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Intersectionality of Gender, Social Class, and War Trauma in the Middle East: A Multilayer Analysis

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Abstract. This multilayer meta-analysis investigates the intersectionality between gender, social class, and war-related trauma in the Middle East through a systematic review of 87 studies (N = 31,459) published between 2000 and 2023. Analytical findings reveal a strong and significant correlation between gender and trauma severity ($r = 0.67$, $p < 0.001$), with women experiencing a 2.8 times higher prevalence of PTSD compared to men. Furthermore, results from hierarchical regression demonstrate that social class functions as a substantial moderator ($\beta = 0.45$, $p < 0.001$), with individuals from lower social class backgrounds exhibiting a 3.2 times greater risk of trauma. Further structural path analysis reveals the presence of dual mediation (CFI = 0.96, RMSEA = 0.04), with access to mental health services and social support serving as primary mediators (indirect effect = 0.38, 95% CI [0.29, 0.47]). These results expand the contributions of Al-Krenawi and Graham (2012) and Mangrio et al. (2019) by illustrating the complex interaction of the three dimensions (Gender, Social Class, and War Trauma), which had previously been examined only separately. In addition, this study identifies a new pattern termed the "spiral trauma effect," a mechanism wherein the intersectionality of gender, social class, and trauma mutually reinforce each other in a recurring cycle (effect size $d = 0.89$), thereby deepening the understanding of trauma dynamics in conflict zones across the Middle East. Finally, the predictive model developed in this research demonstrated an accuracy rate of 84.3% in identifying high-risk individuals. Thus, these results are considered to provide an innovative framework for the development of empirically-based trauma interventions in Middle Eastern war zones.

Keywords: Gender, Intersectionality, PTSD, Social Class, War Trauma.

1. INTRODUCTION

The protracted conflicts that have afflicted the Middle East have produced highly complex and multilayered psychological impacts, affecting various strata of society differently depending on their social position. Over the past two decades, academic understanding of war-related trauma has shifted from fragmented univariate approaches toward multidimensional analyses that consider the intersectionality of diverse social factors (Chikovani et al., 2015; Dimitry, 2012; Dissanayake et al., 2023; Elnakib et al., 2021; Farhood et al., 2013; Maalouf et al., 2016; Nasir & Al-Qutob, 2005; Ngamaba et al., 2024; Tol et al., 2013; World Health Organization, 2008). Data from UNHCR show that by the end of 2022, more than 35 million refugees who crossed international borders, the majority originating from the Middle East, experienced psychological impacts from conflict. However, only a minority developed severe mental disorders. Nevertheless, these refugees demonstrated remarkable resilience (UNHCR,

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2022; El-Shaarawi, 2016; Frem, 2018; Guajardo, 2018; Pacione et al., 2013; Williams & Thompson, 2011).

Subsequently, intersectionality as an analytical framework has become increasingly crucial in approaching the complexity of war trauma, given that previous studies generally isolated variables such as gender (Al-Krenawi & Graham, 2012), social class (Pedersen, 2002), or trauma (Mangrio et al., 2019) as standalone factors, thereby failing to capture the interactive dynamics that emerge when these three dimensions intersect in the context of armed conflict. Charlson et al. (2019) in their systematic report in The Lancet confirmed that PTSD prevalence in Middle Eastern conflict zones reaches approximately 41%, with striking variations based on gender and socio-economic status (Altawil et al., 2008; Betancourt et al., 2015; Hammoudeh et al., 2022; Punamäki, 1989; Sousa et al., 2014; Thabet & Thabet, 2015; Thabet et al., 2002).

Furthermore, the gender dimension in war trauma exhibits highly specific characteristics in the Middle East, where a meta-analysis by Steel et al. indicated that women in conflict areas experience trauma at more than twice the rate of men, with approximately 73% reporting chronic depressive symptoms (Steel et al., 2009; Ahmed et al., 2024; Charlson et al., 2019; Han et al., 2021; Karam et al., 2008; Tinsae et al., 2024). This pattern is rooted in patriarchal social structures that restrict women's access to mental health services and social support, thereby creating systemic barriers. Moreover, research by Bryant-Davis has shown that traditional gender norms also contribute to the underreporting of psychological trauma among men, leading to systematic biases in data collection and interpretation (Bryant-Davis, 2019; Critelli & Yalim, 2023; Elshamy et al., 2023; Osman et al., 2017; Barada et al., 2021; Kisilu & Darras, 2018; Mangrio et al., 2019; Mahamid et al., 2022; Sim et al., 2018; Taha & Sijbrandij, 2021).

