

## Traumatic experiences among mothers of Palestinian prisoners

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### **Abstract**

The current study examined the traumatic experiences among mothers of Palestinian prisoners. A representative purposive sampling design consisted of forty participants from Jerusalem suburbs, specifically at abu Dis and Ezaria, was used. Data was collected using a 20-item questionnaire developed by the research team. The findings demonstrate that traumatic experiences are prevalent among the mothers of Palestinian prisoners. Of the Palestinian mothers surveyed, 72.3% reported traumatic experiences. Current statistics revealed that number of household members and level of education were significant predictors for traumatic experiences among Palestinian prisoners' mothers. Mothers still carry greater part of the pain due to the absence of their detained sons.

**Key words:** *Traumatic experiences, prisoners mothers, Palestine, occupation.*

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## Introduction

The term trauma in general and traumatic experiences in conflicted societies in particular has been applied in many disciplines including psychology and social sciences, and addressed as a multi-dimensional phenomenon.

The Palestinian experience under Israeli occupation was and still is the most tragic one in terms of the victims and violence it has left behind, as a result of acts of killing, injury, handicap, physical and psychological torture which is exercised in the form of house demolition, confiscation of lands and water, arrests, raids, pursuits and other forms of violence (Banat, 2010). Palestinians have faced one of the most brutal occupations that history has ever known who brought destruction and hatred to this region of the world more than a century ago. In fact, the key date of 1948 itself engendered a traumatic experience that is unerasable from the collective memory of Palestinians (Banat, 2014).

According to Morina et al. (2010) civilian war survivors seeking treatment reported multiple war-related traumatic events and high levels of psychiatric morbidity; and individuals assessed at follow-up reported no change in post-traumatic stress symptoms or psychological well-being. In the same context, Ramahi (2013) indicated that the phenomenon of prisoners of war is one of the most significant consequences of conflict between nation states or in countries subject to occupation. There is no doubting the fact that the experiences of these individuals are brutal and constitute severe trauma psychologically, socially or economically.

Since the onset of the Palestinian Nakba, the Zionist occupation has inflicted multiple forms of torture and suffering upon Palestinians in their homeland; the worst and most intense according to Palestinians experiences that the Palestinian people had to undergo are the occupation policies of arrest and detention in the Israeli Zionist prisons under the pretext of any suspected patriotic or political activity, or those Palestinians who are accused of instigation against the Zionist entity or might constitute a threat to its security. Subsequently, Israeli prisons are overcrowded with Palestinian detainees of all ages and political affiliations. The phenomenon of prisoners is considered one of the biggest dilemmas preoccupying the Palestinian society.

A report published by the Palestinian Central Bureau of Statistics (2014) has revealed that since 1967 the Israeli occupation authorities have detained approximately 805,000 Palestinian civilians; representing approximately 25 percent of the Palestinian population in the occupied territories. As a result more than 70 percent of Palestinian families have had at least one member of their family detained at one time or another. This includes the detention of individuals from every stratum of Palestinian society; women, children, the young and the old; no one is spared.

Prisoners' families are suffering from systematic traumatic experiences staged against them by the Zionist occupation authorities in order to strangle and burden them psychologically, financially and physically in their daily life as long as their son is held in captivity. The aim of such traumatic experiences is to break the will of the Palestinian people and destroy its morale (Abu Khadija, 2011). One of the most common forms of provocation practiced against prisoners is the arrest of their family member including their fathers, the mother, the wives or children so as to destroy the morale of the prisoner in an attempt to compel them to confess to the charges leveled against them.

Furthermore, several members of the families of the prisoners suffer from the occupation army raids of their homes at any time without any consideration or observation of the house privacy; they brutally and savagely enter their homes and destroy all the furniture and property. Additionally, the Israeli Authorities have enforced inhumane measures which are implemented during family visits to their son in detention following the year 1967. Under the pretext of security precautions, several new laws were enforced and dictated that only first degree relatives, namely father, mother, wife and children under thirteen years are permitted to visit their son in captivity. This measure deprived many relatives and friends from making such visits. It is worth mentioning that these visits do not exceed one hour in most cases, and take place behind thick barriers that separate prisoners from their families. Moreover, Palestinians experience several provocations and insults at security checkpoints which constitute the horrible and dreadful forms of human deprivation (Lafi, 2005).

