

# The profile and psychological effects of torture of Palestinians detained in Israeli prisons after 7<sup>th</sup> October 2023

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## Abstract

**Introduction:** Following the events of 7 October 2023, the number of Palestinians detained by Israeli authorities surged dramatically. By December 2024, nearly 10,000 Palestinians were held in Israeli prisons, most without formal charges. Administrative detention, incommunicado detention, and the use of military law for Palestinians contrast sharply with civil protections extended to Israeli settlers. Human rights organisations have documented systematic use of torture and ill-treatment against Palestinian detainees, with growing concerns over psychological and physical impacts. **Methods:** This cross-sectional study documented the experiences of 100 Palestinians who were detained after 7 October 2023 and later released. Participants were identified from official records and interviewed face-to-face by trained therapists between May and June 2024. A structured questionnaire assessed demographic information, detention conditions, exposure to torture, and psychological outcomes. Validated tools measured depression and post-traumatic stress disorder (PTSD) symptoms. Descriptive and inferential statistical analyses were conducted using R and Stata software. **Results:** Participants reported widespread exposure to ill-treatment, with a median of 29 torture methods per person. All experienced deprivation and non-physical abuse; 99% were exposed to sensory or physical abuse, and 32% reported sexual abuse. Severe physical consequences included fractures (26%) and amputations (7%). Psychological distress was substantial: 83% showed moderate to severe depression symptoms, and 63% met criteria for PTSD. Deprivation methods, such as not knowing the date and time, were associated with higher psychological impact scores, surpassing physically painful procedures, such as suspension and electrocution. Multivariable regression indicated that a greater number of torture methods significantly predicted higher depression scores. **Discussion:** This study highlights systematic use of torture and ill-treatment against Palestinians detained by Israeli forces post-October 2023. The psychological burden on survivors is profound and likely exacerbated by continuous traumatic stress under occupation. Survivors seemed to experience deprivation methods as more psychologically harmful than other methods. Findings underscore the urgent need for international accountability mechanisms and mental health interventions for survivors of torture in conflict zones.

**Keywords:** Torture, Prison, Palestine, Israel, Depression, PTSD

\* The views expressed are those of the authors and do not necessarily reflect those of the Journal, the Publisher or the Editors

## Introduction

As of December 2024, the Israel Prison Service was holding close to 10,000 Palestinians, of whom only 1,789 were serving a sentence, according to official Israeli statistics (B'Tselem, 2025). Israeli law allows for the 'administrative detention' of Palestinians, which can be renewed indefinitely (Human Rights Watch, 2023). Israel tries Palestinians in the occupied territories under a separate criminal justice system from that of Israelis. Palestinians are subject to military law, while Israelis in the occupied territories (settlers) are subject to civil law. Israel is the only country in the world that subjects children to military law. This is one of the features of Israeli occupation that led the International Court of Justice to issue an advisory opinion, noting that Israel's actions "amount to segregation or apartheid" (International Court of Justice, 2024).

The number of Palestinians detained by Israel increased after October 7<sup>th</sup>, 2023. Israel had long been accused of the ill-treatment and torture of detained Palestinians (The Public Committee Against Torture in Israel, 2021; UNCAT, 2016; United Nations Committee against Torture, 1994). Accusations intensified after October 7<sup>th</sup>, with a growing number of UN and rights organisations issuing reports documenting poor detention conditions and the ill-treatment of Palestinians detained by Israel (Addameer Prisoner Support and Human Rights Association et al., 2023; B'Tselem - The Israeli Information Center for Human Rights in the Occupied Territories, 2024; Physicians for Human Rights Israel et al., n.d.).

There is no doubt that torture in all its forms inside prisons has significant psychological and physical effects on survivors (Steel et al., 2009). For example, the mental and physical effects of sleep deprivation of detained Palestinians have been documented (Sehwail et al., 2019). The specific health consequences of individual torture and ill-treatment methods such as suspension, asphyxiation, positional torture, sensory deprivation and other methods are widely documented (DIGNITY, n.d.). The danger is not only to the physical and mental health of those who faced torture in prisons, but it also extends to their children and families. This has been documented among Palestinian children whose mothers were tortured (Rasras, 2024).

