

Post-Traumatic Stress Disorder of Syrian Refugees in Jordan

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Abstract

The purpose of this study was to examine the post-traumatic stress disorder of Syrian refugees in Jordan. The study participants were 155 Syrian refugees living in the northern part of Jordan in refugee camps. The study employed a quantitative research methodology where a Post-traumatic stress questionnaire was used to identify the PTSD among Syrian refugees. Findings of this study revealed that there were differences among the Syrian refugees in the extent and degree of PTSD. Females and people who were more educated or were married showed more symptoms of post-traumatic stress disorder than males or people who were less educated or single. Furthermore, people who experienced the traumatic events first hand or had been hurt in the traumatic events were affected more by the posttraumatic stress disorder than those who did not. Other contributing factors to the existence of posttraumatic stress disorder were having relatives physically hurt or lost in the traumatic events, or hearing, seeing, or being exposed to the traumatic events themselves. This study attempted to expose the evils of wars which cause deep wounds and psychological scares because of their horrors. Based on the study findings, the researchers provided some recommendations, the most important of which was that Syrian refugees need in addition to financial and logistical support, they are in desperate need for serious psychological help and support to overcome their traumatic horror they have been through and still persist.

Key words: Post-Traumatic Stress Disorder-Syrian Refugees- horrors of wars.

Introduction

Syrian refugees who were exposed to war catastrophes have horrific memories and redundant ideas as a result of what they have gone through. Such images possibly will stick with them and cloud their imagination as a result of these dreadful memories. They may suffer from terrible dreams along with nightmares related to the crisis. At times, they could sense that they are going through the disasters right now. They may perhaps feel very worried when they remember the catastrophes (Yehuda, 2002). When they remember the crisis, their heart beats may possibly go faster. Their sweating may increase when they recall the brutal experiences. They may have breathing difficulties when they recall the painful crisis, and avoid dealing with those who remind them of the painful or agonizing actions (Hourani, ; Council, ; Hubal, ; & Strange, 2011).

Furthermore, some refugees may encounter some difficulties remembering the important details during the crisis. They may not enjoy the activities they used to enjoy in addition to suffering isolation from others in addition to emotional coldness towards their loved ones. They may have feelings that they will not live long plus difficulties falling asleep or experience deep sleep, with frequently feeling nervous. Occasionally, they may show anger with no reasons and experience complexity in focusing. They possibly will anticipate dreads, surprises, and deal carefully with issues. They would undergo worries and suspicions with no reasons. They could experience fear and it is easy for them to be scared (Hourani; Council; Hubal; & Strange, 2011). Friedman (2007), argued that Posttraumatic Stress Disorder (PTSD) is a severe anxiety disorder that may occur after an individual has experienced one or more intense or traumatic experiences.

Chesnek (2011) reported the definition of Post-traumatic stress disorder in her review of literature:

PTSD is categorized by the American Psychiatric Association (APA) as an anxiety disorder, with the *essential* feature of direct experience of exposure to an extreme stressor followed by characteristic symptoms. This direct experience involves threat of death or injury to self or others combined with the response of intense fear or helplessness (Chesnek, 2011, 8).

People, who have witnessed the horror of war first hand and have experienced the agony, fear of loss of their lives or the lives of their loved ones, the torture, and hurt can certainly feel the Post-traumatic stress disorders because of their terrifying experiences. Syrian refugees living in Jordan have been through that and more (Hourani; Council; Hubal; & Strange, 2011).

One may argue that there would be some stress disorders as a result of enforcing citizens to leave their homeland let alone those who were exposed to war catastrophes (Yehuda, 2002). As university instructors who are involved in preparing their student teachers to become professional practitioners whom in turn would be dealing with diverse students; some of whom come from Syrian refugee camps, the researchers are curious to examine the post-traumatic stress disorders from which Syrian refugees in Jordan suffer. Consequently, their children who attend Jordanian schools share the suffering as well. This study may well be of a few research studies conducted in Jordan which adds to its significance.

The Study Problem

Since study problems sources could be derived from major research and academic interests of the researchers, the problem of this study has been recovered due to several reasons. Such reasons are; casual observation, deductions from theory, related literature, realistic situations, in addition to researchers' individual insights and experiences. An important stride to become a qualified teacher would be to recognize the background of school students taught in the learning/teaching environment.

