitarian Affairs. (2017). Retrieved from <https://www.ochaopt.org/theme/destruction-of-property>
- United Nations. (2014). Retrieved from <https://www.un.org/press/en/2014/gaspd574.doc.htm>
- United Nations Entity for Gender Equality and the Empowerment of Women (UNEGEW). (2013). *Domestic workers count too: Implementing protections for domestic workers [Briefing kit]*. Retrieved from http://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2013/3/unwomen_iutc_factsheets%20pdf.pdf?la=en&vs=5930
- United Nations for Women. (2017). Retrieved from <http://www.un.org/womenwatch/daw/cedaw/cedaw.htm>
- United Nations Research Institute for Social Development. (2005). *Gender equality: Striving for justice in an unequal world*. Geneva, Switzerland: Author.
- Usta, J., Farver, J. A. M., & Zein, L. (2008). Women, war, and violence: Surviving the experience. *Journal of Women's Health, 17*, 793-804.
- Usta, J., & Masterson, A. R. (2015). Women and health in refugee settings: The case of displaced Syrian women in Lebanon. In Y. K. Djamba & S. R. Kimuna (Eds.), *Gender-based violence* (pp. 119-143). Cham, Switzerland: Springer.
- Veenhoven, R. (2002). Why social policy needs subjective indicators. In M. R. Hagerty, J. Vogel, & V. Møller (Eds.), *Assessing quality of life and living conditions to guide national policy* (pp. 33-45). Cham, Switzerland: Springer.
- Veronese, G., & Castiglioni, M. (2015). "When the doors of Hell close": Dimensions of well-being and positive adjustment in a group of Palestinian children living amidst military and political violence. *Childhood, 22*, 6-22.
- Veronese, G., Pepe, A., Dagdukee, J., & Yaghi, S. (2018). Teaching in conflict settings: Dimensions of subjective wellbeing in Arab teachers living in Israel and Palestine. *International Journal of Educational Development, 61*, 16-26.
- Veronese, G., Pepe, A., Jaradah, A., Murannak, F., & Hamdouna, H. (2017). "We must cooperate with one another against the Enemy": Agency and activism in school-aged children as protective factors against ongoing war trauma and political violence in the Gaza Strip. *Child Abuse & Neglect, 70*, 364-376.

- Veronese, G., Pepe, A., Massaiu, I., De Mol, A. S., & Robbins, I. (2017). Posttraumatic growth is related to subjective well-being of aid workers exposed to cumulative trauma in Palestine. *Transcultural Psychiatry*, *54*, 332-356.
- Walsh, F. (2003). Family resilience: A framework for clinical practice. *Family Process*, *42*(1), 1-18.
- Werner, E. (1984). Resilient children. *Young Children*, *1*, 68-72.
- Wexler, L. M., DiFluvio, G., & Burke, T. K. (2009). Resilience and marginalized youth: Making a case for personal and collective meaning-making as part of resilience research in public health. *Social Science & Medicine*, *69*, 565-570.
- Wing, A. K. (1994). Custom, religion, and rights: The future legal status of Palestinian women. *Harvard International Law Journal*, *35*, 149-200.
- Wyche, K. F., Pfefferbaum, R. L., Pfefferbaum, B., Norris, F. H., Wisnieski, D., & Younger, H. (2011). Exploring community resilience in workforce communities of first responders serving Katrina survivors. *American Journal of Orthopsychiatry*, *81*, 18-30.
- Yoshida, A. (2012). Dads who do diapers: Factors affecting care of young children by fathers. *Journal of Family Issues*, *33*, 451-477.
- Zarowsky, C. (2004). Writing trauma: Emotion, ethnography, and the politics of suffering among Somali returnees in Ethiopia. *Culture, Medicine and Psychiatry*, *28*, 189-209.
- Zeidner, M. (2006). Gender group differences in coping with chronic terror: The Israeli scene. *Sex Roles*, *54*, 297-310.

Author Biographies

Guido Veronese is a PhD in clinical psychology and associate professor at the “Riccardo Massa” Department of Human Sciences for Education, University of Milano-Bicocca, Italy; he is an expert in individual and collective trauma and narrative therapy for community that experienced hardships.

Federica Cavazzoni is a PhD candidate at the “Riccardo Massa” Department of Human Sciences for Education, University of Milano-Bicocca, Italy; her research is focusing on children and war in Palestine.

Sabrina Russo, MApsy, is assistant professor at An-Najah National University, Palestine; she is an expert in trauma and resilience among war-affected populations.

Cindy Sousa is a PhD in social work and associate professor at Bryn Mawr College, Pennsylvania, USA; her scholarship focuses on the consequences and processes of resilience related to violence, including political, community, and family violence.