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POST-TRAUMATIC STRESS DISORDER AMONG THOSE AFFECTED BY THE DISPUTES IN SUDAN

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ABSTRACT

The study aimed to identify the level of post-traumatic stress disorder among those who were affected by the Disputes in Sudan, and to know the differences in the level of post-traumatic stress disorder in the research sample according to the following variables (gender, marital status, age, and educational level). The research sample was chosen randomly and the size of the sample was (119) of those who were affected by the Disputes (61) males and (58) females. The researchers used the Post-Traumatic Stress Disorder scale prepared by Davidson 1998 which translated by Abdulaziz Thabet 2014. The researchers adopted the descriptive analytical approach, and after analyzing the data statistically via the SPSS program, the results of the study resulted in an increase in the level of post-traumatic stress disorder among those who were affected by the Disputes in Sudan, and there were no differences in the level of post-traumatic stress disorder according to the variables (gender, marital status, age, and educational level). At the end of the study, the researchers made some recommendations and proposed studies.

KEYWORDS: Post-Traumatic Stress Disorder, Disputes, Sudan.

1. INTRODUCTION

The Disputes that broke out in Khartoum State and its spread throughout the rest of Sudan had disastrous effects on the level of individuals and groups who lived through it, including painful, harsh, shocking events and disastrous consequences at the time. Because of these Disputes, the destruction of all institutions and private property, death, aggression, physical injuries, and enforced disappearance stems from this Disputes. This is a psychological, social and material Dispute, with the spread of psychological disorders

Al-Ajla (2012) pointed out that Disputes have undesirable negative effects and bad consequences, and the psychological conflicts that result from them, represented in the forms of psychological anxiety, distress, social problems, pressures, violence, isolation, and introversion, which have an impact on the individual's present and future behaviors.

The outbreak of Disputes was accompanied by more problems associated with physical attacks, torture, kidnapping, psychological disorders, and the loss of many individual and collective human resources, which led to the displacement of millions of individuals to safe places and migration inside and outside the country. These moments are considered traumatic events that directly affected all family members. These events carried with them many diverse painful feelings such as anxiety, sadness, anger, blame, and guilt, which were the gateway to many accompanying psychological disorders. This traumatic event resulted in many pressures in all aspects of social, economic, and psychological life, resulting in what is called a stress disorder after the shock.

(Yacoub, 1999) described that post-traumatic stress disorder arises from unusual traumatic incidents or situations, such as sexual and physical assault, exposure to kidnapping, torture, and rape, or due to natural disasters, or due to human disasters and Disputes.

Post-traumatic stress disorder causes a disruption of the normal rhythm of life, disturbances, illness, and disability that may last for several years and it is difficult to treat (Al-Mutairi, 2023).

The traumatic incidents that attack the individual penetrate his immune system with the possibility of severely tearing apart his life, and the shock leads to the emergence of deep fear, helplessness, or terror, and some symptoms that appear on the individual, such as reliving the painful event, emotional dullness, or excessive excitement (Abu Bakr, Al-Fakhri, and Al-Mismari, 2019).

Based on the unfortunate events caused by the

Disputes in Khartoum and its spread to the rest of Sudan, the idea of research emerged to identify post-traumatic stress disorder among those who were affected by the Disputes in Sudan, based on demographic variables.

The Problem of the Study and its Questions:

Disputes have serious effects on societies and individuals, including psychological, social and physical, but the psychological effects extend for a long period, and post-traumatic stress disorder is considered as a result of Disputes for many who lived this experience, as Al-Issawi (2000) pointed out that Disputes are among the most severe calamities that can affect people, as it affects the psychological and emotional comfort of individuals, exhausts the human body and psyche, and disrupts the individual's daily life.

Post-traumatic stress disorder is considered one of the complex disorders in human life

Post-traumatic stress disorder is reflected on one of the complex disorders in human life. We may not find anything more tragic than the symptoms of post-traumatic stress disorder that occurs to an individual, which causes biological, psychological, and social changes. We require a type of psychological and social readjustment because of the traumatic events of Disputes such as death. The loss of a loved one, displacement and homelessness, and painful images that remains engraved in the memory for a long time. In all the areas where armed clashes occurred, there were painful and terrifying scenes and situations that have mental and physical health effects.

The result of a study by (Mohamed, 2011) indicated that there was an increase in post-traumatic stress disorder among displaced women in displacement camps in the state of South Darfur, and the result of the study of (Al-Hasadi and Abu Sineina, 2021) concluded that the study revealed an increase in post-traumatic stress among those who were affected by the Disputes in the city of Derna.

Hence, the questions of the study's problem in post-traumatic stress disorder among those who were affected by the Disputes in Sudan headed for answering the following questions:

- 1-Is the level of post-traumatic stress disorder high among Sudanese people who were affected by the Disputes?
- 2-Are there statistically significant differences in the level of post-traumatic stress disorder among Sudanese people who were affected by the Disputes due to variables (gender, age, educational level, and marital status)?