Therefore, the problem of this study stems from a realistic situation of Syrian refugees that has been observed by some of the researchers, informal examinations of the refugees, and experiences by researchers acquired through individual insights. All such reasons form a major element of any study problem, which is the researchers own field experience.

The Study Significance

When in danger, it is natural to feel afraid. This fear triggers many split-second changes in the body to prepare to defend itself against the danger or to avoid it. This "fight-or-flight" response is a healthy reaction meant to protect a person from harm. However, in post-traumatic stress disorder (PTSD), this reaction is changed or damaged. People who have (PTSD) may feel stressed or frightened even when they are no longer in danger. PTSD develops after a terrifying ordeal that involved physical harm or the threat of physical harm. The person who develops PTSD may have been the one who was harmed. Such harm may have happened to a loved one, or the person may have witnessed a harmful event that happened to loved ones or strangers.

PTSD was first brought to public attention in relation to war veterans, but it can result from a variety of traumatic incidents, such as mugging, rape, torture, being kidnapped or held captive, child abuse, car accidents, train wrecks, plane crashes, bombings, or natural disasters such as floods or earthquakes (Thompson, 2010).

Everyone reacts to traumatic events differently. Each person is unique in his or her ability to manage fear and stress and to cope with the threat posed by a traumatic event or situation. For that reason, not everyone who experiences or witnesses a trauma will develop PTSD. Furthermore, the type of help and support a person receives from friends, family members and professionals following the trauma may influence the development of PTSD or the severity of symptoms (Thompson, 2010).

The Study Purpose

The purpose of this research study is to examine the posttraumatic stress disorders of Syrian refugees living in Jordan. The study attempted to find out the impact of stress disorders caused by the trauma Syrian

refugees suffered as a result of their displacement from their homes and the loss of property and loved ones. In addition, this research sought to examine the Syrian refugees' post-traumatic disorders caused by their war experiences. Furthermore, the study examines the differences between these refugees in the level of posttraumatic stress based on the differences in gender, marital status, education, and other factors. Specifically, this study attempted to answer the following questions:

1. What is the extent of Syrian refugees' post-traumatic disorders as a result of their war experiences?
2. Are there any significant differences in the level of post-traumatic disorders among Syrian refugees because of certain factors such as gender, marital status, education, and other post-traumatic disorders related factors?
3. Are there any significant differences in the level of post-traumatic disorders among Syrian refugees as a result of experiencing the war first hand, getting physically hurt in the war, or having close family members being hurt or lost in the war?
4. Are there any significant differences in the level of post-traumatic disorders among Syrian refugees as a result of hearing, watching, being exposed to, or experiencing loss of family member, car accident, being terminally ill, threatened of being killed, tortured, robbed, or divorced?

Literature Review/ Previous Studies

Post-traumatic Stress Disorder (PTSD) has first been recognized and systematically diagnosed among Vietnam veterans (Hapke; Schumann; Rumpf; John; & Meyer, 2006). The Diagnosis was applied to a wide range of traumas experienced by individuals in war as is the case of the current study and in civil life. The defining characteristic of a traumatic event is "its capacity to provoke fear, helplessness, or horror in response to the threat of injury or death" (Yehuda, Rachel, 2002, 108).

Milenkovic; Simonovic; Stankovic; & Samardzic (2013) conducted a study to examine whether the presence of post-traumatic stress disorder (PTSD) is related to specific family problems. The study included 94 subjects who were divided into three groups: a group with posttraumatic stress disorder (N=31), a group with problems in postwar functioning but without posttraumatic stress disorder (n=33), a group of subjects who were mobilized but with no combat exposure (N=30). The first and second group had the experience of combat exposure. The first was experimental, being diagnosed with PTSD. The second and the third group were control groups. The groups were compared by the intensity and quality of family dysfunction, in relation to parameters, determined by specific instruments used in this research. The subjects with the experience of combat exposure had the problems in family functioning independently of the existence of PTSD diagnosis. Many of these problems were caused by the damage of combat experience. The researchers also found a high level of secondary dramatization among other family members. It is then concluded that the combat experience causes problems in postwar family functioning of combatants independently of PTSD diagnosis being confirmed. It is, therefore, necessary to help all of the combatants and their families reintegrate, regardless of their PTSD diagnosis.

