**Exposure to Prolonged Political Violence, Self-Efficacy, and Mental Health Outcomes among Palestinian Adults: A Mediation-Moderation Analysis**

**Abstract**

A substantial body of research has demonstrated that individuals exposed to chronic political violence incidents are at high risk for poor mental health outcomes. However, the mechanisms possibly underlying this association have not yet been sufficiently explored.

The primary objective of this study was to examine the mediating role of self-efficacy (SE) among Palestinian adults with regard to the relationship between exposure to prolonged political violence (EPPV) and mental health (MH) outcomes, particularly post-traumatic stress symptoms (PTSS) and psychological distress (PDIS). Additionally, the study explored the moderating effects of education level, socioeconomic status, and housing quality on that relationship.

A cross-sectional large-scale survey was conducted among a systematic cluster random sample of 2934 Palestinian adults. Participants’ ages ranged from 30 to 67 years old (M = 43.77; SD = 6.96) and they resided in East Jerusalem (16.3%) and the West Bank (83.7%). The findings of the study show that increased EPPV was significantly associated with higher levels of poor MH outcomes. SE serves as a significant mediator of this relationship (ß = -.016, SE = .006, P < .05; CI [−.029, −.004]. The association between EPPV and poor MH did not differ based on participant’s level of education, family SES, or housing quality.

The findings of the study provide initial evidence of a potential mechanism linking EPPV to poor MH outcomes. The results suggest that enhancing SE among adults in conflict-affected settings may effectively assist in overcoming psychological stress following exposure to traumatic incidents.

**Keywords: political violence, mental health, self-efficacy, Palestinian adults**

1. **Introduction**

The Middle East has been marked by political unrest for many decades. At present, over half of the region’s countries are experiencing or are affected by political violence and armed conflicts (Pettersson et al., 2019). The World Health Organization (WHO) recognizes political violence as a major threat to public health. The definition of political violence includes various acts of a physical, psychological, or sexual nature aimed at achieving political goals (Krug et al., 2002). During chronic and long-term conflicts, civilians are substantially affected in different aspects of their lives due to the destruction of their livelihoods, sociocultural networks, infrastructure, and public services (Brennan et al., 2020; Haar & Rubenstein, 2012; Stein et al., 2021).

Over the years, a substantial and well-established body of research has demonstrated that individuals who are exposed to chronic political violence incidents are at high risk for experiencing poor physical and mental health outcomes (Charara et al., 2017; Dar & Deb, 2020; Mahamid et al., 2023). According to previous studies, long-term and prolonged exposure to political violence (EPPV) is one of the most significant risk factors that adversely affects societies’ functioning, resulting in a wide range of psychological effects among individuals, including post-traumatic stress symptoms (PTSS), depression, anxiety, and psychological distress (Mesa-Vieira et al., 2022; Stein et al., 2021; Veronese et al., 2021). For example, a recent systematic review conducted by Stein et al. (2021) investigating PTSS prevalence among adult civilians in various Middle Eastern countries found a significant association between PTSS and exposure to incidents of political violence, war experiences, and associated human rights abuses (i.e., torture, internal and external displacement).

**1.1. Exposure to prolonged political violence (EPPV) and mental health (MH) outcomes: The Palestinian context**

Over the past seven decades, Palestinians have been subjected to various forms of political violence by the Israeli military in the occupied Palestinian territories (Batniji et al., 2009; Khatib et al., 2018). During the First and Second Intifadas (1987–1993 and 2000–2005, respectively), over 6,200 Palestinians were killed and more than 65,000 were detained (B’Tselem, 2008). Palestinians face various types of oppression and violence on a daily basis, including physical threats, arrests and imprisonment, and the destruction of their homes. They also experience chronic economic hardships and constraints on their physical mobility due to the region’s ongoing Israel-Palestinian conflict (Wanger et al., 2020).

Recent reports by The World Health Organization (WHO, 2022) and the Palestinian Central Bureau of Statistics (PCBS, 2022) reveal high rates of physical injuries and fatalities among Palestinian children and adults resulting from this ongoing and devastating conflict. It has been shown that prior to the current war, at least one in four adults in the West Bank and Gaza reported having been exposed to conflict-related violent incidents during their lifetimes, and one in ten reported experiencing conflict-related trauma in the last three years (PCBS, 2022). For example, a recent study conducted among a sample of 590 Palestinian adults in the West Bank found a significant positive association between the frequency of EPPV and the severity of PTSS (Mahamid et al., 2023). Similarly, results of an adult population-based nationally representative survey conducted in the occupied Palestinian territories indicated that 60% of the participants from the West Bank and Gaza reported having been exposed directly or indirectly to violent conflict-related incidents at least once in their lifetimes. Furthermore, it was found that the extent of exposure to political violence was associated with a greater likelihood of experiencing mental health problems (Gibbs et al., 2021).

