

4-1-2011

Impact of Civil War: Trauma in Southern Sudan

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Recommended Citation

Bufford, Rodger K.; Rhoades, George; Wade, TaJuana; Merrell, Heather; Houchin, Chad A.; and Smith, Rusty, "Impact of Civil War: Trauma in Southern Sudan" (2011). *Faculty Publications - Graduate School of Clinical Psychology*. Paper 16.

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Impact of Civil War: Trauma in Southern Sudan

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Introduction

In a January, 2011 referendum, the South Sudan voted overwhelmingly to secede from the Kartoum-based Northern Sudan.

Just this week, the UN Security Council voted to extend the U.N. 2005 peacekeeping mission in Southern Sudan until July 9 of 2011, when the south is expected to officially declare independence from northern Sudan.

These developments are the culmination of more than two decades of civil conflict that pitted the predominantly Muslim north against the People's Liberation Army of the mainly Christian and spiritist south. In the process, more than two million have been killed and millions more displaced. For many Sudanese, their entire lives have been shadowed by this ongoing conflict.

This purpose of this study was to explore the psychological effects of the prolonged conflict to determine what psychosocial responses the survivors experienced. Participants were compared with trauma participants from India, southern Sudan, and the West Bank.



Methods

Participants

Participants were 35 volunteers from South Sudan. Mean age was 36.8 years (sd = 9.8); 29% were female and 71% were male. Eighteen of the participants reported a mean education of 9.83 years (sd = 3.45). Comparisons were also made with 217 participants from India, Haiti, and the West Bank.

Instruments

A **Demographic Questionnaire** included items about age, gender, and education.

The **Impact of Events Scale-Revised** (IES-R) assesses the type of distress a person has experienced due to traumatic events during their lifetime (Weiss & Marmar, 1997)

The **Cumulative Trauma Scale** (CTS) gathers data on the various types of traumatic events the person has experienced over his or her lifetime on a 4-point continuum (Kira et al, 2001)

The **Dissociative Experience Scale** (DES) screens for dissociative experiences due to trauma on a never (0%) to always (100%) continuum. For this study, only the eight taxon items were included (DES-3, DES-5, DES-7, DES-8, DES-12, DES-13, DES-22, and DES-27) (Ruiz et al, 2008)

Procedure

Data were gathered in 2010

For purposes of data analysis participants were compared with groups from Haiti, India, and the West Bank who had also been exposed to trauma.



Results

CTS Results

Alpha = .72.

CTS data revealed that most participants reported several kinds of traumatic experiences:

- 1) Lived in a country experiencing civil war (100%)
- 2) Experienced the sudden death of loved ones or close friends (86%) and saw dead bodies apart from funerals (86%)
- 3) Witnessed another person being physically assaulted (82%) or accidentally killed (82%)
- 4) Experienced a life-threatening illness (82%)
- 5) Witnessed another person being tortured ((77%) or experienced personal torture (68%)
- 6) Witnessed a life-threatening accident (77%)
- 7) Physical assault (59%)
- 8) Lived in a country at war (68%)
- 9) Experienced a natural disaster (59%)

A significant main effect was found for groups ($F(3, 100) = 20.53, p < .001$); a Scheffe post hoc test showed that participants from the Southern Sudan scored significantly higher on the CTS than other participants.

IES Results

Alpha = .71.

Most common symptoms were) *any reminder brought back feelings about it* (3.1), 2) *other things kept making me think about it* (2.97), 3) *I thought about it when I didn't mean to* (2.68), 4) *I found myself acting or feeling like I was back at that time* (2.68), 5) *I felt irritable and angry* (2.63), 6) *I had trouble concentrating* (2.63), 9) *pictures about it popped into my mind* (2.53), 10) *I felt watchful and on guard* (2.42)

Factor analysis suggested one principle factor. Results were significant for groups [$F(4, 154) = 7.46, p < .001$] for Factor 1; post hoc test showed Sudan participants scored significantly higher than participants from the West Bank and India.

DES Results-Short Version

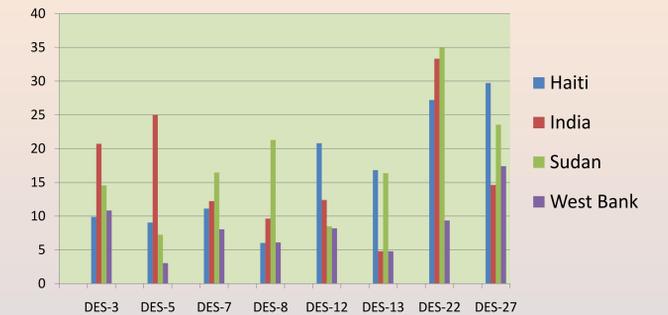
Dissociative symptoms included acting like two different people (DES-22, $m = 35.8$) hearing voices (DES-27, $m = 27.3$), failing to recognize family or friends (DES-8, 21.5), and feeling that their body did not belong to them (20.0)

Significant main effects for groups were found for DES-5 ($F_{(3, 150)} = 9.67; p < .001$), DES-8 ($F_{(3, 145)} = 5.80; p < .001$), DES-12 ($F_{(3, 152)} = 3.10; p = .029$), DES-13 ($F_{(3, 149)} = 3.0-19; p = .025$), and DES-22 ($F_{(3, 146)} = 3.90; p = .010$). Participants from Sudan scored higher on DES-5 and DES-8; those from the Sudan and India scored higher on DES-22 (see Figure 1).

Gender

No significant gender differences were found.

Figure 1: DES Responses by Group



Discussion

- All participants reported multiple traumas: exposure to civil war; seeing loved ones or others close to them die, observing physical assault, seeing dead bodies, observing and experiencing torture, observing and being victimized by physical violence
- Reports of life threatening illness and accidents, natural disaster, and international warfare were also very common
- Symptomatically, participants reported recurring flashbacks, intrusive pictures of these events, and distressing thoughts, feelings and behavior on the IES-R.
- Results indicated different forms of dissociation across groups. In this sample, survivors were likely act so differently in one situation, compared to another, that they felt as if they were two different people; they reported hearing voices inside their head telling them to do things or commenting on things they were doing.
- Sudanese participants were more likely than other groups to experience difficulty recognizing family or friends; while lower than other dissociative symptoms, participants from Southern Sudan also were more likely than other groups to report finding things among their belongings they did not remember buying.
- No significant gender differences were found between groups for any of the administered scales.
- Significant differences were found among participants from different countries in the traumas reported, their impact, and the forms of dissociation reported.
- Differences among groups may be due to exposure to different forms of trauma or cultural differences

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