Hapke; Schumann; Rumpf; John; & Meyer (2006) conducted another study to investigate the influence of trauma type, pre-existing psychiatric disorders with an onset before trauma, and gender on post-traumatic stress disorder (PTSD). Traumas, PTSD and Psychiatric disorders were assessed in a representative sample of 4075 adults aged 18-64 years using the Composite International Diagnostic Interview. Pre-existing DSM-IV diagnosis of anxiety disorders, depressive disorders, somatoform disorders, alcohol abuse and dependence, nicotine dependence, gender, and the type of trauma were analyzed with logistic regressions to estimate the influence of these factors on the risk for developing PTSD. Findings indicate that the lifetime prevalence of exposure to any trauma did not vary by gender. The conditional probability of PTSD after exposure to trauma was higher in women (11.1% SE=1.58) than men (2.9%

SE=0.83). Univariate analyses showed that pre-existing anxiety disorders, somatoform disorders and depressive disorders significantly increase the risk of PTSD. Multivariate analyses revealed that specific types of trauma, especially rape and sexual abuse, pre-existing anxiety disorders and somatoform disorders are predictors of an increased risk of PTSD, while gender and depressive disorder were not found to be independent risk factors. This brings us to the conclusion that women do not have higher vulnerability for PTSD in general. However, especially sexually motivated violence and pre-existing anxiety disorders are the main reasons for higher prevalence of PTSD in women. In addition to these studies reported, this research will use some of the literature reviewed by Chesnek (2011). The previous studies that are used from Chesnek are those related to prevention of PTSD.

Prevention

In their treatment guide for PTSD, Sharpless and Barber stated that “the best way to lessen the damage caused by PTSD would be to prevent its eventual development following the occurrence of specific traumatic events (i.e., secondary prevention)” (2011, 9). They indicated that there were psychological and pharmacological approaches to attempt prevention of the development of PTSD. Furthermore, they indicated that psychological prevention approaches could also be further categorized by interventions administered prior to deployment or the traumatic event, or during and after deployment.

Hourani; Council; Hubal & Strange’s (2011) examined PTSD prevention studies that were utilized prior to deployment. The focus of these approaches was to mitigate the impact of stressful event through educational briefings and coping skills training. They reported that these approaches had been successful in nonmilitary settings to reduce stress reactions. As a result, they provided another prevention approach which was utilized prior to deployment coping skills training and stress inoculation training. The U.S. Military Academy utilized Army Center for Enhanced Performance, a program which trained cadets in arousal control and attention control. Stress inoculation training (SIT) had been found promising in a few studies. The approach was described as a cognitive behavior therapy, providing stress coping skills training followed by exposure to mild stressors. The SIT programs had had positive results, but were still in preliminary phase.

Chesnek’s (2011) literature review revealed that prevention during deployment has been studied by Sharpless and Barber (2011). This approach is psychological debriefing, which uses interventions such as provoking emotional responses, normalizing those responses, and preparing the individual for PTSD reactions. Chesnek (2011) concluded that her literature review on psychological debriefing found little evidence to determine the significant effectiveness of the approach for prevention of PTSD.

In summary, the above research studies indicated that a high level of secondary dramatization among family members. Some findings indicated that life-time prevalence of exposure to trauma did not vary by gender. Other findings showed that pre-existing anxiety disorder and depressive disorder increased the risk of PTSD. Consistent with the previous study methodologies and for the purpose of the current study, the researchers employed the quantitative approach represented by an adopted and modified questionnaire as its methodology.

Methodology

This section describes the design and methodology used in conducting this study in terms of operational measures of the variables employed for the research. Research design is defined as an approach to amalgamate different elements of a research endeavor in a reliable and logical mode in order to deal with a predefined cluster of questions (Trochim & Land, 1982), while methodology is a group of systems and measures used by researchers to create an efficient plan to attain distinct research goals (Glatthorn, 1998).

This study used a quantitative research methodology where a Likert-type scale questionnaire was the main instrument. The instrument was adapted and modified from a similar study conducted by Gay & Airasian (2000). Then, it was translated into Arabic by (Momani, 2008) who calculated its validity and reliability. The original questionnaire is principally concerned with feelings, estimations, favorites, demographics, performances, and measures. Descriptive research is apt when a dilemma does not lend itself to illicit investigation and testing (Best and Kahn, 1993).

Moreover, several advantages manifest when using survey research, first, it is helpful in unfolding the characteristics of a grand population. Second, survey research has the capacity to contact hundreds of respondents with humble endeavor and funds. Third, surveys are comparatively economical since they are almost always managed remotely using correspondence, letters and email. Thus, extraordinarily immense samples are practical which amplifies the chance of statistically considerable findings even when various variables are examined, for instance, standardized surveys guarantee that consistent data from diverse groups can be composed, understood, and after that contrasted and evaluated in an accurate manner (Babbie, 1990; Fowler, 2002). Therefore, a questionnaire was designed to obtain information from the respondents.

