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The Manifestations of the Israeli-Palestinian Conflict in the H2 Areas of Hebron City and its Impact on Livelihood and Health

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ABSTRACT

Political conflicts can have adverse effects on the lives of people. All aspects of life are affected such as access to health, education, economics, social well-being, and human rights. How political conflicts affect the mental and physical well-being of a community is particularly concerning. This study aimed at exploring the impact of the political conflict on families' livelihood and health. We also explored the strategies the families use to cope in their environment. This research uses qualitative research methods to explore in depth the ways political conflicts impact the lives of residents in the H2 areas of Hebron city in Palestine. The research shows that mental health mediates the effects of violence on almost all other aspects of family life. Participants in this research emphasized the importance of social support from organizations, family members, neighbors, communities, and other regions in helping them persevere. In fact, one particular outcome of this research is that when faced with oppression from external and foreign powers, the oppressed communities tend to stick together and support each other to a greater extent than during times of peace. We termed this positive outcome of political violence as the separation oppression-unification theory to show how when one group separates itself and oppresses another group, members of the oppressed group tend to set aside their differences and stick together against their common oppressor by increasing social support and cohesion.

INTRODUCTION

Hebron city lies 35 KM to the south of Jerusalem and is the largest city in the West Bank of Palestine in terms of population and area. According to the Palestinian Central Bureau of Statistics (PCBS, 2021), the estimated mid-year population in the city of Hebron in 2021 was 221,136. In 1997, the PLO and Israel signed the Hebron Protocol which stipulated the rules for administering Hebron city (UN Peacemaker, 1997). This followed from the Oslo accords signed in 1993, between Israel and the Palestine Liberation Organization. The city was then divided into two areas H1 and H2. The H2 area comprises 20% of the city and includes the old city and six Israeli settlements. The Israeli occupation divided the H2 area into restricted and prohibited areas. Israel retains complete control over the prohibited areas and imposes strict restrictions on movements.

According to the Protocol, the Israelis retain control over the security and public order of H2 while the Palestinians have control over civil services. Article 9 of the Protocol requires that both sides should ensure smooth and normal movement of people, goods, and vehicles within, into, and out of the city without obstacles or barriers. Approximately 33,000 Palestinians live in the H2 area, along with 800 Israeli settlers who are protected by 650 Israeli soldiers.

The conflict in the H2 area of Hebron, including the Old City, is more intense than in other parts of Hebron and Palestine partly due to the presence of contested religious sites that are sacred to both Jews and Muslims. Tensions between the Arab and the Jewish settlers' communities are ever-constant. To safeguard Israeli settlements, the Israeli army has cordoned off certain areas such as the Shuhada Street, formerly a lively market in the

Old City, now a “sterile zone” where Palestinians are not allowed to walk, even though their homes are still there (Euronews, 2019). Hebron Old City was declared a world heritage site in 2017 by UNESCO (UNESCO, 2017). In the heart of the old city lies the Ibrahimi Mosque also known as the Cave of the Patriarchs or Tomb of the Patriarchs, a ‘holy site’ to Muslims and Jews.

The Israeli authorities further subdivided the H2 area into two political divisions: 1) The military closed or prohibited areas to the west. The Israeli occupation forces have closed populated Palestinian areas in H2 including Tel Rumeida, Ash-Shuhda street, As-Sahleh, and the old city. The movement of Palestinians and their vehicles in the closed areas are severely obstructed in violation of article 9 of the Hebron Accord. No one can enter or exit these areas without passing through strictly controlled checkpoints. Every resident inside of the closed areas of H2 is assigned a number. Anyone without an assigned number cannot pass through the checkpoints without special coordination (Btselem, 2019). 2) The restricted areas to the east. The restricted areas for the Palestinians include Wadi Hussein to the east next to the largest Israeli settlement Kiryat Arba and the areas of Ar-Ras to the far north, Al-Ibrahimi Mosque, and Al-Ja’abari area in the center, and As-Salaymeh area to the far south. Compared to the closed areas, the movement of people within the restricted areas is less controlled but vehicles are not allowed in and out. People in restricted areas still need to reach health and other services on foot only.

This study aimed at exploring the impact of the political conflict on families’ livelihood and health. We also explored the strategies the families use to cope in their environment.

