

Research Article

The Impact of Men's Detention on the Psychological Wellbeing of Palestinian Women

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ABSTRACT

Abstract: Detention has a main impact on the health and psychological wellbeing of those leaving behind, in particular the partners. Little is known however on the impact of detention of men on their spouses when the imprisonment happens in situations of protracted armed conflict. This study therefore aims at investigating the consequences of the detention of men onto the health of their spouse living in the Palestinian Occupied Territories. A random sample of 360 Palestinian women compared the health of spouses of men who had been imprisoned for different periods of time with a group of women whose husbands had not been imprisoned. All participants

completed self-report questionnaires on posttraumatic stress disorders symptoms (UCLA PTSD Index) and general health problems (General Health Questionnaire 28). Detention of men puts their spouses clearly at risk to develop several health problems, even more for older women and for those without children. The time the man was imprisoned had a various impact onto their wives' health. These findings call for important supporting interventions for this highly vulnerable group.

MeSH Headings/Keywords: Detention; Health; Psychological problems; War-affected women

Introduction

The detention of a husband, partner or spouse has a significant psychological impact on the wellbeing of partners, with possible large emotional difficulties as a consequence, such as loneliness, feelings of isolation, and symptoms of depression, posttraumatic stress (PTSD) and anxiety, to medical and health problems, and even the development of unhealthy behaviors and antisocial activities [1-12]. Imprisonment of a partner may also lead to relational problems and possibly divorce, to social dysfunction and to problems in interactions with significant others [13,14]. Besides, wives of an imprisoned husband are regularly facing huge challenges regarding their parental role [4,12,15-17]. Further, stigmatization and shame about their husbands' actions are also commonly found [18,19].

However, this extended body of research has mainly focused on the consequences of husbands being arrested in western nations and being detained because of criminal conduct. Little is yet known about the psychological impact of detention of husbands/spouses in contexts of ongoing political and armed conflict. One of these contexts of protracted armed conflict are the Palestinian Occupied Territories (POT), where since 1967, there are ongoing political conflicts between Israel and the Palestinian people. One important element in this conflict is the detention of Palestinian men, experienced by more than one fifth (700,000-800,000) of them. The majority have been

arrested during the first (1987-1993) and the second Intifada (2000-2005) [20,21]. At the beginning of 2012 (the starting point of this study), Palestinian captives' number in the Israeli prisons reached about 4500; most of them, 89%, are from West Bank governorates, the others from the Gaza Strip and from East Jerusalem. According to the Ministry's captives' report of the same year, on average nine people get arrested daily, and the sentence for these detainees was ranging from some months till everlasting. One third of these detained men is married, and has wives outside of prison [21]. This involves that a large number of wives are confronted and need to deal with the reality of the imprisonment of their husbands.

Given the paucity of knowledge regarding the impact of detention on partners' health in contexts of war and political conflicts, and the large number of people around the world confronted with this, this study investigates the impact of detention of Palestinian males onto their spouses' physical and mental health, hereby considering also possible associations with the participants' living situation (presence of children, housing, living environment), and the period of detention of the husband.

Method

Study sample

Geographically, the POT divided into three parts: the West Bank, East Jerusalem and Gaza strip. For this study, the area of

the West Bank was chosen, given that 89% of all Palestinians detained in Israeli prisons are from this region. The West Bank is divided into 11 governorships, of which we randomly selected four.

From the Ministry of Detainees and Ex-Detainees Affairs, we received a list of all Palestinian detainees in Israeli prisons (for the four selected governorships: total detainees: $n=2,020$ of which 550 married). From the group of married detainees, we randomly (every third name on the list) selected 35% to be included in our sample ($n=183$ women). 128 (69.9%) of these wives had children, their age ranged from 20 until over 50, 57 (31.1%) lived in urban places, 61 (33.3%) in rural places, and 65 (35.5%) in refugee camps. 55 (30.1%) participants lived with their family in law, 30 (16.4%) stayed with their parents, and 98 (53.6%) lived separately with their children. At the time of the study, 3 (1.6%) husbands had spent one year in Israeli prisons, 78 (42.9%) 1 to 5 years, and 101 (55.5%) even more than five years.

