



©Médecins du Monde.

**THIS IS OUR MOST PROFOUND FEAR:
LOSING NOT JUST OUR HOMES, BUT OUR HISTORY,
IDENTITY AND FUTURE.**

Médecins du Monde Report on the
Psychological Harm of the Israeli Military
Occupation on Palestinian Refugees in the
West Bank.



TABLE OF CONTENT

P.02 **Executive Summary**

P.05 **List of Acronyms**

P.06 **Introduction**

P.12 **Part 1: Recurrent, escalating and permanent exposure to occupation violence: the unlimited psychological torment of constant fear and anxiety.**

P.12 1.1. Repetition of occupation violence: communities are surviving in a state of constant hypervigilance and expectation of attack and death.

P.16 1. 2. Escalation of occupation violence: the multiplication of stressors and rise in feelings of despair and hopelessness.

P.19 1.3. Permanence of occupation violence: the disruption of normal functioning.

P.25 1.4. The significance of occupation violence: acts of dehumanisation, persecution and psychological oppression.

P.31 **Part 2: Disruption by the Israeli occupation of the essential conditions for psychological healing.**

P.31 2.1. No time to heal: the burden of continuous trauma.

P.33 2.2. Engineered degradation of the Palestinian social fabric, community and family protection structures.

P.36 2.3. Mass disruption of spaces of safety and recovery by the Israeli occupation.

TABLE OF CONTENT

P.43 Part 3: Setting the enduring suffering of Palestinian refugees in a long-term context: the impact of generational trauma and fear of the future.

P.43 3.1. Transgenerational trauma as a collective experience of the historic repetition of Israeli occupation violence.

P.45 3.2. Existential fear of the future: the threat of eradication of the refugee and Palestinian identity and rights.

P.47 Conclusion: Psychological healing can only begin with the end of the occupation and impunity.

P.49 References

TRIBUTE

For over three decades, Médecins du Monde's psychologists and social workers have provided essential support to Palestinian communities enduring the ongoing impacts of occupation, conflict and forced displacement.

Their work has focused on assisting families of detainees, survivors of home demolitions and settlers' attacks and individuals who have experienced profound loss and trauma.

Operating within the very communities they serve, these professionals face the complex challenge of addressing psychological needs while also navigating the realities of their own lived experiences. Despite these difficulties, they continue to demonstrate remarkable professionalism, empathy and dedication.

They return — time and again — to the same villages, neighbourhoods and refugee camps, offering care, guidance and referrals where needed, often under extremely challenging conditions.

This report is a tribute to their unwavering commitment. It acknowledges the vital role they play in alleviating suffering, strengthening resilience and upholding the dignity of those affected. In honouring their work, we also reaffirm our collective responsibility to support and protect those who care for others.

01
52



©Médecins du Monde.

This is our most profound fear: Losing not just our homes, but our history, identity and future.
Médecins du Monde report on the psychological harm of the Israeli military occupation on Palestinian refugees in the West Bank.

EXECUTIVE SUMMARY

Introduction and methodology

The Médecins du Monde (MdM) report **“This is our most profound fear: losing not just our homes, but our history, identity and future”** documents the psychological impacts of the Israeli military occupation on Palestinian refugees in the West Bank. In 2021, Médecins du Monde published a report focusing on the mental health of Palestinian rural communities affected by settler violence and home demolitions.

This current report complements that work by shedding light on the psychological harm imposed on Palestinian refugees, reinforcing Médecins du Monde’s expertise in how the occupation impacts the mental health of threatened groups in the West Bank.

The report draws on our clinical practice, quantitative data from our programme and testimonies gathered from Palestinian refugees between January 2024 and March 2025 in eight refugee camps: Jenin, Tulkarm, Nur Shams, Al-Fara’a, Aqbat Jabr, Shu’fat, Al Fawwar and Al ‘Arroub. To avoid retraumatisation, direct testimonies were limited, with insights primarily derived from MdM’s mental health professionals’ fieldwork.

Over the period of data collection, Médecins du Monde conducted Psychological First Aid (PFA) consultations for more than 1,600 Palestinians who were exposed to violence in these eight refugee camps. Of these 1,600 patients, 172 received second Mental Health and Psychosocial Support (MHPSS) visits. Advanced data and statistics regarding symptoms analysis have been drawn from second visits only.

Based on more than three decades of Médecins du Monde’s psychosocial work and on the collection of specific quantitative and qualitative data, the report provides concrete, empirical insights into the mental health consequences of the occupation and reflects recurring mental health patterns across multiple communities living in refugee camps across the West Bank.

The report highlights how continuous, recurrent and escalating violence from the Israeli military forces is causing severe and widespread psychological harm among Palestinian refugees, one of the most vulnerable and underrepresented populations affected by the Israeli occupation. In 2025 alone, over 44,000 refugees were forcibly displaced in the West Bank — the largest such movement since 1967 — and these communities face ongoing violence, frequent raids, forced evictions and restrictions on their movements.

Key findings

- **98% of Palestinian refugees visited by Médecins du Monde experience strong signs of distress**, with 96% declaring that the occupation disrupts their daily routine and 58% encountering sleeping problems, the usual consequences of stress and anxiety.
- In 2025, MdM observed a **sharp increase in mental health consultations, suggesting a significant increase in mental health needs**, which can be explained by the Israeli military operations in refugee camps in the West Bank that intensified in January 2025. While Médecins du Monde had been working in the West Bank since September 2023 with a maximum of about 100 Palestinians with refugee status per month, this figure rose to 500 in February 2025.
- **Médecins du Monde recorded symptoms such as chronic stress, hopelessness, psychosomatic conditions and learned helplessness** in about 70% of the 172 Palestinians with refugee status who received Médecins du Monde's mental health and psychosocial support second visits between January 2024 and March 2025.¹
- **74% of Palestinian refugees visited by Médecins du Monde are exposed to more than one violent incident within the space of four months**, emphasising how Israeli authorities' policies impose repeated, dehumanising, escalating and ongoing psychological harm, disrupting all the conditions necessary for healing — safety, stability, community support and access to care, including humanitarian assistance.

- **Children's cognitive, emotional and social development is impaired** by the Israeli occupation, which disrupts the protective functions of the family and educational environment and undermines their fundamental rights. Children suffer a loss of trust and developmental regression and are unable to experience their childhood.

This report identifies three patterns in the psychological harm inflicted by the Israeli occupation on Palestinian refugees in the West Bank:

(I) The repeated, escalating and continuous exposure to the violence of the Israeli occupation imposes unlimited psychological torment on Palestinian communities. This is marked by a state of **constant hypervigilance, persistent anticipation of death, feelings of despair and hopelessness and severe disruption to daily lives** — all compounded by the perception that the occupation deliberately aims to inflict psychological harm.

(II) The Israeli occupation is actively dismantling the essential conditions for psychological healing: safety, stability, time and space to process, community and family protection structures and a safe environment, as well as access to mental healthcare.

(III) Palestinian psychological suffering is rooted in shared experiences of the past and shared conceptions of the future and is embedded in transgenerational trauma and existential fears of physical and symbolic erasure.

Conclusion and recommendations

The report thus concludes that repeated military raids, home invasions, displacements and restrictions inflict sustained psychological harm on Palestinian refugees and are characteristic of psychological torture as defined by the UN Special Rapporteur on Torture.

Médecins du Monde reiterates the need for an end to the occupation as a necessary condition for the psychological healing of the Palestinian people. Based on the report's findings, we call on Third States to:

- Enforce the International Court of Justice (ICJ) Advisory Opinion of July 2024 by taking immediate and concrete action to end the occupation, including full military withdrawal and an end to annexation.
- Pressure Israeli authorities to cease practices that may amount to psychological torture, including attacks on civilians and coercive displacement.
- Ensure the right to health, including mental health, for all Palestinians including refugees, and support a political solution that encompasses refugee rights.
- Protect the United Nations Work and Relief Agency's mandate, essential for delivering basic services.
- Guarantee safe humanitarian access and lift movement restrictions affecting Palestinians and impartial aid organisations.

LIST OF ACRONYMS

ICJ	International Court of Justice
MdM	Médecins du Monde
MHPSS	Mental Health and Psychosocial Support
oPt	Occupied Palestinian Territory
PFA	Psychological First Aid
UN	United Nations
UNGA	United Nations General Assembly
UNRWA	United Nations Work and Relief Agency
WHO	World Health Organization

INTRODUCTION

Palestinian refugees in the West Bank, within the occupied Palestinian territory (oPt), have long endured continuous exposure to violence from repeated Israeli military raids and closures that target their camps.

In mid-January 2025, at the same time as a ceasefire agreement entered into force in the Gaza Strip, Israeli forces escalated these attacks against refugee camps to levels unseen since the Second Intifada (2000-2005), triggering the largest mass forcible displacement of Palestinians in the West Bank since 1967.²

Médecins du Monde (MdM) is working with Palestinian refugees affected by the violence of the Israeli occupation, providing emergency mental health and psychosocial support, individual and family counselling and capacity-building.

Since January 2025, Israeli forces have been pursuing major military offensives in Jenin, Tulkarm and Nur Shams refugee camps. The tactics used by the Israeli army, reminiscent of those developed in the Gaza Strip since October 2023, include sieges, airstrikes, widespread destruction of civilian infrastructure, mass forcible displacement with unlawful denial of return³ and barriers to humanitarian access. More than 44,000 Palestinian refugees — representing over 90% of the three camps' total population⁴ — have been forcibly displaced.

Most are now scattered across various neighborhoods, villages and shelters, primarily in Jenin and Tulkarm governorates, where they have limited access to basic services and humanitarian aid and remain exposed to recurrent Israeli military raids.

Meanwhile, Israeli soldiers are imposing a permanent military presence on the ground in Jenin, Tulkarm and Nur Shams camps, where they continue to issue forcible displacement orders to the remaining communities and to carry on destroying civilian infrastructure with heavy military machinery.⁵

In May 2025, the Israeli cabinet initiated unilateral land registration in Area C, overriding Palestinian land rights and legalizing outposts.

The non-binding bill passed at the Knesset in July 2025 is a symbolic measure, exposing the Israeli government's political objective of annexing the West Bank, contrary to its international legal obligations to cease all occupation activities.

In August 2025, final approval by the Israeli government of the E1 settlement plan in occupied East Jerusalem represented another grave and unlawful step towards consolidating the annexation of the occupied West Bank, in violation of international law, which prohibits the acquisition of territory by force.

Palestinian refugees in other areas of the occupied West Bank, including East Jerusalem, are increasingly subjected to a rapidly intensifying coercive environment.⁶ In camps like Al Fawwar and Al 'Arroub in the southern West Bank, the Israeli army's unpredictable raids have become a regular and near daily occurrence since January 2025, exposing families to military violence and constant insecurity and fear for their lives.⁷

The stranglehold on refugee camps is increased by Israeli military checkpoints,⁸ forcing inhabitants to choose between daily exposure to military harassment or living imprisoned within their own neighborhoods.

While the current surge in violence by Israeli forces against Palestinian refugee camps marks a dangerous new reality of mass displacement, widespread destruction and permanent military presence, these communities have long endured regular and brutal military invasions of their places of living, spatial closures and socio-economic dispossession.

As families struggle to cope with the psychological toll of the intolerable conditions imposed since January 2025, they are also grappling with decade-long dispossession and exposure to military violence.

In the oPt, the forms of trauma Palestinians experience often fall outside conventional clinical definitions. As highlighted by the case study "Locked out of Health — how Israeli military barriers impose a stranglehold on Palestinian village access to healthcare" by Médecins du Monde in 2024,⁹ the psychological suffering experienced by Palestinians living under Israeli military occupation is better defined as framed by historical, ongoing, collective, intergenerational, recurrent, complex and cumulative trauma.

Historical Context: Palestinian refugees in the occupied West Bank

Palestinian refugee communities have held refugee status since 1948, when Israeli forces and militias carried out the mass forcible displacement of hundreds of thousands of Palestinians from their ancestral lands, mainly to Lebanon, Syria, Jordan, the Gaza Strip and the West Bank.

This collective experience of mass violence is known by Palestinians as the Nakba (Arabic word for "catastrophe").

As a result, over 900,000 Palestinian refugees live today in 19 camps in the occupied West Bank, including East Jerusalem, representing nearly a third of the total Palestinian population in this area.¹⁰

This large-scale collective dispossession experienced by Palestinian refugees not only stripped them of their ancestral lands, homes, fields and workshops but also deprived them and the following generations of their traditional livelihoods, productive assets and sources of income.

Therefore, the United Nations Work and Relief Agency (UNRWA) was created by the United Nations (UN) General Assembly in 1949 to provide emergency humanitarian relief as well as public and development services such as education, healthcare, relief and social services, camp infrastructure and improvement and other critical services.

