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Assessment of Posttraumatic Stress Disorder Symptoms and Gender Differences Amongst Internal Displaced People: A Case Study, Central Equatoria State, South Sudan, Juba

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Abstract

This study is an attempt to investigate into various types of posttraumatic stress disorder symptoms, inflicted by war on people of central Equatoria State between period of (1993- 2013). The general objective of this study is to assess the psychological conditions of people in Central Equatoria State traumatized by war in order to provide more information about posttraumatic stress disorder (PTSD) signs and symptoms of various types being manifested by traumatized people in the war areas. The objectives of the study are to: investigate incidences during the war which might have acted as probable causes of trauma to the civilians even the fighting warring parties; examine various types and symptoms of PTSD inflicted by war on people of Central Equatoria in South Sudan and suggest strategies of intervention such as counseling and guidance for these traumatized people. Data required were collected from 200 respondent using questionnaires, direct interviews, group discussions, observation technique, and structured questions. Quantitative data obtained were analysis using Excel, SPSS23, Office Word format, and other tools; while qualitative data were analyzed using content analysis which involves identification and transcribing the qualitative findings into different themes. Generally, the study results show that 78% of females in IDP camps in Juba were illiterate, and 60% of female respondents suffered psychological signs and symptoms of hyperarousal and they complained of bad living conditions, experiencing constant fear, and were always super alert. The result

showed that 70% of male respondent have lost interest in their usual activities, and they go to work with fear. The result of interview showed that most of the respondents living in IDP camps and people on camps (POC) were suffering from different types of posttraumatic stress disorders, 50% of them complained of experiencing symptoms such as flashback episodes, repeated, nightmares, and most of the female experienced insomnia (lack of sleep) and fast heartbeat. The findings also show that 50% of respondents spread between male and female in their reaction to avoidance symptoms and feeling detached, avoiding people, or stories that trigger the war events. Results show that 49% of female respondents used to seek help from traditional healers i.e. (Kugyuru, and Faki) when their traumatic symptoms persist. They prefer traditional headers more than proper trained counselors, because the traditional headers were at their easy reach, cheaper, and no appointment needed, the victims were free to see him at any time. Moreover, findings revealed that the people living in these camps have been expose to prolonged violence of various types, and had been displaced for several times and for many years. Result also showed that that little counseling service was being provided; there was only one qualified counselor in Juba (ToTachan Centre) who was applying psychological counseling. Based on the findings, the study recommended that more properly trained counselors should be recruited to address the problem of PTSD in Central Equatoria State.

Keywords: Trauma, Posttraumatic Stress Disorder (PTSD), Stress Depression, Psychodynamic, Refugees, Resilience, Displaced People

Introduction

The civil war in South Sudan started since 1955 when South Sudan was still part of Republic of Sudan and it continued until 1972 when a peace agreement was reached. But for several internal and external factors, the war was resumed again in 1983. Since then, fighting and mass killings went on amongst warring troops and the tribal militias. Other regions of Sudan witnessed localized conflicts. The conflicts in Darfur are mostly limited to grazing and farming rights (El Hadi, 1992). In addition, due to wars in neighboring countries – Ethiopia, Uganda, etc. – Since 1960's, Sudan was faced with a growing influx of refugees from these countries, most of whom were Eritreans and Ethiopians.

Civil wars cause people a lot of hazards because their socioeconomic conditions are disturbed. In the war zone in Southern Sudan, hospitals, clinics, schools and all other services have been curtailed or closed. Similarly, commercial activities, trade and communications were disrupted. In such situation, the traditional food security systems became inaccessible. Farming was constrained by the inaccessibility to seeds, agricultural tools, fertilizers, and other inputs. Livestock was endangered by diseases as veterinary services stopped with the other services. Credit facilities were not also possible. In addition, seasonal migration in search of jobs is no more because of frequent raids and bombardments by both land and air. In such conditions, the family support system had become paralyzed. The presence of different fighting groups made it difficult for the Non-Governmental Organizations (NGOs) and International Organizations to provide relief activities (El Hadi S. 1992).

The real tragedy of the war is that civilians suffer from actions of warring parties. Villages are continuously subjected to attacks by armies from both warring parties, and the demands for food, shelter and other forms of assistance from the groups became very high. As a result, the war had had profound impact on people of Southern Sudan. (El Hadi, 1993).