The comparison group (women whose husband was not in detention) was sampled from the same governorships: in cooperation with the Palestinian Ministry of Education and the Ministry of Health, we received a list of schools for girls ($n=190$) and a list of health centers ($n=20$). From this list, we randomly took each fifth school and each second health center, and asked all employees (mostly females) to participate to the research. Of the 1,300 employees, all teachers, social workers or nurses, about 1,100 were married, and of those, 177 females had never been confronted with detention in their family, and thus could be included in the comparison sample. Socio-demographic characteristics of the comparison group were: age from 20 until over 50, 84 (47.7%) had children, 53 (30.1%) lived in urban places, 59 (33.5%) in rural places and 64 (36.4%) in refugee camps. 46 spouses (26.1%) lived with their father in law, 44 (25%) with their parents, and 86 (48.9%) separately with their children. Both groups did not differ on these socio-demographic characteristics; only for having children, we found that the wives of detained husbands had more often children than the participants in the comparison group.

Procedure

Data regarding the impact of men's arrest and imprisonment on the psychological wellbeing of their spouses were collected in 2012, by means of two questionnaires completed anonymously by 360 women, whose husbands were ($n=183$) or were not ($n=177$) in prison. The first author and a team of three female social workers trained in research methodology visited the wives of imprisoned husbands at home, and the women of the comparison group at their working place. Participants were informed about the research and its aims, were asked their consent to participate, and were invited to complete the questionnaires. The researcher remained present to support the respondents if needed. Referral for mental health support was available to all participants, upon request. All data were fully anonymized.

Measures

Next to a socio-demographic questionnaire, investigating age, living environment (urban, rural, refugee camp), and housing situation (separated house, living with the own extended family

or in the husband's family house), participants were asked to complete two self-report questionnaires about their mental health and their psychological wellbeing, both questionnaires already used in the Palestinian context [21,22]. Before data collection, the use of the questionnaires was discussed in a group of seven experts from Palestinian universities to verify their suitability for the research aims and the participants involved. In addition, the questionnaires were tested in a pilot study; these data were excluded from further analyses.

UCLA-PTSD-Reaction Index (UCLA-PTSD-RI) [23]: This self-report questionnaire, investigating the prevalence of symptoms of posttraumatic stress, is based on the DSM-IV criteria for PTSD, and has been widely used in research [24], also in Palestine [21]. 22 items are scored on a Likert-scale from 0 (never) to 4 (always). For this study, we used the Arabic version, which is adapted to the Palestinian context. The total score is the sum of the 22 items (Cronbach's alpha = .98).

General Health Questionnaire-28 (GHQ-28) [25]: This self-report questionnaire measures psychological wellbeing and consists of 28 items, divided into four subscales (each 7 items): somatic symptoms, anxiety/insomnia, social dysfunction, and severe depression. Each item can be answered on a Likert scale from 0 (not at all) to 3 (more than usual) [26]. The general health questionnaire was translated into many languages, including Arabic, and already used in Palestinian context [22]. Cronbach's alpha was 0.97 in our sample.

Statistical analysis

Descriptive statistics were used to analyse the sample's demographic characteristics and prevalence of psychological problems (total PTSD score on the UCLA-PTSD-RI, and subscales and total scores on the GHQ-28). Linear regression analyses were executed to investigate the influence of having or not a husband in prison on their wives' health. Living situation (city, rural area and refugee camp) and housing situation (nuclear family, extended family with the family-in-law or with own parents) were recoded into dummy variables with respectively 'rural area' and 'nuclear family' as reference category. Next, associations between the time the husband is away from his family (due to imprisonment), and their spouses' health was examined. Because standardized residuals were not normally distributed, bootstrapping was used. All analyses were performed using SPSS (version 22).

Results

Mental health and its associated factors

Total mean PTSD-scores (UCLA-PTSD-RI) for the participants whose husbands was detained was 49.77 (SD = 19.30), while the mean score for the control group was 14.59 (SD = 13.86). The total score of the GHQ-28 also indicated higher scores for the group of women whose husband is detained ($M = 51.51$ (SD = 13.27) vs control group $M = 17.24$ (SD = 10.53)). A similar pattern was found for all GHQ-28 subscales (somatic symptoms: participants with a detained husband $M = 12.11$ (SD = 4.67) vs $M = 4.13$ (SD = 2.68); anxiety: $M = 14.46$ (SD = 3.75) vs $M = 4.06$ (SD = 2.88); social dysfunction: $M = 11.90$ (SD = 5.88) vs $M = 4.99$ (SD = 3.50); depression: $M = 13.35$ (SD = 4.40) vs $M = 4.01$ (SD = 2.56)).