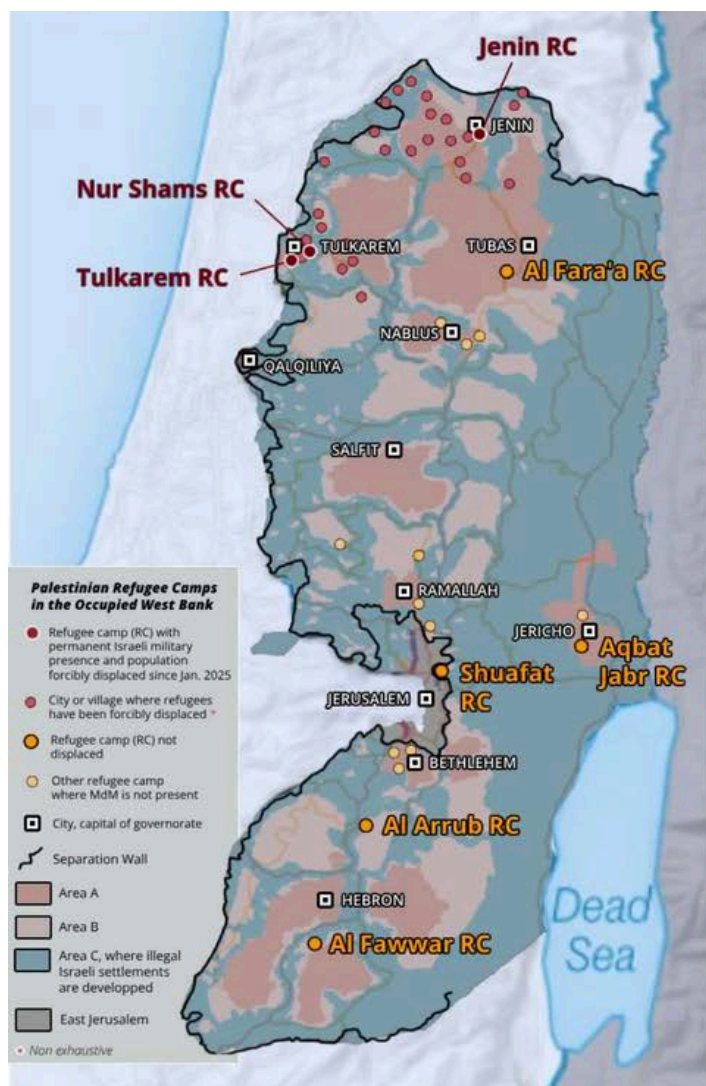
Initially established as emergency shelters in 1948, refugee camps have since evolved into densely built, concrete neighbourhoods that are congested and overpopulated as they are restricted to the original camps' spatial limits.

The multi-generational dispossession of Palestinian refugees has resulted in long-standing socio-economic hardship, marked by chronic poverty, high unemployment and limited prospects for development.

UNRWA is mandated to continue its work by the United Nations General Assembly (UNGA) until a just resolution of the question of the Palestine refugees is found.¹¹

In the occupied West Bank, refugee camps have long been disproportionately affected by frequent Israeli military raids, resulting in killings, arrests, the destruction of civilian infrastructure and the cutting of power and water lines — an escalation that has significantly intensified in recent years, particularly since October 2023.¹²

Legal experts and UN figures have described the systematic policies of the Israeli authorities — attacks, demolitions and movement restrictions — directed against Palestinians in the West Bank, including in refugee camps, as collective punishment.¹³



Timeframe of events since January 2025:

19 January: A pause in hostilities enters into force in the Gaza Strip. In the following hours, the Israeli army installs dozens of additional obstacles blocking Palestinian and humanitarian freedom of movement in the West Bank.

21 January, Jenin camp: The Israeli army begins the mass forcible transfer of its inhabitants and establishes a permanent military presence.

27 January, Tulkarm and Nur Shams camps: The Israeli army begins the mass forcible transfer of their inhabitants and establishes a permanent military presence.

3 February, Al Fara'a camp: The Israeli army carries out the temporary forcible transfer of its inhabitants until 11 February.

23 February: Entry of Israeli tanks into the West Bank near Jenin. The Israeli Defense Minister, Israel Katz, declares that the Israeli army is "preparing for a long stay in the camps that were cleared, for the coming year, and will not allow residents to return".

Based on the professional experience of MdM MHPSS teams providing daily psychosocial support for eight refugee communities, this report presents firsthand insights into the psychological harm inflicted on Palestinian refugees in the West Bank by the illegal Israeli occupation.

Methodology

1. Background

Since 2021, MdM's emergency MHPSS programme has responded to Palestinians' mental health needs following attacks resulting from the Israeli occupation, carried out either by settlers and/or the army. Through this programme, the MdM teams are deployed on-site to assess the situation and provide MHPSS support to individuals or groups.

After the initial session, the teams provide PFA¹⁴ to those most impacted by the Israeli occupation's violence. For people experiencing low to medium psychological distress, the MdM teams provide more advanced mental health support after a second MHPSS visit — problem management plus¹⁵ and counselling sessions,¹⁶ as well as referral to specialist mental health services and to multisectoral organisations.

This MHPSS emergency response is delivered to Palestinian refugees from Jenin, Tulkarm, Nur Shams, Al-Fara'a, Aqbat Jabr, Shu'fat, Al Fawwar and Al 'Arroub camps. These eight camps were identified by MdM to conduct its emergency responses — in close coordination with the MHPSS Technical Working Group at governorate level and UNRWA — because they are subjected to intensive incursions and Israeli forces attacks.

Each camp has a Primary Healthcare Centre operated by UNRWA, where both medical and MHPSS services are provided. During the study period, MdM operated 20 mobile clinics.

Since 2023, MdM has been running another programme to develop mental health services in coordination with community-based organisations in Al Fawwar camp, directly providing community, family and individual psychosocial counselling and support, capacity-building, and referrals.

In addition, since January 2025, MdM has been delivering MHPSS services to Palestinian refugees from Jenin, Tulkarm and Nur Shams camps in the cities and villages where they have been forcibly displaced by the Israeli army.

2. Data collection

This report is based on the field and clinical observations of MHPSS teams, Palestinian refugees' testimonies and quantitative data collected through MdM MHPSS programmes between January 2024 and March 2025. Over the period of data collection, MdM conducted PFA consultations for more than 1600 Palestinians who had been exposed to violence in these eight refugee camps.

Of these 1600 patients, 172 received second MHPSS visits. Advanced data and statistics regarding symptoms analysis have been drawn from second visit records only.

Qualitative accounts from MdM MHPSS professionals were collected through multiple semi-structured focus groups conducted throughout the period of January 2024 to March 2025.

Palestinian refugees' testimonies were recorded by MdM teams following MHPSS sessions.

3. Analysis framework

A precondition of this report was that the mental state of Palestinians living under prolonged Israeli military occupation should not be pathologised.

Indeed, when the source of emotional, physical or psychological suffering remains present — such as ongoing violence or threat — these responses must be understood not as symptoms of a disorder, but as reactions to and survival-oriented mechanisms prompted by a persistent state of danger.¹⁷

In other words, psychological suffering is a normal and expected reaction to an abnormal situation of continuous exposure to occupation violence. Therefore, in producing this report, Médecins du Monde wishes to underline the root causes of psychological suffering in the Palestinian context.

The report adopts a rights-based approach to health,¹⁸ recognising the determinative role of the political violence and systemic oppression of the Israeli occupation as the overarching structure within which Palestinian psychological suffering is shaped and perpetuated.

In the preamble of its constitution, the World Health Organization (WHO) defines health as: “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. Additionally, the WHO constitution states that:

- All human beings should enjoy “the highest attainable standard of health ... without distinction of race, religion, political belief, economic or social condition.” And that,
- “The health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest co-operation of individuals and States.”

PART 1: RECURRENT, ESCALATING AND PERMANENT EXPOSURE TO OCCUPATION VIOLENCE: THE UNLIMITED PSYCHOLOGICAL TORMENT OF CONSTANT FEAR AND ANXIETY

1.1. Repetition of occupation violence: communities are surviving in a state of constant hypervigilance and expectation of attack and death

Refugee communities have endured decades of violent Israeli army raids and killings, with the situation escalating dangerously since October 2023. In 2021, Israeli forces conducted an average of nine military operations per week in or around one of the 19 Palestinian refugee camps in the West Bank; by 2022, this number had increased to 13 per week.¹⁹

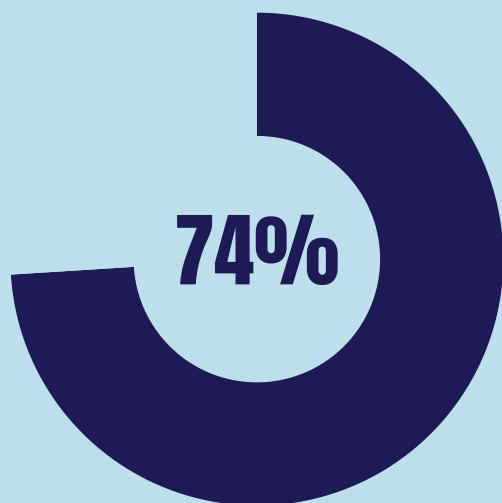
Between 7 October 2023 and 30 June 2024, over 11,000 Israeli military raids were conducted in the West Bank, with a third of the resultant killing of Palestinians being reported inside Palestinian refugee camps, especially the northern refugee camps of Jenin, Nur Shams and Tulkarm.²⁰

During such raids, Palestinian refugees are subjected to various forms of military violence. MdM activates its MHPSS emergency response in refugee camps in reaction to the following categories of violent incidents by the Israeli forces: killings, injuries, intimidation, military raids on people's houses, arrests, forcible displacement, demolition and property damage.

"[Displaced refugees in the North] are expecting that at any second the Israeli army may have another operation against them even if they have been displaced already. They are missing the safety of the place they used to have, even if it was the camp, where they always faced many military invasions."

MdM social worker operating with refugee communities in Jenin, Tulkarm, Nur Shams and Al-Fara'a camps (March 2025)

12
—
52



of Palestinian refugees visited by MdM are experiencing **exposure to more than one violent incident** within the space of four months

Figure1: Percentage of Palestinians reporting exposure to more than one violent incident in a short period of time, of 263 Palestinians with refugee status victims of violent Israeli attacks who received MdM PFA from January 2024 to March 2025.

No time to recover: multiple violent incidents, one after another.

Repeated exposure to military violence is widely experienced by individuals from refugee camps. During the period from January 2024 to March 2025, of 263 Palestinians with refugee status who were victims of violent Israeli military attacks and who received MdM PFA, **74% reported exposure to more than one incident within the space of four months.**

“Living under occupation, fear has become a part of everyday life. Families face constant insecurity and instability, knowing that military incursions or forced displacement can happen without warning. Their deepest fear is for their children — that they might be harmed, arrested or assaulted. This fear shapes every aspect of their lives, from daily routines to how they think about the future.”

MdM social worker operating in Aqbat Jabr camp (March 2025).

Therefore, Palestinian refugees are routinely exposed to the presence, within their living spaces, of a military entity that is associated with the immediate possibility of being killed or of witnessing the killing of family or community members, without any means to protect themselves or their children.

Parents’ repeated and deeply disempowering experiences of being unable to protect their children breeds a constant, unbearable fear that their children might be killed and which MHPSS teams identify as a key trigger of anxiety in refugee camps. Communities live in perpetual anticipation of when the threat of harm or death will strike again.

MdM MHPSS teams report that Palestinian refugees are experiencing the constant threat of death, embedding the anticipation of violence into the psychosocial fabric of everyday life.

The recurrent experience of the possibility of death becomes an ingrained aspect of daily existence, creating an abnormal reality where constant threat and instability are internalized as the baseline of everyday life.

“People would be living their day-to-day life, then next minute, soldiers invade and everyone is on high alert, and adrenaline is rising because they feel threatened, and they can face death at any moment. And after an hour, soldiers withdraw, and life returns back to as if it was normal. This rhythm, the frequency of this rhythm is repeating and increasing. It will really have a huge impact on Palestinian mental health.”

*MdM psychologist operating in Al Fawwar camp
(March 2025)*

This recurrent exposure to occupation violence severely disrupts Palestinians’ daily lives by forcing individuals and communities into a state of constant hypervigilance, marked by the continuous activation of the body’s stress response system — a physiologically exhausting condition to sustain.

For children, repeated exposure to military violence associated with the threat of death constitutes a significant stressor that can profoundly disrupt healthy emotional, cognitive and psychosocial development.²¹

“In family therapy in refugee camps, we see many young children who cling to their mothers, who don’t want to go to school, to the nursery, or don’t want to leave the house. The child is anxious because he knows that the moment he leaves the house, he is not secure anymore, and he might witness the soldiers.