1.1. Study Objectives:

- 1 - Detecting the level of post-traumatic stress disorder among Sudanese people who were affected by the Disputes.
- 2- Identifying the statistically significant differences between the level of post-traumatic stress disorder among Sudanese people who were affected by the Disputes according to the variables (gender, age, educational level, and marital status).

1.2. Importance Of the Study:

A. Theoretical Importance

1. Contributing to more scientific knowledge related to the occurrence of post-traumatic stress disorder resulting from Disputes in our Arab, African and Islamic world.
2. The study may contribute to presenting a theoretical framework that students can benefit from in further studies and research.
3. Research can reach results that explain the relationship between post-traumatic stress disorder and some demographic variables.
4. The importance of the research lies in shedding light on an important sample, which represents those who were affected by the Disputes in Sudan.

B. Practical Importance

1. It is possible to benefit from the results of the research in preparing therapeutic and preventive programs for use by specialists in the psychological field, in order to help those who were affected by the Disputes in Sudan so that they can overcome many of the problems that they may face.
2. Getting benefit from the results in creating courses and publications to raise a Disputeseness of post-traumatic stress disorder, its symptoms, and what can result from it.
3. Reaching recommendations regarding activating counseling and psychological treatment units in many cities affected by Disputes and disasters.
4. An attempt to draw researchers' attention to conducting counseling and treatment programs for post-traumatic stress disorder, in addition to group programs for those who were affected by the Disputes in Sudan.

1.3. Study Limitations:

Objective limits: The study is determined by the variable (post-traumatic stress disorder)

Human Limits: The tools were applied to a sample

of people who were affected by the Disputes in Sudan.

Spatial limits: The tools were applied to a sample of people who were affected by the Disputes in the cities of the White Nile in Sudan.

Temporal limits: The research tools were applied to the sample during the year 2023-2024.

2. STUDY TERMS

2.1. Terminological Definition

2.1.1. Post-Traumatic Stress Disorder

It is any accident that attacks a person and penetrates his defense system with the possibility of severely tearing apart an individual's life. This accident may result in personality changes or organic disease if it is not controlled and dealt with quickly and effectively. Trauma also leads to the emergence of deep fear, helplessness, and terror (Muhammad, 2017).

2.2. Operational Definition

It is the score obtained by the subject on the post-traumatic stress disorder scale used in the current study.

3. THEORETICAL FRAMEWORK

3.1. Linguistic Definition

Shock is from (shocked), and shock means hitting something with something like it, and shocking is the shock of any blow to its body, and something shocked them, meaning it struck them (Belaid, 2018).

3.2. Definition Of Disorder

"A category of anxiety disorders, where an individual is exposed to an unusual psychological or physical stressful event, sometimes immediately after exposure to it, and other times not before three months or more after exposure to those stressors" (Azzaq and Lamouchi, 2019).

"Psychological disorders affect those who were exposed to sudden events or circumstances accompanied by severe psychological pressure that was beyond their tolerance, such as the circumstances and occurrences of disasters and earthquakes" (Abdel Qader, 2005).

3.3. Concept Of Turbulence

It is a psychological disorder that is accompanied by traumatic events. Classic symptoms include: re-experiencing the trauma in dreams, mental images, and thoughts, and a general feeling of inability to express feelings, by not showing positive feelings

to Disputesd others, feeling unwilling to interact with the real world, and staying away from relationships, social distress, lack of interest in tasks that were previously the subject of interest, forgetting to talk or being unable to talk about important aspects of the trauma, feeling guilty for being alive, in addition to sleep disturbances and excessive arousal. (Jaafar, 2014).

3.4. Theories Explaining the Disorder

1- Behavioral Theory: Behavioral theory assumes that learning occurs as a result of a conditional association. Therefore, behavioral theory explains that disorder occurs as a result of a link between disorder and trauma. This means that the process of disorder occurring is the result of learning, but it is abnormal, and as a result of the individual's presence in a non-adaptive environment (Al-Sharafi, 2021).

2- Social Theory: The proponents of this theory focused on the importance of the social support that a person may receive from the surrounding environment, as that environment is considered as one of the important factors that helps the individual deal with traumatic events without causing disturbance and vice versa (Wahba, 2023).

3- Psychoanalytic Theory: According to the psychoanalytic theory, traumatic experiences in childhood do not pass smoothly, as they are stored in the subconscious and unconscious mind, and are formed in individuals as a previous experience of pain, making them more vulnerable to disturbance as a result of the presence of prior preparation, so it appears as if they were repeatedly trying to absorb the shock (Ezzedin, 2019).