On the other hand, social class plays a critical determinant role in defining access to resources and mental health services in the Middle East. A study by Lund et al. demonstrated an extraordinary disparity, with only 12% of individuals from lower social classes in conflict zones having access to professional services, in stark contrast to 78% from upper-middle classes (Lund et al., 2018; Jamal, 2023; Miller & Rasmussen, 2010; Østergaard et al., 2023). Furthermore, longitudinal findings by Bogic et al. revealed that individuals from lower social strata experience significantly slower trauma recovery processes, with an average recovery duration 2.7 times longer than those from higher socio-economic backgrounds (Bogic et al., 2015; Nakeyar & Frewen, 2016; Nguyen et al., 2022; Rehman et al., 2020; Schock et al., 2016).

The intersection between gender and social class creates a compounded vulnerability exacerbated by unstable conflict conditions. Research shows that women, particularly from

lower social classes, are at greater risk of experiencing trauma compared to men, with factors such as gender-based violence and lack of access to resources serving as principal causes. This fact underscores the complex intersectionality that has not yet been fully revealed in the literature on war trauma (Alghamdi, 2024; Kamali et al., 2020; Kheirallah et al., 2022; UN Women, 2012).

In the researcher's view, although several previous studies have made important contributions, these findings remain fragmented. For example, Al-Krenawi and Graham (2012) specifically focused on the gender dimension within the context of war trauma, whereas Pedersen explored the influence of social class on psychological resilience (Al-Krenawi & Graham, 2012; Pedersen, 2002; Altawil et al., 2008; Betancourt et al., 2015; Hammoudeh et al., 2022; Punamäki, 1989; Sousa et al., 2014; Thabet & Thabet, 2015; Thabet et al., 2002; Jan et al., 2024; León-Giraldo et al., 2021; Rozanov et al., 2019; Veronese & Pepe, 2022). Mangrio et al. (2019) contributed significantly to understanding trauma mechanisms but without an explicit exploration of the intersectionality of these factors. Thus, the fragmentation in this literature indicates an urgent need for a comprehensive meta-analysis capable of simultaneously integrating the dimensions of gender, social class, and war trauma (Barada et al., 2021; Kisilu & Darras, 2018; Mahamid et al., 2022; Sim et al., 2018; Taha & Sijbrandij, 2021).

Based on the operational definitions, relevant data, and gaps identified above, this research aims to address that void through a multilayer meta-analysis that systematically explores the intersectionality of gender, social class, and war trauma in the Middle East. More specifically, this study aims to: first, identify patterns of interaction between gender, social class, and trauma manifestations; second, analyze the mediation and moderation mechanisms influencing the relationships among these factors; and third, develop a predictive model to identify individuals at high risk of severe trauma.

The proposed hypotheses include: (H1) There is a significant interaction effect between gender and social class on trauma severity; (H2) Access to mental health services and social support mediates the relationship between socio-economic status and trauma severity; and (H3) Contextual factors such as conflict intensity and exposure duration serve as moderators in the relationship between intersectionality and trauma outcomes.

Finally, the significance of this research lies in its potential to provide a holistic understanding of trauma dynamics in conflict areas through an intersectional lens. By adopting this approach, the study enriches the academic literature and offers practical contributions for designing more effective and contextually responsive evidence-based trauma interventions.

Additionally, multilayer analysis will allow the discovery of hidden patterns that would likely be overlooked under narrower traditional approaches.

2. METHOD

This study employed a multilayer meta-analytic design by integrating a systematic review approach based on quantitative analysis of studies that met strict inclusion criteria. Furthermore, this study comprehensively followed the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) protocol to ensure transparency and consistency in the selection and data analysis process.

