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BEING A WOMAN IN CONFLICT AREAS: THE COMPARATIVE IMPACT OF TRAUMA BURDEN ON PTSD, DEPRESSION, AND ANXIETY SYMPTOMS AMONG WOMEN IN GAZA STRIP AND THE WEST BANK

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BACKGROUND AND AIM: In conflict areas, mental health disorders such as depression, anxiety, post-traumatic stress disorder (PTSD), bipolar disorder, and schizophrenia impact approximately onMaltepe123.e in five individuals, emerging as a critical global concern in the past decade.(WHO 2025) The psychological impact of conflict varies significantly across populations, for instance women experience higher levels of psychological distress and health issues driven by physiological, hormonal, and social factors.(Türkkan 2026; Jain et al. 2022) Despite widespread trauma, few studies focus on the effects of war on Palestinian women's mental health.(Jain et al. 2022, Ahmed et al. 2024) This study investigates the impacts of the cumulative trauma exposure on the prevalence and severity of psychiatric symptoms – including anxiety, depression, and PTSD - among Palestinian women in Gaza and the West Bank after the 7 October 2023 escalation.

METHODS (Ethics Committee Approval must be obtained and the number should be specified.):This cross-sectional study (Nov 2025-Jan 2026) included 438 Palestinian women (aged ≥ 18) from the West Bank and Gaza. Data were collected using sociodemographic questions and standardized scales (PHQ-9, GAD-7 and PCL-5).

Participants were also assessed on nine conflict-related trauma items, including direct exposure to life-threatening situations (e.g. shooting, shelling, or injury); experiences of torture or physical assault; witnessing others being killed and injured; loss of a loved; loss of personal property or home; displacement; loss of income; lack of access to food or water; and exposure to sexual violence. (Carpiniello 2023) Validated Arabic versions were administered via online interviews. Due to security concerns and the participants' reluctance to share personal information in the conflict zone, surveys were completed anonymously, and verbal informed consent was obtained. The study was approved by the Maltepe University Clinical Research Ethics Committee (No. 2025/21-12).

Data were analyzed using SPSS 30.0. Descriptive statistics summarized the sample; the variables between the West Bank and Gaza were compared using independent samples t-tests or the Mann-Whitney U test were utilized based on distribution. Spearman's correlation assessed relationships between trauma types and the clinical scores, as well as correlations between scales.

RESULTS: Of the 438 participants: 61.9% were from the West Bank and 38.1% from Gaza. Most were aged between 18 and 40 (73.3%), university-educated (55.7%) and had middle-income (73.3%). Marital status was evenly split between single (45.2%) and married (44.7%). In terms of residential setting, 58.4% lived in cities, 27.2% in villages or towns, and 14.4% (n=63) in refugee camps.

The mean scores of the sample were 14.89 on the PHQ-9 (moderate-to-severe depression), 13.55 on the GAD-7 (moderate anxiety), and 44.74 on the PCL-5 (high probability of PTSD). Participants in Gaza had notably higher mean scores (PHQ-9: 17.56; GAD-7: 16.24; PCL-5: 54.4) compared to those in the West Bank (PHQ-9: 13.24; GAD-7: 11.9; PCL-5: 38.78). Gazan women scored significantly higher on all measures (p<.001).

A focused subgroup analysis was conducted on participants residing in refugee camps (n=63; Gaza n=51, West Bank n=12). Within this group, women in Gaza exhibited significantly higher symptom severity across all measures. Mean scores in Gaza camps vs. West Bank camps were 19.37 vs. 13.66 for depression (PHQ-9; p=.007), 16.72 vs.

12.41 for anxiety (GAD-7; p=.004), and 56.05 vs. 36.50 for PTSD (PCL-5; p<.001). These findings highlight a particularly severe psychological burden among refugee camp residents in the Gaza Strip compared to their counterparts in the West Bank.

