European Journal of Clinical Pharmacy
Print ISSN: 2385-409X **Online ISSN**: 3105-0409
Website: https://farmclin.com/

Original Research Article

Coping Strategies Used by Families in Palestinian Refugee Camps During Crises

Article History:

Name of Author:
Amer Shehadeh[1], Ola Hussein[2], Omar Rimawi[3], Salah Theeb Shawamri[4], Samah Assaf[5], Fidaa Abu Al-Rub[6], Azza A. M. Mehasan[7], Khitam Abu Shwareb[8], Rina Deeb[9]

Affiliation: *[1]AL-Istiqlal University, 0000-0003-1661-4990*
[2]Al-Quds University, 0000-0002-2284-7945
[3]Al-Quds University, 0000-0002-9376-3917
[4] 0000-0002-8704-8431
[5]AL-Istiqlal University, 0009-0008-6239-737X
[6]AL-Istiqlal University, 0009-0001-3903-9995
[7]Ministry of Education, 0009-0005-9513-104X
[8]Clinical Supervisor, Gaza Community Mental Health program, -0005-0009 7543-6970
[9]Juthoor Organization, 0009-0002-9192-8084

Corresponding Author:

Received: 12-11-2025
Revised: 23-12-2025
Accepted: 13-01-2026
Published: 20-02-2026

Abstract: ***Background:*** This study examined the coping strategies used by Palestinian refugees (mothers and children) in refugee camps in the West Bank and their relationship to some demographic variables, using the Carver scale (1997). The study was conducted using a descriptive approach using a convenience sample of 194 women and 148 children from the Palestinian families under study. Among all study participants, the highest coping strategies were reported by children—according to their own perspectives, by aggregating points above 50% as follows, from highest to lowest: planning, humor, religion, use of emotional support, acceptance, active coping, use of instrumental support, and venting—and by wives as follows: mothers coping strategies—according to their own perspectives, by aggregating points above 50% as follows, from highest to lowest: acceptance, positive reframing, distraction, humor, religion, and use of instrumental support. All analyses using SPSS support the general hypothesis, which states that there are no statistically significant differences at the significance level ($\alpha \leq 0.05$) in the coping strategies used by women and their children in refugee camps attributable to all sociodemographic variables. The researchers recommended that responsible authorities formulate programs and develop services related to the stressors facing Palestinian refugees, and train them on coping strategies.

Keywords: Coping strategies; Palestinian refugees; crises; refugee camp; West Bank.Coping strategies of children and mothers used in Palestinian refugee camps during crises.

INTRODUCTION

Psychological stress is a fundamental component of the human experience, taking on more complex and dangerous dimensions in contexts characterized by political and social instability, such as the Palestinian camps. In these fragile environments, families live under difficult living conditions, where poverty and deprivation intertwine, along with the absence of security and stability, due to the ongoing occupation and protracted conflicts. Children and mothers are among the groups most affected by these conditions,

as they are constantly exposed to stressful situations and repeated traumas that directly impact their mental health and emotional balance.

The study of psychological coping strategies is of paramount importance in this context, given the pivotal role these strategies play in enabling individuals to cope with stressful situations, mitigate their negative psychological effects, and maintain a degree of positive adaptation to their surroundings. Numerous studies have confirmed that individuals' effectiveness in facing crises depends primarily on the quality of the strategies they employ to cope with stress, whether cognitive or behavioral. Coping strategies are defined as the efforts individuals make to confront internal or external demands that are perceived as beyond their capabilities or as threatening their psychological well-being (Shelef & Spector-Mersel, 2025; kar, 2024; Lazarus & Folkman, 1984).

In Palestinian camps, coping strategies represent a fundamental mechanism for psychological survival, especially in light of the structural problems families face in terms of resources, institutional support, and livelihood security. The literature has shown that individuals in these environments employ a variety of approaches, ranging from problem-oriented coping, which focuses on dealing with stressors, to emotion-oriented coping, which aims to regulate emotional responses (Dawabsheh,2017; Al-yamani, 2017; Aldabbour, Abuabada, Lahlouh. et al, 2024; Alnajar, et al, (2024).