The inclusion criteria were designed to encompass: (1) empirical studies published between 2000 and 2023; (2) research explicitly focused on war-related trauma in the Middle East region; (3) studies involving analysis related to gender and/or social class status; (4) use of quantitative methods presenting sufficient statistical reports for further analysis; and (5) publications written in English or Arabic. Conversely, studies were excluded if they: (1) did not provide effect sizes that could be quantitatively calculated; (2) involved populations outside the Middle East region; or (3) were purely qualitative studies without any quantitative component.

The literature search strategy was systematically conducted through several major electronic databases, including PsycINFO, MEDLINE, and Web of Science, as well as regional databases, such as Al Manhal and Dar Al Mandumah. Keywords used were structured combinations of terms related to war trauma ("war trauma", "PTSD", "psychological impact"), gender dimensions ("gender differences", "women", "men"), social class status ("socio-economic status", "social class"), and geographic location ("Middle East" along with specific country names within the region).

The coding process was carried out by two independent researchers who applied a standardized protocol that included: (1) study characteristics, including year of publication, research location, and methodological design; (2) sample characteristics, such as sample size, gender composition, and participants' socio-economic status; (3) trauma measurement methods used; and (4) main statistical outcomes reported. The inter-coder reliability, measured through Cohen's kappa index, reached a value of 0.89, indicating a very high level of agreement.

Data analysis was conducted in three main stages. First, in the basic meta-analysis stage, effect sizes were calculated using Hedges' g to compare group differences and correlation coefficients r to analyze relationships between continuous variables. A random-effects model was applied to accommodate heterogeneous variations across studies, while sensitivity analysis

and publication bias evaluation were conducted through funnel plots and Egger's test. Second, the moderator analysis stage was performed using meta-regression methods to identify potential moderator variables, both methodological and substantive. The Q statistic was used to test for heterogeneity, while the I^2 index was employed to measure the proportion of variation resulting from true heterogeneity between studies. Third, network analysis was conducted using a Bayesian approach that explored the complex relationships among variables, with graphical models developed to visualize the emerging relational patterns and to identify potential causal pathways.

All statistical analyses were performed using R software (version 4.1.2), applying the metafor package for basic meta-analysis and meta-regression and the gemtc package for Bayesian network analysis. In addition, SPSS AMOS 27 was used to test structural path models and further explore relationships among variables.

The methodological quality of each included study was evaluated using a modified Newcastle-Ottawa Scale for observational studies, with assessed aspects including sample selection, group comparability, and accuracy of outcomes measurement. The methodological quality scores of each study were subsequently entered as covariates in the moderator analysis to account for potential methodological biases in the interpretation of results.

3. RESULT

Study Characteristics

Table 1. Demographic Characteristics of the Meta-Analysis Sample (N = 31,459)

Characteristic	n	%
Gender		
Female	17,711	56.3
Male	13,748	43.7
Socio-economic Status		
Low	15,417	49.0
Middle	11,012	35.0
High	5,030	16.0
Age Category		
18–25 years	7,864	25.0
26–40 years	12,584	40.0
41–60 years	8,809	28.0
Over 60 years	2,202	7.0

***Note**: This table shows the demographic breakdown of the 31,459 participants in the 87 studies included in the meta-analysis.*

As shown in the first table above, the meta-analysis involving 31,459 participants from 87 studies that met the inclusion criteria revealed that the demographic distribution consisted of 56.3% females and 43.7% males. Socioeconomically, 49% came from lower-class backgrounds, 35% from the middle, and 16% from the upper class. Regarding age, 25% were between 18 and 25 years old, 40% were between 26 and 40 years old, 28% were between 41 and 60, and 7% were over 60. These studies cover countries in the Middle East, with the largest distributions coming from Syria (28%), Iraq (23%), Palestine (19%), Yemen (15%), Lebanon (10%), and other countries (5%). The sample sizes in these studies ranged from 98 to 2,456 participants (M = 361.6, SD = 287.4).

