Arab American University
Faculty of Graduate Studies
Department of Health Sciences
Master Program in Occupational Therapy

"Quality of life-related factors for female Palestinian ex-prisoners when re-entry into Palestinian community"

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Thesis Approval

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Declaration

I declare that, except where explicit reference is made to the contribution of others, this thesis is substantially my own work and has not been submitted for any other degree at the Arab American University or any other institution.

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Dedication

My deepest and heartfelt thanks to those for whom this research was conducted… for our glorious female prisoners.

Sanabel Mahmoud Musa Abu-Zaid

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Abstract

Background**:** Experiencing occupation prisons is a life-changing experience that significantly affects individual health. Releasing from occupation prisons is associated with numerous challenges, especially when reintegrating into an occupied community which raises concerns about quality of life (QoL). Research exploring QoL and its associated factors for this vulnerable group is limited, especially in Palestine, creating a significant knowledge gap and uncertainty in strategies to improve their well-being.

Objectives: This study aimed to investigate (Qol) levels of Palestinian female ex-prisoners in 2023. Additionally, it sought to identify the specific factors associated with QoL outcomes in this population.

Methods: A cross-sectional study was conducted with a snowball sample of 48 Palestinian female ex-prisoners from the West Bank. After consulting the Public and Patient Involvement (PPI) group, the study employed the World Health Organization Quality of Life self-assessment (WHOQOL), Rosenberg Self-Esteem Questionnaire (RSE), and Hospital Anxiety and Depression Scale (HADS) as the primary outcome measures. These were supplemented by socio-demographic and ex-prisoner-specific questionnaires. Data analysis was performed using SPSS version 26.

Results: QoL levels for the participants' revealed 56.5 as a mean overall quality of life, 54.2 as a mean score for physical health, 56.5 for psychological health, 64.2 for social relations, 51.3 as a mean score for the environment domain. The participants' results have 21.3 as a mean score in RSE assessment and 15.9 in HADS scale.

Conclusion**:** Palestinian females' ex-pows exhibited poor QoL by considering the 60. as a cutoff score across three domains. Additionally, the presence of anxiety and depression symptoms considered as main correlated factors. Special QoL tool for this population is recommended.

Keywords: Quality of life; Ex-prisoners; Palestinian females; QoL; Occupational injustice.

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List of Definitions of Abbreviations

Abbreviations	Title
HADS	Hospital anxiety and depression assessment.
HRQOL	Health related quality of life.
PPI	Patient public involvement
POW	Prisoner of war
RSE	Rosenberg self-esteem assessment
SPSS	Statistical package of social sciences
WHO	World Health Organization
WHOQOL	World Health Organization quality of life assessment.
Qol	Quality of Life
EX-POW	Ex-prisoner of war

Chapter One: Introduction

1.1 Background and Rationale

Palestinian women in the Gaza Strip and West Bank experience unique and severe challenges because of living under prolonged occupation. These challenges include restricted mobility, disrupted access to education and employment opportunities, and exposure to traumatic events such as the loss of relatives, home demolitions, and physical or psychological abuse during arrests (Aghabekian, 2017; Reeves, 2014; Abu-Qaoud, 2008).

Since 1967, more than 16,000 Palestinian women have been imprisoned by the occupation forces, often for prolonged periods (Alaseerat, Palestinian Information Center, 2022). Imprisonment, defined as "the act of putting someone in prison or the condition of being kept in prison" (Cambridge Dictionary, 2025), is a life-altering event. It disrupts the ability of women to maintain their physical and mental health and undermines their roles as mothers, caregivers, students, and community members (London & Myers, 2016).

During incarceration, Palestinian women are subjected to multiple forms of occupational injustice. These include occupational deprivation, where basic activities such as sleeping, performing daily living activities (ADLs), and maintaining family connections through visits are restricted (Sahiwal et al., 2019; Benavides, 2019). They also experience occupational marginalization and occupational apartheid, where personal choices and meaningful roles are stripped away (Haney, 2001; Hammell, 2017; Durocher et al., 2014).

Upon release, ex-prisoners face further barriers in social and occupational reintegration. Women may struggle to communicate and participate fully within their families and communities, leading to occupational alienation (Alan et al., 2011; Reitz & Scaffa, 2020). They also

confront challenges in securing housing, employment, and financial stability, with long-lasting effects on their mental health (Alan et al., 2011). These challenges are especially pronounced for women, whose social roles are deeply tied to caregiving and family responsibilities, thereby compounding the occupational injustices they face.

Despite the well-documented resilience within Palestinian society (Veronese et al., 2019), there remains a pressing need to focus on the liberation, advocacy, and well-being of female ex-prisoners (Diab et al., 2018). Their quality of life (QoL) is directly influenced by limited participation inside and outside prison and by the multiple forms of occupational injustice they endure. The World Health Organization (WHO) defines QoL as “an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns” (WHOQOL, n.d.). For Palestinian female ex-prisoners, QoL is intertwined with their self-esteem, mental health, and ability to reintegrate into society. Investigating these dimensions can highlight the factors that promote or hinder their overall health, enabling the development of targeted support strategies.

This study aims to assess the quality of life and explore its related factors among female Palestinian ex-prisoners who have been liberated from occupation prisons and are reintegrating into Palestinian society. The research objectives are:

- To report QoL levels in female ex-prisoners.
- To identify and analyze factors affecting QoL among female ex-prisoners.
- To examine the relationship between QoL and socio-demographic characteristics.

1.2 Research Significance

This study highlights a vulnerable and under-researched population: Palestinian female ex-prisoners. Within the field of occupational therapy, the study of QoL provides new perspectives for addressing the health and well-being of this group. By identifying the determinants of QoL, this research can guide interventions to enhance their health, participation, and social reintegration.

The findings will also inform policymakers, institutions, and community organizations in designing support services tailored to the needs of female ex-prisoners. Furthermore, occupational therapists can play a key role in supporting this population by fostering coping skills, rebuilding occupational roles, and promoting social inclusion. This research therefore addresses a critical gap in the literature and contributes to evidence-based practices for improving the lives of Palestinian female ex-prisoners.

Chapter Two: Literature Review

The literature search for this review utilized PubMed, EBSCO databases (MEDLINE, CINAHL, PMC), and the Journal of Occupational Science. Additional resources included reports from Palestinian institutions and the Commission of Detainees and Ex-Detainees' Affairs. Studies were included if they examined quality of life, occupational deprivation, or social challenges among ex-prisoners, particularly Palestinian women. Due to the limited literature, gray sources were also considered. Studies produced by occupation-related institutions were excluded.

2.1 Imprisonment experience

2.1.1 Occupational Deprivation in prison:

Imprisonment is a life-changing event that alters an individual's functional capacity and limits the fulfillment of basic occupational roles (London, 2006). For Palestinian women prisoners, incarceration not only restricts their physical freedom, but also violates fundamental occupational rights, exposing them to multiple forms of occupational injustice as a vulnerable group (Hammell & Beagan, 2017).

Occupational deprivation, defined as the state of being prevented from engaging in necessary and meaningful occupations due to external circumstances (Whiteford, 2000; Wilcock, 2011), is a central feature of imprisonment. This deprivation negatively influences women's physical and psychological health, weakens their participation in meaningful occupations, and ultimately affects their quality of life both during imprisonment and after release (Haney, 2001; Reitz & Scaffa, 2020).

In the light of the Person-Environment-Occupational Performance (PEO) model (Smith et al., 2018), the main Imprisonment deprivation

features will be divided in considering the prison's physical environment and policies, prisons occupations, prisoners' life experience, and their performance abilities.

2.1.2 Prison Environment and Policies

The structured prison environment controls nearly every aspect of prisoners' lives, limiting women's opportunities to engage in meaningful occupations (Haney, 2001). Female prisoners may be forced into monotonous or degrading activities and subjected to punishments such as solitary confinement or restricted visits (Abu-Qaoud, 2008). In certain political contexts, health care is intentionally delayed or denied, and women are subjected to sleep deprivation and other degrading practices during interrogations (Mahmud Sehwail, 2019). These policies create an environment of chronic deprivation that undermines dignity and health.

The physical conditions of prisons, often characterized by overcrowding, lack of sanitation, and restricted access to basic resources, contribute to illness and poor well-being (Abu-Qaoud, 2008). Limited access to tools, furniture, and leisure materials isolates prisoners from normal life routines and hinders any opportunity for meaningful engagement (Molineux & Whiteford, 2011). For women, these environmental restrictions may have long-term effects on both physical and emotional functioning.

2.1.3 Prison Occupations

Women in prison have very few opportunities to engage in productive or meaningful occupations. Available activities—such as limited crafts, minimal recreational tasks, or routine chores—are often carried out only as a way of passing time (Falardeau et al., 2015; Whiteford, 2011). Female ex-prisoners report that such occupations do not reflect their personal interests or pre-prison life roles, leading to feelings of imbalance and disconnection from their identities. This lack of personally meaningful engagement

deepens the sense of occupational deprivation.

2.1.4 Prisoners' life experience, and their performance abilities

Female prisoners often describe imprisonment as an experience of emptiness and disconnection. Time is perceived as slow, meaningless, and structured only around meals or release dates (Whiteford, 2011; Falardeau et al., 2015). Emotions of boredom, fatigue, and alienation dominate daily life, while negative thoughts and fears about the future remain constant (Cockburn, 2005). Many women adopt passive and self-alienated attitudes, with heightened vigilance, distrust, and emotional suppression as coping mechanisms (Haney, 2001). These experiences increase their susceptibility to long-term psychological issues, including post-traumatic stress disorder and depression.

Research on Palestinian ex-prisoners shows that many face serious challenges after their release, which affect their quality of life in many ways. In the study *Voices Behind Bars*, Palestinian women described harsh conditions in Israeli prisons, including lack of medical care, strip searches, physical abuse, and restrictions on religious practice (Maqboul, 2024). These experiences often lead to long-term psychological problems and make it hard for them to return to normal life.