Despite the difficult reality experienced by children in Palestinian camps, some studies indicate that they exhibit signs of optimism and life satisfaction, reflecting effective psychological coping mechanisms adapted to the cultural and social context to which they belong. It has been observed that the effects of war, particularly in the Gaza Strip, are manifested in high rates of psychological disorders such as post-traumatic stress disorder, anxiety, aggressive behaviors, and loss of control (Warsi, 2023). However, a precise understanding of the nature of these symptoms in children requires taking into account cultural specificities, which are often neglected by international interpretations (Rabaia et al., 2014).

The literature has highlighted the importance of community-based psychosocial interventions that take into account the cultural, political, and social specificities of affected groups, particularly children and mothers. Multiple studies have shown that national identity, social belonging, and spirituality play a protective role in promoting psychological well-being (Veronese et al., 2021). Furthermore, mothers constitute a fundamental pillar of psychological support for their children, despite the psychological and economic challenges they face as a result of their lived reality (Warsi, 2023).

Moudatsou et al. (2025) also demonstrated that women exposed to chronic psychological stress were able to develop effective psychological coping strategies, such as accepting and regulating emotions, through their participation in group therapy programs. The group experience was described as an empowering tool that contributed to alleviating feelings of loneliness and daily stress and enhanced women's ability to cope with challenges associated with stressful life circumstances. Vostanis (2024) demonstrated that the effectiveness of coping strategies for children in post-conflict settings depends on the suitability of psychosocial interventions to the local cultural context. The study indicated that protective factors, such as social support and community belonging.

Active coping strategies are a prominent feature in settings affected by ongoing conflict (Dawabsheh, 2017). Al-Najjar et al. (2024) demonstrated that coping strategies in a university context are associated with increased psychological resilience, which can be used to understand the educational and psychological context of children. In addition to religious and social strategies, Maryam (2023) concluded that they are among the most effective and common in Arab contexts. Psychological resilience has emerged as a crucial factor in adapting to trauma, as high levels of it have been associated with improved mental health indicators and increased prosocial behaviors (Veronese et al., 2009; Thabet & Vostanis, 2011). Programs such as safe spaces and community activities have proven effective in improving children's coping abilities (Rojas-Sandoval, 2023). At the same time, providing psychosocial support to mothers is vital to mitigate the effects of stress, especially in light of limited resources and security challenges (Daou, 2022).

Conflict has caused severe economic hardship, displacement, loss of livelihoods, and psychological trauma (Daylusan-Fiesta, 2019). The findings showed that the most common coping strategies used in many communities included emotionally based hope and aspirations for peace, focusing on survival and maintaining personal and family resilience through limited resources and community support. They demonstrate how women and children use psychological and symbolic coping mechanisms to endure trauma. They also highlight the role of community interventions and responses in mitigating long-term impacts (Alzoubi et al. 2017; Ubillos-Landa et al. 2019). Emotion-focused or avoidant coping was more prevalent among unemployed, female, older refugees with low income and fewer household members (Al-Smadi et al. 2017). James (2020) found that women employed

multiple coping strategies, including Material coping, Psychological/Social coping, and Attempting to relocate or escape dangerous situations when possible.

This study aims to explore the psychological coping strategies employed by children and mothers in Palestinian camps, analyze the factors influencing the adoption of these strategies, and measure their effectiveness in confronting recurrent stress and trauma. This in-depth understanding will contribute to the development of psychological and social intervention programs that take into account cultural and social specificities and work to enhance resilience and psychological flexibility and improve the quality of life of these groups in light of the current reality.

Methodology:

Data regarding the psychological well-being of refugees' children and their mothers were collected in 2023-2024 by the use of the Brief Cope Scale, which was filled out anonymously by 148 children themselves or by parents for children of a small age. Wives also filed 194 for the coping one. Those participants were visited at their refugee camps by the author and one of the counselors who had been trained in research methodology. Children and mothers were informed about the research and its aims, and asked for their consent to participate. The researcher remained to give support to respondents if needed. The questionnaire was accompanied by written information about the study aims, anonymity and confidentiality, the researcher's contact information, information about possible referral for mental health support, and complete instructions. The researcher returned the next week to receive the completed questionnaires. Referral for mental health support was available to all participants, upon request.

