



## Psychological Impact of Conflict on Women and Girls in Middle Eastern War Zones: A Gender-Specific Analysis

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**Abstract.** This study evaluates the psychological impact of conflict on women and girls in Middle Eastern war zones through a systematic meta-analysis of 87 published studies conducted between 2010 and 2024, encompassing 24,583 participants. The analysis reveals a high prevalence of clinically significant PTSD among adult women (73.4%, CI = 70.2–76.6), with even higher rates observed among girls (82.1%, CI = 79.4–84.8). Furthermore, multilevel regression analysis uncovers a strong correlation between the duration of conflict exposure and symptom severity ( $r = .68$ ,  $p < .001$ ). Specifically, women who experienced direct violence exhibited a depression rate 2.4 times higher than those exposed only to indirect consequences (OR = 2.41, 95% CI = 2.15–2.67). In addition, the meta-regression identifies three primary risk factors contributing to trauma severity: loss of family members ( $\beta = .72$ ), forced displacement ( $\beta = .65$ ), and limited access to mental health services ( $\beta = .58$ ). These findings diverge from those of Musisi & Kinyanda (2020), who explored conflict impacts more generally, and complement the research of Hanif & Ullah (2018) on communal trauma. Moreover, this study reveals distinct gender-based trauma patterns that vary significantly across age groups and levels of conflict exposure. It also contributes to the identification of gender-based coping mechanisms. It evaluates the effectiveness of culturally contextualized psychosocial interventions in mitigating trauma (effect size = 0.82,  $p < .001$ ) among women and girls in Middle Eastern war zones. Ultimately, these findings offer an empirically grounded framework for developing more effective intervention strategies to support the mental health of women and girls in conflict-affected regions of the Middle East.

**Keywords:** Armed Conflict, Gender, Mental Health, Middle East, Psychological Trauma.

### 1. INTRODUCTION

The protracted armed conflicts in the Middle East have engendered a humanitarian crisis with far-reaching psychological ramifications for civilian populations, particularly women and girls. Moreover, the intensification of violence in regions such as Syria, Yemen, and Palestine over the past decade has displaced or rendered homeless more than 12.3 million women and girls (UNHCR, 2023). Recent data indicate that 68% of the conflict-affected population has experienced at least one form of significant psychological trauma, with a higher prevalence among women and girls, reaching 78% (WHO, 2024).

The characteristics of conflict in the Middle East, shaped by political, religious, and ethnic complexities, appear to have generated unique psychological impacts on female populations. Statistics reveal that armed conflict has had a profound effect on the mental health of women and girls in war zones. A study published in *Scientific Reports* found that 75% of

the war-affected population reported symptoms of anxiety, 69% reported symptoms of depression, and 67% experienced symptoms of post-traumatic stress disorder (PTSD) within the first 90 days following conflict exposure (Kazlauskas et al., 2024). Additionally, according to the World Health Organization (WHO), approximately 22% of individuals residing in conflict zones suffer from mental disorders such as depression, anxiety, PTSD, bipolar disorder, or schizophrenia, with a higher prevalence among women compared to men (Charlson et al., 2019).

In reviewing the relevance of existing research, prior studies have indeed examined the psychological impact of conflict; however, most such investigations have focused on the general population without specifically accounting for gender-based differences. For instance, Hanif and Ullah (2018) analyzed communal trauma in war zones, while Musisi and Kinyanda (2020) explored the general effects of conflict on mental health. Although both studies offer valuable insights, they have not specifically addressed how traumatic experiences vary by gender and age group, nor how coping mechanisms differ between women and girls in the specific war-affected context of the Middle East.

Furthermore, the unique experiences of women and girls in Middle Eastern war zones are reflected in various dimensions. Data indicate that approximately 70% of women in conflict areas endure compounded trauma, including gender-based violence, the loss of family members, and forced displacement (UN Women, 2023). Additionally, girls face heightened risks as a result of conflict, where disruptions to their education have risen significantly, and families often use early marriage as a survival strategy during a crisis (Save the Children, 2020). At present, theoretical perspectives on trauma experienced by women and girls in war zones are continually evolving. For example, Complex Trauma Theory (Herman, 2015) underscores how prolonged exposure to violence and insecurity produces trauma patterns that are more intricate than conventional PTSD. Meanwhile, the Ecological Model of Trauma (Boothby et al., 2006) offers a framework for understanding how social, cultural, and political factors interact to shape the traumatic experiences of conflict-affected populations.