Other studies support these findings. Sabbah and colleagues (2023) studied 103 former detainees from Jerusalem and found that many felt emotionally deprived. They also had difficulties adjusting to life after prison. The study showed a strong link between emotional deprivation and low psychological well-being. This means that the more emotional pain people felt, the harder it was for them to adapt and feel stable after their release. Older research on Palestinian political prisoners has also shown that torture and harsh treatment can lead to serious psychological symptoms, such as nightmares, fear, and emotional numbness. These problems often continue long after release and are made worse by poverty, harassment, and stigma (Punamäki et al., 1988; Qouta et al., 1997; Baker & Qouta, 2001). These

studies highlight how imprisonment has long-term effects on mental health and daily functioning, not just during detention but also in the reintegration period.

2.1.5 Impact on Reentry and Social Skills

Since 1967, more than 16,000 Palestinian women have been imprisoned and released (Palestinian National Information Center, n.d.). Upon liberation, many face challenges in rebuilding their social lives, including strained family relationships, difficulty in forming new social bonds, and obstacles in employment and housing (Cnaan et al., 2008). Torture, humiliation, and traumatic experiences in prison leave lasting imprints on behavior and social interaction (Abu-Qaoud, 2008), directly influencing their quality of life. Female ex-prisoners often encounter stigmatization, limited institutional support, and difficulties reintegrating into their communities (Shehadeh et al., 2016).

Several studies have examined the social and psychological consequences of imprisonment on Palestinian women and their families, highlighting the long-lasting effects of incarceration. Daraghmeh (2017) reported that families of released female prisoners frequently experienced psychological distress, social stigma, and limited institutional follow-up. The study also emphasized that the duration of imprisonment intensified these adverse effects, creating enduring burdens that persisted after release.

Similarly, Abu-Hashish (2021) investigated the social difficulties faced by Palestinian minor female ex-prisoners released between 2010 and 2018. Her findings revealed that these young women endured profound fears and anxieties prior to release, compounded by insufficient support from local institutions and media coverage. Following their release, the lack of sustained psychological and social care significantly hindered their reintegration, underlining the vulnerability of this group within the wider ex-prisoner population.

More recent analyses have also drawn attention to the deteriorating

psychological health of Palestinian ex-prisoners. An Al Jazeera report (2025) presented the case of Ahmad Manasra as an illustration of the severe psychiatric consequences that some ex-prisoners endure. Many were found to suffer from psychotic symptoms and other serious mental health conditions following their release. The report underscored the importance of family involvement, community support, and specialized psychological care in mitigating these challenges and preventing further deterioration.

Furthermore, the Palestinian National Information Center (2025) highlighted systemic neglect and discriminatory practices within Israeli detention facilities. The review documented instances of medical negligence, legal discrimination, and the denial of fundamental rights for female prisoners. These conditions were found to have far-reaching implications for women's quality of life and reintegration prospects, reinforcing the urgent need for tailored interventions and international advocacy to safeguard the rights of this vulnerable population.

2.2 Quality of Life

The WHO defines quality of life (QoL) as an individual's perception of their position in life within the context of their culture, goals, expectations, and concerns. For Palestinian ex-female prisoners, QoL is shaped by multiple interrelated domains: physical health, psychological well-being, social relationships, and community belonging (WHO, n.d.; Aikat & Gomes, 2015). Their QoL is often threatened by persistent health complications, trauma-related symptoms, and socioeconomic challenges after release. Vulnerable groups such as ex-female prisoners frequently report reduced self-esteem, depression, and anxiety, which significantly lower their perceived life satisfaction (Rosenberg, 1965; Baron et al., 2019).

2.3 Knowledge Gap

Despite the large number of Palestinian women who have experienced imprisonment, very few studies address their quality of life after release. Most existing research focuses on male prisoners or broader prisoner populations. A limited number of Arabic studies have explored the psychological and social difficulties of female Palestinian ex-prisoners, highlighting issues such as trauma during detention, lack of institutional support, and societal stigma (Abuhasheesh, 2021).

Other studies attempted to develop quality of life measurement tools for Palestinian ex-prisoners (Alkeelani, 2020), yet female-specific perspectives remain underexplored. In addition, we did not find any studies that investigated the relationship between QoL and other factors. These aforementioned gaps underscore the urgent need for research targeting the lived experiences, QoL, and rehabilitation needs of Palestinian ex-female prisoners.

Chapter Three: Methodology

This chapter presents the research methodology applied in this study. It consists of eight sections: ethical considerations, study design, study setting, study population, sampling method and sample size, participant recruitment procedures, data collection instruments, and data analysis.

3.1 Ethical Considerations

Ethical approval for this research was obtained from the Institutional Review Board (IRB) at the Deanship of Scientific Research, Arab American University, on February 11th, 2024 (Appendix 1). All participants received informed consent forms and invitation letters in Arabic, ensuring clear understanding of the study's objectives, procedures, risks, and rights. Participation was voluntary, and participants had the right to withdraw at any time without justification. Researcher contact information was provided for inquiries.

Data protection laws were strictly followed to ensure confidentiality and anonymity. No identifiable personal information was collected, and all data were securely stored with password protection accessible only to the researcher and supervisor. All questionnaires were coded to maintain anonymity.

3.2 Study Design

A quantitative research methodology was adopted for this study. Given the aim of exploring the quality of life levels and related factors among Palestinian female ex-prisoners, a cross-sectional observational design was chosen (Levin, 2006). This design was selected for its suitability in assessing associations between variables at a single point in time while being cost- and

time-effective. However, the limitation of this design is its inability to establish cause-effect relationships (Wang & Cheng, 2020).

3.3 Participants

The study population consisted of adult Palestinian female ex-prisoners reintegrated into the Palestinian community and registered with the Commission of Detainees Affairs. Inclusion criteria included: (1) age 18–65, (2) at least one month of imprisonment to ensure sufficient experience, (3) release from prison for at least one month, and (4) basic literacy or communication skills to complete the assessment. Exclusion criteria included: (1) a history of diagnosed mental illness prior to imprisonment, and (2) ongoing home imprisonment after release.

3.4 Procedure

Patient Public Involvement (PPI) defined as "research being carried out 'with' or 'by' members of the public rather than 'to', 'about' or 'for' them (Staley, 2015). As an expert, PPI group can involve in all research stages (Vinnicombe & Noyes, 2022). In order to guide, ease and redirect the research to be more focused, meaningful, accurate (Locock et al., 2016), and relevant to the population (Chew-Graham, 2018). And thus, improves research quality and declines biases and confounding variables. (Research NIfHaC, 2022)

In this study, five diverse Palestinian Female ex-prisoners consisted the PPI group. They had sufficient prison experience, with diverse educational background; from bachelor degree to postgraduate, appropriate communication skills, diverse socioeconomic status, and from several West Bank Area. They were recruited by contacting community groups and advertising by social media. In this research, PPI were consulted to present

their perspective, in identifying and prioritizing stage (Chew-Graham, 2018). In order to know if there are any considerations for the whole population, specific area to be highlighted in the literature review, sampling method, recruiting participant's procedure, and data collection procedure and data collection instruments.

Because of absence of available Specific quality of life standardized assessment for this specific population; the (PPI) group were involved in preferring the more appropriate QoL outcome measure. Moreover, they consulted the researcher to add other assessments inquire about the participant self-esteem and mental health as an assumed QoL factors for this population.

The Arabic version of World Health Organization Quality of Life-brief (WHOQOL-brief) questionnaire was chosen as a QOL measurement. To study self-esteem and mood status levels the Arabic version of Rosenberg self-esteem questionnaire in addition to the Arabic version of Hospital Anxiety Depression Scale were chosen, respectively.

Additionally, the PPI consulted the researcher to create a prison information sheet which inquire about some prison variables that may affect the participant prison experience itself and other variables that may affect liberation experience (See Appendix (5)).

3.4.1 Arabic version of WHOQOL-brief questionnaire (Appendix 2)

This self-reported instrument is a shorter form from WHOQOL-100, created by WHO in 1995. Used to measure the quality of life for individual, general population and even specific population cross-culturally (THE WHOQOL GROUP, 1996). Moreover, the questionnaire demonstrated a high psychometric measures of validity and reliability (Skevington et al., 2004).Furthermore, the Arabic version has high applicability, as it's the most commonly QOL assessment used in Arabic language although it demonstrated fairy good properties. (Al Sayah et al., 2012) studies settled to

the validity of the original assessment (Dalky et al., 2017) which is good validity (Almarabheh et al., 2021).

WHOQOL-Brief assessment consists of 26 items over four domains of QoL: physical health (seven items), psychological health (six items), social relationships (three items), and environment (eight items). In addition to another two questions inquire about the responder perspective on his overall QOL. Each item in WHOQOL assessment has one to five point scale to be responded from (very dissatisfied to very satisfy), (Not at all to Extremely\ Completely), (very poor to very good) or (Never to Always) depends on how each sentence strongly express your status. All questions are rated positively, except question number three, question number four and question 26 they have negatively rate.

Scoring was done by Summation of questions scores to have a domain score, then calculating mean score by dividing domain score on number of consisted questions. Thereafter, each mean domain transformed into score that range from four to 20 by multiplying by five. Then, review Table 4, page 11 in the manual to be converted onto a 0–100% scale as the WHOQOL-100 assessment) (*WHOQOL-BREF.pdf – iris,* 1996). The total score evaluated as mentioned in (Silva et al., 2014). Regarding the results, a score of 60 is the cutoff score (Silva et al., 2014) should be considered. So, Less than 60 means poor QoL, more than 60 means good QoL.

3.4.2 Arabic version of HADS assessments (See Appendix 3):

Hospital anxiety and depression scale (HADS) is a valid and reliable self-administered scale, developed in 1963 (Zigmond & Snaith, 1963) to be used in both hospital setting and general populations as a screening tool for mood states in non-psychiatric population aged above 17, which takes within five minutes. In addition, this assessment is widely used because the consisted questions are clear and easy to be understood (Ali & Green, 2019). In this research an Arabic version used, to fit with participant language,

which demonstrated valid and reliable (Ali & Green, 2019)

HAD consists of two sup tests, anxiety subtest and depression subtest. Each subtest consists of seven questions. Each question has a four-point scale from zero to three points, depending on how each sentence strongly expresses the participant status. Some questions have a positive sentence form, and others in the negative form. Accordingly, the likers scale may be ascending or descending. And thus, each subtest resulted a score from zero to 21 by summing all questions points.