Despite the well-established body of knowledge regarding the association between prolonged exposure to political violence (EPPV) and mental health (MH) outcomes among the adult population, little is known about the mechanisms that might underly or contribute to this association. Responding to this gap in the literature, this study explores the effect of psychological and sociodemographic factors with regard to EPPV and MH outcomes. In addition, the study investigates the mediating role of self-efficacy (SE) among Palestinian adults in this regard, with a particular focus on the moderating role of sociodemographic factors, including level of education, family socioeconomic status (SES), and quality of housing in that relationship.

**1.2. Self-efficacy (SE) in the context of chronic stress and trauma: A potential mediator of the association between EPPV and MH outcomes**

Self-efficacy (SE) is defined as a cognitive component in which the individual evaluates their ability to produce a desired outcome with their available resources and their perceived ability to effectively manage stress and trauma in challenging situations (Bandura, 1977, 1997). Over the years, a growing body of research has demonstrated the link between a general sense of SE and positive MH outcomes (Blackburn & Owens, 2015; Schlechter et al., 2023; Smith et al., 2015). A recent meta-analysis of previous cross-sectional and longitudinal studies revealed a direct and significant negative association between the general sense of SE and PTSS. The study concluded that the higher the levels of SE, the lower the severity and frequency of PTSS (Gallagher et al., 2020). In addition to the study of the direct association between SE and MH outcomes, there has been growing interest over the years in the role of SE as a mediating factor in the association between exposure to traumatic situations and MH outcomes, which could possibly explain this link (Bosman et al., 2015; Lee et al., 2017; Nickerson et al., 2022; Schönfeld et al., 2016, 2019). For example, a study conducted among a sample of 792 adult Syrian refugees living in Turkey found that SE mediates the association between exposure to traumatic events in conflict-affected settings and the development of PTSD following exposure to these traumatic events (Chung et al., 2017).

According to the social-cognitive theory of recovery from trauma (Bandura, 1997; Benight & Bandura, 2004), exposure to chronic traumas and stressful events has a negative influence on the individual’s sense of SE by reducing their self-regulation and resulting in a feeling of powerlessness that, in turn, adversely affects mental health outcomes (Brewin, 2003; Chung et al., 2017). Despite the existing body of knowledge on the mediating role of SE on the associations between stressful life events and adaptive MH outcomes, less is known about the role of SE in the context of political conflict-affected environments. Utilizing the Stress and Coping Theory developed by Lazarus and Folkman (1984), this study aims to address this gap and investigate the mediating role of SE on the association between EPPV and poor MH outcomes, including PTSS and PDIS.

Stress and Coping Theory (Lazarus & Folkman, 1984) posits that stressful life situations (such as EPPV) have an adverse impact on individuals’ well-being and emotional responses by affecting their perceptions of their ability to cope with these stressful life events. That is, the individual’s functioning following a stressful situation depends in part on their sense of self-efficacy and their internal assessment of their ability to cope with the given situation effectively; these in turn predict adaptive MH outcomes.

**1.3. The moderating role of the level of education, socioeconomic status (SES), and quality of housing**

The existing body of knowledge regarding the moderating role of socioeconomic factors (education level, socioeconomic status, and quality of housing) on the association between EPPV and MH among the adult population in political conflict-affected settings is limited. A systematic review (Roberts & Browne, 2010) suggested that low education levels, low income, and low housing quality are associated with worsened psychological conditions among populations affected by conflicts in low- and middle-income countries. However, further evidence supporting this conclusion is weak. The results of two recent studies conducted among Palestinian adults have shown that life stressors, such as low incomes and a tendency to live in poor housing conditions contributed to the development of severe mental disorders, such as depression, stress, and anxiety (Bdier et al., 2023; Marie & SaadAdeen, 2021).