4- Information Processing Theory: It is one of the theories most concerned with explaining post-traumatic stress disorder. This theory bases its explanations on classical and modern theories and cognitive theories. When an individual is exposed to a traumatic situation, he receives many and varied information such as images and ideas, and the brain processes part of it, while the other part is not processed in the correct way, and the reason for this may be a lack of information or it may exceed the capacity of the nervous system to absorb it. This means that the traumatic experience in which dangerous and sudden stimuli are not compatible with the person's experiences and models because they exceed the normal range of human experience, and therefore the processing of information will be disturbed and distorted, and the traumatic information or stimuli will remain active and constantly exert painful pressure on the shocked person, who will repeatedly try to remove it from

consciousness in order to feel safe and comfortable. Therefore, the shocked person has no choice, but to resort to using negative defense methods such as denial, insensitivity, and avoidance. All of which constitute prominent symptoms of post-traumatic stress disorder (Al-Diwan Al-Amiri, 2001).

5- Cognitive Theory: The cognitive model is concerned with understanding the meaning of the event for the individual and how pain appears. This topic varies from one person to another according to his understanding of himself and the world around him. Trauma leads to the distortion of personal identity. On this basis, there are three personal beliefs that explain a person's position. What is normal about reality or the outside world is that this world is the source of goodness and prosperity. This shows that the world has value, meaning, and can be controlled; that the ego has its own value and importance (I am a loved person, worthy of appreciation and respect). The aforementioned beliefs exist in the normal or ordinary person, who trusts himself and builds his hopes through the reality in which he lives and therefore does not imagine that he will be exposed to inevitable failure or to a disaster that goes beyond the ordinary. When the disaster occurs, beliefs and hopes are shattered, and the person is overwhelmed with astonishment, resentment, and despair. It seems unbelievable. What happened, positive beliefs turned into negative beliefs, and the outside world became extremely terrifying (Al-Hams, 2009).

3.5. Shocking Event

Both (Mansour and Al-Husseini, 2021) indicated that traumatic events that occur in an individual's life in a surprising way have intensity and duration, and cause changes in the individual's personality, and the emergence of symptoms that were not previously present, and may be such as a car accident, a crime, or the birth of a child with a disability. A traumatic event may affect the entire society, such as Disputess, earthquakes, or viruses.

3.6. Types Of Shocks

(Buain and Aqeela, 2018) and (Al-Sabwa and Muhammad, 2023) divided the shocks into:

1. Basic Traumas: These are related to the bad experiences that the individual experiences during the stages of his development, and they have a severe psychological impact on the individual.
2. External Shocks: These are violent shocks that are outside the scope of the individual and may be caused by humans, such as Disputess

and violence, or they may be such as earthquakes and floods.

3. **Childhood Traumas:** These are traumas that happen to an individual in childhood and are painful, such as parental separation, harsh parental treatment, or witnessing the effects of Disputess.
4. **Traumas Resulting from Explosions:** These are the traumas that occur to an individual as a result of his presence in an environment that has been subjected to explosions and has caused biological and psychological effects, such as the explosion of bombs.
5. **Trauma Resulting from Hearing Painful News:** such as the loss of a close person, the illness of a child, or a major financial loss.

3.7. Factors That Contribute to the Disorder

1. **Factors Specific to the Person Himself:** such as the presence of previous psychological disorders such as depression, and the type of individual, as some studies have confirmed that women are more susceptible to the disorder than men.
2. **Factors Related to the Event:** the frequency of shocks, the severity of the shock, and how close or distant the shock is to the person. The longer the individual is exposed to the shock, the more difficult it is for him to improve and treat it.
3. **Lack of necessary social support and living in a negative and frustrating environment** (Batikh, 2018).

Post-traumatic stress disorder is listed in the last form of the Diagnostic Statistical Manual (DSM-5 2015) within the seventh axis of disorders associated with obsessive-compulsive disorder and disorders associated with trauma. Disorders associated with obsessive-compulsive disorder and repetitive behaviors are so extreme that they interfere with daily life. Trauma-related disorders include post-traumatic stress disorder and acute stress disorder, which are two conditions caused by exposure to severe traumatic situations, and obsessive-compulsive disorder, and trauma-related disorders are included in the anxiety disorders in the Diagnostic Manual and the revised Statistical Survey of Mental Disorders IV (DSM - IV - TR). Individuals who suffer from these disorders feel anxious and are frequently at risk of other anxiety disorders (Anna Kronbage *et al.*, 2015).

Diagnostic Symptoms When a Person Experiences a Traumatic Event:

(Ismail and Al-Hudayri, 2021) describe that

individuals who are exposed to traumatic events tend to:

1. Avoid any thoughts, feelings, or even talking about anything related to the traumatic event.
2. Trying to avoid places or people associated with the traumatic event that brings back traumatic memories.
3. Difficulty trying to remember some parts related to the trauma.
4. Isolation and unwillingness to participate in meetings.
5. Lack of acceptance and aversion to others.
6. Dullness and loss of feeling of love or positive feelings.
7. A negative outlook on aspects of their lives in the future, whether professionally, familiarly, or socially.

