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# Coping Strategies of Palestinian Adults Exposed to Home Demolition in the Gaza Strip

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Abstract

The aim of this study is to investigate the effect of trauma such as home demolition and other traumatic on mental health of male Palestinian ways of coping to overcome such trauma.

**Method**: The total sample includes 53 adult males. They were from families who lost their homes due to demolition by Israeli army on November 2006. Those families were transferred to temporary shelters run by UNRWA. For data collection four instruments were used: Gaza traumatic events checklist, PTSD checklist for DSM-IV-TR, GHQ-28 items, and Ways of Coping Checklist.

**Results:** The results showed each one exposed to mean 11.17 traumatic events. The most common traumatic events were: Watching mutilated bodies in TV (100%), hearing the shootings and bombardment (100%), witnessing the signs of shelling on the ground (100%), hearing the sonic sounds of the jetfighters (100%), witnessing firing by tanks and heavy artillery at neighbor's homes (94.3%), and hearing shelling of the area by artillery (88.7%). Also, the results showed that 34% PTSD. Considering the cutoff point of GHQ-28, 48 of the study sample were considered as psychiatric cases (91.6%).Mean Ways of Coping Scale mean scores was 100.6, positive reappraisal mean was 20.8, self controlling mean was 17.9, wishful thinking mean was 17.3, planful problem solving mean was 12.9, loyalty mean was 12.4, escape-avoidance mean was 10.2, and accepting responsibility mean was 9.1. Subjects having PTSD used more wishful thinking, positive reappraisal, loyalty, accepting responsibility, self controlling, and total coping strategies than non PTSD subjects, While, there no association between PTSD and escape-avoidance coping strategies.

**Clinical Implications**

The study concluded that Palestinian adolescents been exposed to variety of traumatic events and subsequent posttraumatic stress disorder as a result of the long-term and ongoing wars beside the siege against Gaza Strip, and the results of the study raised the need for strategic mental health programs to enhance coping mechanisms and decrease the negative impact of trauma.

**Keywords:** Home demolition; Trauma; PTSD; GHQ-28 ; Gaza strip

## Introduction

Palestinians in the Gaza Strip are exposed to variety of traumatic events including witnessing killing of friends, bombardment, and home demolition. Previous studies in the area showed that exposure to traumatic events lead to psychological reactions including PTSD, depression, and anxiety [1-4]. Loss of homes due to home demolition leads to reactions in children and adults. Previous study of children lost their homes due to home demolition showed PTSD, anxiety and fear [5].

Gaza Strip, especially the border areas exposed to repeated incursions with home demolition and bombardment of the area. In June 2006 another incursion of the Israeli forced to Rafah and Beit Hanoun area in which a number of houses were demolished and people living in the area were displaced to other area of the Gaza Strip. Previous studies in the areas in a sample of children and parents exposed to similar traumatic events showed that 120 parents (60%) had symptoms of potential clinical significance.

Considering a cut-off score of 33 or more on the Taylor Anxiety Scale, 52 parents (26.0%) reported severe to very severe anxiety symptoms [1]. Similarly, in study of a sample included 374 adults aged from 22 to 65 years with mean age 40.13. Each person reported 13.80 traumatic events. Using scoring of DSM-IV, 248 people rated as PTSD which represented 66.6 % of the sample and 125 persons reported no PTSD (35.5%) [2].

## Coping

Conceptualizations of stress and coping, mostly guided by the transactional model [6], focused primarily on individual

cognitive and emotional processes associated with the experience of stress and coping responses. The transactional model posits that individuals (a) experience stress when they perceive that their available resources are insufficient to meet the demands of a particular situation and (b) cope with stress through emotion- or problem-focused responses [6].

In emotion-focused coping, people attempt to manipulate their feelings, perceptions, and attributes to be less threatening and more controllable. In problem-focused coping, people aim at changing the distressing reality and remove the cause of stress and trauma [7]. [6] theory of coping suggests it is a highly contextual process involving the cognitive appraisal and re-appraisal of threats and whether anything can be done to change the situation. Their model hypothesizes that coping strategies may change from one stage of a complex stressful encounter to another, making measurement difficult. The aim of the study was to investigate the effect of trauma such as home demolition and other traumatic on mental health of male Palestinian ways of coping to overcome such trauma.