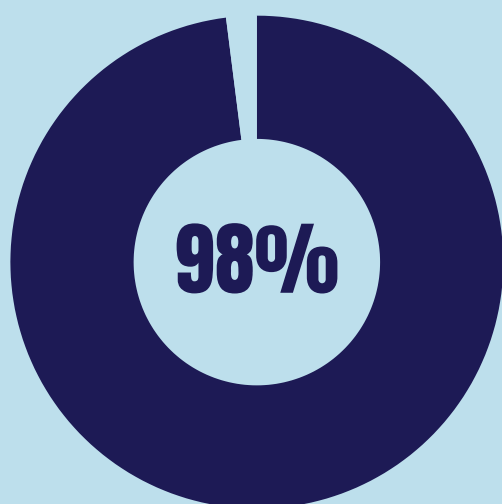
(...) We see a lot of regression in children’s development, for kids who have achieved some stages of development like separation from parents, sleeping by themselves in their rooms. Or children who were able to go to the bathroom by themselves, now they wet their bed.

Right now, they are regressing at many stages because of the kind of reality they are living in. ... Or some children are acting mature. For many children in the camps, they have lost their parents, their parents are in jail, they have witnessed their parents being humiliated, so they are forced to grow up fast to fill the space left by the parent who is not there to protect them.

By acting like adults while they are children, they miss experiencing childhood, so they will grow up with some emotional and behavioral instability because they didn’t play, didn’t make mistakes, because they had to grow up fast.”

*MdM psychologist operating in Al Fawwar camp
(March 2025)*

The prevalence of signs of distress and psychological symptomology reported by Palestinians with refugee status who were victims of violent Israeli military attacks and who received MdM MHPSS visits suggests that this state of constant hypervigilance is experienced almost ubiquitously amongst refugee communities.



of Palestinian refugees visited by MdM are experiencing **strong signs of distress**.

Figure2: Percentage of Palestinians reporting strong signs of distress, of 263 Palestinians with refugee status victims of violent Israeli attacks who received MdM PFA from January 2024 to March 2025.

Trapped in tension: psychological distress as a key indicator of mental health impact.

During the period from January 2024 to March 2025, of 263 Palestinians with refugee status who were victims of violent Israeli military attacks and who received MdM PFA, **98% reported experiencing strong and obvious symptoms of distress**. Strong and obvious signs of distress are identified by MdM MHPSS professionals when people exhibit dissociation, impaired communication, functional impairment, death ideation, emotional dysregulation or agitation.

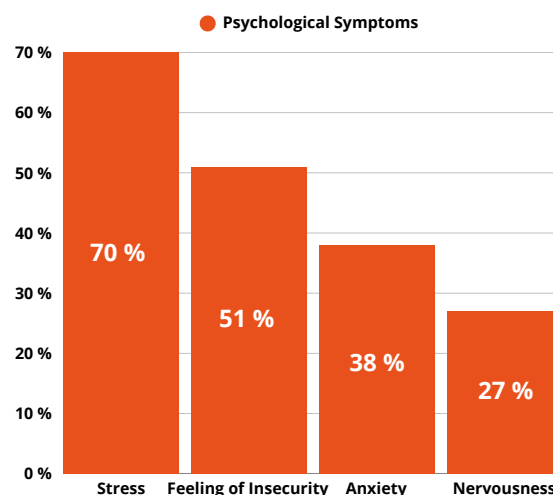


Figure3: Percentage of 172 patients who received MdM MHPSS second visits from January 2024 to March 2025 experiencing symptoms of stress, feelings of insecurity, anxiety or nervousness.

The symptoms analysis of the 172 patients who received an MdM MHPSS second visit shows that the state of constant hypervigilance due to the coercive environment and Israeli military attacks leads to stress (for 70%), insecurity (for 51%), anxiety (for 38%) and nervousness (for 27%).²²

These high rates of manifestations of distress among Palestinians who received MdM MHPSS follow-up visits point to a pattern of collective suffering shaped by prolonged and recurrent exposure to violent episodes and life in a coercive environment.

Therefore, the testimonies of Palestinians who received MdM MHPSS visits and MdM MHPSS professionals featured in this report should not be seen as isolated cases, but as reflecting the experiences of thousands of Palestinian refugees, and as part of collective trauma grounded in a shared experience of military occupation and dispossession, and a profound sense of national belonging.²³

1. 2. Escalation of occupation violence: the multiplication of stressors and rise in feelings of despair and hopelessness

In recent years, Israeli military violence against Palestinian refugee camps has intensified and escalated to a dangerous and sustained level. Between January and April 2025,²⁴ Israeli forces had already killed as many Palestinians as in all of 2022 (over 100 people),²⁵ primarily in raids against refugee camps.

MdM MHPSS teams report two successive milestones in the escalation of the occupation's violence against refugee camps in the West Bank: the first after October 2023 and the second one starting from January 2025.

This second escalation has been characterized by a consistent increase in the frequency of raids and killings, by heightened movement restrictions and by a shift in its nature, marked by a new trend of mass forcible displacement of Palestinian refugees in the northern West Bank.

In 2025, the escalation in Israeli military operations against the camps in Jenin, Tulkarm and Tubas has led to a dramatic increase in mental health needs: **while MdM had been working with a maximum of about 100 Palestinians with refugee status per month from September 2023 in the West Bank, this figure rose to 500 in February 2025.**

The increase in MdM MHPSS activities in support of Palestinian refugees reflects a documented rise in the number of individuals affected by the Israeli occupiers' violence. For example, in November 2024, MdM recorded 113 triggers (an incident of occupation violence affecting one or more individuals to whom MdM then offers MHPSS services) and responded with PFA visits to 105 of them.

16
52

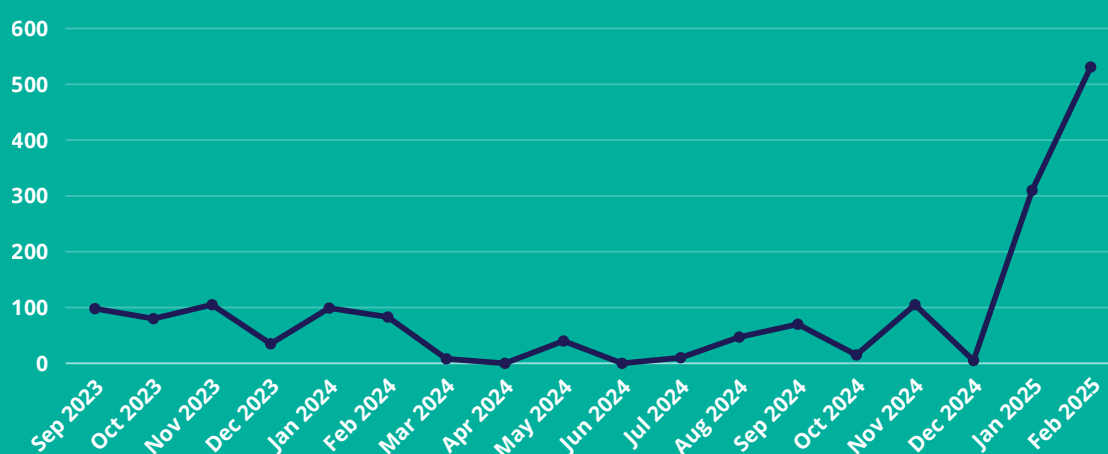


Figure4: Number of Palestinians with refugee status who were victims of violent Israeli military attacks and who received PFA visits after experiencing a violent incident caused by the Israeli army since September 2023.

In February 2025, MdM recorded 556 triggers and responded with PFA visits to 531 of them. This sharp rise in both identified incidents and MHPSS responses demonstrates a clear increase in needs on the ground that cannot be attributed to changes in MdM operational capacity.

“The army storms the camp one or two times each night. They enter the houses, break everything in sight and arrest a lot of young people from the camp. Before the ceasefire [on 18 January 2025], it was one or two times per month, but now it is on a daily basis. ... The closure also started after the ceasefire.

It is not easy to enter and leave the camp, there is a checkpoint and a gate where Israeli soldiers search people and take IDs and pictures. [Soldiers] beat people when they approach the gate: young people, teachers, doctors. At the beginning of each day, people try to exit Al ‘Arroub. The stress starts in the morning for people. Now it takes at least one and a half hours to get from Al ‘Arroub to Bethlehem, before it was just 15 minutes.

... The gate is open from 7 to 9 am, then in the evening from 5 to 6 pm. Even if there is an emergency case and people need to go to the hospital, it is closed. When the gates are closed people use a long alternative road that is bumpy and unsafe. Even the ambulance has to go to this difficult route to reach Bethlehem.”

MdM social worker operating and living in Al ‘Arroub camp (March 2025).

“Now the soldiers come to Al Fawwar on average every two days. They want people to know that they are here all the time. The gate is always closed.”

MdM social worker operating in Al Fawwar camp (March 2025).

MdM MHPSS professionals have also noted a dangerous escalation in Israeli military raids since January 2025 in other refugee camps in the occupied West Bank — increasing from one military raid a month to several times per week.

This is accompanied by a drastic increase in the closure of checkpoints and gates at the entrance to camps and daily harassment by soldiers, effectively subjecting communities of thousands to a state of spatial sequestration.

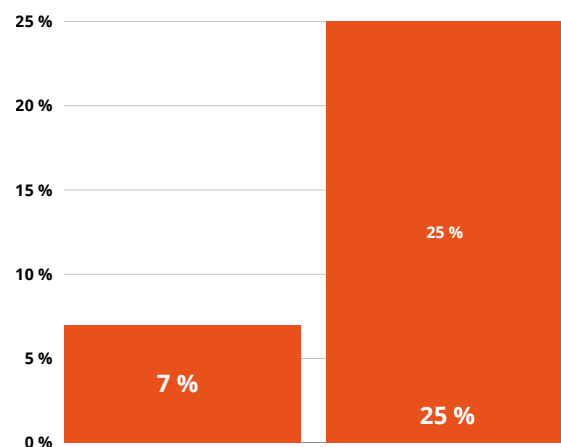


Figure 5: Evolution of signs of hopelessness among Palestinian refugees receiving a second MdM MHPSS visit from January 2024 to March 2025.

The Israeli army's direct and indirect threats to inflict, repeat and escalate acts of violence are deepening the sense of despair and hopelessness among Palestinian refugees, as they are left powerless and unprotected in the face of increasingly frequent and severe forms of harm: signs of hopelessness rose from 7% in 2024 to 25% in early 2025 among 172 Palestinians with refugee status who were victims of violent Israeli military attacks and who received MdM MHPSS second visits. ²⁶

The sense of hopelessness is identified when people exhibit withdrawal, loss of future ambition and plans, low self-esteem, lack of motivation or suicidal thoughts.

"We keep thinking about how they left their homes, all their belongings, and fled with just the clothes on their backs."

MdM social worker operating with the refugee communities in Jenin, Tulkarm, Nur Shams and Al-Fara'a camps (March 2025).

"Ramadan came like a slap — it hit me with intense sorrow, more than any other day. We've started collecting kitchen supplies from people, after once being a well-off family whose home lacked nothing — not even a straw."

Mother receiving MdM MHPSS support, forcibly displaced from Jenin camp to Jenin city (March 2025).

Palestinian refugees visited by MdM teams report that forcibly displaced refugee families are grappling with the emotional toll of being uprooted from their familiar environment — their homes, neighborhoods and livelihoods.

This sudden mass dispossession has significantly aggravated the economic hardship of these families, as they are now reliant on surrounding communities to survive, triggering feelings of dependency and driving an acute sense of powerlessness.

"We went to get some things and check on the house. [Editorial note: the army had allowed people to enter at that time but revoked the decision later.] Before we arrived, the army started shooting at us and hit my mother. I started crying and saying, "Don't do this, don't die"."

Daughter receiving MdM MHPSS support, forcibly displaced from Jenin camp to Birqin village (March 2025).

They also express a sense of loss of control over their lives in the face of the unrestrained escalation of the occupation's violence, as they are acutely aware that they cannot stop it and that no external actor will come to protect them and their families.

1.3. Permanence of occupation violence: the disruption of normal functioning

Through repeated and escalating exposure, Palestinian refugees experience the occupation's violence as a permanent structure and not only as a multiplication of events or stressors.

In refugee camps, the experience of constant hypervigilance is often reinforced by anticipatory anxiety — a state characterised by heightened fear, worry, tension and physiological arousal in response to perceived future threats to one's life, family members and home.

In this state, exposure to external stimuli — such as sudden sounds, movements or specific physical shapes (e.g. those reminiscent of Israeli soldiers or military vehicles) — can trigger stress reactions associated with previous exposures to Israeli military violence.

