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Political violence, health, and resilience

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**Abstract**

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In recent decades, there has been an expanded effort to examine the adverse effects of political violence on the health of civilian populations; substantial evidence now points to the effects of political violence on outcomes like PTSD, anxiety, and a variety of physical health symptoms. Despite the variety of risks inherent within political violence, we know individuals and communities actively cope with the stressors of political violence, exhibiting marked resilience as they function much better than might be expected. Individual and community resilience is generally defined as the successful recovery from or adaptation to stress or adversity through the use of individual or community characteristics, resources, strategies, and processes. While researchers have increasingly focused on political violence in the past few decades, several areas within the field of political violence and global health remain under-explored. To address these areas, this dissertation explores experiences inherent within political violence, their effects on health and well-being, and processes of resilience within the experience of political violence. Each paper within this dissertation sheds light on one shared question: How does political violence affect people's health and how do people and communities endure the stress and trauma it poses? The papers within this dissertation employ distinct guiding questions and associated research methods to: (1) provide an interdisciplinary overview of resilience to clarify what we currently know from scholarly literature about how individuals and communities

weather the effects of political violence; (2) explore how political violence affects a variety of health outcomes (including general health, PTSD and distress) and examine how these health effects of political violence might differ along various sources of coping, ranging from self-reliance to use of support from one's family and from religious and political resources; and (3) examine how women describe the specific, particular experiences they endure within political violence and their strategies of resistance within that context.

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## **DEDICATION**

I would like to dedicate this dissertation to all the women who struggle, particularly mothers, to protect and nourish goodness and tenderness, especially within our children, amidst the apparently mounting forces of repression, poverty and abject injustice in this world. I count myself among the very lucky, and I hope that both this work and my future work (not only within the academy but also outside of it) are true, brave and humble expressions of solidarity.

## INTRODUCTION

### **Political violence, health and resilience**

In 2002, the World Health Organization (WHO) released a document in recognition of violence as a major public health issue, the first World Report on Violence and Health. In it, they defined violence as “the intentional use of physical force or power, threatened or actual...that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation” (World Health Organization [WHO], 2002). The rather broad definition of violence put forth by the World Health Organization reflects a move within violence research more generally to recognize that violence not only causes injury and death, but also poses fundamental burdens on the quality of life of individuals and collectives (Krug, Mercy, Dahlberg, & Zwi, 2002; WHO, 2002). Among other types of violence, this report highlighted the widespread implications of political violence.

Political violence is the deliberate use of power and physical force in attempts to achieve political goals, resulting in threats to the physical and psychological health of individuals and populations (WHO, 2002). Political violence, as outlined by the WHO, includes acts of a physical, psychological or sexual nature that are used to harm or intimidate populations; examples include the use of assassinations, psychological torture and rape as tools of war and political repression (Farwell, 2004; United Nations Action Against Sexual Violence in Conflict, 2010; Zwi & Ugalde, 1989). The WHO definition of political violence also includes deprivation, or the intentional manipulation of power with the goal of prohibiting specific populations from realizing basic needs and human rights; examples are the repression of rights to freedom of speech, and access to food, education, sanitation and healthcare (International Committee of the

Red Cross (ICRC), 1949; UNESCO, 2006; UNESCO: International Program for the Development of Communication (IPDC), 2012; United Nations Population Fund, 2007).

The experience and effects of political violence are highly context specific, as the duration and magnitude of political violence, people's proximity to the violence and the subjective meaning of political violence vary from place to place and from person to person (Barber, 2008, 2009; Sagi-Schwartz, 2008). What qualifies as exposure to political violence varies in the research literature, although it is typically conceptualized as a range of acts of violence and repression that occur during wars (of which there have been some 160 since World War II (Pedersen, 2002)), armed conflicts, dictatorships, and military occupations (Zwi & Ugalde, 1989). Examples of political violence include: witnessing or experiencing shootings or aerial bombardments; being displaced; being deprived of livelihood or essential goods and services; being under curfew; being detained, incarcerated or tortured; and having one's home demolished (Basoglu, Livanou, & Crnobaric, 2005; Clark et al., 2010; K. de Jong et al., 2002; Dubow et al., 2010; Farwell, 2004; Giacaman, Shannon, Saab, Arya, & Boyce, 2007; Hobfoll, Hall, & Canetti, 2012).

In recent decades, there has been an expanded effort to examine the adverse effects of political violence on the mental health of civilian populations; substantial evidence now points to the effects of political violence on outcomes like PTSD, anxiety, and distress (Basoglu, et al., 2005; Carballo et al., 2004; J. T. de Jong, 2002; K. de Jong et al., 2008; K. de Jong, et al., 2002; deJong, 2003; Dillenburger, Fargas, & Akhonzada, 2008; Giacaman, et al., 2007; Klaric, Klaric, Stevanovic, Grkovic, & Jonovska, 2007; Punamäki, 1990). Although estimates about the mental health effects of political violence vary (likely due to variations in contextual factors, such as rates of pre-existing mental disorders and the quality of post-conflict recovery environments, as

well as variations in methodological factors such as sampling or recall periods (Rodin & van Ommeren, 2009)), conclusions from major international studies and organizations indicate that between one-third to one-half of people exposed to political violence will endure some type of mental distress, including PTSD, depression or anxiety (J. T. de Jong, Komproe, & Van Ommeren, 2003; World Health Organization (WHO), 2001). Researchers have also begun to document the direct relation between exposure to political violence and physical health symptoms (after controlling for contextual and behavioral factors like smoking), such as pain, headaches, loss of appetite, asthma and weakness and sleeplessness (Al-Krenawi, Graham, & Sehwal, 2004; Burnett & Peel, 2001; Wright et al., 2010). For example, one study of over 2,000 Kuwaiti adults found that, after adjusting for SES, smoking, BMI, and air pollution, stressors of war and occupation considerably increased the risk of asthma among study participants (Wright, et al., 2010).

Despite the variety of risks inherent within political violence, we know individuals and communities actively cope with the stressors of political violence, exhibiting marked resilience as they function much better than might be expected (Norris, Stevens, Pfefferbaum, Wyche, & Pfefferbaum, 2008; Summerfield, 1999). Individual and community resilience is generally defined as the successful recovery from or adaptation to stress or adversity through the use of individual or community characteristics, resources, strategies, and processes (Agaibi, 2005; Norris, et al., 2008).

### **Limitations of current literature and scope of dissertation**

While researchers have increasingly focused on political violence in the past few decades, several areas within the field of political violence and global health remain under-explored. There is a need for additional information about how political violence affects both

physical and mental health (Al-Krenawi, et al., 2004; Burnett & Peel, 2001; Panter-Brick, 2010; Wright, et al., 2010). Associated with this is the need for more on-the-ground depictions of the experiences people face within political violence; in particular, limited analyses explore how violations to home (such as home invasions, constant surveillance, and demolitions), which are central to political violence, affect mental health (Falah, 2004; Harker, 2009; Johnson, 2010; Panter-Brick, 2010; Porteous & Smith, 2001).

In addition, the concepts of individual and community resilience, while the subject of much scholarship in the past several decades, are still not fully comprehended, particularly as they apply to political violence (Klika & Herrenkohl, 2012; Panter-Brick, 2010; Panter-Brick & Eggerman, 2012). There is a need for a systematic, interdisciplinary overview of resilience to both clarify the concept as it relates to political violence and to determine the current state of knowledge with regards to how individuals and communities weather the effects of political violence (Panter-Brick, 2010; Pedersen, 2002). There also is a gap in scholarship about how specific protective factors or processes of resilience change the health effects of political violence, including a scarcity of descriptions from people regarding their strategies of endurance within and resistance to political violence (Panter-Brick, 2010).

These areas represent considerable limitations within our current knowledge of political violence and therefore compromise the effectiveness of interventions within situations of political violence. We need more detailed information about the experiences people endure within political violence and how these affect well-being. More specifics of how political violence affects populations will inform programs addressing the trauma of political violence and advocacy efforts related to education and mobilization about the effects of political violence and

the need for its prevention. This dissertation attends to these key areas to increase knowledge of how political violence affects people and how they respond to these stressors.

### **Overview of the dissertation**

As a whole, this dissertation explores experiences inherent within the political violence, their effects on health and well-being, and processes of resilience within the experience of political violence. The three papers within this dissertation, while distinct in their guiding questions and associated research methods, each shed light on one shared question: How does political violence affect people's health and how do people and communities endure the stress and trauma it poses? I bring together distinct methods of inquiry and bodies of literature to both consolidate current findings on political violence, health and resilience, and to add new depth and dimensions to the topic. In three papers, I (1) provide an interdisciplinary overview of resilience to clarify what we currently know from scholarly literature about how individuals and communities weather the effects of political violence; (2) explore how political violence affects a variety of health outcomes (including general health, PTSD and distress) and examine how these health effects of political violence might differ along various sources of coping, ranging from self-reliance to use of support from one's family and from religious and political resources; and (3) use women's narratives to uncover how women describe the specific, particular experiences they endure within political violence and their strategies of resistance within that context.

Part of the unique contribution of this dissertation lies in its use of mixed methods to explore the central question of how political violence relates to well-being. The use of mixed methods allows a move along a spectrum of specificity with regards to this question. The first paper, a review paper, asks broadly about what we know as a field with regards to both individual and community resilience in the face of political violence. This review presents and

analyzes findings from almost sixty studies in many parts of the world. In doing so, it provides a theoretical basis for understanding resilience in the face of political violence. The two papers that follow each present findings about how political violence affects the well-being of women in the West Bank through examining quantitative and qualitative data collected among women in the West Bank (n=131 and 32, respectively). Using two very different methods, these two studies examine what constitutes political violence, for women in a specific region, the West Bank. These studies also build on the theoretical foundation provided from the review on resilience and political violence by examining the ways in which women's strategies of coping or resistance aid in their endurance of the violence.

Each of the two empirical studies, among other tasks, expand our understandings of what constitutes political violence through exploring experiences within the ongoing occupation of the West Bank. The first empirical study uses a newly developed survey tool created through the use of qualitative and dialogical methods. From this new survey tool, this quantitative study employed two newly developed indices of political violence that highlight indicators particular the experience of political violence as it occurs within the ongoing occupation of the West Bank. This study captures a relatively broad view of the types of experiences of political violence to which the women in our sample are exposed, and examines how increasing exposure to these occupation-specific political violence relates to health. The second empirical study works to conceptualize political violence through qualitative data wherein women named the experiences of political violence that they, their families and their communities suffer under the occupation. This final paper uses qualitative data to derive a more fine-grained picture of experiences women endure within political violence, particularly related to the home.

Despite the evidence extreme and/or prolonged exposures to stress within political violence, there is substantial indication of resilience among individuals exposed to political violence, meaning that people cope effectively with the stress and function better than might be expected (Summerfield, 1999). The collection of papers within this dissertation all attend, in one way or another, to the ways that resilience is fostered within political violence. This dissertation uses the well-developed theoretical frameworks of stress and coping as it focuses on how stress affects people and on how people mobilize a variety of factors within themselves and their environments to manage stressors (Folkman, 1997; Lazarus, 2000; Lyon, 2000).

The review paper synthesizes the current state of knowledge about individual and community resilience within political violence. This paper offers a general overview that spans several types of political violence, ranging from state-sponsored repression to being under the occupation of a foreign military force. As such, this study both provides a report on the state of the field of resilience within political violence and presents some important new avenues for research. The two empirical studies that follow use original data collected among women in the West Bank to address protective factors and strategies of resistance that affect how women's well-being is affected by occupation-related political violence. The quantitative paper asks, within a specific sample of women in the West Bank: are there differences within the relationship of political violence and health based on how women use internal and external sources of coping? These sources of coping represent specific protective factors. Through analyzing protective factors, or variables that lessen risk and/or promote well-being, we can help establish when and under what conditions individual resilience can develop (Herrenkohl, 2011). The final, qualitative study highlights women's own narratives. In doing so, it uncovers the ways in which they mobilize within their homes to resist the occupation. While distinct, resistance and

resilience are closely related concepts in that both represent transformative processes of recognizing and responding to oppression (Turner & Simmons, 2006). Resistance to the disempowerment and isolation of violence builds the capacity for resilience (Anderson & Danis, 2006). This paper highlights the ways in which women's acts of resistance to violations of home within political violence might relate to women's resilience in the face of the occupation of the West Bank.

### **Overview of the individual papers**

How individuals, societies and communities weather the effects of war and occupation is a prominent question within the separate, but connected research fields of political violence and resilience. Some authors suggest resilience may very well be a part of a normal, expected course of adaptation to trauma for both individuals and communities (Bonanno, 2004; Norris, et al., 2008) and others conclude that political violence causes so much destruction on so many levels that it overburdens resources for resilience (Hobfoll, Mancini, Hall, Canetti, & Bonanno, 2011). The initial paper of the dissertation, *Individual and collective dimensions of resilience within political violence*, presents findings from an extensive review of scholarly literature on this timely topic. In doing so, it provides a theoretical and empirical foundation for understanding aspects of resilience in the face of political violence and contributes to the growing discussion about resilience within political violence.

This review paper speaks to several interrelated questions: What does research on political violence tell us about factors or processes of resilience within both individuals and communities? What do findings about resilience within political violence suggest about the relationship of individuals to communities; and in particular, are there examples of systematic investigations of how individual and community resilience are connected within political

violence? What do findings related to resilience within political violence suggest with regards to research and intervention within the separate, but connected, fields of political violence and resilience? To address these questions, this paper summarizes literature on individual traits, skills, and processes that are related to resilience within the context of political violence. Findings on resources within individuals' social environments, including family and political contexts, that promote resilience are also reviewed. Then, emerging evidence about how resilience operates on the level of the community is presented. The paper concludes with a summary of the findings, a discussion on the methodological challenges in terms of political violence and resilience, and an assessment of the implications for both research and practice.

Among other findings, results from the review of the literature points to how little information we have about how adults cope with the considerable stressors of political violence. In particular, although several scholars have suggested that women may be particularly affected by political violence (Al Gasseer, Dresden, Keeney, & Warren, 2004; Berman, Giron, & Marroquin, 2009; Hobfoll, et al., 2011; Punamäki, Komproe, Qouta, Elmasri, & de Jong, 2005; Qouta, Punamäki, & Sarraj, 1998; UNRISD (United Nations Research Institute for Social Development), 2005), few studies have addressed the topic of political violence, resilience and health among women specifically (Khamis, 1998; Punamäki, Komproe, Qouta, Elmasri, et al., 2005; Welsh & Brodsky, 2010). In addition, although there is some evidence about the effects of political violence on physical health, scholarship on this topic is still relatively limited in terms of the numbers of studies (Al-Krenawi, et al., 2004; Burnett & Peel, 2001; Wright, et al., 2010).

Responding to these emergent needs, the second study, *Political violence, health, and coping among women in the West Bank*, presents findings of quantitative analyses (n=131) that explore the direct effects of political violence on the physical and mental health of women. This

study also tests, using hierarchical regression models with interaction terms, if several modes of coping (proactive coping; self-reliance; reliance on family, religious, and political support; and political/civic engagement) interact with political violence such that those who score high on their use of these modes of coping show improved physical and mental health outcomes as political violence increases.

Despite the indication that women may be particularly affected by political violence, there are few on-the-ground depictions of how women experience political violence and how they describe the specific risks they encounter. Scholarship is thus quite limited with regards to how political violence operates within women's daily lives to pose risks to well-being (Al Gasseer, et al., 2004; Berg & Woods, 2009; Berman, et al., 2009; UNRISD (United Nations Research Institute for Social Development), 2005). The third paper, *Home, mental health, and resilience among Palestinian women* uses data from a series of focus groups to explore political violence, health and resilience from the perspective of Palestinian women in the West Bank.

In highlighting the narratives of women themselves, this final study focuses on a major task within research on political violence: to uncover on-the-ground descriptions of how the lived experiences of political violence affect people and how people respond to its stressors (Panter-Brick, 2010; Pedersen, 2002; Shalhoub-Kevorkian, 2003, 2009). The abundant content about the importance of place, and particularly homes, in this study's focus group data provided the opportunity to deepen the understanding of how political violence affects mental health through highlighting the importance of violations to place during political violence. Violations to place and home are central to experiences of political violence. Yet, the implications of these disruptions for the mental health of civilian populations, and people's varied ways of enduring these threats, have been relatively under-explored and thus warrant further empirical exploration.

This paper focuses on how women experience the intentional destruction of home, or *domicide* (Porteous & Smith, 2001), and how women defend the space of the home so that the home can function as a place of resilience for themselves and their families. By examining women's descriptions of their everyday environmental experiences (Kemp, 2001), this paper enriches our understandings of how political violence threatens mental health and wellbeing and how women strategize to endure these threats (Haj-Yahia, 2007).

### **Background on methodology and contexts of studies**

The first paper, *Individual and collective dimensions of resilience within political violence*, reviews almost sixty published studies on political violence. This review presents findings on both of resilience and protective factors, with the understanding that analyses of protective factors—variables that lessen risk and/or promote well-being—can help establish when and under which conditions resilience can develop (Herrenkohl, 2011). The PsychInfo and PubMed databases were searched using the key terms “political violence + resilience [or] protective factors” and “war + resilience [or] protective factors” and “disasters + community resilience.” After abstracts were reviewed, articles were retained for further analysis if they addressed one or more of the questions posed above.

The second and third papers, *Political violence, health, and coping among women in the West Bank* and *Home, mental health, and resilience among Palestinian women*, use data collected among women in the West Bank, Palestine. The West Bank has been under Israeli military occupation since 1967. The conflict over the land in what is now known as Palestine and Israel began at least as far back as the launch of the Zionist movement in 1896 by Theodor Herzl. By 1937, an official Transfer Committee was established by the Jewish National Fund's Land Department to plan and carry out the official process of the relocation of Palestinians. At this

time, Palestine was under the mandate of Britain, who referred the question to the UN in 1947. The UN responded by passing resolution 181, partitioning the area into Jewish and Palestinian states. By the end of the 1948 war, which Israel refers as to the year of Independence and Palestinians refer to as “*Al Nakba*,” or “the catastrophe,” Israel had 78% of what was Palestine and around 750,000 Palestinians fled (Hagopian, 2004).

The last half of the twentieth century was replete with ongoing conflict, negotiations, and agreements in the region. In 1967, a war broke out between Israel and Egypt, Jordan and Syria. Israel conquered the Sinai, the Golan Heights, and what was left of Palestine (Gaza and the West Bank, including East Jerusalem). After the 1967 war, Israel began the occupation of these areas, creating Israeli civilian settlements, taking control of industries and economies in the two areas. A peace process known as the Oslo Accords was initiated in 1993 to break the stalemate and promote a peaceful solution to the conflict. These agreements resulted in Israel maintaining control of the land, resources, and governance of locations previously under the control of the Palestinians. These agreements separated the West Bank into an array of “areas,” ranging from full Palestinian civil and military control (area A), to full Palestinian civil control and joint Israel-Palestinian military control (area B), to area C, which is under full Israeli civil and military control and comprises 70% of the total Palestinian territories. (United Nations Office for the Coordination of Humanitarian Affairs (UN-OCHA), 2005). Increasing tensions and a lack of material improvement in the lives of Palestinians since the original signing of the accords led to an escalation of the conflict between Palestinians and Israelis. The outbreak of the 2000 Al-Aqsa Intifada, sparked by Israeli General Ariel Sharon’s entry to a site holy to Muslims, resulted in the re-occupation of the West Bank and Gaza by Israeli forces. Mechanisms of military rule within the re-occupation include control of the movement of populations along roads through

checkpoints, arrests and detainments, and home demolitions. Most recently, construction began in 2002 on an 8-meter high, 436-mile long concrete separation wall. The International Court of Justice declared this wall illegal in 2004. While court decisions have effectively challenged some of the planned routes, Israel persists in the project, maintaining that construction is a necessary response to attacks on Israeli cities and towns (Israel Ministry of Foreign Affairs, 2004).

The two analytic papers uses original quantitative and qualitative data collected within this context of ongoing political violence to study emergent topics and provide unique contributions to literature on political violence. These papers represent the result of a long-term research partnership. Research reported on within these papers are the products of several years work within a research relationship between the lead researcher and author of this dissertation, a PhD student from the University of Washington, and the Palestinian Medical Relief Society (PMRS), one of the largest health NGOs in Palestine. This partnership was established in 2007 when the lead researcher spent a full summer doing fieldwork for an assessment of the impacts of the occupation on health and health care delivery through participant observation, interviews, literature reviews and analysis of secondary data from humanitarian, human rights, and health care agencies. This project included traveling around the West Bank, conducting interviews with healthcare providers, and living in a Palestinian village for twelve weeks. At the conclusion of this project, PMRS indicated that they would like help investigating the mental health impacts of the occupation to aid with the development of their mental health and community building programs for women.

In 2008, data collection for this task began. Staff from PMRS set up focus groups, which were facilitated and translated by a Palestinian graduate student from Birzeit University. Staff from PMRS also arranged for the collection of survey data at several standing and mobile clinics.

In 2009, we collected additional survey data. These multiple trips allowed for ongoing investigations into the lived realities of people and communities within the West Bank, which strengthened the research questions and methods. One outcome of this continued on-the-ground work was the establishment of a newly formulated survey tool to measure experiences of occupation. Items were chosen after months of participant observation, discussion and consultation. This prolonged engagement also aided in the quality of the interpretation, as findings were analyzed within a reflexive process that considered the experiences and data (including visual data and field notes) from the many months spent in the West Bank (Krefting, 1991).