Linear regression analyses revealed that significant differences were found between both groups, with the participants whose husband was detained reporting higher scores on all questionnaires and subscales (posttraumatic stress symptoms (UCLA-PTSD-RI): $b = -0.757, p < 0.001$; GHQ-28 total scores: $b = -0.809, p < 0.001$, somatic symptoms: $b = -0.747, p < 0.001$), anxiety ($b = -0.856, p < 0.001$), social dysfunction ($b = -0.611, p < 0.001$) and depression ($b = -0.809, p < 0.001$). Also older women reported more problems in all domains (PTSD (UCLA-PTSD-RI): $b = 0.147, p < 0.001$; GHQ-28 total scores: $b = 0.231, p < 0.001$, somatic symptoms: $b = 0.187, p < 0.001$, anxiety: $b = 0.085, p < 0.05$, social dysfunction: $b = 0.141, p < 0.05$, depression: $b = 0.238, p < 0.001$). Women without children showed higher scores on overall PTSD scores ($b = 0.185, p < 0.001$), GHQ-28 total scores ($b = 0.091, p < 0.05$), and GHQ-28 subscales of social dysfunction ($b = 0.133, p < 0.05$), and depression ($b = 0.126, p < 0.001$). Women living on their own scored higher on total PTSD symptoms (UCLA-PTSD-RI) ($b = -0.177, p < 0.001$), and on total GHQ-28 scores ($b = -0.097, p < 0.001$), social dysfunction (GHQ-28) ($b = -0.099, p < 0.05$), and depression (GHQ-28) ($b = -0.162, p < 0.001$), compared to women living with their parents. Further, Palestinian wives living in refugee camps reported overall higher total health problems (GHQ-28) ($b = 0.191, p < 0.001$), and more somatic symptoms ($b = 0.222, p < 0.001$), and symptoms of anxiety ($b = 0.090, p < 0.05$) and depression ($b = 0.178, p < 0.001$) compared to respondents living in villages.

Further analyzing the data from the group of women whose husband was detained showed that the time a husband had spent in prison did only impact the GHQ-28 subscales depression ($b = 0.187, p < 0.05$) and anxiety ($b = 0.248, p < 0.001$), with higher scores for detainees' wives whose husband was imprisoned for a long time. In contrast, captives' wives whose husbands were detained for a shorter time reported higher scores on social dysfunction with ($b = -0.247, p < 0.01$).

Discussion

This study aimed at understanding the consequences of conflict-related imprisonment of men onto the health of their wives. Our findings indicated that both mental health problems, and overall symptoms of posttraumatic stress in Palestinian wives were largely associated with the imprisonment of their husband, a finding in line with other studies [1,5-7,9,11,22,27-33].

Further, health problems in our respondents increased with age, a finding also in line with other studies [25,34-36]. A possible explanation here may be that older women have mostly children in their teenage years, which may increase their fears about their children's future, such as that they also may be arrested as their husbands.

Having children seemed to be somehow protective against the development of mental health problems. This might be due to the cultural context, in which motherhood for married women is highly important, and not being able to have children might therefore as such already increase mental health problems.

Further, living in the home of the parents-in-law seemed to protect these women from several mental health problems. This could be due to the enhanced and continued social support in such living circumstances, but also that people feel more

secured when living together with other family members in the ongoing conflict situation in the POT. On the other hand, living in refugee camps led to more health problems, most likely caused by the harsh living conditions in refugee camps, including overall poverty, lack of privacy, and overpopulation.

The duration of the detention of the husband increased the risk of suffering from mental health problems, which could be due to increasing concerns about the future the longer the partner is detained, but also due to the cumulative impact of living on its own and being solely responsible for the child(ren). On the other hand, we also found that in cases of a shorter detention period more problems of social dysfunction were reported, which might be related to the interference of the family-in-law in the personal lives of the detainee's wife and her children [29,37].

Limitations

The findings need to be interpreted within the study limitations. First, we only collected from 15% of the whole sample of captives' wives, and from only one part of the three parts of POT, which limit the generalizability of our findings. As a consequence, future knowledge could be strengthened by collecting data from a larger sample and from other regions (i.e., East Jerusalem and Gaza Strip). Further, we only included some possible impacting factors (age, having children,...), but also other risk and protective variables (e.g. social support, educational level, number of children, work status, prior health status) could have impacted participants' mental health problems, and therefore need to be studied in upcoming research.

Third, participants' educational level might have impact the way they completed the self-report questionnaires, and the use of self-report measures could have been strengthened through also incorporating other perspectives, such as views from other family members and mental health professionals.