If the participant has a domain score of zero to seven points, the interpretation will be absence of anxiety or depression. A score of eight to ten point means that the participant has mild symptoms of anxiety or depression, 11-14 points mean moderate symptoms, finally 15-21 means severe symptoms of depression and anxiety.

3.4.3 Arabic version of Rosenberg self-esteem questionnaire (See Appendix 4)

It's a common quick self-administered assessment (Sinclair et al., 2010) used for exploring individual overall self-esteem, in many context. (Rosenberg, 1965). Consists of Ten questions ranged from strongly agree to strongly disagree.as a four-point likers scale (Schmitt & Allik, 2005). Although, the user must consider that some Items must be reversal scored.

Total score resulted from calculating the ten Items scores; thus the total score ranged from zero to 30. Higher scores indicated higher self-esteem. Some studies make thresholds, scores between 26-30 considered as high self-esteem, scores ranged from 16 to 25 points considered as Normal self-esteem, and finally, zero to 15 points considered as low self-esteem (Oancea et al., 2020)

This assessment has internal consistency, Test-retest reliability, construct validity,, concurrent and predictive validity and excellent stability(Sinclair et al., 2010).In this research an Arabic version of RSE was used to be suitable

for participant language, which also has high psychometric properties (Oweis et al., 2010).

Purposeful and Snowball sampling methods were used due to the limited accessibility of this vulnerable population and the relatively small number of eligible participants (Wu Suen et al., 2014). After ethical approval, eligible participants were identified through the Commission of Detainees Affairs database. They were contacted via phone and provided with study information and consent forms. Participants were given three days to review the information before deciding to participate. Upon agreement, they completed the demographic and prison experience questionnaires.

Piloting was done with four liberated imprisoned women to avoid any sensitive questions that may lead to missing data which led to modifications to the demographics and prison demographics, some modification were done in the non-standardized assessments.

3.5 Data Analysis

Data analysis was performed using SPSS version 26. Descriptive statistics (frequencies, percentages, means, and standard deviations) were used to summarize participant characteristics and outcomes. The Kolmogorov-Smirnov test was used to check for normality. Correlations were analyzed using Pearson's correlation for normally distributed variables and Spearman's rank correlation for non-normally distributed variables. Statistical significance was set at $p < 0.05$.

Chapter Four: Results

4.1 Participants

This study included 48 participants from various areas of the West Bank. The mean age of the participants was 36.4 years (SD = 10.54) and ranged from 18 to 65 years. Regarding geographical distribution, 37.5% (n=18) were from northern West Bank cities (Nablus, Jenin, Tulkarem, Qalqelia), 35.4% (n=17) were from central cities (Jerusalem, Ramallah, Al-Bireh), and the remaining 27.1% (n=13) were from southern cities (Hebron, Bethlehem). No participants from Jericho were included.

Almost half of the participants (54.2%, n=26) lived in urban areas. Please see figure 1. Similarly, 54.2% (n=26) reported a middle economic status, earning between 3,000–9,000 Shekels per month. Regarding employment, 42.7% (n=21) were employed and almost the same percentage were currently married 47.9% (n=23). Almost half of our participants had children 52% (n=29) were mothers. None of the participants were pregnant at the time of filling the surveys. A high percentage of the participants had at least a diploma degree or higher 85.4% (n=41) with 35.4% of them obtained a new educational degree during imprisonment. See Table (4.1) for detailed demographics.

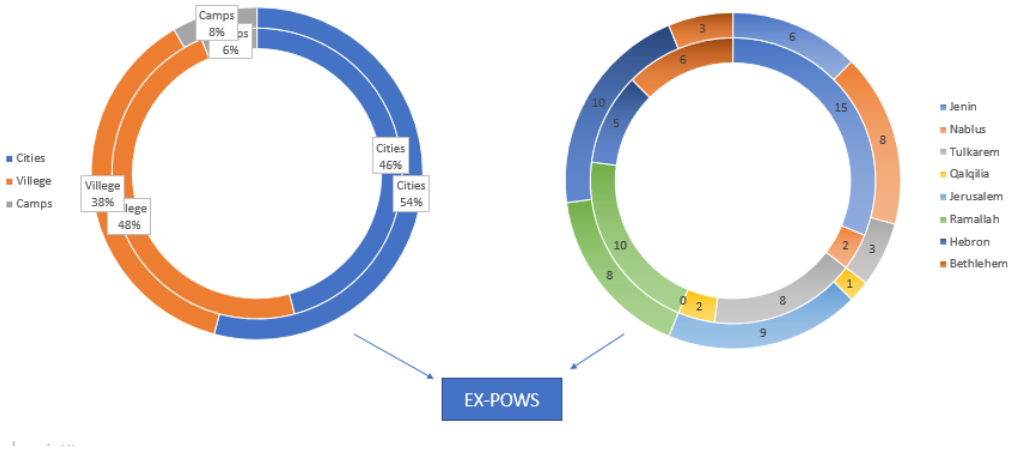

Figure (4.1): Sample distribution in West Bank

Table (4.1): General socio-demographics

	N (%)
Place of Resident	
City	26 (54.2)
Village	18 (37.5)
Camp	4 (8.3)
Living governorate	
Northern West Bank	18 (37.5)
Central West Bank	17 (35.4)
Southern West Bank	13 (27.1)
Economic status (shekels)	
Less than 3000	20 (41.6)
From 3000-5000	18 (37.5)
From 5000-9000	8 (16.7)
More than 9000	2 (4.2)

Marital status	
Married	23 (47.9)
Single	16 (33.3)
Divorced	8 (16.3)
Widow	1 (2.1)
Maternity status	
Mothers	28 (52)
Non-Mothers	20 (48)
Pregnancy status	
Pregnant	0 (0)
Non-Pregnant	48 (100)
Level of Education	
Postgraduate studies	13 (27.1)
Bachelor	26 (54.1)
Diploma	2 (4.2)
Secondary school	7 (14.6)
Work status	
employed	(45.5)
unemployed	(55.5)
Injured by occupation	
Yes	10 (20.8)
No	38 (79.2)
Facing health problems	
yes	35 (72.9)
No	13 (27.1)

Health problems	
Dental Issues	13 (27.1)
Musculoskeletal	17 (35.2)
Psychological	8 (16.7)
Ophthalmological	14 (29.1)
Other	30 (62.5)
Occupational roles	
No occupational role	5 (10.4)
one occupational role	23 (47.9)
Two occupational roles	20 (41.7)
Relationship with close family	
excellent	28 (57.1)
very good	15 (32.7)
moderate	3 (6.1)
Acceptable	2 (4.1)
low	0 (0)
Relationship with extended family	
excellent	18 (36.7)
very good	17 (34.7)
moderate	9 (6.1)
Acceptable	2 (4.1)
low	0 (0)
Support provided by family	
excellent	25 (52)
very good	16 (33.3)
moderate	3 (6.3)
Acceptable	2 (4.2)
low	2(4.2)

4.2 Demographics related to imprisonments

Demographics related to imprisonments are presented in Table (4.2)

In this study, Palestinian females were first imprisoned at ages ranging from 13 to 49 years, with a mean age of 26 years. Their imprisonment duration varied from one to 136 months, with a mean duration of 33.5 months. Furthermore, 27% of them (n=13) experienced imprisonment more than once, with some experiencing it up to seven times. While the longest imprisonment experience had a mean duration of 30.5 months. However, the duration of liberation ranged from four to 228 months (19 years), with a mean of 69.8 months.

Employment rates were also affected. Before imprisonment, 47.9% (n=23) were unemployed, and 52.1% (n=25) were employed. However, 76% (n=19) reported losing their pre-imprisonment jobs, with 68.4% (n=13) attributing it to being ex-prisoners. Only six participants returned to their previous jobs, and 44% (n=11) remain unemployed. In addition, 71.4% (n=5) forced to change their field of work. The average duration to obtain employment was 5.34 years. Overall, 45.8% (n=22) were working post-liberation.

Regarding health, 72.9% (n=35) reported major health issues. Of these, 20% (n=10) were injured due to occupation-related treatment, and 4.2% (n=2) were considered as having special needs. Moreover, 37.5% (n=18) had two or more health conditions, and 12.5% (n=6) had four or more. Musculoskeletal issues were present in 39.7% (n=19), including herniated disks, Piriformis syndrome, and fibromyalgia.

During the first two weeks post-liberation, 44.9% (n=22) were hospitalized, 32.7% (n=13) visited a gynecologist with 6.25%, (n=3) still experiencing gynecological issues, 67.3% (n=33) visited a dentist (with 27.1%, n=13 continuing dental issues), and 48.9% (n=24) required eye care or glasses, but to be highlighted, 29.1% of them, n=13 are still affected**.**

Social environment post-liberation varied: 29.2% (n=14) experienced family blaming, 41.2% (n=20) experienced distancing or severed personal relationships (including 10.5%, n=5 marital breakups), and 8.3% (n=4) felt uncomfortable interacting with other ex-prisoners. Conversely, 52.1% (n=25) reported excellent family support, 56.3% (n=27) had strong close family bonds, and 37.5% (n=18) had excellent extended family bonds.

After liberation, 4.1% (n=2) were subjected to home incarceration, and 2.1% (n=1) were relocated to another Palestinian area. Moreover, the provided institutional support for them was limited: just 20.8% (n=10) of them perceived social support, psychological support 25% (n=12), and vocational support 20.8% (n=10).