METHODS

Our study design, data collection, and data analysis were guided by the methodologies of the grounded theory (GT) approach. By providing standard and systematic guidelines of inquiry, grounded theory imparts systematic rigor to qualitative research that otherwise would have been lacking (Thomas & James, 2006). Because themes are based on data (grounded in data), this approach buffers against researchers’ bias of preconceived beliefs about the topic. Also, unlike other descriptive qualitative methods such as ethnography

and content analysis, GT is more analytic, explanatory, and creative than descriptive (Charmaz, 2008; LaRossa, 2005). GT results are more in-depth and generalizable.

Data collection

A sample of 20 persons, aged 22 – 63 from H2 restricted and closed areas were interviewed; 14 males and 6 females, 13 married and 7 single. Ten resided in the restricted areas, 8 persons from closed areas, and 2 came from H1 areas. We used a combination of personal and focus group interviews. One focus group included 6 participants. Two focus groups included 2 participants. The rest of the interviews were one-to-one interviews. Interviews were conducted by experienced researchers and notes/recordings were done by trained students and lasted between 45 to 90 minutes. Interviews were conducted in Arabic and translated to English verbatim. The questions included: What is your understanding of the political conflict? How does the conflict affect your life? How does the conflict affect your health? The health of your family? How does the conflict affect your family relationships? How do you cope with the impacts of the political conflict?

Because there are advantages and disadvantages of personal interviews and focus groups, we conducted both types of interviews to gain from the advantages of both. In focus groups, participants will stimulate the discussion by interacting with each other but some participants may be less likely to express themselves in front of others because of privacy concerns or because of introverted personalities. In personal interviews, participants have more time to express their own views and may reveal more about their personal experiences but will not have the chance to interact with peers.

Ethical considerations

At the beginning of each interview, participants were informed of the objectives of the research and that their participation is completely voluntary and that they can withdraw from the interview at any time. Oral informed consent was obtained. Participants were also told that their identifying information will not be shared with anyone outside of the research team. Ethical approval was obtained from Hebron University IRB.

Analysis

As is recommended for qualitative research (Baker et al., 1992), data collection and analysis occurred simultaneously. After each interview, the transcript was analyzed independently by 4 researchers. The team members then shared their themes and discussed discordances and concordances. This multiple-coding strategy ensured the validity of the results. The team members also put forth recommendations for the next interview/interviews based on the results and experience gained from the previous interview/interviews. Recommendations included those themes that needed more probing, what areas needed more focus, what themes had been repeated and have become redundant, and what lessons were learned from the conduct of the interview that should be considered to facilitate better quality in the next one. We continued data collection till theme saturation was achieved.

Our analytic strategy followed guidelines in the scholarly literature. The steps of analyzing qualitative data were first described by (J. M. Corbin & Strauss, 1990) and elaborated by (Vollstedt & Rezat, 2019). The analysis proceeded as follows:

1. Open coding: data were broken down analytically. Line-by-line sentences and paragraphs were given descriptive codes. Then the codes were then organized under major codes or themes by grouping conceptually similar categories together.
2. Axial coding: categories were related to subcategories and to other categories.
3. Selective coding occurs when all the categories are unified in a single framework. Selective coding has been defined as “the explication of the storyline.” The storyline is the research narrative revolving around the central core category. LaRossa (2005) describes that it is within the storyline that the researcher can impart the slant.

RESULTS AND DISCUSSION

The Conflict Context

The interviews started with a general question attempting to get an understanding of how participants conceptualize political conflict. Answers to the question of *what is your understanding of political conflict?* varied greatly

among participants. Some thought the conflict itself and its causes are not clear, while others asserted that it is religious more than political. A central theme among all the answers, however, was the ‘Israeli Military Occupation’. Almost all participants thought of the ‘occupation’ as central to political conflict and their struggles. Few participants thought of political conflict as a struggle among internal Palestinian political factions. Others extended the concept to include the impact of occupation on all aspects of daily living.

According to some participants, the political conflict is mainly about the land. *"I consider the political conflict as a conflict over land. The Jews want this land and we are defending this land."* A 21-year-old university student, living in Tel Rumeida.

