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SEEKING PROFESSIONAL HELP AND SATISFACTION FROM THE TREATMENT AMONG DISPLACED AND NONDISPLACED COMMUNITIES FROM WAR ZONES

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Abstract

Following the recent terror attack of the Gaza Hamas movement in south Israel on October 7, 2023, and the war in Gaza that followed this attack, several communities in this area were evacuated. They were placed in hotels in central Israel. Other nearby cities were not evacuated. About three weeks after the attack, we surveyed residents of the city of *Sderot* who were evacuated from their city (sample 1), and about eight months after the attack, while the war between Israel and Gaza Hams was still ongoing, we conducted another survey in the neighboring city of Ofakim who were not evacuated, despite being massively exposed to the October 7 events and the continuous war (sample 2). *Research aims:* Examining the extent of treatment-seeking from the Resilience Center and whether background variables, level of exposure to war events, and psychological distress predict help-seeking behavior in both samples and the level of satisfaction with the treatment in both samples. Samples: Sample 1 consisted of 881 displaced residents of *Sderot*, and Sample 2 and Sample 2 included 387 residents of an Ofakim neighborhood that was attacked by Hamas and were not displaced. Measurement scales included standard scales for ASD, PTSD, anxiety, and depression and questions that were tailor-made for this study. Results show high exposure to terror attacks and war events and high levels of psychological distress in both samples. About half of the participants in sample 1 and one-third in sample 2 sought professional help from the Resilience Centers. In sample 1, seeking treatment was associated with gender (women), being a parent, and higher levels of ASD. In sample 2, seeking treatment was weakly associated with the level of exposure to war and moderately associated with PTSD symptoms, anxiety, depression, and gender. Clients of the Resilience Center expressed high satisfaction with the treatment in both samples. This study highlights the importance of immediate psychosocial treatment for communities in war zones, whether evacuated or not.

Keywords: *Help-seeking, exposure to war, Acute Traumatic Stress, PTSD, crisis treatment centers.*

1. Introduction

Acts of political violence have extensive repercussions on individuals, communities, and societies. On a personal level, political violence is associated with adverse mental health consequences, including posttraumatic stress disorder (PTSD), depression, and anxiety (Rigutto et al., 2021) and decreased levels of optimism and hope (Neria et al., 2008). Displacement is another potential consequence of being in war zones and involves additional physical and psychological burdens and challenges (Dubow et al., 2021). On Saturday, October 7, 2023, a sudden attack took place in the southern part of the State of Israel. The attack, of significant magnitude, was carried out by Hamas terrorist organizations from the Gaza Strip towards Israel. It was aimed at military and civilian targets, particularly in Israeli rural and urban areas close to the Gaza Strip. The attack included massacres and the killing of over 1,200 Israeli and foreign civilians, among them 36 children, involving torture, abuse, dismemberment, and rape. In addition, the terrorists took almost 250 people hostages, 100 of whom are still in captivity at writing time (Dostri, 2023).

It is widely accepted that we should offer trauma-informed psychosocial interventions for people who are exposed to such massive acts of political violence, as soon as possible after exposure. Given a long history of repeated exposure to wars and other types of political violence, local "resilience centers" were designed to help provide effective responses to victims of violence. They aim to provide a safe space for the affected individuals and families to share their traumatic stories, process events, reduce trauma

symptoms, connect with inner strengths, gain coping tools and parenting guidance, reduce dependency, and return to normal functioning. These facilities are free, treatment is voluntary, and waiting lists are usually short. Treatment-seeking behavior occurs when individuals acknowledge facing challenges or difficulties requiring external support (Saint Arnault, 2009). The question is how many of the individuals who resided in communities that were directly exposed to the October 7th events sought professional support and whether their decision was associated with whether they were displaced or not from their home, their level of exposure, and their psychological distress as well as background characteristics.