Table (4.2): Participants' Imprisonment- related Demographics

Variables	Mean (SD)	N (%)
Age when imprisoned (years)	26.0 (8.035)	48
longest detention (in months)	30.52 (36.018)	48
Last detention (in months)	25.0 (32.782)	48
Total detention for all arrests	33.5 (39.314)	48
Times of being arrested	1.6 (1.349)	48
Liberation Duration(in months)	69.8 (5.420)	48
Variables	Frequency (Percentage)	Cumulative
Relationship Change		
No Change		
New relationship	29 (64.6)	64.6
Break ups	12 (25)	89.6
	5 (10.4)	100

Times of being Arrested		
Once	36 (75)	75
More than Once	12 (25)	100
Subjected to house arrest		
Yes	2 (4.1)	4.1
No	46 (95.9)	100
Arrested while pregnant and released before your due date		
Yes	0 (0)	0
No	48 (100)	100
Distanced from living area to another		
Yes	1 (2)	2
No	47 (98)	100
Work before imprisonment		
Yes	25 (52.1)	52.1
No	23 (47.9)	100
Reasons of lose work for pre-employers	(n= 19)	
Because of being prisoner	13 (68.4)	68.4
Maybe	4 (21.05)	89.45
Other reasons	2 (10.52)	100
Pre and post imprisonment employment Change		
No Change	30 (31.8)	31.8
Unemployed Gain Work	8 (42.3)	74.1
Employed Lose Work	10 (20.38)	100
Hospitalized during the first two weeks of release		
Yes	22 (45.8)	45.8
No	26 (54.2)	100

Received enough psychological support		
Yes	12 (25)	25
No	36 (75)	100
Received enough Vocational support		
Yes	10 (20.8)	20.8
No	38 (79.2)	100
Receive enough social support		
Yes	10 (20.8)	20.8
No	38 (79.2)	100
Feel uncomfortable when contact with a former prisoner		
Yes	4 (8.3)	8.3
No	44 (91.7)	100
Experience Distance or Severance in Personal Relationships		
yes	20 (41.7)	41.7
No	28 (58.3)	100
Family Blame		
Yes	14 (29.2)	29.2
No	34 (70.8)	100

4.3 Quality of Life

The WHOQOL-BREF assessment results indicated poor quality of life levels in three domains; physical health, psychological health, and environment with average scores below the cutoff point of 60. Only the mean of the third domain, social relationships, exceeded the cutoff score and was considered as good quality of life. Overall, the mean WHOQOL-BREF score was 56.23 (<60), indicating poor overall QoL (Table 4.3).

Comparing these results with the self-rated QoL question 1, only 26% of participants reported poor QoL, while 74% reported good or very good QoL (see Chart 1). Additionally, 62.5% of participants expressed being satisfied or very satisfied with their health condition.

4.3.1 Physical Health Domain:

The mean score for the physical health domain among ex-prisoners was 54.2. The majority of participants (62%, n=30) demonstrated poor QoL levels in this domain, while 29.2% (n=14) reported good QoL. Participants with very high QoL levels (score >80) were a minority, accounting for only 8.3% (n=4).

4.3.2 Psychological Health Domain:

The psychological health domain had a mean score of 56.5. A plurality of participants (66.7%, n=32) exhibited poor QoL, 22.9% (n=11) reported good QoL, and 10.4% (n=5) achieved very high QoL levels.

4.3.3 Social Relations Domain:

This domain showed a mean score of 64.2. One-third of participants (33.6%, n=16) had poor QoL, more than half (52.1%, n=25) reported good QoL, and 14.6% (n=7) attained very high QoL levels.

4.3.4 Environment Domain:

The environment domain had the lowest mean score of 51.2. Most participants (64.6%, n=31) had poor QoL levels, 27.2% (n=13) reported good QoL, and 8.3% (n=4) achieved very high QoL levels.

Table (4.3): QoL Domains results

	N	Mean	Std. Deviation
Physical Health	48	54.1875	18.75220
Psychological Health	48	56.5000	17.76801
Social relations	48	64.2292	20.87372
Environment	48	51.2917	18.29540
WHOQOL TOTAL	48	56.5521	16.52641

4.4 HADS correlations

WHOQOL Total has very strong negative correlation with HADs total (Sig (2-tailed) = .000, PC= -.886-), therefore, any decreasing in anxiety and depression levels has very strong probability to increase Overall QoL. HADS total has strongly negative correlation with environment QoL domain (Sig. (2-tailed) = .000, PC= .759-).Depression and anxiety levels, have very strongly negative correlation with psychological health (Sig. (2-tailed) = .000, PC= .811-) as increasing Depression and anxiety levels means decreasing psychological health QoL. Importantly, this is the highest correlation in this study.

On the other hand, HADS total has strongly negative correlation, that's indicate if higher anxiety and depression levels exist, there is a strong probability to have lower social relation QoL levels. Similerly, HADS total has strongly negative correlation with environment QoL domain (Sig. (2-tailed) = .000, PC= .759-). Moderate negative relationship with physical health (Sig. (2-tailed) = .000, PC= .473-).

4.5 RSE correlations

A strong positive significant correlation was found between RSE total and WHOQOL Psychological Health domain (PC = .608, p < .001), indicating that higher self-esteem strongly enhances psychological health. In addition, a moderate positive correlations were observed between RSE total and WHOQOL Social Relations domain (PC = .397, p = .005) and Environment domain (PC = .403, p = .004), showing that self-esteem moderately relates to social and environmental QoL. However, a weak positive significant correlation existed between RSE total and WHOQOL Physical Health domain (PC = .317, p = .028), suggesting that higher physical health scores are associated with slightly higher self-esteem. Conversely, a moderate negative significant correlation was found between RSE total and HADS total (PC = -.473, p = .001), indicating that higher self-esteem moderately existed with less depression and anxiety levels, please see table (4.4).

Table (4.4): HADS and RSE results

	N	Mean	Std. Deviation
HADS Total	48	15.8750	7.84321
Depression Total	48	6.7917	4.26743
Anxiety Sub-Total	48	9.0833	4.54216
RSE Total	48	21.2500	4.69722

4.6 Relationship among different variables

Normality testing for the outcome measures was conducted using the Shapiro-Wilk test due to the sample size (n=48) in the main group. Results indicated that two domains were not normally distributed. Accordingly, Spearman's correlation was used to examine the relationships between

WHOQOL domains, total scores, Rosenberg Self-Esteem (RSE), and Hospital Anxiety and Depression Scale (HADS). Correlations were considered significant if the p-value was less than 0.05. Correlation strength was interpreted as follows: weak (<0.4), moderate (0.4–0.6), strong (>0.6), and very strong (>0.8) (Tavakol & Dennick, 2011)

4.7 Correlation between WHOQOL-BREF, HADS, and RSE:

WHOQOL-BREF total score and all its domains correlated significantly with HADS and RSE scores. The strongest correlation was between WHOQOL total and HADS as both score were very strongly negatively correlated ($r = -.886$, $p < .001$), suggesting that lower anxiety and depression levels are strongly associated with higher overall QoL. The weakest correlation was between WHOQOLD-BREF Physical Health and RSE score with a weak positive significant correlation ($r = .317$, $p = .028$)

Table (4.5): WHOQOL-BREF Correlations

	HADS Total	RSE
1. WHOQOL-BREF Total	-.866**	.490**
2. WHOQOL-BREF Physical Health	-.766**	.317*
3. WHOQOL-BREF Psychological Health	-.811**	.608**
4. WHOQOL-BREF Social Relations	-.698**	.397**
5. WHOQOL-BREF Environment	-.759**	.403**

*p<.05, **p<.01

Chapter 5: Discussions

This study aimed to explore the quality-of-life (QoL) levels among Palestinian female ex-prisoners who were reintegrated into the Palestinian community after liberation from occupation prisons. The study also sought to identify factors related to QoL that specifically affect this population. The discussion is organized by considering the ICF around two main themes: quality-of-life levels, the related factors, followed by conclusions, limitations, research recommendations, and occupational therapy implications.

5.1 Quality of Life Levels

5.1.1 Overall QoL

Regarding overall QoL, the study participants demonstrated poor levels, with a mean score of 56.23, below the cutoff point of 60. The minimum and maximum values were 9.5 and 89, respectively, with approximately 60.4% reporting poor overall QoL. A notable gap was observed between participants' self-rated QoL and their measured overall QoL, as 74% expected to have at least a good QoL, yet only 39.6% achieved it. Despite this, 64.2% reported satisfaction with their health condition.

In compare with other adult Arab females across 15 Arab countries, including Palestine, who reported better overall QoL with a mean of 63.1 and a self-rated QoL of 3.7, the Palestinian female ex-prisoners' lower QoL levels likely reflect the combined effects of living in a conflict area, exposure to chronic violence, and moderate reductions in self-esteem.

5.1.2 Physical Domain

The physical QoL domain was particularly low among the participants, with a mean of 54.4, compared to 66.1 reported in other Arab females. About 60.4% of the study participants had poor physical QoL, slightly higher than the 57.3% reported elsewhere. This difference can be attributed to occupation-related injuries, barriers to daily functioning, and conflict-related health restrictions, which limit participation in social events and daily activities. Participants reported high rates of health problems, including musculoskeletal disorders, injuries from occupation, and other special physical health needs. These conditions affected self-image, confidence, and psychological QoL, as reflected in moderate correlations with self-esteem.

Comparably, another ex-prisoners population (Jukic et al., 2019) administered Sf- 36 QoL assessment with Croatian ex-prisoners of War, they report 52.6 mean score for physical Functioning results. By considering (Tapak et al., 2022) suggestion for this domain cutoffs, this results can interpreted as moderate QoL levels. Furthermore (Abbasi-Ghahramanloo et al., 2020) reported that WHOQOL has moderate correlation with SF-36, that's permits to compare each assessment results. Thus, Palestinian Female ex-prisoners reported lower QoL level than the Croatian ex-prisoners. Unfortunately, Just 29.9% of our sample matched the Croatian QoL levels in tis domain. This can be justified by the presence of various and multiple Health conditions after releasing.