Study Site

Central Equatoria falls in the middle of the three states of Equatoria with Eastern Equatoria in the east which is composed of Torit and Kapoeta districts. Historically Juba City was not where it is the Town itself was in Mongalla North of Juba approximately 40 km from Juba: but during the Colonial Rule in Southern Sudan, the British District Commissioner (DC) decided to transfer the town to Juba. The word Juba was the name of Prominent Chief who was living near the Nile with his people, his real name was (Jubek in Bari Language The indigenous people of this area are mainly "Bari", but the British couldn't pronounce the name Jubek so they began to call it Juba from that time Juba was made a big town and because of many services such as schools, churches, hospital, navigation on River Nile to Kosti was possible, people began to come and live in Juba in thousands, and it becomes the Capital City of South Sudan. But in spite of all the privileges, the people of Juba suffered seriously during the war, because the intensity of war was heavily concentrated in Equatoria and specifically in Juba Town because of Sudan Army Headquarter was in Juba. Population is about 9 million though most of them have perished during the civil war. Since then, people of central Equatoria has suffered and experienced serious war trauma, likely most of them developed (posttraumatic stress disorder) PTSD.

Climate of Juba is similarly an Equatoria or tropical climate, characterized by rainy season of high humidity and large amount of rainfall followed by a drier season. The temperature average is always high in July being the coolest month, with an average temperature falling between 68 and 86° (20 and 30°C), and March being the warmest month, with an average temperature ranging from 73° to 98°F (23 to 37°C).

The population of Central Equatoria State is about 372.5

million, according to the census done in 2009 in South Sudan. Within the state; there are many ethnic groups with different dialects.

Research Design

Probability of sampling was limited himself to a simple random. A sample of 100 males and 100 females were chosen randomly by selecting them from every third household from densely populated camps/areas, making a sample of 100 individuals from each sex.

The participants included were from both sexes (men and women) who were both born in South Sudan, and living there or in neighboring countries during and after the war (1993-2005) were invited to participate.

The study employed a range of study instruments for data collection. The main instrument for this study is the questionnaires designed with 100 open ended questions, and 100 closed ended questions and also few instructed questions were added in addition some of the respondents were asked to reveal their personal feelings.

The testing scales have been added to the tools or questionnaires and adapted to suit the Sudanese environment. The scales added were as follows: posttraumatic stress disorder (PTSD), Danca, Complex posttraumatic stress disorder (C-PTSD) and posttraumatic stress disorder (PTSD).

Results and Discussion

Rating the Participants According to Residential Areas

As in Table 1. Below, which shows that, 30% of male participants and 45% of female participants were living in Munuki; 30% of male participants and 35% of female participants were in Gudele; 23% of female participants and 17% of female participants were living in Gureyi; 10% of male participants and 2% of female participant were found in Tong Piny; while the other 8% were from other areas in and around Juba.

Table 1: Number of Participant According to Residential Areas

Area	Respondent Frequency			
	Male	%	Female	%
Munuki	30	30	45	45
Gudele	30	30	35	35
Gureyi	23	23	17	17
Tong Piny	10	10	2	2
Others	7	7	1	1
Total	100	100	100	100

Source: Primary Data, 2021

Actions Taken by the Participants when the War Started

As the results revealed in the below table, shows that, 32% of male participants and 55% of female participants reported that, they ran away for their lives; 19% of male respondent and 15% of female respondents tried to fight back; 12% of male respondents and 14% of female respondents reported they fell down helpless.; while 37% of male respondents and 16% of female respondents looked for anyone's help. It is clear those females are weaker when exposed to traumatic events. This results in lines with findings of ^[18], who reported the same Post Traumatic Stress Disorder (PTSD) experiences amongst male and female in Gaza – Palestine during the war.

Table 2: Different Actions taken by the Participants when the War Started

Action taken	Respondent Frequency			
	Male	%	Female	%
Run away	32	32	55	55
Fight back	19	19	15	15
Fell down helpless	12	12	14	14
Looked for help	37	37	16	16
Total	100	100	100	100

Source: Primary Data, 2021

Factors Associated with Participants leaving their Home Town or Country

As indicates in the table below, 20% of male participants and 45% of female participants moved to other countries because of war. 30% of male respondents and 70% of female respondent went out of the country to sought for safety. This finding in lines with ^[10] and ^[12], who reported the events that took place during the war. While 25% of male and 15% of female respondents moved because they were seeking political asylum. 15% of male respondents and 5% of female respondents left their places because of lack of food; while 5% of male respondents and 10% of female participant left for health reasons.