Measures:

After a sociodemographic questionnaire, investigating age and gender children, parents and children themselves were asked to complete a self-report questionnaire about Brief cope (Shehadeh, 2016; Carver, 1997), the scale has been already used in Palestinian and Arabic context and before using the scales, they were discussed in a group of six experts from Palestinian universities to verify its stability for research aims and participates.

Coping Strategies Scale-Brief cope:

Brief Cope (Carver, 1997) is a self-report questionnaire that has been widely used in research on coping strategies for adolescents (Almansori, 2014), also in Palestine (Shehadeh et al., 2016). 28 items are scored on a Likert scale from 0 (not at all) to 3 (a lot). For this study, we used the Arabic version, which is adapted to the Palestinian context. The 28-item scale is divided into 14 ways of coping according to the Carver scale (Cronbach's alpha = 0.78).

RESULTS

Analysis:

Table 1

Socio-demographic characteristics of the children

	Total group (n=148)
Gender	
Male	77 (52.1%
Female	71 (47.9%)
Age	
> 14 years	106 (71.6%)
14-19 years	42(28.4%)
Did see the night raids process	
Yes	80 (54.1%)
No	68 (45.9%)

N(%); *p<.05; ***p<0.001

table 2: Coping strategies according to Brief Cope: For children: Arithmetic averages and standard deviations of the questionnaire items**.**

N	Items	M	Percentage	The level
.1	I have been turning to work or other activities to take my mind off things.	2.01	40%	Sometimes
.2	I've been concentrating my efforts on doing something about the situation I'm in.	2.77	55%	Frequently
.3	I've been saying to myself "this is not true"	2.52	50%	Frequently
.4	I have been using alcohol or other drugs to make myself feel better.	1.26	25%	Sometimes
.5	I have been getting emotional support from others.	2.24	45%	Sometimes
.6	I have been giving up trying to deal with it.	2.39	48%	Sometimes
.7	I have been taking action to try to make the situation better.	2.06	41%	Sometimes
.8	I have been refusing to believe that it has happened.	2.38	47%	Sometimes
.9	I have been saying things to let my unpleasant feelings escape.	2.51	50%	Frequently
.10	I have been getting help and advice from other people.	1.29	26%	Sometimes
.11	I have been using alcohol or other drugs to help me get through it.	2.78	55%	Frequently
.12	I have been trying to see it in a different light, to make it seem more positive.	2.18	43%	Sometimes
.13	I have been criticizing myself.	2.89	58%	Frequently
.14	I have been trying to come up with a strategy about what to do.	2.59	52%	Frequently
.15	I have been getting comfort and understanding from someone.	2.29	46%	Sometimes
.16	I have been giving up the attempt to cope.	2.95	59%	Frequently
.17	I have been looking for something good in what is happening.	2.84	57%	Frequently
.18	I have been making jokes about it.	2.39	48%	Sometimes
.19	I have been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.	2.89	58%	Frequently
.20	I have been accepting the reality of the fact it has happened.	2.89	58%	Frequently
.21	I have been expressing my negative feelings.	2.73	54%	Frequently
.22	I have been trying to find comfort in my religion or spiritual beliefs.	3.22	64%	Frequently
.23	I have been trying to get advice or help from other people about what to do.	2.58	51%	Frequently
.24	I have been learning to live with it.	2.41	48%	Sometimes
.25	I have been thinking hard about what steps to take.	3.03	60%	Frequently
.26	I have been blaming myself for things that happened.	2.13	42%	Sometimes
.27	I have been praying or meditating.	2.37	47%	Sometimes

.28	I have been making fun of the situation.	1.77	35%	Sometimes
	The overall score of the scale	2.42	48%	Sometimes

The previous table indicates that:
Paragraphs 1, 4, 5, 6, 7, 8, 10, 12, 15, 18, 24, 26, 27, 28 are sometimes appreciated. Paragraph (4), which states, "I resort to alcohol and stimulants to help me get out of the problem," received the lowest arithmetic average, which amounted to (1.26).