According to the Prisoner Support and Human Rights Association – Addameer (2014) there are different violations that Palestinians prisoners are subjected to, in

contravention of Article 76 of the Fourth Geneva Convention, and has raised alarm bells among several Palestinian and international organizations, including interrogation, torture, ill treatment, isolation, and medical negligence, denial of family visits and administrative detainees, which considered an unethical social behavior that violates the Universal Declaration of Human Rights.

In short, a variety of inhumane practices and violations are carried out against Palestinian detainees and their families in contravention of international humanitarian laws and conventions. This has resulted in a large majority of them suffering from various physical and psychological traumatic disorders (Ramahi, 2013).

### **Background and Literature Review**

The American Psychiatric Association-APA (2000) specifically defines trauma as direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity; or witnessing an event that involves death, injury, or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate.

Historically, trauma occurs when human beings are exposed to sudden and unexpected overwhelmed negative events including natural phenomena such as earthquakes or by man-made phenomena such as wars, domestic violence, and forced migration (Altawil et al., 2008).

A traumatic event may involve: a move to a new location; anxiety; death of a friend, family member, or pet; divorce; fear; hospitalization; loss of trust; pain; physical injury or illness; separation from parents; terrorism or mass disaster; and violence or war (Levetown, 2008). According to Kammerer & Mazelis (2006) living through traumatic events changes the ways the self and the world are experienced; and trauma experienced by an individual can be a single event or it can be repeated events over days, months, or years.

Post-traumatic stress disorder (PTSD) is the most widely known impact of trauma but also for other complex reasons, trauma's impact is often seen in terms of symptoms of

psychological disorders. Furthermore, empirical studies found a positive correlation between traumatic experiences, and PTSD. People who have been exposed to previous traumatic experiences are more likely to develop mental health difficulties (Widom, 1999; Altawil et al., 2008).

According to DSM-IV criteria for PTSD, the person who has been exposed to a traumatic event in which both of the following have been present: the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others; and the person's response involved intense fear, helplessness, or horror (APA, 2000).

PTSD is an anxiety disorder characterized by a traumatic stressor leaving one to continuously have negative thoughts about the experience. According to the APA (2000) symptoms often appear within three months after a traumatic event, but may be delayed months or even years. The severity, proximity, and duration of a person's exposure to the traumatic event are the best predictors for determining who is most likely to develop.

Those who suffer from PTSD exhibit three types of symptoms: re-experiencing the traumatic event in their minds; avoidance of situations that remind them of the traumatic experience and numbing of general feelings; and arousal of emotions resulting from exposure to situations that remind them of the traumatic experience (Horowitz, 1986; Reichert & Bostwick, 2010). In same context, trauma and subsequent PTSD may cause avoidance of situations or activities that remind victims of the original trauma which may interfere with interpersonal relationships, or lead to marital conflict, divorce, or loss of job (Mental Health Today, 2014).

Meanwhile, other responses to trauma include feelings of ineffectiveness, shame, despair, or hopelessness; feeling permanently damaged; a loss of previously sustained beliefs, hostility; social withdrawal; feeling constantly threatened; impaired relationships with others; or a change from the individual's previous personality characteristics (Reichert & Bostwick, 2010). In this regards, Loureiro (2010) indicated that there are some factors which can also amplify the probability of developing chronic PTSD such as the characteristics of the stressor; severity and

duration of the traumatic event; existence of physical injury; level of interpersonal violence; the person's past history; personality security and support received after the trauma; accessibility of treatment; and the availability and quality of social support that leads to interpersonal and intrapersonal problems, mostly: psychiatric disorders; attempted suicide; family and conjugal issues; sexual problems; depression; poor emotional relations with close family; reduced coping; and psychosomatic problems.