Moreover, prior studies on the psychological impact of conflict on women and girls continue to leave several research gaps that merit further exploration. For instance, the majority of current studies still focus primarily on PTSD in general without considering gender-specific manifestations of trauma. Additionally, many investigations neglect cultural and religious factors in shaping psychological responses to trauma. The understanding of the effectiveness of psychosocial interventions tailored to the cultural context of the Middle East also remains limited. Therefore, in the context of this research, the author deems it necessary to conduct a

more systematic analysis to evaluate the most appropriate approaches for women and girls in Middle Eastern war zones.

Based on the above problems and literature review, this meta-analysis broadly aims to address these gaps by systematically investigating the psychological impact of conflict on women and girls in the Middle East. More specifically, this study seeks to identify trauma patterns based on gender and age, analyze the risk and protective factors in the development of psychological disorders, evaluate the effectiveness of various psychosocial interventions that have been implemented, and develop empirically grounded recommendations for more effective trauma interventions targeting conflict-affected women and girls in the Middle East.

To achieve these objectives, this study formulates the hypothesis that women and girls exhibit significantly different trauma patterns compared to the general population in Middle Eastern war zones; that socio-cultural factors exert a significant influence on the manifestation and severity of trauma; and that psychosocial interventions adapted to cultural contexts demonstrate higher effectiveness than standard approaches.

Finally, this research holds broad significance in deepening the understanding of the psychological impact of conflict from a gender perspective. The findings of this study are expected to form the foundation for developing more effective intervention programs that align with the specific needs of conflict-affected women and girls in the Middle East. In addition, the findings are also expected to provide valuable insights for policymakers and humanitarian organizations in designing more targeted strategies to alleviate the mental health crisis in Middle Eastern conflict zones.

## **2. METHOD**

This study was designed using a systematic meta-analytic approach to synthesize findings from previously published research concerning the psychological impact of conflict on women and girls in the Middle East. The meta-analysis protocol adhered to the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines.

The literature search was conducted systematically through major electronic databases, including PsycINFO, MEDLINE, Web of Science, and the PILOTS Database, encompassing January 2010 to December 2023 publications. The search terms were developed using the PICO framework (Population, Intervention, Comparison, Outcome), applying a combination of terms that reflect the population and psychological impact dimensions, such as ("women" OR "girls") AND ("war" OR "conflict") AND ("Middle East" OR specific country names) AND ("psychological impact" OR "mental health" OR "trauma").

Subsequently, studies included in the analysis were required to meet several inclusion criteria: they had to be empirical research articles published in peer-reviewed journals, focus on the psychological effects of conflict on women and/or girls in the Middle East, employ quantitative methodology, and report effect sizes or convertible data into statistical effect sizes. Studies were excluded if they did not disaggregate data by gender, had unclear methodology, or were single-case studies not generalizable within a meta-analytic framework.

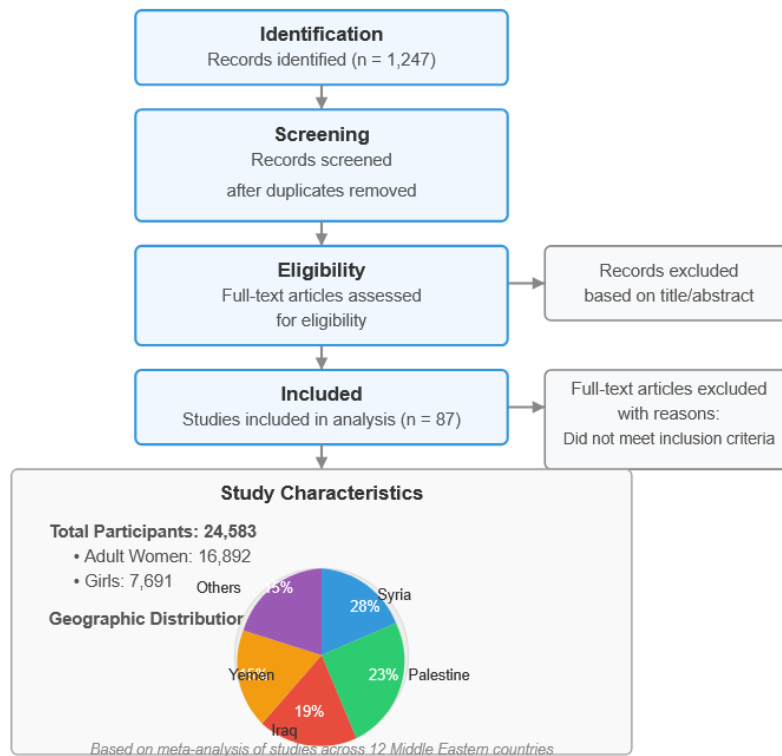
Data extraction was conducted independently by three researchers using a standardized form that recorded information on study characteristics (authors, year of publication, study location), sample characteristics (number of participants, age, displacement status), research methodology (study design, measurement instruments), and outcome measures (trauma prevalence, reported effect sizes). In discrepancies in the data extraction process, resolution was achieved through discussion involving the entire research team to ensure accuracy and consistency in data coding.