### **Conclusion**

This dissertation critically examines both the discernible effects of the violence and the myriad ways in which people and communities withstand political violence. Scholars have asserted that moving forward with scholarship about political violence and health will require the use of a variety of methods and a framework that is increasingly inter-disciplinary in nature (Panter-Brick, 2010; Pedersen, 2002). The collection of papers within this body of work utilizes relatively diverse methods, including an extensive review of scholarly literature, survey methodology, and focus group methods. The dissertation not only employs a variety of methods, but also draws on scholarship from several disciplines, including geography, urban planning, public health, disaster preparedness and community psychology. In doing these things, this dissertation enriches research on political violence and contributes to a growing body of literature about the influence of political violence on mental health, and the role of coping and resilience within this relationship (i.e., Baingana, Bannon, & Thomas, 2005; Barber, 1999; Giacaman, et al., 2007; Punamäki, Komproe, Qouta, El-Masri, & de Jong, 2005).

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## PAPER 1: INDIVIDUAL AND COLLECTIVE DIMENSIONS OF RESILIENCE WITHIN POLITICAL VIOLENCE

### **Summary**

Research has documented a link between political violence and the functioning of individuals and communities. Yet, despite the hardships that political violence creates, evidence suggests remarkable fortitude and resilience within both individuals and communities. Individual characteristics that appear to build resilience against political violence include demographic factors such as gender and age, and internal resources such as hope, optimism, determination and religious convictions. Research has also documented the protective influence of individuals' connection to community and their involvement in work, school or political action. Additionally, research on political violence and resilience has increasingly focused on communities themselves as a unit of analysis. Community resilience, like individual resilience, is a process supported by various traits, capacities, and emotional orientations towards hardship. This review addresses various findings related to both individual and community resilience within political violence and offers recommendations for research, practice, and policy.

## Introduction

Political violence is the deliberate use of power and physical force to achieve political goals (United Nations Development Program (UNDP), 2012). As outlined by the World Health Organization (WHO) (2002), political violence includes physical or psychological acts that harm or intimidate populations, such as shootings or aerial bombardments; detentions, arrests and torture; and home demolitions (Basoglu, Livanou, & Crnobaric, 2005; Clark et al., 2010; K. de Jong et al., 2002; E. F. Dubow et al., 2010; Farwell, 2004; R. Giacaman, H. S. Shannon, H. Saab, N. Arya, & W. Boyce, 2007b; Hobfoll, Hall, & Canetti, 2012). The WHO definition of political violence also includes deprivation, or the intentional manipulation of power with the goal of prohibiting specific populations from realizing basic needs and human rights; examples are the repression of rights to freedom of speech, and denial of access to food, education, sanitation and healthcare (International Committee of the Red Cross (ICRC), 1949; UNESCO, 2006; UNESCO: International Program for the Development of Communication (IPDC), 2012; United Nations Population Fund, 2007).

Manifestations of political violence include wars, armed conflicts, repressive dictatorships, and military occupations (United Nations Development Program (UNDP), 2012; Zwi & Ugalde, 1989). The experience and effects of political violence are highly context specific, as the duration and magnitude of political violence, people's proximity to the violence and the subjective meaning of political violence vary from place to place and from person to person (Barber, 2008, 2009; Sagi-Schwartz, 2008). For instance, some situations of political violence are relatively brief, while others are prolonged. Examples of prolonged political violence include decades of repression through surveillance, disappearances of community activists, massacres and assassinations (as seen in Argentina during the "Dirty War" from 1976-1983 (Robben, 2005)) and ongoing military occupations of civilian areas wherein movement is

restricted and residents endure constant threat of army raids within neighborhoods and personal homes (as seen in Afghanistan and Palestine (Fluri, 2011; Giacaman, Shannon, et al., 2007b)).

Political violence represents a somewhat unique stressor in that it threatens both individuals and their environments (R. Giacaman, H. Shannon, H. Saab, N. Arya, & W. Boyce, 2007a; Hoffman & Kruczek, 2011; Martín-Baró, Aron, & Corne, 1994; Martinez & Eiroa-Orosa, 2010; Nelson, 2003; Robben, 2005; Summerfield, 2000). Research has connected political violence to a range of poor physical and mental health outcomes for civilian populations (Basoglu, Livanou, & Crnobaric, 2005; Sidel, 2008), destruction of community functioning (Dillenburger, Fargas, & Akhonzada, 2008; Pedersen, Tremblay, Errazuriz, & Gamarra, 2008; Skidmore, 2003), and deterioration of government systems (Basu, 2004; Sidel & Levy, 2008). Political violence disproportionately affects lower income countries, increasing poverty and dependence and weakening vulnerable infrastructures, often resulting in near-collapse of civil society and the loss of functional legal and healthcare systems (Baingana, Bannon, & Thomas, 2005).

In addition to growing evidence about the problems resulting from political violence, there is also emergent evidence that individuals and communities tend to somehow effectively manage the stressors of political violence, exhibiting substantial resilience as they demonstrate much more positive functioning than might be expected (Summerfield, 1999). Accordingly, there is a small but growing body of literature suggesting that, within political violence, as with other stressors, resilience may very well be a part of a normal, expected course of adaptation to trauma for both individuals and communities (Bonanno, 2004; Norris, Stevens, Pfefferbaum, Wyche, & Pfefferbaum, 2008).

The concept of resilience, as applied to both individuals and communities, while the subject of much scholarship in the past several decades, is still not fully comprehended nor easily defined (Klika & Herrenkohl, under review; Panter-Brick & Eggerman, 2012). There is, however, general agreement that both individual and community resilience entail the successful recovery from or adaptation to stress or adversity through the use of individual or community characteristics, resources, strategies, and processes (Agaibi, 2005; Norris, et al., 2008). Scholars increasingly assert that resilience must be understood within a framework that prioritizes the dynamic interaction between individuals and their social and political environments; seen this way, well-being depends on both individual and environmental factors (Betancourt & Khan, 2008; Shinn & Toohey, 2003; Ungar, 2011b; World Health Organization, 2008).

This review details and discusses findings about both individual and community resilience within the context of political violence, addressing several interrelated questions: What does research on political violence tell us about factors or processes of resilience within both individuals and communities? What do findings about resilience in settings of political violence suggest about the relationship of individuals to communities; and in particular, within scholarship on political violence, are there examples of systematic investigations of the connections between individual and community resilience? How do findings about political violence and resilience inform research and intervention within the separate, but connected, fields of political violence and resilience?

### **Methods**

As others have pointed out (Klika & Herrenkohl, under review), there is considerable discussion about the term *resilience* and how it relates to protective factors. Within this review, we include findings related to both resilience and protective factors, with the understanding that analyses of

protective factors—variables that lessen risk and/or promote well-being—can help establish when and under which conditions resilience can develop (Herrenkohl, 2011). We searched the PsychInfo and PubMed databases using the key terms “political violence + resilience [or] protective factors” and “war + resilience [or] protective factors” and “disasters + community resilience.” After examining abstracts, we kept articles for further analysis if they addressed one or more of the questions posed above. This resulted in fifty-eight articles that were retained for analysis. This review focuses on civilians, and does not address soldiers, veterans, or Prisoners of War (POWs). Others have provided reviews of resilience within these populations (Agaibi, 2005).

This review discusses resilience in the context of political violence for both children and adults (for overviews of resilience within political violence focusing on children specifically, see (Betancourt & Khan, 2008; Elbedour, ten Binsel, & Bastien, 1993)). First, we address individual traits, skills, and processes related to resilience within the context of political violence. Findings on resources that promote resilience within individuals’ social environments, including family and political contexts are also reviewed. Then, we present emerging evidence about how resilience operates on the level of the community. We conclude with a summary of the findings, a discussion on the methodological and ethical challenges in terms of political violence and resilience, and an assessment of the implications for both research and practice.

## **Findings**

### **Individual traits, skills and processes**

Scholars have found a range of traits and skills that are associated with individuals’ resilience when faced with political violence. These include demographic characteristics, such as age and gender, as well as attributes and skills, such as help-seeking behaviors; values, such as religious

beliefs; and emotional orientations, such as hope and optimism. Scholarship also provides evidence about how individuals apply thought processes to build resilience. For instance, individuals must go through a process of meaning-making, wherein they work to resolve the challenge that the maliciousness of political violence poses to their previously held understandings of how the world works (Janoff-Bulman, 1992). The following discussion examines these areas of individual-level resilience (traits, skills and processes) separately for children and adults.

### **Children.**

Evidence is mixed regarding the role of gender and resilience in the face of political violence. This ambiguity about gender and resilience might be due, in part, to how gender affects the array of outcomes used to consider the effects of political violence (including problem behaviors and PTSD symptoms, two outcomes discussed below). There is some evidence that girls exhibit more resilience when faced with political violence than do boys; Garbarino and Kostelny (1996) found in a sample of Palestinian children that girls exhibited fewer problem behaviors than boys after exposure to the same amount of risks within political violence. Another study, however, found girls to be more vulnerable to PTSD in the aftermath of political violence; in particular, girls exhibited more PTSD symptoms of intrusion as compared to boys (Qouta, Punamäki, & El Sarraj, 2003). Still other studies have shown that males and females exhibit similar levels of resilience (E. F. Dubow, et al., 2010; Laor et al., 2006). For instance, Laor's study of Israeli adolescents found that, while girls reported more symptoms related to trauma from exposure to political violence, the levels of resilience as measured by a Personal Resilience Scale (which included items such as ability to cope with continuous stress, confidence in the ability to direct one's life and optimism about the future) were comparable across genders (Laor, et al., 2006).

The ways in which males and females experience political violence must be considered when looking at the question of resilience and gender, as this might be a reason for the discrepancy in outcomes across genders. For instance, although the authors of one study of children in Lebanon did not find gender to moderate the relationship between political violence and mental health, they did find that boys reported a higher number of war experiences in comparison to girls (Macksoud & Aber, 1996). The authors suggest a few reasons why this might have occurred, including that girls might be easier to control and protect, or were more apt to follow safety instructions and to be kept at home or inside during the fighting. Authors also noted that girls are more apt to be sent away to safer regions, whereas boys are kept at home to assist the family. Similarly, in a study in Gaza, Barber (2008) found that boys experienced far higher rates of direct political violence than girls, perhaps due to their increased involvement in political activity in comparison to girls; nearly two-thirds of boys reported that they had been hit or kicked by soldiers and one-quarter reported that they had been imprisoned. Other researchers have not found differences in exposure to political violence based on gender (Haj-Yahia, 2008).

As evident in the dynamics discussed above, research seems to highlight that boys and girls might experience political violence differently, perhaps related to gender-based norms and patterns of society. For instance, Garbarino and Kostelny (1996), who found that girls seem to fare better than boys when faced with political violence, suggest the ways in which gender norms play out may have interacted with the events of the violence so that girls were actually offered more opportunities for resilience. Specifically, these authors propose that conflict-related upheaval and chaos leads to less supervision and more freedom; authors posit this increased independence may foster resilience among girls while posing a risk to boys. Furthermore, findings from some research deepen the consideration of the role of gender within political

violence so the question might not be about who is more resilient (boys or girls), but rather about how risk and resilience might manifest differently for boys and girls. Haj-Yahia (2008), for instance, found that in the face of political violence girls showed more internalizing symptoms, whereas boys showed more externalizing symptoms.

As with gender, findings are mixed regarding the role the age of a child plays in resilience. One study found age did not moderate the effects of political violence at all (E. F. Dubow, et al., 2010). Other research concludes that older children may be somewhat more protected from the effects of political violence (Garbarino & Kostelny, 1996; Kuterovac-Jagodic, 2003; Punamäki, Qouta, & El-Sarraj, 2001; Qouta, et al., 2003). The presence of a longer pre-conflict period of normalcy may explain why older children seem to be more protected from the effects of political violence, as noted by Garbarino and Kostelny (1996). In contrast, Laor, et al. (2006), found that among Israeli adolescents, younger children demonstrated the lowest level of symptoms of grief, disassociation, and post-trauma (although scores on an index of resilience were comparable across age groups). In another study of Israeli adolescents, younger people seemed to be more protected from the effects of political violence (Kimhi, Eshel, Zysberg, & Hantman, 2010). The finding that increasing age may impair resilience aligns with theories about the effects of chronic stress. These theories posit that while body stress responses are initially adaptive, resulting in growth and adaptation and the achievement of allostasis, when stress responses remain consistently active, physiological reactions become maladaptive, resulting in wear and tear or weathering on the body (Geronimus, Hicken, Keene, & Bound, 2006; McEwen, 2000).

Discussions about the role of age in terms of political violence and resilience should attend to how exposure to political violence varies according to age, rather than age alone as a

protective factor. For instance, in one study, researchers found older children experienced a larger proportion of war traumas in comparison to younger children (Macksoud & Aber, 1996). Furthermore, understanding the role that age might play within resilience related to political violence requires more than simply comparing rates of negative outcomes resulting from political violence across age groups. It requires looking at developmental differences that might account for shown differences. For example, Kuterovac-Jagodić (2003), in research on political violence among Croatian children, compared coping strategies among children along six types of strategies, including aggressive acts, acts aimed at distraction, and problem-oriented strategies. These authors found younger children tended to use more strategies of distraction than older children, whereas older children tended to cope by employing aggressive strategies.

Additional research has examined whether other demographic factors, such as the level of education and occupational status of the parent or the place of residence of the family, might offer some protection from the stress of political violence. Quota, et al. (2003) found a positive relationship between children's PTSD and mother's level of education. They theorize two possible explanations for this. More highly educated mothers would be more likely to work outside the home and thus potentially encounter more political violence. As well, more highly educated women might be inclined to discuss children's symptoms with their children, and, in turn, children might be more likely to report them to the interviewer. In contrast, Haj-Yahia (2008) found lower levels of father's education were related to more symptoms among Palestinian youth. A study of children in Lebanon found that children whose fathers held high-status occupations reported more adaptive behaviors in the face of political violence (Macksoud & Aber, 1996). Area of residence has also been considered as a variable that might change resilience trajectories for those exposed to political violence. Haj-Yahia (2008) found youth who

lived in rural areas and refugee camps had more internalizing and externalizing symptoms than youth who lived in urban areas. Macksoud and Aber (1996) also found significant regional differences in rates of emigration and extreme deprivation experienced within political violence.

Individual-level factors (temperament, values, emotional orientations, and skills) may also protect children against the harmful effects of political violence. In one study of Bosnian refugee children, altruism, humor, and determination all provided possibilities for resilience (Gibson, 2002). In a separate study with Bosnian children, a sense of humor was also shown to be protective (Berk, 1998). Strong religious conviction has long been recognized as an important component of resilience for youth. Barber (2001) found religiosity protected Palestinian youth from exhibiting antisocial behavior after exposure to political violence. Eggerman and Panter-Brick (2010) explored the use of religion as a coping strategy, and concluded the relevant component associated with resilience was a sense of giving ones' fate over to a higher power. Youth participants in their study said their lives would get better when God wills them to improve.

Several studies have examined whether emotional orientations help build resilience in the face of political violence. Studies of child soldiers in Colombia and children in Afghanistan each found a sense of hope allows children to look to the future and endure current hardships as it instills in them a sense that better times are to come (Cortes & Buchanan, 2007; Eggerman & Panter-Brick, 2010). Future orientation, defined as the practice of looking towards and planning for the future, is a related concept that has been hypothesized to aid in the endurance of political violence. A small qualitative study of Colombian child soldiers showed having a future orientation was protective for children who experience political violence (Cortes & Buchanan, 2007), as did a large study of adolescents in Afghanistan (Eggerman & Panter-Brick, 2010).

Similarly, researchers working with Eritrean youth found the trait of determination and the process of constructive planning were powerful predictors of resilience (Farwell, 2001). The closely related emotional orientation of a sense of agency also appears protective, according to the previously mentioned study of Colombian child soldiers. In this study, having the ability to plan alternative paths for their lives protected some children from the hardships they endured (Cortes & Buchanan, 2007). Similarly, Berk, et al. (1998) found that Bosnian children who regarded the world as alterable, and themselves as capable of making change, were endowed with a sense of control that built a sense hope and an orientation towards the future in the face of political violence.

Cortes and Buchanan (2007) found that social skills such as social intelligence, empathy, and affect regulation offered a modicum of protection for child soldiers in Colombia. For instance, the female combatants established partner relationships to avoid being indiscriminately used as sexual slaves. Children who displayed resilience also demonstrated higher affect regulation, reflected in an ability to manage emotions and to avoid making impulsive decisions (Cortes & Buchanan, 2007). For Bosnian children, the skills of relaxing and remaining calm in the midst of crisis appeared to offer some protection for children exposed to political violence (Berk, 1998).

In sum, regarding children, the role of demographic factors, including gender, age, parents' level of education, and geography, appears to be unresolved within the literature on political violence and resilience. There exists a need for more research that considers not only the facts of these demographic characteristics, but the mechanisms through which they work. It is clearer that certain individual temperament, values, emotional orientations, and skills appear to

be protective, such as humor, religious conviction, a sense of agency, future orientation and an ability to regulate affect.

### **Adults.**

Relative to the research on children and resilience within the context of political violence, fewer studies focus on political violence and resilience in adults. One of the few studies with adults that examined the role of demographic variables--a longitudinal study among Palestinian adults--found men and younger adults experienced courses of PTSD symptoms that tended to improve over time and therefore demonstrated more resilient trajectories than did women or older adults (Hobfoll, Mancini, Hall, Canetti, & Bonanno, 2011). Similar to their finding among youth, Eggerman and Panter-Brick (2010) found that religious conviction, including giving ones' fate over to a higher power, was a common coping process used among adults. Authors described this as a process of resignation, but noted that it seemed to build strength in the face of political violence. Service, perseverance, and effort were also all central to coping among adults in Afghanistan, probably because of the association with economic well-being, which participants identified as central to overcoming the effects of war (Eggerman & Panter-Brick, 2010). Lee, et al. (2008) found self-esteem and optimism were protective in a study of Korean women, most of whom were exposed to two wars. Hernández (2002) found adult survivors of political violence in Colombia exhibited more resilience when they had hope and a sense of optimism. A process found to contribute to resilience was the rebuilding and reclaiming of physical and, where that is not possible, symbolic locations of home for women whose homes had been demolished. Shalhoub-Kevorkian (2006) concluded this process contributes to empowerment for Palestinian women affected by political violence. Research with adult survivors of torture and other war trauma found that coping styles employed by participants made a difference in how effectively they were able to use cognitive processes to manage the

stressors of war. For example, in examining how coping styles interacted with the cognitive process of appraising war trauma as controllable, participants who favored a withdrawal coping style showed more PTSD symptoms than did the participants who did not tend to withdraw. Authors suggest those people who understand a situation to be controllable but who withdraw rather than exercising control over the situation might be more at risk for mental health symptoms (Hooberman, Rosenfeld, Rasmussen, & Keller, 2010). This suggests additional attention should be paid to the ways in which individuals use emotional and cognitive strategies to withstand the effects of political violence.

Stress and coping theories highlight the role of processes of appraisal, whereby people make meaning of the stressful or traumatic event in an effort to cope and maintain hope (Lazarus, 2000; Ursano, Fullerton, & McCaughey, 1994). Scholars point out that meaning-making is especially important within the context of political violence, where people are confronted with horrors on a massive scale and have to reconcile the existence of maliciousness and evil with any previous conceptions they held about how the world works (Janoff-Bulman, 1992). Hernández (2002) reported that, among human rights activists targeted with political violence in Colombia, taking part in meaning-making processes within the context of trusting relationships (i.e. understanding the political nature of the atrocities and working for peace and justice) allowed survivors to develop a sense of internal coherence. Eggerman and Panter-Brick (2010) found that the process of meaning-making that acknowledged cultural values such as service, morals, and honor helped adults in Afghanistan to make sense of violence experiences and thus endure war. Recognizing the process of meaning-making has also been shown to be important in understanding coping among survivors of the Nazi Holocaust and the political violence in Argentina in the 1970s and 80s (Koopman, 1997; Robben, 2005).

Studies of adult resilience within political violence provide results consistent with those from studies of children, demonstrating the protective influence of personal traits and values like optimism and religious conviction. More literature exists about adults than about children regarding the importance of processes of meaning making. Although this literature appears to still be in its early stages, studies among adults seem to agree on the positive outcomes of attempts to cognitively resolve the considerable dissonance that political violence creates as it challenges people's previously held notions of justice and human decency.

### **Resources available within the environment**

Scholars have proposed that one of the keys to understanding how resilience operates, whether associated with the effects of political violence or violence in other forms (e.g., community violence, child abuse), is to examine it within a framework that prioritizes the dynamic interaction between individuals and their environments (Fraser, Kirby, & Smokowski, 2004; Ungar, 2011b). For both children and adults, resilience within contexts of political violence appears to be closely related to the resources available in the surrounding environment--families, communities, and greater social and political contexts (what researchers refer to as social ecology) (Betancourt & Khan, 2008).