Reviews have demonstrated that exposure to torture is a strong predictor of the development of both depression and post-traumatic stress disorder (PTSD) (Song et al., 2018; Steel et al., 2009). In this study, we aim to document the experience of 100 Palestinians detained by Israel after October 7<sup>th</sup>, 2023. Specifically, we describe the reported torture methods and their physical and psychological impacts on the participants.

## Methodology

### Participants

The Palestinian Ministry of Detainee and Ex-Detainee Affairs maintains a record of Palestinians detained by Israeli prisons. Based on this sampling frame, the authors contacted by telephone all those residing in the West Bank or Jerusalem who were released from Israeli prisons after October 7<sup>th</sup>, 2023. All consenting and assenting individuals were then interviewed face-to-face by trained therapists. Interviewers explained the purpose of the interview, the data collection process, and data security procedures, and informed participants of their right to withdraw at any point before, during, or after the interview. All participants were offered free psychological support, regardless of whether they consented to the interview or completed it. Data were collected from May 26<sup>th</sup> to June 20<sup>th</sup>, 2024. Interviews lasted between 90 to 120 minutes.

### Instrument

Data collection was conducted according to a questionnaire. The questionnaire consisted of five sections, namely demographic characteristics, facts about the arrest and detention, exposure to ill-treatment and torture during arrest and in detention, their frequency and self-reported psychological impact, and the interviewees' psychological state at the time of interview (*Supplementary material*). The questionnaire was developed by experts in the psychological field who are knowledgeable about the context. It was designed based on a literature review and piloted with 30 Palestinians released from Israeli prisons. In addition, instruments measuring depression and post-traumatic stress disorder (PTSD) symptoms were administered. The depression instrument was based on the Beck Depression Inventory (BDI) (Sehwail et al., 2011). The Posttraumatic Stress Inventory (PSI) was based on the Diagnostic and Statistical Manual IV TR (DSM IV-TR) criteria for PTSD and the International statistical classification of diseases and related health problems (ICD-10) (American Psychiatric Association, 2000; World Health Organization, 1993). The PSI yielded a good reliability score (Cronbach's alpha = 0.84) in a similar population (Sehwail & Rasras, 1997).

### Procedure

Data were collected by therapists who were trained on the study's questionnaire, the process for reaching released prisoners, how to introduce themselves, explain the study's objectives, and obtain consent and assent. Interviews were all conducted in the participants' homes to maintain confidentiality. An experienced psychologist researcher closely supervised the field-

work. Quality control of data entry and coding was completed by a senior supervisor.

### Analysis

Descriptive statistical analysis consisted of calculation of frequencies, percentages, means and standard deviations for normally distributed data, and median and inter-quartile range (IQR) for non-normally distributed data. PTSD and depression scores were calculated to determine symptom levels. Inferential statistical analysis consisted of hypothesis testing using one-way analysis of variance (ANOVA) with post hoc Bonferroni testing, as well as multivariable logistic regression using a logit model. ANOVA analyses were conducted to explore if the mean age, number of torture methods and psychological effect differed across depression symptom levels; and if the mean psychological impact severity differed across individual torture methods, and across categories. To do so, a mean was calculated across all individuals for each method. Outliers were removed from the ANOVA of mean psychological impact severity across torture categories. Given the small number of torture methods per group, the conservative outlier threshold ( $0.75 \times \text{IQR}$ ) was applied to detect undue influence on the group's better means. Multivariable logistic regression was run to test for an association between depression symptom level and different factors (age, employment sector, number of torture methods and psychological impact score). The data was analysed using RStudio 4.4.3 (RStudio Team, 2024) and Stata statistical software version 17.0 (StataCorp LLC., 2021).

### Results

A total of 281 people were contacted by phone, of whom 120 agreed to participate in the study. The main reason for declining the interview was fear of reprisal in the form of re-arrest or harassment by Israeli occupation forces. This was especially pronounced in the case of minors and women. Of the 120 people, 20 were excluded because the interview had to be ended before completion due to security threats or sudden deterioration in the security situation, such as incursions by the Israeli army or settlers.

A total of 100 individuals were included in the study. All but one participant was male (99%). Participants' ages ranged from 17 to 76 years with a median of 27.5 years (IQR: 21-34). The largest age group was aged 18-29, comprising 60% of the sample. Prior to detention, the most frequently reported jobs were "political activism" (41%) and "other" (35%). Employment status was missing for 16% of participants. The time spent in detention varied considerably, with a median duration of 11.9 months (IQR: 6.6-20) (Table 1).