While others thought the political conflict is mainly religious in nature. A 30-year-old single male, resident of a closed area said *"Political conflict means that there is a difference between two sides over something, what you call as the political conflict is from a wider perspective, a religious conflict not a political conflict."*

Others thought of the conflict in terms of its impact on their safety and social and economic well-being. A 50-year-old divorcee replied that political conflict means *"No safety, bad economic situation. We are living under occupation."* A married male with 6 children, living in a closed area explained *"The Israeli conflict is not only political; it is also economic, military, social, moral, and psychological conflict."*

Participants acknowledged that there are internal political conflicts among the Palestinians but they thought that the general and more pressing conflict is with the Israeli occupation. *"We, as Palestinians, are involved in internal political conflicts. As for the general political conflict, it is the struggle with the occupier."* A 28-year-old father of two from a restricted area.

For some, the political conflict is an existential condition, to be or not to be. A 63-year-old female stated that *"They [the Israelis] came and offered huge amounts of money and incentives for me to sell the house but I refused, then they resorted to extortion. Now they use provocation tactics. In my case, political conflict is not about negotiation, it is to be or not to be."*

Regardless of how residents perceive the conflict, it has a profound effect on the lives of individuals, families, and the community. Our main themes and subthemes are shown in figure 1. The main themes included the impact of the conflict on daily activities, education, health, on family life, and community. Our subthemes included ways residents use to persevere and cope with the oppressive environment created by the conflict. The themes and subthemes derived from our open coding analyses are presented in the following section

Impact on Daily Living: Manifestations and Effects

A main theme that emerged from the interviews was how the conflict impacts the living environment and activities such as going to work, shopping, visiting friends, or even simply staying at home. The conflict is manifested in various forms of abuse: physical abuse, verbal harassment, body and property searches, arbitrary arrests, delays at checkpoints, delays and obstacles in simple everyday activities such as reaching homes and carrying goods.

One participant said, *"We are prevented from entering or leaving our homes without being searched and showing documents to prove that we are residents of this area."* A pervasive theme that emerged throughout all of the interviews was the delays in carrying out daily activities because of the checkpoints, obstacles, and searches conducted by the Israeli army. "In addition to everyday chores, for example, daily purchase of goods, I am always exposed to the checkpoints closing at any time. It is time-consuming. What I expect to take half an hour often takes 2-3 hours". A male resident of the old city.

Physical attacks on people are a daily common occurrence mostly perpetrated by the settlers while the Israeli soldiers do not interfere and if they intervene, they side with the settlers. Physical attacks occur in many forms such as throwing rocks, and bottles, hitting, kicking, pepper spraying, and unleashing dogs. *"The settlers throw rocks and bottles on my roof and windows. That's why we have iron mesh on our windows as they have broken our windows many times."* A resident of Tel Rumeida.

A mother living in a restricted area near the Israeli settlement, Kiryat Arba said *"Just 2 weeks*

ago, my 4-year-old disabled daughter was crawling in front of our house when settlers threw rocks at her. She cannot run and escape. Even people in wheelchairs are sometimes attacked."

Coping strategies with attacks on people and property

To deal with ongoing attacks and harassment, residents re-modulate their environment by building internal doors to move between apartments. They also install metallic wire nets to protect them from stones thrown by the settlers. Residents also adapt by not going outside alone at night and only for necessities. If everything fails, they resort to recording the attacks and reporting to the media. *"We install iron wires around our windows and terraces which will protect against the stones and the Molotov cocktails thrown by settlers. Sometimes settlers appear in the night and try to break in."*

If I decided to live in the old city, what advice would you give me? *"You need to have a safe and fortified house; you have to pay attention to not being late, and make sure to close your house very well."* A 57-year-old female teacher from an open area, a teacher at a school in a closed area. Residents have adapted to extreme and weird life situations. *"I give my kids sandwiches and tell them if you are attacked by the [Israeli] dogs, through them the sandwich. My child said he always carries stones in case attacked by a dog."* A housewife from a restricted area.

What do you do in case you are attacked? *"In case they attack me, my wife, or my children, then the first step is to go to the Red Crescent, or the Palestinian Civil Liaison Office, or the military liaison, or the Israeli police. The journalists and the media are a must because the Israelis are scared from photographing, documenting, and recording. I call human rights organizations. As a last resort, if I am forced to attack them back."* a 33-year-old government employee and a father of 3 children.