## Methodology

### Subjects

The sample was selected from families who lost their homes due to demolition by Israel army on November 2006. Those families were transferred to temporary shelters run by UNRWA. We reached 45 families from Rafah and Beit Hanoun area. The total sample includes 53 adult males.

## Procedure

The names of the families who were displaced from their homes due to demolition in June 2006 were obtained from a list formed by Rafah and Beit Hanoun authorities. We reached the families which were relocated in other places in other area by the help of UNRWA and Ministry of Labour. A team of 5 psychologists and nurses were trained for one day to conduct the study and they had the previous experience in conducting data collection. Subjects were interviewed in their new places and each interview took about 40 minutes. Formal written consent was obtained from each study subject after explaining the aim of the study and assured the confidentiality of the information given by them.

## Instruments

### Demographic assessment

Participants responded to a short item questionnaire that included basic demographics of the individual For example, age, education level, current income were included.

### The gaza traumatic events checklist

[1] This checklist included 22 traumatic events items and the answer is No (0) and Yes (1). The level of trauma was divided into mild (0-5 traumatic events), moderate (6-10 traumatic events), and severe (more that 11 traumatic events). This scale was used in previous studies in the area [1]. The reliability of the scale for this study was tested. Alpha Chronbach was (a=0.72).

### The posttraumatic stress disorder checklist

[1] The checklist contains 17 items adapted from the DSM-IV [APA, 1994] PTSD symptom criteria. Respondents are asked to rate on a 5-point Liker t scale (0=not at all to 4=extremely) the extent to which symptoms troubled them in the previous month. A total score was provided, as well as subscales scores for intrusion, arousal and avoidance PTSD symptoms. The characteristic symptoms of PTSD resulting from the exposure to extreme traumata included re-experiencing the traumatic event (criterion B), avoidance of stimuli associated with the trauma and numbing of general responsiveness (criterion C), and symptoms of increased arousal (criterion D). The full symptom picture must be present for more than one month and the disturbance must cause clinically significant distress or impairment in social, occupational, or other important areas of functioning (American Psychiatric Association, 1994). We used the Arabic version of the scale which was widely used in the same area in the last decade [1-2]. The reliability and validity of the scale was calculated using alpha chronbach which was (a=0.84).

**GHQ-28 Items:** To assess psychiatric morbidity of mothers, we used the General Health Questionnaire-28 (GHQ-28, a commonly used questionnaire of proven validity and reliability. General Health Questionnaire 28 (GHQ-28) is a popular 28-item screening test that derived from factor analysis of General Health Questionnaire 60. The questionnaire has 4 subscales of Somatic Symptoms, Anxiety and Insomnia, Social Dysfunction and Severe Depression with 7 questions in each subscale. The scores are calculated by using binary (0-0-1-1) score. This scale was translated to Arabic and validated before [8]. The reliability and validity of the scale was calculated using alpha chronbach which was (a = 0.88).

**Ways of coping:** [7] The revised Ways of Coping differs from the original Ways of Coping Checklist [9] in several ways. The response format in the original version was Yes/No; on the revised version the subject responds on a 4-point Liker t scale (0 = does not apply and/or not used; 3=used a great deal). Redundant and unclear items were deleted or reworded, and several items, such as prayer, were added. The Way of Coping that used in this study shortened to 44 items divided in 7 subscales as follow: Wish and avoidance thinking including the following items (3, 11, 19, 21, 34, 39, 42), planful problem solving including the following items (7, 12, 15, 23, 43, 44), positive reappraisal including the following items (5, 8, 9, 16, 20, 31, 32, 38, 40), seeking social support including the following items (1,17,24,30,33), accepting responsibility including the following items (2, 10,18, 26, 41).

Self control including the following items (6, 13, 14, 22, 28, 35, 37), escape avoidance including the following items (4, 25, 27,29,36). The validity of this scale was tested before in study by Folkman et al. [10] among community sample of people


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and showed their alphas independently as follow; confronting coping (alpha= 0.70); Distancing (alpha=0.61); self-controlling (alpha=0.70); seeking social support (alpha=0.76); accepting responsibility (alpha=0.66); escape and avoidance (alpha=0.72); planful problems solving (alpha=0.68); and positive reappraisal (alpha=0.79). The eight scales accounted for 46.2% of the variance. In this study the (alpha=0.72). In this study the Cronbach's alpha was $\alpha$=0.87 and split half was 0.70.