Participants reported substantial delays in being allowed to contact a lawyer or relative following their arrest. Only 3% were granted immediate contact. Contact was permitted after several weeks for 34%, after several months for 40%, and after several years for 2% of participants. For 11%, contact was never permitted until release. Information on the timing of contact was missing for 10% of participants (Table 2).

Reported exposure to torture or ill-treatment during detention was universal. All participants reported exposure to methods that were categorised as "Deprivation" and those categorised as "Non-physical", while all but one person (99%) re-

**Table 1.** Demographic characteristics of participants

	n (%) or Median (IQR)
<b>Gender</b>	
Male	99 (99%)
<b>Age, years</b>	
<18	2 (2%)
18-29	60 (60%)
30-39	18 (18%)
40-50	19 (19%)
≥60	1 (1%)
Median (IQR)	27.5 (21-34)
<b>Employment sector</b>	
Political activist	41 (41%)
Human Rights defender	5 (5%)
Student	3 (3%)
Other	35 (35%)
Missing	16 (16%)
<b>Duration of detention, months</b>	
≤6 months	22 (22%)
6-12 months	29 (29%)
12 months - 5 years	36 (36%)
≥5 years	2 (2%)
Missing	11 (11%)
Median (IQR)	11.9 (6.6-20)

**Table 2.** *Incomunicado detention*

	n (%)
<b>Time between arrest and permission to contact lawyer/relative</b>	
Immediate contact	3 (3%)
After weeks	34 (34%)
After months	40 (40%)
After years	2 (2%)
Contact never permitted	11 (11%)
Missing	10 (10%)

ported exposure to “Sensory or exposure” methods and “Other physical” methods. About a third (32%) reported exposure to sexual harassment (Table 3). When disaggregated by specific method (Figure 1), the most frequently reported methods included food deprivation (99%), hygiene deprivation (95%), beating (94%) and visitation deprivation (93%). The number of methods reported per individual varied considerably, with a median of 29 methods (IQR: 26-33.2) (Table 3).

Although all participants had experienced methods of ill-treatment or torture, only 24 participants filed a formal complaint. Most participants (69.1%) reported receiving threats if torture or ill-treatment were reported, 83% were threatened with future detention if they engaged in political activity, and 68% reported receiving death threats if they engaged in political activities.

Several participants reported physical consequences resulting from torture or ill-treatment (Table 4). The most common were fractured bones (26%) and disfigurement such as broken teeth (21%). Amputation of extremities was reported by 7% of participants.

Participants rated the severity of the psychological impact on them for each method of ill-treatment experienced on a scale of 0 (no effect) to 4 (very strong effect). Responses ranged from 1 (“minor effect”) to 4, and the average perceived psychological severity score was 2.16 (“moderate effect”). Deprivation from knowing date and time received the highest score (2.9/4), followed by strangulation (2.83) and water deprivation (2.79), while injuries, including by pepper spray (1.62), gunshot (1.71) and threats of re-arrest (1.72), had the lowest psychological impact on participants (Figures 2-3). Deprivation methods were rated as more psychologically severe than non-physical and

**Table 3.** *Reported Torture and Ill-treatment*

	n (%) or Median (IQR)
<b>Torture or Ill-treatment Category</b>	
Deprivation	100 (100%)
Non-physical	100 (100%)
Other physical	99 (99%)
Sensory	99 (99%)
Sexual	32 (32%)
<b>Number of methods per person</b>	
20–30	56 (56%)
30–40	34 (34%)
<20	10 (10%)
Median (IQR)	29 (26–33.2)