Table 3: Summary of Findings on Reasons Participants Left their Home town or country

Reasons	Respondent Frequency			
	Male	%	Female	%
War	20	20	45	45
Education	5	5	5	5
Safety	30	30	70	70
Health	5	5	10	10
Seeking Political Asylum	25	25	15	15
Food	15	15	5	5
Total	100	100	100	100

Source: Primary Data, 2021

Trauma and Psychological Symptoms Experienced by the Participants

The results revealed that, 17% of male respondents and 74% of female respondents manifested symptoms of night mares (Table 4); 14% of male respondents and 16% of female respondents were suffering from being chased by unknown person in their dreams. This finding in lines with ^[10], who reported the traumatic stress due to war events; while 69% of male respondent and only 10% of female respondents reported been frightened by bad dream. This also in lines with ^[23], who reported the same posttraumatic disorders symptoms.

Table 4: Trauma and Psychological Symptoms experienced by the Respondents

Type of Symptoms	Respondents Frequency			
	Male	%	Female	%
Night Mares	17	17	74	74
Chased by unknown person	14	14	16	16
Frightened by bad dreams	69	69	10	10
Total	100	100	100	100

Source: Primary Data, 2021

Physical Symptoms of Post-Traumatic Disorder experienced

From the table below, 23% of male respondents and 41% of female respondents suffered from headache. What is notable

from as the fact that, female respondents reported more problems of headache than male. This may be due to heavy responsibility they were holding; 33% of male respondent and 32 of female respondents complained of sleeplessness; 19% of male respondents and 9% of female respondents experienced fast heartbeat. This finding in lines with ^[16] & ^[18], who reported the same posttraumatic disorders in the war areas; while 25% of male respondents and 18% of female respondents reported they suffered from other psychological experiences.

Other signs and symptoms reported include unhappiness reported by 15% of male respondents and 10% of female respondents; stress as reported by 10% of male respondents and 25% of female respondents; constant fear as reported by 40% of male respondents and 35% of female respondents. This finding in lines with ^[4] & ^[10], who reported adult's acute disorders; lack of appetite suffered by 15% of female respondent and 10% of male respondents; and racing heart as reported by 15% of male respondents and 20% of female respondents. This is in agreement with ^[6] 'professional intervention with terror victims in the hospital and the community'.

Table 5: Physical Symptoms of Post-Traumatic Disorder experienced

Physical Symptoms	Respondents Frequency			
	Male	%	Female	%
Headache	23	23	41	41
Sleeplessness	33	33	32	32
Fast heart beating (Palpitation)	19	19	9	9
Others	25	25	18	18
Total	100	100	100	100

Source: Primary Data, 2021

Psychological Feelings as the Impact of War

As the results showed in Table (6), that, 3% of male respondents and 11% of female respondents felt emotionally dump; 47% of male respondents and 48% of female respondent felt depressed; 20% of male respondents and 21% of female respondents lost interest in former enjoyable activities; while 30% of male respondents and 20% of female respondents found difficulties in relating to the traumatic events they had gone through. This is in agreement with ^[7], who reported that, adult perform acute stress disorder and posttraumatic stress disorder.

Table 6: Summary of Findings on Psychological Feelings about the War

Types of Feelings	Respondent Frequency			
	Male	%	Female	%
Emotional dump	3	3	11	11
Depressed	47	47	49	49
Losing interest in former enjoyable activities	20	20	21	21
Difficulties in relating the traumatic events	30	30	20	20
Total	100	100	100	100

Source: Primary Data, 2021

Duration of Posttraumatic stress Disorder (PTSD) and psychological support when signs and Symptoms of PTSD persist

As shown in the Table (7) below, 4% of male respondents and 15% of female respondent reported experiencing traumatic symptoms twice a week; 5% of male respondents

and 8% of female respondents experienced traumatic symptoms once a week; 17% of male respondents and 18% of female respondents suffered once a month; 66% of male respondents and 57% of female respondent experienced the symptoms several times per a week. This is in agreement with [8] & [15], who reported the same; while 8% of male respondents and 2% of female gave no answer about their experience.