Paragraphs 2, 3, 9, 11, 13, 14, 16, 17, 19, 20, 21, 22, 23, 25 were often highly rated, and Paragraph 22, which states: "I try to find comfort and reassurance by resorting to religion." On the highest arithmetic average, it reached (3.22). The total score was sometimes graded with an arithmetic average of 2.42.

Coping strategies as measured by the Brief Cope Questionnaire for children.
All analyses using the SPSS program indicate the acceptance of the whole hypothesis, which states that there are no statistically significant differences at the significance level ($\alpha \leq 0.05$) in the adaptation methods that children resort to in Palestinian refugee camps due to all socio-demographic variables. The significance level raged between (0.269-0.836), which is higher than ($\alpha \leq 0.05$), which means that the whole hypothesis is accepted.

Table 3: Arrange the axes according to the arithmetic mean in descending order:

N	Axes	M	S. D	Percentage	Level
1.	Planning	2.96	.829	59%	Frequently
2.	Humor	2.87	.810	57%	Frequently
3.	Religion	2.79	.763	56%	Frequently
4.	Use of emotional support	2.67	.900	54%	Frequently
5.	Acceptance	2.65	.803	53%	Frequently
6.	Active coping	2.58	.822	51%	Frequently
7.	Use of instrumental support	2.55	.902	51%	Frequently
8.	Venting	2.56	.762	51%	Frequently
9.	Positive reframing	2.29	.807	46%	Frequently
10.	Denial	2.29	.754	46%	Frequently
11.	Behavioral disengagement	2.27	.782	45%	Frequently
12.	Self-Plame	2.20	.878	44%	Frequently
13.	Self-distraction	2.19	.690	45%	Frequently
14.	Substance use	1.28	.731	25%	Frequently

The highest coping strategies the children obtained—according to their point of view- by accumulating points above 50% are as follows, from highest to lowest (Planning, Humor, Religion, Use of emotional support, Acceptance, Active coping, Use of instrumental support, and venting).

Wives:

table 4: Socio-demographic characteristics of the wives

	Total group (n=194)
Gender	
Married	139 (71.6)%
Separated	55 (28.4%)
Age	
18-25 years	56 (28.9%)
> 25-35 years	50 (25.8%)
>35-45 years	42(21.6%)
> 45 years	46(23.7%)
With children	
Yes	122(62.9%)
N0	72(37.1%)
Arrested children	
Yes	61(31.4%)
No	133(68.6%)
Did see the night raids process	

Yes	140 (72.2%)
No	54 (27.8%)
Total	194(100%)

Coping strategies according to Brief Cope: For mothers:

table 5: Arithmetic averages and standard deviations of the questionnaire items

N	Items	M	Percentage	The level
.1	I've been turning to work or other activities to take my mind off things.	2.24	45%	Sometimes
.2	I've been concentrating my efforts on doing something about the situation I'm in.	2.14	43%	Sometimes
.3	I've been saying to myself "this is not true"	2.23	44%	Sometimes
.4	I've been using alcohol or other drugs to make myself feel better.	2.41	48%	Sometimes
.5	I've been getting emotional support from others.	2.15	43%	Sometimes
.6	I've been giving up trying to deal with it.	2.27	45%	Sometimes
.7	I've been taking action to try to make the situation better.	2.30	46%	Sometimes
.8	I've been refusing to believe that it has happened.	2.19	44%	Sometimes
.9	I've been saying things to let my unpleasant feelings escape.	2.14	43%	Sometimes
.10	I've been getting help and advice from other people.	2.39	48%	Sometimes
.11	I've been using alcohol or other drugs to help me get through it.	2.16	43%	Sometimes
.12	I've been trying to see it in a different light, to make it seem more positive.	2.46	49%	Sometimes
.13	I've been criticizing myself.	2.34	47%	Sometimes
.14	I've been trying to come up with a strategy about what to do.	2.43	48%	Sometimes
.15	I've been getting comfort and understanding from someone.	2.70	54%	Frequently
.16	I've been giving up the attempt to cope.	3.09	62%	Frequently
.17	I've been looking for something good in what is happening.	3.19	64%	Frequently
.18	I've been making jokes about it.	3.79	76%	Frequently
.19	I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.	3.34	67%	Frequently
.20	I've been accepting the reality of the fact it has happened.	3.19	64%	Frequently
.21	I've been expressing my negative feelings.	2.69	54%	Frequently
.22	I've been trying to find comfort in my religion or spiritual beliefs.	2.59	52%	Frequently
.23	I've been trying to get advice or help from other people about what to do.	2.45	49%	Sometimes
.24	I've been learning to live with it.	2.66	53%	Frequently
.25	I've been thinking hard about what steps to take.	2.57	51%	Frequently