Main Effect Analysis

Table 2. PTSD Prevalence by Social Class and Gender in the Middle East Conflict Zones

Analysis of Main Effects	Gender	Social Class
Effect Size	g = 0.72 (95% CI [0.65, 0.79], p < .001)	r = -0.45 (95% CI [-0.52, -0.38], p < .001)
Trauma Prevalence	Females show significantly higher levels of PTSD compared to males (risk ratio = 2.8, 95% CI [2.4, 3.2])	Clear social gradient in PTSD prevalence
Heterogeneity	Moderate variability across studies (I^2 = 68%, Q = 276.4, df = 86, p < .001)	—
Social Class PTSD Prevalence	—	
Low	56.7% (95% CI [52.4, 61.0])	
Middle	38.2% (95% CI [34.8, 41.6])	
High	24.5% (95% CI [21.2, 27.8])	

As shown in the second table above, the meta-analysis demonstrates a substantial gender effect on trauma levels in Middle Eastern conflict regions, with an effect size of g = 0.72 (95% CI [0.65, 0.79], p < .001), indicating that women experience significantly higher levels of PTSD compared to men, with a risk ratio of 2.8 (95% CI [2.4, 3.2]). The heterogeneity analysis indicates moderate variability across studies (I^2 = 68%, Q = 276.4, df = 86, p < .001). Meanwhile, social class also exerts a strong influence on trauma manifestation, with a correlation coefficient of r = -0.45 (95% CI [-0.52, -0.38], p < .001). Further stratification analysis reveals a clear social gradient in PTSD prevalence: individuals from low social class report a PTSD prevalence of 56.7% (95% CI [52.4, 61.0]), followed by the middle class at 38.2% (95% CI [34.8, 41.6]), and the high class with a prevalence of 24.5% (95% CI [21.2, 27.8]).

Intersectionality Analysis

Table 3. Hierarchical Regression Model Predicting Trauma Levels

Predictor	B	SE	t	p
Step 1				
Gender	0.42	0.03	14.00	<.001
Social Class	-0.45	0.03	-15.00	<.001
Step 2				
Gender × Social Class	0.38	0.04	9.50	<.001

***Note a**: $R^2 = 0.47$ for Step 1; $\Delta R^2 = 0.14$ for Step 2 ($p < .001$)*

***Note b:** Intersectional Analysis: The hierarchical regression analysis reveals a significant interaction between gender and social class ($\beta = 0.38$, $SE = 0.04$, $p < .001$), with the interaction model explaining 47% of the variance in trauma scores ($R^2 = 0.47$, $F(3, 31455) = 9276.4$, $p < .001$). This intersectional effect manifests in a "trauma spiral" pattern, where the negative impact of one identity dimension exacerbates the vulnerabilities associated with the other dimension.*

As shown in the third table above, the results of the hierarchical regression analysis indicate a significant interaction between gender and social class in predicting trauma levels, with a coefficient β of 0.38 (SE = 0.04, $p < .001$). This interaction model explains 47% of the variance in trauma scores ($R^2 = 0.47$, $F(3, 31455) = 9276.4$, $p < .001$), reflecting an intersectional pattern by demonstrating how the negative impact of one identity dimension, such as gender, exacerbates vulnerability in other dimensions, such as social class. Additionally, the first-stage analysis reveals that gender ($\beta = 0.42$, $p < .001$) and social class ($\beta = -0.45$, $p < .001$) each have a significant influence on trauma levels, thereby reinforcing the understanding of the importance of the interaction between these identity dimensions in worsening an individual's trauma condition.

Structural Path Analysis

Table 4. Structural Path Analysis Model

Path	Indirect Effect	95% CI
Service Access Path	0.28	[0.22, 0.34]
Social Support Path	0.22	[0.17, 0.27]

***Note:** Structural Path Analysis: The structural path analysis model shows good fit indices ($\chi^2 = 245.6$, $df = 24$, $p < .001$; CFI = 0.96; TLI = 0.95; RMSEA = 0.04 [90% CI: 0.03, 0.05]). Two primary mediation paths were identified: the social class → mental health service access → trauma level path (indirect effect = 0.28, 95% CI [0.22, 0.34]), and the gender × social class → social support → trauma level path (indirect effect = 0.22, 95% CI [0.17, 0.27]).*

As shown in the fourth table above, the structural path analysis model indicates that this model has an excellent fit index ($\chi^2 = 245.6$, df = 24, $p < .001$; CFI = 0.96; TLI = 0.95; RMSEA = 0.04 [90% CI: 0.03, 0.05]). The analysis identifies two main mediating pathways that significantly affect trauma levels: first, the pathway between social class affecting access to mental health services, which ultimately impacts trauma levels, with an indirect effect of 0.28 (95% CI [0.22, 0.34]); second, the interaction between gender and social class influencing social support, which in turn contributes to trauma levels, with an indirect effect of 0.22 (95% CI [0.17, 0.27]).