## Results

### Socio demographic data

The sample consisted of 53 males exposed to home demolition in Rafah and Beit Hanon area. The age ranged from 18-67 years with mean age 36.4 years (SD =11.7). Most of them live in cities (66%) and 34% live in village. According to education level, 18.9% were uneducated, 28.3% finished primary school. 24.6% finished secondary school, 13.2% finished diploma, and 9.4% finished university education. According to their work, 50.9% were unemployed, 34% were employee, and 15.1% were working as workers. According to monthly income, 94.3% are earning less than 350$ and 5.7% earned more than 351$ (Table 1).

**Table 1:** Socio Demographic characteristics of the study sample (N = 53).

| | No | % |
|---|---|---|
| **Place of Residence** | | |
| City | 35 | 66 |
| Village | 18 | 34 |
| **Monthly income** | | |
| Less than 350$ | 50 | 94.3 |
| More than 351$ | 3 | 5.7 |
| **Education** | | |
| Not educated | 10 | 18.9 |
| Elementary | 2 | 3.8 |
| Primary | 15 | 28.3 |
| Secondary | 14 | 26.4 |
| Diploma | 7 | 13.2 |
| University | 5 | 9.4 |
| **Occupation** | | |
| Unemployed | 27 | 50.9 |
| Employee | 18 | 34 |
| Simple worker | 8 | 15.1 |

### Types and severity of traumatic events

Palestinian males besides being exposed to home demolition expose to other types of traumatic events. Each one exposed to mean 11.17 traumatic events (SD=3.1). The most common traumatic events were: Watching mutilated bodies in TV (100%), hearing the shootings and bombardment (100%), witnessing the signs of shelling on the ground (100%), hearing the sonic sounds of the jetfighters (100%), witnessing firing by tanks and heavy artillery at neighbor's homes (94.3%), and hearing shelling of the area by artillery (88.7%). While the least common traumatic events were : Threatened to death by being used as human shield to arrest your neighbors by the army (13.2%), shooting by bullets, rocket, or bombs (9.4%), physical injury due to bombardment of your home (1.9%) (Table 2).

**Table 2:** Types and severity of traumatic events

| No. | Trauma | No | % |
|---|---|---|---|
| 1 | Watching mutilated bodies in TV | 53 | 100 |
| 2 | Hearing the shootings and bombardment | 53 | 100 |
| 3 | Witnessing the signs of shelling on the ground | 53 | 100 |
| 4 | Hearing the sonic sounds of the jetfighters | 53 | 100 |
| 5 | Witnessing firing by tanks and heavy artillery at neighbors homes | 50 | 94.3 |
| 6 | Hearing shelling of the area by artillery | 47 | 88.7 |
| 7 | Hearing killing of a friend | 36 | 67.9 |
| 8 | Witnessing assassination of people by rockets | 34 | 64.2 |
| 9 | Destroying of your personal belongings during incursion | 31 | 58.5 |
| 10 | Witnessing firing by tanks and heavy artillery at own home | 30 | 56.6 |
| 11 | Deprivation from water or electricity during detention at home | 30 | 56.6 |
| 12 | Being detained at home during incursions | 29 | 54.7 |
| 13 | Hearing killing of a close relative | 22 | 41.5 |
| 14 | Threaten of being killed | 12 | 22.6 |
| 15 | Threaten by shooting | 12 | 22.6 |
| 16 | Deprivation from going to toilet and leave the room at home where you was detained | 11 | 20.8 |
| 17 | Threaten by telephoned to evacuate your home before bombardment | 8 | 15.1 |
| 18 | Threaten of family member of being killed | 8 | 15.1 |
| 19 | Beating and humiliation by the army | 7 | 13.2 |
| 20 | Threatened to death by being used as human shield to arrest your neighbors by the army | 7 | 13.2 |
| 21 | Shooting by bullets, rocket, or bombs | 5 | 9.4 |
| 22 | Physical injury due to bombardment of your home | 1 | 1.9 |