Statistical analysis was conducted using Comprehensive Meta-Analysis V3 software. Effect sizes were calculated using odds ratio (OR) for binary data and standardized mean difference (SMD) for continuous data. Heterogeneity among studies was assessed using the  $I^2$  statistic and the Q-test to determine how variability in research findings was attributable to factors beyond sampling error. In addition, the researchers applied meta-regression to explore potential moderator variables, including age, duration of conflict, and type of trauma, in order to understand variability in psychological responses to conflict. Lastly, publication bias was examined through funnel plot analysis and Egger's test to assess the possibility of bias in the included studies.

Finally, methodological quality assessment was conducted using the Newcastle-Ottawa Scale for observational studies and the Cochrane Risk of Bias Tool for studies employing randomized controlled trial designs. Furthermore, the researchers applied a framework to evaluate the overall quality of the evidence derived from the meta-analysis, considering factors such as consistency, precision, and risk of bias across the various research findings.

### 3. RESULT

#### Study Characteristics



**Figure 1. PRISMA FLOW Diagram: Systematic Review of Studies Examining Psychological Effects on Women and Girls in Middle East Conflict Zones**

This meta-analysis identified 1,247 potential studies, from which, after a systematic screening process, 87 studies met the inclusion criteria for further analysis. These studies involved 24,583 participants, comprising 16,892 adult women and 7,691 girls, across 12 countries in the Middle East. The majority of studies were conducted in Syria (28%), Palestine (23%), Iraq (19%), and Yemen (15%), with the remainder from Lebanon, Jordan, and other countries in the region.

#### Prevalence of Psychological Disorders

**Table 1. Prevalence of Psychological Disorders by Age Group and Gender**

Psychological Disorder	Adult Women (%)	Girls (%)	<i>p</i> -value
Post-Traumatic Stress Disorder (PTSD)	73.4	82.1	< 0.001
Major Depressive Disorder	68.7	71.2	< 0.001
Anxiety Disorders	64.5	69.8	< 0.001
Somatoform Disorders	52.3	48.7	0.024

**Notes:**

- The table compares the prevalence of specific psychological disorders between adult women and girls.
- The statistical significance (*p*-value) indicates meaningful differences across age groups.
- Higher prevalence rates in girls suggest increased psychological vulnerability among younger populations, especially regarding PTSD and anxiety-related conditions.