Moreover, any traumatic event is persistently re-experienced in one or more of the following ways: recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions; recurrent distressing dreams of the event; acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur upon awakening or when intoxicated; intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event; and physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event (APA, 2000; Muhtasib, 2010).

Furthermore, trauma victims and those suffering from PTSD are at increased risk for additional mental and physical health problems. There is increased risk of panic disorder, agoraphobia, obsessive-compulsive disorder, social phobia, depression, somatization disorder, suicide, and substance-related disorders (Mental Health Today, 2014; Reichert & Bostwick, 2010).

Additionally, trauma can cause many different immediate effects such as extreme weakness, defenselessness or despair, fear, numbness, distorted perception or disassociation (Loureiro, 2010). After a trauma, people often react immediately, although the majority can assimilate the traumatic episode and recuperate in a moderately short period of time (Litz & Roemer, 1996; Loureiro, 2010). Also, biological responses to trauma are expected reactions in human beings; mainly fight, flee or freeze (Van Der Kolk, 1994; Heim & Nemeroff, 2001).

The notion of traumatic experiences has been widely researched within the previous literature; the research team referred to some of these related empirical studies as follows. A recent study by Kao et al. (2014) found that prisoners as a vulnerable

population experience higher rates of trauma than community populations; and social support is important for both imprison adjustment and post-release community re-entry. The study of Ramahi (2013) indicated that the phenomenon of prisoners of war is one of the most significant consequences of conflict between nation states or in countries subject to occupation; and the experiences of these individuals are brutal and constitute severe trauma psychologically, socially or economically, due to the prolonged separation from their communities, families and loved ones as well as the torture, oppression, humiliation and deprivation of liberty they have experienced at the hands of their captors.

Moreover, Khamaysa (2012) revealed that the families of Palestinian suicide martyrs (Istishhadiyin) experienced a moderate level of traumatic loss experiences; and it was found that age positively correlated with such traumatic loss experiences. The study of Iswoud (2011) found that the level of psychological security and mental toughness among the wives of Palestinian prisoners in Israeli jails is moderate; and psychological security correlated positively with mental toughness. Meanwhile, Loureiro (2010) found that effects of a family member's imprisonment on children parallel children's experiences of bereavement; this includes deterioration in behavior, in physical and mental health, and in social and financial circumstances; and imprisonment can also impact children's housing and care arrangements, schooling, victimization, substance misuse, and risk of future offending.

Furthermore, the study of Scott-Tilley et al. (2010) concluded that women and girls who have been abused experience PTSD at an extremely high rate. Also, Abdeen et al. (2008) concluded that children exposed to violent war-like and repeated political violence often experience a continued threat to life and their sense of safety, as well as a disruption of daily functioning; and extensive exposure to violence was associated with higher levels of posttraumatic distress and more somatic complaints in both the West Bank and Gaza regions. In the same context, the study of Thabet et al. (2008) found that in a sample of 100 Gaza families (200 parents and 197 children aged 9–18 years) virtually all participants had experienced traumatic events; and among parents and children, respectively, 60% and 70% met study criteria for PTSD.

Additionally, Smith et al. (2007) found several disadvantages associated with imprisonment included: housing disruption; high rates of depression and physical

illness among adults and children; permanent loss of a parent; and financial instability, poverty and debt. In another study, Lafi (2005) found that wives of Palestinian prisoners in Israeli jails reported a moderate stress traumatic experience; that negatively correlated with their level of education, and socio-economic situation. Besides, the study of Qadumi & Hilo (2003) showed a high level of posttraumatic stress disorder among the fathers and mothers of Palestinian martyrs; in favor of mothers who experienced more PTSD than fathers.

Furthermore, there are a number of themes running through the literature that provide insight into the impact of parental imprisonment on the family. According to Loureiro (2010) the experience of trauma and sometimes the development of post-traumatic stress disorder after parental imprisonment can be detrimental to children and young people.