This state can significantly impair normal functioning, particularly when the anticipated threats are perceived as uncontrollable or highly threatening.

This sense of permanence in the experience of the occupation's violence is further reinforced by the coercive environment imposed by Israeli authorities and the deepening socio-economic hardship it produces.

“To access work, they have to walk by the checkpoint, this puts their lives in danger. As we’ve heard, many times soldiers shoot at the men who pass the main gate by foot.

And beating, humiliation, asking them to take off their clothes, to lie on the ground. ... People are put in a situation where you have to choose between your safety and your source of income.”

*MdM social worker operating in Al Fawwar camp
(March 2025).*

Similarly, going to work — which provides key elements for mental stability such as routine, purpose and social connection — becomes impossible for many as a result of the spatial sequestration imposed by Israeli checkpoints.

Since January 2025, the difficult socio-economic situation of Palestinian refugees in the northern West Bank has worsened dramatically with mass dispossession from their properties and livelihoods.

Overnight, tens of thousands have been deprived of all their capital — homes, livelihoods and belongings — and have since remained in a state of total economic deprivation and dependency.

Their desperate situation has become effectively permanent, with no end in sight, as the Israeli authorities have made clear that, unlawfully, the army has been ordered to prevent their return to their communities.²⁷

Coercive environment

"The army is always present, and there are always arrests in Shu'fat camp."

MdM social worker operating in Shu'fat camp (March 2025).

"One of the most important things: we are unable to move. We live in a prison. You feel like you are a weak human, a human who has lost hope, some people are not even able to go to work anymore."

Most of what people talk about in the camp is the gate: "Is it open? Is it closed? I might be late tonight; they might not let me in". This affects people's focus; their heads are busy thinking on these matters. It's not easy, for real."

MdM social worker living and operating in Al 'Arroub camp (March 2025).

"People are literally contained inside the camp."

MdM social worker operating in Al Fawwar camp (March 2025).

The permanent presence of Israeli soldiers in and around refugee camps reinforces the state of constant hypervigilance, persistently activating the body's stress response as a survival mechanism.

Combined with the imposition of military checkpoints at the entrances to communities, this results in a continuous sense of being controlled, watched and policed. **MdM MHPSS professionals report a pervasive sense of spatial suffocation and sequestration among refugees.**

A significant amount of mental energy is consumed by constantly monitoring the opening and closing of checkpoints, further reinforcing the sense of external control and deepening feelings of entrapment.

In other words, for many Palestinians, the Israeli-imposed coercive environment is experienced as an open-air prison — a reality that also evokes the sense of collective punishment, where an entire people is being penalised not for any wrongdoing, but simply for existing as Palestinians.

It reflects a profoundly distressing experience of injustice, in which people are denied basic rights, not based on individual actions, but solely on their identity and geography.

Occupation-related socio-economic hardship

"Now they are not able to access services and resources outside the camp because everything is closed; it takes so much effort and time to manage to leave the camp."

And also they don't have enough money for this kind of transportation as the transportation prices have doubled"[with the increase of movement restrictions]."

MdM social worker operating in Al Fawwar camp (March 2025).

In addition, movement restrictions intensify refugee communities' already precarious economic situation.

All MdM MHPSS professionals across the occupied West Bank emphasise the psychological toll of increased economic hardship on refugee families, as many lost their employment because the Israelis revoked permits and tightened movement restrictions following October 2023.²⁸

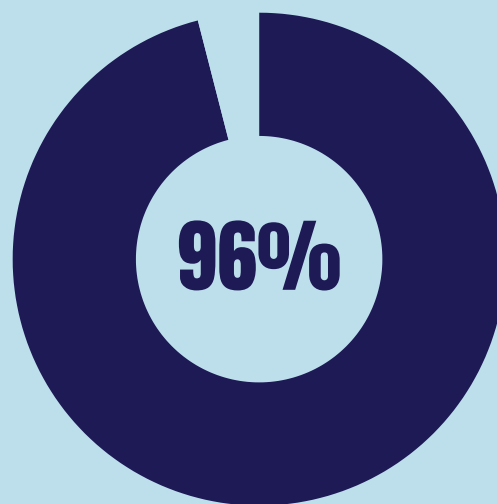
In addition, the Israeli ban on UNRWA operations in the oPt,²⁹ coupled with severe funding restrictions imposed by Third States,³⁰ is forcing the UN agency to reduce critical services in the West Bank. The unavailability of basic services previously supported by UNRWA is pushing Palestinian refugees into further hardship.

"We visited this [displaced] family in Birqin. They live in one room that they share with two other families.

They are refugees from Jenin refugee camp. The room is divided by sheets [to separate the three families]: people have no privacy. Their financial status is bad; parents cannot provide for their family."

MdM social worker operating with refugee communities in Jenin, Tulkarm, Nur Shams and Al-Fara'a camps (March 2025).

Disruption of normal functioning



of Palestinian refugees visited by MdM are experiencing **perturbation in their daily routines.**

Figure 6: Percentage of Palestinians experiencing perturbation of their daily routines and being unable to perform them anymore, of 263 Palestinians with refugee status victims of violent Israeli attacks who received MdM PFA from January 2024 to March 2025.

21
52

Shattered daily lives: the impact of Israeli occupation violence

During the period from January 2024 to March 2025, of 263 Palestinians with refugee status who were victims of violent Israeli military attacks and who received MdM PFA, **96% reported experiencing disruption to their daily routines and an inability to perform them anymore.**

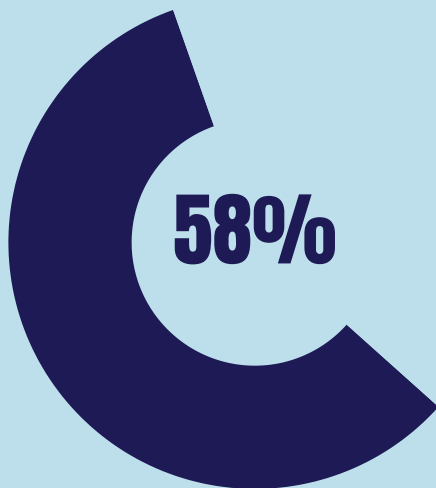
Essential elements of physical and mental stability such as sleeping, eating, working or pursuing education are disrupted by occupation violence as a result of three interconnected patterns:

a- Direct disruption of normal functioning by the Israeli occupation

The Israeli military invasions and movement restrictions are directly disrupting key elements of normal functioning.

"Three days ago, Israeli soldiers came to the camp and they fired gas bombs, so no one could sleep."

MdM social worker operating in Al 'Arroub camp (March 2025).



of Palestinian refugees visited by MdM are experiencing **sleeping problems**

Figure 7: Percentage of Palestinians experiencing sleeping problems, of 172 Palestinians with refugee status victims of violent Israeli attacks who received MdM MHPSS second visits from January 2024 to March 2025.

Broken sleep, broken spirits: the wounds of occupation

MdM MHPSS teams report that Palestinian refugees are often jolted awake by the sounds or immediate threat of military activity, leading to fragmented sleep and heightened physiological stress.

Of 172 Palestinians with refugee status who were victims of violent Israeli military attacks and who received MdM MHPSS second visits from January 2024 to March 2025, 58% (almost 2 out of 3) reported experiencing sleeping problems.

Sleeping problems are identified by MdM MHPSS professionals when people exhibit difficulty falling asleep, intermittent sleep, sleep apnoea, rumination or nightmares.

"Parents are doing shifts to monitor the news: the mother sleeps at the beginning of the night while the father monitors the situation, and when she wakes up they inverse roles."

"At any sound from the street in the middle of the night, everyone wakes up. Parents are doing this sleep shift all the time, on a constant basis."

MdM Social worker operating with refugee communities of Jenin Tulkarm, Nur Shams, and Al-Fara'a camps (April 2024).

MdM MHPSS teams report that this survival mechanism — developed as a desperate attempt to protect one's family — can significantly disrupt parents' functioning.

It often impairs their ability to concentrate at work, sometimes resulting in job loss and strained family relationships, and leads to the disorganization of daily routines and habits.

Over time, chronically disturbed sleep can lead to impaired memory, reduced emotional regulation, weakened immune function and cognitive performance, and increased vulnerability to anxiety, depression and other stress-related disorders.

"When invasions happen during school time, sometimes children are stuck in the school, or sometimes the staff ask students to leave immediately, and children are very scared because they can encounter soldiers anywhere."

MdM social worker operating in Al Fawwar camp (March 2025).

"Schoolchildren are searched in the morning. ... The violence at the Shu'fat checkpoint is very obvious. When we are entering or exiting the camp for a [mental health] activity, we see people being searched — students, children. You see the violence very clearly."

MdM social worker operating in Shu'fat camp (March 2025).

"Whenever families sense danger, their first instinct is to relocate their children to a safer place. Parents now strictly forbid their children from approaching areas where demolitions have taken place, fearing that the military or settlers may arrive and arrest them. This constant vigilance reflects the deep anxiety that governs everyday life in the camp."

*MdM social worker operating in Aqbat Jabr camp (March 2025).**

** Surrounded on the west and south by Area C, the Aqbat Jabr refugee camp is also in close proximity to an illegal Israeli settlement.*

"In the last family that we visited, the four children had not been to school since the last army raid on the camp four days before. The mother feels sad that her kids are not going to school but at the same time she is too afraid to send them."

MdM social worker operating with refugee communities in Jenin, Tulkarm, Nur Shams and Al-Fara'a camps (April 2024).

MdM MHPSS teams report a trend of self-imposed movement restrictions, including parents limiting their children's mobility, such as attending school or playing outside.

Survival mechanisms such as restrictions on children's movements give rise to internalised policing, where the surveillance and oppressive practices of the Israeli occupation become embedded within individuals and even extend to family dynamics.

This internalisation undermines healthy development and erodes the ability to maintain self-esteem, control and agency.

In refugee camps, the constant threat of death imposed by the Israeli occupation becomes so acute that the need to protect the family overrides even basic needs like sleep as well as the fundamental rights of children — such as the right to education and the right to play.

The state of constant hypervigilance shifts priorities: energy is directed toward self-protection, managing potential danger and providing for basic needs.

As a result, what should be normal routine functioning (sleeping, going to school) cannot be prioritised and the survival mechanism becomes the normal routine. Normal roles and activities are set aside, not due to unwillingness, but as a coping mechanism for survival in the face of occupation violence.

b- Expected normal functioning disrupted as a mental health consequence of occupation violence

Disruption to normal functioning also happens as a mental health consequence of constant exposure to occupation violence.

Mental health is a state of mental well-being that enables people to cope with the stresses of life, realise their abilities, learn well and work well, and contribute to their community, thereby allowing normal functioning.³¹

These expected standards of normal functioning are systematically disrupted by occupation violence.

The prolonged arousal caused by the ongoing state of hypervigilance imposed on Palestinian refugees directly contributes to this disruption, leading to disturbed sleep, fatigue, irritability and difficulty concentrating — factors that undermine productivity, decision-making and interpersonal relationships.

As a result, MdM MHPSS teams report encountering cases of people who are denied the possibility of fulfilling normal functioning across family, social, academic and work life.

The MdM MHPSS team working in Al Fawwar camp identified psychosomatic symptoms in all eight Palestinians receiving individual counselling between July and December 2024.

These included somatic complaints such as pain in the chest, shoulders, neck, stomach and legs; headaches; palpitations; shortness of breath; gastrointestinal disturbances; insomnia; and appetite dysregulation.



Following thorough assessments, the team ruled out underlying medical conditions. These eight patients receiving MdM counselling reported that the onset of symptoms followed acute stressors, including the imprisonment of their children by Israeli forces and military invasions of their homes.

These clinical presentations are consistent with stress-related somatic symptomatology, indicating a psychological origin for physical complaints. Headaches and musculoskeletal pain are typical somatic complaints that can be caused or exacerbated by poor sleeping patterns, stress and anxiety, which, as previously outlined, are widespread in refugee communities and directly associated with prolonged exposure to occupation violence.

These somatic symptoms interfere with concentration, physical stamina and emotional regulation, making it difficult to carry out everyday tasks and routines.

The coercive, unpredictable and erratically disrupted environment caused by the Israeli occupation is inflicting unlimited psychological torment in the form of constant fear and anxiety on Palestinian refugees. Directly and indirectly, this constant exposure to occupation violence deprives them of control over fundamental aspects of their lives, disrupts normal functioning and obstructs any sense of normalcy at every level.

1.4. The significance of occupation violence: acts of dehumanisation, persecution and psychological oppression

The psychological harm caused by the violence of the Israeli occupation cannot be fully understood without considering its significance to those who endure it — that is, how this violence is perceived and internalised by affected Palestinians.

a- Dehumanising acts and persecution

“An old woman with whom we worked — the Israeli forces hit her in her neck with a gun. She is 73 years old. They were very aggressive and violent towards her.