5.1.3 Psychological Domain

Psychological QoL was also low, with a mean of 55.9 and 53.1% of participants reporting poor psychological well-being. In comparison, adult Arab females elsewhere reported better psychological health with a mean of 60.4 and only 39.1% reporting poor psychological QoL. Chronic exposure to occupational violence, political instability, and gender-based violence likely

contributes to these findings. The HADS assessment revealed that 74% of participants experienced moderate to severe anxiety and depression, highlighting a strong negative correlation with overall QoL.

Interestingly, only 17.7% self-reported psychological complaints, which suggests a gap between perceived and measured psychological distress. Note that, Palestinian male ex-prisoners showed psychiatric symptoms as PTSD in addition to psychological distress symptoms. Namely, paranoid thoughts, obsessive-compulsive problems, interpersonal sensitivity that highly correlated with military trauma (Punamäki et al., 2008). Which make sense to understand our results for Palestinian female ex-prisoners due to living in the same context, pre and post imprisonment.

In compare with the Croatian ex-pows, they has (m= 47.9) as moderate mental Health QoL By considering (Tapak et al., 2022) for this domain, again our research sample showed Lower levels, just 23% showed asymptotic results with Croatian ex-pows. Probably, due to the long term liberation duration for the Croatian ex-pows as its 25y in compared with Palestinian ex-Pows liberation duration (m= 5.8). Contrary to Croatian ex-pows, the Palestinian Ex-pows are still living in an occupied community with renewed war events. Subsequently, the probability to suspect to psychological health parameters increased (Jukic et al., 2019).

5.1.4 Social Relations Domain

The research sample represents good QoL level in social relations domain (mean= 64.2) as 66.7% (n= 32) of them has good social relation. Which is compatible with living in Palestinian families an apart of Arab Islamic society that appreciated love, respect in communications (Abdelmoneium et al., 2023) and participation between each other and therefore more supportive relationships for Palestinian ex-Pows.

Importantly, social relations QoL was higher than other domains, with 46.8% reporting excellent support from close families and 60.4% from

extended families. This may reflect the strong sense of community, extended family networks, and social responsibilities inherent in Palestinian society, which mitigate the negative impacts of social isolation and enhance psychological well-being.

5.1.5 Environment Domain

Finally, the ex-Pows has poor QoL levels in the environment domain (mean= 51.3), most of them has 64.6% (n= 31). Undoubtedly, living in conflict areas suspect individuals to Pre- conflict environmental restrictions, as the persistence of the green line, firing zone, check points, that severely restrict transferring from one area to another (Qumsiyeh, 2024) that by default affect, reaching work places and health services, social Participation, practicing in religious rituals.in addition to during conflict activities, displacement, sudden night detention (United Nations, 2017), destroying homes, ill treatment using firearms and bombs (Qumsiyeh, 2024) that clearly increase insecurity. In addition to air, water , climate and soil pollutions (Randles, 2024) by chemicals and industrial wastes (Imeu, 2022), rather than other natural resources which is under occupation control that deprived individual from satisfied direct exploitation for this restricted quantities (United Nations, 2017).

5.2 Quality of Life Factors for Ex-Prisoners

5.2.1 Body functions and structures

Self-confidence and body image, critical components of self-esteem, emerged as facilitators of quality of life (QoL). Assessed using the Rosenberg Self-Esteem Scale (RSE), self-esteem showed strong correlation with psychological QoL and moderate correlation with overall QoL. High self-esteem empowered participants to effectively manage stress and

challenges, supporting better functioning despite adverse circumstances. Notably, 93.7% of participants exhibited normal levels of self-esteem, indicating resilience within this population.

Conversely, emotional functions proved to be significant inhibitors of QoL. Although only 14.6% self-reported psychological complaints, objective assessments using the Hospital Anxiety and Depression Scale (HADS) revealed that 72.9% experienced anxiety and depression, often associated with PTSD and trauma. These emotional challenges constrained physical, social, and overall QoL.

Several factors correlated with QoL outcomes. Disorders in muscle functions and musculoskeletal structures were prevalent, affecting nearly 40% of participants, including conditions such as herniated discs, piriformis syndrome, and fibromyalgia. These conditions diminished energy for daily activities and limited social participation, negatively impacting both physical and psychological QoL. Respiratory issues also contributed to poor physical and overall QoL, exacerbating anxiety and depression, and were linked to suboptimal environmental conditions in prisons. Digestive issues, such as irritable bowel syndrome, further hindered participants' capacity for daily and social activities.

Pregnancy and related health conditions compounded these challenges, particularly when associated with low educational attainment, low family income, and living in conflict zones. These findings align with previous studies on ex-prisoners exhibiting somatic symptom disorders and medical complaints (Punamäki et al., 2008).

5.2.2 Activity Factors

Participants with the ability and permission from the occupational policies to move around and access external environments to fulfill their daily needs were demonstrated higher QoL levels, especially when they have the managing emotional distress effectively. Securing employment, whether

new or pre-imprisonment, further enhanced QoL

5.2.3 Participation Factors

Participation and social factors played a crucial role in QoL. Strong family relationships enhanced social, environmental, and overall QoL. Parenting positively influenced social, physical, and psychological QoL, especially with support from extended family networks. Post-release intimate relationships also improved physical QoL and life satisfaction. However, peer relationships were mixed; some participants reported discomfort with fellow ex-prisoners, particularly when facing house arrest or family blame, reflecting occupational marginalization.

5.2.4 Environmental Factors

Environmental and societal factors, including access to health services, educational institutions, and organizational support, influenced QoL outcomes. Hospitalization and dental interventions were weak facilitators of overall and psychological QoL. General social support aided community reintegration, though only a minority received adequate organizational assistance. Education and financial assets were additional facilitators; higher education levels correlated with improved environmental QoL and self-esteem. Conversely, low financial assistance, limited participation in leisure and work activities, negative societal attitudes, stigmatization, and house arrest due to political policies further restricted participation, consistent with frameworks of occupational deprivation and marginalization.

5.2.5 Personal Factors

Personal factors such as multiple health problems, repeated imprisonment, and previous injuries were significant inhibitors of QoL. About 37.5% of participants experienced two or more concurrent health

conditions, and 12.5% had four or more. These challenges reflect long-term consequences of malnutrition, torture, and medical neglect. Participants with repeated imprisonment experienced higher anxiety, depression, and environmental QoL restrictions.

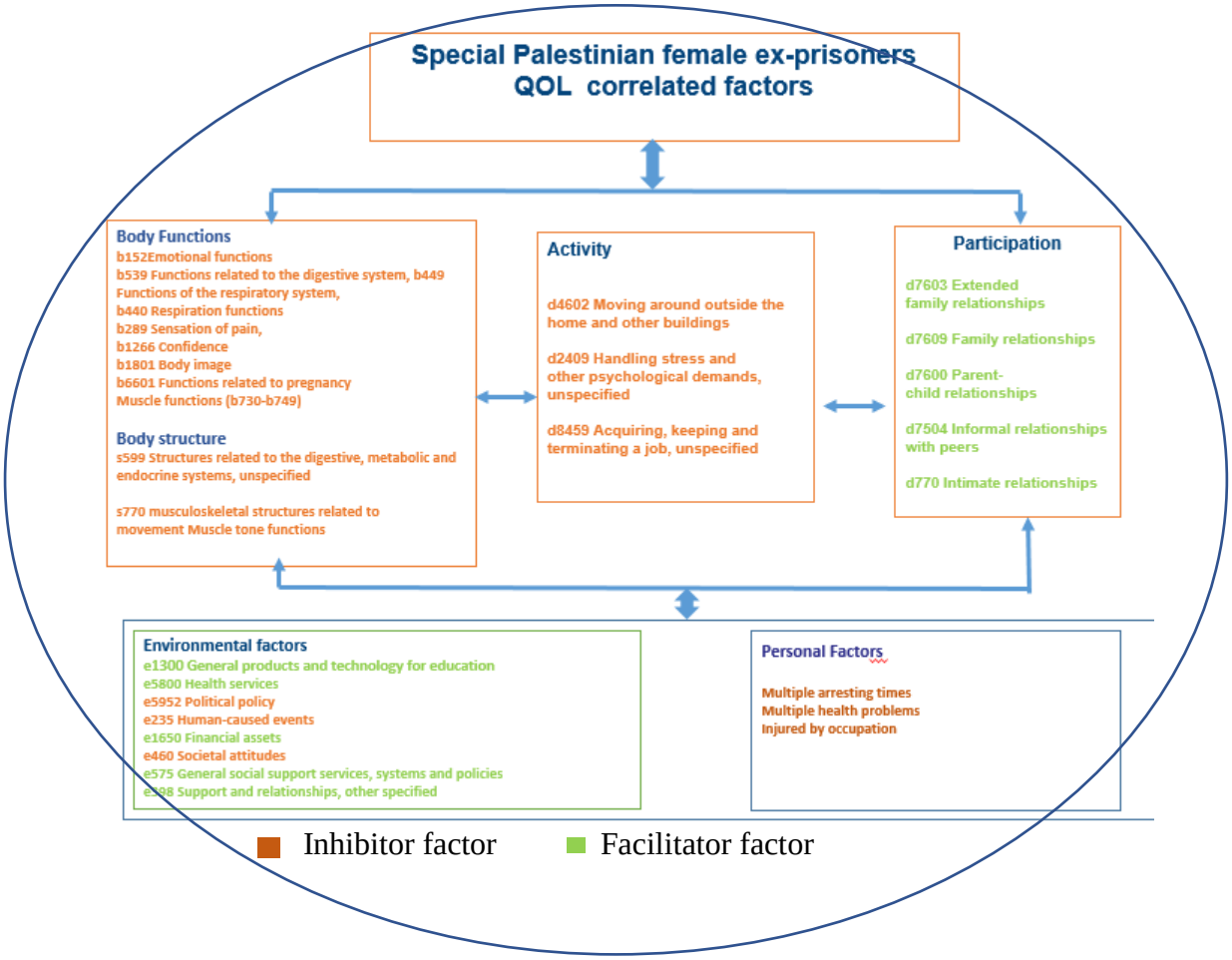

Figure (5.2): ICF system for Palestinian female ex-prisoners.