Participants

The quantitative method was employed to support this study by gathering data from a large number of individuals who reply to a various questionnaire items within a fairly short period of time. Survey questionnaires are valuable since response rates are typically high for a well-educated target population and have an interest in the research topic (Neuman, 2000).

The total number of the study participants who took the questionnaire was 155 with 83 males (53.5%) and 72 females (46.5%) chosen from two refugee camps in the northern part of Jordan. The participants were Syrian families who have been misplaced by the Syrian war and now are living in refugee camps in Jordan. They have also experienced the horror of wars either first hand or through some of their loved ones. Out of the total number of participants, 98 (63.2%) people were married and 57 (36.8%) were single. Out of the total number of participants, 118 (76.1%) have completed high school education or less and 37 have got higher than high school education (23.9%). Forty six respondents were employed (29.7%) and 109 (70.3%) were unemployed.

Instrumentation

This study used the Posttraumatic Stress Disorder Scales (Al Momani, 2008). The questionnaire is a Likert-type Scale which uses five scales ranging from always, often, sometimes, rarely, and never. In addition to the PTSD, a demographic data questionnaire was also employed to gather demographic data about the participants. The scale validity and reliability needed to be established.

Validity and Reliability of the survey

To assess the validity of the survey instrument the researchers used the content validity of the questionnaire items by using expert validation, the researchers distributed the first draft of the questionnaire to a group of experienced faculty members of Education throughout Jordanian Universities. The researchers explained to them the aims of the study and gave them a short brief about the individuals who would participate in this study and complete the questionnaire. The experts were asked to comment on the validity of the translation, the accuracy and appropriateness of the questionnaire items, its relevance to the study purposes, the clarity and the language of the items (statements), and to suggest any comments about adding or deleting items. Based on the experts' comments and suggestions, the researchers amended the questionnaire items.

Regarding the study instrument reliability, (Cronbach-Alpha) Test was used to measure the reliability of the final instrument, and it was 0.93. These are considered as very high consistency coefficients, thus confirming the reliability of the questionnaire in meeting the objectives of this study.

Procedure

The PTSD questionnaire and the demographic questionnaire were distributed to a sample of Syrian refugees. The number of respondents was 155. Then, the researchers distributed the questionnaire to the participants after a pilot study was used to establish the scale internal consistency. The Cronbach Alpha was established at (0.95) which is acceptable. While there is no formal definition of acceptable reliability, however, George and Mallery (2003), argued that a reliability coefficient of (0.90) or higher is considered “excellent” and relatively high internal consistency (p. 231). After collecting all the questionnaires, SPSS Statistical Package was used to obtain the study findings.

Study Findings

Upon the completion of data collection, the researchers provided data analysis using the appropriate suitable tools such as Means, Standard Deviations, Percentages, and t-test was used for statistical comparisons that might help in offering and presenting the study findings accurately.

The findings of this study are organized in the sequence of research questions. Descriptive statistics was used to analyze the collected data. The means and standard deviations were used to answer the first question of the study: *What is the extent of Syrian refugees’ post-traumatic disorders as a result of their war experiences?* Table 1 below shows the means and standard deviations of the extent of posttraumatic stress disorders of the Syrian refugees. They are organized in sequential order.

The table clearly shows that the statistical means ranged between 2.72 and 3.61. This indicates that statement number 1 which states: “I have horrible memories and undesirable thoughts of the events I had been through” comes at the top of the sequence with a mean of 3.61. On the other hand, the statement number 10 which states “I encounter difficulties remembering important details of the events” comes last in the order of sequence with a mean of 2.72. The mean of all items combined was 3.25.