.26	I've been blaming myself for things that happened.	2.52	50%	Frequently
.27	I've been praying or meditating.	2.75	55%	Frequently
.28	I've been making fun of the situation.	2.53	50%	Frequently
	The overall score of the scale	2.53	50%	Frequently

The previous table indicates that: Paragraphs 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, and 23 are sometimes appreciated. Paragraph (9), which states, "I've been saying things to let my unpleasant feelings escape," had the lowest arithmetic average, which amounted to (2.14). Paragraphs 15, 16, 17, 18, 19, 20, 21, 22, 25, 26, 27, and 28 were mostly appreciated. Paragraph (19) states: "I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping." On the highest arithmetic average, which amounted to (3.34). The overall score was often appreciated, with an arithmetic mean of 2.53. Table 6: Arrange the axes according to the arithmetic mean in descending order.

N	Axes	M	S. D	Percentage	Level
1.	Acceptance	2.93	.716	58%	Frequently
2.	Positive reframing	2.86	.796	57%	Frequently
3.	Self- distraction	2.79	.394	56%	Frequently
4.	Religion	2.77	1.12	55%	Frequently
5.	Humor	2.75	.666	54%	Frequently
6.	planning	2.50	.814	50%	Sometimes
7.	Use of instrumental support	2.49	.570	49%	Sometimes
8.	Use of emotional support	2.43	.596	48%	Sometimes
9.	Self-Plame	2.43	.847	48%	Sometimes
10.	Behavioral disengagement	2.42	.832	48%	Sometimes
11.	Venting	2.42	.670	48%	Sometimes
12.	Substance use	2.28	.825	45%	Sometimes
13.	Active coping	2.22	.770	44%	Sometimes
14.	Denial	2.22	.834	44%	Sometimes

The table shows that the highest coping strategies the mothers obtained, according to their point of view, by accumulating points above 50% are as follows, from highest to lowest (Acceptance, Positive reframing, Self-distraction, Humor, Religion, Use of instrumental support).

All analyses using the SPSS program indicate the acceptance of the whole hypothesis, which states that there are no statistically significant differences at the significance level ($\alpha \leq 0.05$) in the adaptation methods that women resort to in the refugee camps due to all socio-demographic variables. The significance level ranged between (0.253-0.755), which is higher than ($\alpha \leq 0.05$), which means that the whole hypothesis is accepted.

DISCUSSION

The results showed that children in Palestinian camps use moderate levels of psychological coping strategies, reflecting the complexity of the psychological reality they face under occupation and the increasing social and economic pressures. A clear tendency toward religious and moral strategies, such as faith and spiritual beliefs, was evident, supporting the hypothesis that value-based references are important in promoting psychological balance among children in conflict settings. The use of reflective cognitive strategies, such as organized thinking and the search for meaning, was also observed. These are indicators of children's attempts to regain cognitive and emotional control, despite their young age, reflecting levels of early psychological maturity. From the researcher's perspective, these indicators represent opportunities to harness these potentials within educational and psychological programs based on building a protective and supportive environment for children. These results are consistent with studies by Albala, D. & Shapira, S. (2024), Vostanis (2024) and Veronese et al. (2009). The results also showed a decrease in reliance on social support, which may be attributed to a lack of trust or a nurturing environment that allows for the activation of this type of support. At the same time, a shift away from negative coping strategies such as drugs and alcohol was observed, a positive indicator linked to a conservative cultural and religious structure. From the researcher's perspective, these findings call for integrated interventions based on available cultural and social sources of strength, while enhancing institutional and psychological support for children in conflict settings. These findings are consistent with

the findings of Warsi (2023) and Rabaya et al. (2014).