2. Objectives

- Assess the rate of seeking treatment from the resilience centers in two communities in south Israel near the border with Gaza that were heavily affected by the October 7 terror attacks. Sample 1 -individuals in a community that was displaced to hotels in other areas of Israel (Sderot, 7 km from the border), and sample 2 - individuals in a community that was not displaced (Ofakim, 20 km from the border) based on governmental decision.
- Assess differences or similarities in background, health status, exposure to terror and war events, and psychological distress between those who sought treatment and those who did not in each sample.
- Assess whether levels of exposure to terror and war events and psychological distress predict treatment-seeking in each sample after adjusting for background and health status.
- Assess the level of satisfaction with the treatment in the resilience centers among those who sought treatment in each sample.

3. Methods

3.1. Participants

Sample 1 included 881 individuals (77.4% women) who were displaced to several hotels in Israel (Sderot). Their Age ranged from 18 to 60+; 74.6% had a partner, and 81% had children. The resilience center moved with them to the hotels or provided online treatment. Sample 2 included 387 participants (66.3% women) who resided in a neighborhood severely affected by the October 7 events (*Hagefen*) and were not evacuated or displaced. Their average Age was 39.85 (SD=13.32). Sixty-three percent had a partner, and 84.5% had children.

3.2. Design

We conducted two cross-sectional surveys: About three weeks after the attack (between November 1 and December 13, 2023), we conducted a survey among the displaced community (sample 1). About eight months after the attack (June 2 to August 8, 2024), while the war between Israel and Hamas in Gaza was still ongoing, we conducted a survey among residents of a community who were not displaced from their homes despite being massively exposed to the October 7 events and the continuous war (sample 2).

3.3. Data collection

We constructed an online questionnaire following ethical approval from the authors' university. In sample 1, the link to the questionnaire was distributed by hotels' coordinators to WhatsApp and e-mail addresses of the evacuees in each hotel. In sample 2, research assistants met the participants in person (or by phone) and facilitated the participant's responses to the online questionnaire.

3.4. Measurements

The demographic questionnaire included Age (in sample 1 by categories ranging from (1) ages 18-21 to (6) ages 60+; In sample 2- year of birth), gender (men/women/other), having an intimate partner (yes/no), and having children (yes/no).

Health Status was measured by one-item self-rated health (SRH) measure with a five-point scale (1 = *poor* to 5 = *excellent*) (DeSalvo et al., 2006).

Exposure to October 7 events and the Iron Swords war: Two types of exposure measures were specifically constructed for this study: self-exposure and others' exposure. While others' exposure measures were similar in both samples, the self-exposure measure differed somewhat to adjust it to the specific events that each community encountered and the accumulative experiences of the war.

The *self-exposure* measure in sample 1 included eight items exploring whether the participants experienced each one in person: witnessed invasion by terrorists, hid in a shelter, tried to call for help; their

life was in danger, were under missile attacks that endangered their life, fought the terrorists; saw people getting hurt; treated the wounded. The scale for this measure ranges from 0 to 8 types of events.

The *self-exposure* measure in sample 2 included nine items: witnessing an invasion by terrorists, eye-witnessed massacre of people, hearing the massacre of people, hiding in a shelter, feeling their life was in danger, calling for help because their life was in danger, was under missile attacks that endangered their life, wounded during the war, the war-damaged their house.

Others' exposure measures in both samples included five items: a family relative was wounded, a family relative was killed, friends were wounded, friends were killed, and someone they know in person was kidnapped. The scale for this measure ranges from 0 to 5 types of events.

For the severity of acute stress symptoms (ASD) in sample 1, we used the Adult Scale/National Stressful Events Survey Short Scale (NSESSS). Comprising seven items, the scale for this measure ranges from 0 to 27 (Kilpatrick et al., 2013) (Cronbach's α =0.856).

Posttraumatic Stress Symptoms—In sample 2, because we conducted the survey several months after the main attack, we used the International Trauma Questionnaire (ITQ) (Cloitre et al., 2018) instead of the NSESSS. It includes six items with total score on the scale ranges from 0 to 24. (Cronbach's α = 0.874).