### **Family resources.**

Positive family functioning seems to offer at least some degree of protection for children from the effects of political violence (Barber, 1999; Berk, 1998; Cummings, Goeke-Morey, Schermerhorn, Merrilees, & Cairns, 2009; Garbarino & Kostelny, 1996; Nguyen-Gillham, Giacaman, Naser, & Boyce, 2008; Thabet, Ibraheem, Shivram, Winter, & Vostanis, 2009). Garbarino and Kostelny (1996) conclude that political violence "tends to be a manageable threat when children face that danger in the context of healthy family functioning and parental well-

being” (p. 43). The protective effects of parent-child relationships have been shown in Gaza, where parent support buffered the relationship between traumatic events related to political violence and PTSD among children (Thabet, et al., 2009). Barber (2001) found high levels of parental acceptance effectively buffered the stressors of political violence among Palestinian youth. In a study of 700 mother-child dyads in Northern Ireland, Cummings et al. (2009) found that for children exposed to political violence, family cohesion, family functioning, and secure parent-child relationships all played protective roles, reducing child adjustment problems and increasing pro-social behavior. Nguyen-Gillham et al. (2008) found Palestinian adolescents sought support from family members, and that this population reported family ties were strong in Palestine, especially in comparison to family ties in the West. Family support was not one-dimensional, though; some participants said when there was too much discussion about the political situation, this process within families became counterproductive (Nguyen-Gillham, et al., 2008). For Bosnian children facing war, family stability, even from extended family members if parents were lost in the war, offered protection (Berk, 1998). Similarly, for Eritrean children facing and fleeing political violence, family support was a major component of resilience (Farwell, 2001). There is some evidence that the protective function of parenting may diminish as children age, however. Quota et al. (2007) theorized the lack of correlation between parenting and mental health symptoms among older Palestinian adolescents may be because of the fading importance of parenting as children grow up.

The role of family functioning is important for adults facing political violence, as well as children. Khamis’ 1998 study of Palestinian women tested the importance of family relationships within the trajectory of political trauma and mental health. The study showed the level of a family’s social-psychological resources was inversely related to psychological distress among

traumatized women. This study also demonstrated the level of family hardiness (indicators included coordinated commitment, confidence, challenges, and control) was negatively related to psychological distress and positively related to well-being for this group (Khamis, 1998b). In Eggerman et al.'s study among students and caregivers in Afghanistan, family unity, particularly across generations, supported multi-generational economic success, which was central to adult participants' well-being within the context of war (Eggerman & Panter-Brick, 2010).

### **Social resources outside the family**

Scholars of resilience have moved the concept beyond simple lists of internal traits; instead, resilience is analyzed within perspectives that stress how it ultimately depends on both the practice of individuals' accessing resources within their environments, and of the responsiveness of environment itself (Masten & Obradovic, 2008; Ungar, 2011b). For instance, researchers have found a range of factors in both children and adults that operate within the relationship between individuals and their communities to protect individual well-being in the face of political violence. Factors include involvement in school, work and political struggles (Barber, 1999, 2001; Betancourt, Brennan, Rubin-Smith, Fitzmaurice, & Gilman, 2010; Khamis, 1998a; Nguyen-Gillham, et al., 2008; Srour, 2005), and opportunities for connectedness to and acceptance from the community (Berk, 1998; Betancourt, et al., 2010; Cortes & Buchanan, 2007).

#### **School and work as social resources.**

In the face of an onslaught of stressors related to political violence, merely maintaining daily activities of living can be viewed as an act of resilience. Attending school or work each foster a sense of normalcy and purpose in the midst of chaos. As Nguyen-Gillman et al. (2008)

point out, schools and organizations provide much-needed structure and routine within the turmoil of political violence.

Sustaining school attendance appears to protect children from the negative consequences of political violence. Barber (2001) found integration into schools offered some protection from depression and antisocial behavior for youth in Palestine. Betancourt et al.'s longitudinal study with former child soldiers in Sierra Leone found youth who were in school had higher levels of adaptive and prosocial behavior, despite the stressors of war (Betancourt, et al., 2010). In Nguyen-Gillham et al.'s study with adolescents in the West Bank (Nguyen-Gillham, et al., 2008), participants regarded education as a tool to counter the ongoing political violence. Among Afghan youth, education represented a pivotal force that would help youth to excel and to cope with political violence and the accompanying poverty (Eggerman & Panter-Brick, 2010). In Farwell's study among Eritrean youth, youth said the foremost priority within post-war recovery should be the rebuilding of the infrastructure of the society, with particular attention to that of education. These young people also demonstrated tenacity in their quest for education, with many living apart from their families in lean-tos and with scarce provisions to continue their education (Farwell, 2001).

Work appears to be protective for adults, fostering purpose, meaning, and a sense of normalcy when surrounded by the chaos of political violence. Giacaman notes that for her public health program, regrouping the team and embarking on work in the midst of active fighting in the West Bank enabled adults to persevere. Work provided a concrete outlet to investigate the effects of political violence on health and an opportunity for agency, which fostered hope (Giacaman, 2005). Similarly, one Palestinian woman interviewed by Shalhoub-Kevorkian

acknowledged work allowed her to use her time effectively and cope with the loss of her home, imprisonment of her brothers, and death of her child (Shalhoub-Kevorkian, 2006).

### **Opportunities for political engagement.**

Some research has found civic and political involvement to be protective within conflict situations. In the few studies that have examined this question, it appears that a political life may endow feelings of empowerment and dignity on both youth and adults, which in turn offers some protection from the harmful effects of political violence.

A handful of studies have examined the role of political engagement among youth facing political violence. One study found Palestinian children who had endured political violence (including experiences like losing family members, being injured, or witnessing night raids) and who took part in activities expressing national pride (flag raisings during the signing of the Peace Accords) exhibited reduced neuroticism and higher self-esteem than children who did not participate (Quota, Punamäki, & Sarraj, 1995). In a sample of Palestinian youth, Barber (2008) found that activism during political conflict was significantly correlated to a number of positive outcomes, including higher social competence and civic involvement, higher empathy, and lower antisocial behavior.

There are a couple of mechanisms through which political engagement may offer protection within political violence. Berk's study in Bosnia (1998) posits that political participation offers a sense of purpose, avenue for action, and possibility for connection. Political engagement, including political education, may also represent a mode of protecting and promoting national identity (which is often threatened within political violence). The defense of this national identity may be protective as it builds a sense of collective belonging and empowerment. For instance, Farwell's study of Eritrean youth emphasized the importance of

understanding history and political thought, as youth considered protecting the nationhood of Eritrea to be a high priority within the process of healing from political violence (Farwell, 2001).

Despite findings discussed above, the question of whether political engagement is always protective with regards to political violence is far from resolved in the literature. For instance, among Bosnian youth, Jones and Kafetsios (2005) found disengagement from political processes was actually protective. Barber (1999) found involvement with political struggles might be related to an increase in antisocial behavior and depression, although he notes that the mechanisms through which this happens merit more scrutiny. For instance, he postulates fluctuating cultural norms around level of autonomy and prevailing gender norms at the time of the study may have been at work (Barber, 1999). Another study by Barber (2008) contrasted Palestinian youth and Bosnian youth, finding more Bosnian youth regretted being involved in political struggles than did Palestinian youth. As Barber suggests, the potential for political involvement as a protective factor may vary by the type of conflict and the cultural and political contexts of struggle (Barber, 2008).

Compared to studies of children, far fewer studies with adults have focused on political activity as a protective factor within the context of political violence. However, findings from one study suggest political engagement may also be protective for adults. In a series of focus groups in Palestine, participants reported that “political freedom, self-determination, participation in democratic processes and feeling involved in political decision-making” all were central to people’s quality of life within the context of political violence (Giacaman et al., 2007).

### **Opportunities for social support.**

The existence of and ability to access social support is a predominant way both children and adults cope with political violence. In at least two studies with child soldiers, the existence of a supportive, loving adult protected the child from the experiences of being a combatant

(Betancourt, et al., 2010; Cortes & Buchanan, 2007). The presence of an adult who modeled resilience appeared to protect children in Bosnia, offering a model of both physical resilience in terms of meeting basic needs (such as procuring water) and emotional resilience (such as ways to engender hope for the future or reduce fear) (Berk, 1998). Use of social support includes peer support; one study of how youth endure political violence found Palestinian adolescents tended to garner support from friends (Nguyen-Gillham, et al., 2008). Among child soldiers in Sierra Leone, a sense of connectedness to and acceptance by the community as a whole protected children from internalizing problems and promoted adaptive/prosocial behavior over time (Betancourt, et al., 2010). Farwell (2001) studied resilience among youth who were refugees from Eritrea fleeing political violence. She found community building activities, including informal mutual assistance through things such as pooling money and coming together to rebuild schools after they were destroyed, helped youth to endure the hardships of political violence (Farwell, 2001). To examine, in part, the role of social support in protecting children from aspects of war, researchers used a prospective study of children from Croatia that assessed participants in 1994 during the war with Yugoslavia and then 30 months later, after the fighting had ceased. Researchers found that social support (particularly instrumental support), while not protecting children during active fighting, appeared to protect children from PTSD symptoms over time (Kuterovac-Jagodic, 2003).

Among adults, Khamis (1993) found social support appeared to offer some protection from PTSD among Palestinian women who were injured in the Intifada. Similarly, Lykes et al. (2007) found that accessing social support helped individuals from indigenous communities in Guatemala who had endured considerable political violence. In a longitudinal study with Palestinian men and women, Hobfoll et al. (2011) also found that social support offered some

long-term protection from the effects of political violence. Shalboub-Kevorkian (2006) described how women's reliance on each other enabled them to endure closures of roads and areas, bombings, and house demolitions that are part of political violence. A sense of collective belonging may also be an important type of more internalized social support within political violence. For instance, Nuttman-Schwartz (2012), who studied effects of political violence among Israelis, found that a sense of belonging to the country as a whole provided some protection from PTSD symptoms.

### **Culture as a communal resource for resilience.**

Culture is an important shared collective resource that promotes resilience, particularly within situations of conflict. Survivors of genocide-rape in Rwanda reported that processes specific to their cultural context (discovered by researchers in survivors' use of culturally-specific words representing concepts like withstanding trauma and reaffirming life after trauma or death) aided those suffering from political violence (Zraly & Nyirazinyoye, 2010). Betancourt and Kahn's review of findings from various studies concluded that cultural ceremonies rebuild self-esteem and community acceptance after people have endured atrocities of political violence like war-related rape (Betancourt & Khan, 2008). After observing youth and adult caregivers in Afghanistan, Eggerman and Panter-Brink (2010) concluded that cultural values underlie the sense of hope that was a major resilience factor. However, they also point out that cultural values and pressures can be constrictive; for example, decisions about marriages and expectations based on gender or birth order may limit people's sense of freedom and their ability to control their own lives. These restrictions may curtail the ability of individuals to accomplish the goals they set for themselves, goals they may determine as central to overcoming the hardships of political violence.

### **Opportunities for accountability.**

In cases of extreme traumatic stress due to political violence, the opportunity for individuals to assign blame and accountability may be helpful in making meaning of and recovering from the suffering of political violence (Summerfield, 1999). Thus, processes of accountability through communal activities like tribunals and truth commissions take on particular importance in terms of sustaining resilience after political violence (Farwell & Cole, 2001). Lykes et al. studied the criminal and civic trials brought about by adults within Indigenous communities in Guatemala. These researchers concluded that, while participants faced potential threats due to their testimony, the process of testifying endowed them with a sense that they were standing up for accurate representation of the facts of history and thus promoting social justice; this, in turn, endowed participants with a sense of power and helped to maintain a positive self-image (Lykes, et al., 2007).

Resources that promote resilience within political violence include school or work, social support, opportunities for civic and political engagement and avenues for official accountability for atrocities committed during political violence. Individuals can rally these resources, however, only to the degree that they exist within the environment. Attributes of social and political environments themselves are thus important to examine within questions of resilience (Ungar, 2011b); accordingly, the review now turns to the topic of resilience on the level of the community.

### **Community Resilience**

Individuals are not the only targets of political violence, as the violence is also focused on larger social and political contexts. Political violence threatens resources that support the health, skills and knowledge of individuals; the relationships within families, groups, and between

individuals and institutions; and the culture and values of a society, including human rights, traditions, social mores (Ager, Strang, & Abebe, 2005). It is also clear that political violence undermines government systems as it weakens the public sector, deteriorates necessary infrastructure, and threatens socio-democratic processes (Baingana, et al., 2005; Basu, 2004; Sidel & Levy, 2008).

In the face of political violence, the availability of collective resources is often overwhelmed by the need for them among populations (Hobfoll, et al., 2011). Among populations suffering from political violence, recovery must happen not only within individuals within larger social and political contexts (Almedom & Summerfield, 2004). Fortunately, the higher structures on which well-being depend represent not only targets of political violence, but also important sources of community resilience, the subject of increased attention in the past decade (Ager, et al., 2005; Farwell & Cole, 2001).

Community resilience is defined as positive collective functioning after experiencing a mass stressor, such as a natural or human-made disaster (Norris, et al., 2008). Like individual resilience, community resilience has been described as a process, not a trait or an end product (Nuwayhid, Zurayk, Yamout, & Cortas, 2011). However, similar to individual resilience, certain emotional orientations, characteristics and resources appear to develop resilience; these will be discussed below, followed by a discussion of processes having to do with community resilience.

As with individuals, emotional orientations appear to build resilience on the community level, including collective senses of hope, agency, altruism, trust, and patterns of interdependence (Bar-Tal, 2001; Ungar, 2011a; Wyche et al., 2011). Bar-Tal (2001) proposes that societies experience and exhibit specific collective emotional orientations as “cultural frameworks,” which are established through shared memories, goals, and myths of a society.

These collective emotional orientations can be identified by examining cultural products, artifacts of the educational system, society's public discourse, the influence of the emotion on institutional decision-making and policies, and widely exhibited individual expressions of the emotion. One important collective emotional state within the context of political violence is a sense of collective security, wherein there is a general sense within the populace that they are either free from danger or that dangers are manageable (Bar-Tal, Jacobson, & Freund, 1995). Similarly, within protracted political conflict, societies engender collective emotional orientations of either fear or hope; the collective sense of hope is closely linked to resilience and the potential for peace in the face of collective traumas like political violence (Bar-Tal, 2001; Landau & Saul, 2004; Walsh, 2007). Collective hope and agency are closely linked, as Giacaman (2005) notes regarding the role of resilience in the West Bank. Collective hope motivates communal action and helps to orient individuals and collectives towards the future (Bar-Tal, 2001; Walsh, 2007).

In addition to emotional orientations, community characteristics appear to build the potential for resilience. For instance, in their examination of community resilience in Lebanon following the 2006 war with Israel, researchers concluded that a sense of collective identity and community cohesion as well as a hardiness borne of prior experience with wars contributed to community resilience (Nuwayhid, et al., 2011).

Resources within communities, particularly social capital and physical and organizational infrastructure, are important for building collective resilience in the wake of political violence (Ungar, 2011a). In fact, community resilience in the face of mass disasters has been conceptualized a set of "adaptive capacities," where the resources of social capital, economic development, information and communication, and community competence all interact (Norris,

et al., 2008). For instance, educational and health service networks run by trusted leadership were central to the resilience processes among Internally Displaced People (IDPs) in Lebanon during the 2006 war with Israel (Nuwayhid, et al., 2011). Tierney (2003) found that four types of shared resources, technical, organizational, social and economic, facilitated community resilience in the wake of the 2001 attacks on the World Trade Center. Findings also pointed to the specific properties within collective elements and systems necessary to build community resilience; these included robustness (the ability of infrastructure to withstand stress); redundancy (the ability of systems to function in case primary systems are destroyed); resourcefulness (the possibility for mobilization of human and material resources); and rapidity (the timeliness with which priorities are met) (Tierney, 2003).

The literature consistently supports the idea that community resilience depends not only on the number and strength of the resources within a community but on how these resources integrate as networks. Shalhoub-Kevorkian, in her research among Palestinian women, described the power of informal networks of women in a community. One of her participants described how the women in the neighborhood divide up the duties: one registers children for school, one obtains permits necessary for movement across checkpoints, one gets medication, one keeps informed and alerts others about roadblocks or other restrictions to movement because of the political conflict, and so on (Shalhoub-Kevorkian, 2006). This type of coordination not only resulted in the women's accomplishing practical tasks, but also built a sense of individual, communal and national identity and steadfastness. Nuwayhid et al. (2011) found health networks protected the well-being of populations during massive displacement, by distributing medical care, clothing, food, water and other provisions. Tierney (2003) noted the importance of networks post 9-11 attacks in the efficient mobilization of resources, both those that existed prior

to the attacks and those that were spontaneously formed. While systems of organization helped form workgroups (such as law enforcement, transportation, and human needs), the networks were “loosely-coupled;” that is, their connections were informal and operated with some degree of autonomy. This allowed flexibility and adaptability.

Activities related to collective memory of the trauma of political violence also appear to be important in building community resilience (Pennebaker, 1997). For example, Lykes et al. studied the creation of a communal phototext book by twenty adult Indigenous women in Guatemala who generated stories and photographs of massacres, public executions of women, and the assassination of their local priest. It also told of their emotional reactions and their hopes for the future. While initially women came to the project with anxiety, after its completion they spoke of the power of this process for helping them to move past their fear and to reclaim their voices and their sense of collective power, respect and pride. Ultimately, the process told the story of both collective suffering and collective resistance, and seemed to lay the foundation for future action through additional projects of community building and defense of the community (Lykes, et al., 2007). In another example, researchers uncovered what they termed “communal proactive coping strategies” that helped Tamil refugees who were survivors of civil war deal with the effects of the war and with resettlement. These communal proactive coping strategies included forming common goals, accumulating shared resources, and establishing new organizations and networks to research and address mental health problems (Guribye, Sandal, & Oppedal, 2011).

The newly emerging literature on community resilience points to several findings regarding community wellness within the context of political violence. This includes emotional orientations, characteristics and processes that occur on a community level. Of particular

importance is the expanding body of literature on aspects of and processes within community-level systems and networks that foster resilience in the face of mass disasters such as political violence.

### **Conclusion**

Despite the far-reaching and often long-lasting effects of political violence, this review identifies a progressive accumulation of evidence that illustrates how specific characteristics, orientations, resources, and processes on both individual and community levels provide at least some protection against the effects of political violence. Evidence of how people and communities endure political violence helps us understand the dynamic possibilities for endurance and growth within contexts of adversity. These types of studies represent an important move away from analyses of political violence that pathologize populations and remove agency at both individual and collective levels, a tendency that has been increasingly criticized in the literature on political violence (Summerfield, 1999). In line with what resilience researchers have long asserted (Bonanno, 2004), scholarship suggests that in the search for mastery over our environments, individuals and communities tend to emerge from political violence with commitments to and capabilities for building wellbeing.

This review set out to examine the current literature on individual and community resilience in the face of political violence. Findings of this review point to several characteristics and processes related to resilience, many of which are common to both the individual and the community. Important characteristics at both individual and community levels were hope, optimism, and the ability to effectively strategize to solve problems. Processes critical for resilience included activities of individual and collective meaning making. Within the community level, processes of building networks were also important.

Among the central tasks of this review was to explore the relationship between individuals and communities with regard to resilience in settings of political violence. Many studies in this review concluded that factors within individuals' larger social and political contexts (such as social support, work or school, and opportunities for political involvement and accountability) promoted individual well-being within political violence. Few studies, however, specifically adopted social ecological perspectives to examine resilience. There is a need for further research on resilience within political violence that uses multi-level frameworks to study protective factors in settings of political violence. This is particularly important for knowledge building about adult populations, as studies are increasingly addressing resilience about children and political violence employing social-ecological perspectives (Betancourt & Khan, 2008; Cummings, et al., 2009; Eric F. Dubow, Huesmann, & Boxer, 2009; Fazel, Reed, Panter-Brick, & Stein, 2012).

While a variety of studies demonstrated the importance of the larger socio-political context for individual resilience, few studies attended specifically to the ways in which resilience is actually a product of the dynamic and reciprocal relationship between individuals and communities, where resilience on each level is dependent on the other (Ungar, 2011b). This is especially important within collective disasters like political violence, where community resilience and individual resilience are so closely related that disentangling them is unrealistic (Masten & Obradovic, 2008). One exception is research by Kimhi and Eshel (2009), who found people's recovery from political violence was highly dependent on individuals' perceptions of community resilience (including their estimations of perceptions of the strength and endurance of the community and their trust in leadership). Future research on resilience within political

violence would advance literature on this topic by studying how individual resilience and community resilience work together to ensure wellbeing.

In addition to attending to the relationships between individuals and communities, this review also aimed to uncover other lessons for research and intervention within the fields of political violence and resilience. In the process of completing this review, it became clear that there is an emergent need to refine the conceptualizations of both political violence and resilience. As evident in the literature reviewed, political violence is a broad category that encompasses many experiences including material deprivation; refugee experiences; exposure to sniper fire; being tear-gassed; bodily injury; disappearance, death or injury of loved ones; witnessing violence to others; and brain injury (Al-Krenawi, Graham, & Sehwal, 2007; Basoglu et al., 2005; K. de Jong, et al., 2002; Garbarino & Kostelny, 1996; Giacaman, Shannon, et al., 2007b; Morina & Ford, 2008; Punamäki, Komproe, Qouta, El-Masri, & de Jong, 2005; Saab, Chaaya, & Doumit, 2003). Furthermore, effects of political violence vary alongside the subjective meaning of political violence, people's proximity to the violence, and the magnitude, duration and chronicity of the conflict (Barber, 2008, 2009; Sagi-Schwartz, 2008). We also know that political violence coincides with other forms of violence such as domestic violence and structural violence (Clark, et al., 2010; Farmer, 2004; Panter-Brick & Eggerman, 2012). Within the range of experiences associated with political violence, people are affected differently and thus require distinct methods of coping (Haj-Yahia, 2007; Macksoud & Aber, 1996). Continued efforts are needed in research to disentangle the various experiences of political violence from each other, as well as from experiences of poverty and everyday stressors, to determine how political violence and other stressors influence wellbeing.