Table 1

Descriptive Statistics for Individual Items (N=155)

	Mean	Std. Deviation
Q1	3.61	1.393
Q2	3.54	1.321
Q3	3.17	1.333
Q4	3.16	1.246
Q5	3.59	1.323
Q6	3.20	1.311
Q7	2.95	1.340
Q8	2.99	1.317
Q9	2.85	1.427
Q10	2.72	1.292
Q11	3.36	1.395
Q12	3.01	1.379
Q13	3.16	1.426
Q14	3.10	1.451
Q15	3.39	1.407

Q16	3.14	1.324
Q17	3.49	1.374
Q18	3.36	1.328
Q19	3.60	1.337
Q20	3.59	1.362
Q21	3.26	1.463
QALL	3.25	0.995

This means that the level of post-traumatic stress disorders ranged among Syrian refugees according to the questionnaire items. For the items that are strongly related to their personal experiences, the mean was higher than those items that are not directly asking about personal experiences related to the war. The means, standard deviations, and T-test were used to answer the *second question: Are there any significant differences in the level of post-traumatic disorders among Syrian refugees because of certain factors such as gender, marital status, education, and other post-traumatic disorders related factors?* Table 2 shows the means, standard deviations and T-test for gender difference in the level of traumatic stress disorder.

Table 2

Means, standard deviations and T-test for gender difference

	Gender	M	SD	T	df	Sig.
Male	83	3.09	1.014	-2.212	153	.028
Female	72	3.44	.944			

Table 2 indicates that the mean of Syrian females is a little higher than that of males. While the mean for males was 3.09, it was 3.44 for female. There is also a significant difference between males and female at ($\alpha=0.05$) in favor of females. They are more affected by the war experiences. This may be due to their sensitivity and more sense of family commitment.

As far as the difference in education as it relates to the intensity of the PTSD, table 3 shows this difference. This means that the participant has earned a high school diploma only or did not complete high school degree (H.S. or below) and the other category will be a participant who has earned a degree higher than high school diploma (Above H.S.)

Table 3

Difference in education as it relates to the intensity of the PTSD

Educational Qualification	N	M	SD	T	df	Sig.
H.S. or below	118	3.15	1.055			
Above H.S.	37	3.58	.684	-2.351	153	.020

Table 3 shows that the number of participants who have earned only high school only or received less education is much more than that of the participants who have earned more than high school diploma. The mean for the smaller group is a little higher than that of the bigger group. Furthermore, there is a significant difference in the intensity of PTSD in favor of the smaller group. There is also a significant difference between the two groups at ($\alpha=0.05$) in favor of the more educated group. This means that education can be a contributing factor in the degree of post-traumatic stress disorder. Concerning the marital status, table 4 shows the difference between married and unmarried participants.

Table 4

Difference between married and unmarried participants

Marital Status	N	M	SD	T	df	Sig.
1	98	3.29	1.004	.676	153	.579
2	57	3.18	.983			

Table 4 shows that there is no significant difference as a result of marital status. Again, the means and standard deviations and t-tests were used to answer the *third question of the study: Are there any significant differences in the level of post-traumatic disorders among Syrian refugees as a result of experiencing the trauma first hand, getting physically hurt in the war, or having close family members being hurt or lost in the war?*

In order to answer the first part of the question which deals with experiencing the trauma first hand by being at the site where it happened, table (5) shows the findings.

Table 5

Experiencing the trauma first hand by being at the site

Have been on site?	N	M	SD	T	Df	Sig
Yes	149	3.31	.961	3.656	153	.000
No	6	1.85	.816			

As shown in table 5, the mean of those reporting being present on site during the event that caused the trauma is higher than the mean for those who were not. It is also shown that there is a significant difference between the two groups in favor of the group present on site. Of course, this finding is expected since the posttraumatic stress disorder is caused by the event. Being on site during the traumatic event can certainly cause a great deal of stress.

Concerning the participants' response to whether or not they have been hurt during the traumatic events, table 6 shows these results.

Table 6

Participants' response to whether or not they have been hurt

Being hurt	N	M	SD	T	Df	Sig
Yes	26	4.01	.628	4.517	153	.000
No	129	3.10	.987			

It is clear from table (6) that the group that has been hurt during the traumatic event had higher mean than the group who did not and the t-test was 4.517. This means there is a significant difference between the two groups in favor of those who got hurt. This result is obvious since the people who got hurt can experience more posttraumatic disorder than those who did not.

For those whose close relatives have been hurt during the traumatic events, table 7 shows their results.

Table 7

A close relative who has been Physically hurt

A close relative who has been Physically hurt	N	M	SD	T	Df	Sig.
Yes	84	3.55	.795	4.249	153	.000
No	71	2.90	1.095			

As shown in table 7, the mean of the group whose relatives got hurt is higher than that of the other group. Furthermore, the t-test is 4.249. This indicates that there is a significant difference between the two groups in favor of the group whose relatives have been hurt during the traumatic events. For those who lost one of the relatives in the traumatic event, table 8 shows the results.