Last, in future studies, the possible impact of other war-related events, with a possible distinction between primary and secondary traumatic events, and a more detailed analysis of PTSD subscales, together with the possible prevalence of other mental health problems, needs to be examined. As such, it would have been very interesting to study this research question through comparing the mental health of spouses of political detainees with spouses of men imprisoned out of criminal reasons, yet the current situation in the POT, and the largely differing arrest and detention conditions for both groups did not allow such a research design.

Implications

The findings presented suggest that detention of men has tremendous health consequences for their spouses. Therefore, all organizations and key actors, both governmental and non-governmental, need to pay attention to this group, through providing psychosocial support programs. Further, where needed, specialized mental health interventions need to be provided [38], and mental health workers need to be trained in the specific needs and situation of these women. In all these programs and interventions, women themselves and the communities in which they live need to participate largely, to ensure that the programs do fit their specific views and the meanings attached to their living situation and their wellbeing [39].

Conclusion

This study presents the results of a research on the impact of a man's detention on the psychological wellbeing of his spouse within the context of an ongoing political conflict (the West Bank, part of the Palestinian Occupied Territories). Detention clearly has a large impact on the wellbeing of spouses, represented in increasing symptoms of PTSD, general health problems, somatic complaints, social dysfunction, and symptoms of anxiety and depression, regardless of the time the husband has spent in detention [40]. Based on these findings, we can consider the imprisonment of a husband in the context of an ongoing political conflict as a possible traumatizing experience within a context of war and armed conflict.

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References

- Al-Turkait FA, Ohaeri JU. Post-traumatic stress disorder among wives of Kuwaiti veterans of the first Gulf War. *J Anxiety Disord.* 2008; 22: 18-31.
- Arditti JA, Lambert-shute J, Joest K. Saturday morning at the jail: Implications of incarceration for families and children. *Family Relations.* 2003; 52: 195-204.
- Calhoun PS, Beckham JC, Bosworth HB. Caregiver burden and psychological distress in partners of veterans with chronic posttraumatic stress disorder. *J Trauma Stress.* 2002; 15: 205-212.
- Codd H. Prisoners' Families and Resettlement: A Critical Analysis. *The Howard Journal of Criminal Justice.* 2007; 46: 255-263.
- Dekel R, Solomon Z. Secondary traumatization among wives of Israeli POWs: the role of POWs' distress. *Soc Psychiatry Psychiatr Epidemiol.* 2006; 41: 27-33.
- Dekel R. Posttraumatic Distress and Growth Among Wives of prisoners of War: The Contribution of Husbands' posttraumatic Stress Disorder and Wives' Own Attachment. *Am J Orthopsychiatry.* 2007; 77: 419-426.
- Ein-Dor T, Doron G, Solomon Z, Mikulincer M, Shaver PR. Together in pain: attachment-related dyadic processes and posttraumatic stress disorder. *J Couns Psychol.* 2010; 57: 317-327.
- Hairston CF. The Forgotten Parent: Understanding the Forces that Influence Incarcerated Fathers' Relationships with Their Children. *Child Welfare.* 1988; LXXV11: 617-639.
- Manguno-Mire G, Sautter F, Lyons J, Myers L, Perry D, et al. Psychological distress and burden among female partners of combat veterans with PTSD. *J Nerv Ment Dis.* 2007; 195: 144-151.
- Pfiffner LJ, McBurnett K, Rathouz PJ. Father absence and familial antisocial characteristics. *J Abnorm Child Psychol.* 2001; 29: 357-367.
- Solomon Z, Waysman M, Levy G, Fried B, Mikulincer M, et al. From Front Line to Home Front: A Study of Secondary Traumatization. *Fam Process.* 1992; 31: 289-302.
- Wildeman C, Schnittker J, Turney K. Despair by Association? The Mental Health of Mothers with Children by Recently Incarcerated Fathers. *American Sociological Review.* 2012; 77: 216-243.
- McEvoy K, Mahony D, Horner C, Lyner O. The families of politically motivated prisoners in northern Ireland. *Br J Criminol.* 1999; 39: 175-197.
- Westerink J, Giarratano L. The impact of posttraumatic stress disorder on partners and children of Australian Vietnam veterans. *Aust N Z J Psychiatry.* 1999; 33: 841-847.
- Daniel S, Barrett C. The needs of prisoners' wives: A challenge for the mental health professions. *Community Ment Health J.* 1981; 17: 310-322.
- Lenora Madison P. *Black Grandparents Parents As.* California. 1992; 3-118.
- Miller KM. The Impact of Parental Incarceration on Children: An Emerging Need for Effective Interventions. *Child Adolesc Social Work J.* 2006; 23: 472-486.
- Kingi V. Paper presented at the Institute of Policy Studies Forum "Addressing the Underlying Causes of Offending: What is the evidence?" 2009; 14.
- Morris P. *Prisoners and their Families.* London: George Allen and Unwin Ltd. 1965.
- Bannoura S. Extensive Report on Palestinian Detainees in Israeli Prisons, 2010; 2.
- The Ministry of Detainees and Ex-Detainees Affairs, 2012. *Annual report.* 2012; 5.
- Abdeen Z, Qasrawi R, Nabil S, Shaheen M. Psychological reaction to Israeli occupation: Findings from national study of school-based screening in Palestine. *International Journal of Behavioral Development.* 2008; 32: 290-297.
- Thabet AA, Abed Y, Vostanis P. Effects of trauma on the mental health of Palestinian children and mothers in Gaza Strip. *Child Abuse Negl.* 2001; 7: 413-421.
- Rodriguez N, Steinberg A, Pynoos RS. UCLA PTSD Index for DSM IV Instrument Information : Child Version , Parent Version , Adolescent Version. California. 1999.
- Steinberg AM, Brymer MJ, Decker KB, Pynoos RS. The University of California at Los Angeles Post-traumatic Stress Disorder Reaction Index. *Curr Psychiatry Rep.* 2004; 6: 96-100.
- Goldberg D, Hillier V. A scaled version of General Health Questionnaire. *Psychological Medicine.* 1979; 9: 139-145.
- Sterling M. General Health Questionnaire-28 (GHQ-28). *Journal of Physiotherapy.* 57: 259.
- Ahern J, Galea S, Fernandez WG, Koci B, Waldman R, et al. Gender, Social Support, and Posttraumatic Stress in Postwar Kosovo. *J Nerv Ment Dis.* 2004; 192: 762-770.