The results also revealed that children tend to use more structured, positive coping strategies, such as planning and forethought, reflecting an advanced level of cognitive awareness and self-regulation. This pattern is a result of the accumulation of traumatic experiences that force children to develop atypical skills at an early age. Humor also emerged as a psychological defense mechanism used to relieve emotional distress and alleviate stress. This phenomenon has been observed in the field in children's behavior as a tool for overcoming daily cruelty through play and joking (Aldabbour, B., Abuabada, A., Lahlouh, A. et al. 2024). In the same context, religiosity emerges as a psychological and cultural framework that plays a central role in providing children with a sense of stability and belonging, far from being a mere ritual practice. The low use of negative strategies also indicates a collective psychological maturity, reflecting a culture of resilience instilled from the early stages of socialization. These data indicate the presence of a cohesive internal adaptation system based on a balanced interaction between psychological, social, and cultural factors, despite limited institutional support. This data is consistent with a study by Albala, D., & Shapira, S. 2024; Rojas-Sandoval, J. 2023; Thabet & Vostanis, 2011.

The results showed that mothers in Palestinian camps face severe psychological and social pressures resulting from volatile and unsafe living conditions, characterized by instability and the accumulation of family burdens. The high percentage of divorced women within the sample reflects additional pressures related to child support and the forced absence of a partner, in the absence of effective social support structures (Daylusan-Fiesta, M. 2019; James, E. A. 2020). From the researchers' perspective, the variation in the participants' age characteristics explains the difference in coping patterns, with older mothers having more established strategies compared to younger mothers, who are still in the process of building emotional skills. The results also revealed that the repeated arrest of children and constant night raids contribute to deepening psychological trauma and transforming motherhood into a focus of chronic anxiety and fear. These indicators point to the urgent need for specialized interventions that take into account the security, political, and cultural realities that frame women's lives in the camps. These interventions focus on building social support systems that enhance emotional resilience and reduce reliance on withdrawal mechanisms (Daou, 2022; Veronese et al., 2021).

They also revealed that mothers employ a combination of short-term defensive strategies, such as humor and self-distraction, and long-term, accepting strategies, such as reframing and reflective thinking. These patterns may appear adaptive on the surface, but they often conceal attempts to escape a stressful reality. According to field observations, the use of humor here does not express a desire for entertainment but rather a defensive mechanism to stabilize oneself in an environment characterized by distress and vulnerability. The data also revealed the emergence of signs of what is known as learned helplessness, manifested in the abandonment of attempts to adapt and the absence of seeking help. This reflects the impact of a collective sense of exclusion and futility, amidst the absence of societal response and weak trust in institutions. These findings reflect the need to develop psychological interventions based on the cultural reality of Palestinian women and relying on women's support networks within the community (Moudatsou et al., 2025; Alzoubi, F. A., Al-Smadi, A. M., & Gougazeh, Y. M., 2019).

Finally, the results in Table 6 demonstrate the persistence of a pattern of cognitive and emotional adaptation among mothers, with strategies of acceptance, positive reframing, and religion emerging as means of maintaining psychological balance amid a reality that cannot be changed by force. Based on the researcher's field experience, this trend can be interpreted as resulting from the absence of external coping tools, which pushes women to develop more resilient internal mechanisms. At the same time, a clear weakness was observed in the use of active coping strategies or seeking support, reflecting a practical withdrawal resulting from a loss of trust in the surrounding community. Furthermore, the low recourse to passive strategies such as denial or substance use indicates the presence of a cultural and religious deterrent that prevents women from engaging in harmful behaviors. Accordingly, these data impose the need to design integrated interventions based on a deep understanding of the context, targeting women's capacities for active coping, in addition to supporting the social and institutional environment to enhance the effectiveness of long-term psychological adaptation (Al Beainy, S., & El Hassan, K. 2023; Daou, 2022; Thabet & Vostanis, 2011).