In sample 2, we also included the following: (1) The Generalized Anxiety Disorder-7 measured anxiety (GAD-7; (Spitzer et al., 2006); Cronbach's α = 0.933). (2) The Patient Health Questionnaire-9 measured depression (PHQ-9; (Kroenke & Spitzer, 2002); Cronbach's α = 0.895).

In the two samples, *seeking treatment from the Resilience Center* was measured by one question: Did you seek treatment from the Resilience Center? Response categories were yes/no/not familiar with the Resilience Center. Responses of "not familiar" were excluded from the analyses.

Client's satisfaction: Participants who received treatment evaluated whether it was helpful on seven items (see Table 2 for details) on a scale of 1 "very little extent" to 5 "very great extent." These items were specifically prepared for the present study (α Cronbach in sample 1= 0.899 and in sample 2 0.864).

4. Results

Almost 50% (45.6%) sought treatment among the displaced sample, and almost one-third (31.6%) sought treatment among those who were not displaced (sample 2). Table 1 shows that in both samples, women tended to seek treatment more than men and that those with a perceived worse health state tended to seek treatment more than others. Whereas the level of exposure to terror and war events was not associated with treatment-seeking among the displaced participants, it was significantly associated with treatment-seeking among the nondisplaced participants. Participants with higher ASD in sample 1 and higher levels of PTSD, anxiety, and depression symptoms in sample 2 tended to seek treatment more than others. Results of logistic regression for sample 1 assessing treatment-seeking by exposure to acts of political violence and ASD after controlling for background variables and perceived health status among displaced individuals (not shown in a table) revealed that higher ASD was associated with higher odds for treatment-seeking (OR=1.13, CI 1.07-1.20). In contrast, the level of exposure was not associated with treatment-seeking. In sample 2, separate logistic regressions were run for PTSD, anxiety, or depression as predictors due to multicollinearity (Pearson correlations between PTSD and depression= 0.63; PTSD and anxiety 0.66, and depression and anxiety=0.79). We found that after controlling for background variables and perceived health status, higher levels of anxiety (OR=1.06, CI 1.01-1.11) or depression (OR=1.04, CI 1.00-1.09) were associated with higher odds for treatment-seeking while PTSD symptoms or exposure were not significantly associated with higher odds for treatment-seeking.

Table 2 shows that those who sought treatment from the resilience centers were highly satisfied with the treatment received in both samples. The level of satisfaction was unrelated to background or any other study variables in both samples.

5. Discussion

Our findings support previous literature that war and armed conflicts can overwhelm an individual's ability to cope, leading to high rates of individuals (women more than men) seeking professional help. Displacement from an acute war zone does not seem to reduce distress and perhaps even increase it (Tomasi et al., 2022). Psychological distress alarms individuals to seek professional help. The high satisfaction from the treatment at the resilience centers and the lack of associations between background variables and satisfaction imply that these centers provide professional, impartial, and tailor-made immediate crisis intervention.

Similar to the authors' previous work in a different context (Schiff & Pat-Horenczyk, 2014), seeking treatment was a good indicator of psychological distress in the context of acts of political violence.

This suggests that individuals are good diagnosers of their own stress and are well aware of when they need to seek help.

Study limitations include a cross-sectional design that rules out the prediction of causality. The time elapsed from sample 1 to sample 2 also prevents us from concluding that displacement in the context of political violence is a risk factor for psychological distress. More complex research designs (pre-post and follow-ups) are necessary to argue for the efficacy of the treatment in the resilience center.

Altogether, the results point to the significance of "first aid" trauma-informed psychosocial interventions in the context of mass man-made trauma, which is sought by many survivors and highly appreciated by them.

Table 1. Description of study variables by seeking treatment from the Resilience Center.