In study population, Spearman correlation analysis revealed significant positive correlations among psychiatric scales (p<.001), indicating common depression, anxiety and PTSD symptoms. Regarding the trauma exposure, 73.1% of participants reported witnessing the injury or death. Significant proportions of the sample also faced deprivation and displacement, with 66% reporting difficulty accessing food and water, 65.7% experiencing loss of employment or income, and 39.3% being forcibly displaced. In terms of direct life-threatening attacks, 54.4% of the women had lost a loved one during the conflict and 47.6% had survived a direct life-threatening attack. Furthermore,

47% had lost their homes or personal property. In addition a notable number of women reported physical assault or torture (10.2%) and sexual assault (6.3%).

CONCLUSIONS:The study findings reveal the substantial psychological burden among Palestinian women. Our sample primarily consisted of young, educated, and middle-income urban residents, nearly all of whom reported chronic trauma exposure, resulting in moderate-to-severe psychiatric symptoms. Reflecting conflict severity, Gazans women exhibited significantly higher psychopathology scores across all measures compared to those in the West Bank (p<.001).

Due to communication difficulties in conflict zones, reaching women living in refugee camps was challenging, leading to a limited sub-sample size (n=63). Despite this limitation, our findings revealed that women in refugee camps experienced significantly higher trauma and more severe symptoms of depression, anxiety, and PTSD than those living in cities or villages. Although half of the sample were urban residents, over 50% reported witnessing severe trauma, job loss, unable to meet basic needs. That indicates the widespread impact of modern warfare on urban life beyond active conflict zones.

In conclusion, our analysis confirms that chronic trauma exposure contributes to the persistent psychiatric symptoms observed in these women. These findings require urgent social interventions to prevent a long-term mental health crisis. Additionally, further analyses on the predictors of symptom severity are ongoing and will be shared in our future presentations.

REFERENCES

Odacı H, Türkkan T (2026) Gender and mental health: challenges faced by women and a feminist perspective. Psikiyatride Güncel Yaklaşımlar–Current Approaches in Psychiatry 18(2): 400–413.

World Health Organization (2025) Mental health in emergencies. World Health Organization. https://www.who.int/news-room/fact-sheets/detail/mental-health-in-emergencies on January 24, 2026.

Ahmed SH, Zakai A, Zahid M et al. (2024) Prevalence of post-traumatic stress disorder and depressive symptoms among civilians residing in armed conflict-affected regions: a systematic review and meta-analysis. General Psychiatry 37: e101438.

Jain N, Prasad S, Czárth ZC, et al. (2022) War Psychiatry: Identifying and Managing the Neuropsychiatric Consequences of Armed Conflicts. Journal of Primary Care & Community Health 13:1-11.

Carpiniello, B. (2023) The Mental Health Costs of Armed Conflicts—A Review of Systematic Reviews Conducted on Refugees, Asylum-Seekers and People Living in War Zones. International Journal of Environmental Research and Public Health, 20(4).

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Table 1. Depression, Anxiety, Cumulative trauma

REGION	STATISTIC	PHQ-9	GAD-7	PCL-5
West Bank	Mean	13.2472	11.9041	38.7897
	N	271	271	271
	Std. Deviation	5.93309	5.36501	14.06743
Gaza Strip	Mean	17.5689	16.2455	54.4072
	N	167	167	167
	Std. Deviation	5.66056	4.83893	13.38096
Total	Mean	14.8950	13.5594	44.7443
	N	438	438	438
	Std. Deviation	6.19167	5.57987	15.74652

Comparison of Depression, Anxiety, and PTSD Scores Between the West Bank and the Gaza Strip

Table 2. Frequency and Percantages of Trauma Types

TRAUMA TYPE	FREQUENCY (n)	PERCENTAGE (%)
Witnessing injury or death	320	73.1%
Lack of access to food and water	289	66.%
Loss of employment or income	288	65.7%
Loss of a loved one	238	54.4%
Direct life-threatening attack	208	47.6%
Loss of home or personal property	206	47.0%
Forced displacement	172	39.3%
Physical assault or torture	45	10.2%
Sexual assault	28	6.3%