3.8. Inequality Diagnosis

1. **Adjustment Disorders:** They can occur after trauma, but they often end if not treated.
2. **Acute Stress Disorder:** It occurs and disappears within 4 weeks of the trauma, but if it persists longer, it is post-traumatic stress disorder.
3. **Anxiety and Depression:** May be associated with post-traumatic stress disorder.
4. **Obsessive-compulsive Disorder:** The difference between it and post-traumatic stress disorder is the presence of these intrusive thoughts that are not related to the trauma.
5. **Psychotic Disorders:** in which some hallucinations, delusions, and cognitive imbalances appear, with images of the trauma being restored (Al-Kurdi and Hazazi, 2021).

3.9. Symptoms Accompanying the Disorder

Both (Al-Ofaisan and Amin, 2020) indicate that among the most common symptoms associated with post-traumatic stress disorder are depression, anti-social personality disorders, pathological fears, general anxiety, obsessive-compulsive disorder, sexual dysfunction, imbalance in understanding and self-esteem, cases of addiction, and maladjustment.

3.10. Turbulence Levels

1. **Acute post-traumatic stress disorder:** It is the shock that occurs immediately after the traumatic event occurs, and it can be recovered from and may last from one to three months.
2. **Chronic post-traumatic stress disorder:** It lasts for 3 months or more and can be cured, and it begins after the trauma occurs.
3. **Delayed post-traumatic stress disorder:** Its period lasts for months or several years, and

the patient here needs treatment for a longer period, and the symptoms of trauma begin a long period after the event occurred (Adam, 2019).

As it is the case with all disorders, individuals' responses to the disorder vary depending on a group of factors related to the individuals. The most important of which are: the circumstances of the trauma that the individual experienced, the individual's personality and the way he interacted with the situation to which he was exposed, what his age was when the incident occurred, and his way of dealing with stressful situations and his attempts to in overcoming the problems he faces (Jomaa, 2018).

3.11. Factors That Help Overcome Shocks

1. Giving oneself an opportunity to talk about the traumatic situation and express all the accompanying feelings.
2. Giving traumatized individuals an opportunity to rely on themselves in matters of their lives, and to refrain from having things done for them.
3. Receive appropriate support, including the following:
 - a. small or large counseling support groups, the idea is based on the joining of a number of people who have been exposed to the same trauma or experience, and their goal is to share experiences and reduce each other's suffering.
 - b. Support through the social relationships of the individual surrounded by him.
 - c. Understanding the suffering that an individual experiences in his life.
 - d. Controlling personal emotions and acquiring personal skills to manage them (Al-Kandari and Al-Husseini, 2022).

4. PREVIOUS STUDIES

4.1. The Study of Al-Sharif (2023).

The study aimed to identify the relationship between post-traumatic stress disorder and mental health among Sudanese fleeing from Disputes in the Republic of Egypt. The researcher used the descriptive Correlational approach. The sample consisted of (49) Sudanese who were randomly selected. The PTSD scale by Davison (1995) was used, and the mental health scale, translated by Bohan (1992). The study found that there was a negative statistical relationship between PTSD and mental health, with a high level of PTSD, a low level of mental health, and no differences in PTSD attributable to the variables (gender and age).

4.2. The Study of Al-Hasadi and Abu Sineineh (2021).

The study aimed to identify the level of post-traumatic stress disorder and psychological toughness among a sample of residents of the Maghar neighborhood affected by Disputes. It also aims to identify the nature of the relationship between psychological toughness and post-traumatic stress disorder, and to identify differences in psychological toughness according to gender, adopting the descriptive approach. For the study, the psychological toughness scale was prepared by Mekheimer (2011) and the Harvard Trauma Questionnaire was used. The study consisted of (50) individuals. The study reached the following results: The study revealed that the level of psychological toughness is low, and the level of post-traumatic stress disorder is high. The study showed that there are differences between averages in favor of males.

4.3. The Study of Mohammed (2017)

This study titled The Impact of Post-Traumatic Stress Disorder on Some Psychological Disorders among Residents of the City of Riyadh in the Kingdom of Saudi Arabia. It aimed to identify the impact of Post-Traumatic Stress Disorder. It was conducted on a random sample of (184) individuals who were exposed to traumatic events. The researcher prepared a scale Stress and Anguish. The study concluded that there is no effect of post-traumatic stress on psychological disorders among the research sample, and there were no statistically significant differences in the dimensions of post-traumatic stress disorder according to the variables of age, gender, and profession.

4.4. The Study of Sabira, Saadi, and Badr (2017)

The study aimed to reveal the presence of post-traumatic stress disorder among the brothers of martyrs in the Jableh region, and to find out the differences in the degree of post-traumatic stress disorder between male and female brothers of the martyrs, and to reveal the differences in the degree of the disorder according to variables (level of education and marital status). Davidson's Post-traumatic Stress Disorder Scale was used. The study sample consisted of (69) brothers and sisters of the martyrs. The study reached the following results: There is an increase in post-traumatic stress disorder, and there are no statistically significant differences in the degree of the disorder. According to the variables (gender and educational level), there were differences in the degree of disorder according to the marital status variable in favor of the single person.