**1.4. Objectives and hypotheses of the study**

Drawing on the theoretical approaches mentioned above, this study explores a mediation-moderation model involving psychological and sociodemographic factors by examining the mediating role of SE on the association between EPPV and poor MH outcomes among a large sample of Palestinian adults from East Jerusalem and the West Bank. We also explore the moderating role of the level of education, family socioeconomic status (SES), and quality of housing in that relationship while controlling for participant’s age, gender, area of residence (East Jerusalem, West Bank), and type of locality (city, village, or a refugee camp). We hypothesize that:

1. High rates of EPPV will be associated with adults’ poor MH (specifically, higher levels of PTSS and PDIS).
2. 2a. High levels of EPPV will be associated with low levels of SE.

2b. Low levels of SE will be associated with poor MH outcomes.

(3) SE will mediate the association between EPPV and poor MH outcomes.

1. The associations between EPPV and poor MH outcomes will be stronger among participants with low levels of education, low family SES, and poor housing quality.
2. **Method**

A cross-sectional survey was conducted among a cluster systematic random sample of 2934 dyads of Palestinian adolescents and their parents. In this article, we present partial results of the data that were collected from the parents; hence, only relevant measures are described below.

**2.1. Participants**

The study sample included 2,934 Palestinian dyads of parents and one of their adolescent sons or daughters. We present partial results obtained from the parents. Participants’ age range is 30 to 67 years old (M = 43.77; SD = 6.96), from East Jerusalem (16.3%) and the West Bank (83.7%), living in different types of localities, with 39.4% living in urban areas, 5.8% living in refugee camps, and 54.8% living in rural areas. The majority of the participants were men (56.6%; 43.4% were women), most of them were Muslims (98.4%), and the rest (1.6%) were Christians.

**2.2. Questionnaire**

The questionnaire of the study consisted of the following parts.

*Sociodemographic Data:* This part of the questionnaire included questions about participants’ gender, age, level of education, religion, marital status, place of residence (by area of residence (East Jerusalem, the Palestinian West Bank), and type of locality (urban, refugee camp, rural), work or occupation and profession, family size and composition, and more. Questions about the spouse’s age, level of education, work or occupation, and profession were also introduced.

*Socioeconomic Status (SES):* The family’s SES was measured based on a standardized measure consisting of questions about the family’s income from work and other sources (including government allowances, financial assistance from relatives, and income from rental of property), and each parent’s level of education, as well as questions about family size, quality of housing, and so on. SES, level of education, and quality of housing are treated in this article as moderator variables to test their possible effects on the association between EPPV and MH outcomes.

*Exposure to Prolonged Political Violence Scale (EPPVS):* EPPVS, a 45-item measure of EPV, was used to examine participants’ EPV. It reflects their experience with psychological abuse, physical violence, sexual abuse (as a direct victim), and witnessing violence (as an indirect victim) committed by the Israeli army and police as well as by Israeli settlers against participants’ family members and relatives. Participants were requested to answer the question about each act using a dichotomous measure, yes = 1 or no = 0. They were also asked to report about their EPV during each one of the following periods: (1) during the Second Intifada (since late September 2000 and until the day of filling out the questionnaire); (2) during the period between the end of the first Intifada (around the period of Oslo Accords; September 1993) and the outbreak of the Second Intifada (September 2000); and (3) during the period of the First Intifada until the June 1967 war (between June 1967 and September 1993). Cronbach’s alpha values for this measurement, as used in this study, are 0.935, 0.939, and 0.951, respectively, for each of the periods mentioned above. These three measurements were treated as the major predictor variables for predicting MH outcomes. Nonetheless, because of multicollinearity among all three variables, one variable of EPPV was created to sum up all three periods of EPV.

*Mental Health Outcomes:* Mental health outcomes were tested using two scales: Brief Symptom Inventory (BSI) *and* Post-Traumatic Stress Disorder Inventory (PTSDI). The BSI developed by Derogatis and Melisaratos (1983) includes 53 items measuring the following eight symptoms: psychoticism, hostility, anxiety, somatization, phobic anxiety, paranoid ideation, depression, and obsessive-compulsive behavior. A total score is also computed to measure the level of psychological distress (PDIS) among participants. Each item of the BSI is rated on a 5-point scale of distress, ranging from 0 (“not at all”) to 4 (“extremely”). Cronbach’s alpha values of this measure, as used in this study, were the following: 0.740 for psychoticism, 0.707 for hostility, 0.784 for anxiety, 0.833 for somatization, 0.717 for phobic anxiety, 0.769 for paranoid ideation, 0.796 for depression, and 0.754 for obsessive-compulsiveness. In addition, Cronbach’s alpha value for the total measure, PDIS, as used in this study, was 0.961.