Table 7: Duration of posttraumatic stress disorder experienced by the respondents

Duration of (PTSD) experience	Respondents Frequency			
	Male	%	Female	%
Twice a week	4	4	15	15
Once a week	5	5	8	8
Once a month	17	17	18	18
Several times per a week	66	66	57	57
No respond	8	8	2	2
Total	100	100	100	100

Source: Primary Data, 2021

Table 8: Psychological support sought by the victims

Support	Respondents Frequency			
	Male	%	Female	%
Contact a counselor	51	51	27	27
Resources person*	25	25	40	40
Chief or women leader	2	2	8	8
Traditional healer	22	22	25	25
Total	100	100	100	100

Source: Primary Data, 2021 (* Means Kuguri or Faki)

As can be noted from the table above, 51% of male respondents and 27% of female respondents reported contacting a counselor for help; 25% of male respondents and 40% female respondents reported they sought support of a resource person. This finding goes with finding of [6], where resources persons are more reliable than counselors; while 2% of male respondents and 8% female respondents reported they visited the chief or women leader for support; while 25% of female respondents and 22% of male respondents reported they went to traditional healers for traditional healing. Also this in lines with [5], who reported the same.

Types of Coping Mechanism Employed by the Participants

To control posttraumatic reactions, the person has to apply some coping mechanizing to help him/her to live comfortably, but this also will depend on the personality of the person, and his/her customs, norms and tradition. Some people take traumatic events very simple as such; it will never affect their live style. Analysis of data revealed that participants used various types of coping mechanisms. Table 9. Summarizes the findings.

Table 9: Summary of Finding on Types of Coping Mechanism reported

Type of coping mechanisms	Respondents Frequency			
	Male	%	Female	%
Fear of place of the event	15	15	20	20
Dislike hearing about the crisis	20	20	25	25
Avoiding people talking about the war, or the victims	25	25	32	32
Avoiding, objects, words, actions,	40	40	23	23

situations which acts as reminders				
Total	100	100	100	100

As the above table shows, 15% of male respondents and 20% of female respondents reported fear of place where the traumatic event took place; 20% of male respondents and 25% of female respondents disliked hearing about the crisis; 25% of male respondents and 32% of female respondents reported avoiding people who talk about the war or the victims; while 40% of male respondents and 23% of female respondents avoided anything connected with war, such as objects used in war times, words, songs, actions even the situations which acts as reminders of war. This findings in line with [17], where some community analysis was done. Moreover, findings showed that 4% of male and 17% of female use insults, trying to throw their trauma either at their husband or wives, or at their children which sometimes results in very serious injury; 54% of male and 33% of female reported feeling guilty, because their loved ones have been killed during the war but they are still alive. From the data gathered by the researcher in meetings with the participants, most of them told her that there was no meaning in life because all of their friends and family members had gone. 6% of male respondents and 11% of female respondents were worried for their future. As such, 36% of male respondents and 39% of female respondents used avoidance mechanism to be away from the area of events.

Conclusion

To conclude this present study, it is important to emphasize that, many people in South Sudan are haunted by the trauma they suffered during the war. The memories of war continue to disturb many people, even those who are safely out of the war zone. They continue to suffer because of the images of horror they witnessed. They are always afraid of these traumatizing memories and imaginary recurrences which manifest itself in the sufferer who seems to be abnormal, weak or sick. There may be no simple way of preventing all different forms of war trauma, but it is important to realize that most of these problems came as a result of war, some of which would have been alleviated by professional care to benefit these victims. Hence, more properly trained counselors should be recruited to address the problem of PTSD in Central Equatoria State.

Since this study was limited to Central Equatoria and specifically to IDP and Returnee camps, the researcher view it necessary that future research be carried out in the different states of South Sudan to assess the psychological conditions of people traumatized by the war so as to provide more information about posttraumatic stress disorder (PTSD) signs and symptoms of various types being manifested by traumatized people. Findings of such study would inform stakeholders and help them in formulation policies that can improve Post Traumatic Stress Disorder counseling in the country.

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