British Journal of Psychology Research, 12 (2),1-10, 2024
Print ISSN: 2055 0863(Print)
Online ISSN: 2055-0871(Online)
Website: https://www.eajournals.org/
Publication of the European Centre for Research Training and Development -UK

Influence of Hope, Resilience and Social Support on Posttraumatic Stress Disorder Among Internally Displaced Persons in BIU

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doi: https://doi.org/10.37745/bjpr.2013/vol12n2110 Published May 05, 2024

Citation: Ugbenin B.E., Anongo F.S., Mallo S.I. and Ugwuowo C.N. (2024) Influence of Hope, Resilience and Social Support on Posttraumatic Stress Disorder Among Internally Displaced Persons in BIU, *British Journal of Psychology Research*, 12 (2),1-10

ABSTRACT: *Posttraumatic Stress Disorder (PTSD) has consistently been established as one of the major mental health outcomes in traumatized populations. Inthe light previous research attempts to examine its causes and proffer solutions however, rates of PTSD have remained consistently high, especially in war-torn populations. This study therefore examined hope, resilience and social support as factors influencing PTSD among Internally Displaced Persons (IDPs) in Biu, Borno state. The research design was a cross-sectional survey that utilized purposive sampling technique to recruit 116 IDPs orchestrated by the Boko-Haram insurgency. Standardized psychological instruments assessing hope, resilience, social support and PTSD were administered on well-consented and eligible participants. Four objectives, later transformed into hypotheses, examined independent and joint influence of the predictor variables on the outcome variable. Results using multiple regression indicated a significant influence of hope (β= 0.99, t = -.82, P<.05) and social support (β =-.24,t= -.2.39, P<.05) on PTSD, while resilience was not a significant factor in PTSD reported by the IDPs. Further results showed a significant joint influence of hope, resilience and social support on PTSD[R =.247, R^2= 0.61, F (3,112) =2.434, P<.05]. These results have revealed the relevance of instilling hope and providing social support to Internally Displaced Persons as strategy of managing the negative impact of displacement on their mental health. Governmental and Non-governmental organizations should take cognizance of these factors to reduce the rate of PTSD among IDPs in Biu and beyond.*

KEY WORDS: internally displaced persons, hope, posttraumatic stress disorder

INTRODUCTION

Globally speaking, the phenomenon of Internally Displaced Persons (IDPs) has emerged as one of the greatest human tragedies of the 21st century. Emerging reports from the World Health Organization (WHO) and International Organization for Migration (IOM) between 2009 to 2020 have indicated that more than 50 million people had been internally displaced worldwide due to armed conflicts, situation or generalized violence, violation of human rights and natural or human made disasters. This unfortunate situation has critically affected the plight of this vulnerable population, since they are deprived of the most fundamental protection systems, such as community or family networks, accessibility to basic services, means of sustenance, capital base and as such suffer from psychosocial and mental health challenges including Posttraumatic Stress Disorder (Alhassan, Akuki & Ajayi, 2019; Abdul & Kabiru, 2017).

The term 'Internally Displaced Persons' (IDPs) has been used to describe 'persons or groups of people who have been forced or obliged to flee or leave their homes or places of habitual residence as a result of, or in order to avoid the effects of armed conflicts, situations of generalised violence, violations of human rights, natural or human-made disasters, and who have not crossed an internationally recognised state border (Office of the High Commissioner for Human Rights, OHCHR, 2007). In line with this definition, Alkassim(2013) defined Internally Displaced Persons (IDPs) are persons or group of persons who have been forcefully removed from their homes or have fled to escape disasters of armed conflicts, indiscriminate violence often culminating in abuse of human rights, and who have not gone outside the borders of their own country to seek refuge. Empirical evidences indicate that PTSD is one of the most common mental health problems reported by people who have experienced or witnessed different violence including war, sexual violence, threatened death, and loss of livelihood and family members (Kessler et al., 2016). Statistics on the global prevalence range between 1.8 to 17% (Kessler et al., 2016), while PTSD reported among Nigerian IDPs is higher, with prevalence rate ranging from 22- 45% (Agbir, et al., 2016; Abdul & Kabiru, 2017). This is not surprising as internal displacement in Nigeria is usually protracted, and most of the displaced persons in the country often live in poor resource settlements where social vulnerability and lack of adequate infrastructure, along with uncertainty of the future can increase vulnerability to PTSD.

In the North East Nigeria, a more deadly and devastating security challenge orchestrated by Boko Haram terrorism since 2009 has become a serious and more worrisome phenomenon. This is most especially witnessed in Adamawa, Borno and Yobe States where incessant attacks and hostilities has caused mass deaths and displacement of people over the years (Haldun & Opeyemi, 2016). Accordingly, and as reported by Internal Displacement Monitoring Centre (2016), more than 2 million people have been displaced as a result of the insurgency in the North East, making Nigeria host to the sixth largest IDPs population in the world (Internal Displacement Monitoring Centre, 2016). This is followed by similar report by the International Organization for Migration (2021), which indicated that the ongoing insurgency of Boko Haram in the north-eastern region of Nigeria has displaced over 2.1 million people from their homes, with Borno state alone constituting the overwhelming majority (60%) of the internally

displaced.Biu, the Zonal Headquarters of Southern Borno has had it fair share of the insurgency. For many years now, many communities within and around the local government area have come under intense attacks, forcing people to leave their ancestral homes in search of shelter and security in internally displaced persons camps. The trauma of displacement, unhealthy or inhospitable environment, and other unpleasant experiences common in IDP camps could however impact mental health and psychological functioning, leading to several negative mental health outcomes such as posttraumatic stress disorder.