Evidence suggests that there is a strong association between parental imprisonment and adverse outcomes for children. Children of prisoners have about three times the risk for antisocial delinquent behavior, mental health problems and other adverse outcomes, compared to their peers (SCIE, 2008). In the same context, the study of Loureiro (2010) found that imprisonment of a parent can be a very stressful and powerful traumatic event. After experiencing such a trauma, children are at higher risk of developing a post-traumatic stress disorder; separation from a parent can enhance the probability of developing problems during the child's life, and these can be present in many different dimensions.

To sum up, families whose sons are imprisoned are likely to experience more complex health, social and welfare disadvantages, including poverty, family discord, substance abuse and mental health issues than their peers (Johnson & Waldfogel, 2002; Sheehan & Levine, 2006).

### **Purpose and scope**

Until recently, the traumatic experiences of mothers of Palestinian prisoners have been poorly considered. Palestinian and international empirical studies focus more on the traumatic experiences of the prisoners themselves, children and wives. This is the first study, to the authors' knowledge, that specifically explored traumatic experiences

among the mothers of Palestinian prisoners. The general aim of the current study is to explore the traumatic experiences among the mothers of Palestinian prisoners in this occupied society. A measure for the topic of the study with demographic variables is presented; the differences of the traumatic experiences among mothers of Palestinian prisoners were also assessed.

This exploratory study aims to fill an important gap in knowledge about the traumatic experiences among the mothers of Palestinian prisoners. The current study is considered one of the leading studies that deal with the traumatic experiences among the mothers of Palestinian prisoners in this occupied society. The applications of the study might help in a better understanding of traumatic experiences among this important sector of the Palestinian society through preparation of counseling and remedial programs to alleviate their daily suffering.

### **Definition of Terms**

**Trauma:** the exposure to sudden or unexpected overwhelmed negative events (Altawil et al., 2008).

**Traumatic experience:** is an event that causes physical, emotional, psychological distress, or harm. It is an event that is perceived and experienced as a threat to one's safety or to the stability of one's world (Levetown, 2008).

**Post-traumatic stress disorder or PTSD:** is an anxiety disorder caused by a traumatic event (Reichert & Bostwick, 2010).

**Mothers of prisoners:** Palestinian women who live psychological, social and economic traumatic experiences due to the continuation of their sons' detention in Israeli prisons.

**Prisoner:** any Palestinian, who has been arrested by the Israeli authorities as a result of occupation resistance on a political, or security or military background.

## Limitations

The population of this study was limited to the mothers of Palestinian prisoners in Jerusalem suburbs, specifically at abu Dis and Ezaria areas during 2014.

## Hypotheses

Taking into consideration, the set objectives, questions and variables of the study, the study addresses the main hypotheses:

There are no statistically significant differences at  $\alpha \leq 0.05$  in the traumatic experiences among the mothers of Palestinian prisoners according to their age, household members, level of education, number of detention years, and type of detention.

In terms of the study variable, independent variables were age, household members, level of education, number of detention years, and type of detention, while the dependent variable was the traumatic experiences among the mothers of Palestinian prisoners.

## Methodology and Design

This study is quantitative in nature using a questionnaire, to explore the traumatic experiences among the mothers of Palestinian prisoners. Through the study of this experience and aims to identify such phenomena through how they are perceived by the actors in a situation, using convenient research instruments.

The target population consists of the mothers of Palestinian prisoners in Jerusalem suburbs, specifically at abu Dis and Ezaria areas 2014. The sample in this study was eventually composed of forty mothers of Palestinian prisoners purposely selected.

## Instrumentation

To assess traumatic experiences the study used questionnaire as an instrument that was developed by the research team taking into consideration the Checklist of Traumatic Experiences (CTE) worldwide. Participants were asked to complete the questionnaire in their household. The sampling survey instrument sought background information about participants' and their sons as well mainly age, number of

household members, level of education, number of detention years, and type of detention. Furthermore, traumatic experiences have been measured in a 20-item questionnaire; and 3-point Semi-Likert scale (Yes, sometimes and no) was used to measure responses.

