Factors Associated with Posttraumatic Growth among Israeli Civilians in the Wake of October 7th: The TERUMAH (*Trauma, Civic Engagement, Resilience and Health*) Study

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Background

Research on predictors of posttraumatic growth (PTG), beyond the nature of traumatic exposure, in civilian populations during armed conflict is limited.

We evaluated:

- Overall and domain-specific PTG levels in the Israeli population following the October 7th war.
- Individual factors (sociodemographic factors, psychosocial resources, civic engagement) associated with PTG.

Methods

Adults aged ≥18 (n=813) completed a population-based survey 6 and 15 months post-October 7th. PTG was assessed using the 10-item Posttraumatic Growth Inventory-Short Form (PTGI-SF).

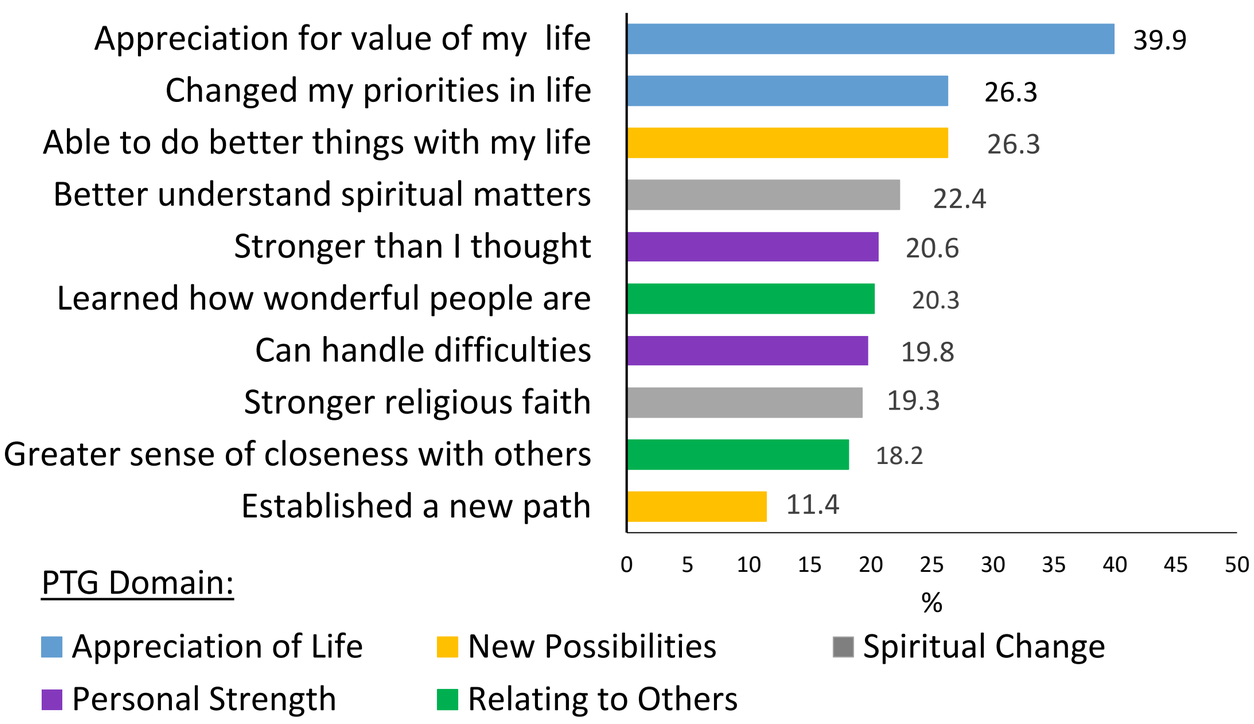
Trauma exposure evaluation included type (direct/indirect violence, evacuation, frequent sheltering, secondary exposures), event count, subjective exposure (perceived danger/proximity), and having a family member in combat.

Results

Table 1: Selected Baseline Characteristics Sample

		%
Age Group,	18-34	27.8
	35-49	34.4
	50+	37.8
Sex, female		47.2
Religion/Ethnicity,	Jewish (non-Ultra Orthodox)	84.6
	Jewish Ultra Orthodox	8.7
	Muslim/Druze/Christian/Other	6.7
Household Monthly Income (NIS),	< 17,000	58.8
	≥ 17,000	36.5
	Refuse/Don't know	4.7
Education,	High School diploma	25.2
	Vocational	25.3
	First degree or higher	49.5

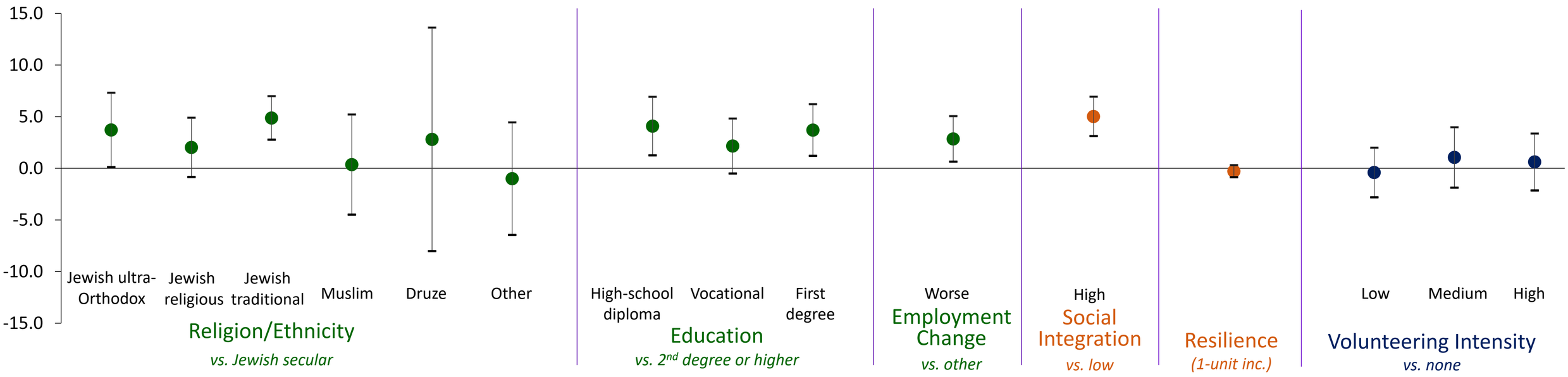
Fig. 1: Percent of Participants Endorsing Each PTGI-SF Item at Moderate Degree or Higher (score>3*)



* 0=no change; 5=very great degree of change.

➢ Mean total PTGI-SF score was 19.3 (SD=13.1; range 0-50)

Fig. 2: Associations of PTG with Sociodemographic Factors, Psychosocial Resources and Civic Engagement (B, 95% CI)*



*Linear regression model, additionally adjusted for: age, sex, immigration, income, no. of household members, marital status, residence peripherality, social support, volunteering pre-Oct 7th, participation in protests post-Oct 7th, previous trauma, direct/indirect violence, evacuation, frequent sheltering, secondary trauma via media/firsthand accounts, secondary trauma via profession, event count, perceived danger, perceived proximity to war events, active/reserve duty since Oct 7th, and having a family member in combat.

Conclusions

Findings indicate that social factors, especially a strong sense of community integration, belonging to faith-based communities, and experiences of resource loss play a central role in posttraumatic growth after a major national crisis. These insights can inform community-focused public health strategies for future emergencies.

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