



Review Article

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Post-Traumatic Stress Disorders Among Syrian Refugees in Za'atari Camp – Jordan

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Introduction

Now a days war distributed everywhere related to political, financial, race, religion and other many issues; as usual during and after every war there are many harmful result's affect people who experience it, one of the most important and recurred results is mental and psychiatric disorders, and to be more specific it's a post-traumatic stress disorder, which detected among some refugees after immigration to more safe places.

At the end of 2006, we have 9.9 million refugees in the world, with an even larger than 32.9 million [1], on the same time, today more than 2 million refugees in Jordanian cities and camps, more than 83 thousand of them live in Za'atari ca;2mp [2].

In general most of refugees feel scared and worried specially when they remember the crisis which happened for their families, friends, and refugees them self in the past (Yehuda, 2002), on the same time their people may develop breathing difficulties during remember their crisis, they avoid any person who remind them about the crisis [3].

Furthermore, same refuges lack the interest in activities, have cold feelings, insomnia or hypersomnia, isolation, loosing trust from others, being aggressive with others, and unreasonable nervous [4].

The post-traumatic stress disorder (PTSD) deified as a sever anxiety disorder that happen to the individuals after one or more dramatic experiences of patients, on the same point defined the PTSD as an anxiety disorder with essential exposor to extreme stressor and characteristic symptoms involve death, threat, and injury for self and others associated with fear and helplessness, on the other hand refugees defined as a person who is outside his/her country of nationality or habitual residence; has a well-founded fear of persecution because of his/her race, religion, nationality, membership in a particular social group or political opinion; and is

unable or unwilling to avail himself/herself of the protection of that country, or to return there, for fear of persecution.

The current author is curious to examine the PTSD among Syrian refugees in the Za'atari camp in Jordan, consequently; refugees who met in primary health care sittings in different district at the camp who really live the war, on the same time this study may considered as the first study which focused on the psychological effect of Syrian war among Syrian population in Za'atari camp which added to its significance

Study Problem

The study problems source derived from researcher work environment and the interest field mental and psychiatric health which reflect the academic specialty of the current author.

The study problem has been recommend related to several reasons, the most important reason was insights and experience with refugees, dedication from many theories related to this issue such as cultural care theory, refugees interaction and specific repetitive action, behaviors, words from the affected population in addition to many related literatures

Therefor the major trigger of this study problem stems from real situation with refugees observed by health care team in different organization, the similar negative behaviors among the individual who live in same place during Syrian war and experiences by author getting through individual insights. Ever reason mentioned above reflect a major element of any study problem, its author own field experience to be more specific.

Study Significance

Human nature push people to feel afraid in danger, unpredictable situations, very important life changes or sudden rapid problems

especially if person brain analysis this problem as life threatening situation such as Syrian war.

On the other hand every person in our world have different defense mechanism, different coping skills, social support amount and different analytical way of situations for example when talking about fight or flight response its reflect a normal reaction which protect persons from harms, but among PTSD the reaction may change or damaged, PTSD people may feel frightened and stressed which aren't related to the duration of causal stress. The PTSD developed mostly after physical harm or threatening to harm, on the other hand PTSD may cause by emotional harm too.

Related to Thompson [5]; PTSD was first brought to public attention in relation to war veterans, on the same time it could be resulted from rape, car accident, child abuse, natural disasters like floods or earthquakes, bombing and death.

The study considered as the first study evaluate what psychological effects of Syrian war on Syrian refugees in Za'atari camp-Jordan, in the other hand this study working on determine the severity of psychological results which developed among refugees.

Study Purpose

The main purpose of this study is to identify the main psychological effect of Syrian war on Syrian refugees who live in za'atari camp in Jordan, this study focused on Post-traumatic stress disorder "PTSD" patients.

The study worked to find out the effect of stress disorders caused by the trauma Syrian refugees suffered related to the displacement from their homes, loss of relatives, loved ones and property, more over this study sought to clarify the post-traumatic stress disorder among Syrian refugees in za'atari camp which caused by war experiences.

The study will examine the differences between za'atari camp refugees' level of post-traumatic stress disorder depending on the following differences; gender, marital status, educational level and other factors.

Research Questions

This study attempted to answer the following questions:

- Is the Syrian war resulted to PTSD among affected population?
- Are there any significant differences in the level of post-traumatic stress disorder related to gender, marital status, education level factors?
- Are there any significant differences in the level of post-traumatic stress disorder related to experiencing the war firsthand, getting direct physical harm during the war for refugee himself or for the close relatives, or losing one or more close relative during the war?
- Are there any significant differences in the level of post-traumatic stress disorder related to watching, hearing,

being exposed to, being terminally ill, facing life threatening situations, loosing close family members, robbed, divorced or tortured?

Study Variables

The current author recognized the study variables as a following; post-traumatic stress level as continuous dependent variable, the severity of trauma as a categorical dependent variable, the marital status as a categorical independent variable, the educational level as a categorical independent variable.