	Sample 1			Sample 2		
	Evacuated Seek treatment from the Resilience Centre [3]			Were not evacuated Seek treatment from the Resilience Centre [3]		
Characteristic	Yes (n=341)	No (n=407)	Chi-Square	Yes (n=96)	No (n=208)	Chi-Square
	%	%		%	%	
Gender			19.604***			8.95**
Men	30.2	69.8		20.6	79.4	
Women	49.9	50.1		37.2	62.8	
Has a partner			.001			.001
Yes	48.8	51.2		31.6	68.4	
No	48.6	51.4		31.8	68.2	
Children			23.93***			
Yes	49.8	50.2		33.3	66.7	2.03
No	26.7	73.3		22.9	77.1	
			T			*t*
Age categories[1]/ Age in years	4.43 (1.17,1-8)	4.42 (1.45, 1-8)	0.13	37.77 (12.31, 18-65)	40.48 (14.18, 18-72)	1.52
Perceived health	3.36 (1.06, 1-5)	3.55 (1.03, 1-8)	2.51**	3.02 (1.39, 1-5)	3.42 (1.21, 1-5)	2.51**
Self-Exposure [2]	2.34 (1.90, 0-8)	2.16 (1.66, 0-8)	1.39	4.88 (2.23, 0-10)	4.20 (2.12, 0-9)	2.53**
Others' exposure 2	1.37 (1.39, 0-5)	1.23 (1.31, 0-5)	1.38	3.89 (1.58, 0-5)	3.41 (1.77, 0-5)	2.26*
ASD/PTSD	17.33 (6.17, 0-28)	14.73 (6.92, 0-28)	4.29***	17.07 (6.16, 0-24	14.05 (7.27, 0-24)	3.53***
Depression	---	---	---	14.40 (7.30, 0-27)	10.88 (7.82, 0-27)	3.72***
Anxiety	---	---	---	14.29 (6.63, 0-21)	11.02 (7.04, 0-21)	3.80***

Note. Mean (SD, minimum-maximum). [1] In the first sample we asked about age categories. There were seven age categories ranging from 1=ages 18-21 to 7 over 70. [2] The items in the self and other exposure were adapted to the specific experiences of the committee and the progression of war. Thus, the higher means in the non-evacuated community does not necessarily indicate more exposure. [3] 39 participants in sample 1 and 70 participants in sample 2 did not know what are the resilience centers. They were excluded from the analyses. *t* = t-test for independent samples contrast on estimated means. ***p*<.01****p*<.001

Table 2. Distribution of perceived helping components by those who sought treatment from the resilience centre in the two sites.

	Sample 1				Sample 2			
	Evacuated (n=299)				Were not evacuated (n=91)			
	Moderately extent	Great extent	Very great extent	Mean and (SD)	Moderately extent	Great extent	Very great extent	Mean and (SD)
	%	%	%					
They treated me with respect	3.8	23.6	69.7	4.59 (0.74)	2.2	5.5	87.9	4.75 (0.80)
The service was physically accessible	22.7	29.1	39.8	3.96 (1.08)	13.2	12.1	63.7	4.21 (1.25)
They listened to me carefully	3.1	33.2	62.4	4.56 (0.64)	0.0	11.0	83.5	4.68 (0.91)
They understood me	6.1	34.1	56.8	4.44 (0.78)	2.2	12.2	80.0	4.63 (0.91)
They are professionals	5.8	36.8	56.4	4.48 (0.67)	3.3	11.1	77.8	4.54 (1.03)
They helped me	20.9	31.8	39.7	4.02 (1.01)	7.9	13.5	62.9	4.12 (1.38)
They made me feel I am not alone	12.8	34.0	44.4	4.12 (1.02)	11.4	10.2	67.0	4.23 (1.31)
Total scale				4.29 (0.73)				4.43 (0.86)

Note. Responses range from 1 "very little extent" to 5 "very great extent. We collapsed the first two responses ("very little" and "little" due to the small number of participants who chose response 1

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