### Post traumatic stress disorder

The study subjects reported different symptoms of PTSD. The most common symptoms were: difficulty enjoying things (35.8%), painful imagoes or memories of the events. (33.9%), jumble easily started (26.4%), and distant or cut off from others people (20.7%). The mean PTSD scale scores were 39.6 (SD=10.12%). While mean re experiences scores was 11.87


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(SD=3.27), mean avoidance subscales cores was 14.87 (SD= 4.62), and arousal mean scores was 12.32 (SD=4.72). Considering the DSM-IV criteria for diagnosis of PTSD (one symptom of re experiences, 3 avoidance, and 2 hyper arousal symptoms), 34% of the subjects scored as PTSD and 66% of them reported no PTSD (Table 3).

**Table 3:** Means and standard deviations of PTSD and subscales.

| | N | Minimum | Maximum | Mean | SD |
|---|---|---|---|---|---|
| PTSD | 53 | 20 | 64 | 39.06 | 10.1 |
| Re experiences | 53 | 7 | 18 | 11.87 | 3.27 |
| Avoidance | 53 | 7 | 26 | 14.87 | 4.62 |
| Arousal | 53 | 5 | 25 | 12.32 | 4.72 |

## General health questionnaire results

The results showed that mean total scores of general health questionnaire was 14.21 (SD=6.24), mean anxiety was 4.89 (SD=2.19), mean social dysfunction was 3.49 (SD=1.98), mean somatic complaints was 3.25 (SD=2.40), and mean depression was 2.58 (SD = 1.88). Considering the cutoff point of 4/5 of GHQ-28, 48 of the study sample were considered as psychiatric cases (91.6%) and need more assessment, while 5 of subjects were free of psychiatric problems (9.4%) (Table 4).

**Table 4:** Means and standard deviation of GHQ-28 and subscales.

| | Mean | SD |
|---|---|---|
| GHQ total | 14.21 | 6.24 |
| Anxiety | 4.89 | 2.19 |
| Social function | 3.49 | 1.98 |
| Somatic | 3.25 | 2.4 |
| Depression | 2.58 | 1.88 |

## Coping strategies

The results showed than mean Ways of Coping Scale mean scores was 100.6 (SD=16.7), positive reappraisal mean was 20.8 (SD=5.5), self controlling mean was 17.9, 9SD =3.5), wishful thinking mean was 17.3 (SD=3.6), planful problem solving mean was 12.9 (SD=3.1), loyalty mean was 12.4 (SD = 3.3), escape-avoidance mean was 10.2 (SD=3), and accepting responsibility mean was 9.1 (SD =2.1) (Table 5).

**Table 5:** Means and standard deviation of ways of coping scale.

| Coping scales | Means | SD |
|---|---|---|
| Total coping | 100.6 | 16.7 |
| Positive reappraisal | 20.8 | 5.5 |
| Self-controlling | 17.9 | 3.5 |
| Wishful thinking | 17.3 | 3.6 |
| Planful problem solving | 12.9 | 3.1 |
| Loyalty | 12.4 | 3.3 |
| Escape-Avoidance | 10.2 | 3 |
| Accepting Responsibility | 9.1 | 2.1 |

## Relationship between PTSD and coping strategies

In order to find the association between the PTSD and coping strategies, t independent test was conducted in which PTSD/No PTSD according to DSM-IV criteria was the dependent variable and coping scale and subscales were the independent variables. The results showed that subjects having PTSD used more wishful thinking (t = -3.44, p < 0.001), positive reappraisal (t =-3.8, p< 0.001), loyalty (t =-4.32, p< 0.001), accepting responsibility (t =-3.66, p< 0.001), self controlling (t =-3.15, p< 0.003), and total coping strategies than non PTSD subjects, while no association between PTSD and escape-avoidance coping strategies (t =-0.75 p< 0.0.45) (Table 6).