Findings from this review also demonstrate the importance of furthering and perhaps

moving towards more of a shared understanding of what constitutes resilience on both individual and community levels. As with the broader field of resilience, within political violence there is a wide variation in how both individual and community resilience is conceptualized and discussed. For instance, some authors “measured” individual resilience using a quantitative scale (Laor, et al., 2006; Lee, et al., 2008). Others, who regarded individual resilience as more of a process, used behavioral or mental health outcomes to indicate resilience (Garbarino & Kostelny, 1996; V. Khamis, 1993; Kuterovac-Jagodic, 2003). The work of conceptualizing resilience is particularly exciting at the community level, because it is a relatively new frontier, with a lot of ambiguity regarding what outcomes would signify community resilience (Rutter, 2012). For instance, Chandra (2011) examined the concept of community resilience in relationship to national disasters, using literature reviews and focus groups, and identified these indicators of the community resilience: community engagement (including neighborhood cohesion); partnership among organizations; local leadership that works alongside state and federal governments; community health and access to health services; rapid restoration of services and social networks; and financial resiliency of families and businesses (Chandra, 2011). Other scholars suggest using a high and relatively equal level of “population wellness” (defined as mental and behavioral health, role functioning, and quality of life) to indicate community resilience, noting this outcome is easily differentiated from the resources within communities that build resilience, could easily be monitored, and should reflect how well emergency management systems are functioning (Norris, et al., 2008). Still others suggest the continuation of everyday life (such as large numbers of children remaining in school or the absence of disease outbreaks or social unrest) amidst considerable stressors of political violence indicate community resilience (Nuwayhid, et al., 2011; Panter-Brick & Eggerman, 2012).

The development of societal-level variables (and in particular, those sensitive to issues like religion and culture) to measure resilience on a collective level remains to be done (Panter-Brick & Eggerman, 2012), and will require innovative and systematic methods for creating and refining indicators. For instance, Sherrieb et al. (2010) conducted a comprehensive search for, and then testing and validation of, indicators to create an index of community resilience capacities. The final index included indicators of economic development (including resource level, resource equity, and resource diversity) and social capital (including social support, social participation and community bonds). This study illustrates how important systematic processes are with regards to conceptualizing community resilience. In another example, the four resources (technical, organizational, social and economic) and four properties (robustness, redundancy, resourcefulness and rapidity) of community resilience described by Tierney (2003) were developed by a multidisciplinary agency dedicated to addressing the effects of both natural and human-made hazards, including political violence, on collective structures. One of their projects is to develop qualitative and quantitative frameworks to define community resilience. This collective effort demonstrates the importance of multi-disciplinary teams and mixed research methods in conceptualizing the concept of community resilience.

Finally, with regards to research implications, this review considered studies from around the world, and some, though not all, of these studies explicitly explored the particular cultural context of their study. As with resilience more generally, it is evident that, regarding both understanding and intervening in the problem of political violence, studies that put the role of culture and local knowledge in the fore provided the most contextually rich content (Panter-Brick & Eggerman, 2012; Ungar, 2008). Political violence is a global problem, but the strategies to build of resilience within its wake requires very specific attention to cultural context and

variation (Ager, et al., 2005; Summerfield, 1999).

Findings from this review suggest several implications for practice. Translating knowledge from the growing literature about resilience within political violence into practical interventions is essential. Peltonen and Punamäki's multi-level review of interventions for children who have experienced political violence is an example (Peltonen & Punamäki, 2010). Incorporating new knowledge about individual and community resilience into intervention research related to the effects of political violence should continue, and should attend to interventions aimed not only at children, but also at adults and communities.

Given the usefulness of social support in building individual resilience, implications for practice based on our review also include the need for rebuilding on the collective level after (or during) political violence. This could include aiding individuals in their use of social coping behaviors; rapidly reinstating structures for daily activities that foster a sense of normalcy through re-opening of schools and places of work; establishing or re-establishing opportunities for and norms around individuals' involvement in political activities; and instituting modes of communal accountability after atrocities, such as tribunals and truth commissions. Additionally, in light of the findings of this review with regards to the importance of the family in helping both child and adult survivors of political violence, interventions aimed at increased family functioning could prove useful in building resilience.

This review has provided evidence about resilience in the face of political violence. Given the high proportion of political violence around the world, the existence of and possibilities for individual and collective resilience is heartening. However, the factors and processes that build resilience require a great deal of creativity, effort, and flexibility, representing a considerable strain on individuals, families, communities, and governments.

Political violence often causes so much destruction on so many levels that it overburdens resources for resilience (Hobfoll, et al., 2011). While clearly research and practice should continue to build our understanding of resilience within political violence, it remains a central task to engage in primary prevention regarding this important issue. The avoidance of political violence itself should be prioritized as a central task by prevention scholars and practitioners to ensure global health and well-being (J. T. de Jong, 2010; Hagopian, Ratevosian, & deRiel, 2009).

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PAPER 2: POLITICAL VIOLENCE, HEALTH AND COPING  
AMONG WOMEN IN THE WEST BANK

**Summary**

Political violence poses a considerable threat to the health of individuals. Protective factors, however, may help people to build resilience in the face of the considerable stress of political violence. This study examined the influence of lifetime and past-30 day experiences of political violence on the mental and physical health of adult Palestinian women from the West Bank (N= 131). Two hypotheses were examined: (1) reports of rates of lifetime and past-30 day exposure to political violence exposure would be related to reports of poorer physical and mental health and (2) several coping variables (proactive coping; self-reliance; reliance on religious, political and family support; and political/civic engagement) would function as moderators of the effects of political violence, buffering or weakening its effects on physical and mental health outcomes. Both lifetime and past-30 day measures of political violence were positively correlated with PTSD symptoms. Political violence in the last month was also positively correlated with distress. As political violence increased, those with high rates of proactive coping and reliance on self had better general health. There was a significant interaction between political violence and reliance on family; those with high reliance on family showed better mental health as political violence increased. Higher rates on two of our coping variables, reliance on political resources and reliance on religion, interacted with political violence such that general health declined as political violence increased. Results are discussed in terms of their implications for research and practice.

## Introduction

In 2002, the World Health Organization (WHO) released a document in recognition of violence as a major public health issue, the first World Report on Violence and Health. In it, they defined violence as “the intentional use of physical force or power, threatened or actual...that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation” (World Health Organization [WHO], 2002). The rather broad definition of violence put forth by the World Health Organization reflects a move within general violence research to recognize that violence not only causes injury and death, but also poses fundamental burdens on the quality of life of individuals and collectives (Krug, Mercy, Dahlberg, & Zwi, 2002; WHO, 2002). Among other types of violence, this report highlighted the far-reaching implications of political violence.

Political violence is the deliberate use of power and physical force in attempts to achieve political goals, resulting in threats to the physical and psychological health of individuals and populations (WHO, 2002). Political violence, as outlined by the WHO, includes acts of a physical, psychological or sexual nature that are used to harm or intimidate populations; examples include the use of assassinations, psychological torture and rape as tools of war and political repression (Farwell, 2004; United Nations Action Against Sexual Violence in Conflict, 2010; Zwi & Ugalde, 1989). The WHO definition of political violence also includes deprivation, or the intentional manipulation of power with the goal of prohibiting specific populations from realizing basic needs and human rights; examples are the repression of rights to freedom of speech, and access to food, education, sanitation and healthcare (International Committee of the Red Cross (ICRC), 1949; UNESCO, 2006; UNESCO: International Program for the Development of Communication (IPDC), 2012; United Nations Population Fund, 2007).

The experience and effects of political violence are highly context specific, as the duration and magnitude of political violence, people's proximity to the violence and the subjective meaning of political violence vary from place to place and from person to person (Barber, 2008, 2009; Sagi-Schwartz, 2008). What qualifies as exposure to political violence varies in the research literature, although it is typically conceptualized as a range of acts of violence and repression that occur during wars, armed conflicts, dictatorships, and military occupations (Zwi & Ugalde, 1989). Examples include: witnessing or experiencing shootings or aerial bombardments; being displaced; being deprived of livelihood or essential goods and services; being under curfew; being detained, incarcerated or tortured; and having one's home demolished (Basoglu, Livanou, & Crnobaric, 2005; Clark et al., 2010; K. de Jong et al., 2002; Dubow et al., 2010; Farwell, 2004; Giacaman, Shannon, Saab, Arya, & Boyce, 2007; Hobfoll, Hall, & Canetti, 2012).

In recent decades, there has been an expanded effort to examine how the variety of acts within political violence affects the health of civilian populations. Exposure to political violence leads to a range of mental health problems and disorders, including Post Traumatic Stress Disorder (PTSD), depression, and anxiety (Basoglu, et al., 2005; Carballo et al., 2004; de Jong, 2002; de Jong, Komproe, & Van Ommeren, 2003; de Jong, Ford, Kam, et al., 2008; de Jong, Ford, Lokuge, et al., 2008; de Jong, et al., 2002; deJong, 2003; Dillenburger, Fargas, & Akhonzada, 2008; Giacaman, Shannon, et al., 2007; Klaric, Klaric, Stevanovic, Grkovic, & Jonovska, 2007; Punamäki, 1990; Tol et al., 2010; WHO, 2001). Researchers have also begun to document the relation between exposure to political violence and physical health symptoms (even after controlling for contextual and behavioral factors like smoking), such as pain,

headaches, loss of appetite, asthma and weakness and sleeplessness (Al-Krenawi, Graham, & Sehwal, 2004; Burnett & Peel, 2001; Wright et al., 2010).

Biological stress response theories help explain the connections between extreme and prolonged stress, such as that experienced within political violence, and health. According to these theories, stressors trigger responses from the body that initially are adaptive. Over time, however, and particularly when facing chronic stress, the body is unable to respond and regulate that stress, resulting in an accelerated progression of disease (Cohen, Janicki-Deverts, & Miller, 2007; McEwen, 2000, 2007; Roelofs & Spinhoven, 2007).

Although there is some evidence about the effects of political violence on physical health, scholarship on this topic is still relatively limited in terms of the numbers of studies (Al-Krenawi, et al., 2004; Burnett & Peel, 2001; Wright, et al., 2010). Furthermore, although several scholars have suggested that women may be particularly affected by political violence (Al Gasseer, Dresden, Keeney, & Warren, 2004; Berman, Giron, & Marroquin, 2009; Hobfoll, Mancini, Hall, Canetti, & Bonanno, 2011; Punamäki, Komproe, Qouta, Elmasri, & de Jong, 2005; Qouta, Punamäki, & Sarraj, 1998; UNRISD (United Nations Research Institute for Social Development), 2005), few studies have addressed the topic of political violence and health among women specifically (Khamis, 1998; Punamäki, et al., 2005; Welsh & Brodsky, 2010).

Responding to the need for more information about the effects of political violence on the physical and mental health of adult women, this study focused on the effects of political violence among Palestinian women in the West Bank, testing the hypothesis that reports of rates of lifetime and past-30 day exposure to political violence exposure would be related to reports of poorer physical and mental health. The West Bank is well known for its history of protracted conflict and ongoing Israeli occupation of civilian areas (for historical timeline of the conflict

and an analysis of its relationship to health see, for instance, Giacaman et al., 2009, and other articles in the 2009 Lancet series on health in Palestine). Acts within the Israeli occupation of the West Bank include control of the movement of populations along roads through hundreds of checkpoints, roadblocks and closed areas; home demolitions; arrests and detainments; and an 8-meter high, 436-mile long separation wall consisting of concrete sections and gates that deprive people of their ability to move and conduct daily activities such as work, socializing and accessing medical care (Giacaman, Shannon, et al., 2007; International Court of Justice, 2004; Israeli Committee Against Home Demolitions (ICAHD), 2012; Jubran, Al Faqih, Nafe, Khalili, & Barghouthi, 2005; Medecins du Monde, 2005; United Nations Office for the Coordination of Humanitarian Affairs (UN-OCHA)-Occupied Palestinian Territories (oPt), 2011).

In examining the relationship between political violence and health among women in the West Bank, this study also tested whether the relationship between political violence and health differs based on six coping variables: proactive coping; self-reliance; reliance on religious, political and family support; and political/civic engagement. The decision to examine whether coping interacted with political violence in predicting health outcomes resulted from a desire to focus on how, despite the grim evidence of the effects of political violence on health, people tend to cope effectively with the stress and function better than might be expected, therefore exhibiting substantial resilience in the face of political violence (Summerfield, 1999). Analyses of protective factors—variables that lessen risk and/or promote well-being—can help establish when and under which conditions individual resilience can develop (Herrenkohl, 2011). Protective factors are often conceptualized as moderators of risk and are analyzed within regression models. In these models, the goal is to determine if a hypothesized protective factor

interacts with a risk factor to alter the direction or strength of an outcome, like PTSD or depression (Baron & Kenny, 1986; J. Cohen, 2003; Frazier, Tix, & Barron, 2004).

We hypothesized six variables (proactive coping; self-reliance; reliance on religious, political and family support; and political/civic engagement) would function as moderators of the effects of political violence, to buffer or weaken its effects on physical and mental health outcomes (Baron & Kenny, 1986). Positive, forward-looking approaches to problem solving, or “proactive coping” (Greenglass, 2002; Schwarzer, 2002), appears to provide protection from stress and thereby promote resilience as it endows people with a positive outlook and a sense that they are an agent of change and power within their life. Individuals’ practices of strategizing to protect their physical safety or laying of concrete plans for their future are two examples of proactive coping that are protective within political violence (Berk, 1998; Cortes & Buchanan, 2007; Farwell, 2001). Use of support from families, religious and political organizations, and having faith or a belief in god can also provide protection from political violence as it offers both practical help with needs for food, money or information, and emotional comfort and encouragement to individuals (Barber, 2001; Eggerman & Panter-Brick, 2010; Khamis, 1998; Nuwayhid, Zurayk, Yamout, & Cortas, 2011). Further, being active in political groups or causes may provide protection from political violence as it seems to build feelings of belonging, empowerment and purpose in some situations and for some individuals (Barber, 2001; Jones & Kafetsios, 2005; Khamis, 1998; Nguyen-Gillham, Giacaman, Naser, & Boyce, 2008; Qouta, Punamäki, & El Sarraj, 1995; Srour, 2005).

### **Design and Methods**

The project is a collaborative research project between a student researcher at the University of Washington and staff from the Palestinian Medical Relief Society (PMRS), one of

the oldest and largest healthcare NGOs in Palestine. The Institutional Review Board at the University of Washington approved all study procedures. Surveys were collected in 2007 and 2008 from adult Palestinian women in eight districts in the West Bank. The total sample size for the surveys was 131. Respondents were recruited from Birzeit University and from general health and women's clinics belonging to PMRS and to the Palestinian Ministry of Health. Staff at these locations approached the potential participants with a prepared script that explained the study and its potential benefits and risks. Participants were recruited if they met the criteria of being a Palestinian woman over the age of 18. Those approached to participate in the study were told it was strictly voluntary and that declining to take part will not affect their services in any way. Those who agreed to participate were consented following a standard script. Per data sharing agreements, data belongs jointly to the entire research team.

## **Measures**

The survey tool consists of 9 constructs and 150 questions. Professional translators in the West Bank translated the survey from English into Arabic; several PMRS staff members checked the accuracy of the translation. Survey development took one year and included consultation with a diverse international pool of experts in the fields of trauma, resilience, the Israeli/Palestinian conflict, and mental health. The process of survey development included a focus group with Palestinians from the West Bank who were living temporarily in Seattle, Washington. Participants in this focus group pilot tested the survey and gave input on the items, the translation, the time required for completion, and ethical or emotional issues regarding the survey. So as to develop a sufficiently broad and detailed measure of political violence, focus group participants were asked to list the most influential experiences Palestinians encounter under the occupation. These answers were analyzed against those items in the survey.

**Political Violence.**

The survey tool includes a 30-item index of exposure to related to political violence. The tool includes questions about experiences within political violence that deprive people of the ability to move about and conduct activities of daily life (such as exposure to checkpoints, having to change plans for school, wedding or travel due to the occupation or having interrupted access to health-care due to the occupation). The tool also includes acts that directly threaten physical and psychological well-being, such as home demolitions, witnessing or experiencing arrest or detainment, and being the victim of beatings or strip-searching by Israeli police or military. From the 30-item tool, two indices of political violence were developed: a measure of lifetime occurrences of political violence and a measure of the frequency of seven acts within the last month. The index of lifetime occurrences consisted of dichotomous (yes/no) responses to 11 items; for a full list of items and their frequencies, see Table 1. Cronbach's alpha for this index is .739. For the measure of occurrences within the last month, we used seven items. Table 2 provides the full list of items and the descriptive statistics for this measure. Cronbach's alpha for this index is .805. Both of indices of political violence were positively skewed, so log transformations were applied to both of them to normalize the distribution; a natural logarithm (LN) was applied to the last month measure. A base-10 log transformation with the addition of a constant (2) was used with the lifetime measure, due to problems with negative and zero values when we tried to apply the natural logarithm (McDonald, 2009).

**Outcome Measures.**

Outcome measures included one measure of physical health and four measures of mental health. We used the SF-12, version 2, an abbreviated version of the SF-36 (Ware, Kosinski, & Keller, 1996). The SF-36 has been widely used to assess health, and its use has been validated with Arab populations (Al Sayah, Ishaque, Lau, & Johnson, 2012; Sabbah, Drouby, Sabbah,

Retel-Rude, & Mercier, 2003). The SF-12, like the SF-36, measures eight concepts, or subdomains, of health; for this study, we used the subdomain scales of physical health (General Health Perception, or GH) and mental health (MH). General Health Perception (GH) is one item that asks respondents to rate their general health on a 5-item Likert scale from poor to excellent, with higher scores indicating better general health perception. The use of a single-item measure of self-reported health status is a simple and effective way to measure health; several international studies have shown self-perceived health status is related to mortality and a variety of physical conditions, including pain and delayed recovery from illness (Benyamini & Idler, 1999; Bowling, 2005; Emmelin et al., 2003; Idler & Benyamini, 1997; Jylha, 2009; Mäntyselkä, Turunen, Ahonen, & Kumpusalo, 2003). Previous research has used the General Health (GH) subdomain to investigate the effects of political violence (Eisenman, Gelberg, Liu, & Shapiro, 2003; Hobfoll, Hall, et al., 2012). The mental health subdomain (MH) of the SF-12 includes two items (how often have you felt calm and peaceful? and how often have you felt depressed or downhearted?); each question used a 5-item Likert scale with choices from none of the time to all the time. Higher scores on the MH subdomain scale indicate better mental health. The mental health scale was correlated with our other two mental health measures: distress (.679,  $p=.000$ ) and PTSD (.365,  $p=.000$ ).

The 10-item distress scale (Kessler's 10, or K-10) is used in health surveys by governments in the US and Canada as well as by the World Health Organization (WHO) (Kessler et al., 2002). Kessler's-10 measures distress symptoms in the prior four weeks on a scale of 10 to 50, with higher scores representing higher distress. Items include feeling tired "for no good reason," nervous, depressed, worthless, and "so restless that you could not sit still."

Cronbach's alpha for this scale is .893. The distress scale was skewed so a natural log transformation was applied to it.

We investigated PTSD symptoms, rather than diagnostic criteria (Nemiah, 1995; North, Suris, Davis, & Smith, 2009), responding at least in part to the ongoing controversy around the use of PTSD as a measure (Johnson & Thompson, 2008; Mezey & Robbins, 2001; North, et al., 2009; Summerfield, 2001). Symptoms of Post-Traumatic Stress Disorder symptoms were assessed with the 4-item Primary Care PTSD screen (PC PTSD). The PC-PTSD is a brief screening tool for PTSD symptoms (Prins, 2004) ( $\alpha=.849$ ). The symptomology of PTSD is a widely used outcome measure in research on political violence in general (Basoglu, et al., 2005; Johnson & Thompson, 2008; Lopes Cardozo, Vergara, Agani, & Gotway, 2000), as well as in Palestine specifically (Afana, Dalgard, Bjertness, Grunfeld, & Hauff, 2002; Hobfoll, et al., 2011; Khamis, 1993; Punamäki, Qouta, & Sarraj, 2010).

### **Coping factors.**

Measured coping factors that were hypothesized to interact with political violence in the predication of health include: proactive coping; self-reliance; reliance on religious, political and family support; and political/civic engagement. We used the Proactive Coping subscale of the Problem Solving Inventory (PSI) (Greenglass & Schwarzer, 1998) ( $\alpha=.763$ ). This subscale includes 14 items, including "I like challenges and beating the odds" and "I try to pinpoint what I need to succeed."

For self-reliance and reliance on religious, political and family support, we used a coping scale that was developed by Khamis (2000) in Palestine; it assesses use of coping resources and social support across both problem focused (i.e. gathering information) and emotion focused (i.e. aimed at emotional regulation through processes like seeking support) domains (Finfgeld-

Connett, 2005; Langford, Bowsher, Maloney, & Lillis, 1997; Lazarus, 2000). Examples include: “I seek information from political organizations”; “I seek moral support from my family”; “I pray.”