5.3 Conclusion

In the context of the 2023 war, Palestinian females demonstrated poor overall quality of life, with particularly low scores in physical, psychological, and environmental domains, while maintaining relatively good social relations QoL. Factors correlated with QoL differ between Palestinian female ex-prisoners and other Palestinian females, highlighting

the unique challenges faced by the ex-prisoner population. Some of these factors require further in-depth investigation. Palestinian female ex-prisoners are exposed to multiple forms of occupational injustice, which substantially impact their overall quality of life and participation in daily activities.

5.4 Study Limitations and Recommendations

This quantitative cross-sectional study is subject to inherent biases, including non-responder bias and recall bias, as all instruments used were self-reported. The purposive sampling method limits the generalizability of the findings to the broader population of ex-prisoners of war. While the researcher applied comprehensive eligibility criteria to reduce sampling bias, the absence of a QoL assessment specifically designed for this population constrains the evaluation process.

Due to the sensitivity of the population and ongoing conflict, some participants dropped out after initially agreeing to participate, and a few lost their lives, which limited sample expansion. Additionally, further variables should be considered in future studies to ensure better matching of comparison groups. For instance, Palestinian females who were never imprisoned may still be daughters, mothers, wives, or sisters of imprisoned or martyred men, may live near conflict zones or checkpoints, or have experienced night raids or violence, all of which could threaten QoL and need to be accounted for in future research.

For more accurate results with this population, some suggestion should be recommended. Importantly, Building specific Qol tool for this population address all related factors. Additionally, to comprehensively study each QoL domain factors, especially by doing semi-structured interviews. Furthermore, it's very interested to investigate about the effect of the Lifetime gab sense which usually experienced by ex-prisoners on their QOL levels. Moreover, a Multi-stage longitudinal studies that measures Qol monthly. Finally, studies collects the Prevalence and incidence for all correlated health conditions.

5.5 Occupational Therapy Implications

Occupational therapists must advocate for occupational justice for Palestinian female ex-prisoners in the light of Occupational injustice frame of work as in figure (5.4). Rehabilitation services should specifically address this vulnerable group, focusing on minimizing inhibitory factors, enhancing participation.

Therapists should work by considering all rehabilitation levels as in (Lavalley et al., 2025) and Millar, 2013). At the environmental level, the therapist can modify the environmental restrictions while building new facilitators, communicating with the international law practitioners to advocate their rights in the international forums, facilitating accessing the health institutions, building community awareness programs, and making home modification in the ex-prisoners house unit.

At the organizational level, the occupational therapists can advocate for their occupational rights, changing polices and enacts guidelines for their reintegration process. Moreover, to facilitate the employed ex-prisoners encouraging support from concerned organizations and governmental institutions, to seek free rehabilitation, holistic follow-up services.

At the interpersonal level, the therapists can facilitate free educational services, facilitating access to educational institutions or offering online education, coaching for parent-child relationships, home visits out-door activities for close family ice-breaking, establishing educational programs pre-releasing for extended family relatives. Group sessions with community members, and even former inmates to ensure successful reintegration into society.

At the individual level, the therapists can supply rehabilitation services for overcoming functional limitations, and improving self-esteem such as psychological, self-esteem, impaired functions and consulting medical treatment, special nutrition programs. This holistic approach is essential to

empower ex-prisoners to regain meaningful engagement in daily occupations and improve their overall quality of life.

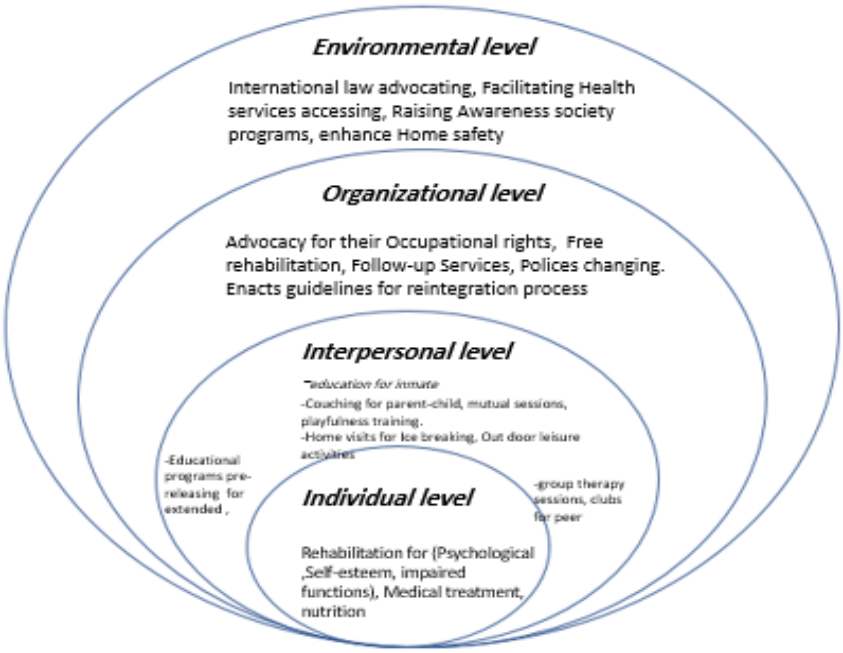

Figure (5.3): Community Occupational Therapy Approaches for ex-prisoners for better QoL.

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Appendices

Appendix (1):
IRB Approval Letter

Arab American University
Institutional Review Board - Ramallah

الجامعة العربية الأمريكية
مجلس اخلاقيات البحث العلمي – رام الله

IRB Approval Letter

Study Title: "Quality of Life-Related Factors for Female Palestinian Ex-Prisoners When Re-integrated into Palestinian Community"

Submitted by: Sanabel Mahmoud Musa Abu-Zaid

Date received: 6th February 2024

Date reviewed: 11th February 2024

Date approved: 11th February 2024

Your Study titled **"Quality of Life-Related Factors for Female Palestinian Ex-Prisoners When Re-integrated into Palestinian Community"** with the code number **"R-2024/A/25/N"** was reviewed by the Arab American University Institutional Review Board - Ramallah and it was approved on the 11th of February 2024.

الجامعة العربية الأمريكية - فلسطين
مجلس اخلاقيات البحث العلمي - رام الله
IRB-R
ARAB AMERICAN UNIVERSITY-PALESTINE
INSTITUTIONAL REVIEW BOARD - RAMALLAH

Sajed Ghawadra, PhD
IRB-R Chairman
Arab American University of Palestine

General Conditions:

1. Valid for 6 months from the date of approval.
2. It is important to inform the IRB-R with any modification of the approved study protocol.
3. The Bord appreciates a copy of the research when accomplished.

Appendix (2)

World Health Organization Quality of Life Assessment (WHOQOL)

التعليمات

هذا الاستبيان يستقسر عما تشعر به فيما يتعلق بنوعية حياتك و صحتك و نواحي أخرى من حياتك ، نرجو الإجابة على جميع الأسئلة . إذا لم تكن متأكد من الإجابة على سؤال معين ، نرجو اختيار الجواب الأنسب . و هذا قد يكون ردك الأول في أحيان كثيرة . نرجو أن تضع في اعتبارك قيمك و آمالك و ما يمنعك و يشغلك . تطلب أن تفكر في نمط حياتك خلال الشهرين الماضيين مثلا . قد يكون السؤال :

	لا يوجد	قليلا	نوعا ما	كثيرا	دائما
هل تحصل على أي دعم أو مساعدة من الآخرين ؟	1	2	3	4	5

عليك وضع دائرة حول الرقم الذي يصف مقدار الدعم أو المساعدة من الآخرين خلال الشهرين الماضيين . و هكذا فإنك ستضع الدائرة حول الرقم (4) إذا كنت قد حصلت على دعم كبير من الآخرين كالآتي

	لا يوجد	قليلا	نوعا ما	كثيرا	دائما
هل تحصل على أي دعم أو مساعدة من الآخرين ؟	1	2	3	(4)	5

قد تضع الدائرة حول الرقم (1) إذا لم تحصل على أي دعم أو مساعدة تتمناها من الآخرين خلال الشهرين الماضيين .

3

* يرجى قراءة كل سؤال و تقيم مشاعرك ووضع الدائرة حول الرقم الذي يعطي أفضل إجابة بالنسبة لك.

	كيف تقيم جودة حياتك؟	سيئة للغاية	سيئة	لا بأس	جيدة	جيدة جداً
(G1)1		1	2	3	4	5

		غير راض مطلقا	غير راض	لا راض و لا غير راض	راض	راض تماما
(G4)2	كيف أنت راض عن صحتك ؟	1	2	3	4	5

* الأسئلة التالية تستفسر عن مدى تعرضك لأشياء معينة خلال الشهرين الماضيين

		لا يوجد	قليلا	بدرجة متوسطة	كثير جدا	بدرجة بالغة
(F1.4) 3	إلى أي حد تشعر بأن الوجع يمنعك من القيام بالأعمال التي تريدها ؟	1	2	3	4	5
(F11.3)4	كم تحتاج من العلاج الطبي لتتمكن من القيام بأعمالك اليومية ؟	1	2	3	4	5
(F4.1)5	إلى أي مدى تستمتع بالحياة ؟	1	2	3	4	5
(F24.2)6	إلى أي مدى تشعر بأن حياتك ذات معنى ؟	1	2	3	4	5
(F5.3)7	كم أنت قادر على التركيز ؟	1	2	3	4	5
(F16.1)8	كم تشعر بالأمان في حياتك اليومية ؟	1	2	3	4	5
(F22.1)9	إلى أي حد تعتبر البيئة المحيطة بك صحية ؟	1	2	3	4	5

* الأسئلة التالية تستفسر عن مدى قدرتك على إتمام أمور معينة خلال الأسبوعين الماضيين