This woman has just two dresses at her house, very expensive from the 1970s. The soldiers took them and damaged them in front of her. She was so affected by what they did to her. I did the support visit with her, the psychological first aid, but she needs more than this, because the situation is continuous.”

MdM social worker operating with refugee communities in Jenin, Tulkarm, Nur Shams and Al-Fara'a camps (February 2024).

“[Israeli soldiers] left the bodies of the Palestinians they had killed lying in the street, without letting anyone touch them or the ambulance take them, for two or three days.

Even the neighbours tried, but the snipers raised the laser to warn them that they should not try. Neighbours saw the dogs coming around to eat the bodies. They tried to throw pieces of glass at the dogs to prevent them and to protect the bodies.”

MdM social worker operating with refugee communities in Jenin, Tulkarm, Nur Shams and Al-Fara'a camps (April 2024).

“All refugee camps speak about water. When the army storms the camp, they demolish the infrastructure of the water network.

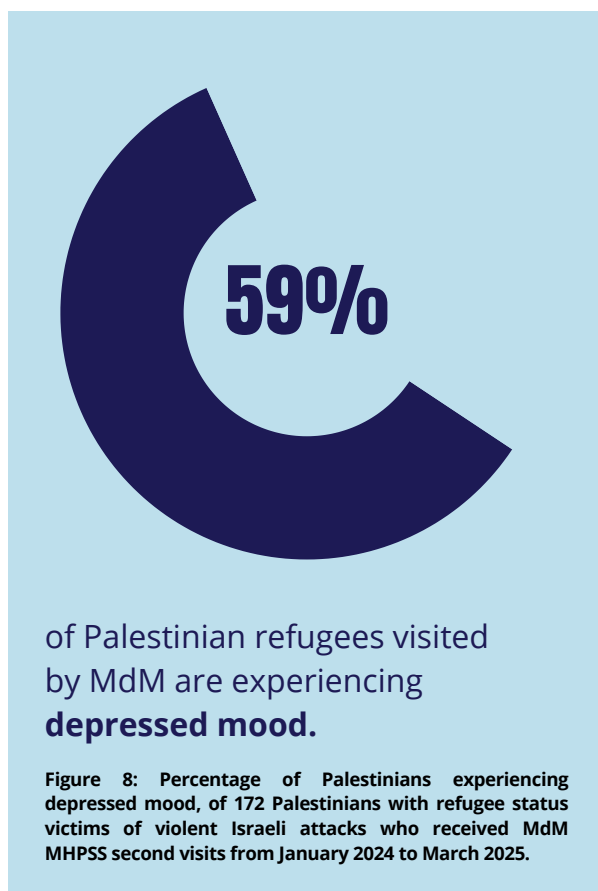
A couple of weeks before October 2023, the army did such damage in Jenin, but people were allowed to repair the streets and the networks. Since then, no: the army told the people “Do not fix anything because we will return and destroy it again.”

MdM Social worker operating with refugee communities in Jenin, Tulkarm, Nur Shams, and Al-Fara'a camps (February 2024).

Palestinian refugees visited by MdM and MdM MHPSS professionals widely report the use of systematic dehumanising acts by Israeli forces during their raids on Palestinian refugee camps.

These assaults on human dignity include physical or verbal violence, humiliation, degrading treatment, breach of privacy, unnecessary destruction of civilian infrastructure essential to decent standards of living and withholding the right to a dignified and timely burial of deceased persons.

At the same time, Palestinian refugees are denied any possibility of acting to protect their dignity and their bodily integrity, and those of their families, communities and even their deceased.



These practices of psychological domination instil a sense of helplessness, as individuals are subjugated by the coercive power of the Israeli military. They also generate heightened stress, anxiety and symptoms of depression.

Of 172 Palestinians with refugee status who were victims of violent Israeli military attacks and who received MdM MHPSS second visits from January 2024 to March 2025, 59% (almost 2 out of 3) reported experiencing depressed mood.

Depressed mood is identified by MdM MHPSS professionals when people exhibit social withdrawal, lethargy, changes in sleep and appetite, apathy, difficulty concentrating or anhedonia (reduced ability to feel pleasure).

For children exposed to these practices during their formative years, the internalisation of messages of dehumanisation and persecution affects self-worth and identity formation. Moreover, witnessing the dehumanisation and persecution of their caregivers can be equally distressing.

When parents are disempowered or humiliated, children may experience secondary trauma and increased emotional instability.

"Many reports of sexual harassment and attacks on physical integrity by Israeli male and female soldiers at the checkpoints of the camps are shared with us by the people we visit and our partners from community-based organisations.

One of them was part of a group of women who were told by soldiers that only the women with big breasts and a big ass could pass.

A man and his wife wanted to pass, but the soldiers told the man that he could pass only if he removed his wife's hijab. Once we encountered a woman who was sexually harassed at the checkpoint; she experienced convulsions and her sibling started to develop a fear of leaving home and nightmares.

Another 20-year-old woman never leaves the camp because she is afraid of sexual harassment; when she approaches the exit, she has a faster heart rate, sweating and stomach ache. Soldiers humiliate their humanity, dignity, religion, traditions and all ethics."

MdM psychologist supervising MHPSS teams operating in Shu'fat, Al 'Arroub and Al Fawwar camps (March 2025)

MdM MHPSS teams highlight a trend of violations against women's dignity by Israeli soldiers at military barriers at the exit from refugee camps.³²

Within Palestinian cultural and religious norms, female bodies are regarded as deeply protected entities. Any non-consensual contact or exposure by strangers constitutes a serious transgression.

When such violations occur within a context of power imbalance, where women cannot defend themselves and/or their male relatives are unable to intervene, or they cannot seek justice, they generate intense feelings of repressed rage and helplessness for both women and men.

Sexual harassment by Israeli soldiers at camp entrances inflicts profound emotional distress. Women subjected to these violations often feel vulnerable to any mistreatment, leading to heightened perceptions of personal insecurity, a loss of bodily autonomy and a persistent sense of exposure.

Beyond the immediate and potential long-lasting psychological impact, such incidents can trigger or exacerbate pre-existing mental, neurological and physical health conditions, often manifesting as psychosomatic symptoms.

The psychological consequences often extend beyond the individual, affecting intimate relationships and causing secondary trauma among family members. In tightly knit refugee camps, these disruptions can create challenges to family cohesion and social stability.

27
52

"People feel like they live in a jungle, under the threat of lions who hunt whenever they want without anyone stopping them."

MdM psychologist supervising MHPSS teams operating in Shu'fat, Al 'Arroub and Al Fawwar camps (January 2024).

An aggravating factor for the mental health of Palestinian refugees is that such assaults on their dignity are met with systematic, blatant impunity, as Palestinians have no credible legal recourse to obtain justice for violations committed by Israeli soldiers.³³

These dehumanising assaults and the associated impunity erode Palestinian refugees' dignity and sense of personal agency and autonomy.

Palestinian refugees experience a profound disrespect for their humanity. As these violent acts occur regularly and are experienced at the collective level by the community, they trigger a sense of being persecuted due to their belonging to the Palestinian national group.

b- The express intention to cause harm

MdM MHPSS teams report several instances in which Palestinian refugees shared that the Israeli soldiers assaulting them directly expressed in word or in action the intention to cause mental harm.

"Soldiers were raiding a family home. The children were scared so the big sister tried to reassure her younger siblings by diverting them. The soldiers stopped her. When she told them that she was only trying to reassure her siblings, the soldier said "Stop, we want them to be afraid."

MdM psychologist operating in Al Fawwar camp (October 2024).

"In the last raid, the army was focusing on the children, how to affect or threaten them. The army damaged the children's toys in the Nur Shams camp. They know it is going to affect the child. They damaged the toys in front of the children, in the house.

The children were so affected, and the mothers were so sad. All the families told us that the kids had nightmares and spoke while sleeping. All of them. Many had bed wetting. Many children sleep with their parents because they are afraid."

MdM social worker operating with refugee communities in Jenin, Tulkarm, Nur Shams and Al-Fara'a camps (February 2024).

"Always the army tells people "We will return". They say it also to the children. Always they try to keep the people hypertense, always overthinking about when the army will come back, when the next raid will be. During raids on camps, Israeli soldiers tell the community "We will return , don't repair anything".

All these stories affect the Palestinian community, because they stay in a situation of stress, anxiety, fear, acute tension, monitoring when the next raid will happen. All the Palestinian community follows social media, to monitor when the army is moving, all these elements make people live in a stressful and tense situation."

MdM social worker operating with refugee communities in Jenin, Tulkarm, Nur Shams and Al-Fara'a camps (April 2024).

The fact that the Israeli soldiers directly articulate their willingness to cause mental harm and their destruction of personal property that holds emotional meaning shapes how occupation violence is experienced by those affected.

Palestinian refugees understand this violence as an act of persecution targeting their communities with the deliberate aim of destabilising them emotionally and maintaining them in a state of constant fear and expectation of violence.

This perceived intentionality behind the psychological harm deepens the experience of continuous life-threatening danger, as the perpetrator is seen to deliberately undermine the individual's psychological stability and endurance.

The psychological suffering of Palestinians is shaped by their understanding that the occupation violence is not random but targeted, directed at them specifically because of their Palestinian national identity, with an expressed intention to cause mental harm.

"They [Israeli soldiers] want [refugees] to mentalise the constant presence of the soldier: they are trying to insert the idea within our mentality that there is no space for us here."

MdM psychologist operating in Al Fawwar camp (March 2025).

c - A climate of psychological control through learned helplessness

MdM MHPSS teams report that Palestinian refugees experience a sense that their psychological endurance³⁴ in the face of the occupation is being intentionally targeted in an effort to condition them into a state of learned helplessness.

Learned helplessness is a psychological state, in this case created by violence that is part of a system or recurring patterns of repeated exposure to uncontrollable, stressful situations.

The individual then learns that he is subjugated, that he has no real control over his own life and, as a result, loses the motivation to act — believing that no matter what he does, the outcome will remain unchanged.

In such a state, the individual may become more passive, as repeated experiences of powerlessness can erode the drive to challenge or question oppressive conditions.³⁵

Some people have become somewhat inanimate... If you tell someone, "The army is at your house", sometimes they won't react. ... It is not that they don't care because they're indifferent, but people have become devastated."

MdM social worker operating with refugee communities in Jenin, Tulkarm, Nur Shams and Al-Fara'a camps (March 2025).

MdM MHPSS professionals observe signs of learned helplessness in some individuals within refugee camps, identified on a case-by-case basis.



© Médecins du Monde.

30
52

While this psychological state can be identified at the individual level, it remains unclear whether a similar pattern is emerging collectively.

Learned helplessness experienced at the community level could subtly undermine collective action, as a diminishing sense of individual and shared agency makes it less likely for groups to challenge oppressive structures.

If such a shift were to occur at a collective level, it could result in a passive and disengaged population where Israeli occupation violence would function in turn as a form of population control through psychological means.

PART 2: DISRUPTION BY THE ISRAELI OCCUPATION OF THE ESSENTIAL CONDITIONS FOR PSYCHOLOGICAL HEALING

The violence of the occupation is continuous, repeated and escalating, affecting communities collectively within their living environments.

As such, the Israeli occupation is systematically undermining the very conditions necessary for psychological healing: safety, stability, time and space to process, community and family protection structures and safe environments, as well as access to mental healthcare.

2.1. No time to heal: the burden of continuous trauma³⁶

Palestinian refugees do not have the time to process the violence they are experiencing, as new Israeli military attacks follow one after another without pause and communities live with the anticipation that assaults will continue. The state of constant hypervigilance experienced by Palestinian refugees — and the ongoing activation of their stress response system — prevents the initiation of any healing process, as the body is constantly on high alert.

Time to process trauma is a biological necessity as the brain cannot heal while it remains in a constant state of threat. Without periods of safety and stability, the nervous system stays locked in survival mode, preventing the integration of traumatic experiences and blocking the path to recovery.³⁷

“For [MdM teams], it is a challenge because we go once or twice or three times to the same person. For example, one person had three incidents happen to him within a few weeks. You’re going to do the second visit but another violent incident has occurred in the meantime.”

MdM mental health manager supervising MHPSS teams working with the refugee communities of Jenin, Tulkarm, Nur Shams and Al-Fara’a camps (February 2024).

“The challenge in Palestine is that the MHPSS intervention should come after the attack has ended, but here there is no end to the incidents. It’s just continuous attacks, repetition of the same violence. Maybe in other areas of the world a war happens and ends, so you can provide mental health services — but here, that’s not the case.”

MdM social worker operating with the refugee communities of Jenin, Tulkarm, Nur Shams and Al-Fara’a camps (February 2024).