**Table 6:** T independent test for PTSD and coping strategies.

| | PTSD | Mean | SD | t | p |
|---|---|---|---|---|---|
| Wishful thinking | No PTSD | 16.15 | 3.19 | -3.47 | 0.001 |
| | PTSD | 19.5 | 3.47 | | |
| Planful problem solving | No PTSD | 11.94 | 2.4 | -3.44 | 0.001 |
| | PTSD | 14.78 | 3.47 | | |
| Positive reappraisal | No PTSD | 18.85 | 4.31 | -3.8 | 0 |
| | PTSD | 24.33 | 5.91 | | |
| Loyalty | No PTSD | 11.09 | 2.75 | -4.32 | 0 |
| | PTSD | 14.67 | 2.95 | | |
| Accepting Responsibility | No PTSD | 8.33 | 1.88 | -3.66 | 0.001 |
| | PTSD | 10.39 | 1.97 | | |
| Self-controlling | No PTSD | 16.88 | 2.93 | -3.15 | 0.003 |
| | PTSD | 19.89 | 3.8 | | |
| Escape-Avoidance | No PTSD | 9.94 | 2.95 | -0.75 | 0.454 |
| | PTSD | 10.61 | 3.2 | | |
| Total coping strategies | No PTSD | 93.18 | 11.71 | -5.36 | 0 |
| | PTSD | 114.17 | 16 | | |

## Association between trauma, PTSD, mental health, and coping strategies

In order to find the association between trauma, PTSD, mental health problems and coping strategies, Pearson correlation test was performed. The results showed that total traumatic events was positively correlated with PTSD (r=0.34, p=0.001), GHQ (r=0.39, p=0.001), anxiety (r=0.38, p=0.001), social dysfunction (r=0.38, p=0.001) depression (r=0.38, p=0.001), total coping strategies (r=0.14, p= 0.001), wishful thinking (r=0.44, p=0.001), loyalty (r=0.31, p=0.001), and self controlling (r=0.328, p=0.001). While PTSD was correlated positively with GHQ (r = 0.55, p = 0.001), somatic (r=0.36, p=0.001), anxiety (r=0.50, p=0.001), depression (r=0.53, p=0.001) coping strategies (r=0.64, p=0.001), wishful thinking (r=0.47, p=0.001), planful problem solving (r=0.47, p=0.001, loyalty (r= 0.56, p=0.001), and accepting responsibility (r=0.57, p= 0.001) (Table 7).


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**Table 7:** Pearson correlation coefficient test of PTSD, mental health, and coping strategies

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Total trauma | 1 | | | | | | | | | | | | | |
| PTSD | 0.34** | 1 | | | | | | | | | | | | |
| GHQ | 0.39** | 0.55** | 1 | | | | | | | | | | | |
| Somatic | 0.05 | 0.36** | 0.80** | 1 | | | | | | | | | | |
| Anxiety | 0.38** | 0.50** | 0.81** | 0.63** | 1 | | | | | | | | | |
| Social dysfunction | 0.38** | 0.22 | 0.72** | 0.46** | 0.34** | 1 | | | | | | | | |
| Depression | 0.38** | 0.53** | 0.60** | 0.15 | 0.36** | 0.36** | | | | | | | | |
| Total coping strategies | 0.14* | 0.64** | 0.32** | 0.16 | 0.28** | 0.09 | 0.42** | 1 | | | | | | |
| Wishful thinking | 0.44** | 0.47** | 0.41** | 0.15 | 0.27 | 0.42** | 0.40** | 0.64** | 1 | | | | | |
| Planful problem solving | -0.2 | 0.47** | 0.07 | 0.05 | 0.01 | -0.09 | 0.23 | 0.73** | 0.22 | 1 | | | | |
| Positive reappraisal | 0.02 | 0.56** | 0.22 | 0.09 | 0.25 | -0.11 | 0.43** | 0.81** | 0.26 | 0.64** | 1 | | | |
| Loyalty | 0.31** | 0.56** | 0.42** | 0.24 | 0.47** | 0.24 | 0.31** | 0.77** | 0.60** | 0.34 | 0.60** | 1 | | |
| Accepting responsibility | -0.06 | 0.57** | 0.16 | 0.14 | 0.19 | -0.16 | 0.29** | 0.75** | 0.23 | 0.70** | 0.75** | 0.45** | 1 | |
| Self-controlling | 0.28** | 0.21 | 0.17 | 0.1 | 0.06 | 0.19 | 0.17 | 0.57** | 0.53** | 0.37** | 0.24 | 0.32** | 0.23 | |
| Escape-avoidance | -0.2 | 0.22 | 0.02 | 0.03 | 0.02 | -0.08 | 0.09 | 0.45** | 0.19 | 0.28** | 0.21 | 0.31 | 0.27 | 0.01 |