The Post-Traumatic Stress Disorder Inventory (PTSDI) (Saunders et al., 1990) measures PTSS among adults. The PTSDI is a 28-item inventory, which was developed originally by Saunders et al. (1990), based on items contained in the SCL-90. Hence, the measure developed by Saunders et al. (1990) was adapted specifically for this study to measure political violence-related PTSS. Responses to the 28 items of this measure were based on a 4-point scale, ranging from 0 (“never”) to 3 (“very often”). Cronbach’s alpha value of the PTSS, as used in this study, was 0.935. The variables measured by the BSI and the PTSS were treated in this study as the main dependent/outcome variables, which are MH outcomes. Due to the multicollinearity between BSI and PTSS, these two subscales were combined into one variable. One overall score was derived by computing the mean of the items of both scales.

*Self-Efficacy Scale (SEES)*: Sherer and Maddox’s (1982) 30-item SEES was used in this study to measure SE or general beliefs about one’s competence. The SEES consists of two subscales: general SE and social SE. Responses to the items of the SEES are based on a 5-point Likert scale, ranging from 1 (“strongly disagree”) to 5 (“strongly agree”). Cronbach’s alpha value for the SEES, as used in this study, is 0.715. One total score was computed for producing one measure of overall SE out of the two subscales of SE.

**2.3. Procedures for data collection and protection of participants**

All of the scales mentioned above and measures (except the EPVS, which was originally developed in Arabic) were translated from English into Arabic and back-translated into English to ensure that the correct translation and conceptual appropriateness were maintained. In addition, the Arabic versions of the scales and measures were adapted to the cultural and political contexts of Palestinian society. This process of validation was accomplished by conducting several pilot studies and focus-group discussions among adults and professional experts and judges with extensive experience in conducting social, behavioral, and psychological research in that society.

The study was conducted with the agreement of the Palestinian Ministry of Education, which cooperated in allowing us to collect the data and conduct the study in junior and senior high schools. In addition, the study was approved by the Ethics Committee at the authors’ academic institution before the data collection procedures began.

Educational counselors at participating schools were trained to collect the data. The Research Unit and the Educational Counseling Unit at the Palestinian Ministry of Education informed the superintendents in all 16 districts in East Jerusalem and the West Bank of the study and requested their cooperation. The superintendents informed the principals whose schools were selected for the sample and asked them to cooperate with the research team in conducting the study. The educational counselors working in the schools that were selected for the sample were trained in all the procedures for conducting the study.

The counselors were asked to randomly choose three or four classes at their schools to participate in the study (the number of classes that were chosen from each school depended on the size of the school). The counselors briefed all of the pupils in each class about the nature and purpose of the study, distributed an information sheet for parents explaining the nature and purpose of the study, and encouraged them to participate in the study.

The counselors also distributed two informed consent forms: one form for parental consent for the students to participate in the study to be signed by one parent, and a second form signed by the same parent, indicating their own willingness to participate in the study. Students were requested to deliver a package of these forms to their parents (50% were asked to deliver it to their mothers, and 50% to their fathers) and were asked to return the package to the counselors no later than a week after the date of the first delivery.

Pupils who brought back the signed informed consent forms were given the following package: a questionnaire to be filled out by the adolescent; a questionnaire for the parent who had signed the informed consent forms; and a letter of explanation, one for adolescents and a similar one for parents, about how to fill out the questionnaire. The package also included advice to parents to contact the educational counselor of the school if they were uncomfortable with the questionnaires and an envelope for returning the questionnaires. The student could then return the package to the educational counselor.

The letter also included debriefing instructions for parents and adolescents about their possible experiences in filling out the questionnaire, and, as indicated, encouraged them to call the counselor for a conversation (usually by phone or in a face-to-face meeting if needed) concerning any feelings of distress, inconvenience, or discomfort resulting from participation in the study. Several days after the first conversation, the counselor initiated follow-up conversations with pupils and with parents to ensure that the parents and offspring felt comfortable. If necessary, the counselors invited some of the parents and children to the school for further discussion of their feelings.

Based on the counselors’ reports, less than 1% of the pupils and parents contacted them to discuss any concerns related to their children’s participation in the study. About 80% of them reported that there was no need for any further conversation about the participant’s feelings, and the other 20% needed one additional brief session of phone conversation.