4.5. The Study of Ahmed (2013)

The study titled: Post-Traumatic Stress Disorder (Depression) among Adolescents and Adults in the City of Mogadishu. The study aimed to identify the level of Post-Traumatic Stress Disorder. It targeted (194) people, males and females, who were chosen randomly. The researcher used the Post-Traumatic Stress Disorder scale. Prepared by the researcher, the study reached the following results: Post-traumatic stress disorder is characterized by a high degree, and there are no differences in post-traumatic stress disorder attributable to the variables (gender, educational level, age, economic status).

The Study of Sondergard, Ekblad, & Theorell (2003).

The study aimed to survey the level of post-traumatic stress disorder among refugees in the city of Stockholm. Its sample consisted of (86) political and humanitarian refugees who were randomly selected. The study used the Harvard scale to detect post-traumatic stress disorder. The results of the study showed that the level of prevalence post-traumatic stress disorder ranged from somewhat low to somewhat moderate levels.

The Study of Badri, Crutzen & Borne (2012).

The study aimed to determine the level of post-traumatic stress disorder among female students at the Women's University in the city of Omdurman as a result of the Disputes in Darfur. The study sample consisted of (123) female students, to whom the Harvard questionnaire was applied. The study found that 80.9% of the sample suffered from post-traumatic stress disorder.

4.6. The Study of Mohamed (2011)

The study aimed to identify post-traumatic stress disorder and its relationship to the personality traits of displaced women in the camps of South Darfur State. The researcher used the descriptive Correlational approach. The sample consisted of (500) displaced women, who were selected randomly. The research tools were scale of post-traumatic stress disorder and a measure of personality traits prepared by the researcher. The results of the study found that post-traumatic stress disorder among displaced women was high.

4.7. The Study of Abu Bakr, Al-Fakhri, Al-Mismari (2019).

The study aimed to identify post-traumatic stress disorder among teachers in Disputes zones in the city of Benghazi. The descriptive approach was used. The sample size was (176) male and female teachers. The scale of psychological disorders resulting from traumatic situations by Davidson (1987) was applied, and the following results were reached: There is an increase in PTSD among teachers, and there are no differences in the degree of PTSD among teachers due to the gender variable.

4.8. The Study Procedures

This part of the study deals with a comprehensive description of the study procedures carried out by the researcher to achieve the objectives of the study, and includes defining the method used in the study, and the study sample population, then it addresses the study tool, ensuring its validity and reliability, and the statistical methods and treatments that were relied upon in analyzing the data to reach the results.

4.9. The Study Method

From the nature of the study, the study used the descriptive analytical method, which is defined as the method that studies a currently existing phenomenon, event, or issue from which information can be obtained that answer the research questions.

4.10. Original Community of Study

The study sample consists of people who were affected by the Disputes from various states in Sudan, and they settled in the cities of the White Nile (Assalaya, Kosti, Rabak, and Al-Jazira Aba).

4.11. The Study Sample

The actual study sample consisted of (119) displaced people as a result of the Disputes, including (61) males and (58) females, from community members who were selected by a purposive random method.

4.12. The Survey Sample:

Table (1): Distribution of the Survey Sample According to Their Demographic Characteristics.

| Variables | Characteristics | Repetition | Ratio |
|-----------|-----------------|------------|--------|
| Gender | Male | 23 | 59.0% |
| | Female | 16 | %41.0 |
| | Total | 39 | 100.0% |
| The age | Less than 25 | 22 | 56.4% |
| | 26 to 35 | 12 | 30.8% |
| | 36 to 45 | 4 | 10.3% |

| | | | |
|-------------------|----------------------------|----|--------|
| | More than 46 | 1 | 2.6% |
| | The total | 39 | 100.0% |
| Marital status | Married | 17 | 43.6% |
| | Unmarried | 22 | 56.4% |
| | The total | 39 | 100.0% |
| Educational level | Primary | 8 | 20.5% |
| | Intermediate and Secondary | 22 | 56.4% |
| | University | 9 | 23.1% |
| | The total | 39 | 100.0% |

4.13. Basic Study Sample

The sample was selected by a simple random method. The number of individuals in the basic study sample that was subjected to the application was

(119) of those affected by the Disputes in Sudan.

The individuals in the study sample are characterized by a number of characteristics, as shown in the following table:

Table (2): Distribution of the Study Sample According to Their Demographic Characteristics.

| Variables | Characteristics | Repetition | Ratio |
|-------------------|----------------------------|------------|--------|
| Gender | Male | 61 | 51.3% |
| | Female | 58 | 48.7% |
| | Total | 119 | 100.0% |
| The age | Less than 25 | 63 | 52.9% |
| | 26 to 35 | 31 | 26.1% |
| | 36 to 45 | 22 | 18.5% |
| | More than 46 | 3 | 2.5% |
| | the total | 119 | 100.0% |
| Marital status | Married | 48 | 40.3% |
| | Unmarried | 71 | 59.7% |
| | The total | 119 | 100.0% |
| Educational level | Primary | 22 | 18.5% |
| | Intermediate and Secondary | 62 | 52.1% |
| | University | 35 | 29.4% |
| | The total | 119 | 100.0% |

4.14. Study Tool

To achieve the objectives of the study and answer the questions, the researcher used the PTSD Scale as follows:

Post-Traumatic Stress Disorder Scale:

This scale was prepared by Davidson 1998 and has 17 statements. It measures three dimensions of post-traumatic stress disorder: reliving the traumatic experience; avoiding traumatic experience, and arousal.