Theoretical and Conceptual Framework

Regarding to Dual Representation Theory, PTSD shown as a particular type of failure adaptation with trauma by determine the dual repetitive theory relation with trauma stages as a general process, the theory worked on the current understanding of the disorder which affected by other related theories such as Roy adaptation model and Cultural care theory, this increase the effectiveness to differentiate between PTSD and the overlap by many other disorders.

Actually there are two innovatory parts summarized as minimum cognitive architecture which have the differentiation between the verbally and situational accusable information with the dimension of prematurely inhibited processing, the first dimension working on the significant to clarify the differences between memory types which associated with PTSD then to integrate the cognitive-social with information processing theory, the second dimension appears heuristic in several respects too, it's provided attention to the most important connection between what may happened to be two different therapeutic tasks, in addition to be an account for a range of experimental and clinical data then generate a novel ideas.

One of the major tasks is to end the distress appropriated by the long processing of trauma which founded in PTSD. On the other hand, sometimes for less clear, it's to clarify the history of trauma, advocate the individuals to overcome preventive processes then restart the hard processing of traumatic memories.

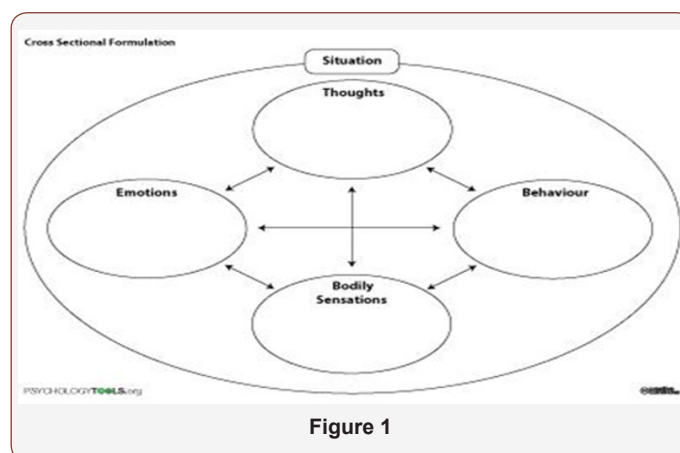


Figure 1

Literature Review

The first diagnosis of post-traumatic stress disorder has been recognized in Vietnam veterans [6], actually the diagnosis was

demonstrated related to a lot of individuals who experienced trauma in the war, the affected individuals were experience helplessness, fear, injury or threat of injury and death or threat to death.

On the other hand a study working on examine if post-traumatic stress disorder are present in relation with specific families problems, this study done in 2013 and include 94 participants which divided to three main groups; the first group diagnosed by PTSD and include 31 participants, the second group affected by war but didn't diagnosed by PTSD and named by the post war group, and have 33 participants, the third group which include 30 participant who were mobilized but not expose to the war directly, now the first and the second group were exposed to the war so they have the experience of combat exposure, by considering the first group who were diagnosed by PTSD as an experimental group and considering the second the third group as a controlled groups, groups were compared by the quality of family dysfunction and the intensity in relation to specific parameters by specific instrument used in this research. On this point the participants who have experience of combat exposure are complain from problems in functioning among their families independently of the existence of post-traumatic stress disorder diagnosis and to be more specific many of this problems were caused by damaging of the combat experience furthermore the researcher founded that there are an extreme level of secondary dramatization within other family members.

Regarding to the previous points the researcher concluded that the combat experiences which causes problems in post war family functions of combatant where completely independently of being confirmed diagnosis with PTSD, so there are a huge necessary to help people who have post war family dysfunction regardless if they diagnosed with PTSD or not.

On the other hand another study working on investigation the trauma type influencing individuals before exiting psychiatric disorders with the onset pre-trauma, and gender on PTSD, the PTSD, traumas and psychiatric disorders were assessed by using composite international diagnostic interview and by using a representative sample contain 4075 adults' participants who have 18-64 years old. Pre-existing DSM-IV diagnosis of depressive disorders, anxiety disorders, nicotinic and alcohol dependent, somatoform disorder, gender, alcohol abuse, and trauma types were analyzed with logistic regressions to estimate the influence of these factors on the risk for affecting by post-traumatic stress disorders. Moreover results shown that the life time incidence of facing any trauma didn't vary by sex, the prevalence of developing PTSD after facing trauma among female gender was higher than male gender, and to be more specific it was (11.1% SE=1.58) among female and (2.9% SE=0.83) among male gender. More over unvaried analysis founded that somatoform disorders, pre-existing anxiety disorder and depressive disorder were increase the risk of developing PTSD in significant percentages, on the same time multivariate analysis founded that rape, sexual abuse, somatoform disorder, preexisting anxiety and many specific types of trauma also increase the prevalence to developing PTSD, when gender and

depressive disorder were not considered as significant risk factors for developing PTSD.