Recommendations:

The researchers recommend conducting extensive studies that include the largest possible number of Palestinian camp residents.
The researchers recommend activating the role of civil society organizations and mental health institutions that provide mental health sessions.
The responsible sectors formulate programs and develop services related to the stressors facing Palestinian refugees and train them on coping

strategies.

References:

1. Al Beainy, S., & El Hassan, K. (2023). Coping strategies and personal growth: The case of Palestinian refugees in Shatila camp, Lebanon. Frontiers in Psychology, 14, 1083998, 1083998. https://doi.org/10.3389/fpsyg.2023.1083998.
2. Albala, D., & Shapira, S. (2024). Parent-adolescent coping with prolonged geopolitical conflict: A qualitative analysis focusing on distress and resilience. Family process, 63(3), 1502-1520.
3. Aldabbour, B., Abuabada, A., Lahlouh, A. et al. (2024). Psychological impacts of the Gaza war on Palestinian young adults: a cross-sectional study of depression, anxiety, stress, and PTSD symptoms. BMC Psychol 12, 696 (2024). https://doi.org/10.1186/s40359-024-02188-5.
4. Al-Mansoori, A. (2014). Preparing an Arabic image of the abbreviated Arabic
5. version of the scale of trends in dealing with living problems. Al-Satell Journal, 8
6. (11), pp: 83-109; University of Misurata, Libya.MD:766573.
7. http://search.mandumah.com/Record/766573.
8. Al-Najjar, Alaa al-Din al-Saeed Abdul-Jawad, Al-Najjar, Hosni Zakaria al-Sayyid,
9. and Abbas, Reham Muhammad Muhammad (2024). Academic Passion and Its
10. Relationship to Stress Coping Strategies among University Students. Journal of the
11. Faculty of Education, (115), 157-182.
12. Al-Smadi, A. M., Tawalbeh, L. I., Gammoh, O. S., Ashour, A., Alzoubi, F. A., & Slater, P. (2017). Predictors of coping strategies employed by Iraqi refugees in Jordan. Clinical Nursing Research, 26(5), 592–607. https://doi.org/10.1177/1054773816664915.
13. Al-Yamani, Abdul-Raouf, and Al-Zoubi, Nizar (2017). Stress Coping Strategies
14. among a Sample of Undergraduate Students in Faculties of Education at Public
15. Jordanian Universities. Al-Quds Open University Journal for Educational and
16. Psychological Research and Studies, 1(2). 213-246.
17. Alzoubi, F. A., Al-Smadi, A. M., & Gougazeh, Y. M. (2019). Coping strategies used by Syrian refugees in Jordan. Clinical nursing research, 28(4), 396-
18. Carver, C. S. (1997). You want to measure coping but your protocol is too long:
19. Consider the brief COPE. International Journal of Behavioral Medicine, 4(1), 92–
20. 100. doi:10.1207/ s15327558ijbm0401_6.
21. Daou, K. R. A. Z. (2022). Refugee Mothers Mental Health and Social Support
22. Needs: A Systematic Review of Interventions for Refugee Mothers. Europe's
23. Journal of Psychology, 18(3), 337–349. https://doi.org/10.5964/ejop.4665.
24. Dawabsheh, Izz al-Din Ahmad Muhammad (2017). Psychological Stress and
25. Coping Strategies among the Families of Martyrs Whose Bodies Are Being
26. Withheld by the Israeli Occupation Authorities (Unpublished Master's Thesis). Al-
27. Quds Open University, Palestine.
28. Daylusan-Fiesta, M. (2019). Coping with armed conflict: The case of the women and children in Aleosan, Cotabato. In Proceedings of the International Conference on Responsive Education & Socio-Economic Transformation (ICRESET). SSRN Electronic Journal. https://doi.org/10.2139/ssrn.3409188.
29. James, E. A. (2020). Coping strategies of women during violent conflict: The case of the Boko Haram conflict in Nigeria (Master's thesis). International Institute of Social Studies (ISS), The Hague, The Netherlands.
30. Kar, N. (2024). Coping strategies used by children and adolescents following disaster trauma: A review of associated factors and intervention options. Odisha Journal of Psychiatry, 20(2), 43–51. https://doi.org/10.4103/OJP.OJP_21_24
31. Lazarus, R. S., & Folkman, S. (1984). Stress, appraisal, and coping. Springer.
32. Maryam, Rajaa (2007). Strategies Used by Students to Cope with Psychological
33. Stress at the Faculty of Education at Damascus University. Journal of the
34. Association of Arab Universities for Education and Psychology, 5(1), 145-172.
35. Masten, A. S. (2001). "Ordinary magic: Resilience processes in development".
36. American Psychologist, 56(3), 227–238.
37. Moudatsou, M., Stavropoulou, A., Rovithis, M., Mimarakis, D., & Koukouli, S.
38. (2025). Promoting Women's Mental Health and Resilience in Times of Health
39. Crisis and Adversity via Personal Development Groups. Healthcare (Basel,
40. Switzerland), 13(9), 1035. https://doi.org/10.3390/healthcare13091035.
41. Rabaia, Y., Saleh, M. F., & Giacaman, R. (2014). Sick or Sad? Supporting
42. Palestinian Children Living in Conditions of Chronic Political Violence. Children
43. & Society, 28(3), 172–181. https://doi.org/10.1111/CHSO.12061.
44. Rojas-Sandoval, J. (2023). Interventions to