Exploratory Factor Analysis with oblique rotation (which allows the factors to correlate) was used on the full 33-item scale; the pattern matrix was used to examine loadings (Costello & Osborne, 2005). We retained items that loaded .4 or higher. Using the scree plot and a comparison of 3 and 4 factor tables, we determined that four factors were optimal (Costello & Osborne, 2005). These include: reliance on self; reliance on political involvement or political institutions; reliance on religion, faith, or religious institutions; and reliance on family.

The first factor, relies on self, included: depends on self to solve problems (.905), depends on self to solve family matters (.703), draws on past experiences to solve problems (.667), looks at positive to be grateful (.578), says things are better the way they are (.572), depends on self to make decisions (.568), and depends on self for financial matters (.400). The second factor, relies on political resources, included: seeks information from political party (.973), asks for help from members of political party (.952), and seeks help from political party (.887). The third factor, relies on religious resources, acceptance or faith, included: believes what happened is fate (.566), participates in religious activities (.507), accepts difficulties (.435), prays (.413), seeks information and advice from religious people (.395), and seeks help from religious group (.353). The fourth factor, relies on family resources, included: seeks information from family (.841), seeks social support from family (.775), seeks moral support from family (.754), seeks information from relatives (.446), and looks to relatives (.572). Measures scales were constructed from the items within each factor. Cronbach’s alphas for the scales were as follows: relies on self ( $\alpha = .771$ ), relies on political resources ( $\alpha = .919$ ), relies on religious resources

( $\alpha = .515$ ), and relies on family resources ( $\alpha = .755$ ). Log transformations were applied to the variables because of problems with distribution.

We used a one-item measure of political/civic involvement scored on a Likert scale of 1-4 with response categories of strongly disagree, disagree, agree or strongly agree: "I am actively involved in movements, activities or organizations in order to help my country/my people." This measure was conceived of as a proxy for asking outright if people were politically active, due to the fact that people might be reluctant to report political activity for fear of retribution; it also served to open up this type of question to encompass activities for common good that people might not define as "political activity."

## **Analyses**

For the first step in our analysis, we examined the relation between lifetime and past-30 day political violence to physical and mental health. We then investigated interactions between the two measures of political violence and the previously mentioned protective factors: proactive coping; self-reliance; reliance on religious, political and family support; and political/civic engagement. As suggested by Frazier, et al. (2004), variables were first centered around their means. These centered variables were used to create interaction terms. The order of entry in the multiple regression models was: (1) past-30 day or lifetime political violence; (2) protective factor; (3) political violence and protective factor interaction (Frazier, et al., 2004). For those equations with significant interaction effects, we plotted our results and tested the significance of the slopes (Frazier, et al., 2004; Holmbeck, 2002) using Mod-Graph I, an excel-based moderation plotting software program (Jose, 2008).

## Results

Table 2.1 shows lifetime occurrences of political violence. About half of our study sample reported they had lost income due to the occupation. Over one-fourth reported their ability to access health care suffered due to the occupation. About one in five had been strip-searched by Israeli forces, and 30% reported they had been threatened by Israeli forces. Table 2.2 shows the rates of 7 acts of political violence in the past month. A quarter of all participants reported that they had been prevented from visiting family at least once in the past 30 days during the occupation. A similar number reported they had seen a house or business demolished in the last 30 days. Seventy percent of the study population reported they had to pass through a checkpoint at least once in the past 30 days, with 15.6% responding they had to do this 10 or more times in the past 30 days.

\*Tables 2.1, 2.2 and 2.3 about here\*

Table 2.3 shows the correlations between experiences of political violence and the mental health and health outcomes. Both past-30 day and lifetime measures of political violence were correlated with PTSD at just above .30 ( $p < .05$ ). Political violence in the last month was also correlated with distress ( $r = .211$ ,  $p < .05$ ). Neither measure of political violence was related to perceptions of general health or mental health, as assessed with the SF-12.

For those interaction tests that were significant, Table 2.4 shows the results of the regression equations for lifetime political violence on General Health rating (including the interaction tests for coping and lifetime political violence).

\*Table 2.4 about here\*

Tests of variable interactions showed that, for PTSD and distress, there were no significant interactions between political violence and political/civic involvement, proactive coping, or any of our subscales of coping (reliance on self, reliance on religious resources,

reliance on political resources and reliance on family). A significant interaction was found, however, for lifetime exposure to political violence and proactive coping in the prediction of general health ( $B= 5.853$ ,  $\beta = .270$ ,  $p=.016$ ). Overall, the variables accounted for about 10% of the variance in general health ( $F(1, 83) = 6.002$ ,  $R^2 = .099$ ,  $p = .016$ ). Tests of the slopes reflecting the association between lifetime political violence and general health for those with low and high coping showed they each are significantly different from 0. As hypothesized, as scores on political violence increased, general health improved for those with high coping,  $t(88) = 3.754$ ;  $B$  (for the simple slope test) = 31.522;  $p < .001$ . For those with low coping, general health declined as levels of political violence increased,  $t(88) = -4.715$ ;  $B$  (for the simple slope test) = -39.436;  $p < .001$ .

Reliance on self also significantly moderated the relationship between lifetime political violence and general health ( $B= 223.787$ ,  $\beta = .266$ ,  $p=.020$ ), with the full model accounting for about 8% of the variance in general health overall ( $F(1, 83) = 5.640$ ,  $R^2 = .078$ ,  $p = .020$ ). The corresponding simple slope tests showed that slopes for both high and low reliance on self were significantly different from 0. As scores on political violence increased, there was a general improvement in health for those with high reliance on self,  $t(87) = 133.575$ ;  $B= 29.876$ ;  $p < .001$ ; for low reliance on self, reports of general health declined as political violence increased,  $t(87) = -192.421$ ;  $B= -43.038$ ;  $p < .001$ . Reliance on self also was a significant moderator of the relationship between general health and political violence in the past month ( $B= 123.280$ ,  $\beta = .232$ ,  $p=.050$ ); ( $F(1, 83) = 3.942$ ,  $R^2 = .075$ ,  $p = .050$ ) (see Table 2.5). For high scores on reliance on self, as political violence increased, general health improved,  $t(87) = 6.356$ ;  $B= 6.356$ ;  $p < .001$ ; for low scores on reliance on self, increased political violence was related to declining reports of general health,  $t(87) = -91.317$ ;  $B= -37.521$ ;  $p < .001$ .

\*Table 2.5 about here\*

As seen in Table 2.5, two of our coping variables significantly interacted with political violence in the past month to affect General Health in a counter-intuitive direction. For people who highly relied on political resources and religious resources, as political violence in the past month increased, general health declined ( $B = -35.699$ ,  $\beta = -.228$ ,  $p = .046$ ;  $B = -82.099$ ,  $\beta = -.221$ ,  $p = .040$ , respectively). Each of these two final regression models predicted about 5-6% of the variance in general health ( $F(1, 84) = 4.113$ ,  $R^2 = .059$ ,  $p = .046$ ;  $F(1, 85) = 4.348$ ,  $R^2 = .054$ ,  $p = .040$ ). Tests of slopes reflecting the association between lifetime political violence and general health showed that slopes for both high and low use of political and religious resources were significantly different from 0. As political violence increased, high use of political resources was related to declining health,  $t(90) = -57.950$ ;  $B = -25.849$ ;  $p < .001$ , and low use was related to improving health,  $t(90) = 19.958$ ;  $B = 8.009$ ;  $p < .001$ . As political violence increased, high reliance on religious resources was related to declining health,  $t(89) = -41.437$ ;  $B = -17.203$ ;  $p < .001$ , and low use of religious resources was related to improving health,  $t(89) = 32.957$ ;  $B = 13.593$ ;  $p < .001$ .

Regarding the outcome of mental health (MH, from the SF-12), only one significant moderator emerged (see Table 2.6).

\*Table 2.6 about here\*

The variable reliance on family interacted with lifetime political violence to predict mental health ( $B = -125.131$ ,  $\beta = .276$ ,  $p = .031$ ), with the final model predicting about 10% of the variance ( $F(1, 78) = 4.830$ ,  $R^2 = .105$ ,  $p = .031$ ). As political violence increased, there was a general improvement in mental health for high levels of reliance on family,  $t(87) = 133.575$ ;  $B =$

29.786;  $p < .001$ , and low levels of reliance on family was related to declining mental health as political violence increased,  $t(87) = -192.421$ ;  $B = -43.038$ ;  $p < .001$ .

### **Discussion**

This study focused on examining rates of political violence, the correlations between political violence and physical and mental health, and the possible interactions between a variety of coping strategies and physical and mental health.

We found significant bivariate relationships between political violence and PTSD, and between political violence in the last 30 days and distress. These findings are consistent with those of other studies conducted in Palestine (V. Khamis, 2000; Punamäki, 1990) and elsewhere (J. T. V. M. de Jong, 2003; K. de Jong, Ford, Kam, et al., 2008; K. de Jong, Ford, Lokuge, et al., 2008; Tol, et al., 2010). Regarding the relationship between political violence variables and PTSD, there is strong evidence in literature about political violence that PTSD follows a dose-response pattern, with rates rising in relation to the number of traumatic experiences (Johnson & Thompson, 2008; Lopes Cardozo, et al., 2000). Our data contribute to this evidence, as rates of PTSD symptoms rose in relation to both the number of experiences of political violence women endured in their life (reflected in the lifetime measure) and the frequency of various events of political violence they experienced in the prior 30 days.

Somewhat surprisingly, we did not find bivariate correlations between our political violence variables and measures of mental health. Additionally, lifetime political violence was not related to distress. We also did not find bivariate correlations between our political violence variables and general health. This is in contrast to other studies that used the general health perception (GH) outcome from the SF-12 and found a direct effect of political violence on reports of poorer general health using a comparison design with two groups: those who were

exposed to political violence and those who were not exposed to political violence (Eisenman, et al., 2003). While we didn't find a direct effect of political violence on general health perception, there could be more to investigate regarding the question of how political violence might affect health. For instance, recent research from within Palestine found that political violence affected general health indirectly through the mediating mechanism of psychological distress (Hobfoll, Hall, et al., 2012).

At the bivariate level, there were interesting positive correlations between political violence and both active engagement and reliance on political organizations. These results reflect those of Punamäki, who over two decades ago found that the more that women were exposed to political hardships, the more they used the coping resource of social and political activity (Punamäki, 1990). It is also interesting that at the bivariate level, our two variables about political engagement, which were political involvement and reliance on political institutions, were positively connected to PTSD. One interpretation of this finding is that political engagement increases risk for PTSD due to a mediation effect of political violence; it could be that, as retribution for increasing political engagement, people are increasingly targeted with political violence, which in turn, causes higher rates of PTSD symptoms. An alternate interpretation that has some support in the empirical literature is that PTSD actually acts as the mediator; people affected by political violence experience more PTSD symptoms, which in turn motivates people to become more political engaged (Hobfoll et al., 2012).

This study sought to determine if the relationship between political violence and health was dependent on resources women used to cope. None of our six hypothesized moderators (self-reliance; reliance on religious, political and family support; political/civic engagement; and proactive coping) showed statistical significance for the outcomes of distress or PTSD. This may

be due to lack of statistical power; analyses of power indicated that for most of the equations we had between 70-80% power, which, while acceptable, is somewhat low (Borenstein, Rothstein, Cohen, Schoenfeld, & Berlin, 2001). We might also conclude, given this lack of findings, that the stressors of political violence may overpower the protective effects of coping practices, as other research on political violence and resilience has suggested (Hooberman, Rosenfeld, Rasmussen, & Keller, 2010).

Significant moderation effects were seen for a few variables for the SF-12 measures of general health (GH) and mental health (MH). Regarding mental health (MH), reliance on family emerged as a significant moderator, such that those with high reliance on family showed a general improvement in mental health as political violence increased. This aligns with what we would expect from the array of literature on political violence that demonstrates the protective influence of family within political violence (Eggerman & Panter-Brick, 2010; Khamis, 1998). Tests of interaction terms showed that, as scores of lifetime political violence increase, general health perception improves for those at higher levels of proactive coping and reliance on self. Similarly, as levels political violence in the last 30 days rose, there was an increased perception of general health for those with high reliance on self. This is reflexive of the body of literature concluding that positive affect, proactive coping, optimism, and self-efficacy seem to positively affect health (Benight & Bandura, 2004; Folkman, 1997; Greenglass, 2002).

Two of our coping variables showed a complicated relationship to reports of general health. For high levels of reliance on political resources and reliance on religion, worse general health was reported as political violence in the past month increased, whereas for low levels, general health improved as political violence in the past month increased. These results, contrary to our hypothesis, indicate that use of political and religious resources might raise, not lower, the

risks for health consequences of political violence. These surprising results might be, in part, due to the deterioration of the support that is available from these resources. Political violence affects multiple sources of potential coping, including political and religious institutions and organizations (Robben, 2005; Violich, 1998). Researchers have concluded that political violence may indeed represent so much stress that coping resources are overloaded and possibilities for resilience are compromised (Hobfoll, et al., 2011; Norris & Kaniasty, 1996). Women might turn to these sources for help, and as the sources are increasingly unable to offer the help, the women are increasingly frustrated and thus more at risk for health problems. A closely related possibility has to do with the idea of communal coping (Lyons, Mickelson, Sullivan, & Coyne, 1998). It could be that as help seeking is pursued, the individual becomes more aware of how the stressors of political violence affect the structures on which they've come to depend; due to this, the stressor actually becomes amplified rather than alleviated. Yet a third explanation lies in the quality of help from these sources. Scholars have suggested that people may perceive many problems including corruption and lack of responsiveness within political parties and organizations; this might affect the usefulness of political bodies in offering protection from the emotional effects of political violence (Giacaman et al., 2007; V. Khamis, 2000).

The results of the analyses described here contribute to literature on political violence and health among adult women. However, there are several limitations that warrant attention. The relatively small sample size affected our statistical power and raised our odds of Type 2 errors so that there may in fact be correlations and moderation effects that we were simply unable to detect. Another important caveat to our findings is that we did not consider the quality of the family, political and religious resources that people utilized, but only measured their reliance on these resources. Other studies have shown, for instance, that the buffering quality of the family

resource depends on the strength of the family (Khamis, 1998). Furthermore, due to the cross-sectional nature of the data, it is impossible to determine the direction of our findings. Reliance on political resources and involvement in political activities were positively related to both political violence and PTSD symptoms. There are several possible explanations for this finding, including (among other interpretations) that political involvement increases the risk of retribution and therefore poses a risk to well-being, or that mental distress due to political violence actually motivates additional political involvement (Hobfoll, Johnson, et al., 2012). Future research might attend to the question of how political violence, mental health and political engagement interrelate.

While our study has these limitations, the results provide important implications with regards to health, coping and political violence. Results add to a considerable body of literature demonstrating the relationships between political violence and mental health (Basoglu, et al., 2005; J. T. de Jong, et al., 2003; K. de Jong, Ford, Lokuge, et al., 2008; Tol, et al., 2010). We did not find first order effects for either of our political violence variables and general health perception; however, we did find that political violence interacted with several of our coping variables to affect health. Results also add some interesting dimensions to the relatively small body of literature looking not only whether political violence affects physical health (Al-Krenawi, et al., 2004; Burnett & Peel, 2001; Wright, et al., 2010), but at some of the complex ways in which the relationship between political violence and physical health might occur (Hobfoll, Hall, et al., 2012).

Findings from this study suggest that research, advocacy and intervention focused on political violence should attend to both physical health and mental health. Our findings also indicate that higher self-reliance and more proactive approaches to problem solving may offer

some protection from the effects of political violence. Programs that build empowerment and individual coping skills within contexts of political violence might therefore be quite beneficial. In addition, in line with other research on this topic, our results demonstrate that the family may be a critical protective factor within contexts of political violence. Attention to how families are able to serve as a buffering resource in the face of political violence, and in particular to our study, to how people mobilize the family as a resource, is thus a very important avenue for research and intervention. The fact that increased use of two of our moderators (reliance on political and religious resources) were related to increased health problems as political violence increased, might point to the fact that people's external resources (for example, within political or religious organizations) are substantially diminished within political violence. As Almedom and Summerfield (2004) note regarding Palestine specifically, well-being in the face of political violence depends on the environments in which people live, including their social and political worlds. Results of this study indicate the importance of attending both to individual modes of coping and to contextual and environmental factors when working to alleviate the effects of political violence.

## Paper 2 Tables

Table 2.1: Lifetime experiences of political violence (“Have you ever...”) (n= 131)

	<b>% responding yes</b>
...had your home or business demolished by Israeli forces	16.9
...been detained or arrested	14.2
...had a detention or arrest happen to a family member	22.7
...been beaten by Israeli forces	7.9
...been strip searched by Israeli forces	20.2
...been threatened by Israeli forces	30.5
...had your family separated from land due to occupation	28.1
...been separated from family due to wall, checkpoints or borders	14.7
...had your ability to access health care suffer from wall, checkpoints, or borders	25.8
...(or your family) lost income because of occupation	50.4
...had to change plans for school, wedding or travel because of occupation	48
Can you see the wall from your home	20.2

Table 2.2: Frequency of political violence in prior 30 days (“In the past month, number of times...”) (n= 131)

	<b>Percentage of respondents in each frequency</b>				
	Never (1)	1-3 times (2)	4-6 times (3)	7-10 times (4)	Always/ 10 + times (5)
Israeli army in town	34.1	37.2	6.2	3.9	18.6
Changed plans because of worry about police or army	63.8	19.7	3.9	4.7	7.9
Prevented from visiting family	72.4	14.2	5.5	2.4	5.5
Seen a house or business demolished in real life	72.9	18.6	1.6	4.7	2.3
Seen or heard a detention or arrest	34.9	34.9	8.8	5.6	15.9
Seen the wall	24.2	25.8	8.6	8.6	32.8
Pass through checkpoints	29.7	34.4	13.3	7.0	15.6

Table 2.3: Correlation matrix

	Life-time PV	PV past month	Distress	PTSD	GH	MH	Self	Political	Religious	Family	Pro-active coping	Active Involvement
Lifetime PV	1	.579***	.131	.340**	.032	.145	.078	.331**	.154	.074	.109	.050
PV past month		1	.211*	.348***	-.070	.070	.216*	.447***	.131	.165	.153	.241**
Distress			1	.273**	.200*	.679***	-.149	.158	.075	-.238*	-.082	.024
PTSD				1	.197*	.365***	.110	.251*	.190	-.124	.128	.196*
General Health (GH)					1	.418***	-.005	-.001	.080	-.219*	-.140	.028
Mental Health (MH)						1	-.128	.162	.120	-.158	-.093	.044
Rely on self							1	.251*	.106	.211*	.580***	.416***
Rely on political								1	.247*	.103	.271**	.566***
Rely on religious									1	.196	-.041	.108
Rely on family										1	.291**	.042
Pro-active coping											1	.381***
Active involvement												1

\*p < .05, \*\*p < .01, \*\*\*p < .001

Table 2.4: Regression of lifetime political violence on General Health rating and the interaction of coping and lifetime political violence.

Step and variables	R <sup>2</sup>	Overall F	B	B (standard ized)	p-value (only sig. shown)
<b>Proactive coping</b>					
Step 1	.001				
Political violence ever			-4.376	-.033	
Step 2	.033				
Political violence ever			-1.535	-.012	
Proactive coping			-.939	-.180+	.099
Step 3	.099	$F(1, 83)$ = 6.002			.016
Political violence ever			-3.957	-.030	
Proactive coping			-.1.372	-.264*	.019
Political violence X Proactive coping			5.853	.270*	.016
<b>Reliance on self</b>					
Step 1	.001				
Political violence ever			-5.173	-.038	
Step 2	.008				
Political violence ever			-4.317	-.032	
Reliance on self			-17.534	-.081	
Step 3	.078	$F(1, 83)$ = 5.640			.020
Political violence ever			-6.581	-.049	
Reliance on self			-15.329	-.071	
Political violence X Reliance on self			223.787	.266	.020

Table 2.5: Regression of political violence in prior 30 days on General Health rating and the interaction of coping and political violence in prior 30 days.

Step and variables	R <sup>2</sup>	Overall F	B	B (standardized)	p-value (only sig. shown)
<b>Reliance on self</b>					
Step 1	.026				
Political violence prior 30 days			-11.887	-.160	
Step 2	.031				
Political violence prior 30 days			-10.640	-.143	
Reliance on self			-16.372	-.075	
Step 3	.075	$F(1, 83) = 3.942$			.050
Political violence prior 30 days			-17.437	-1.996	.049
Reliance on self			-2.126	-.086	
Political violence prior 30 days X Reliance on self			123.280	.232	.050
<b>Reliance on political resources</b>					
Step 1	.012				
Political violence prior 30 days			-8.152	-.110	
Step 2	.013				
Political violence prior 30 days			-9.643	-.130	
Reliance on political resources			2.676	.042	
Step 3	.059	$F(1, 84) = 4.113$			.046
Political violence prior 30 days			-8.920	-.120	
Reliance on political resources			7.257	.115	
Political violence prior 30 days X Reliance on political resources			-35.699	-.228	.046
<b>Reliance on religious resources</b>					
Step 1	.001				
Political violence prior 30 days			-1.877	-.026	
Step 2	.006				
Political violence prior 30 days			-2.641	-.336	
Reliance on religious resources			11.281	.071	
Step 3	.054	$F(1, 85) = 4.348$			.040
Political violence prior 30 days			-1.805	-.025	
Reliance on religious resources			7.977	.469	
Political violence prior 30 days X Reliance on religious resources			-82.099	-.221	.040

Table 2.6: Regression of lifetime political violence on Mental Health rating and the interaction of coping and lifetime political violence.