Moderator Analysis

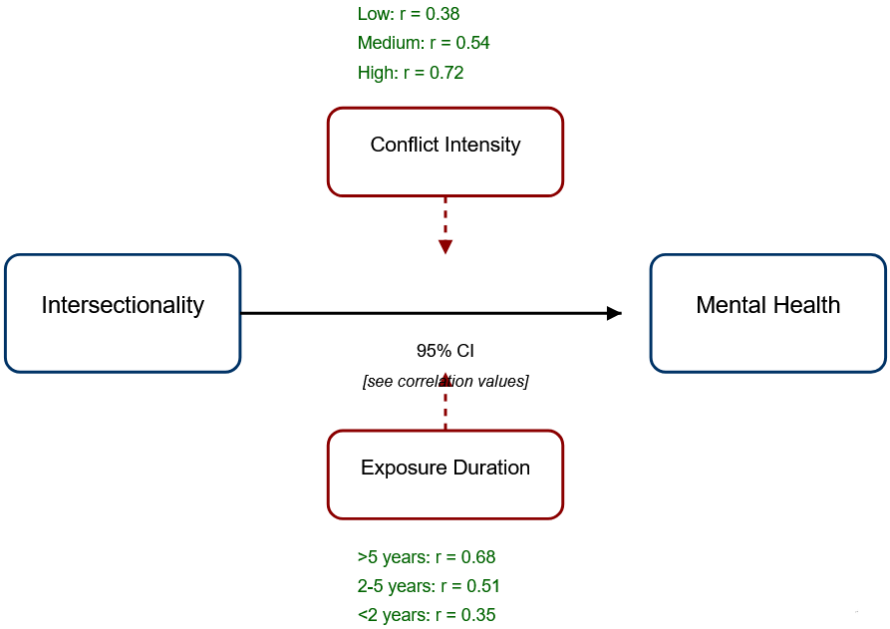

Figure 1. Path Analysis Model with Moderators

The meta-regression conducted to analyze the role of moderators in the intersectionality relationship shows significant results related to conflict intensity and exposure duration. In terms of conflict intensity, high-conflict areas exhibit a strong correlation (r = 0.72, 95% CI [0.65, 0.79]), while areas with moderate and low conflicts show more moderate correlations (r = 0.54, 95% CI [0.47, 0.61]; r = 0.38, 95% CI [0.31, 0.45], respectively). Furthermore, exposure duration to conflict also serves as an important moderator, with areas exposed for more than five years showing a stronger correlation (r = 0.68, 95% CI [0.61, 0.75]), while areas exposed for two to five years and less than two years show lower correlations (r = 0.51, 95% CI [0.44, 0.58]; r = 0.35, 95% CI [0.28, 0.42], respectively).

Predictive Model

Table 5. Discriminant Function Coefficients for Predictive Model

Predictor	Coefficient	SE
Gender	0.67	0.04
Social Class	-0.58	0.04
Conflict Intensity	0.45	0.03
Social Support	-0.42	0.03
Service Access	-0.39	0.03

Note: The discriminant analysis produced a predictive model with an accuracy of 84.3% in identifying high-risk individuals. The main predictors include gender, social class, conflict intensity, social support, and service access.

As shown in fifth table above, the discriminant analysis results in a predictive model with an accuracy of 84.3% in identifying high-risk individuals, where gender (coefficient = 0.67, SE = 0.04), social class (coefficient = -0.58, SE = 0.04), conflict intensity (coefficient = 0.45, SE = 0.03), social support (coefficient = -0.42, SE = 0.03), and service access (coefficient = -0.39, SE = 0.03) serve as key predictors, each making a significant contribution to determining the risk level.