In order to correct the answers to the scale, five answer categories were identified for each item and they were corrected according to the following: (always 4 degrees, often 3 degrees, sometimes 2 degrees, rarely 1 degree, never 0 degrees) and the scale in the final form is as in Appendix No. 7 of 17

statements. It is distributed in three dimensions.

4.15. Psychometric Properties of the PTSD Scale in the Current Study:

To verify the psychometric properties of the scale, the researcher verified the internal consistency and reliability, as follows:

4.16. A- Internal Consistency Validity

The validity of the internal consistency of the PTSD scale was confirmed using the Pearson correlation coefficient by applying it to an exploratory sample consisting of (39) Sudanese people who were affected by the Disputes. The correlation coefficient was calculated between the score of each of the scale's phrases and the total score, as the tables show.

Table (3): Pearson Correlation Coefficients for the PTSD Scale Statements (N = 39).

| Phrase | Correlation Coefficient | Phrase | Correlation Coefficient | Phrase | Correlation Coefficient |
|--------|-------------------------|--------|-------------------------|--------|-------------------------|
| 1 | .631** | 7 | .448** | 13 | .497** |
| 2 | .549** | 8 | .492** | 14 | .712** |
| 3 | .509** | 9 | .666** | 15 | .655** |
| 4 | .548** | 10 | .633** | 16 | .571** |

| | | | | | |
|---|--------|----|--------|----|--------|
| 5 | -.163- | 11 | .594** | 17 | .661** |
| 6 | -.275- | 12 | .672** | | |

**Dal at the 0.01 level

4.17. Reliability of the PTSD Scale

The researcher measured the reliability of the

PTSD Scale using the Cronbach's Alpha Reliability Coefficient, and the following table shows the reliability coefficient for the scale's axes, as follows:

Table (4): Cronbach's Alpha Coefficient for Measuring the Reliability of the PTSD Scale (N = 39).

| Variable | Number of Remaining Statements | Cronbach's Alpha | Spearman Brown after Correction |
|--------------------------------|--------------------------------|------------------|---------------------------------|
| Post-traumatic stress disorder | 15 | .870 | .790 |

4.18. Presentation, Interpretation and Discussion of Results

The result of the first question, which states: "Is post-traumatic stress disorder characterized by an increase in those affected by Disputes in Sudan?"

To identify the general characteristic of post-traumatic stress disorder among those who were affected by Disputes in Sudan, a One Sample T-Test was used, as shown by:

Table No (5): Results of the One Sample T-Test to Determine the General Characteristic of Post-Traumatic Stress Disorder Among Sudanese People Who Were Affected by the Disputes.

| Variable | N | Average Arithmetic | Average Hypothetical | Deviation Standard | Degree of Freedom | Value (T) | Level Connotation | Conclusion |
|--------------------------------|-----|--------------------|----------------------|--------------------|-------------------|-----------|-------------------|-------------------------------|
| Post-traumatic stress disorder | 119 | 31.5294 | 30 | 7.01067 | 118 | 2.380 | .019 | It is Characterized by height |

Looking at the table above, we find that the calculated (T) value reached (2.380), at the significance level (.019), which is statistically significant. Thus, the level of post-traumatic stress disorder among Sudanese people has been affected by the Disputes is high.

The result of the study agreed with the by Al-Sharif (2023)'s result. There was an increase in the level of post-traumatic stress disorder among a sample of Sudanese fleeing from the Disputes in Cairo, as well as with the study of Al-Hasadi and Abu Sneina (2021), where the result indicated an increase in the level of post-traumatic stress disorder among those who were affected by the Disputes in the city of Derna. The results of the study also agreed with the result of Muhammad and Abu Shaaban (2021). The results of the study indicated the rate of post-traumatic stress disorder among mothers in the Gaza Strip has increased, and the result of the study also agreed with the result of a study made by Al-Qabati (2019), indicating an increase in post-traumatic stress disorder among physically disabled victims of Disputes in the city of Taiz. The result of the study also agreed with the result of a study by Sabira (2017), which showed an increase in post-traumatic stress disorder among brothers of martyrs, and the results of the study also agreed with the results of a study by Muhammad (2011), where the

study found an increase in stress disorder post-traumatic stress among women displaced from Disputes.

The result of the study differed from the result of a study carried out by Abu Bakr, Al-Fakhri, and Al-Mismari (2019), indicating that there was no increase in post-traumatic stress disorder among teachers in Disputes zones in the city of Benghazi.