Validation of the instrument proceeded in two distinct phases. The initial phase involved a group of referees and expert arbitrators, who provided some comments on the tool. The second phase involved the implementation of a pilot study ( $N=15$ ) to validate the survey using exploratory factor analysis. Factor loading for all items exceeded 0.65 (0.67 to 0.90), which means that those items are suitable in measuring every item of the traumatic experiences among the mothers of Palestinian prisoners.

The reliability was tested using Cronbach's Alpha and Guttman split-half coefficients to ascertain reliability and consistency of the survey. Cronbach's Alpha and Guttman split-half for the survey instrument was 0.63 and 0.60, respectively, indicating good reliability and consistency.

The socio-demographic part of the interview contained questions about age, household members, level of education, number of detention years, and type of detention. There were a total of forty completed interviews. Respondents were between 35 and 75 years of age ( $M=47.50$ ). The vast majority (80%) of their household members was over eight persons; and 67.5% had a secondary or college degree. In terms of number of detention years, 42.5% less than one year and 42.5% had more than six years of detention; and the vast majority (97.5%) of them had a security detention.

## **Data Analysis and Findings**

The questionnaire items were rated on a 1–3 Semi-Likert scale (Yes, sometimes and no). These rankings were codified into a quantitative score from 1 to 3, with higher aggregated scores indicating a stronger traumatic experience among the mothers of Palestinian prisoners and vice versa. Descriptive statistics gauged the level of traumatic experiences among the mothers of Palestinian prisoners' population. Additionally, the following statistical techniques were measured Pearson correlation,

T.test, One way analysis of variance, Tukey test, Cronbach's Alpha, Guttman Split-Half Coefficient and Factor Analysis.

The mean score of traumatic experiences among the mothers of Palestinian prisoners for the sample of forty participants was moderate ( $M = 2.17$  SD 0.26). The traumatic experiences total score showed that (72.3%) of the Palestinian prisoners' mothers had been frequently exposed to sixteen traumatic events and traumatic stressors, mostly linked to the short duration of the visit which has a psychological stress for them ( $M = 2.95$  SD 0.22); the beginning of the detention was the most difficult because of communication difficulties with my son ( $M = 2.94$  SD 0.31); my son's arrest has difficult impact upon me ( $M = 2.90$  SD 0.37); I feel upset when I see my son in jail during the visit ( $M = 2.80$  SD 0.51); the long waiting period between visits reflects negatively on my feelings ( $M = 2.73$  SD 0.59); the arrest of my son caused me mental disorders ( $M = 2.68$  SD 0.61). Besides, the prisoners mothers indicated that they no longer able to carry the pressures of life ( $M = 2.50$  SD 0.71); and they are in need of psychological support to express their feelings ( $M = 2.28$  SD 0.93); since they feel so lonely even though they are among the people ( $M = 2.25$  SD 0.80); emphasizing that they felt that life has stopped the moment when their son was arrested ( $M = 2.18$  SD 0.95).

Furthermore, the study explored demography over traumatic experiences among the mothers of Palestinian prisoners with the aim of identifying any differences. Finding shows that age, number of detention years and type of detention do not indicate any significant difference. However, it was found that household members and level of education are significant variables. In relation to household members, the differences were in favor of nuclear families ( $M = 2.48$  SD 0.16) compared to ( $M = 2.10$  SD 0.23) for extended females: T.test value was (4.351 P=0.000). As for level of education, the differences were in favor of less-educated prisoners mothers ( $M = 2.30$  SD 0.18) compared to ( $M = 2.11$  SD 0.28) for the well-educated prisoners mothers: T.test value was (2.251 P=0.030).

## Discussion

Findings of the study show that traumatic experiences are prevalent among the mothers of Palestinian prisoners. In fact, prisoners' mothers experience interpersonal

trauma at higher frequencies than others individuals in the family. In this regards, Punamäki (1986) concluded that exposure to stressful events, characteristic of Israeli military occupation and armed conflict, tended to deteriorate women's mental health, as indicated by severe anxiety, depression, hostile feelings and psychiatric symptoms, and also deteriorating their general health.