		لا يوجد	قليلا	بدرجة متوسطة	كثير جدا	بدرجة بالغة
(F2.1)10	هل لديك طاقة كافية لمزاولة الحياة اليومية ؟	1	2	3	4	5
(F7.1)11	هل أنت قادر على قبول مظهرك الخارجي ؟	1	2	3	4	5
(F18.1)12	هل لديك من المال ما يكفي لتلبية احتياجاتك ؟	1	2	3	4	5
(F20.1)13	كم تتوفر لك المعلومات التي تحتاجها في حياتك اليومية ؟	1	2	3	4	5
(F21.1)14	إلى أي مدى لديك الفرصة للأنشطة الترفيهية ؟	1	2	3	4	5

		سيئة للغاية	سيئة	لا بأس	جيدة	جيده جدا
(F9.1)15	كم أنت قادر على التجول بسهولة	1	2	3	4	5

* الأسئلة التالية تطلب منك أن تعبر عن مدى رضاك نحو جوانب مختلفة من حياتك خلال الشهرين الماضيين

		غير راض مطلقا	غير راض	لا راض و لا غير راض	راض	راض تماما
(F3.3)16	كم أنت راض عن نومك ؟	1	2	3	4	5
(F10.3)17	إلى أي مدى أنت راض عن قدرتك على القيام بنشاطاتك اليومية ؟	1	2	3	4	5
(F12.4)18	كم أنت راض عن قدرتك على العمل ؟	1	2	3	4	5
(F6.3)19	كم أنت راض عن نفسك ؟	1	2	3	4	5
(F13.3)20	كم أنت راض عن علاقاتك الشخصية ؟	1	2	3	4	5
(F15.3)21	كم أنت راض عن حياتك الجنسية ؟	1	2	3	4	5
(F14.4)22	كم أنت راض عن الدعم أو المساعدة من الأصدقاء ؟	1	2	3	4	5
(F14.4)23	كم أنت راض عن أحوالك المسكنية ؟	1	2	3	4	5
(F19.3)24	كم أنت راض عن الخدمات الصحية المتوفرة لك ؟	1	2	3	4	5
(F23.3)25	كم أنت راض عن وسائل مواصلاتك؟	1	2	3	4	5

* الأسئلة التالية تشير إلى كم من المرات شعرت أو تعرضت فيها لأشياء معينة خلال الشهرين الماضيين

		أبدا	نادرا	غالبا	غالبا جدا	دائما
(F8.1)26	كم من المرات كانت عندك مشاعر سلبية مثل الحزن أو اليأس أو القلق أو الاكتئاب ؟	1	2	3	4	5

هل ساعدك أحد في ملء هذا الإستبيان ؟

كم من الوقت إستغرقت لملء هذا الإستبيان ؟

هل لديك أي تعليقات حول هذا الإستبيان ؟

شكرا لمساعدتك

Appendix 3:
Hospital Anxiety and Depression Scale (HADS)

1

مقياس القلق والاكتئاب في المستشفى

ترجمة: الدكتور حسان سرسك

اسم المريض: _____
الفاحص: _____ التاريخ: _____

هذا الاستبيان يساعد الطبيب/المعالج لمعرفة مشاعرك وقراءة أحاسيسك. يرجى وضع علامة بجانب الاختيار الأقرب إلى ما كنت تشعر به خلال الأسبوع الماضي. لا تستغرق وقتاً طويلاً في الرد: رد فعلك الفوري هو الأفضل. يرجى التحقق من أنك أجبت على جميع الأسئلة.

Hospital Anxiety Depression Scale (HADS):				من فضلك، قم باختيار الإجابة المناسبة ووضع دائرة عليها:	
A	اشعر بالتوتر العصبي:		D	أحس بأني مبطئ (فقد نشاطك) :	
	• أكثر الوقت	3		• تقريباً في كل وقت	3
	• عدة مرات	2		• في كثير من الأحيان	2
	• أحياناً	1		• في بعض الأوقات	1
	• لا أشعر بذلك مطلقاً	0		• لا أشعر بذلك مطلقاً	0
D	أنا أتذوق الطعم بالأشياء التي اعتدت أن أستمتع بها:		A	يعتريني شعور بالخوف:	
	• بالتأكيد، كما كنت	0		• لا، على الإطلاق	0
	• ليس تماماً	1		• أحياناً	1
	• قليلاً	2		• كثيراً	2
	• بالتأكيد، على الإطلاق	3		• في أغلب الأوقات	3
A	أشعر بنوع من الخوف، وكأن شيئاً مروعاً على وشك الحدوث:		D	لقد فقدت الاهتمام بمظهري:	
	• بالتأكيد، وبشكل مرعب	3		• بالتأكيد فقدت كل الاهتمام	3
	• نعم، ولكن ليس سوءاً	2		• أنا لا أهتم بمظهري كما يجب أن أهتم	2
	• قليلاً، لكنه لا يقلقني	1		• قد لا أهتي بمظهري كما يجب	1
	• لا أشعر بذلك على الإطلاق	0		• أهتي بمظهري بشكل جيد كما كنت سابقاً	0
D	استطيع الضحك و رؤية الجوانب المضحكة في الأشياء:		A	الإحساس بطبيعة الحدث دون الجهود حسنني:	
	• كما كنت سابقاً	0		• في الواقع، كثيراً جداً	3
	• ليس كما كنت سابقاً	1		• كثيراً، الأمر به	2
	• بالتأكيد، ليس كثيراً الآن	2		• أشعر بذلك قليلاً	1
	• لا أشعر بذلك على الإطلاق	3		• لا أشعر بذلك على الإطلاق	0
A	تأتيني أفكار مقلقة:		D	لا أتطلع للأشياء من حولي بتسامح:	
	• أغلب الأوقات	3		• بقدر ما يمكنني فعله	0
	• بعظم الأوقات	2		• ربما ما أقل مما اعتدت على فعله	1
	• من وقت لآخر، وليس كثيراً	1		• بالتأكيد أقل مما اعتدت على فعله	2
	• أحياناً	0		• لا، على الإطلاق	3
D	أشعر بالبهجة:		A	يعتريني إحساس مفاجئ بالفزع:	
	• لا، على الإطلاق	3		• في الواقع، في كثير من الأحيان	3
	• ليس كثيراً	2		• غالباً	2
	• في بعض الأحيان	1		• ليس كثيراً	1
	• في أغلب الأوقات	0		• لا أشعر بذلك على الإطلاق	0
A	يمكنني الاستمتاع بقراءة كتاب جيد أو مشاهدة البرامج التلفزيونية أو الاستماع إلى الإذاعة:		D	يمكنني الاستمتاع بقراءة كتاب جيد أو مشاهدة البرامج التلفزيونية أو الاستماع إلى الإذاعة:	
	• بكل تأكيد	0		• غالباً	0
	• عادة ما	1		• في بعض الأحيان	1
	• ليس كثيراً	2		• ليس كثيراً	2
	• لا يمكنني ذلك على الإطلاق	3		• نادراً جداً	3

Hospital Anxiety and Depression Scale (HADS)
Arabic Translation by Hassan Sarsak (Ph.D, OT), 2020

2

وصف المقياس:

يتكون مقياس القلق والاكتئاب في المستشفى من مقياسين فرعيين: واحد قياس القلق مع سبعة عناصر، وآخر قياس الاكتئاب مع سبعة عناصر، ويسجل كل منهما بشكل منفصل. يتم الرد على كل عنصر من قبل المريض على مقياس من 4 نقاط (3-0)، لذلك تتراوح العلامات المحتملة من 0 إلى 21 لكل من المقياسين الفرعيين، مع أخذ 2-5 دقائق لإكمال المقياس. يمكن تفسير المجموع الإجمالي بإحدى الطريقتين التاليتين:

تفسير النتائج:

الدرجة الإجمالية:

الاكتئاب (Depression: D) _____
القلق (Anxiety: A) _____

التفسير (1): حسب المقياس الأصلي.

0 - 7	طبيعي
8 - 10	الحالة الحدّية
11 - 21	حالة غير طبيعية "وجود اضطراب القلق/الاكتئاب"

التفسير (2): حسب المقياس المستحدث/المعدّل.

0 - 7	طبيعي
8 - 10	بسيط
11 - 14	متوسط
15 - 21	حاد/شديد

Hospital Anxiety and Depression Scale (HADS)
Arabic Translation by Hassan Sarsak (PhD, OT), 2020

Appendix (4)

Rosenberg Self Esteem Assessment (RSE)

مقياس روزينبيرج للتقدير الذاتي

يندرج هذا المقياس تحت مقياس الدرجات التي تمتد من أوافق بشدة لغاية لا أوافق بشدة. يجب الانتباه الى بعض البنود التي يكون المقياس فيها معكوس. شملت العيّنة الأصلية التي تم وضع المقياس لها 5,024 طالب من المرحلة الثانوية، حيث اختيروا عشوائيا من عشر مدارس في ولاية نيويورك.

تعليمات: فيما يلي، قائمة ببعض البنود التي تتعلق بمشاعرك العامة نحو نفسك. ضع إشارة بجانب الإجابة الصحيحة.

البند	أوافق بشدة	أوافق	لا أوافق	لا أوافق بشدة
1. بشكل عام، أنا راض عن نفسي				
2. أحيانا، أشعر بعدم جدواي*				
3. أعتقد أنني أمتلك العديد من الصفات الجيدة				
4. أستطيع القيام بالأشياء التي يقوم بها الآخرون				
5. أشعر بعدم وجود شيئ يجعلني فخور بنفسي*				
6. بالتأكيد، أشعر بعدم فائدتي أحيانا*				
7. اشعر بأنني شخص ذو قيمة، على الأقل، بشكل متساو مع غيري				
8. أتمنى أن أكن لنفسي احترام أكبر*				
9. بشكل عام، أنا أميل إلى الشعور بأنني فاشل*				
10. لدي سلوك إيجابي تجاه نفسي				

* بنود يجب الانتباه لها، بتكون معكوسة على سلم القياس

Appendix (5):
Ex-Prisoner information sheet

عزيزتي المشاركة..

الاستمارة التالية موجهة للأسيرات الفلسطينيات المحررات البالغات اللواتي قضين شهرا فأكثر في سجون الاحتلال وقد مضى على خروجهن من السجن شهر فأكثر.. بهدف البحث عن العوامل التي تؤثر على جودة حياتهن بعد العودة للمجتمع الفلسطيني.