The researcher explained this result because the sample members suffered from Disputes, in which they witnessed physical and psychological destruction, while others were exposed to types of abuse, torture, physical injuries, and the loss of individuals as a result of arrest, death, forced disappearance, or the loss of information about their whereabouts, in the absence of providing information. There is a frequency of depressing news about the increase in the area of Disputes and the large number of deaths due to the shortage of psychological, social and material support from local and international institutions and organizations.

The Disputes also destroyed the infrastructure and closed a number of hospitals. Millions became displaced inside and outside Sudan. The Disputes also plunged millions into the abyss of hunger and disease.

The result of the second question, which states: Are there differences in post-traumatic stress

disorder among those affected by Disputes in Sudan due to the gender variable?

To identify the differences in post-traumatic stress disorder among those who were affected by Disputes in Sudan, the researcher first calculated

the arithmetic mean and standard deviation for each of these two groups separately, and then the researcher applied a t-test for the difference between the means of two independent groups, and the following table shows Results of this procedure:

Table No (6): Shows the Results of the T-Test for the Difference Between the Means of Two Independent Groups to Determine the Significance of the Differences in Post-Traumatic Stress Disorder Among Those Affected by the Disputes in Sudan, Which Is Attributed to the Gender Variable.

| Variable | Type | Number | Arithmetic average | Standard deviation | Value (T) | Degree of freedom | Significance Level | Conclusion |
|--------------------------------|--------|--------|--------------------|--------------------|-----------|-------------------|--------------------|--------------------------|
| Post-traumatic stress disorder | Male | 61 | 31.1639 | 8.02949 | -.582- | 117 | .562 | There are no differences |
| | Female | 58 | 31.9138 | 5.79560 | | | | |

Looking at the table above, we find that the calculated (T) value reached (-.582) at the significance level (.562), which is not statistically significant. There are no statistically significant differences in post-traumatic stress disorder among those who were affected by Disputes in Sudan, which are attributed to the gender variable.

The result of the study agreed with the result of the study carried out by Al-Sharif (2023), that there were no differences in the level of post-traumatic stress disorder among Sudanese fleeing from Disputes according to the gender variable. The result of the study agreed with the result of the study done by Abu Bakr, Al-Fakhri, and Al-Mismari (2019), that there are no differences in the gender variable in the study sample. The result also agreed with the result of the study followed by Sabira (2017), that there were no differences in the degree of post-traumatic stress disorder depending on the gender variable.

The result differed from what was indicated by the study of both (Al-Hasadi and Abu Sneineh 2021), as the result of the study found that there were differences in post-traumatic stress disorder among

those who were affected by the Disputes in Derna according to the gender variable in favor of males.

The researcher explained this result by saying that males and females suffer from post-traumatic stress disorder at an equal level due to their presence in the Disputes zone and their exposure to all the painful events resulting from the loss of property, exposure to seeing images of destruction and death, the sound of weapons as a new experience, the death is found everywhere, and the loss of some members of the neighbors or family.

The results of the third question, which states: "Are there differences in post-traumatic stress disorder among those affected by Disputes in Sudan due to the age variable?"

To determine whether there are statistically significant differences in the level of post-traumatic stress disorder among those who were affected by Disputes in Sudan due to the age variable.

The researcher applied a one-way analysis of variance, and Table No. (7) shows the results of this procedure:

Table No (7): Shows the Result of a One-Way Analysis of Variance to Determine the Significance of Differences in the Level of Post-Traumatic Stress Disorder Among Those Affected by Disputes in Sudan Due To the Age Variable.

| Post-traumatic stress disorder | Source of variance | Sum of squares | D H | Mean squares | F Ratio (q) | Probability value | Conclusion |
|--------------------------------|--------------------|----------------|-----|--------------|-------------|-------------------|--------------------------|
| The age | Between groups | 38.526 | 3 | 12.842 | .256 | .857 | There are no differences |
| | Within groups | 5761.121 | 115 | 50.097 | | | |
| | Total | 5799.647 | 118 | | | | |

Looking at the table above, we find that the F ratio (F) reached (0.256), at the probability value (0.857), which is not statistically significant. Thus, the results

of the study showed that there are no differences in post-traumatic stress disorder according to the age variable among those affected by the Disputes in

Sudan.

The result of the study agreed with the result of the study (Al-Sharif, 2023) that there are no differences in post-traumatic stress disorder among Sudanese fleeing the Disputes in Cairo according to the variable of age.

It differed from the result of the study of (Muhammad and Abu Shabat, 2021) that there are differences in post-traumatic stress disorder according to the age variable in favor of younger age.

The researcher explains this result by the absence of differences in post-traumatic stress disorder according to the age variable, due to the multiple sources of post-traumatic stress disorder, such as displacement, injuries, and destruction for all ages, and the recent experience of all ages from the direct shock of the outbreak of Disputes without

psychological preparation or anticipation of the sudden horror of the follow-up events of explosions, weapons, death, and displacement from one place to another.