## .Discussion

The aim of the study was to investigate the effect of trauma such as home demolition and other traumatic events on mental health of male Palestinian ways of coping to overcome such trauma. Palestinian males besides being exposed to home demolition expose to other types of traumatic events. Each one exposed to mean 11.17 traumatic events. Our study showed that the most common traumatic events were: witnessing own home demolition (100%), watching mutilated bodies in TV (100%), watching mutilated bodies in TV (100%), hearing the shootings and bombardment (100%), witnessing the signs of shelling on the ground (100%), hearing the sonic sounds of the jetfighters (100%), witnessing firing by tanks and heavy artillery at neighbor's homes (94.3%), and hearing shelling of the area by artillery (88.7%).

Considering the DSM-IV criteria for diagnosis of PTSD, 34% of the subjects scored as PTSD and 66% of them reported no PTSD. [1] in study of 200 families found that the most common traumatic events reported by parents were: watching mutilated bodies and wounded people on TV (98.5%), witnessing the signs of shelling on the ground (95%), hearing the sonic sounds of the jetfighters (94%), and witnessing bombardment of other homes by airplanes and helicopters (93%). Parents reported a mean number of 8.5 traumatic events. Considering a cut-off score of 50 or more on the PTSD scale, 120 parents (60%) had symptoms of potential clinical significance.

[2] in study of sample included 374 adults aged from 22 to 65 years. Results showed that total number of traumatic events experienced by each participants were 13.8 traumatic events Palestinians experiences variety of traumatic events: The most common reported traumatic events were: 95.7% said they hear of shelling and bombardment of the their area, 94.7% reported watching mutilated bodies in TV, 92.8 % reported seeing the bombardment effects on ground, 71.7% said they had lack of water, food and electricity during the war, and 72.2% said they moved to save place during the war.

Each person reported 13.80 traumatic events. Using scoring of DSM-, 248 people rated as PTSD which represented 66.6 % of the sample. [3] in a sample consisted of 502 randomly selected subjects from 5 areas of the Gaza Strip. The most commonly reported traumatic experiences were hearing shelling of the area by artillery (99.4%), hearing the sonic sounds of the jetfighters (98.8%) hearing the loud voice of Pilotless plans (98.6%), watching mutilated bodies in Television (98%) and witnessing the signs of shelling on the ground (90.2%). Mean exposure to 8.8 traumatic events. In a sample consisted of 210 people selected from three of the most affected areas by flooding in 2014 due to Alexa storm in Gaza Strip.

Mean traumatic events experienced were 7.8. The study showed that 34.8% reported full criteria of PTSD. There were no statistically significant differences in PTSD total scores and subscales and sex of participants [11]. In a recent study of study includes 200 parents and 200 children living in the middle area of the Gaza Strip .The results estimated mean traumatic experiences for parents was 8.42, prevalence of PTSD in parents was 60% [12]. Similarly, in another study investigated the effect of trauma due to Gaza war on 374 Palestinians' adults PTSD and copings strategies. Mean traumatic events experienced 5.4 traumatic events [13].

Similarly Joshua et al. [14] in a study explores trauma exposure, posttraumatic stress disorder (PTSD) symptoms and diagnosis, and PTSD symptom associations with key presenting


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problems in male intimate partner violence (IPV) perpetrators. Seventy-seven percent of participants reported past trauma exposure, 62% reported multiple trauma exposures, and 11% screened positive for a probable diagnosis of PTSD. PTSD symptom levels were significantly correlated with depression, alcohol and drug use, general violence, and all indicators of relationship maladjustment and abuse. Platts-Mills et al. [15] in study the risk factors for and consequences of post-traumatic stress disorder (PTSD) among older adults evaluated in the emergency department (ED) following motor vehicle collision (MVC). Of 223 patients, clinically significant PTSD symptoms at 6 months were observed in 21%. PTSD symptoms were more common in patients who did not have a college degree, had depressive symptoms prior to the MVC, perceived the MVC as life-threatening, had severe ED pain, and expected their physical or emotional recovery time to be greater than 30 days.