The initial phase of MdM's MHPSS emergency response involves two visits: one immediately after the violent incident affecting the person and the second two weeks later.

MdM MHPSS teams report that people are often retraumatized by new Israeli military attacks between sessions, which disrupts the continuity of care and prevents the creation of the sustained space necessary for healing and integration.

MdM's efforts to lay the foundations for healing with Palestinian refugees by providing PFA are constantly undermined by the Israeli occupation.

"The Israeli army is now present in the camp. You can imagine how this affects people in their day-to-day lives. They have to adjust their lives according to when they think an invasion might happen."

MdM psychologist working in Al Fawwar camp
(March 2025).

Re-establishing routines that foster a sense of normality and stability is one of the essential steps to help regulate the body and make healing possible.³⁸

However, as highlighted in Part 1.3. of this report, the Israeli occupation shapes the Palestinian refugees' daily lives and disrupts their normal functioning and capacity to maintain routines.

As a result of the repeated and continuous nature of the violence of the Israeli occupation, Palestinian refugees often lack the time as well as the physical and psychological safety needed to process trauma and emotions such as grief, pain or anger.

This can lead to experiences of pending or postponed grief — emotional responses to loss and trauma that are delayed, suppressed or interrupted.

In such cases, emotional processing is deferred rather than integrated, leaving the psychological toll of the occupation's violence unresolved.

The observations of MdM's MHPSS teams align with the concept of continuous trauma developed by Straker and Finchilescu in the context of apartheid South Africa.³⁹

This laid the conceptual foundations for understanding trauma not as a past event, but as an ongoing condition shaped by persistent threat — a framework that has since been demonstrated as relevant to the Palestinian context.⁴⁰

In light of the findings of this report, while MHPSS services remain essential in addressing the psychological harm caused by constant and collective exposure to occupation violence, **genuine psychological healing for Palestinian refugees cannot truly begin until the illegal Israeli occupation comes to an end.**

2.2. Engineered degradation of the Palestinian social fabric, community and family protection structures

Supportive relationships are another core element in the process of psychological healing.⁴¹

a- Eroding collective support structures: physical fragmentation of communities and undermining of community trust

Social support and community cohesion are well-established protective factors that buffer individuals from psychological distress and are particularly valued within Palestinian culture and tradition.

Through the mass displacement of entire refugee communities from the camps of Jenin, Tulkarm and Nur Shams and the scattering of these communities across numerous locations, the Israeli authorities have severed these vital social networks, depriving forcibly displaced refugees of community support systems, an essential factor in psychological recovery.



"[Displaced families] are missing the people who supported them. The society that they used to live in, their neighbours, the shop where they used to go to buy groceries for the household; everything they remember is no longer in their hands."

MdM social worker operating with the refugee communities of Jenin, Tulkarm, Nur Shams and Al-Fara'a camps (March 2025).

"These days, I go down to Jenin just to see anyone from the camp. I stare and think, 'How long will it last?'"

Father receiving MdM MHPSS support, after being forcibly displaced from Jenin camp to Aqqaba village (March 2025).

"No one has visited us in the villages around Jenin except for [MdM teams]."

Mother receiving MdM MHPSS support, after being forcibly displaced from Jenin camp to Jenin city (March 2025).

"The woman we visited had just received the news that her brother was killed in an Israeli prison: she could not go and seek a hug from a friend or neighbour, she just sat on the ground and cried uncontrollably."

"This separation from the support of the community is as difficult as the displacement and economic hardship."

MdM social worker operating with the refugee communities of Jenin, Tulkarm, Nur Shams and Al-Fara'a camps (March 2025).

Palestinian refugees and MdM MHPSS teams report the disruption of the community support system as one of the main factors in the refugees' protracted psychological suffering.

When these networks are disrupted, individuals are more vulnerable to depression, anxiety, ongoing trauma and prolonged grief. Situations of forced displacement break down the social fabric and deprive individuals of the emotional support which they would usually seek from their family and community.

The erosion of community structures impedes collective coping mechanisms and resilience-building, making it more difficult to process trauma, rebuild social capital and initiate communal healing.

The disruption of the Palestinian social fabric by military violence perpetrated by Israeli forces is not only due to the physical dismantling of refugee communities in the North, but also results from the practices of Israeli soldiers which effectively undermine community trust within refugee camps in the occupied West Bank.

"A person to whom we provide MHPSS support reported to us that the Israeli captain responsible for Al Fawwar publishes posts on Facebook to communicate with people in the camp. Once, he published a post saying that the army will come into the camp and conduct a test: soldiers will pass through the camp and there must be no troublemaking. If there is, they will keep the gate closed. If no one does anything, the gate will stay open."

MdM social worker operating in Al Fawwar camp (October 2024).

"The army creates suspicion between people, as soldiers ease the crossing of the checkpoint for some individuals to make the community think that they are collaborators. This destroys harmony and community cohesion."

MdM psychologist supervising MHPSS teams working in Shu'fat, Al 'Arroub and Al Fawwar camps (March 2025).

"What enables the Palestinians to survive is the community support we have and now the occupation is trying to attack this as well."

MdM psychologist working in Al Fawwar camp (March 2025).

MdM MHPSS teams report that certain practices by Israeli soldiers effectively impose a bargain on the refugee camps, conditioning the easing of movement restrictions on collective passive submission and the normalisation of Israeli military presence.

Such controlling and coercive dynamics, designed to enforce collective behavioural compliance, can severely undermine community trust and erode the social fabric. When certain individuals protest against the normalisation of the military presence, leading to punitive measures such as the prolonged closure of camp exits, collective frustration may be redirected towards them, fostering internal blame and weakening social cohesion.

These practices can generate grudges and feelings of resentment, betrayal or guilt — emotions that contribute to social fragmentation,⁴² increased interpersonal tension and reduced collective resilience within the community.

b- Destabilisation of the family protection structure

Supportive relationships within the close family circle are even more essential for processes of psychological healing and for healthy child development. Healthy psychological development requires secure attachment to caregivers which provides both a sense of protection and the capacity for safe separation, allowing the child to explore, individuate and later reconnect with confidence.⁴³

“For parents, it is psychologically destructive to see your children understand that nobody can protect them. When soldiers come to the house and attack their father, children understand that they have no protection.

When this is done in front of the kids, it destroys the role model, the protection figure. It shatters the symbol of dignity and power, which damages much more than a symbolic figure: they are destroying a structure.”

MdM psychologist supporting MdM teams working in Shu'fat, Al 'Arroub and Al Fawwar camps (January 2024).

“During army raids, sometimes parents are not near their children to protect them. Imagine how hard it is to not be together during a raid. The frequency of these invasions, and how unpredictable they are, makes it such an anxious experience for people to be separated from each other at any time.”

MdM social worker operating in Al Fawwar camp (March 2025).

MdM MHPSS teams strongly emphasise the negative impact of Israeli occupation violence on the development of healthy attachments between children and parents.

While children are desperately seeking a vital sense of safety in their parental figures, parents are stripped of the ability to protect them. Prolonged exposure to violence combined with the absence of a sense of safety from caregivers during the formative years can contribute to the development of insecure or disorganised attachment styles, which hamper positive development and future relationships.

Witnessing violence or harassment by Israeli forces towards their parents has profound implications for children: not only are they exposed to secondary trauma, but the symbolic safety that the caregiver represents is also shattered. In some cases, this may result in role reversals where the child feels compelled to take on protective or adult roles prematurely. This alters family dynamics and places additional burdens on the child (see Part 1.1.).

In addition, children develop emotional regulation skills through modelling, primarily by observing how caregivers manage, express and teach them how to understand their emotions. As survival mode undermines emotional regulation, parents are only able to provide a trauma model to their children, impairing the development of self-regulation capacities.

For parents, the impossibility of being a source of protection for their children is a continuously tormenting experience that destroys their sense of safety and control, reinforcing helplessness and emotional distress.

This powerlessness to provide safety is often combined with difficulties in providing for the family amid socio-economic hardship triggered by protracted dispossession.

For male caregivers, this inability to provide physical and socio-economic protection disrupts self-image and cultural gender roles, which can contribute to increased feelings of shame, guilt and low self-esteem and lead to deterioration in both parent-child and partner relationships.

At both the community and family levels, Israeli occupation violence systematically disrupts Palestinian refugees' fundamental need for social and emotional relationships, undermining community cohesion and trust and destabilising critical support networks essential for psychological healing and development.

2.3. Mass disruption of spaces of safety and recovery by the Israeli occupation

Safety is not just a stage in trauma recovery, it is the essential foundation upon which all healing is built. Without physical and psychological security, survivors remain stuck in a state of fear and hypervigilance, unable to process their trauma.⁴⁴

In addition to **dismantling the sense of safety through physical destruction and military invasions of refugee camps, as stated above**, Palestinians throughout the occupied West Bank are subjected to the Israeli policy of home demolitions; the targeting of refugee homes has dramatically increased recently.⁴⁵



"In the camps, when people lose their homes, the family is often split in two. Children feel safe when their parents are living together in the same house. When the child lives with one of their parents, they feel unsafe and many troubles develop with the children."

MdM social worker operating with the refugee communities of Jenin, Tulkarm, Nur Shams and Al-Fara'a camps (April 2024).

MdM MHPSS teams emphasise the severely disruptive effect of the Israeli policy of home demolitions on the family structure, as the emotional connection within the family is closely intertwined with the physical space of the home, which holds shared memories, daily routines and a sense of stability.

Being deprived of a home often negatively affects communication and relationships within the family, as many families are split up because their host cannot accommodate them together, further undermining their support system.

This dispossession, especially when combined with uncertainty about where to go next, causes acute psychological stress.

"The home is the place of safety. When the family loses their home, they lose their safety and also communication within the family and a lot of emotional value. There is a connection, an emotional feeling, between the home as a building and the family, their lives, memories and stability."

MdM social worker operating with the refugee communities of Jenin, Tulkarm, Nur Shams and Al-Fara'a camps (February 2024).

MdM MHPSS teams highlight that home demolitions affect more than just physical structures — they dismantle families' sense of stability.

For families who have lived in their homes for generations, the core values they were raised with are grounded in that physical space and its loss can disrupt their sense of identity.

For parents who built the home, the structure represents years of material and emotional effort; its destruction means losing not just shelter, but also the time, energy and expectations invested in building a future. The impact is not only material but deeply personal, affecting how people see themselves and their place in the world.

"Although children may not witness the demolition itself, once they learn what happened, they insist on returning to the demolition site."

They ask difficult questions: Why was it destroyed? Why did they take it away? Why can't we go back? Parents respond by saying it is no longer safe."

These conversations reflect the deep confusion and loss children experience — trying to make sense of events that even adults struggle to explain."

MdM social worker operating in Aqbat Jabr camp (March 2025).

MdM MHPSS teams report the particularly harmful impact on children, who struggle to cognitively and emotionally process the demolition of their home. When parents attempt to answer their children's questions, they face the difficult task of explaining a reality rooted in oppression, violence and dispossession — one that risks further undermining the children's sense of safety.

"On the first day of our intervention following the attack on Nur Shams, we worked with the parents of a five-year-old girl. The Israeli forces had entered the house and shot inside the house."

The girl was hidden under the covers of her bed and she stayed in her bed under the covers for three days without eating or speaking. She still does not speak to anyone. Because they came into her room and shot inside her room. The sound of a gun is loud and terrifying."

MdM social worker operating with the refugee communities of Jenin, Tulkarm, Nur Shams and Al-Fara'a camps (April 2024).

"In the camps, parents are afraid to leave their children in the house as they do not know if the army will come to storm the camp today."

MdM social worker operating with the refugee communities of Jenin, Tulkarm, Nur Shams and Al-Fara'a camps (April 2024).

In the refugee camps, Palestinians are also frequently exposed to military invasions of their homes.

MdM MHPSS teams report that Israeli military invasions of Palestinian refugees' homes cause severe disruption to their sense of safety and emotional stability.

These military intrusions into the centre of people's safety and privacy dissolve the boundary between what should be a secure environment and what becomes a place of danger.

For children, the home often represents the only remaining space that offers a sense of safety amid regular military raids on their neighbourhoods.

Israeli military attacks on Palestinian homes undermine the fundamental conditions required to establish a sense of safety and predictability of the environment. The home is typically the primary setting in which the nervous system learns to access states of autonomic regulation and rest.

When Israeli military intrusions disrupt this environment, the nervous system cannot reliably enter states of rest and regulation, resulting in chronic threat activation.

Over time, the internalisation of home as an unsafe space can reshape core cognitive schemas (mental structures that guide how individuals interpret and respond to the external world),⁴⁶ leading individuals to develop attachment and relationship difficulties, negative self-esteem and self-confidence and potentially psychological disorders.