The most anguished on the loss of an imprisoned son are first mothers then wives and finally children. The mother waits impatiently for the moment her son is released. She is constantly anxious for him and his image preoccupies her mind and never leaves it. It is the mother who has to frequently visit human rights societies, lawyers and prisons hoping to receive or hear reassuring news about her son. One would always see her in the forefront at any sit-ins and marches in support of Palestinian prisoners. Unfortunately, so many anguished mothers passed away without having the opportunity to visit their arrested sons or to see them out of prison. One should never forget the patience and sacrifice of the prisoner's father and relatives; however, we have to keep in mind that the one who suffers most is the mother.

Besides, the Palestinian women keep stressing day after day that they hold an advanced resistance position in the history of the Palestinian question. Since the outbreak of the Palestinian revolution towards resistance, the Palestinian women have freely offered their lives to redeem their precious country; she was the mother, the captive, the activist and the martyr; and was exposed the same as other Palestinian men to all sorts of Israeli violence.

Moreover, differences according to household members were also found; where traumatic experiences as a result of continuous detention of their son are more widespread among mothers in nuclear families than extended families. History of any trauma in the Palestinian society was associated with upper social support scores, taken into consideration their most tragic experience under Israeli occupation, after sixty-six years of the Nakba. In this regard, the study of Altawil et al. (2008) revealed that the support of family, friends, relatives, teachers, and spiritual leaders can be of great help. Additionally, Loureiro (2010) highlighted the importance of support given by the family at the time of the arrest and imprisonment. By the same token, Punamäki (1986) concluded that Palestinian women living under military occupation tended to appraise their environment as highly threatening and their experiences as

strain producing. At the same time they believed they had sufficient assets, especially collective and ideological resources, to deal with the stressors.

Historically, Palestinians community is based on a patrilineal kinship relation in an extended family and they care for each other in times of need. The Palestinian family has played a role and is still playing a distinctive role in the preservation of the social, cultural, political and economic identity in the Palestinian society, especially if we look at the difficult conditions and the events that the Palestinian society has been exposed to since more than sixty-six years of the Nakba and even before. The family concentration on the land means that there are face to face social relationships among individuals; they focus on the father and kinship based on blood bond. Family solidarity is often considered one of the main features of the Palestinian family where the child is raised on family solidarity at different levels including responsibility for children care and guidance (Banat, 2010). The father, mother, brothers and sisters, some aunts, uncles, and cousins take part in this, which decrease the level of traumatic experiences among the mothers.

Additionally, the study results also revealed that age, number of detention years and type of detention do not indicate any significant difference in the traumatic experiences among mothers of Palestinian prisoners. This indicates that traumatic experiences are not very much influenced by these variables and are more likely to be affected by other factors other than age, number of detention years, and type of detention.

Furthermore, findings show that well-educated prisoners' mothers have less traumatic experiences regarding the arrest of their sons, prisoners' mothers who had low educational levels experienced more rate of trauma and therefore suffered more often than others from PTSD. In this context, Firjani (1998: 3) points out that the benefits, of the essential role played by higher education in the development of backward societies, are much higher than the anticipated economic calculations. Higher education plays a substantial role in the formation of a higher level of human capital in the society. Higher education institutions lay the groundwork for the cognitive revolution of knowledge and sophisticated abilities namely, higher levels of human capital which are the main backbone for progress in this century.

Education is highly valued among Palestinians, undoubtedly education is a significant stage in the formation and development of one's personality; it represents a critical turning point in the women's life; which fulfills their aspirations, meets their abilities, preferences and interests. It also fulfills social interaction that contributes to the development of women's personality, reinforces her abilities in learning and thinking, making decisions and holding responsibility (Banat & Rimawi, 2014). All of the above are fundamental components in their coping strategies to combat such traumatic experiences.