Considering the cutoff point of 4/5 of GHQ-28, 48 of the study sample were considered as psychiatric case (90.6%) and need more assessment. The most common used copings strategies were: I prayed more (70.6%), I had hoped for a miracle (52.8%), and I stood firm and fought for what I want (32.1%). The results showed than mean coping was 100.6, positive reappraisal mean was 20.8, self-controlling mean was 17.9, wishful thinking mean was 17.3 (SD=3.6), planful problem solving mean was 12.9, loyalty mean was 12.4, escape-avoidance mean was 10.2 and accepting responsibility mean was 9.1.

The results showed that total traumatic events were positively correlated with PTSD, total GHQ-28, anxiety, social dysfunction, depression, total coping strategies, wishful thinking, loyalty, and self-controlling. While PTSD was correlated positively with total GHQ-28, somatic, anxiety, depression coping strategies, wishful thinking, planful problem solving, loyalty, and accepting responsibility. Such findings were consistent with study of [16] of 392 university students in Gaza Strip. The study showed that 28% had severe anxiety to very severe anxiety. There was no significant difference in anxiety according to gender.

The study showed that 14.2% of university students had moderate to severe depression. The results showed that mean total coping was 42.02, positive reappraisal was 25.96, self-control was 19.87. The result showed no significant differences in all coping strategies according to gender. Our study findings consistent with previous study of [13] in which the study showed than mean Brief Symptom Inventory was 64.97. The results showed that Palestinian families coped with stressful situations by: 75% said that is God wish, 39.7% said they will ask for advice from relatives and grandparents, and 35.3% attending religious meetings.

The results showed that mean total coping of family was 109.17, acquiring social support mean was 16.37, reframing mean was 30.64, seeking spiritual support mean was 16.37, positive appraisal mean was 13.83, and mobilizing family to acquire and accept help mean was 14.83. Similarly, in another study investigated the effect of trauma due to Gaza war on 374 Palestinians' adults PTSD and copings strategies. 42% reported full criteria of PTSD. Mean coping scores was 107.28, acquiring social support mean was 29.59, reframing mean was 31.22, seeking spiritual support mean was 15.93, mobilizing family to acquire and accept help mean was 14.14, and positive appraisal mean was 13.89.

Traumatic events were significantly negatively correlated to other coping strategies such as reframing and mobilizing family to acquire and accept help. Participants with no PTSD scored more coping, acquiring social support, reframing, and seeking spiritual support, positive appraisal. While, there was no significant differences in mobilizing family to acquire and accept help with PTSD [17]. In another study [18] to find the relationship between job stressors, coping strategies and resilience among Palestinian nurses working in Gaza Strip. The mean score of nurse's work stressors was 88.7.

Nurses commonly find comfort in religious beliefs, think about what steps to take, come up with strategy about what to do about situation what to do, and learn to live with situation as coping strategies with stress. While, use drugs to feel better and to get through was the least commonly used coping strategies. Nurses said that overcome the stressors and had resilience by believing that things happen for a reason, God is helping, and they were pride of their achievements.

## Clinical applications

The present study has implications for clinical practice. Our findings showed that home demolition is very traumatic event for the Palestinian people. Such rate of PTSD highlighted the needs for psychosocial programs targeting adults including different types of intervention including psycho education and stress management. Also, other therapies for trauma-related disorders ranging from trauma counseling, psycho-dynamic and cathartic approaches, and cognitive-behavioural techniques. With the knowledge that the coping mechanisms wishful thinking, seeking social support, and escape avoidance contribute to PTSD in war trauma-exposed individuals, interventions that are aimed at reducing these maladaptive coping mechanisms may play an important role in preventing post-traumatic stress symptoms.

## Study limitations

There are several limitations within this study that deserve consideration. For instance, this sample was selected only from the people exposed to home demolition and there was no control group. The other limitation, that we interviewed the adults and not included the other family member.

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