Solidarity and Social Support

An important social coping mechanism that has evolved to protect the community is offering solidarity and social support. A positive coping mechanism emerged from the negative conflict pressures. *"But on the other hand, there is solidarity among the family members and even the neighbors and the community. If someone is exposed to something, all the family will stand by and offer*

support. They offer support and help for the neighbors and even for strangers, like a stranger who is passing by. Everybody offer their help and support whether it is an assault by the settlers or the soldiers. For example, by calling the Red Crescent or the Coordination and Liaison Office or with the Israeli police. We have extraordinary social support because all of the area we live in is exposed daily and during the night.” a 33-year-old government employee and a father of 3 children.

Impact on Mental Health

In terms of psychological impact, participants talked a lot about fear, humiliation, insecurity, nervousness, irritability, and lack of tranquility. The psychological impact is greater on children. Fear was a dominant theme in discussions. Specific symptoms and reactions by children included: waking up screaming at night from nightmares, bed wetting, sensitivity to noise, and the inability to concentrate. Most of the symptoms mentioned were internalizing symptoms. Interestingly, no one mentioned externalizing symptoms such as aggression.

Fear, anxiety, and other mental health problems can have a negative impact on other themes such as physical health, education, and family relationships. “*There is no tranquility in life. Even as you are sleeping with wife and children, there is no tranquility. At any time, the person is at risk of being searched or arrested by the soldiers or attacked by the settlers.*” A 28-year-old father of two.

People are afraid not only about their own lives but the safety of their family members as well. “*The Israeli conflict affected me and my wife psychologically, always worrying for about our 3 kids who have to pass 4 checkpoints daily to reach their school.*” A father whose sons dropped out of school to avoid harassment and anxiety.

The impact of the conflict is more severe on the psychological well-being of children. “*The children are always afraid and in continuous fear. I mean you are in a place where you cannot protect your children, so what do you think?*” “*The army stops the little girls when they are on their own, this affects them psychologically.*” A teacher at a school in the closed area. “*Most of the residents, women, children, and men in these areas now need psychological help due to their exposure to daily*

violations.” A 33-year-old male resident of a restricted area.

How do you deal with this situation? “*I accompany my kids every day to the school. I wake up one hour earlier to take them to school because they are afraid of the soldiers.*” A 33-year-old government employee and a father of 3 children. “*Younger girls wait for the older girls until they leave so they can leave with them, as groups. Because there is danger if a young girl left alone, we always send them as groups.*” A teacher at a school in a closed area.

What do you do to improve students' morale? “*There is an educational counselor inside the school who takes the responsibility of guiding students and evaluating their achievements. The school also implements psychological support programs in partnership with the ministry of education office in Hebron, or with partner institutions.*” A 34-year-old male teacher resident of the old city.

Restricted access to Health Care

Health is impacted by the impediment of accessing healthcare. In addition to being unable to reach health care quickly and easily, the availability of drugs, medical specialties, and equipment are limited. “*The ambulance takes more time than our personal cars. We take the students with our personal cars to [the nearest hospital] as it only takes 3 minutes. The ambulances might take 10-15 minutes; sometimes they [the Israeli soldiers] don't let it in or delay it at the checkpoint.*” A teacher from the old city.

To deal with inadequate health access, residents form emergency committees or call the media. “*We have an emergency committee which works on protecting students...*”. A 32-year-old security guard and a father of two described this event: “*Last year the settlers attacked our neighbors so I started video recording with a friend. They immediately pelted us with rocks. I was injured in the head and my friend who is a journalist was injured in his arm. He bled profusely. The soldiers saw the blood and I asked them to offer medical assistance. They ordered us to stay for about 30 minutes not allowing the ambulance to reach us. Then we started to cry and shout. Then they carried us in the military ambulance to the marketplace. I told the military officer, look my friend's arm is swollen, it is broken,*

please bandage it. He did not reply. He did not offer assistance or medical aid until he saw the Palestinian ambulance coming down from the Karentina when he took a bandage and covered his arm.”