### **Conclusion and Recommendations**

The study clearly demonstrates the pervasive nature of traumatic experiences in the lives of Palestinian prisoners' mother; suggests that imprisonment of a son can be a very stressful and powerful traumatic event; after experiencing such a trauma, mothers are at higher risk of developing a post-traumatic stress disorder. In this regard, empirical studies show that PTSD is a severe psychiatric disorder of both children and young people that can provoke distress and problems in different functional areas (Fairbank, 2008; Loureiro, 2010).

Undoubtedly, the fact that the prisoners' mothers undergo severe traumatic experiences as a result of continuous detention of their son; but in spite of their daily suffering, they were exemplary in their sacrifice, steadfastness and challenge of all brutal Israeli measures against their imprisoned sons. They are above all patient mothers who brought to this country outstanding model of heroes who painted with their blood the main features of freedom and national liberation. In light of the study results and discussion, it is essential to:

1. Offer psychological and counseling services to prisoners' families taken into consideration their needs in order to alleviate their daily suffering.
2. Publish several bulletins and brochures to raise awareness among prisoners' families on how to deal with traumatic experiences.
3. Coordinate between civil societies institutions to increase public awareness of prisoners' question and convey the suffering of their families in general and that of the mothers in particular to all international circles and colloquia.

4. Expand more understanding of traumatic experiences among Palestinian prisoners' mothers using a larger sample size and in more diverse settings.

## References

- Abdeen, Z., Qasrawi, R., Nabil, S. & Shaheen, M. (2008). Psychological reactions to Israeli occupation. International Journal of Behavioral Development, 32(1): 290-297.
- Abu Khadija, A. (2011). Families of Palestinian prisoners: suffering and pain. <http://hussamkhader.org/ar/?page=details&newsID=920&cat=31>
- Altawil, M., Nel, P., Asker, A., Samara, M. & Harrold, D. (2008). The effects of chronic war trauma among Palestinian children. In M. Parsons (Ed.) Children: The invisible victims of war: an interdisciplinary study. Peterborough-England: DSM Technical Publications Ltd.
- American Psychiatric Association-APA (2000). Diagnostic and statistical manual of mental disorders (DSM-IV-TR). Washington, DC: American Psychiatric Association.
- Banat, B. & Rimawi, O. (2014). The impact of emotional intelligence on academic achievement of Al- Quds University students. International Humanities Studies, 1(2): 12-41.
- Banat, B. (2010). Palestinians suicide martyrs (Istishhadiyin): facts and figures. PhD. Dissertation. Granada: Granada University.
- Banat, B. (2014). Sense of community among Palestinians. Asian Journal of Social Sciences & Humanities, 3(4): 197-207.
- Fairbank, J. (2008). The epidemiology of trauma and trauma related disorders in children and youth. PTSD Research Quarterly, 19(1): 1–3.
- Firjani, N. (1998). Future vision for education in the Arab world. Cairo: Arab League Educational, Cultural and Scientific Organization (Arabic version).

Heim, C. & Nemeroff, C. (2001). The role of childhood trauma in the neurobiology of mood and anxiety disorders: preclinical and clinical studies. *Biological Psychiatry*, 49(12): 1023-1039.

Horowitz, M. (1986). Stress response syndromes: a review of posttraumatic and adjustment disorders. *Hosp Community Psychiatry*, 37(3): 241-249.

Iswoud, F. (2011). Knowledge of the level of psychological security and mental toughness among the wives of Palestinian prisoners in Israeli jails in Hebron. Master Thesis. Jerusalem: Al-Quds University.

Johnson, E., & Waldfogel, J. (2002). Parental incarceration: recent trends and implications for child welfare. *The Social Service Review*, 76(3): 460-479.

Kammerer, N. & Mazelis, R. (2006). Trauma and retraumatization. After the crisis: healing from trauma after disasters expert panel meeting, April 24-25. Bethesda: MD.