29. Hadi F, Llabre MM, Spitzer S. Gulf War-Related Trauma and Psychological Distress of Kuwaiti Children and Their Mothers. *J Trauma Stress*. 2006; 19: 653-662.
30. Hassanein S. Women, Occupation, Collective Loss and Support : the Experience of “ from a Bereaved Woman to Another ”, 2012; 13: 68-85.
31. Liebling-kalifani H, Marshall A, Ojiambi-Ochieng R, Kakembo NM. Experiences of Women War-Torture Survivors in Uganda : Implications for Health and Human Rights. *J Int Womens Stud*. 2007; 8: 1-17.
32. Lopes Cardozo B, Kaiser R, Gotway CA, Agani F. Mental health, social functioning, and feelings of hatred and revenge of Kosovar Albanians one year after the war in Kosovo. *J Trauma Stress*. 2003; 16: 351-360.
33. Punamäki RL. Stress among palestinian women under military occupation; women's appraisal of stressors, their coping modes, and their mental health . *Int J Psychol*. 1986; 21: 445-462.
34. Robertson CL, Duckett L. Mothering during war and postwar in Bosnia. *J Fam Nurs*. 2007; 13: 461-483.
35. Bassuk E, Buckner J, Perloff J, Bassuk S. Prevalence of Mental Health and Substance Use Disorders Among Homeless and Low-Income Housed Mothers. *Am J Psychiatry*. 1998; 155: 1561-1564.
36. Gold EB, Sternfeld B, Kelsey JL, Brown C, Mouton C, et al. Relation of demographic and lifestyle factors to symptoms in a multi-racial/ethnic population of women 40-55 years of age. *Am J Epidemiol*. 2000; 152: 463-473.
37. Sandanger I, Nygård JF, Sørensen T, Moum, T. (2004). Is women's mental health more susceptible than men's to the influence of surrounding stress? *Soc Psychiatry Psychiatr Epidemiol*. 39: 177-184.
38. Palestinian Central Bureau of Statistics. 2011.
39. Ehntholt Ka, Yule W. Practitioner review: assessment and treatment of refugee children and adolescents who have experienced war-related trauma. *J Child Psychol Psychiatry*. 2006; 47: 1197-1210.
40. Aziz A, Thabet M. Validity of the Arabic Version of the General Health Questionnaire in the Gaza Strip. *Palestinian Medical Journal*. 2005; 1: 33-36.

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