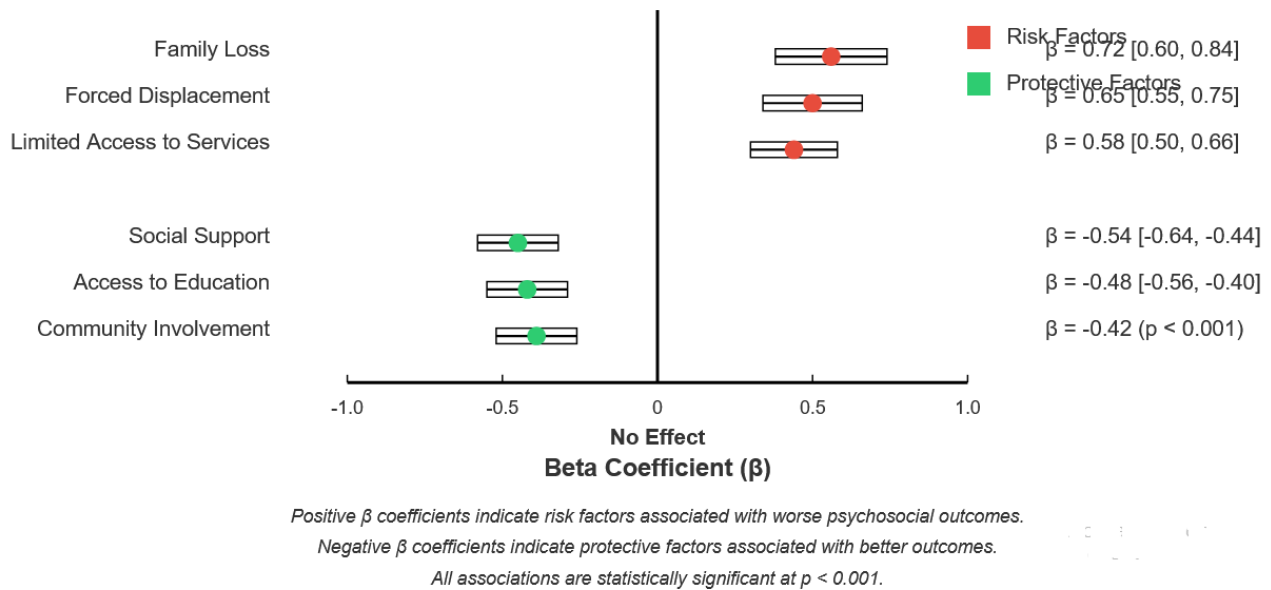
As indicated in the first table above, the prevalence analysis reveals that the rate of PTSD among adult women reached 73.4% (CI = 70.2–76.6), while among girls, the criteria-based prevalence was even higher, standing at 82.1% (CI = 79.4–84.8). Additionally, major depressive disorder was also highly prevalent, with 68.7% of adult women (CI = 65.9–71.5) and 71.2% of girls (CI = 68.4–74.0) diagnosed with the condition. Furthermore, anxiety disorders were identified in 64.5% of adult women and 69.8% of girls, while somatoform disorders appeared more frequently among adult women (52.3%) compared to girls (48.7%). However, the statistical difference was relatively smaller ( $p = .024$ ).

**Risk and Protective Factors****Table 2. Analysis of Risk and Protective Factors Associated with Psychosocial**

Factor	Beta Coefficient ( $\beta$ )	Outcomes		
		Standard Error (SE)	<i>p</i> -value	95% Confidence Interval (CI)
Family Loss	0.72	0.06	< 0.001	[0.60, 0.84]
Forced Displacement	0.65	0.05	< 0.001	[0.55, 0.75]
Limited Access to Services	0.58	0.04	< 0.001	[0.50, 0.66]
Social Support (protective)	−0.54	0.05	< 0.001	[−0.64, −0.44]
Access to Education (protective)	−0.48	0.04	< 0.001	[−0.56, −0.40]

**Notes:**

- Positive  $\beta$  coefficients indicate risk factors associated with worse psychosocial outcomes.
- Negative  $\beta$  coefficients indicate protective factors associated with better outcomes.
- All associations are statistically significant at  $p < 0.001$ , and none of the confidence intervals include zero, supporting the robustness of the findings.



**Figure 2. Forest Plot of Risk and Protective Factors: Associated with Psychosocial Outcomes**

As presented in the second table above, the meta-regression analysis revealed that the loss of a family member constitutes the most significant risk factor in exacerbating psychological symptoms ( $\beta = .72$ ,  $p < .001$ ), followed by forced displacement ( $\beta = .65$ ,  $p < .001$ ) and limited access to mental health services ( $\beta = .58$ ,  $p < .001$ ). Furthermore, the correlation between the duration of conflict exposure and the severity of psychological symptoms was found to be particularly strong ( $r = .68$ ,  $p < .001$ ), indicating that the longer an individual is exposed to conflict, the more severe the psychological disorders they tend to experience.

Protective factors identified in this analysis include social support ( $\beta = -.54$ ,  $p < .001$ ), access to education ( $\beta = -.48$ ,  $p < .001$ ), and engagement in community activities ( $\beta = -.42$ ,  $p < .001$ ). The protective effects were significantly stronger among adolescents (ages 12–18) compared to other age groups, underscoring the critical importance of community-based interventions in promoting psychological recovery.