تحتوي هذه الاستمارة على عدد من الأسئلة التي يمكنك الإجابة عليها بوضع إشارة تحت صندوق نعم أو لا، ويمكنك أيضا عدم الإجابة على أي بند لا تفضلين الإجابة عليه بدون تقديم أي توضيح لذلك.

الوقت المتوقع لتعبئة هذه الاستمارة: 5 دقائق فقط.

ملاحظة:

جميع البيانات ستبقى مجهولة الهوية لحفظ الخصوصية والسرية للمشاركات، وكل ملف سيتم اعطاؤه رمزا بدل الاسم ولن يتم الاطلاع عليه إلا من قبل الباحث، سيتم جمع البيانات من جميع المشاركات وثم تحليلها واستخلاص النتائج النهائية لهذا البحث ونشرها دون المساس بأي معلومة تخص أي فرد من المشاركات.

معلومات الباحث:

سنابل محمود موسى أبو زيد، طالبة ماجستير، قسم العلاج الوظيفي، الجامعة العربية الأمريكية،
0568507760
Email: s.abuzaid2@student.aaup.edu

استمارة بيانات شخصية

بيانات عامة:

العمر: .....

مكان السكن:

– مدينة – قرية \ بلدة – مخيم – غير ذلك، الرجاء التوضيح.....

المحافظة التي تسكنين فيها:

.....

متوسط الدخل الشهري للعائلة: .....

الحالة الاجتماعية:

– عزباء – متزوجة – أرملة – مطلقة – غير ذلك، الرجاء التوضيح .....

هل أنت حامل؟

– نعم – لا – لا ينطبق

هل عندك أبناء؟

– نعم– لا – لا ينطبق

المستوى التعليمي:

– إعدادي – ثانوية عامة–دبلوم. – بكالوريوس. – دراسات عليا.

–غير ذلك، الرجاء التوضيح.....

هل أنت من الجرحى؟

– لا

–نعم

حالة العمل:

– أعمل. – ربة منزل. – لا أعمل.

هل تواجهين مشاكل صحية؟

– لا

–نعم

إذا كانت اجابتك على السؤال السابق ب " نعم " الرجاء اختيار جميع المشاكل الصحية من التالي:

– مشاكل تنفسية – مشاكل في الصحة الانجابية – مشاكل نفسية: مثلا اكتئاب، قلق، صدمة –مشاكل في النظر – مشاكل في الأسنان – سمنة – عضلات وعظام – غير ذلك، رجاء التوضيح.....

أسئلة خاصة بتجربة الأسر:

رجاءً قومي بالإجابة عن الأسئلة التالية:

1– كم كان عمرك عند أول اعتقال؟ .....

2– كم مرة تعرضت للاعتقال؟ .....

3- كم استمرت اطول مدة اعتقال لك (بالأشهر)؟ .....

4- كم استمرت مدة اخر اعتقال لك (بالأشهر)؟ .....

5- ما هو مجموع مدة الأسر في جميع الاعتقالات؟ (بالأشهر) .....

6- ما هو تاريخ الإفراج عنك من اخر اعتقال؟ .....

7- ما هي حالتك الاجتماعية قبل الأسر؟ .....

8- هل أكملت تعليمك أو حصلت على شهادة علمية جديدة خلال فترة الأسر؟
- نعم - لا

9- هل كنت تعملين قبل الاسر؟ - لا - نعم

10- إذا كانت اجابتك "نعم" على السؤال السابق، هل فقدت عملك بسبب الاسر؟

11- هل واجهت أي تقييد أو عقبات في الحصول على فرصة عمل بعد الأسر؟ - لا - نعم

12- إذا كانت إجابتك " نعم" على السؤال السابق:

أ- رجاء حددي المدة التي احتجتها للحصول على عمل: .....
ب- هل غيرت مجالك في العمل بسبب التقييدات؟ - نعم - لا

-عزيزتي المشاركة، الأسئلة التالية تتعلق بأول 6 شهور ما بعد الأسر.. ضعي إشارة صح تحت صندوق (نعم/ لا / لا ينطبق) بما يعبر عن إجابتك عن كل سؤال يقابله:

#	السؤال	نعم	لا	لا ينطبق
	هل نقلت إلى المشفى خلال اول أسبوعين من الافراج؟			
	هل احتجت إلى طبيبة نسائية بعد خروجك من الأسر؟			
	هل احتجت إلى تدخل طبي فيما يتعلق بصحة أسنانك؟			
	هل تم اعتقالك وأنت حامل ثم خرجت قبل موعد الولادة؟			
	هل احتجت إلى نظارة او أي عناية طبية خاصة بالعيون بعد خروجك من الأسر؟			
	هل تم إبعادك عن المنطقة التي كنت تعيشين فيها بعد الإفراج عنك؟			
	هل تعرضت للحبس المنزلي بعد اخر اعتقال لك؟			

	هل تلقيت دعمًا نفسيًا من هيئات أو مؤسسات؟			
	إذا كانت إجابتك على السؤال السابق نعم هل كان هذا الدعم لفترة كافية؟			
	هل تلقيت دعمًا مهنيًا من هيئات أو مؤسسات؟			
	إذا كانت إجابتك على السؤال السابق نعم هل كان هذا الدعم لفترة كافية؟			
	هل تلقيت دعمًا اجتماعيًا من هيئات أو مؤسسات؟			
	إذا كانت إجابتك على السؤال السابق نعم هل كان هذا الدعم لفترة كافية؟			
	هل تشعرين بالانزعاج عند محاولة أي أسيرة سابقة التواصل معك؟			
	بعد خروجك من الأسر هل واجهت بُعدًا أو انقطاعًا في			

	العلاقات الشخصية – مثلًا صديقات أو زميلات أو أقارب – بسبب تعرضك للأسر؟			
	هل تعرضت للوم من العائلة بسبب الأسر؟			

ضعي إشارة صح تحت الصندوق الذي يعبر عن إجابتك عن كل سؤال يقابله:

-علما بأن: ممتازة: أشعر بالرضا 80-100%، جيدة جدا: أشعر بالرضا 60-80%، متوسطة: أشعر بالرضا 40-60%، مقبولة: 20-40 %، متدنية: أشعر بالرضا 0-20%، لا ينطبق: في حال كان السؤال لا يسأل عن حالة موجودة فعليا عندك، مثلا تعتبر مشاركتي في تربية أبنائي: لا ينطبق فأنا ليس لدي أطفال.

#	صفي كلا من الاتي بـ	ممتازة	جيدة جدا	متوسطة	مقبولة	متدنية
	علاقتي مع عائلتي المقربة (التي أقطن معهم):					
	علاقتي مع عائلتي الممتدة والأقارب:					

	أقدر كمية الدعم المقدم من الأهل:					

شكرًا جزيلًا لمشاركتك معنا

"العوامل المؤثرة على جودة الحياة عند الأسيرات المحررات الفلسطينيات عند عودتهن إلى المجتمع الفلسطيني"

سنابل محمود موسى أبو زيد

أ. د سناء أبو دهب

د. هشام كعبية

د. دعاء الواوي

الملخص

الخلفية: تُعدّ تجربة سجون الاحتلال تجربةً تُغيّر مجرى الحياة وتُؤثر بشكل كبير على صحة الفرد. ويرتبط الإفراج عن الأسيرات من سجون الاحتلال بالعديد من التحديات، لا سيما عند إعادة دمجهن في مجتمع لا يزال تحت الاحتلال، مما يُثير مخاوف بشأن جودة الحياة. وتُعدّ الأبحاث التي تُعنى بدراسة جودة الحياة والعوامل المرتبطة بها لهذه الفئة المُستضعفة محدودة، لا سيما في فلسطين، مما يُؤدي إلى فجوة معرفية كبيرة وعدم يقين في استراتيجيات تحسين رفاهيتهن.

الأهداف: هدفت هذه الدراسة إلى دراسة مستويات جودة حياة الأسيرات الفلسطينيات السابقات بحلول عام ٢٠٢٤. كما سعت إلى تحديد العوامل المُحددة المُرتبطة بنتائج جودة الحياة لدى هذه الفئة. الطريقة: أُجريت دراسة مقطعية على عينة متفاوتة من 48 سجينة فلسطينية سابقة من الضفة الغربية. بعد استشارة مجموعة إشراك الجمهور استخدمت الدراسة ثلاثة مقاييس رئيسية: أولا مقياس التقييم الذاتي لجودة الحياة لمنظمة الصحة العالمية، ثانيا مقياس روزينبرج لتقدير الذات، ومقياس القلق والاكتئاب في المستشفى. واستُكملت هذه المقاييس باستبيانات اجتماعية وديموغرافية واسئلة خاصة بالسجينات السابقات. وحُللت البيانات باستخدام برنامج SPSS الإصدار 26.

النتائج: أظهرت مستويات جودة الحياة للمشاركات أن متوسط جودة الحياة العامة بلغ 56.5521، ومتوسط الصحة البدنية 54.1875، ومتوسط الصحة النفسية 56.5، ومتوسط العلاقات الاجتماعية 64.2292، ومتوسط جودة البيئة 51.2917. وكذلك، بلغت نتائج المشاركين 21.25 كمتوسط درجة في تقييم تقدير الذات، و15.8750 HADS في للقلق والاكتئاب.

الخلاصة: أظهرت الأسيرات الفلسطينيات السابقات جودة حياة متدنية، وذلك باعتبار الدرجة 60 حدًا فاصلًا في جميع المجالات باستثناء مجال العلاقات الاجتماعية. إضافةً إلى ذلك، يُعدّ وجود أعراض القلق والاكتئاب أحد العوامل الرئيسية المرتبطة بضعف جودة الحياة. يوصى بأن يتم انتاج أداة مخصصة لقياس جودة الحياة لهذه الفئة.

الكلمات المفتاحية: جودة الحياة؛ الأسيرات السابقات؛ الفلسطينيات؛ الظلم الوظيفي