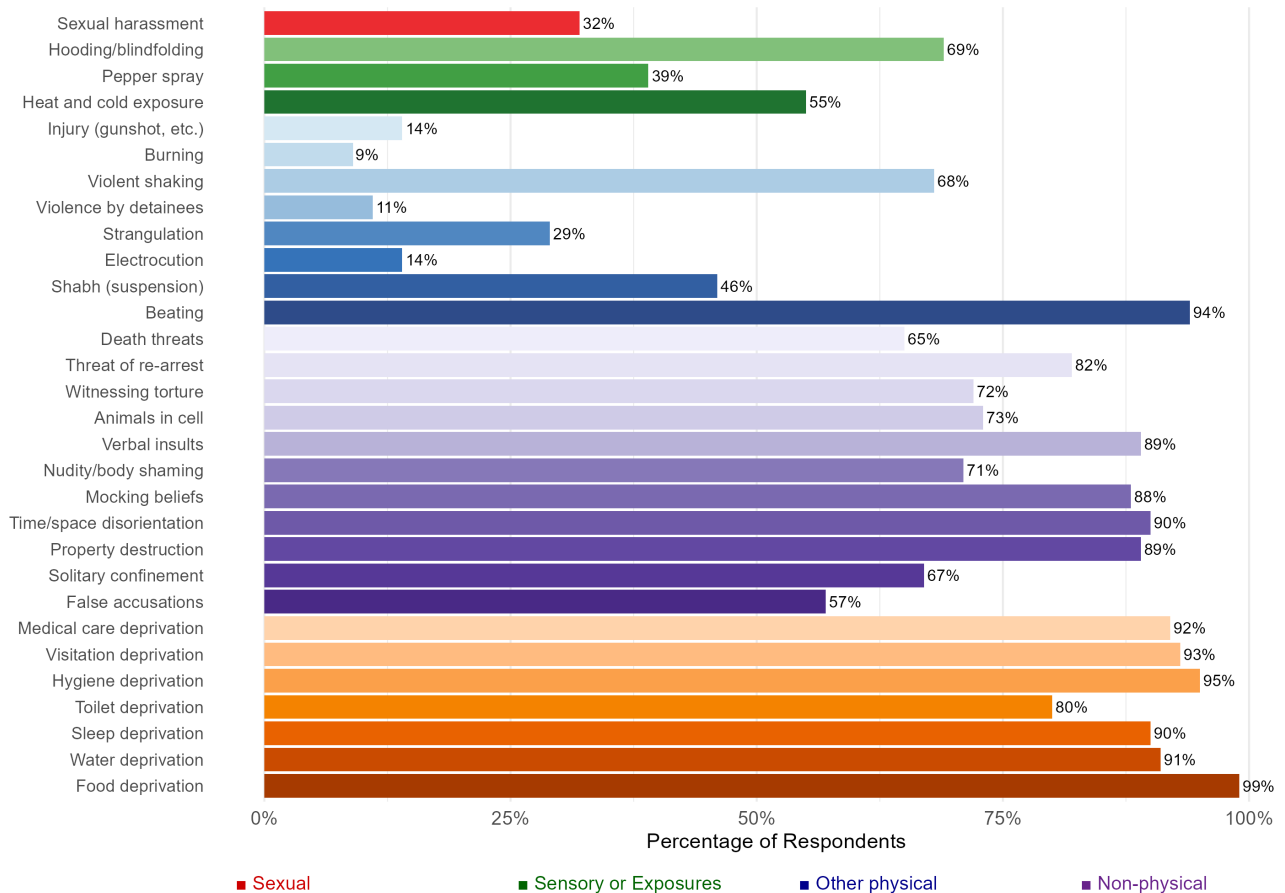
Non-physical = death threats, threats of re-arrest, mocking beliefs, solitary confinement, etc.; Deprivation = food, water, sleep, hygiene, visitation, medical care deprivation; Sensory = pepper spray, heat/cold exposure, blindfolding; Sexual = sexual harassment; Other physical = beating, burning, suspension, electrocution, strangulation.