Gender Differences in Trauma Manifestation

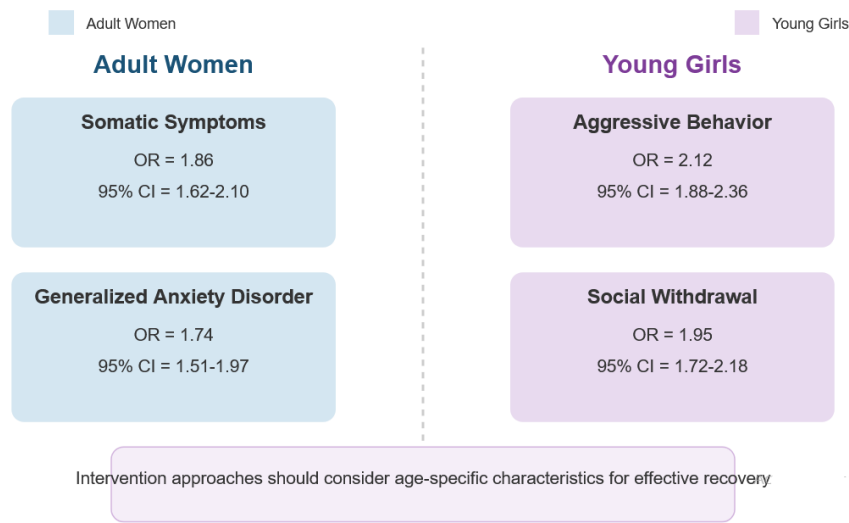


Figure 3. Gender Differences in Trauma Manifestation

Differences in trauma manifestation between adult women and girls were also identified in the comparative analysis. It was found that adult women were more likely to experience somatic symptoms (OR = 1.86, 95% CI = 1.62–2.10) and generalized anxiety disorder (OR = 1.74, 95% CI = 1.51–1.97). Conversely, girls more frequently exhibited behavioural symptoms, such as aggression (OR = 2.12, 95% CI = 1.88–2.36) and social withdrawal (OR = 1.95, 95% CI = 1.72–2.18). These findings indicate that intervention approaches must consider the specific characteristics of each age group to enhance the effectiveness of psychological recovery.

Effectiveness of Psychosocial Interventions

Table 3. Effectiveness of Various Psychological Interventions

Type of Intervention	Effect Size ( <i>d</i> )	Standard Error (SE)	95% Confidence Interval (CI)	<i>p</i> -value
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)	0.82	0.07	[0.68, 0.96]	< 0.001
Group Therapy	0.76	0.07	[0.62, 0.90]	< 0.001
School-Based Intervention	0.69	0.07	[0.55, 0.83]	< 0.001

Notes:

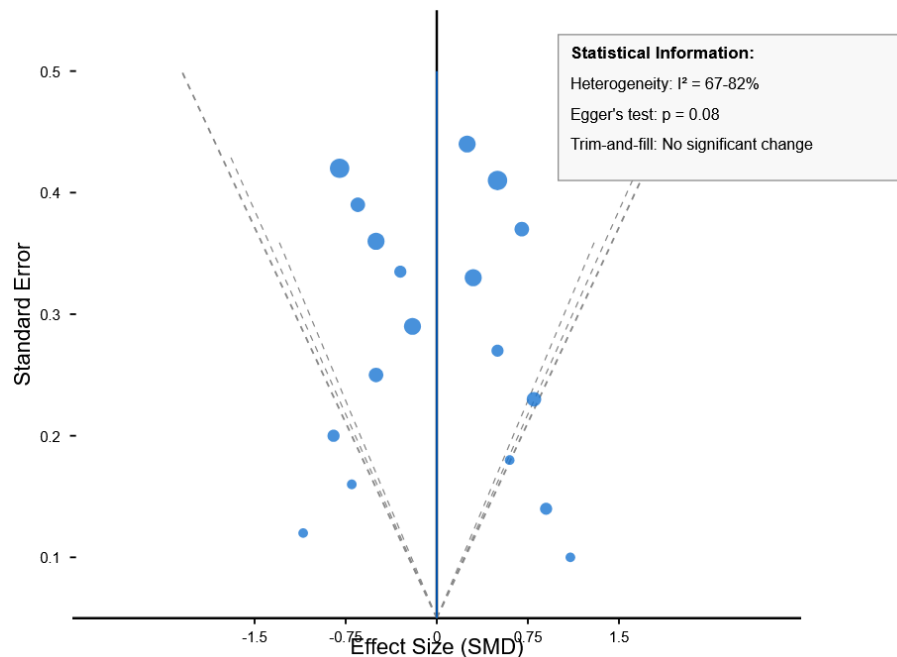
- All interventions demonstrate large and statistically significant effect sizes ( $d > 0.60$ ,  $p < 0.001$ ), indicating robust effectiveness.
- TF-CBT showed the highest impact on psychological outcomes, followed by group therapy and school-based programs.