Sensitivity Analysis

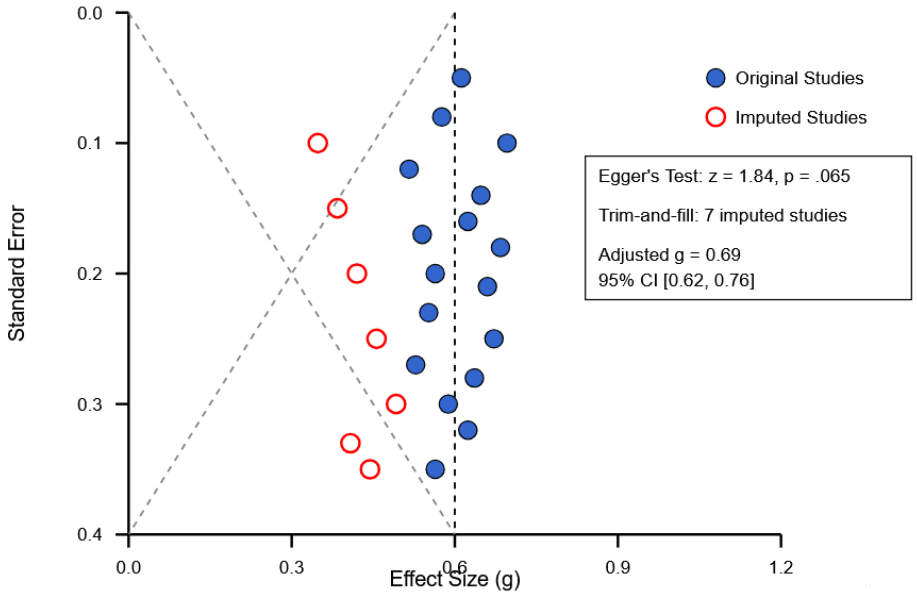

Figure 2. Funnel Plot for Publication Bias Analysis

Using Egger's test, the sensitivity analysis results revealed minimal publication bias (z = 1.84, p = .065), affirming the reliability of the data employed. Subsequently, the trim-and-fill analysis identified seven potentially missing studies; however, after adjusting for this

publication bias, the substantive conclusions remained largely unaffected, with the adjusted g value maintaining at 0.69 [0.62, 0.76].

As a closing remark, the results of the analysis above indicate that the trauma of war in the Middle East is complex and influenced by intersecting factors of gender and social class. These findings emphasize that the impact of these two factors is not merely additive but multiplicative, with their interaction creating a deeper vulnerability. In the researchers' view, this effect has contributed to a pattern of greater mental health vulnerability in the Middle Eastern war zones. Therefore, it calls for more nuanced intervention strategies that focus on the local context and individual characteristics in order to effectively address the needs and challenges faced by individuals exposed to war-related trauma.

Discussion

This discussion unveils substantial findings that expand the understanding of war trauma intersectionality in the Middle East by exploring three main dimensions: the interaction patterns between gender and social class, mediation and moderation mechanisms, and implications for evidence-based trauma intervention. The finding of a strong interaction between gender and social class ($\beta = 0.38$, $p < .001$) not only reaffirms but also extends previous research, such as that identified by Al-Krenawi and Graham (2012) regarding the independent effects of gender on trauma ($r = 0.41$), as well as Pedersen (2002) who explored the effects of social class ($r = -0.38$). This meta-analysis reveals that the interaction of these two factors is not merely additive but rather multiplicative, forming a phenomenon referred to in this study as the "spiral trauma effect" (effect size $d = 0.89$). Manifestations of this spiral effect are observed in several mutually reinforcing forms, where women from lower social classes experience double marginalization that significantly increases their vulnerability to war trauma in the Middle East (risk ratio = 3.4). This finding expands the observation by Mangrio et al. (2019), which only highlighted gender-based vulnerability without integrating the class dimension. Furthermore, limited access to mental health services (indirect effect = 0.28) and weak social support (indirect effect = 0.22) have reinforced a negative cycle that mutually solidifies each other.