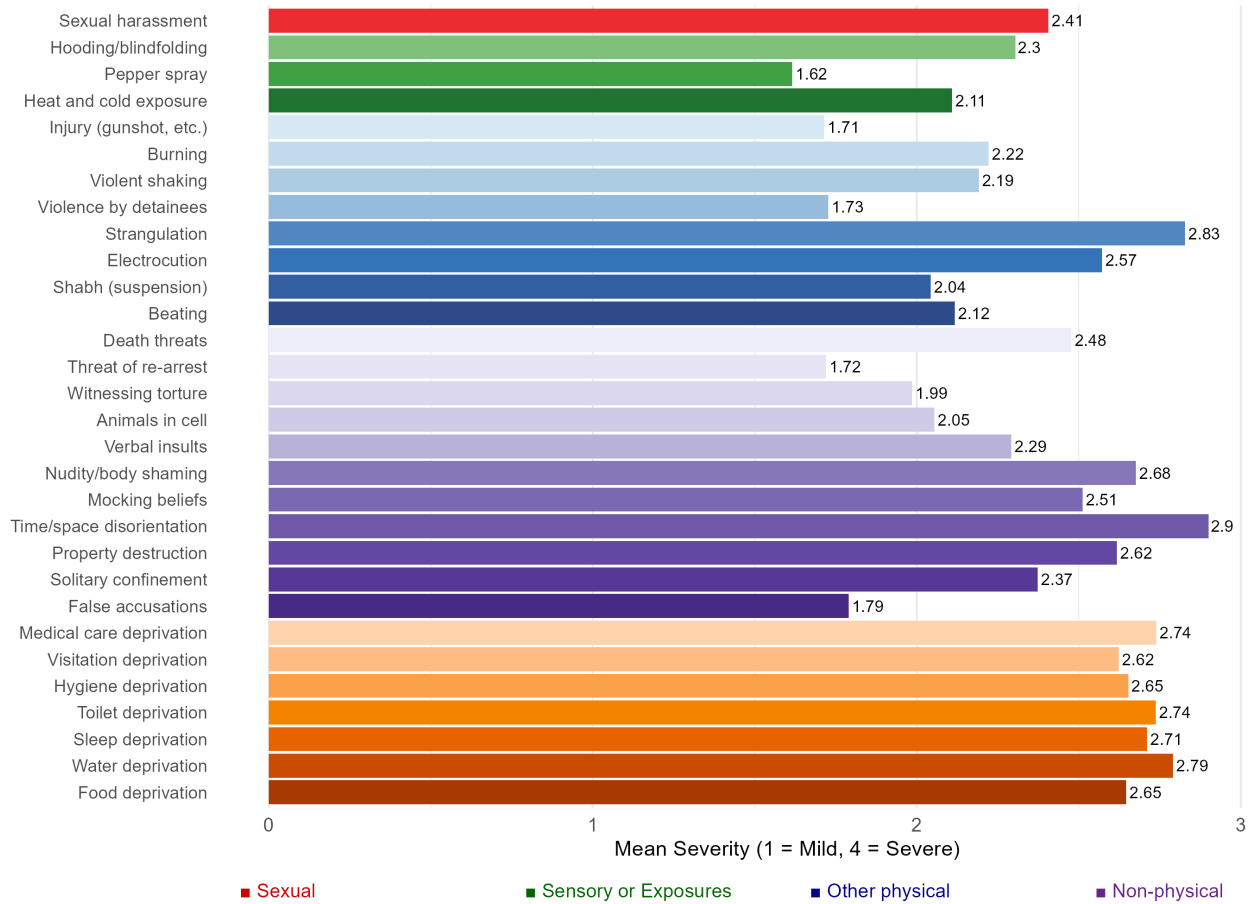
**Table 4.** *Reported Consequences of Torture and Ill-treatment*

	n (%)
<b>Physical consequences</b>	
Amputation of extremities	7 (7%)
Disfigurement	21 (21%)
Fractured bone	26 (26%)
<b>Psychological consequences</b>	
Depression	
– Minimal	12 (12%)
– Mild	34 (34%)
– Moderate	36 (36%)
– Severe	18 (18%)
PTSD	
– Acute PTSD	40 (40%)
– Acute stress disorder	37 (37%)
– Chronic PTSD	21 (21%)
– Delayed PTSD	2 (2%)

**Table 5.** Difference in self-rated psychological impact across method categories (mean difference, standard deviation, 95% confidence interval and p-value)

Comparison	Mean Diff.	SD	95% CI	P-value
Non-physical-Deprivation	-0.47	0.3	-0.87 – -0.06	0.018*
Other physical-Deprivation	-0.44	0.3	-0.86 – -0.01	0.044*
Sensory or Exposures-Deprivation	-0.49	0.3	-1.19 – 0.2	0.261
Sexual-Deprivation	-0.29	0.3	-1.22 – 0.63	0.885
Other physical-Non-physical	0.03	0.3	-0.33 – 0.4	0.999
Sensory or Exposures-Non-physical	-0.03	0.3	-0.69 – 0.63	0.999
Sexual-Non-physical	0.17	0.3	-0.73 – 1.07	0.980
Sensory or Exposures-Other physical	-0.06	0.3	-0.73 – 0.61	0.999
Sexual-Other physical	0.14	0.3	-0.77 – 1.05	0.991
Sexual-Sensory or Exposures	0.20	0.3	-0.86 – 1.26	0.981

**Figure 1.** Frequency of self-reported exposure to different torture or ill-treatment methods.

**Figure 2.** Mean perceived psychological severity by method.

other physical methods ( $p=0.02$  and  $p=0.04$ , respectively) (Table 5).