The available services in H2 are limited in scope and quality. The few health centers in the area do not provide for all the medical needs of the community. “... Our area lacks health centers and hospitals that offer comprehensive health care. “Mohamad Ali Al-Mohtaseb” hospital is a small hospital that is more like an emergency clinic with some other simple health services. When my wife was pregnant, I took her once to Mohamad Ali Al-Mohtaseb Hospital, they transferred her to another hospital, because they do not offer all needed services.” A teacher from the old city. “At Tel-Rumeida “the closed areas” there are no clinics. If anyone gets sick at night, they will not let the ambulance in.” A resident of Tel Rumeida

that can alleviate the impact. The conflict is manifested in restrictions on movement, physical, and verbal attacks. Those symptoms of conflict negatively impact access to healthcare and the availability of health services. A pervasive impact, however, is on mental health mostly in the form of fear. Residents reported that the fear they experience affects their ability to focus on their studies, their ability to maintain a sense of tranquility, and their relationship with their family members as they are constantly worried about their safety of their children and siblings. Extended family members who reside outside of the H2 regions are also afraid to visit their relatives in these areas. Despite the difficulties, H2 residents are persevering through community cohesion, forming support groups, and via assistance provided by international and local organizations such as the Red Crescent, the Red Cross, the media, and the Hebron Rehabilitation Committee.

Theoretical Framework

Figure 1 illustrates the conflict manifestations and their effects on health and the coping strategies

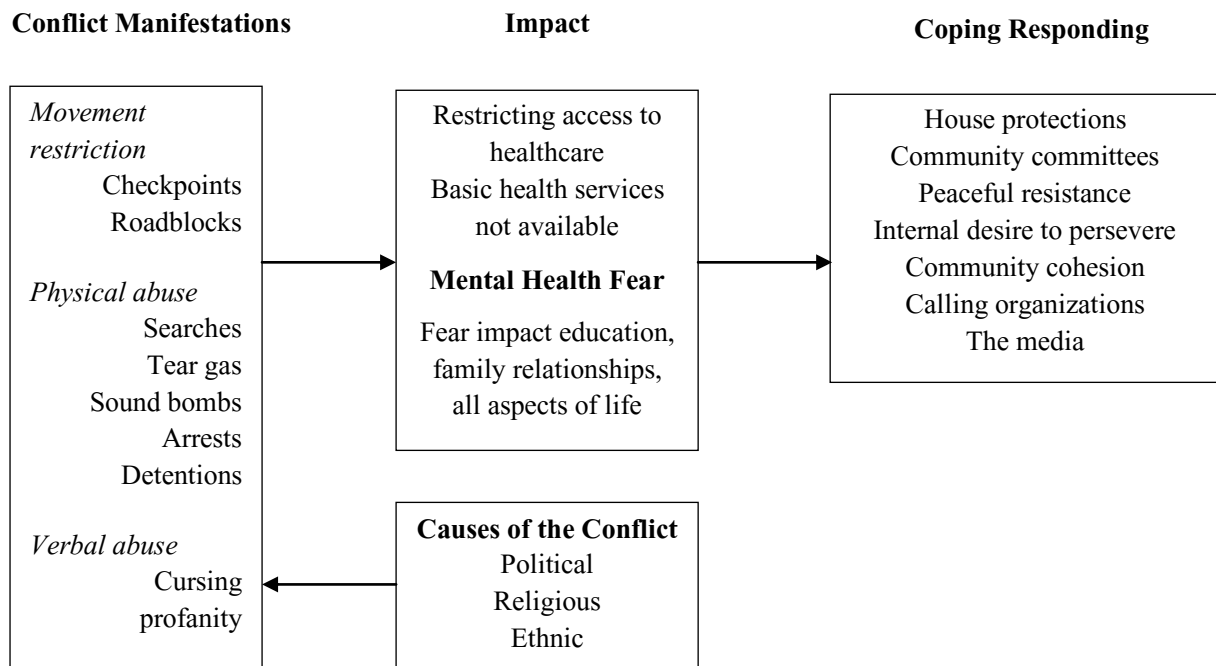


Figure 1. The theoretical framework of the relationships between conflict manifestations, their impact on health, and coping strategies.