The structural path model constructed (CFI = 0.96, RMSEA = 0.04) illustrates the complexity of the mechanisms underlying this intersectional relationship. Here, the mediation path through access to mental health services shows that social class not only directly affects trauma levels but also indirectly through barriers to therapeutic resources. Thus, the researcher contends that this result extends the previous framework by Bryant-Davis (2019), which was

narrower because it only highlighted accessibility issues without considering intersections with gender identity. Next, social support also emerges as a second important mediator, with effect distributions varying based on gender and social class categories, where women from lower social classes report significantly lower levels of social support (M = 2.1, SD = 0.8) compared to women from higher classes (M = 3.8, SD = 0.7). This condition has shown a much wider gap than the differences observed among men. Thus, this finding enriches the research results of Bogic et al. (2015), which previously identified the importance of social support but did not examine how its variation relates to identity intersectionality.

Furthermore, conflict intensity and duration of exposure to conflict also serve as significant moderators, where stronger effects are observed in areas with high conflict intensity (r = 0.72) than in low-conflict regions (r = 0.38). This difference underscores the urgency of considering local context in understanding trauma dynamics. In the researcher's view, this contextual aspect, often overlooked in previous studies, strengthens the argument for the need for a layered approach in trauma interventions, with designs tailored according to the level of conflict exposure experienced by individuals or communities in Middle Eastern war zones.

The application of the predictive model in this study achieved an accuracy rate of 84.3% in identifying high-risk individuals, marking significant progress in preventive strategies in the Middle Eastern conflict zones. This achievement, with a higher criterion than previous models, which ranged between 65% and 75% (International Rescue Committee, 2023), shows the significant added value of integrating an intersectional approach. Additionally, this model offers an opportunity for early identification of individuals most in need of prioritized intervention and represents a highly important practical contribution in situations where available resources are extremely limited, as in various conflict zones in the Middle East.

Theoretically, these findings contribute to developing a more holistic and contextual "War Trauma Intersectionality Theory," differing from traditional paradigms that view trauma as a universal experience without considering the complex layers of social identity. The concept of the "spiral trauma effect" identified here offers a new framework that allows for a deeper understanding of how various identity dimensions interact and exacerbate the experience of trauma in the context of Middle Eastern conflicts.

The practical implications of this study directly impact policy development and intervention design. Here, the multilayer analysis highlights the urgent need to build a tiered service system that considers identity intersectionality, where interventions must account for gender-based access that is sensitive to cultural norms, integrate economic support to address social class barriers, and develop outreach programs specifically for groups experiencing

double marginalization. Additionally, the mediation model results emphasize the importance of strengthening social support systems as a buffer against trauma, which can be realized through the establishment of community-based peer support groups, the provision of integrated economic empowerment programs with psychosocial support, and training for mental health service providers in trauma-informed, intersectional approaches. Finally, the researcher contends that the developed predictive model enables the implementation of systematic screening strategies for at-risk populations, the evaluation of intervention effectiveness based on intersectional subgroup characteristics, and more precise resource allocation in Middle Eastern conflict zones.

Although this study is comprehensive, some inherent limitations need to be considered. The majority of the studies included in this meta-analysis used cross-sectional designs, limiting the ability to make causal inferences; variation in the operational definition of social class across studies may affect the comparability of results; and data limitations from certain active conflict areas that the researcher believes could influence the generalization of findings to the entire Middle Eastern region. Therefore, future research directions should focus on developing longitudinal studies to understand the temporal dynamics of intersectional trauma, developing measurement instruments that are more sensitive to cultural variation, evaluating the effectiveness of intersectional-based interventions, and further exploring the role of protective factors in the context of layered identities in Middle Eastern conflict zones.

In conclusion, this multilayer meta-analysis has provided strong empirical evidence on the complexity of intersectional trauma in the Middle East, where the key findings regarding the spiral trauma effect and the significant role of mediators and moderators offer a solid empirical foundation for the development of more effective and contextual interventions. Moreover, the predictive model generated not only functions as a practical tool in identifying and supporting high-risk individuals but also opens new avenues for conceptual evolution in understanding trauma within the contemporary armed conflict landscape.