Psychological symptoms were common. Only 12% of participants were categorised as displaying minimal or no symptoms of depression. Symptoms of mild, moderate and severe depression were experienced by 34%, 36% and 18% of participants, respectively (Table 4). Sleep disturbances were reported by 66%, and 10% recounted having suicidal thoughts following detention. All participants displayed symptoms of a post-traumatic stress-related disorder. The most commonly demonstrated symptoms were for acute PTSD (40%) and acute stress disorder (37%), while 21% had symptoms for chronic PTSD and 2% for delayed PTSD (Table 4).

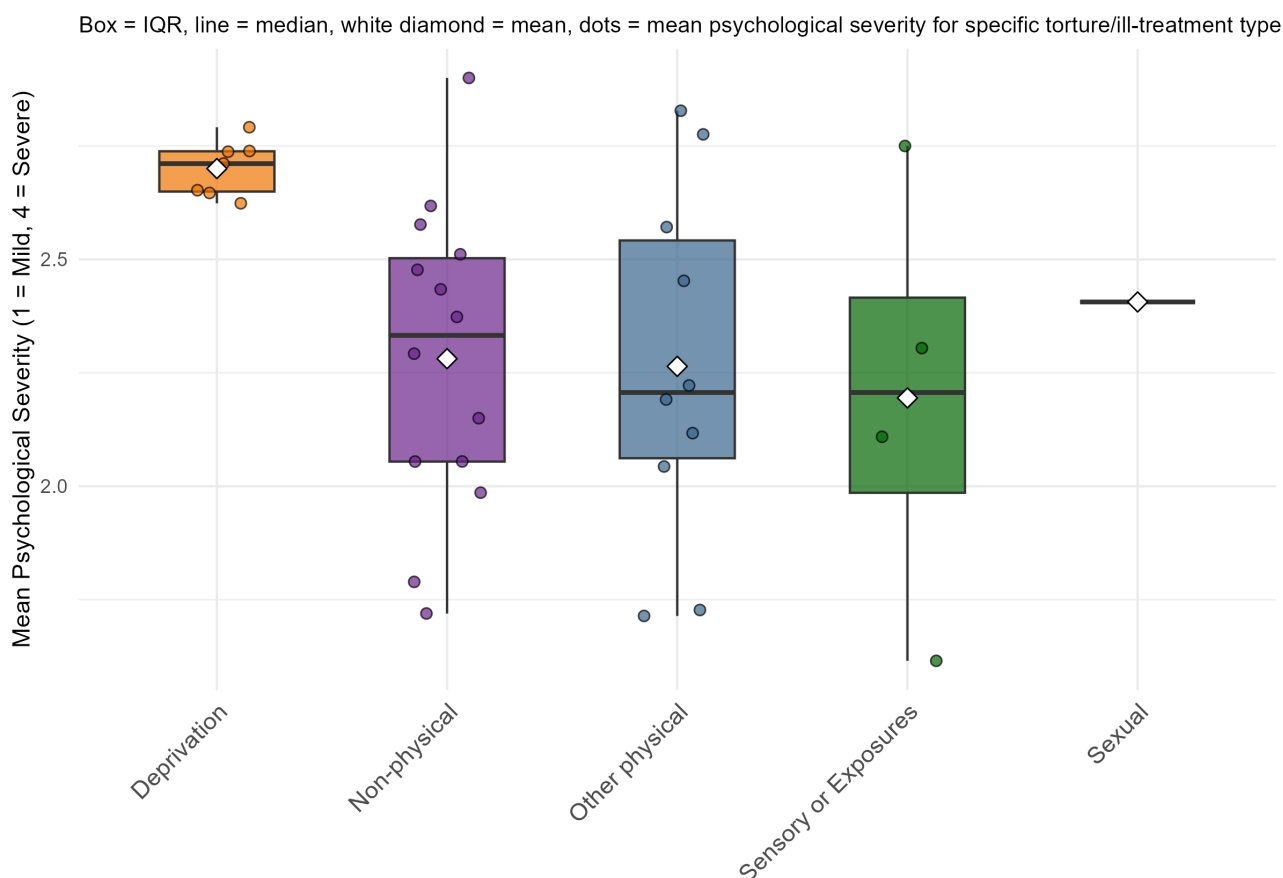
Psychological effects extended beyond depression and PTSD, with many (56%) reporting personality changes. Overall, 14% described simple changes, 16% medium changes, 16% severe changes, and 10% very severe changes, while 42% re-