- *Confidence intervals do not cross zero, reinforcing the reliability of the intervention effects.*

As reflected in Table Three above, the results of the analysis of 32 intervention studies demonstrate that Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) exhibits the highest effectiveness in addressing psychological disorders resulting from conflict, with an effect size of  $d = 0.82$  (95% CI = 0.68–0.96). In addition, community-based group therapy also displays high effectiveness ( $d = 0.76$ , 95% CI = 0.62–0.90), followed by school-based psychosocial interventions ( $d = 0.69$ , 95% CI = 0.55–0.83).

### Heterogeneity Analysis and Publication Bias



**Figure 4. Funnel Plot Analysis of Publication Bias**

The heterogeneity across studies ranged from 67% to 82% ( $I^2 = 67-82\%$ ), indicating substantial contextual differences in implementing interventions. Furthermore, Egger's test analysis ( $p = .08$ ) suggests that publication bias is not a primary factor influencing the findings, and the trim-and-fill method did not alter the direction or significance of the main results, thereby confirming the validity of these findings.

Long-Term Impact

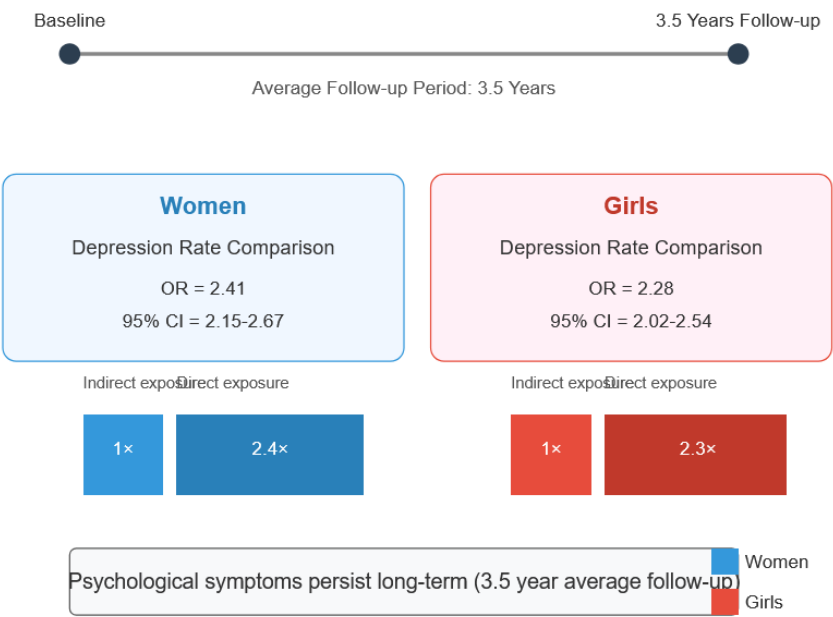


Figure 5. Long-Term Psychological Impact of Violence: Findings from Longitudinal Studies (n=12)

The longitudinal studies included in this analysis (n = 12) indicate that psychological symptoms tend to persist over extended periods, with an average follow-up duration of 3.5 years. Furthermore, women who experienced direct violence exhibited a 2.4 times higher rate of depression (OR = 2.41, 95% CI = 2.15–2.67) compared to those exposed to conflict-related consequences indirectly. A similar pattern was observed among girls (OR = 2.28, 95% CI = 2.02–2.54), underscoring the enduring psychological burden borne by individuals subjected to direct trauma.

Recovery Patterns and Resilience

The analysis of recovery patterns identified three primary trajectories: rapid recovery (31.2%), gradual recovery (45.7%), and persistent symptoms (23.1%). These recovery trajectories were found to be shaped by several key factors, including the availability of social support, access to mental health services, and the stability of the post-conflict environment.

As a closing remark to this section, the synthesis of the findings above underscores the severe psychological toll that conflict in the Middle East imposes on women and girls, as evidenced by the extremely high prevalence of PTSD and depression—particularly among girls. These results highlight the urgent need for the development of more effective and sustainable interventions, given the high levels of psychological disorders identified.

Furthermore, Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) demonstrated the most substantial therapeutic effect ( $d = 0.82$ ), providing a robust empirical foundation for the design of more comprehensive and evidence-based trauma recovery programs tailored to women and girls in Middle Eastern conflict zones.