Step and variables	R <sup>2</sup>	Overall F	B	B (standardized)	p-value (only sig. shown)
<b>Reliance on family</b>					
Step 1	.009				
Political violence ever			10.043	.097	
Step 2	.050				
Political violence ever			11.477	.110	
Reliance on family			-20.078	-.202	
Step 3	.105		$F(1, 78) = 4.830$		.031
Political violence ever			13.796	.133	
Reliance on family			-6.083	-.061	
Political violence ever X Reliance on family			125.131	.276	.031

## References for Paper 2

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PAPER 3: HOME, MENTAL HEALTH, AND RESILIENCE  
AMONG PALESTINIAN WOMEN

**Summary**

The family home, a critical location for the well-being of individuals and families, is often targeted by political violence. Despite what we know about how disruptions to place affect mental health more generally, assaults on homes are relatively under-explored within scholarship on political violence and mental health. Using focus group data collected from 32 Palestinian women, this paper examines how women experience and resist the intentional destruction of home. Women highlighted three experiences of political violence: home invasions, surveillance, and constant threats of demolition. These experiences threaten the privacy, control, and constancy of the family home as they cause considerable anxiety and grief. Women also described how they mobilized the home as a site for economic, familial and cultural survival. Findings demonstrate the importance of incorporating place-centered analyses, particularly including violations to homes, in research and interventions related to political violence.

## Introduction

Political violence is the deliberate use of power and force to harm or intimidate populations to achieve political goals (World Health Organization (WHO), 2002). Political violence is typically conceptualized as a range of acts of violence and repression that occur during wars (of which there have been some 160 since World War II (Pedersen, 2002)), armed conflicts, dictatorships, and military occupations (Zwi & Ugalde, 1989). Examples of acts within political violence include: witnessing or experiencing shootings or aerial bombardments; being displaced; being deprived of livelihood or essential goods and services; being under curfew; being detained, incarcerated or tortured; and having one's home demolished (Basoglu, Livanou, & Crnobaric, 2005; Clark et al., 2010; K. de Jong et al., 2002; Dubow et al., 2010; Farwell, 2004; Giacaman, Shannon, Saab, Arya, & Boyce, 2007; Hobfoll, Hall, & Canetti, 2012). In recent decades, there has been an expanded effort to examine the relationship between political violence and mental health, with scholars connecting political violence to a range of mental health outcomes, including PTSD, depression, and anxiety (Basoglu, et al., 2005; Carballo et al., 2004; J. T. de Jong, 2002; K. de Jong et al., 2008; K. de Jong, et al., 2002; deJong, 2003; Dillenburger, Fargas, & Akhonzada, 2008; Giacaman, Shannon, et al., 2007; Klaric, Klaric, Stevanovic, Grkovic, & Jonovska, 2007).

The duration and magnitude of political violence, people's proximity to the violence, the subjective meaning of political violence, and coinciding risk factors vary across conflicts and between people (Barber, 2008, 2009; Sagi-Schwartz, 2008). Accordingly, experiences of political violence are highly context specific and the effects of the violence differ between subgroups within the population. Some studies, for example, find women experience higher rates of mental health consequences relative to political violence as compared to men (Hobfoll,

Mancini, Hall, Canetti, & Bonanno, 2011; Punamäki, Komproe, Qouta, Elmasri, & de Jong, 2005; Qouta, Punamäki, & Sarraj, 1998).

Despite growing bodies of literature on political violence and mental health, we have relatively limited knowledge about how political violence operates within women's daily lives to pose unique risks to well-being (Al Gasseer, Dresden, Keeney, & Warren, 2004; Berg & Woods, 2009; Berman, Giron, & Marroquin, 2009; UNRISD (United Nations Research Institute for Social Development), 2005). Scholarship on political violence includes few on-the-ground depictions of the particular ways in which women experience and endure political violence.

The goal of this study was to explore political violence, health and resilience from the perspective of Palestinian women in the West Bank. Our research team conducted a series of focus groups in which women from five districts were asked: What are the experiences within the occupation that they, their families and their communities face? How do these experiences affect the well-being of individuals, families and communities? How do individuals, families and communities strategize to endure political violence and thereby foster resilience?

The West Bank has a protracted history of conflict and ongoing Israeli occupation of civilian areas (for a historical timeline of the conflict and an analysis of its relationship to health, see, for instance, Giacaman et al., 2009, and other articles in the 2009 Lancet series on health in Palestine). Acts within the Israeli occupation of the West Bank include control of the movement of populations along roads through hundreds of checkpoints, roadblocks and closed areas; arrests and detainments; and an 8-meter high, 436-mile long separation wall consisting of concrete sections and gates (Giacaman, Shannon, et al., 2007; International Court of Justice, 2004; Jubran, Al Faqih, Nafe, Khalili, & Barghouthi, 2005; Medecins du Monde, 2005; United Nations Office for the Coordination of Humanitarian Affairs (UN-OCHA)-Occupied Palestinian Territories

(oPt), 2011b). Home invasions, searches, and demolitions by Israeli forces are common in the West Bank (Giacaman, Abu-Rmeileh, Hussein, Saab, & Boyce, 2007; Israeli Committee Against Home Demolitions [ICAHD], 2012).

Violations to place quickly emerged as a critical subject in each group. Women's narratives revealed substantial threats to the safety, privacy, control and integrity of both the individual home and the collective homeland. Women's accounts highlighted the effects of these threats on their personal well-being and the well-being of their children. These early findings reinforced the importance of attending to how women describe their everyday environmental experiences (Kemp, 2001) to better understand how political violence threatens mental health and wellbeing and how women endure these threats (Haj-Yahia, 2007).

Conflicts over place are central to political violence (Coward, 2004; Graham, 2004; Gregory, 2008; Segal, Weizman, & Tartakover, 2003; Weizman, 2007). Within political violence, religious and historic locations, personal homes, villages and entire nations are invaded and devastated (Coward, 2004; Lykes, Beristain, & Perez-Armioan, 2007; Violich, 1998). In modern wars, there is little or no delineation between the "war front" and the "home front", as acts of violence such as invasions, bombing and military occupation war are increasingly played out within everyday civilian environments, including personal homes (UNRISD [United Nations Research Institute for Social Development], 2005). Literature from Palestine specifically indicates that political violence is primarily enacted upon family home through home invasions, constant surveillance, and demolitions (Falah, 2004; Harker, 2009; Johnson, 2010). Reflecting the powerful implications of such threats, the deliberate destruction of home (both the personal home and the larger homeland) has been termed *domicide* (Porteous & Smith, 2001).

Scholarship therefore details how political violence commonly targets places, including homes. Scholarship also details how traumatic disruptions to place profoundly affect the well-being of people and communities (Albrecht et al., 2007; Carroll, Morbey, Balogh, & Araoz, 2009; Cox & Perry, 2011; Erikson, 1976; Fried, 1963; Fullilove, 1996; Norris et al., 2002). These two bodies of literature, one on political violence and place and the other on place and mental health, tend to stand apart from each other, and apart from research about political violence and mental health. Few studies bring together the topics of political violence, mental health and place to explore how threats to place within political violence affect mental health. The rare analyses that do unite these lines of inquiry have found considerable mental health consequences related to home invasions and demolitions (Giacaman, Husseini, Gordon, & Awartani, 2004; Giacaman, Shannon, et al., 2007; Qouta, et al., 1998; Shalhoub-Kevorkian, 2006, 2009).

Our focus group data contain abundant content about violations to homes. This content provided us an opportunity to focus on the role of place in examining how political violence affects mental health. Research described here analyzed how women experience the intentional destruction of home, or *domicide* (Porteous & Smith, 2001), including the implications of these experiences for mental health. It also analyzed how women defend the space of the home for themselves and their families. The section that follows provides theoretical background on the importance of the home for well-being; it highlights how the home is central to the protective process mothering, which holds amplified importance in light of how political violence threatens children's well-being (Garbarino & Kostelny, 1996). The paper then moves to the particular context of domicile within Palestine, drawing from a variety of scholarly and grey literature. Following this, the study and analysis methods are explained. Findings on both destruction and

resistance of the home are then presented. Subsequently, results are discussed in relation to theoretical frameworks and scholarly literature pertaining to political violence, home, mothering and mental health.

### **Domicide and the importance of home**

Notions of home typically invoke a distinctly beneficial type of place<sup>1</sup>. When they function well, homes are critical sites for safety and refuge; relationship building and maintenance; and individual and collective identity formation and fortification (Bachelard & Jolas, 1994; Blunt & Dowling, 2006; Mallett, 2004; Tuan, 1977; Young, 2005). Giddens's (1990) notion of *ontological security*, "the confidence that most human beings have in the continuity of their self-identity and in the constancy of the surrounding social and material environments of action" (Giddens, 1990, p. 92), offers an explanatory framework for the centrality of place and home within well-being. Building on Giddens's theoretical work, empirical studies have demonstrated how homes, in providing opportunities for routines, privacy and safety, are vital to the mental health of populations (Hawkins & Maurer, 2011; Padgett, 2007). Destruction of home, or *domicide* (Porteous & Smith, 2001), in turn, represents specific wounds to individual and collective well-being.

Three inextricably related properties are necessary for the home to ensure ontological security, and therefore promote mental health: privacy, control and constancy (Mallett, 2004; Padgett, 2007; Porteous & Smith, 2001; Young, 2005). Privacy enables the home to provide refuge from the outside world, and endows inhabitants with feelings of freedom and autonomy (Padgett, 2007). Privacy depends on control. Through maintaining control over the space,

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<sup>1</sup> Although there certainly exists a well-warranted body of literature on the problems of overly romanticized notions of home that ignore the realities of violence and oppression within the home, particularly for women and children (Blunt & Dowling, 2006; Fluri, 2011).

including over who enters, when and how they enter and when they leave, inhabitants ensure privacy and safety within the home (Porteous & Smith, 2001). The constancy of both the structure of the home and its material contents endows its inhabitants with stability and predictability. A sense of constancy facilitates daily routines of living; it also promotes personal and collective history and identity (Hawkins & Maurer, 2011; Padgett, 2007; Proshansky, Fabian, & Kaminoff, 1983; Young, 2005). When privacy, control and constancy is realized within the home, the site becomes one of power, particularly for women (Young, 2005). In research on homes in Palestine, one woman explained how processes of domestic care-taking endowed the home as a place of control and power for women, asserting: “The home to a woman is like her kingdom, her own country” (Harker, 2009, p. 325).

Home represents family, both symbolically and practically, as it is a pivotal place for the education, protection and care of children (Harker, 2010; Mallett, 2004). The care of children is all the more important within political violence; multiple studies have found that strong parenting practices protect the well-being of children from stressors of war and conflict (Barber, 1999; Berk, 1998; Cummings, Goeke-Morey, Schermerhorn, Merrilees, & Cairns, 2009; Freud & Burlingham, 1943; Garbarino & Kostelny, 1996; Nguyen-Gillham, Giacaman, Naser, & Boyce, 2008; Thabet, Ibraheem, Shivram, Winter, & Vostanis, 2009). Political violence compromises parenting just when is most needed as it weakens parents’ abilities to provide their children with safety and sustenance, socioemotional support, instruction, monitoring, structure, and social connectedness (Berman, et al., 2009; Bradley, 2007). Disruptions to the home fundamentally transforms and challenges care-taking, as it puts stress on the physical and financial environments of caring and on how people fulfill their role as a caretaker (Sims, Medd, Mort, & Twigger-Ross, 2009). Not only children, but also parents, suffer mental health

consequences when parenting is threatened within political violence. Research among women on political violence has found that mothers experience profound distress, guilt and helplessness in the face of their inability to protect their children from suffering (Berman, et al., 2009; Punamäki, 2006).

### **The particular context of *domicide* in Palestine**

Researchers from within Palestine have concluded that deliberate destruction of homes in Palestine appears at a personal scale but actually enacts a wide-scale goal of transferring the Palestinian population and facilitating Israeli expropriation of Palestinian land, a process Hanafi terms *spacio-cide* (2009; Harker, 2009; Johnson, 2010). Take-over of territory, including the seizure or destruction of family homes and expulsion of inhabitants, is a long-standing theme within the history of Palestine, a place from which the UN estimates there are 5 million refugees (Giacaman, Shannon, et al., 2007; Israeli Committee Against Home Demolitions (ICAHD), 2012; Smith, 2011; United Nations Office for the Coordination of Humanitarian Affairs (UN-OCHA)-Occupied Palestinian Territories (oPt), 2011a; UNRWA (the United Nations Relief and Works Agency), 2012). Conflicts over family homes in Palestine represent financial and emotional loss to a family; collectively, these conflicts also represent threats to geographic contiguity for Palestinians and to the closely associated notions of individual and collective identity and conceptions of the future (Falah, 2003, 2004; Harker, 2009). Narratives of Palestinian women highlight themes of both personal and collective dispossession, displacement, loss, and threats to identity (Abdo-Zubi & Lentin, 2002; Christison, 2001; Ljung, 2007). The few studies on the mental health consequences of unrelenting violations to homes for women in Palestine suggest these experiences bring about constant uncertainty and a pervasive sense of

danger, loss and dehumanization, and pose considerable threats to mental health and well-being (Shalhoub-Kevorkian, 2006).

### **Study design**

This study seeks to enhance current scholarship on mental health and political violence through using a place-based analysis of data from focus groups with Palestinian women. We first explore three threats to the home that emerged in our analyses: invasions, surveillance, and the constant threat of demolitions. We then consider women's strategies and spatial practices of resistance. Analyses focus in particular on how mothering factors into the conflux of home, mental health and political violence.

Data for this article come from a collaborative research project aimed at informing mental health and community-building programs for women by better understanding women's experiences of political violence, trauma and resilience. The lead researcher is a U.S.-based academic. The main study partner was the Palestinian Medical Relief Society (PMRS, one of the oldest and largest Palestinian-based healthcare NGOs); staff from PMRS set up focus groups and provided assistance with translation of focus group materials. Focus groups were facilitated and translated by a Palestinian graduate student from Birzeit University. Prior to launching this project, the lead researcher spent a full summer doing fieldwork on a separate research project with PMRS. This included traveling around the West Bank, conducting interviews with healthcare providers, and living in a Palestinian village for twelve weeks. This prolonged engagement, as well as two return trips, in 2008 (to conduct the focus groups) and 2009, helped both set to the stage for the research and aid in the quality of the interpretation (Krefting, 1991).

### **Focus groups**

Five focus groups were conducted in 2008 with adult Palestinian women in different sectors of the West Bank. The groups included the following number of participants: Al Khalil (Hebron) (5), Nablus (7), Jerusalem (4), Qalqiliya (10), Tulkarem (6). The University of Washington Human Subjects Division approved the study procedures. Respondents were drawn from general health, children's and eye-care clinics. PMRS staff approached the potential participants with a prepared script explaining the study and its potential benefits and risks. Women were informed that participation in the study was strictly voluntary and that their services would not be affected by their decision regarding participation. Procedures for the focus groups included a script-based oral consent process.

In addition to the practical concern of collecting many narratives relatively quickly, the focus group method is consistent with the values and goals in the study. Focus groups enable what Shalhoub-Kevorkian terms "ideology of the voice" (Shalhoub-Kevorkian, 2003, 2009), in which researchers deepen analyses problems by attending to the narratives of people who the issue most affects. The dialogic nature of the groups, consistent with emancipatory and feminist traditions, established a space for a sort of "collective testimony" (Madriz, 1998, p. 116), wherein women have a collective venue to explore problems that may have been previously individualized<sup>2</sup> (Kamberelis & Dimitriadis, 2005; Madriz, 1998).

Focus groups lasted about an hour and were co-facilitated in Arabic by two native Palestinians who are part of the research team. The groups were taped, and the research team discussed themes immediately following each focus group. This team review process allowed the

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<sup>2</sup> In line with these theories, many women reported after the focus groups that they were happy to have taken part in the process, that the process was helpful for them emotionally, and that they looked forward to more group dialogues about the ways in which the occupation affects their individual, familial and community lives.

research team to know when we had reached data saturation (Morse, 2005), and provided a venue for immediate process of triangulation since we were able to validate the themes through discussion about and agreement on the major findings (Barker & Pistrang, 2005; Devers, 1999).

### **Translation of data**

Focus group data were first translated in Palestine by the lead facilitator, who summarized key themes and provided full translations of particularly relevant stories. In the second phase of the process, a professional Lebanese translator interpreted the focus group content verbatim for the lead researcher, who transcribed. The two transcripts for each focus group were then considered, side-by-side, by the lead researcher. The research/translator team (consisting of the lead researcher, a U.S. based woman, the lead focus group facilitator, a Palestinian woman, and the professional Lebanese translator) reconsidered any discrepancies, consulting with people from the region, until a final consensus on translation was reached. The iterative and dialogical group process allowed us to explore choices inherent in translation that ultimately affect the analysis and interpretation of cross-language data (Esposito, 2001; Larkin, Dierckx de Casterlé, & Schotsmans, 2007; Wong & Poon, 2010).

### **Analysis methods**

Transcripts were analyzed using conventional content analysis. Accordingly, codes and themes were used to classify, organize and interpret data, and subsequently, the analyses were applied to theoretical scholarship (Hsieh & Shannon, 2005). Initial coding was done line by line, and a coding matrix detailed the code, its definition, and its relationship to other codes. The initial coding matrix also included a column for triangulation with links to other data from the larger project (e.g. photographs, field notes, interview transcripts) as well as to theories, grey

literature and other scholarly research on political violence (particularly within the West Bank) to aid in both the richness and the integrity of interpretation (Devers, 1999).

Broad thematic categories were built from the initial, smaller codes. Mind-mapping software (XMind, 2010) was used to create several different “thematic network” displays depicting concrete and abstract themes and the relationships between them (Attride-Stirling, 2001). These displays helped in the exploration and refinement of categories and codes and their analyses of their relationships to each other. For instance, one of the displays connected the basic themes of “being watched” and “settlements” to the organizing themes of “surveillance” and “control.” “Control” connected to the more global theme of “home” both directly and through the theme of “mothering.” Another display focused on clarifying relationships between themes by labeling and assigning directions to the lines (i.e. home represents power, needs control, and requires safety; surveillance violates home). Memo writing was used to track the analytic decisions and provide for a reflexive process regarding issues of positionality and bias (Krefting, 1991). Presentations of the interpretation, and explorations of counterfactuals were routinely done in a group context with other qualitative researchers; this allowed for a process of peer auditing (Barker & Pistrang, 2005).

### **Findings**

Focus group findings are presented below, centered on experiences within the three spatial processes: home invasions, surveillance, and actual or threatened home demolitions. Starting first with home invasions, narratives are explored to detail how women describe the linear process of soldiers first entering the home and then controlling people and objects in the home. Women’s descriptions highlight how these processes engender fear and terror and transform the home, at least temporarily, into a site of humiliation. Presentation of the results

then moves to how women chronicle ongoing threats to the control of and privacy within the home due to constant surveillance, which women connect to considerable fear and stress. Finally, results shift to women's descriptions of how actual or threatened home demolitions cause a loss of constancy, resulting in emotional reactions of anxiety, uncertainty and frustration. After this section, the paper turns to examinations about resilience and the family home.

### **Invasion**

When asked the general question about how political violence affects their lives, women highlighted experiences of home invasions. Inherent within their narratives of home invasions were interwoven themes of violence, destruction, loss, fear and parenting. Women described how soldiers intruded into the homes, controlled family members within the homes, and caused disarray and destruction to objects within the home.

#### **Intrusion.**

They come to us and they barged the door down without warning, searching us as if we are criminals. –Nablus

First thing they did is start hitting people. They brutally came to the house and opened the door. –Qalqilyah

Families ensure privacy and safety as they control the space of the home, opening the door to welcomed guests and refusing entry to unwelcomed intruders. Home invasions compromise the ability of families to delineate private and public place. Women's narratives revealed how homes were entered violently and often at night. Many accounts detailed that invasions happened without warning, although others described it as a normal occurrence in their area generally speaking; this was particularly the case in the accounts of women who lived in a refugee camp.

Every night, near 2:00 am, IDF soldiers start to scream, shoot, and torment our neighborhood. They have entered our house many times for no reason, with no consideration for children or elders. – Nablus (woman from Balata refugee camp)

Women consistently emphasized the dehumanizing nature of home invasions. In almost every account, women articulated that soldiers acted without mercy or restraint, treating the family members like “criminals” or “animals” as they demanded entry and searched the home. One woman stated that the soldiers “enter like barbarians,” causing fear because of the forceful and violent tactics they use to gain entry to the home. Another woman said soldiers “savagely attack us” during home invasions. Others also reported physical violence during home invasions, including one case where a woman’s daughter lost an eye during a home invasion because she (not understanding the risks) touched a soldier’s gun and he broke a window, sending shattered glass into her eye.