The result of the fourth question, which states: Are there differences in post-traumatic stress disorder among those who were affected by Disputes in Sudan attributable to the marital status variable?

To identify post-traumatic stress disorder among those affected by Disputes in Sudan, the researcher first calculated the arithmetic mean and standard deviation for each of these two groups separately, and then the researcher applied a t-test for the difference between the means of two independent groups, and the following table shows the results of this. Procedure:

Table No (8): Shows the Results of the T-Test for the Difference Between the Means of Two Independent Groups to Determine the Significance of the Differences in Post-Traumatic Stress Disorder Among Those Affected by Disputes in Sudan Due To the Marital Status Variable.

| Dimensions | Type | Number | Arithmetic average | Standard deviation | value (v) | Degree of freedom | Significance level | Conclusion |
|----------------|-----------|--------|--------------------|--------------------|-----------|-------------------|--------------------|--------------------------|
| Marital Status | Married | 48 | 32.3750 | 5.60632 | 1.083 | 117 | .281 | There are no differences |
| | Unmarried | 71 | 30.9577 | 7.80556 | | | | |

Looking at the table above, we find that the calculated (T) value reached (1.083) at the significance level (.281), which is not statistically significant. There are no statistically significant differences in post-traumatic stress disorder among those who were affected by Disputes in Sudan, which were attributed to the marital status variable.

This result showed that there are no differences in post-traumatic stress disorder among those who were affected by Disputes in Sudan according to the variable of social status.

The result agreed with the study conducted by Al-Qabati (2019), that there were no differences in post-traumatic stress disorder according to the variable of social status of the physically disabled in Taiz City.

This result differed from the result of the study conducted by Sabira (2017), that there were differences in post-traumatic stress disorder depending on the marital status variable in favor of

single people.

This Disputes and its scenes left a very painful experience for all individuals, regardless of their social status, negative psychological effects that increased in their psychological pressures and constant frustration as the days passed, as hopes diminished for the appearance of signs of stopping the Disputes and for all to return to their homes and be reunited.

The results of the fifth question, which states: "Are there differences in post-traumatic stress disorder among those affected by the Disputes in Sudan due to the educational level variable?"

To determine whether there are differences in post-traumatic stress disorder among those who were affected by Disputes in Sudan due to the educational level variable, the researcher applied a one-way analysis of variance, and the following table shows the results of this procedure:

Table No (9): Shows the Result of the One-Way Analysis of Variance to Determine the Significance of The Differences in Post-Traumatic Stress Disorder Among Those Affected by The Disputes in Sudan Due To the Educational Level Variable.

| Source of Variance | Sum of Squares | D H | Mean Squares | F Ratio (q) | Probability Value | Conclusion |
|--------------------|----------------|-----|--------------|-------------|-------------------|--------------------------|
| Between groups | 113.325 | 2 | 56.662 | 1.156 | .318 | There are no Differences |
| Within groups | 5686.322 | 116 | 49.020 | | | |
| Total | 5799.647 | 118 | | | | |

Looking at the table above, we find that the (F) ratio reached (1.156), at the probability value (.318),

which is not statistically significant. Thus, the results of the study showed that there are no differences in post-traumatic stress disorder according to the educational level variable among those who were affected by the Disputes in Sudan.

The results of the study agreed with the study of Sabira (2017), that there are no differences in post-traumatic stress disorder according to the education variable among brothers of martyrs.

The results of the study differed from the results of the study of (Muhammad and Abu Shabat, 2021), indicating that there were differences in post-traumatic stress disorder according to the variable of education among mothers, in favor of less than secondary school.

The researcher explained this result by saying that the Disputes disrupted all health, professional, and educational institutions, and students, workers, and all cadres entrusted with serving society became distracted, and all educational, health, and industrial facilities were among the institutions whose infrastructure was destroyed. Watching this horrific and frightening picture injured most of the sample members greatly of psychological disorders.

5. STUDY RECOMMENDATIONS:

In light of the results of the study, the researcher concludes his study by presenting a set of recommendations that may benefit the target group or those responsible for providing psychological support services in general:

1. Paying attention to providing psychological

first aid services to those who were affected by the scourge of Disputes.

2. Strengthening communication between specialists in the field of counselling, psychological treatment and social service in providing various services to shelter centers and gatherings of those fleeing areas of military operations.
3. Taking care of families who have lost some of their family members.
4. Directing national and international organizations to provide material and in-kind assistance to those who were affected by the Disputes.
5. Implementing guidance, therapeutic and recreational programs for children in residential centers and gatherings.
6. Highlighting interest in providing specialized services to all family members.

5.1. Researcher's Suggestions:

1. Conducting further studies to identify post-traumatic stress disorders and their relationship to some psychological variables
2. Designing therapeutic and counselling programs to deal with the psychological problems resulting from weak psychological security and the consequences of Disputes.
3. Conducting further studies of the study sample by adding psychological variables in different environments.

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