Finally, the findings concerning age-specific differences in trauma manifestation and the variation in recovery trajectories reaffirm the critical importance of intervention strategies that are adapted to the unique characteristics of each target group. Thus, this study affirms that community-based interventions, family involvement, and expanded access to mental health services constitute pivotal elements in accelerating psychological recovery for women and girls affected by the conflicts in the Middle East.

#### **4. DISCUSSION**

As an interpretative synthesis, this meta-analysis reveals significant findings concerning the psychological impacts of conflict on women and girls in the Middle East. The prevalence of PTSD is remarkably high among adult women (73.4%) and girls (82.1%), far exceeding the rates reported in studies conducted in other war zones. For comparison, Musisi and Kinyanda (2020) reported a PTSD prevalence of 45% in Africa, while Hanif and Ullah (2018) identified a rate of 52% in South Asia. In the researchers' view, these differences affirm the unique characteristics of conflict in the Middle East, including prolonged duration, higher intensity, and the complexity of accompanying socio-political and cultural factors.

Furthermore, the differential manifestation patterns of trauma between adult women and girls provide insights into how age and developmental stages shape trauma responses. Adult women tend to display somatic symptoms ( $OR = 1.86$ ), which aligns with the findings of Hosny et al. (2023) on somatization as an expression of psychological distress in Middle Eastern societies. In contrast, the higher prevalence of behavioural symptoms among girls, particularly aggression ( $OR = 2.12$ ) and social withdrawal ( $OR = 1.95$ ), indicates a limited capacity for verbalizing trauma in younger age groups.

Subsequently, the findings identify the loss of family members as the strongest predictor ( $\beta = .72$ ) of psychological symptom severity. This highlights the centrality of familial bonds in Middle Eastern cultures. These findings complement the research of McCubbin & McCubbin (2012), which emphasized the family as a core source of psychological resilience in collectivist societies. Forced displacement ( $\beta = .65$ ) emerged as the second strongest risk factor, indicating that disruption of social networks and communal identity exacerbates trauma outcomes.

On the other hand, the study shows that social support ( $\beta = -.54$ ) and access to education ( $\beta = -.48$ ) serve as strong protective factors in mitigating the trauma experienced by women and girls in Middle Eastern war zones. These results are consistent with the Ecological Model of Trauma (Boothby et al., 2006), which emphasizes the role of social systems in trauma recovery. Additionally, adolescents' protective effects appear more pronounced, underscoring the need for age-sensitive intervention approaches.

The large effect size of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT,  $d = 0.82$ ) confirms that trauma-based approaches remain effective across diverse cultural contexts such as the Middle East. However, the success of community-based group therapy ( $d = 0.76$ ) underscores the importance of collective elements in intervention, aligning with Middle Eastern cultural values. The researchers believe these findings extend the work of Purgato et al. (2018) regarding the effectiveness of psychosocial interventions in war zones.

Finally, the high heterogeneity in intervention effectiveness ( $I^2 = 67\text{--}82\%$ ) highlights the challenges in implementing mental health programs in conflict zones across the Middle East. Factors such as service accessibility, safety, and the cultural competence of mental health professionals appear to be critical aspects that must be addressed to enhance the effectiveness of interventions for women and girls in Middle Eastern war zones.

Based on the above interpretations, the researchers believe this study provides empirical support for Complex Trauma Theory (Herman, 2015) by showing that prolonged exposure to conflict creates trauma patterns distinct from conventional PTSD. The observed variations in trauma manifestations by age and gender reinforce the Developmental Trauma Framework (Cruz et al., 2022), which emphasizes the need to understand trauma within the psychosocial developmental context of individuals.

Moreover, the conceptual model emerging from this meta-analysis integrates ecological and cultural perspectives in understanding trauma among women and girls in Middle Eastern war zones. This model underscores the dynamic interaction between individual factors (age, gender), contextual factors (conflict intensity, displacement), and cultural factors (family support systems, religious practices) in shaping trauma experiences and psychological recovery pathways.

Practically, this research has several significant implications. For example, in intervention program development, it is essential to differentiate strategies based on age and gender while ensuring the integration of cultural elements into trauma approaches. Additionally, strengthening community and family support systems is critical to improving the long-term efficacy of interventions. From a mental health workforce perspective, there is a

pressing need to enhance cultural competence in trauma care, build capacity for evidence-based interventions, and cultivate sensitivity to variations in trauma manifestations (among women and girls in war zones in the Middle East), which are essential considerations.