Table 8

Participants' who lost one of the relatives in the traumatic events

Have you lost one of your relatives?	N	M	SD	T	df	Sig.
Yes	79	3.71	.722	6.568	153	.000
No	76	2.78	1.021			

Table 8 shows the means, standard deviations, and t-test for the two groups. The group that reported losing one of their relatives in the traumatic events had higher mean than the group who did not. Furthermore, the t-test is 6.568. This means that there is a significant difference between the two groups in favor the first group whose relatives were lost in the traumatic event.

Once again the means and standard deviations were used to answer the fourth question of the study: Are there any significant differences in the level of post-traumatic disorders among Syrian refugees as a result of hearing, watching, being exposed to, or experiencing loss of family member, car accident, being terminally ill, threatened of being killed, tortured, robbed, or divorced? Table 9 shows the answer to the question: have you heard, seen, exposed to unusual event such (loss of a friend, killing, car accidents, serious disease, torture, robbery, or divorce) which caused you post-traumatic stress disorder?

Table 9

Participants' response the question: have you heard, seen, exposed to unusual event

Have You?	N	M	SD	T	df	Sig.
Yes	95	3.68	.794	8.107	153	.000
No	60	2.57	.896			

It is clear from table 9 that the mean of the group who answered yes to the question asked is higher than that the group who answered no. In addition, the t-test was high (8.107) which means there is a significant difference between the two groups in favor the first group. The group that reported hearing, seeing, or being exposed unusual event as the ones listed were more affected by the post-traumatic stress disorder.

Discussion and Conclusion

Real war experiences that caused the post traumatic stress disorder can create fear, tension, and restlessness among families. Syrian refugees have suffered a great deal of these emotions. Some of them have been witnessed deaths of friends, neighbors or close family members. They have been compulsorily removed from their homes due to going through terrible ordeal. A number of refugees yet have lost everything they owned. These losses have caused them to undergo PTSD.

The purpose of this study was to examine the post-traumatic stress disorders that Syrian refugees had experienced as a result of their civil war. The study intended to explore the extent the PTSD of the Syrian refugees as they encountered themselves. The results of this study indicated that those refugees who experienced the traumatic events suffered more and this was evident in their response to the statements of the questionnaire that are strongly related to the war horrible experiences. An example of that is the first statement whose mean was higher than the tenth statement. According to Human Care Syria, there are about 2.4 million refugees living in dire condition. Out of these refugees about 534,418 are now living in Jordan. About 50% of them are children. As a result of that parents also suffered the same fate as well.

Another finding of this study was that women suffered the effects of PTSD more than men. As they are sensitive and likely to be exposed to traumatic events such as sexual abuse, loss of spouse, physical harm, and death. Consequently, they were affected more of the of post-traumatic stress disorder. This finding corresponds to the study findings conducted by Hapke; Schumann; Rumpf; John; & Meyer (2006) which indicated similar results.

Education and marital status were also found to have a higher affect as far as the degree of PTSD. Those who were educated were more influenced by the traumatic events than those who were less educated. Likewise, married participants seemed to be more affected by the traumatic events than single people. This may be due to their fear for their spouses and family members. Furthermore, people who experienced the traumatic events first hand or had been hurt in the traumatic events were affected more by the posttraumatic stress disorder than those who did not.

Other contributing factors to the existence of posttraumatic stress disorder were having relatives physically hurt or lost in the traumatic events, or hearing, seeing, or being exposed to the traumatic events themselves. This study attempted to expose the evils of wars which cause deep wounds and psychological scares because of their horrors. The secondary purpose of this paper was to shed light on the miserable conditions of the Syrian people. The researchers attempted to show the pains, sufferings, and stressful lives of the people saved from death, torture, and destruction of war. The respondents of this study showed an example of the consequences of wars. They have been displaced and forced to live in refugee camps to suffer Post-traumatic disorder in silence. This study attempted to break their silence.

Based on the study findings, the researchers provided several recommendations. First, Syrian refugees need not only financial and logistical support, but also, they are in desperate need for serious psychological help and support to overcome their trauma and the horror they have been through and still persist. Second, similar studies ought to be conducted throughout Jordanian schools in which Syrian children attend in order to shed lights on their educational difficulties and suffering. Third, Syrian women must be provided psychological therapy in addition to physical therapy by the International Community.

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