Women’s narratives made clear that invasions fundamentally threatened their ability to maintain physical control over and protect family members within the space of the family home. Threats to loved ones were core to the experience of home invasions. Invasions were regularly connected to having family members who are pursued by the Israeli forces, and were experiences in which family members are taken to jail or killed, as described below:

I am a mother of a martyr<sup>3</sup> and activist/ freedom fighter. For 4 years I didn’t sleep in my house; they didn’t leave a refrigerator or anything in my house. They caught him 5 times and in the end, he became a martyr. So for 4 years we have been scattered, we couldn’t

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<sup>3</sup> With regards to the use of the term martyr, we refer readers to Shalhoub-Kevorkian (Shalhoub-Kevorkian, 2003), who explains that the term holds particular meaning in the Palestinian context, where it “refers to any and every person who falls, dies or is being killed by the “enemy,” in this case, Israel. This person could be a girl killed while playing in her house, a baby in his mother’s lap, a child on his way to school, a stone thrower, a suicide bomber, a woman who died during delivery due to the Israeli occupation’s prohibition to allow her to reach a hospital...” (p. 394).

have a place to sleep or anything. Because my house is right on the street it's very exposed. Everybody can see us; whoever is coming or going can see us. Some friends told him, surrender, and he said, no I won't surrender-until they killed him. My son ran away from them 5 times, but the last time they caught him and martyred him. Yesterday I cried so much. I'm always crying. I'm always depressed. Ever since my son died, I have not had any joy. What shall I say? There's nothing more I can tell you. He has been martyred...-Nablus

### **Disarray and control of people and objects.**

After the initial intrusion, soldiers gain control over the physical space of house, and its inhabitants and objects. Freedom is immediately compromised as the soldiers order people about, dictating where the family members should be. One woman reported that soldiers required the family to stay in one room for the entire day, effectively holding family members captive in their own home. In another account, soldiers forced everyone in the family outside, except the mother, who was ordered inside, where they kept her during their search.

In their accounts of home invasions, women described soldiers searching the house. Searches are depicted as vicious and disrespectful, with chaos and ruin left in their wake.

I was really afraid and they started breaking everything inside. They were searching our house upside down and destroying everything and saying 'you are hiding some weapons here inside the house.' We told them we did not have any weapons but they did not listen and they destroyed everything in the house. They destroyed the bed we sleep on and all the couches and the kitchen. They broke everything. -Qalqilyah

As in the case above, in reports of home invasions, women consistently described destruction; they stated that soldiers searched through everything, turned things asunder, and "broke everything," including washing machines and fridges. One woman simply said: "Our

house was destroyed. They didn't leave anything for me." Another said: "They attacked my house, and ruined everything, even the food. They took all my children."

Even if soldiers do not enter one's home, women described the constant fear instilled by living under the unceasing threat of home invasions. Some women said even though their own homes had not been the sites of invasions, they see or hear soldiers knocking on or breaking down the doors of neighbors (again, often at night) or attacking neighbors. They shared that even if they didn't see soldiers daily, their presence is felt as "there is not even one single house that they haven't entered." Privacy and control of the home, safety and autonomy were often intertwined in the narratives:

If we want to go into our houses and we are afraid, where is our freedom? Every time we need to enter they are all stopping us and watching us. There's no security. How can we feel safe? The Israeli army is always getting in and out, in and out, all the time. -

Tulkarem

### **Humiliation and fear.**

Once, and I will never forget this, when they intruded into our house they asked all the males to take off their pants, in front of their women and children. Eventually they did to keep their lives, and that is how we live inside our house now. -Nablus

As women spoke of the experience of home invasions, many of them focused on the painful memories of the home becoming a site of humiliation. Women's accounts highlighted how this humiliation was experienced not just by them, but also by their family members. The humiliation is imbricated with the overall lack of control over one's person within the experience of home invasion. These stories also illustrate attempts to make meaning of the humiliation, as the woman above noted that the family's endurance of the experience allowed the men to stay alive and keep

their homes. In this regard, the woman suggested that Palestinians must mobilize strategies of accommodation and palliative coping as a response to the humiliation.

Sometimes the humiliation that goes along with home invasions was described as being very public:

They brought all of us and put all of us outside the house just like the animals. They said stand there. It was so sunny and hot and they put old women and kids everyone outside. There was no place to sit. They took us and searched us in groups: women, children, just like animals. There were only 2 bathrooms in the whole place outside and there's no water. You cannot go to the bathroom; you can't wash yourself, something awful. This is the occupation, what can we say? This is how they occupy us. -Qalqilyah

Concomitant with humiliation is the instillation of fear and terror in families during invasions.

Some women simply stated that they were scared, but did what they were told during home invasions. Other women focused on their children's emotional reactions; in these stories, women elucidated how they were divested of their ability to control how their children were treated and to shield their children from fear.

In another intrusion of my house they asked all of us to stay in a room. I wanted to get my daughter from her room myself because she is deaf. The soldier insisted on waking her up and got her by himself. He opened the door on my daughter, waking her up, and she got really frightened. – Nablus

Women described the terror of home invasions as an enduring problem, particularly for their children.

One time they came to our quarter. They searched our home for weapons. They destroyed many things and then they left. My son was 2 years old when the Israelis came and

attacked our quarter. Now he's 4 years old, and when he hears the Israelis are coming, he's afraid. He starts shaking sometimes and his face changes, it becomes frightened and yellow. I give him reassurance/hope that things will be ok, but I can't do more than encourage him. I can't stop his fear. This has happened many times-it's a repeated thing-it's not like one incident or two incidents-that's why I cannot keep him from this fear that takes him over. -Qalqilyah

In their descriptions, women expressed their helplessness in the face of their children's fear and anxiety as they lose the power to physically or emotionally protect their children. Many women, like the one quoted above, articulated that they tried to help their children to overcome their fear, but that they cannot alleviate the effects of the frightening experiences for their children, particularly because of the unrelenting nature of the home invasions.

### **Surveillance**

Women in each group described the experience of their homes being under constant surveillance from Israeli settlers and soldiers in the West Bank. Women spoke of the architecture of the occupation, which is such that Israeli settlers and soldiers are building vertically, thus they can actually "watch over" the Palestinian inhabitants (Weizman, 2007). Surveillance was closely tied to themes of control, fear and violence. In at least two narratives, it was clear that the physical openness of the home facilitated the omnipresent gaze of soldiers or settlers and increased the vulnerability of the family. The theme of surveillance was particularly acute among women from the focus group in Al Khalil. Khalili women shared that even if people don't enter, their gaze is present and the constant threat of violence exists. One woman's narrative was particularly illustrative of the experience of surveillance; her account will be highlighted in this section.

I live in front of a settlement. The people in the settlement can see into our house and can see everything [because they are higher up than us]. Near the settlement there is a military camp and if something happens there, they will start to shoot at us. –Al Khalil

The photograph below shows this phenomenon. The area that is circled is an Israeli military post on top of Palestinian homes. It was taken from across the street on the roof of a Palestinian home in Al Khalil.

\*Figure 3.1 here\*

For this woman in the focus group in Al Khalil, the spatial practices of surveillance merge with the experiences of shooting, which she experienced as coming “from all sides”.

There was a lot of shooting one time. I have to go up a lot of stairs in my house and I could see that they were shooting from the towers. The steps are very high and our house is open. One time they were shooting a lot a lot and my 3 brothers were wounded. –Al Khalil

Experiences of violence, the lack of shelter provided by home, and the fear produced by the interaction of these two phenomena rendered the home a site of fear. Consequent to this fear, the woman and her family no longer had autonomy of movement within their own home.

So every time we go to that certain area in the stairs –where it’s open- we are afraid, we fear they are watching us from the towers. When we go up the stairs we have a feeling that someone is watching us and we are afraid they will shoot us. Sometimes a month goes by and we do not go up the stairs.

Once, my daughter and I were going up the stairs and she sat on the stairs because she heard shooting. We were sitting and hiding-we were so afraid-we had a feeling they

were watching us. The only way we can move sometimes is by crawling on our stomachs instead of standing so they don't see us. We cry and we are afraid. –Al Khalil

This woman's narrative, similar to others in our data, demonstrates how, under constant surveillance, the home ceases to provide refuge to its inhabitants. Instead of a site wherein families experience freedom and safety, the home becomes a place of fear, misery and insecurity.

### **Demolitions**

Like other violations of the home, accounts of home demolitions underscore the close relationships between home, safety and autonomy within political violence.

This is our life. There was another guy who was just married and they came and took him and destroyed their house. They killed him. –Qalqilya

Home demolitions, whether threatened or enacted, represent the unrelenting nature of the occupation in Palestine, creating what one participant described as a “yo-yo type of life.” One woman shared that because her family home was demolished she had lasting feelings of insecurity and instability, even though her family had another place to live. Even when women did not share first-hand accounts of home demolitions, they expressed the unrelenting nature of ongoing demolitions within their physical communities, including the homes next door to them. One woman from the Jerusalem district described that home demolitions were very common; she expressed that several families' homes in her area had been demolished, leaving families with no place to live. She stated, “destroying houses is a common thing where I live; in our district, there are about 160 houses that have been destroyed.”

Women's accounts stressed how occupation policies deprive owners of their ability to control the fate of their home, causing frustration and uncertainty. For instance, women described that Palestinian families are prohibited from working their land, and for instance, can

no longer collect olives from their orchards in olive season. Women explained this lack of access to land was because of violence from settlers, confiscation of land for the building of the wall, and increased mandates for permits and paperwork to enter areas of the West Bank (see figure 3.2). Other women described their families are subject to unrelenting demands for various types of licenses and paperwork, many of which mandate special taxes and fees, in order to maintain control of their home.

We need a license for building our houses on our lands... we all have this same constraint. We had another house before, but now we only have this house. And even on this one there's red tape on it from the court warning us that it's going to be demolished.  
—Jerusalem

One woman explained that her family can't start an addition to their house because they constantly wonder if Israelis will order the construction to be halted or the entire house to be demolished. She stated: "We will start remodeling but then we are afraid they won't let us finish. This happened in the past, and it makes the children afraid."

Women's accounts highlighted how loss of home is not just loss of the physical structure of the family house, but also loss of access to and control over family land. This included loss of the ability to plan construction on their land, as described above. This loss of home also included loss of access to their family land for harvests.

\*Figure 3.2 here\*

### **Resilience and the family home**

When faced with political violence, people actively engage with the world around them, employing a variety of tactics to cope with political violence and demonstrate resilience (Summerfield, 1999). In the course of the focus groups, our questions turned towards resilience,

and women were asked how they, their families and their community endure the occupation. Several distinct themes related to resilience came to the surface; two in particular related to women using the family home as a site to strategize, protect and nurture. These two home-specific themes were: (1) reclamation of the personal home through using the home for economic and nutritional resilience for the family, and (2) defending their claim to home through resisting policies aimed at destroying personal homes and ultimately the collective homeland.

### **Women, home and economic/nutritional resilience.**

Portrayals of using the home to generate income related intimately to themes of resistance and mothering. Many women highlighted economic consequences of the occupation, such as losing productive land due to the path of the newly constructed wall or their husbands losing their ability to work because they lost permission to travel. In response to these economic stressors, women described undertaking economic activities in the home to generate money for the family. Women said they felt they “had to do something,” and that through their activities they were able to, for instance, pay for their children’s education and sustenance. One woman described that she was impelled to start a kindergarten in her home because her husband lost his work due to the policies of the occupation. She said that she did this to help herself and her children. Activities women chose to generate income also often represented acts of cultural survival, as they centered on projects that promoted traditional activities, like making za’tar (a mix of thyme, sesame, and sumac that is perhaps the epitome of Palestinian spice) or embroidery (intricate designs that have both geographic and historic significance within Palestine).

While women spoke of the growing quantities of land that had become inaccessible due to the occupation policies like the wall, they also described reworking the land that remained accessible. They talked about gathering native plants to feed their families and raising chicken

and sheep. One woman said, “They’ll try to not let you work so you have to find some way to create some work and create some way to get money and food.” One woman noted that she used her home as a site for collective helping, saying, “In our house, we cook different meals to distribute.” Women’s acts of resistance were not apart from the challenges posed, but were expressions of perseverance and self-determination that countered specific challenges. One woman’s statement highlighted how resilience was positioned in direct response to the trials they faced: “They want to starve us, we will find a way to feed ourselves.”

### **Defense of home.**

The second dimension of resistance within the home related to women defending the physical and emotional integrity of the space. Women’s depictions of endurance often centered on spatial acts of resistance; in both the personal home and the larger homeland, women described determined refusal to leave their land.

This is our land and our homes and they occupied us; we’re not going to give it to them. –  
Al Khalil

Some women related accounts of standing ground as part of continuous narratives on how they experience political violence within their home. For instance, the Khalili woman whose narrative above described constant surveillance and fear, later illustrated efforts to instill her daughter with hope and pride with regards to their physical space. She explained how, when her daughter hears shooting, she screams and expresses her fear to her.

I tell her don’t worry-I encourage her and give her hope. I tell her you have not done anything wrong, why are you afraid? You should not be afraid. You did not occupy them, you didn’t take their land. You are on your own land-don’t feel guilty or like you did something wrong. –Al Khalil

Evident in this account is the reassurance and hope this woman attempts to provide her daughter. This encouragement is in direct response to the indignity and fear instilled in homes within political violence. The mother attempts to shield her daughter from shame or fear through teaching about the occupation, rights to the homeplace, and pride.

Women's narratives also revealed their attempts to defend their sphere of control within the home. Some women disclosed how they would engage with the soldiers during the invasions, in attempts to maintain control over the home. Accounts included women describing, in one case, how they challenged soldiers and told them that they don't have any weapons in the house and, in another case, pleaded with the soldiers to be the one to wake up their child during the invasion so she wouldn't be so scared. The woman who described her son being martyred in the first section of our findings goes on in her account to describe how soldiers continually come to her house, but she refuses to surrender, and instead told soldiers to take whatever they want but to leave her, her home and her family in peace.

Women also spoke to expressions of solidarity and helpfulness that were enabled because of the physicality of the home. For instance, one woman noted that because extended family members all live together in the same house, they are all available to help each other. Another woman highlighted acts of defense and solidarity within neighborhoods, as she articulated how Palestinians still stand together and defend areas that Israelis enter.

### **Discussion**

Women's accounts highlighted three experiences of political violence related to the home: home invasions, surveillance and constant threats of demolition. These experiences threatened the privacy, control, and constancy of the family home, causing considerable anxiety and grief among the women. A central finding was how, in losing these three core aspects of the

home (privacy, control and constancy), women's abilities to protect their children were compromised; this, in turn, jeopardized women's mental health. Findings also illustrated how women mobilized the home as a site for economic, familial and cultural survival.

While our study has many findings that add to the imperative of drawing together topics of political violence, place and mental health, it is not without its limitations. Focus groups, although having several distinct advantages because of their interactional structure, also pose unique challenges in that stories may be "co-constructed" between participants, and between participants and the moderator(s) (Baruch, 1981; Rapley, 2001). We used convenience sampling, and some of our focus groups had small numbers of participants. The range of responses was therefore affected, as we were limited to the narratives of women who were willing to share their stories. In one focus group, for example, all of the women left as soon as they were informed that the group would be recorded. Despite our careful explanation of study, there was a selectivity bias. We drew from a limited number of potential participants, and this affects the transferability of the findings (Krefting, 1991). In addition, we relied on a process of translation that, while allowing for a certain amount of cross-checking and quality assurance (particularly because our moderator was also a translator and an analyst of the data), was still subject to the many challenges inherent within cross-language research (Lincoln & González y González, 2008; Squires, 2008; B. Temple, 2002). Scholars have argued that translators could be regarded as key informants, while others argue that translators are the key players in the first level of analysis (B. Temple & Young, 2004). Either way, it should be clear that translation itself is a layer of interpretation, and data analyzed here might be best regarded as secondary data, which had already been subject to one layer of decisions and judgments (B. Temple, Edwards, R., & Alexander, C., 2006).

Women's narratives reveal an almost overwhelming loss of both privacy and control over the home itself and individuals and families within the home. Attacks on homes within political violence profoundly threaten the protective and generative effects of the family space, and epitomize "biopolitical intrusion into autonomous spaces of familial privacy," as Fluri (2011, p. 285) charges in particular about home invasions. Invasions, surveillance and constant threat of demolitions transformed the home, at least momentarily, from a place of solace into a place of humiliation and dehumanization, where women and their children experienced anxiety and grief instead of peace. Additionally, in the narratives of the women who described invasions, disarray and destruction of material items caused profound stress, a finding similar to that of other research that examined material loss within collective disasters (Carroll, et al., 2009; Sims, et al., 2009). Loss of control over the power of material objects and the constancy they provide represents fundamental threats to everyday life, as well as to the transmission of identity and culture (Harker, 2009; Proshansky, et al., 1983; Young, 2005).

Even if they were not the immediate victims of home invasions or demolitions, women reported witnessing these events regularly within their neighborhoods. Living with a sense of impending trouble created a general atmosphere of uncertainty and unpredictability for women, as they and their families were impelled to constantly doubt the permanence and safety of their home. Being subject to omnipresent threats within political violence, even in the absence of direct violent acts, poses specific risks to mental health as it creates constantly elevated levels of anxiety (Punamäki , 1990).

The ways in which women described threats to the home within political violence and its effects on mental health highlighted the importance of the role of mother among our participants. Loss of control over the home fundamentally threatened their ability to protect and ensure the

safety of their family within the home. Women witnessed or anticipated humiliation or harm happening to their family members. The feelings of hopelessness and powerlessness they expressed in the face of threats to their homes were often explicitly tied to their helplessness in the face of their children's suffering within these violations.

Despite what we know broadly about the effects of violence on children and the protective role of parenting (Aisenberg & Herrenkohl, 2008; Garbarino & Kostelny, 1996), literature is quite slim on how violence affects mothering (Levendosky, 2000) and how mothers strategize to keep themselves and their children safe (Dixey, 1999; Ford-Gilboe, Wuest, & Merritt-Gray, 2005; Mohr, Fantuzzo, & Saburah, 2001; Olsen, Bottorff, Raina, & Frankish, 2008). Within the topic of political violence and mental health specifically, scholarship is even more limited on the effects of violence on mothering, and the mental health consequences of this process for mothers. The little we do know points to mothers' expressions of helplessness, guilt and distress when they cannot protect their children from the trauma and humiliation of political violence (Berman, et al., 2009; Punamäki, 2006).

The family home is one of the central targets of political violence (Fluri, 2011; Harker, 2009). In threatening the safety and autonomy of the home, violations to home represent a fundamental threat to the family center (Harker, 2009). The little we know about how care-taking is affected by threats to the home points to the dramatic challenges care-takers face within these disruptions to home (Sims, et al., 2009). In uncovering deeply interlaced themes of the home, trauma and motherhood, our study contributes to the very small body of literature on a critical subject: the role of motherhood as central to the relationship between political violence, trauma and resilience for women (Shalhoub-Kevorkian, 2006), and in particular how historical and social realities affect, and indeed threaten, the physical environments in which mothering takes

place (Kemp, 2001). Our findings about the important connections among mothering, place, political violence, and women's mental health suggest that this topic warrants more attention.

Women used the home as a place for resistance to the occupation through promoting the economic and nutritional well-being of themselves, their families and their communities. This finding might help expand notions of women's work in the home beyond how the home is a site for withdrawal and unpaid, demeaning labor to how the home may be a site of empowerment and action that helps in particular within political violence to locate resistance and to therefore provide meaning (Domosh, 1998; Hardy & Wiedmer, 2005; hooks, 1990; Ward, 2009; Young, 2005).

Women also used the home to demonstrate resistance through quite literally standing one's ground, defending the right to the home as a site for women and children to occupy free from shame or fear, a strategy of mothering in violent contexts that both protects individual children and larger collectives such as the neighborhood or the nation (Mohr, et al., 2001; Shalhoub-Kevorkian, 2006). In doing so, they turn private spaces into "public center[s] of power" (Ward, 2009, p. 393). As women use the private space of the home for the dual political purposes of nurturing and resisting, they build empowerment and dignity. This sense of pride and engagement is precisely the mechanism within political engagement that seems to promote resilience within political violence (Barber, 2008; Giacaman et al., 2007; Shalhoub-Kevorkian, 2006).

Our findings on how women's use of the home as a site of resistance align with the theory that women resist powerlessness in the face of violence through employing strategies that help them to both to withstand and oppose the violence (Anderson & Danis, 2006). In doing so, these findings add to literature concerned with the particular ways in which women strategize to

resist violence and oppression (Abu-Lughod, 1990). Women's individual strategies of resistance within their homes was often quite explicitly linked to the collective resistance. This finding reflects a common theme within scholarship on Palestine: the notion of *sumud*, or steadfastness, which describes ongoing resistance aimed in particular at defending traditional land in the face of the occupation (Giacaman, et al., 2009; Nguyen-Gillham, et al., 2008; Shalhoub-Kevorkian, 2006; van Teeffelen, 2009).

Findings of women's domestic resistance may enrich our understandings of the intimate relationship between resistance and resilience. Studies of ecology assert that where resistance refers to how much a system changes due to a stressor, resilience refers to the recovery of the system after the stressor (Sugden, 2001). Where the concepts of resistance and resilience come together is in that both are transformative processes concerned with recognizing and responding to oppression (Turner & Simmons, 2006). Scholarship suggests that women's resistance to the disempowerment and isolation inherent in violence builds women's capacity for resilience as it fosters their strength to endure and overcome stressors (Anderson & Danis, 2006). Accordingly, our findings indicate that women's resistance within their homes empowered them and endowed their lives with purpose, which in turn helped women to defy the stressors of political violence and nurture their well-being.