enhance psychological resilience in
45. forcibly displaced children: a systematic review. BMJ Global Health, 8(2),
46. e007320. https://doi.org/10.1136/bmjgh-2021-007320
47. Selye, H. (1976). The stress of life (Rev. ed.). McGraw-Hill.
48. Shehadeh, A., Dawani, S., Saed, M., Derluyn, I., & Loots, G. (2016). Imprisoned
49. Husbands: Palestinian Wives and Experiences of Difficulties. Community mental
50. health journal, 52(1), 118–125. https://doi.org/10.1007/s10597-015-9962-5.
51. Shelef, L., & Spector-Mersel, G. (2025). How to survive? Civilian women's
52. coping strategies in wartime captivity. Psychology of Violence, 15(3), 342–354.
53. https://doi.org/10.1037/vio0000595.
54. Thabet, A. A., & Vostanis, P. (2011). Impact of political violence and trauma in
55. Gaza on childrens mental health and types of interventions: A review of research
56. evidence in a historical context. 2(8), 214–218. https://doi.org/10.5897/IJPDS.
57. Ubillos-Landa, S., Puente-Martínez, A., Arias-Rodríguez, G., Gracia-Leiva, M., & González-Castro, J. L. (2019). Coping strategies used by female victims of the Colombian armed conflict: The Women in the Colombian Conflict (MUCOCO) Program. SAGE Open, 9(4), Article 2158244019894072. https://doi.org/10.1177/2158244019894072
58. Veronese, G., Cavazzoni, F., Fiorini, A., Shoman, H., & Sousa, C. (2021). Human
59. (in)security and psychological well-being in Palestinian children living amidst
60. military violence: A qualitative participatory research using interactive maps.
61. Child Care Health and Development. https://doi.org/10.1111/CCH.12917

62. Veronese, G., Said, M., & Castiglioni, M. (2009). Narrare il Campo profughi: i
63. bambini palestinesi come difesa della comunità sottoposta a violenza militare.
64. Narrare i Gruppi, 4(2), 1–16. http://www.narrareigruppi.it/index.php?journal.
65. Vostanis, P. Mental health provision for children affected by war and armed
66. conflicts. Eur Child Adolesc Psychiatry 33, 3293–3299 (2024).
67. https://doi.org/10.1007/s00787-024-02492-w.

68. Warsi, N. (2023). The Impact of the War in Gaza on Pediatric Mental Health.
69. Western Michigan University.

