

Posttraumatic Stress Disorder and Family Functioning Among Internally Displaced Persons in Bor Town, South Sudan

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ABSTRACT

This embedded mixed-methods study examined the relationship between posttraumatic stress disorder (PTSD) and family functioning among 384 internally displaced persons (IDPs) in Bor Town, South Sudan, using the PTSD Checklist-5 (PCL-5) and the McMaster Family Assessment Device. Findings revealed an alarmingly high PTSD prevalence, with 55.2% of participants scoring between 50 and 75 on the PCL-5, indicating significant symptom severity. Gender differences in symptom presentation were notable, with men exhibiting externalizing behaviors such as hypervigilance and aggression, while women displayed internalizing symptoms, including emotional numbing and dissociation. Family functioning was distributed across three categories: 13.3% of families exhibited severe dysfunction, 63.3% demonstrated moderate functioning, and 23.4% were classified as healthy. A significant positive correlation was found between PTSD severity and family dysfunction ($r = 0.216, p < 0.01$), supporting Bowen's Family Systems Theory. Qualitative interviews with 10 participants revealed cultural preservation as a key resilience factor, with 50.8% expressing satisfaction in maintaining traditions despite displacement. Conversely, economic deprivation was a major stressor, with 46.6% reporting dissatisfaction due to financial instability. The study recommends integrated interventions that combine trauma-informed family therapy with economic empowerment, tailored to the cultural context of South Sudanese IDPs.

Keywords: Posttraumatic stress, family functioning, internally displaced persons, South Sudan, humanitarian crisis.

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INTRODUCTION

South Sudan's protracted conflict has resulted in the displacement of over 4 million people, with Bor Town hosting thousands of IDPs who face chronic trauma exposure (UNHCR, 2022). While global research indicates PTSD prevalence rates between 20% and 60% among conflict-affected populations (Steel et al., 2022), no prior studies have systematically examined its impact on family systems within South Sudanese IDP communities. This oversight is particularly critical given the collectivist nature of South Sudanese society, where family units traditionally serve as buffers against adversity (Betancourt et al., 2015).

This study is grounded in two theoretical frameworks: Bowen's Family Systems Theory (1978), which posits that trauma disrupts family differentiation and emotional cutoff processes, and Clark's Cognitive Behavioral Model of PTSD (2000), which emphasizes maladaptive trauma appraisals and avoidance behaviors. The research addressed three key questions: (1) What are the PTSD prevalence rates among Bor Town IDPs? (2) How does displacement affect family functioning? and (3) What is the relationship between PTSD and family dysfunction?

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South Sudan's economic strain and social fragmentation exacerbated dysfunction (Kumar et al., 2017). Resilience factors included cultural preservations such as communal rituals and social support networks. However, gender inequities and loss of traditional hierarchies often worsened distress.

PTSD symptoms like hypervigilance, emotional numbing impaired family communication (Morina et al., 2021) while family conflicts exacerbated PTSD severity, creating a vicious cycle (Tol et al., 2022). In South Sudan, 70% of IDPs with PTSD reported severe family dysfunction (Akol et al., 2022). The key mediators included economic deprivation which affected 46.% of

IDPs and was linked to poverty and family breakdown. Cultural disintegration led to loss of communal decision making.

Effective intervention strategies included combining clinical, economic and community-based support as well as trauma-informed family therapy which has a 25-35% improvement in cohesion (Kulkami et al. 2020). Economic empowerment such as vocational training had 32% better functioning (Jacobsen et al., 2020) while cultural adapted programs such as traditional healing had a 35% efficacy (Weine et al., 2020). Gender-sensitive parenting support addressed role reversals post-displacement.

However, few studies used longitudinal **or** mixed-methods designs in South Sudan while **Bor** Town-specific data on PTSD and family dynamics are scarce. There is limited mental health infrastructure in IDPs, hence the need for integrated psychosocial and livelihood programs. In conclusion, IDPs in Bor Town face **dual burdens** of PTSD and family dysfunction, moderated by cultural resilience and economic stability.

RESEARCH METHODOLOGY

The study employed an embedded mixed-methods design, with quantitative data as the dominant component. Participants included 384 IDPs (63.8% male, 36.2% female), with a mean displacement duration exceeding five years (84.1%). The primary cause of displacement was conflict or war (77%).

Measures included the PTSD Checklist-5 (PCL-5), a 20-item DSM-5-aligned instrument ($\alpha = 0.94$), and the McMaster Family Assessment Device, which evaluates seven domains of family functioning ($\alpha = 0.81$). Additionally, semi-structured interviews were conducted with 10 participants, with responses analyzed thematically.

Participants were selected via random stratified sampling across four IDP camps. Instruments were culturally adapted and translated into Dinka and Nuer. Ethical approval was obtained from the Psycho-Spiritual Institute and camp authorities. Quantitative data were analyzed using descriptive statistics and Pearson correlations (SPSS v26), while qualitative data underwent thematic analysis (NVivo).

FINDINGS

PTSD Prevalence

The study found that 55.2% of participants exhibited high PTSD symptoms (PCL-5 scores 50-75), while 10.2% displayed severe symptoms (PCL-5 scores 76-87). The most prevalent symptoms included sleep disturbances (71.1%), emotional numbing (74.8%), and hypervigilance (67.7%).

Family Functioning

Family functioning was categorized into three groups: 13.3% of families exhibited severe dysfunction, characterized by role confusion and emotional cutoff; 63.3% demonstrated moderate functioning with strained communication; and 23.4% were classified as healthy, often attributing their resilience to cultural preservation. A significant positive correlation was found between PTSD severity and family dysfunction ($r = 0.216$, $p < 0.01$).

Qualitative Themes

1. **Gendered Trauma Expressions:** Men frequently reported hypervigilance ("I can't sleep without watching the door" – P4, male), while women described intrusive memories ("I see my children's faces in every child killed" – P7, female).
2. **Cultural Resilience:** Traditions served as a coping mechanism, with one participant stating, "We dance without drums, but we still dance" (P10).
3. **Economic Stressors:** Livelihood challenges exacerbated distress, as highlighted by one participant: "A fishing net costs less than one food ration but could feed us forever" (P2).

Discussion

The PTSD prevalence of 55.2% exceeds global averages for IDPs (Fazel et al., 2022), likely due to prolonged conflict exposure in Bor Town. Gender differences in symptom presentation align with Tolin and Foa's (2006) model of trauma expression, while patterns of family dysfunction support Bowen's (1978) theory of emotional cutoff in stressed systems.

Cultural preservation emerged as a protective factor, reinforcing Betancourt et al.'s (2015) findings on cultural continuity in collectivist trauma recovery. The moderate correlation between PTSD and family dysfunction suggests bidirectional influences—trauma symptoms impair family dynamics, while dysfunctional families may exacerbate PTSD through invalidating environments.

Recommendations

1. **Clinical:** Integrate family systems approaches with cognitive-behavioral therapy in humanitarian interventions and develop gender-specific trauma programs.
2. **Programmatic:** Combine livelihood training with psychosocial support and strengthen intergenerational cultural transmission.
3. **Policy:** Incorporate mental health into IDP camp management protocols (per WHO, 2020 guidelines) and fund longitudinal studies on trauma trajectories.

Conclusion

This study highlights the dual crisis of PTSD and family dysfunction among South Sudanese IDPs, moderated by cultural resilience. Findings underscore the need for ecological interventions addressing individual trauma, family dynamics, and economic stressors. Future research should employ longitudinal designs to track recovery pathways.

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