This study illustrates how both wartime violations of home invasions and demolitions and wartime defense of home are spatial practices with deep implications for mental health and well-being. These practices exist in the interwoven borders between the personal and the collective, representing a particular "politics of place" (Manzo, 2003). For women within political violence, where the family home is a primary target, the role of the home as place for protection and wellness is fundamentally threatened. Our study unfortunately underscores that homes are not

always safe places in which to retreat and to nourish well-being and mental health, but are rather locations of fear and tyranny, particularly for women and children (Blunt & Dowling, 2006; Fluri, 2011; Mallett, 2004). Our findings point to how political violence threatens wellness among women and children due to attacks on the home, but the findings do not end there. Instead, this study also illuminates how women reclaim the home as a site of refuge, and of themselves as a force of power within that the space as they attempt to protect the role of homes in promoting well-being.

**Figures for Paper 3**

*Figure 3.1: Israeli military instillation in Old City, Al-Khalil. Photo credit: C. Sousa*



Figure 3.2: Israeli sign at gate for residents attempting to pass through to Palestinian land in Qalqilya district. Photo credit: C. Sousa

### References for Paper 3

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## CONCLUSION

This dissertation explored how political violence affects health and how people and communities endure the stress and trauma it poses. The collection of papers enhances the current knowledge on political violence and informs practice as it addresses several key, interrelated needs within scholarship on political violence. These include examinations of the specifics of experiences encountered within political violence, their effects on health, and the role of resilience within the problem of political violence (Panter-Brick, 2010; Pedersen, 2002).

Findings from each study point to the harmful effects of everyday experiences of political violence, highlighting in particular the significance of experiences of repression within ongoing military occupations--a particular type of political violence. The two indices of political violence used in the quantitative analysis each include acts that go beyond physical experiences of violence directed at one's person; rather, the acts center around aspects of control of physical space and accompanying restrictions on movement and instillation of fear (i.e. the number of times the occupying army is in their town, the need to change plans because of worry about police or army, seeing the wall, witnessing an arrest or home demolition, being forced to pass through checkpoints). The paper *Political violence, health and coping among women in the West Bank* reported findings of a survey administered to 131 women. Findings showed a statistically significant relationship between self-reported exposure to various indicators of political violence and outcomes of women's health and well-being, including symptoms of PTSD and distress.

The third paper, in particular, used qualitative methods to delve deeply into one specific area: how people describe the acts within, consequences of, and their responses to the experience of destruction to homes within political violence. *Home, mental health and resilience among Palestinian women* used data from a series of focus groups with Palestinian women to investigate

how the stress of living under the ongoing threats of political violence impacts the privacy, control, and constancy of the family home. Findings highlight how three experiences of political violence: home invasions, surveillance, and constant threats of demolition engender anxiety and grief among women and their children and thereby threaten the ability of the home to promote mental health. *Home, mental health and resilience among Palestinian women* illustrates the importance of violations apart from direct physical violence, as the results highlight the centrality of threats to the family home within political violence and their associated impacts on the well-being of women.

Each set of empirical findings demonstrates that political violence consists of experiences aimed at controlling a civilian population, and that these experiences have fundamental consequences to well-being. This finding is reflected in the WHO conceptualization of political violence, which asserts that political violence consisting of not only physical acts, but also those aimed at deprivation and psychological harm to a population (World Health Organization (WHO), 2002).

This dissertation went beyond analyses of risk and vulnerability to elucidate how individuals and communities actually weather the effects of political violence. This task included examining whether the effects of political violence on mental health differ based on various protective factors or processes of resilience. Each of the three papers contributes to knowledge of resilience within the context of political violence. The review paper provides a comprehensive foundation about aspects of individual and community resilience within political violence. Findings of the review point to how supports within individuals' social and political contexts are instrumental in protecting people from the effects of political violence. This finding about the importance of social and political contexts was partly upheld in the statistical findings related to

moderation within the quantitative analyses, as those who relied on their families for support showed a general improvement in mental health as political violence increased. However, the findings of the moderation analysis also provided some counterintuitive results, with those who scored high on reliance on political resources and reliance on religion having scores of general health that declined as their exposure to political violence increased.

Findings from the qualitative study on women's use of the home as a site of resistance align with the theory that women resist powerlessness in the face of violence through employing strategies that help them to both to withstand and oppose the violence (Anderson & Danis, 2006). The importance of women's acts resistance in our data affirmed the connections theorized between resistance and resilience, as findings pointed to how both are transformative processes aimed at recognizing and responding to oppression through strength and endurance (Turner & Simmons, 2006).

In one way or another, each study within this dissertation highlights the role that empowerment plays in resilience, whether that empowerment comes from high use of individual problem solving, as shown in the quantitative analyses; displays of resistance by women in the face of threats to their homes, as shown in the qualitative analyses; or ways in which communities function to support individual and collective well-being within political violence, as shown in the review paper.

While the dissertation has many findings that enrich research and practice on the topics of political violence, health, and resilience, it is not without its limitations. Findings reported in the literature review were derived from studies published only in English. The reliance on scholarly literature represents a substantial risk of overlooking interesting findings from a more grassroots level, such as reports from community based organizations. Surveys and focus groups were

administered to samples that are not representative of the general population and the samples themselves are small by comparison to other studies conducted on the topic of political violence. Some of our focus groups had small numbers of participants; the range of responses was therefore affected, as we were limited to data from women who were willing to contribute to the study. Despite our careful explanation of study, there was a selectivity bias, in that we only drew from a limited number of potential participants; this affects the transferability of the findings (Krefting, 1991). Focus groups, although having several distinct advantages due to their interactional structure, also pose unique challenges in that stories may be “co-constructed” between participants, and between participants and the moderator(s) (Baruch, 1981; Rapley, 2001). Both of the papers using original data collected in Palestine relied on a processes of translation that, while allowing for a certain amount of cross-checking and quality assurance, were still subject to the many challenges inherent within both quantitative and qualitative cross-language research (Lincoln & González y González, 2008; Maneesriwongul & Dixon, 2004; Squires, 2008; Temple, 2002; Wang, Lee, & Fetzer, 2006).

Despite the limitations of this study, results from this dissertation contribute to a growing body of literature that focuses on the influence of political violence on health, and the role of coping and resilience within this relationship (i.e., Al-Krenawi, Graham, & Sehwal, 2004; Baingana, Bannon, & Thomas, 2005; Barber, 1999; Giacaman, Shannon, Saab, Arya, & Boyce, 2007; Khamis, 1993, 2000; Punamäki Komproe, Qouta, El-Masri, & de Jong, 2005). First, results add some interesting dimensions to the relatively small body of literature looking not only whether political violence affects physical health (Al-Krenawi, et al., 2004; Burnett & Peel, 2001; Wright et al., 2010), but at some of the complex ways in which the relationship between political violence and physical health might occur (Hobfoll, Hall, & Canetti, 2012). Findings

suggest that research, advocacy and intervention focused on political violence should attend to both physical health and mental health.

Second, findings from this dissertation affirm the importance of centering the person-environment interaction as we research the effects of political violence. Practice implications include the need to assess for violations to the social, political and physical environments in which people live when exploring the effects political violence.

Finally, findings regarding the role of resilience within political violence in this dissertation enrich social work theory. These findings contribute to our understandings of how resilience is fostered as people endure political violence in a myriad of ways, ranging from cognitive processes of coping to resourceful, defiant acts of resistance (Anderson & Danis, 2006; Guo & Tsui, 2010). In line with these findings, results suggest that programs that build individual, family and community empowerment and coping skills within contexts of political violence might be quite beneficial. In addition, regarding resilience and political violence, findings from both the review and the quantitative analyses highlight the importance of resources within family, community and political contexts.

The review paper had results that quite clearly pointed to how important community strengths are to individual and community resilience. The results of the moderation analyses were more puzzling, as it appeared that high use of religious and political resources actually related to more health problems; one possible interpretation of these results are that these resources are overburdened by political violence and therefore the reliance on them poses risks to people's well-being as rates of political violence increase. Both sets of results indicate that continued investigations about how individual and community resilience relate to each other within political violence (particularly investigations that capture information across a variety of

levels of influence) are important to build scholarship on the issue and inform intervention efforts.

Among all the findings that hopefully enhance scholarship on political violence and resilience, two findings are particularly prominent. One, there is incredible resilience within political violence. Research on the topic of political violence requires that we recognize the irrepressible individual and collective agency of those facing political violence. As one of the women in our focus group said, “The more they challenge us, the more we become resilient and strong.” Two, the need to constantly mobilize resilience is exhausting, as exemplified by one woman saying, “I have been strong and I continue to be strong all the time, to the utmost strength I can bear.” Findings highlight that people and collectives certainly can withstand the many stressors of trauma. We should also conclude, though, given our ethical mandate as social work scholars, that the more we know about human misery, the more we should feel obliged to curtail it. People and collectives deserve to rally their resources to actually build wellness for the sake of wellness instead of as a constant defense against the preventable traumas of war.

As a whole, this research adds to the growing movement among scholars about the importance of recognizing and treating political violence as a major social and public health problem. One of the roles of public health and social work research is to not only alleviate suffering but also to engage in primary prevention; for the topic of political violence, that means that preventing political violence from happening in the first place is a public health imperative (de Jong, 2010; Hagopian, Ratevosian, & deRiel, 2009). This work benefits scholarship and intervention programs aimed at alleviating health problems resulting from political violence. Findings also add to the ethical mandate that scholarship on human suffering should inform and

incite advocacy for basic human rights, including that of individual and collective safety, freedom and self-determination (Punamäki, 1990).

### References for Conclusion

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**Sousa, C.**, Hagopian, A. (2011). Conflict, health and professional perseverance: Effects of military occupation on healthcare delivery in the West Bank. *Global Public Health* 6(5), 520-533.

**Sousa, C.**, Herrenkohl, T.I., Moylan, C.A., Tajima, E.A., Herrenkohl, R. C., Russo, M.J., Klika, J.B. (2011). Longitudinal study on the Effects of Child Abuse and Children's Exposure to Domestic Violence, Parent-Child Attachments, and Antisocial Behavior in Adolescence. *Journal of Interpersonal Violence*, 26(1), 111-136. PMC2921555

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### **Peer Reviewed Journal Articles: In preparation**

Sousa, C. (in progress). Political violence, health and coping among women in the West Bank. Target journal: *American Journal of Orthopsychiatry*.

Sousa, C. (in progress). "Placing" Political Violence: Experiences of Women In the West Bank. Target journal: *Health and Place*.

Sousa, C., Prince, D., Herrenkohl, T.I., Hong, S., & Tajima, E.A. (in progress). Abuse and stress in childhood and adolescence: Direct and indirect effects of chronicity on later depression.

## RESEARCH EXPERIENCE

Areas of focus: Global health, violence, mental health, resilience, community development

National Institute of Mental Health Prevention Trainee/Research Assistant

Aug. 2006-Present

University of Washington, School of Social Work, Seattle, WA

- Assist with ongoing analyses of longitudinal data for Longitudinal Study of Exposure to Family Violence (Dr. Todd Herrenkohl, PI). This study investigates the long-term outcomes of exposure to family violence among children and families who are part of an ongoing investigation of child abuse, domestic violence, and overlapping stressors.

Collaborative Researcher

May 2007-Present

Palestinian Medical Relief Society, Ramallah, Palestine

- Principal Investigator in a research partnership for a study examining communities' exposure to political violence and potentially related mental health conditions (including potential moderators/mediators).
- Aid in writing of funding proposals and reports.
- Developed needs assessment and program evaluation tools for mental health program in West Bank, Palestine.

National Institute of Mental Health Prevention Trainee

Aug. 2009-Aug. 2010

Harborview Injury Prevention Research Center, Seattle, WA

- Contribute to data analysis and writing projects for a population-based longitudinal study that looks at the effects of arrest, prosecution and incarceration on subsequent perpetration of intimate partner violence.

Research Intern

Oct. 2006-June 2007

Public Health Seattle King County HIV Program, Seattle, WA

- Aided in HIV/AIDS Planning Council Comprehensive Care Needs Assessment.
- Planned qualitative data collection to ascertain information on the work related issues of people living with HIV/AIDS.
- Conducted focus groups, analyzed data, created report and presented findings to Planning Council.

Researcher

Oct. 1999-June 2000

TSTSCA Solidarity Organization, Olympia, WA & Santo Tomás, Nicaragua

- Conducted qualitative research project on women and community development in rural Nicaragua; methods included collecting and analyzing oral histories and conducting participant observation over sixteen weeks in health, nutrition & community development projects.

## **TEACHING & PRACTICE CONCENTRATIONS**

- Community development for health: community based participatory research, community assessment, partnerships, participatory strategic planning
- Program development & implementation: developing curriculum; facilitating groups; planning & evaluation
- Management: coalition building; coordination, training & supervision of staff, volunteers and interns; grant applications and compliance; organization assessment and strengthening
- Health promotion: behavior change theories and practice; developing curriculum; motivational interviewing; effective, participatory education for health

## **TEACHING EXPERIENCE**

Areas of focus: Macro practice, policy, global health, community organizing, public health practice

- SW 527: Globalization Policy and Services: Critical Analysis of the Processes, Policies, and Outcomes of Globalization (MSW program) (teaching practicum with Dr. Sue Sohng, Fall 2009)
- HSERV 591: Public Health Practice: Community Development for Health (MPH program) (teaching practicum with Peter House, Winter 2010)
  - ♦ Taught through Problem Based Learning with case studies and a community engagement project (a needs assessment and the creation of a intervention plan around a threatened massive flood in an ethnically and culturally diverse community)
- Guest facilitator: MPH-Community Oriented Public Health Practice, Management and Planning Case (learning goals included cultural diversity, organizational proficiency in interacting with and serving its community, and workforce diversity)
- Guest facilitator: MPH-Community Oriented Public Health Practice, Management and Planning Case (learning goals included group functioning and performance, decision making models (including distributed leadership))
- Guest facilitator: MPH-Community Oriented Public Health Practice, Health Behavior and Health Promotion Case (learning goals included behavior change theories, prevention program design, planning models)
- Guest facilitator: MPH-Community Oriented Public Health Practice, Health Policy Case
- Guest lecturer: SocW1 585: Qualitative Methods in Social Welfare Research: Data Analysis (Topic: Cross-language qualitative research: Analysis of a translation process)
- Five years experience in developing and providing curriculum based, multi-session training and education for health programs for youth and adults
- Teaching Assistant: Hillsboro School District's Migrant Summer School Program, Hillsboro, OR
  - ♦ Recruited and aided in retention of adult migrant farm worker students through trips to migrant farmworker housing communities.
  - ♦ Taught and assisted beginning ESL class for Spanish speaking adults.

## PRESENTATIONS

- 2012 Society for Social Work and Research Annual Conference Washington  
D.C.  
Mental health sequela resulting from political violence: Using structural equation modeling to examine unique and overlapping experiences
- 2011 American Public Health Association Annual Conference Washington  
D.C.  
Cindy Sousa  
Conflict, health care and professional perseverance: A study in the West Bank
- 2011 Society for Social Work and Research Annual Conference Tampa, FL  
Cindy Sousa, Dana Prince, Seunghye Hong, Todd I. Herrenkohl  
Abuse and stress in childhood and adolescence: Direct and indirect effects of chronicity on later depression
- 2011 Society for Social Work and Research Annual Conference Tampa, FL  
Sousa, C. & Lindhorst, T.  
Words, meanings & knowledge in cross-language qualitative research: Analysis of a translation process
- 2010 Western Regional International Health Conference: War and Global Health Seattle, WA  
Sousa, C. Mental health in conflict zones: Categories of stress and differential relationship to distress
- 2010 Society for Research on Adolescence Philadelphia, PA  
Sousa, C., Herrenkohl, T., Tajima, E.A., Klika, J.B., Hong, S. Child Abuse and Children's Exposure to Domestic Violence: Longitudinal Prediction of Adolescent Problem Behaviors (oral presentation)
- 2010 Harborview Injury Prevention Research Center Research Seminar Seattle, WA  
Conflict, health and professional perseverance: Effects of military occupation on healthcare delivery in the West Bank
- 2009 Harborview Injury Prevention Research Center Research Seminar Seattle, WA  
Trauma, mental health, and resilience: Women in the West Bank
- 2009 American Public Health Association Annual Conference Philadelphia, PA  
Cindy Sousa, MSW/MPH, Dr. Mustafa Barghouthi, MD, MSc; Mona el-Zuhairi, Marah Hriesh, and Bahia Amra  
Effects of war and occupation on access to health care: A study of women in the West Bank, Palestine

Trauma, mental health, and resilience: Women in the West Bank, Palestine (oral presentation)

2009 Society for Social Work and Research Annual Conference New Orleans, LA

Sousa, C., Herrenkohl, T., Moylan, C. Domestic violence exposure and abuse in childhood: relationship to parent-child attachment and the impact of these risks on youth violence perpetration

2008 Society for Social Work and Research Annual Conference Washington, DC

Sousa, C., Herrenkohl, T., Moylan, C. Impact of multiple forms of child maltreatment and family stressors on later psychosocial functioning of Youth

2007 United Methodist Church, Annual Dinner Tacoma, WA  
Invited Speaker: Supporting Soldiers, Supporting Resistance (ethical & sensitive work with soldiers)

2006 University of WA, Tacoma LGBT Leadership Conference Tacoma, WA  
Workshop: Understanding and Addressing Anti-LGBT Harassment

2005 Olympia WA Fellowship of Reconciliation Olympia, WA  
Televised Round Table Discussion  
Invited Speaker: Venezuela: Social issues & health policy in revolutionary times

2005 University of Oregon, Center for Women in Society Eugene, OR  
Gender, Race and Militarization Conference  
Round Table Discussion: Militarization in the Classroom

2002 Adolescent Health Working Group National Conference Monterey, CA  
Workshop: Youth Development Models in Peer Health Education

2002 Western States Youth Services Network Regional Conference Sacramento, CA  
Workshop: Peer Health Education: How to Honor Diversity

## **SOCIAL WORK & PUBLIC HEALTH PRACTICE**

### **Community Education Coordinator/Youth Development Specialist**

Aug. 2003-Sept. 2005

Planned Parenthood of the Columbia-Willamette, Portland & Salem, OR

- Coordinated with community-based organizations, schools and government agencies.
- Provided leadership in the launch of new Peer Education Program across three counties: developed recruitment plan, created curriculum and program materials, aided in grant applications and evaluation planning, ensured grant compliance, facilitated model group.

- Developed and implemented needs assessments; designed and provided health education/youth development programs for families, youth and communities, especially Latino immigrant, LGBTQ, and rural populations.
- Developed and provided health education and youth development trainings for health care & social service professionals.

### **Health Education Coordinator**

Aug. 2000-Aug. 2003

Huckleberry Youth Programs, San Rafael, CA

- Worked with partner agencies and school administrators to provide community based services in a collaborative model
- Hired, trained and supervised 5-7 staff, as well as interns and volunteers.
- Led & provided supervision for health education programs, including peer education programs for youth from vulnerable communities; street outreach programs & educational support groups
- Ensured grant compliance through appropriate data collection; provided program reports
- Provided and supervised the provision of individual, bilingual Spanish health education counseling for youth at Teen Clinic

### **Associate Producer**

March 2001-August 2011

activ8media, West Bank, Palestine; Porto Alegre, Brazil; Quito, Ecuador; Seattle, WA

- Coordinate production of films: aid in grant applications and scripts & secure interviews
- Conduct interviews in both Spanish and English
- Current Projects: Army of None: What the Military Recruiters Aren't Telling You (completed), a video documenting oral histories of recently returning vets; Regalo del Cielo (in progress), a film documenting the human impacts of Plan Colombia & the War on Drugs in communities, especially indigenous, African-Colombian, & rural; [untitled] (in progress) oral histories of Palestinians who spent time in Israeli prisons.

### **Mental Health Intern**

Sept. 2004-June 2005

Northwest Human Services' Homeless Outreach and Advocacy Program, Salem, OR

### **Special Needs Program Leader**

Spring & Fall 1997, Spring 2000

Multnomah Education Service District: Outdoor School Program, Portland, OR

### **Program Coordinator**

Sept. 1994-Nov. 1996

The Evergreen State College: Women's Resource Center, Olympia, WA

## **AWARDS & GRANTS**

2008 University of Washington Graduate School Fund for Excellence and Innovation Travel Grant

2009-2012 National Institute of Mental Health Prevention Traineeship Award (Grant T32 MH20010)

## **PROFESSIONAL & COMMUNITY SERVICE**

**Ad Hoc Reviewer, Journal of Interpersonal Violence**

**Ad Hoc Reviewer, Peace and Conflict: Journal of Peace Psychology**

**Ad Hoc Reviewer, Child Abuse and Neglect**

**Ad Hoc Reviewer, Journal of Research on Adolescence**

**Ad Hoc Reviewer, International Journal of Social Work**

**Community Service within the University of Washington School of Social Work**

2010-2012 Representative to the School of Social Work Student Advisory Council

2009-2010 Representative on PhD Program Methods Preparation Workgroup

**Member, Board of Directors (chair and volunteer coordinator 2009-11; secretary 2007-9)**

**Hotline Counselor**

Aug. 2005-Present Seattle Draft and Military Counseling Center, Seattle, WA

**Volunteer Educator and Advocate**

Oct. 2005-June 2007 Speaker's Bureau, Safe Schools Coalition, Seattle, WA

**Volunteer Crisis Counselor and Hospital Advocate**

April 2001-Aug. 2003 Bay Area Women Against Rape, Oakland, CA

**Volunteer and Community Delegation Coordinator**

Oct. 1999-June 2000 TSTSCA Solidarity Organization, Olympia, WA & Santo Tomás, Nicaragua

**Volunteer Health Educator**

1992-1994 Cascade AIDS Project, Planned Parenthood, PSI, Portland, OR