ported no changes in personality. Data were missing for 2%. In terms of coping, participants reported varying degrees of reliance on faith and religion: 21% reported using it “extremely often”, 10% “a lot”, 11% “moderately”, 50% “a little bit” and 5% “not at all”.

To understand factors associated with depression levels, we explored the difference in mean age, number of torture methods and psychological impact of individual torture methods across different levels of depression symptoms (minimal, mild, moderate and severe). We found that the mean psychological impact score and mean number of torture methods per individual differed across depression symptom levels ( $p=0.02$  and  $p<0.01$ , respectively) (Table 6).

These findings were further evaluated using a multivariable logistic regression analysis. The number of torture methods experienced remained significantly associated with depression symptoms, with more methods raising the odds of a higher



**Figure 3.** Mean psychological severity per torture method, grouped by category.

level of depression ( $p=0.018$ ). However, the effect size was minimal, with an adjusted odds ratio of 1.08 (1.01, 1.15) in a model that contained age, employment sector and psychological impact score (Table 7). Neither psychological effect nor age showed a statistically significant association with depression in the adjusted model. However, student status was marginally statistically significant ( $p=0.04$ ), with students exhibiting lower adjusted odds of a higher level of depression compared to human rights defenders. This result is of marginal importance, as the sample consisted of only five human rights defenders and three students.

### Discussion

The sample for this study consisted mostly of young men aged 18-28, with political activist being the most common job. It is unclear whether this is because the group is most frequently detained, as random sampling was not possible. Violations were rampant during the arrest and detention. Only 3% were allowed

to contact a lawyer or relative on arrest, while the remainder experienced incommunicado detention. This violates international laws and norms (Amnesty International, 2024; United Nations General Assembly, 2006).

Torture or ill-treatment methods were universally reported by participants, varying greatly, with participants individually subjected to a median of 29 methods. To better understand and analyse those methods, we grouped them into categories according to the nature of the act, i.e., whether it was purely non-physical (e.g., insults or threats), deprivation (e.g., of food or water), sensory or exposure (e.g., to extreme heat or cold), other physical (e.g., beating, suspension, etc.) or sexual. Different categorisation methods have been used in other contexts (Hooberman et al., 2007; Milewski et al., 2023; United Nations, 2004). We categorised according to the local context. For example, forced nudity and mocking the victim's body were categorised as non-physical due to the universal, public nature of this practice by Israeli authorities in the occupied Palestinian

**Table 6.** Mean (SD) of age, torture exposure and psychological severity by depression symptom level

	Minimal depression	Mild depression	Moderate depression	Severe depression	P value
Age	35.1 (12.3)	29.2 (9.4)	29.8 (13.1)	26.9 (7.7)	0.254
Number of torture methods	26.6 (6.5)	26.7 (6)	32.1 (5.8)	29.1 (2.1)	0.001*
Mean perceived psychological severity	1.9 (0.6)	1 (0.5)	2.4 (0.5)	2.1 (0.5)	0.012*

**Table 7.** Factors associated with depression symptom level

Variable	Adjusted odds ratio	95% Confidence interval	P-value
Age, years	0.97	0.93, 1.01	0.13
Employment <sup>1</sup>	1		
– Missing	0.19	0.02, 1.38	0.108
– Other	0.26	0.03, 1.71	0.173
– Political activist	0.18	0.02, 1.18	0.082
– Student	0.03	0, 0.51	0.017
Number of torture methods	1.08	1.01, 1.15	0.018
Psychological impact	1.37	0.65, 2.89	0.402

1 Reference category: Human Rights defender

territories, and the lack of a sexual element to it (B'Tselem - The Israeli Information Center for Human Rights in the Occupied Territories, 2024).