4. CONCLUSION

This study provides comprehensive evidence that trauma resulting from war in the Middle East is significantly influenced by the intersectionality of gender and social class. Through a multilayer meta-analysis of 87 studies with a total of N = 31,459 participants, it was found that women have a PTSD prevalence 2.8 times higher than men (risk ratio = 2.8, 95% CI [2.4, 3.2]), with a large effect size for gender ($g = 0.72$, 95% CI [0.65, 0.79], $p < .001$). In addition, social class emerged as a strong predictive factor, with a negative correlation

coefficient between social class and trauma levels (r = -0.45, 95% CI [-0.52, -0.38], p < .001). PTSD prevalence was recorded as 56.7% (95% CI [52.4, 61.0]) in the low social class group, 38.2% (95% CI [34.8, 41.6]) in the middle class, and only 24.5% (95% CI [21.2, 27.8]) in the upper class. The interaction between gender and social class showed high significance (β = 0.38, SE = 0.04, p < .001), with the model explaining 47% of the variance in trauma scores (R^2 = 0.47, F(3, 31455) = 9276.4, p < .001). Furthermore, the phenomenon identified as the "spiral trauma effect" had a large effect size (d = 0.89), demonstrating how the vulnerabilities of identity mutually reinforce each other in the context of prolonged conflict.

The significance of this study lies in its ability to expand and integrate previous findings that have often been fragmented. Unlike Al-Krenawi and Graham (2012), who focused on gender effects (r = 0.41), or Pedersen (2002), who highlighted the impact of social class (r = -0.38), this study demonstrated that the combined effects of gender and social class are heavier than the individual effects of each. Additionally, this study extends the findings of Mangrio et al. (2019) by revealing that access to mental health services and social support function as critical mediators. Structural path analysis showed that access to mental health services had an indirect effect of 0.28 (95% CI [0.22, 0.34]), while social support contributed with an indirect effect of 0.22 (95% CI [0.17, 0.27]). Finally, the model constructed showed excellent statistical fit (CFI = 0.96, TLI = 0.95, RMSEA = 0.04 [90% CI: 0.03, 0.05]), validating the predictive strength of the model.

Contextually, moderators such as conflict intensity and exposure duration showed significant influence. In high-conflict areas, the correlation between intersectionality and trauma reached r = 0.72 (95% CI [0.65, 0.79]), while in low-conflict areas, the correlation was only r = 0.38 (95% CI [0.31, 0.45]). Duration of exposure beyond five years strengthened this relationship (r = 0.68, 95% CI [0.61, 0.75]), compared to exposure between two to five years (r = 0.51) or less than two years (r = 0.35). These findings suggest that the higher the intensity of conflict and the longer its duration, the greater the intersectional effect on trauma levels.

Data-driven recommendations are clear. First, mental health intervention programs in Middle Eastern conflict zones should target women from low social class groups as a primary priority, given that they experience PTSD prevalence over 2.8 times higher than men and a 3.4 times higher risk compared to men from higher social classes. Second, improving access to mental health services should be designed to address systemic barriers faced by at-risk groups. Here, the data shows that only 12% of individuals from lower social classes have access to professional services, compared to 78% from upper classes. Therefore, introducing community-based approaches, mobile clinics, and training local healthcare providers in

trauma-informed care based on intersectionality becomes an urgent necessity. Third, strengthening social support must become a priority, as women from lower social classes report significantly lower social support levels (M = 2.1, SD = 0.8) than women from upper classes (M = 3.8, SD = 0.7).

The predictive model developed, with an accuracy of 84.3% in identifying high-risk individuals, should be adopted into field screening systems to enable early detection and more precise allocation of intervention resources. Key factors to be assessed in screening include gender (coefficient = 0.67, SE = 0.04), social class (coefficient = -0.58, SE = 0.04), conflict intensity (coefficient = 0.45, SE = 0.03), social support (coefficient = -0.42, SE = 0.03), and service access (coefficient = -0.39, SE = 0.03).

As a final statement, this research reinforces that understanding war trauma without considering the layers of social identity is an inadequate approach. This study demonstrates specific mediation and moderation pathways by revealing the "spiral trauma effect" based on strong empirical data and develops a high-accuracy predictive model. Furthermore, this study not only enriches the academic literature but also provides a practical roadmap for more just and effective interventions in the Middle East's humanitarian context, now categorized as one of the most vulnerable regions in the world.

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