Kao, J., Chuong, A., Reddy, M., Gobin, R., Zlotnick, C. & Johnson, J. (2014). Associations between past trauma, current social support, and loneliness in incarcerated populations. *Health and Justice*, 2(7): 1-10.

Khamaysa, I. (2012). Traumatic loss experiences and social adaptation among the families of the Palestinian suicide martyrs (Istishhadiyin). Master Thesis. Jerusalem: Al-Quds University.

Lafi, B. (2005). Psychological stress among wives of Palestinian prisoners and its relationship with some variables. Master Thesis. Gaza: Islamic University.

Levetown, M. (2008). Communicating with children and families: from everyday interactions to skill in conveying distressing information. *Pediatrics*, 121 (5): 1441-1460.

Litz, B. & Roemer, L. (1996). Post-traumatic stress disorder: an overview. *Clinical Psychology and Psychotherapy*, 3(3): 153-168.

Loureiro, T. (2010). Perspectives of children and young people with a parent in prison. Edinburgh: Scotland's commissioner for children and young people and families outside.

Mental Health Today (2014). Post traumatic stress disorder, DSM-IV™: diagnosis & criteria. <http://www.mental-health-today.com/ptsd/dsm.htm>

Morina, N., Rushiti, F., Salihu, M. & Ford, J. (2010). Psychopathology and well-being in civilian survivors of war seeking treatment: a follow-up study. *Clinical Psychology and Psychotherapy Journal*, 17 (2): 79-86.

Muhtasib, A. (2010). The relationship between social support and traumatic experience among the basic and the upper stage students in Hebron. Master Thesis. Jerusalem: Al-Quds University.

Palestinian Central Bureau of Statistics (2014). Palestinian prisoners: facts and figures. Ramallah.

Prisoner Support and Human Rights Association–Addameer (2014). Palestinian political prisoners in Israeli prisons. Ramallah.

Qadumi, A. & Hilo, G. (2003). Posttraumatic stress disorder and coping with it for fathers and mothers martyrs of Al-Aqsa Intifada in Nablus, Tulkarm and Qalqilia Governorates. *The Arab Gulf Journal of Scientific Research*, 89(1): 1-40.

Punamäki, R. (1986). Stress among Palestinian women under military occupation: women's appraisal of stressors, their coping modes, and their mental health. *International Journal of Psychology*, 21 (1): 445-462.

Ramahi, S. (2013). Increasing psychological and neurological illness among Palestinian prisoners. *Middle East Monitor*. [www.middleeastmonitor.com](http://www.middleeastmonitor.com)

Reichert, J. & Bostwick, L. (2010). Post-traumatic stress disorder and victimization among female prisoners in Illinois. Chicago: Illinois Criminal Justice Information Authority.

Scott-Tilley, D., Tilton, A. & Sandel, M. (2010). Biologic correlates to the development of post-traumatic stress disorder in female victims of intimate partner violence: implication for practice. *Perspectives in Psychiatric Care*, 46(1): 26-36.

Sheehan, R., & Levine, G. (2006). Parents as prisoners: maintaining the parent-child relationship. Canberra: Criminology Research Council.

Smith, R., Grimshaw, R., Romeo, R. and Knapp, M. (2007). Poverty and disadvantage among prisoners' families. Joseph Rowntree Foundation: York, England.

Social Care Institute for Excellence-SCIE (2008). Children of prisoners: maintaining family ties. <http://www.scie.org.uk/publications/guides/guide22/>

Thabet, A., Abu Tawahina, A., El Sarraj, E. & Vostanis, P. (2008). Exposure to war trauma and PTSD among parents and children in the Gaza strip. *European Child and Adolescent Psychiatry*, 17(1): 191-199.

Van Der Kolk, B. (1994). The body keeps the score: memory and the evolving psychobiology of post-traumatic stress. *Harvard Review Psychiatry*, 1(1): 253-265.

Widom, C. (1999). Posttraumatic stress disorder in abused and neglected children grown up. *American Journal of Psychiatry*, 156(8): 1223-1229.