Based on participants’ reports, filling out the questionnaire required about 45 minutes. About 4,500 questionnaires were distributed among pupils and their parents. Of these, about 3,300 (73.33%) returned questionnaires filled out by both groups of participants. After an examination of the questionnaires, 10.82% were excluded due to extensive missing data and concerns over the lack of seriousness of some participants in filling out the questionnaires. As a result, our data analyses are based on a sample composed of 2,934 questionnaires, amounting to 89.18% of the returned questionnaires and 65.4% of the distributed questionnaires.

**2.4. Data analyses**

First, descriptive statistics were examined regarding the variables of the study. Second, bivariate analyses were conducted to test the relationships between the research variables using Pearson’s correlations. Third, a multicollinearity test was conducted to test multicollinearity between the variables of MH (PTSS and PDSI) and EPPV variables: (1) Since the beginning of the Second Intifada until January 2011 (September 2000–January 2011); (2) During the period between the end of the First Intifada (September 1993) and the beginning of the Second Intifada (September 2000); and (3) between the period June 1967 and the end of the First Intifada (September 1993). The findings of this statistical analysis indicated multicollinearity between MH variables (PTSS and psychological distress). Consequently, they were combined into one independent variable of MH.

Similarly, one dependent variable of EPPV was created due to multicollinearity among the three measures of EPV. Finally, a PROCESS mediation-moderation analysis was performed using SPSS 21 (PROCESS-Model #5, developed by Preacher & Hayes [2008]) which tested the role of the SE as a potential mediator in explaining the association between EPPV and poor MH outcomes. In addition, the moderating role of the level of education, family SES, and housing quality on the association between EPPV and MH outcomes was tested. In this analysis, the parents’ age, gender, quality of housing, and type of locality were treated as covariates.

1. **Results**

**3.1. Descriptive Statistics**

The study sample included 2,934 Palestinian adults (mean age = 43.77; SD = 6.96) from East Jerusalem (16.3%) and the West Bank (83.7%) in different types of localities (39.4% lived in a city, 5.8% in a refugee camp, and 54.8% in a village). Notably, 44.3% of the participants reported that they earned less than three thousand shekels monthly (about eight hundred fifty dollars), and less than 1% earned more than nine thousand shekels monthly. Regarding their level of education, 38% of the participants reported having a high school education, and almost 37% reported not having a high school education. Most of the participants were male (56.6%) and Muslim (98.4%), and the remaining participants (1.6%) were Christian. Table 1 presents the rates of participants’ EPPV in each of the three periods mentioned above. The findings presented in Table 1 indicate that Palestinians in East Jerusalem and the West Bank were exposed (directly and indirectly) to high levels of different acts of political violence (including being beaten, insulted, and/or arrested by Israeli military or settlers) over different periods in their life.

**3.2. Bivariate analyses**

The first hypothesis of the study predicted the association between higher levels of EPPV and higher levels of poor MH. Confirming our hypothesis, the findings reported in Table 2 indicate that EPPV was positively and significantly associated with poor MH outcomes (r = .216, P <.000); thus, the more participants reported EPPV, the more they reported poor mental health. Regarding the second hypothesis of the study, the findings show a significant negative association between participants’ EPPV and SE (r = -.062, P <.000). We also found a significant positive association between MH and SE (r = .246, P <.000); thus, higher levels of MH were found to be significantly associated with higher levels of SE.

**3.3. The mediation-moderation analysis**

An important goal of the current study was to investigate the mediational role of SE on the association between EPPV and poor MH outcomes. To achieve this goal, a PROCESS mediation-moderation analysis was performed using SPSS 21 (PROCESS-Model #5, developed by Preacher & Hayes [2008]). Consistent with our third hypothesis, the results presented in Table 3 and Figure 1 show that the association between EPPV and poor MH outcomes was partially mediated by low SE (ß = -.016, SE = .006, P < .05; CI [−.029, −.004]). As presented in Figure 1, higher levels of EPPV predicted lower levels of SE (ß = -.057, SE = .021, P < .05), which in turn predicted poor MH outcomes (ß = .279, SE = .021, P < .05). The fourth hypothesis predicted that the association between EPPV and MH will be stronger among those who reported low levels of education, low family SES, and poor housing quality. We examined the moderating role of education level, family SES, and quality of housing on the association between EPPV and poor MH outcomes. The results presented in Table 3 show that none of these variables had a significant effect, indicating that the association between EPPV and poor MH outcomes was not affected by the level of family SES, housing quality, or education. This result does not support Hypothesis 4.