Our findings reveal that residents of this region are exposed to daily violations of their basic human rights. Those violations include assaults, severe restrictions on movements and access, verbal abuses, and destruction of property, all of which

disrupt normal activities of daily living. These results are consistent with previous descriptive reports of the situation in the H2 area indicating that the situation has not changed or improved (OCHA, 2019; Btselem, 2019, United Nations, 2021).

The health services are insufficient to meet the needs of residents in H2 areas and the available clinics are ill-equipped often lacking crucial supplies. The settlers in the H2 area often prevent ambulances from reaching the sick and sometimes even attack health personnel. The looming threat of being attacked at any moment causes a mental state of continuous fear that negatively impacts the physical health of the population. Young children are especially vulnerable.

Mental health emerged as a core category influencing all other aspects of life including education, physical health, family, and community relationships. Participants in this research mentioned that in addition to the direct effects of the occupation on their lives, the political conflict also impacts them indirectly through its effect on mental health. It appears that the mental health consequences of political violence play a central mediating the impact of political violence on the health, educational, and social well-being of the individual and the family. Future quantitative research is needed to confirm these findings.

Participants reported that the ongoing and protracted adversities have sparked in them an internal hardiness that empowers them with defiance, callousness, and honor. Hardiness was first described by (Kobasa, 1979) and elaborated by (Maddi, 2004) and (Maddi, 2006). Hardiness is described as a tripartite construct comprised of commitment, control, and challenge. Commitment is described as the desire to commit to activities, people, or things that one has a genuine interest in and curiosity about (Maddi, 2006). Control is the belief that one is capable of influencing events and surroundings. Challenge is the view that changing and stressful events present challenges to endure and overcome rather than to escape from (Maddi, 2006). Answers to our question “*what motivates you to stay and endure the daily troubles?*” All participants reflected on aspects of the above-mentioned hardiness theory. Our research adds to the above theory dimensions of defiance, steadfastness (*summud* in Arabic), resolve, desensitization or habituation to the status quo. All of these internal personal dispositions, however, stem from their connections to the land that they feel has been bequeathed to them by their parents and they have an obligation to their forebears and their progeny to preserve. We believe that these

nuanced revelations on internal coping dispositions can add to extant theories of personal factors that alleviate the impacts of stressful events and environments.

CONCLUSION

Fear, irritability, depression, and other mental health problems can negatively affect physical health, academic performance, and intra-familial relationships. It is important to provide support to people exposed to political violence. Services and programs supporting mental health are crucial as our research shows that mental health mediates the effects of violence on almost all other aspects of family life.

Participants in this research emphasized the importance of social support from organizations, family members, neighbors, communities, and other regions in helping them persevere. In fact, one particular outcome of this research is that when faced with oppression from external and foreign powers, the oppressed communities tend to stick together and support each other to a greater extent than during times of peace. We termed this positive outcome of political violence as the *separation oppression-unification theory* to show how when one group separates itself and oppresses another group, members of the oppressed group tend to set aside their differences and stick together against their common oppressor by increasing social support and cohesion. In addition to psycho-social support, our research also shows that victims of political violence need physical support for their health and economic well-being. Financial assistance is critically needed to repair damaged properties, cover healthcare costs, and basic educational needs.

At the individual level, our research revealed personal characteristics that are cultivated in times of adversity such as steadfastness (*Summud* in Arabic), a sense of duty for the nation and for the family to persevere, enhanced resolve to resist, resilience, and habituation to the status quo. Those traits are internal tributes that allow the individual to beat the odds and accomplish extraordinary feats of self-preservation.

Our finding that there are not enough health centers in the H2 area to meet the needs of the residents implies that: (1) It is important for the Palestinian Ministry of Health to prioritize the area

in its health education campaigns and interventions activities; (2) It is important for the organizations that are already providing health services (ICRS, Red Crescent, and MSF) to step up their activities and become more efficient in their services. Efficiency in terms of training their personnel on providing basic health services and training their managerial staff in administrative details. Health professionals should pay attention to the psychological well-being of their clients and how mental health can influence other aspects of life such as work, education, family relationships, and physical health. A common theme that appeared in the interviews is that residents in H2 are living in constant fear from the settlers and soldiers. This fear impacts their mental health, ability to focus on their studies, their physical health, and family relationships (fear for their kids as well). In other words, mental health and fear affect all aspects of life.

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