About prevention of developing PTSD considered as the best way to decrease the prevalence of this disorder, in addition of the pharmacological and psychological approaches which help to decrease the prevalence of PTSD occurring also (Sharpless & Barber, 2011), the same previous researchers add that its useful to use psychological interventions pre-post and during the trauma to avoid PTSD developing to people, this approach considered as a psychological debriefing approach which use normalizing those Reponses, individuals preparing to be ready for PTSD reactions, provoking emotional responses and many other interventions [7].

Another successful approach to prevent PTSD focused on providing education about coping skills and educational briefings trainings, these approaches were effective in reducing stress reactions, on the same time it's important to know that stress inclusion training (SIT) was founded in few studies although it's very useful to enhance arousal control and attention control among trainers, on the other hand the cognitive behavioral therapy (CPT) provide an excellent stress coping skill during traumatic phase then its followed by mild exposer to the stress which finally provide positive results [4].

Summary and Conclusion

Depending on the previous findings the current author concluded that female gender hasn't higher vulnerability for PTSD, per-exiting anxiety disorders and sexual motivation violence considered as the main reason of increasing the prevalence of PTSD among females. On the other hand, SIT, CBT, education and trainings are playing major role to decrease PTSD incidence.

Methodology

This part will be described the methodology and design which used in this study under term of operational measures of main variables. As a research design definition which is approach to amalgamate many elements in logical mode to deal with a predefined cluster of questions, moreover methodology defined as a collection of systems, measures and tools which used by researcher to establish effective plan which help to achieve research goals.

The current study will use a quantitative research methodology with likert-type scale questioner as instrument, Actually the instrument was modified and adapt from another study for then it was translated to Arabic by Momani [8] then calculate the reliability and validity of it

The original questioner focus on estimations, feelings, favorites, performance, measures and demographics, moreover the current author uses the descriptive design because there is a dilemma unable to investigate and testing as stated.

The current author used survey research related to its advantages such as unfolding characteristics of the population, ability to contact large number of participants without significant

effect of funds, and its more economical comparing with other types.

Population, Sample and Sampling Technique

The study participant will be randomly selected from the primary health centers in za'atari camp which distributed in many districts, the total number of participant should be not less than 500 participant, and the age should not be less than 10 years old, the time of data collection will be between 9:00 AM and 12:00 PM which reflect the peak of health center pressure which help to collect the highest number of participant on short time. The participant should be from Syrian refugees who experienced the horror of war firsthand or by some of closed ones. All refugees above 10 years old will be included in the study, on the other hand, health center staff that didn't have Syrian nationality and all refugees under 10 years old will be excluded.

Instrumentation & Planned Data Analysis

The current study will use the PTSD scale [8], On the same time the questioner will be likert-type scale which contain five scales; always, often, sometimes, rarely, and never, moreover the author will use the demographical data questioner to collect demographical data from the participants.

Validity and Reliability of Survey

The current author distribute the questioner to a group of experienced members of education among Hashemite university then the author explain the aim of the study for them, then the current author get the comments from this specialist and regarding to their comments some items where modified, the questioner will be filled by participant them self's.

About the reliability of instrument, the current author used (Coronbach-Alpha) test to measure the last instrument, which was 0.93, which mean high consistency coefficients which mean than the questioner will meet the study goals.

Both of PTSD and demographic questioner will be distributed to primary health centers, Syrian patient in za'atari camp as mentioned above, as [9] stated that if reliability coefficient of (0.90) or more than its considered as excellent and highly internal consistency, so a pilot study will be used to establish the scale of internal consistency, and it will be established at (0.95), finally the current researcher will use SPSS statistical package to collect study findings, the current author will use the ANOVA test for data analysis because it's appropriate for one continues variable and other three categorical variables in the current study.

Possible Limitation

Most of Syrian refugees in za'atari camp where from same city (Dara'a) which may affect results by ability to generalize it, on the other hand the stigma is present especially for psychiatric patient amount za'atari camp population so they may not founded on primary health centers except if they severely ill, crowded area during data collection phase may increase the bias and decrease the quality of clarifying questioner items.

Possible Implications

This study will be very important and applicable in three dimensions, the first one among researchers who may use the current study as a base of future related studies, the second one, study results may distributed and educated to prevent PTSD incidence in the future, finally in practice this study may help health care providers to identify PTSD cases, correctly assess them and correctly treat them.

Summery & Conclusion

Regarding to ear distribution in most of war countries especially Arabs countries, the psychiatric disorders were increased, one of them is PTSD which affects many refugees in the world.

In Jordan the Syrian refugees faced many challenges during war in Syria and during transportation to Jordan, actually this study working to examine if really there are PTSD cases among Syrian refugees in za'atari camp in Jordan who need special care and appropriate interventions, on the same time this descriptive study working to examine if there is a relationship between marital status, gender, educational level and PTSD prevalence and to examine if there is differences in severity regarding to direct or indirect trauma.

Finally, this study will examine 500 participants who visiting primary health care centers related to different organizations in za'atari camp among different districts by specific questioners will distributed for them the current study may consider as helpful study which may use in education, practice and research.

Acknowledgement

None.

Conflict of Interest

No conflict of interest.

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