**Discussion** The main objective of this study was to investigate the possible association between EPPV and poor MH outcomes, while also examining the potential mediating effect of SE as a psychological factor. Additionally, the study aimed to assess the moderating effects of sociodemographic factors among a large sample of Palestinian adults in East Jerusalem and the West Bank. To the best of our knowledge, the current study is among the first to investigate the role of SE in mediating the association between EPPV and poor MH outcomes in adults. Furthermore, the study examined the moderating role of the level of education, housing quality, and family SES on this association.

Consistent with evidence from previous research (Barber et al., 2016; Mesa-Vieira et al., 2022; Sousa, 2013; Stein et al., 2021; Veronese et al., 2021), the results of the current study indicate that EPPV is a significant risk factor for the MH of individuals experiencing chronic exposure to violence in political conflict-affected settings. The results show that the more the Palestinian adult population was exposed to incidents of political violence during different periods in their lives, the more they experienced overall MH problems (e.g., PTSS and PDIS). These findings, supporting our first hypothesis, suggest that there are cumulative effects of EPPV on poor MH. The findings of the present study highlight the possibility that EPPV threatens individuals’ MH outcomes not only when it occurs but also when it has occurred in the past. EPPV may even be a significant chronic threat to psychological problems in the long term (Miller & Rasmussen, 2010).

In addition to the direct association between EPPV and MH outcomes, our findings indicate that SE has a role in significantly mediating the association between EPPV and poor MH outcomes. Drawing on the Stress and Coping Theory (Lazarus and Folkman, 1984) and the social-cognitive theory of recovery from trauma (Bandura, 1997; Benight & Bandura, 2004), exposure to stressful and traumatic life events (e.g., EPPV) adversely affects the individual’s SE, specifically the perception of their ability to handle stressful situations. This condition may be accompanied by a feeling of powerlessness associated with mental health problems (e.g., psychological distress and depression). Our findings suggest that fragile SE following exposure to traumatic events may be one of several factors contributing to the significant link between EPPV and poor MH outcomes among adult populations in political conflict-affected settings.

Based on previous studies, we had expected to find that social stressors such as socioeconomic disadvantages, low levels of education, and poor living conditions would worsen MH outcomes in the context of EPPV (Ayazi et al., 2012; Miller & Rasmussen, 2009, 2010; Roberts et al., 2010). However, in contrast to the results of previous studies (Bdier et al., 2023; Marie & SaadAdeen, 2021), participants’ level of education, socioeconomic status, and housing quality did not moderate the association between EPPV and poor MH in this study.

One of the explanations of this finding might be related to the fact that the majority of the sample, and much of the population in East Jerusalem and the West Bank, is characterized by socioeconomic disadvantage and low education level. For this reason, the differences related to these factors may be less significant than in previous studies. Further research is needed to better understand the contribution of sociodemographic factors to MH outcomes in the context of prolonged political violence and conflict.

**Strengths and limitations of the study**

The current study is among the few studies that have explored a wide range of prolonged exposure to political violence acts (long- and short-term) and its association with poor MH outcomes among a large and heterogeneous sample of Palestinian adults in East Jerusalem and the West Bank. It is also among the first studies to try to fill the gap of knowledge on the role of SE as a mediator and sociodemographic variables as moderators of the association between EPPV and its MH outcomes. Despite these strengths, we note some limitations. First, data collection was based only on participants’ self-reporting. Single informant studies are likely to suffer from a systematic measurement error, a so-called method error, or informant bias, which adversely affects the validity of the empirical findings. Hence, we suggest that future studies collect data from additional resources of information about participants’ EPPV (such as other family members and MH practitioners.

Secondly, participants were asked to retrospectively report on their direct and indirect EPPV during three long periods in their life cycle. This retrospective approach might result in inaccurate or distorted recollections of EPPV. Third, due to the cross-sectional nature of the study’s methodology, we cannot draw conclusions regarding the causal effects of EPPV on MH outcomes. Studies based on longitudinal and prospective designs could provide more robust evidence of causality among the core variables of the study.

**Conclusion and implications of the study**

The findings of the study provide initial evidence concerning a potential mechanism underlying the association between EPPV and poor MH outcomes. The findings of the study suggest that enhancing SE among adults in conflict-affected settings can effectively assist in overcoming PTSS and psychological distress and improving their mental health following exposure to traumatic incidents of PV. The results of this study indicate that developing prevention and intervention programs aiming at strengthening SE may be important in helping victims of political violence cope better with the traumatic effects of EPPV.

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