In terms of physical space, the home functions as the primary source of psychological safety and stability. By destroying it, invading it or forcibly displacing people from it, the Israeli military is actively dismantling Palestinians' essential conditions for developing and maintaining a fundamental sense of safety.

School as an insecure physical space

MdM MHPSS teams report widespread feelings of fear associated with school, for both children and parents, as a result of Israeli military invasions that take place within learning spaces or their surroundings in Palestinian refugee camps.

"A lot of children are absent from school for many reasons. During a raid on Jenin camp last November [2023], the children were stuck in the school from 5 to 10 pm, because the army was raiding the camp. They were trapped until 10 pm, completely terrified. Parents told us how worried they are about sending their kids to school."

MdM social worker operating with the refugee communities of Jenin, Tulkarm, Nur Shams and Al-Fara'a camps (April 2024).

"When an army raid starts], the school principal locks all the classrooms while students are inside to make sure that there won't be threats from the soldiers and that the children are safe."

MdM social worker operating and living in Al 'Arroub camp (March 2025).

For children, who should experience school as a place of nurturing and stability, it has instead become a space where they experience fear and danger. The essential functions of school as a space that allows children to play, express emotions, learn and build secure relationships are compromised.

The Israeli occupation disrupts not only the protective function of the educational environment but also undermines children's cognitive, emotional and social development, as well as their fundamental right to learn in a secure and stable setting.

Deprivation of natural and recreational spaces

MdM MHPSS teams also report that Israeli military movement restrictions imposed on several Palestinian refugee camps are denying them access to natural and recreational environments that are essential to nourish well-being, especially in a context of continuous exposure to violence.

"[Refugees] used to go to outdoor areas to give vent to their emotions and for children to play and relax. Since the beginning of the war, they haven't been able to do that, due to the additional checkpoints and gates: it means that they are stuck inside."

MdM psychologist working in Al Fawwar camp (March 2025).



© Médecins du Monde.

“Refugees are prohibited from moving beyond the camp’s borders, even into the open natural areas that surround it. The Israeli army has restricted their access to these spaces entirely — no movement is allowed, not for grazing, leisure, construction or any other purpose. These restrictions further isolate the residents and deny them the basic right to connect with their environment.”

MdM social worker operating in Aqbat Jabr camp (March 2025).

Refugee communities facing severe movement restrictions imposed by Israeli forces are cut off from recreational spaces which they once relied upon to relieve psychological distress. Access to nature and calm environments that allow the nervous system to regulate itself and recover are essential for interrupting chronic stress responses and supporting individuals in processing their experiences of exposure to violence.⁴⁷

The Israeli occupation is transforming spaces that are critical for psychological recovery, emotional regulation and healthy child development into environments marked by chronic fear of death and violence.

Special section - Disruption of mental health support structures: the case of MdM operations

A prerequisite for the PFA provided by MdM in refugee camps is the establishment of a sense of safety: MHPSS practitioners must ensure that the person feels safe before proceeding with the intervention.⁴⁸

However, as the Israeli occupation has rendered refugee camps chronically unsafe environments (see Part 2.3.), this fundamental condition cannot be met, thereby undermining the efficacy of the intervention and the person’s capacity to engage in the recovery processes.

40
52

In addition, MdM access to refugee communities is increasingly restricted by the ever-tightening system of Israeli military obstacles and escalating frequency of Israeli military raids on the camps.

Between December 2024 and April 2025, MdM recorded five incidents of Israeli military invasions of Al Fawwar camp while the MdM MHPSS team was present, posing direct threats to the lives of practitioners and necessitating their urgent evacuation.

In just two months — March and April 2025 — the MdM team operating in the south West Bank documented 25 work hours lost, equivalent to approximately three full working days, due to military closures and security threats from ongoing invasions.

“Since I’ve been working with MdM, it’s happened to me at least five times that I have had to end an MHPSS session because of an army invasion... Either we couldn’t reach the area because of checkpoints or as we approached the area we got a security alert that an invasion was happening and we had to cancel the counselling. It demands a lot of flexibility and adaptability from our side and from the people.”

MdM psychologist working in Al Fawwar camp
(March 2025).

While consistency is key in establishing a relationship of trust with people receiving MHPSS, the frequent postponing of MHPSS sessions due to Israeli military raids and movement restrictions reinforces the sense of unpredictability that already characterises the external environment.

“The other day, I was going to provide mental health support to students who were mourning a friend. As soon as I entered the camp, we found a military jeep in front of us in the street and all of a sudden this triggered my own death anxiety. But then 15 minutes later I had to be in a space with children who were experiencing that same anxiety, put my own experience aside, find a way to use tools to regulate and carry out the session.”

MdM social worker operating in Al Fawwar camp
(March 2025).

Moreover, the exposure to violence that MdM MHPSS practitioners themselves must undergo in order to reach refugee communities impacts their emotional state and sense of safety before they deliver their interventions.

Being exposed to stressors such as Israeli military checkpoints and military raids can negatively impact their emotional presence and therapeutic focus when their own anxiety levels are heightened with concerns about restricted mobility and the risks to their lives posed by the constant presence of the Israeli army.

"Now [Palestinian refugees] are not able to access services and resources outside the camp, because everything is closed and it takes so much time and effort to manage to exit the camp. Regarding our cases, if we want to refer someone to Halhul Mental Health Centre, almost nobody can reach these services — and I am talking about mental health, let alone medical services."

MdM social worker operating in Al Fawwar camp
(March 2025).

Israeli military raids and obstacles inflicted on Palestinian refugee camps are jeopardising MdM's humanitarian action for these communities, as they pose disruption to MHPSS care through frequent denial of access and threaten the lives of MdM teams while they deliver interventions.

Finally, access to essential services outside refugee communities, including advanced psychological care and specialist health services, is severely restricted for camps encircled by Israeli forces' movement restrictions.

These constraints often prevent Palestinians in need of higher-level mental healthcare from following up on referrals made by MdM MHPSS teams, ultimately depriving them of critical support.



©Médecins du Monde.

PART 3: SETTING THE ENDURING SUFFERING OF PALESTINIAN REFUGEES IN A LONG-TERM CONTEXT: THE IMPACT OF GENERATIONAL TRAUMA AND FEAR OF THE FUTURE

3.1. Transgenerational trauma as a collective experience of the historic repetition of Israeli occupation violence

The Palestinian refugees' mental health suffering cannot be understood without being contextualised in the prolonged trauma experienced within their families through multiple generations.

"There is no vision for the future. [Palestinian refugees] face continuous trauma: 1948, 1967, 2002 and now 2025. The situation faced by the mother, the father, the sister, the brother and the grandfather makes a continuous story that is transferred to the next generation. And it repeats [itself]."

Every couple of decades the story is repeated. Some details change, but the format stays the same, with every time being harder than the previous one. This leaves people with no hope and no trust."

MdM mental health manager supervising MHPSS teams working with the refugee communities of Jenin, Tulkarm, Nur Shams and Al-Fara'a camps (March 2025)

"All the people in the camp speak about the plans to create one or two main roads in all the camps, destroying many homes. It increases anxiety and re-awakens the original trauma of losing the land and the houses, so people relive the same symptoms."

MdM psychologist working in Al Fawwar camp (March 2025).

MdM MHPSS teams report that Palestinian refugees naturally connect their current experience of constant exposure to Israeli occupation violence with the collective trauma experienced during the mass forced displacement and dispossession of their parents or grandparents in 1948 by Israeli forces and militias.

43
52

The recent collective experience of mass forced displacement and destruction of the refugee camps of Jenin, Tulkarm and Nur Shams resonates strongly with the shared and transmitted memories of the *Nakba*.

After 1948, Palestinians, and especially refugee families, continued to be subjected to episodes of mass violence that echo one another, in particular the mass forced displacement in 1967 and the widespread destruction of several refugee camps by Israeli forces during the Second Intifada.

In addition, refugee families continue to be exposed, through the generations, to the same violent presence of Israeli forces, policies of home demolitions and socio-economic challenges that pass from one generation to the next due to the lack of a political solution to the original dispossession of refugee families.

This phenomenon can be understood through the concept of transgenerational trauma, which refers to the psychological transmission of distress from one generation to the next.⁴⁹

Rooted in collective experiences of mass violence, it manifests itself through inherited emotional patterns, behaviours and coping mechanisms shaped by the original trauma, with lasting impacts on descendants' mental health and well-being.

Palestinian refugee children are born into families shaped by two or three generations of trauma under Israeli occupation.

This cumulative exposure affects social behaviours, emotional development and their overall sense of safety and belonging. In preparing children to navigate a persistently unsafe environment, parents and community members inevitably pass on their own fears and survival strategies — patterns they themselves inherited from previous generations.

Each new generation absorbs not only its own distress, but also the collective distress of previous generations within the family and community, perpetuating a cycle shaped by longstanding exposure to the violence of the Israeli occupation.

Palestinians experience what is referred to as the "ongoing *Nakba*"⁵⁰ — an understanding of the *Nakba* not as a single historical event, but as a continuous process of violence, dispossession and displacement, systematically driven by the Israeli authorities' policies and practices, impacting generation after generation since 1948.

3.2. Existential fear of the future: the threat of eradication of the refugee and Palestinian identity and rights

“People are not able to plan their lives. In practice, you have the right to self-determination, but with what is being imposed on you, you have to find a way to live in the moment, get by day-to-day, but you don’t have any prospects for the future, any way to plan your life. It is a basic right for other people but for [Palestinian refugees] it is a privilege that [is denied to them].”

MdM social worker operating in Al Fawwar camp (March 2025).

In conditions of transgenerational and continuous trauma, the capacity to envision a future is severely compromised. Living in a state of chronic unpredictability — without the emotional, social or economic stability needed to support motivation and future-oriented thinking — erodes hope and hinders the development of aspirations.

More critically, the recent mass destruction and displacement of Jenin, Tulkarm and Nur Shams camps (seen as a gradual but sustained “Gazafication” of the West Bank) are triggering deep collective fear and existential distress about the future for Palestinian refugee communities.

“Before the mass displacement [in January 2025], people were already anxious about the attack on the identity of refugees since [the Israeli authorities’ ban] against UNRWA. They started to fear the disappearance of UNRWA and its medical, educational and financial support... They’ve seen what happened in Jenin, Tulkarm and al-Fara’a — people are now convinced that hardship is coming towards them.”

MdM social worker operating with the refugee communities of Jenin, Tulkarm, Nur Shams and Al Fara’a camps (March 2025).

“If there is nothing happening [to protect] people in Gaza, nothing will happen for us in the West Bank. We wish for all these attacks to finish, but no government is stopping the mass atrocities in Gaza. Therefore we know that there is no hope for the West Bank.”

MdM social worker operating with the refugee communities of Jenin, Tulkarm, Nur Shams and Al-Fara’a camps (February 2024).

All MdM MHPSS teams report that, throughout the eight refugee communities where MdM works, these recent developments in the West Bank, combined with the daily witnessing of the destruction of Palestinian life in the Gaza Strip by the policies of the Israeli authorities and the ban on UNRWA, are received as signals of an imminent erasure.

The inaction of Third States to prevent the mass atrocities in the Gaza Strip is cited as a key trigger of existential fear about the future, as it is received as a sign that the escalation of Israeli occupation violence will not be stopped, including in the West Bank.

“There are a lot of rumours that there will be a big destruction of the [Al ‘Arroub] camp where people will be mass displaced like in the North... In the South too, people feel like there is an erasure of the concept of the camps.”

MdM social worker operating and living in Al ‘Arroub camp (March 2025).

“Across all the camps, including Aqbat Jabr, residents express a deep fear that their identity and their Right of Return are being systematically erased. There is growing anxiety that a military invasion — similar to what occurred in Jenin and Tulkarm — could lead to forced displacement, the seizure of camps and the symbolic cancellation of refugee status. For many, this is the most profound fear: losing not just their homes, but their history, identity and future. Even children, whether they have lived through such events or have only seen them on TV, ask haunting questions: Where would we go? How will we die?”

MdM social worker operating in Aqbat Jabr camp (March 2025).

This fear of erasure manifests itself on multiple levels. There is a fear of physical erasure — being killed by the Israeli army, being forcibly displaced, witnessing the destruction of one’s community — that materialises through rumours in camps across the central and southern West Bank.

This is paralleled by a fear of the symbolic erasure of the refugee identity and the right to a political solution to the refugees’ plight it embodies. As both are tied to the mandate of UNRWA and the physical existence of the camps, their dismantling threatens the collective identity and political recognition of the refugee experience.

This layered threat of both physical and symbolic erasure induces a state of existential fear, in which Palestinian refugee camps live in ongoing anticipation of their destruction and annihilation.