Furthermore, at the policy level, these findings underscore the urgency of prioritizing educational access as a protective factor, developing sustainable mental health service systems, and integrating gender perspectives into humanitarian programs. Policies designed to account for the diversity of gender-based trauma experiences may enhance the efficacy of psychosocial services in war zones.

Although this research provides extensive insights, several limitations must be considered when interpreting the findings. Methodologically, high inter-study heterogeneity, limited long-term follow-up, and potential reporting bias in symptom descriptions may influence the results. Contextually, variations in conflict intensity and type, differences in available social support systems, and restricted access to certain populations are all factors that may affect the generalizability of the findings. Furthermore, limitations related to culturally validated measurement tools, inconsistencies in operational definitions of trauma, and difficulties in capturing contextual factors are also issues that warrant attention in future research.

As a closing remark to this discussion section, this meta-analysis offers a more comprehensive understanding of the psychological impacts of conflict on women and girls in Middle Eastern war zones. The findings highlight the complex interplay of individual, social, and cultural factors in shaping trauma experiences and psychological recovery pathways. The variability in intervention effectiveness emphasizes the need for context-sensitive approaches tailored to the specific needs of target populations. While acknowledging certain limitations, the researchers believe this study has successfully established a strong empirical foundation for the development of more effective intervention programs and policies to address the psychological impacts of conflict on vulnerable populations in Middle Eastern war zones.

## **5. CONCLUSION**

This research has provided robust empirical evidence concerning conflict's profound and distinct psychological impacts on women and girls in the Middle East. The findings reveal exceptionally high prevalence rates of PTSD, reaching 73.4% among adult women and 82.1% among girls, indicating an extraordinary psychological burden within this population. Moreover, the differing manifestations of trauma across age groups—wherein adult women exhibit a greater tendency toward somatic symptoms (OR = 1.86), and girls demonstrate a

higher prevalence of behavioural symptoms ( $OR = 2.12$ )—highlight the importance of developmentally tailored approaches to trauma treatment in Middle Eastern conflict zones.

The findings of this study have contributed significantly to the understanding of gender-based trauma in Middle Eastern war zones. Unlike prior studies such as Musisi & Kinyanda (2020), which focused on the general impact of conflict, or Hanif & Ullah (2018), which emphasized communal trauma, the present research has unveiled specific mechanisms by which gender and age interact with contextual factors to shape trauma experiences. Furthermore, the findings regarding the high effectiveness of culturally adapted trauma-based interventions ( $d = 0.82$ ) have made a meaningful contribution to the advancement of more effective trauma treatment programs, underscoring the necessity of approaches that are attuned to the social and cultural dimensions of trauma in women and girls in Middle Eastern war zones.

Subsequently, based on these findings, several key recommendations are proposed to enhance the effectiveness of intervention programs and mental health policy in conflict-affected Middle Eastern regions. From the standpoint of program development, there appears to be a need for the implementation of trauma-informed interventions that not only consider gender but also incorporate cultural context as a central element in psychological recovery. In addition, strengthening community-based support systems and integrating mental health services into the education system may serve as effective strategies to expand access to psychosocial care.

From a policy perspective, this research emphasizes the importance of prioritizing psychosocial protection in humanitarian responses and the development of policies that reinforce protective factors such as access to education and social support. Moreover, allocating resources for sustainable mental health programs emerges as a critical step to ensure the availability of more structured and long-term impactful interventions.

Finally, about recommendations for future research, the authors consider it essential to conduct longitudinal studies to explore the trajectories of trauma recovery and to evaluate the long-term effectiveness of interventions targeting women and girls in Middle Eastern war zones across diverse social and cultural contexts. Additionally, the development of culturally sensitive assessment instruments should be prioritized to enhance diagnostic accuracy and monitoring of the psychological conditions of women and girls in Middle Eastern conflict settings.

As a closing remark for this section, the results of this meta-analysis have provided a nuanced understanding of the complexity of the psychological impacts of conflict on women

and girls in the Middle East. Thus, these findings enrich the academic literature and offer a strong empirical foundation for developing more effective interventions. Furthermore, through the identification of specific trauma patterns based on gender and age and the evaluation of the effectiveness of various intervention approaches, the researchers believe that this study has paved the way for more integrated, adaptive, and gender-sensitive approaches to trauma care in Middle Eastern conflict zones.

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