The reported consequences of the violations and detention are mostly immediate, as participants were interviewed shortly after their release, making it impossible to determine longer-term consequences. Most notable among the physical consequences are the seven cases of extremity amputations. Our study did not enquire about the reasons for amputation but reports from other released detainees document prolonged tight hand and feet restraint leading to the need for medical amputation (B'Tselem - The Israeli Information Center for Human Rights in the Occupied Territories, 2024; CNN, 2024). Amputations are not a commonly reported consequence of handcuffing in other contexts (DIGNITY, 2022).

The severity of psychological impact varied greatly by individual and by method. Some torture methods, such as gunshots and *shabb* (a form of suspension torture), are known to cause serious physical injury and suffering (DIGNITY, 2024). How-

ever, seemingly benign methods such as depriving people from knowing the date and time of day had a stronger psychological impact on participants (2.9/4) than did either gunshot wounds (1.71/4) or *shabb* (2.04/4). This demonstrates that judging the severity of torture/ill-treatment methods is highly complicated and subject to context and the individual.

It is nevertheless clear that Palestinians released from Israeli detention have high loads of depression symptoms, with 88% of the sample reporting moderate to severe symptom load and 63% reporting some form of PTSD symptoms. This is unusually high compared to people experiencing incarceration elsewhere (Baranyi et al., 2019). These rates say something about the detention conditions, but they likely reveal more about the impact of living under Israeli occupation. For example, a recent UN study in Gaza among young people found that 58% displayed signs of moderate to severe depression, 61% displayed signs of anxiety, and 94% met the threshold for experiencing psychological distress (United Nations Population Fund & Juzoor, 2024). A nationally representative study found that



50% of adults in the West Bank reported signs of depression and 7.2% had signs of PTSD (World Bank Group et al., 2022). These rates are significantly higher than regional averages (Zuberi et al., 2021). The notion of *continuous traumatic stress* rather than *post stress disorder* is potentially relevant when studying the mental health impact of living under occupation. The risk of re-arrest, ill-treatment and torture, along with risks of forced displacement and physical harm to the self and loved ones, contribute to psychological distress, whereas the concept of PTSD implies that the traumatic event has ended and the person is not in physical safety (Asad, 2021; Eagle & Kaminer, 2013; Greene et al., 2017).

In terms of individual vulnerabilities, it appears that exposure to more torture methods and individuals' perceived psychological impact increases the likelihood of higher symptom loads for depression. As such, it is not necessarily subjection to harsher physical suffering that determines psychological impact. The sense of humiliation and disorientation may play important roles in determining psychological impact, as evidenced by the fact that being deprived of knowing the date and time and having trash dumped on them was experienced as more psychologically devastating than being shot, for example.

The study was conducted under highly challenging circumstances. During the data collection period, Israeli forces blocked roads, cutting off neighbourhoods from each other. This complicated the data collectors' movement, especially given that roadblocks were changing and unpredictable. Researchers sometimes had to end an interview when they heard that they might be unable to return home because a road may be blocked. Settler and Israeli army raids and the fear of them were an additional challenge to both researchers and participants during interviews. Fear of reprisal was a common reason for refusing to participate in the study, particularly among children and women. As such, only one woman was interviewed in this study; therefore, our results do not accurately reflect the detention experiences of Palestinian women.

Potential study limitations include the fact that torture methods were not necessarily defined so that individual interpretations may have biased reporting. For example, 'sexual harassment' may have been interpreted by some to be only physical rather than both physical and verbal. Some participants may have underreported or misclassified experiences due to cultural stigma, fear of reprisal, or personal interpretation. Finally, we interviewed only 37% (100/270) of people released by Israeli authorities during the study timeframe, as a significant proportion declined to be interviewed due to fear of reprisal. We were unable to perform a non-response analysis comparing responders with non-responders to assess representativeness.

## Conclusion

We conducted a cross-sectional study to document the experience of 100 Palestinians who were in Israeli detention after October 7<sup>th</sup>, 2023. Torture or ill-treatment methods were universally experienced and varied greatly, as did the reported psychological impact on survivors. A substantially large proportion of participants displayed symptoms of moderate to severe depression as well as PTSD. Individual vulnerability to depression may be affected by the number of torture methods experienced. While conducting research in this context is extremely challenging, we recommend continued documentation and study of torture survivors' experiences, and optimal treatment and support to survivors. The participants' detention experience should be understood within the general context of living under Israeli occupation. The findings underscore the urgent need for an end to the torture and ill-treatment in Israeli detention, and the great need for mental health interventions for survivors.

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