CONCLUSION

Psychological healing can only begin with the end of the occupation and impunity

This report identifies three core patterns in the psychological harm inflicted by the Israeli occupation on Palestinian refugees in the West Bank.

(I) The repeated, escalating and continuous exposure to the violence of the Israeli occupation imposes unlimited psychological torment on Palestinian communities. This is marked by a state of constant hypervigilance, persistent anticipation of death, deepening feelings of despair and hopelessness and severe disruption to normal functioning — all compounded by the perception that the occupation deliberately aims to inflict psychological harm.

(II) The Israeli occupation is actively dismantling the essential conditions for psychological healing: safety, stability, time and space to process, community and family protection structures and a safe environment, as well as access to mental healthcare.

(III) Palestinian psychological suffering is rooted in shared experiences of the past and of visualising the future and is embedded in transgenerational trauma and existential fears of physical and symbolic erasure.

MdM MHPSS teams who operate across the West Bank report that the patterns of psychological harm identified among Palestinian refugees in Area A are identical to those observed in Palestinian communities in Areas B and C that are exposed to constant Israeli settler and military violence in those areas.

Further research is needed to examine how these shared trends are connected and may reflect a broader, systematic pattern of psychological harm imposed on Palestinians across the whole occupied West Bank by the Israeli authorities.

Many elements presented in this report correlate with the Report of the Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (2020), which provides a definition of the crime of psychological torture with an analytical framework to identify methods, techniques or circumstances which may amount to psychological torture.⁵¹

47
52

Among the four constitutive elements, this report clearly highlights that severe pain or suffering and powerlessness are widely experienced by Palestinian refugee communities.

While the two other constitutive elements — the intentionality and purposefulness of torture — must be determined by legal experts, Part 1.4. of this report provides clear insights into expressed intentions by Israeli soldiers to cause harm, as well as the potential effects of occupation violence as psychological mechanisms of population control.

Recommendations

The report finds that the persistent use of military raids, home invasions, forced displacement and movement restrictions imposes enduring psychological harm on Palestinian refugees and displays clear features of psychological torture as defined by the UN Special Rapporteur on Torture.

Médecins du Monde stresses that ending the occupation is a prerequisite for psychological recovery and accountability.

Genuine psychological healing will only be possible once the occupation has ceased.

Considering these findings, we urge Third States to:

- Implement the ICJ Advisory Opinion of July 2024 by adopting immediate and concrete measures to end the occupation, including the full withdrawal of military forces and an end to annexation activities;
- Exert pressure on Israeli authorities to stop practices that may constitute psychological torture, such as attacks on civilians and coercive displacement;
- Uphold the right to health, including mental health, for all Palestinians — refugees included — and support a political solution that guarantees refugee rights;
- Safeguard UNRWA's mandate, which is vital for the delivery of essential services to the Palestinian communities;
- Ensure safe humanitarian access and remove movement restrictions affecting Palestinians and impartial aid organisations.

REFERENCES

[1] On average, between 6.5% and 8.5% of those receiving the first visit receive a second visit.

[2] Largest forced displacement in the West Bank since 1967 — Oxfam | Oxfam International; Medical Aid for Palestinians condemns largest forced displacement in West Bank since 1967, calls for immediate international action to end Israeli military violence — Latest News & Developments — Medical Aid for Palestinians.

[3] Israel Katz, Minister of Defense of the Israeli government since 5 November 2024, says he instructed the IDF to stay for a year in West Bank refugee camps and not allow 40,000 residents home | The Times of Israel.

[4] Humanitarian Situation Update #262 | West Bank [EN/AR] | OCHA; West Bank Monthly Snapshot — Casualties, Property Damage and Displacement | February 2025 | United Nations Office for the Coordination of Humanitarian Affairs - Occupied Palestinian Territory.

[5] Humanitarian Situation Update #287 | West Bank [EN/AR] — Occupied Palestinian Territory | ReliefWeb.

[6] United Nations Human Rights in Occupied Palestinian Territory: 1001 Palestinians killed in West Bank since 7 October 2023 — one in five are children | October 2025.

[7] Humanitarian Situation Update #279 | West Bank | April 2025 | United Nations Office for the Coordination of Humanitarian Affairs — Occupied Palestinian Territory.

[8] Movement and access update in the West Bank | May 2025 | United Nations Office for the Coordination of Humanitarian Affairs — Occupied Palestinian Territory.

[9] Dr. Salam Al Khatib, Exploring the Emotional and Social effects of Collective/Ongoing Trauma and the prevalence of post-traumatic stress disorders among Palestinians in the West Bank during the War on Gaza, 2024.

[10] Where We Work | UNRWA.

[11] A/RES/72/80, UNGA, December 2017.

[12] In 2023 alone, UNRWA recorded 1,145 Israeli security forces operations in and around West Bank refugee camps, with new levels of intensity and widespread destruction of infrastructure, severely impacting over 20,000 camp residents, see Report of the Commissioner-General of the UNRWA, 1 January-31 December 2023. According to OCHA data, Israeli forces' operations accounted for 42% of all displacement documented between January 2023 and December 2024, compared with less than 2% in the two years prior, showing a sharp escalation, see Humanitarian Situation Update #260 | West Bank | United Nations Office for the Coordination of Humanitarian Affairs - Occupied Palestinian Territory.

REFERENCES

[13] See A/HCR/43/NI/2; Israel: Collective Punishment against Palestinians | Human Rights Watch, February 2023[Cannot access via [this link](https://www.hrw.org/news/2023/02/02/israel-collective-punishment-against-palestinians)]; *https://www.hrw.org/news/2023/02/02/israel-collective-punishment-against-palestinians* and UNRWA Situation Report #170 on the Humanitarian Crisis in the Gaza Strip and the West Bank, including East Jerusalem | May 2025.

[14] Psychological first aid: Facilitator's manual for orienting field workers | World Health Organization | 2013.

[15] Problem Management Plus (PM+): Individual psychological help for adults impaired by distress in communities exposed to adversity | World Health Organization | 2016.

[16] The Manas Model for Health Counsellors, N. Chowdhary, S. Chatterjee, V. Patel, 2011.

[17] Mental health under occupation: an analysis of the de-politicization of the mental health discourse in Palestine and a call for a human rights approach | Emerald Insight, M. Helbich, S. Jabr, July 2021.

[18] Report of the Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health | 2017.

[19] oPT: West Bank | Protection Analysis Update | August 2022.

[20] UNRWA oPt Flash Appeal Progress Report | June 2024

[21] Hughes, Karen, et al. "The Effect of Multiple Adverse Childhood Experiences on Health: A Systematic Review and Meta-Analysis." *The Lancet Public Health*, vol. 2, no. 8, 2017, pp. e356–e366. The Lancet, Movement and access update in the West Bank | May 2025 | United Nations Office for the Coordination of Humanitarian Affairs — Occupied Palestinian Territory.

[22] Definitions: Stress — strong and obvious signs of distress are identified by MdM MHPSS professionals when people exhibit dissociation, impaired communication, functional impairment, death ideation, emotional dysregulation or agitation; Anticipatory Anxiety — a state characterised by heightened fear, worry, tension and physiological arousal in response to perceived future threats to one's life, family members and home; Nervousness — a temporary emotional and physiological state characterised by feelings of unease, apprehension or worry, often accompanied by physical symptoms such as increased heart rate, sweating, restlessness and difficulty concentrating. It commonly occurs in anticipation of a perceived threat, challenge or uncertain situation and is considered a normal stress response distinct from clinical anxiety disorders. American Psychological Association (APA). (2023); Insecurity (feeling unsafe) — refers to a perceived lack of safety, stability or protection in one's environment, relationships or circumstances. It is characterised by fear, vulnerability and hypervigilance, often arising when basic physical, emotional or social needs are threatened, Maslow, A. H. (1943).

REFERENCES

[23] IAHIP — Inside Out Issue 102 Article 9.

[24] UNRWA Situation Report #168 on the Humanitarian Crisis in the Gaza Strip and the West Bank, including East Jerusalem | UNRWA | April 2025.

[25] 2022 Among Deadliest Years for Palestinians in West Bank, Middle East Peace Process Coordinator Tells Security Council — Press Release (SC/15086) — The Question of Palestine | October 2022.

[26] In the whole of 2024, 82 Palestinian refugees received an MdM MHPSS second visit during which 7% of them reported feelings of hopelessness. From January to March 2025, 82 Palestinian refugees received an MdM MHPSS second visit during which 24.3% of them reported feelings of hopelessness.

[27] Katz says he instructed IDF to stay for a year in West Bank refugee camps and not allow 40,000 residents home | The Times of Israel, op. cit.

[28] Gaza and West Bank Interim Rapid Damage and Needs Assessment | February 2025 | Partnership for Infrastructure Development and State Building Fund.

[29] Press briefing by UNRWA Commissioner General Philippe Lazzarini | UNRWA.

[30] UNRWA chief says cash flow crisis may force him into an “unprecedented decision” | Reuters.

[31] Mental Health | World Health Organization | October 2025.

[32] Pages 39 and 40
<https://www.ohchr.org/sites/default/files/documents/hrbodies/hrcouncil/sessions-regular/session58/a-hrc-58-crp-6.pdf>.

[33] No Accountability | B'Tselem.

[34] Psychological endurance refers to a person's capacity to sustain mental and emotional strength over time, especially in the face of stress, trauma, adversity or prolonged hardship. It involves the ability to remain resilient, focused and functional under pressure without giving in to psychological exhaustion or breakdown. This concept encompasses several core elements: emotional regulation, cognitive flexibility, resilience, sustained motivation and hope. UNRWA Situation Report #168 on the Humanitarian Crisis in the Gaza Strip and the West Bank, including East Jerusalem | UNRWA | April 2025.

[35] Learned helplessness is a psychological condition in which an individual, after repeated exposure to uncontrollable and aversive events, develops the expectation that their actions have no effect on outcomes. As a result, the person shows passivity, reduced motivation and difficulty learning that future situations may be controllable, even when opportunities for change exist. Seligman, M.E.P. (1972).

REFERENCES

[36]

<https://iris.who.int/server/api/core/bitstreams/e7e129fb-b306-496d-84a5-67bb70abc130/content>

[37] van der Kolk, Bessel A. *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*. Penguin Books, 2014.

[38] van der Kolk, Bessel A., op. cit.

[39] Straker, Gill, and Susan Finchilescu. "The Consequences of Exposure to Violence on Young South African Children: A Preliminary Investigation". *International Journal of Mental Health*, vol. 17, no. 2, 1988, pp. 16–25.

[40] Qouta, Samah, Raija-Leena Punamäki, and El Sarraj. "Advances in Continuous Traumatic Stress Theory: The Mental and Physical Health Effects of Chronic Trauma among Palestinian Adolescents". *Journal of Loss and Trauma*, vol. 18, no. 3, 2013, pp. 207–222; Qouta, Samah, and El Sarraj. "Continuous Traumatic Stress in Palestine: The Psychological Effects of Chronic Warfare and Occupation on Palestinian Children". *World Psychiatry*, vol. 21, no. 1, 2022, pp. 52–53; Save the Children. "The Invisible Wounds of Palestinian Children". *Psychiatric Times*, 2018. Quoted in *Psychiatric Times*, 2024; Jabr, Samah. "Psychological and Social Suffering of Another Generation of Palestinian Children Living Under Occupation". *Humanitarian Health Review*, 2024.

[41] Bowlby, John. *Attachment and Loss: Vol. 1. Attachment*. Basic Books, 1969; Siegel, Daniel J. *The Developing Mind: How Relationships and the Brain Interact to Shape Who We Are*. Guilford Press, 1999.

[42]

https://www.researchgate.net/publication/226456470_Understanding_Culture_Resilience_and_Mental_Health_The_Production_of_Hope

[43] Bowlby, John. *Attachment and Loss: Vol. 1. Attachment*. op. cit.

[44] Herman, Judith L. *Trauma and Recovery: The Aftermath of Violence—from Domestic Abuse to Political Terror*. Basic Books, 1992.

[45] The West Bank: large scale house demolitions by ongoing Israeli Forces operation are having unprecedented impact on Palestine Refugees | UNRWA

[46] Stein, Dan J. *Cognitive Schemas and Core Beliefs in Psychological Problems* | Open Library.

[47] van der Kolk, Bessel A., op. cit.

[48] *Psychological first aid: Guide for field workers* | EMT | 2018.

[49] Transgenerational trauma and collective resilience: A qualitative analysis of the experiences of settler-colonial violence among three generations of Palestinian refugees - PubMed; Intergenerational Trauma in the Occupied Palestinian Territories: Effect on Children and Promotion of Healing

[50] Opinion | Palestine: Our History Haunts Our Future | Common Dreams; Assault on Rafah Latest Evidence That the Palestinian Nakba Did Not End in 1948.

[51] A/HRC/43/49.