It is worthy to note that, while many people with traumatic experiences are severely strained, there are others who show impressive resilience and thus are unaffected by the effects of trauma. This suggests that, the development of PTSD among IDPs may largely be influenced by certain factors that are unrelated to or at least, independent of the trauma associated with displacement. Accordingly, extant literatures have implicated numerous factors (e.g, personality traits, gender, age and educational level (Bonanno, 2004; Zeng, 2020). Despite this however, rates of PTSD in IDPs still persist, suggesting that more research is needed.

One crucial variable that is relevant among IDPs, and which could predict posttraumatic stress disorder is hope. Hope is an expectation, greater than zero, of achieving a goal. Seligman & Csikszentmihayi (2000) say that human strength such as courage, hope, and optimism can act as a defense mechanism against psychological disorders. People with high hope were better able to notice positive aspects of their situations and had a number of ways to achieve a desired goal. This also implies that being hopeful in the face of displacement play a major role in the development of a psychological problems including posttraumatic stress disorder. In addition to hope is psychological resilience. Because of the stressful nature of displacement, resilience has been put forth as an important trait IDPs must possess (Nabi et al., 2016). This is because research has revealed that individuals who are able to adapt in the face of adversity, restore balance in their lives are less likely to report detrimental effects of trauma (Luthans et al. 2006). Apparently, people in IDP camps are exposed to continuous stress, which could have deleterious effect on their psychological health, leading to PTSD. However, while some people who experience stress may become psychologically devastated, there are others who will be able to withstand, rebound and cope effectively with the situation, becoming unaffected and even stronger. This suggests that, the ability to withstand the effects of displacement has great influence in the manifestation of PTSD amongst IDPs, but there are little empirical support for this in the north-east.

Social support is another crucial factor that may influence posttraumatic stress disorder among internally displaced persons. This refers to the perception and actuality that one is cared for, has assistance available from other people and that one is part of a supportive social network. For IDPs who are socially and economically disrupted and who are in dire need for food, shelter, counselling and many needs, social support can be a significant factor in exacerbating or attenuating symptoms, depending of its perceived availability. Among HIV population for instance, studies have shown that providing social support after diagnosis can prevent the development of negative mental health outcome such as posttraumatic stress disorder and depression (Cluver and Gardner, 2006). Although a handful of research exist, on the influence of social support on PTSD (Odeku, 2008; Akpotor, 2018; Hamid, et al., 2010), these studies

have concentrated largely on other traumatized population, ignoring internally displaced persons. The plight of IDPs in the region is hinged largely on continuous support, which may also determine their psychological health. It is however surprising that despite high prevalence of internally displaced persons in the area, and with the imminent role that psychosocial factors, such as hope, resilience and social support may play in PTSD manifestation; there is still lack of empirical studies establishing the influence of these crucial factors on posttraumatic stress disorder especially among IDPs in Biu. The objectives of this research are therefore to: (1) examine the influence of hope on PTSD; (2) examine the influence of resilience on PTSD; (3) investigate the role of social support on PTSD, and (4) ascertain the joint influence of hope, resilience and social support on PTSD among IDPs in Biu, Bono state.

METHOD

Design and Setting

The study adopted a cross-sectional survey design. The choice of the design facilitated timely and efficient gathering of data from the IDPs, in order to provide answers to research objectives. The study was carried out at the at Low Cost IDP camp, which is located along Biu along Biu-Gombe road. The internally displaced persons' camp is the biggest camp housing many people who have been forced to leave their ancestral home as a result of the hostilities in the study area. Also, due to accessibility, convenience and security concerns, the researchers decided to settle for this particular setting.

Participants and Procedure

Participants for the study comprised 116 victims of Boko-Haram insurgency who have been displaced and are taking refuge in Low Coast's Internally Displaced camp located in Biu. They were respondents who met research criteria for inclusion such as being a victim of insurgency, currently living in the IDP and giving consent for participation. Participants' age ranged from 18 to 60 years, with the mean age of 38.9, *SD* = 7.056. A total of 50 (43.1%) were males and 66(56.9%) were females. 105 (90.5%) of the respondents were married, while 11(9.5%) were single. Participants' demographic information on educational level indicated that 96(82.8%) had no formal education, 18 (15.5%) had primary school education, while 2(1.7%) had post-primary education.

Permission to conduct the study was obtained from relevant authorities in the camp. The research adhered to ethical guidelines for conducting human research as enshrined in Helsinki's declaration. Participants were consented, informed about the study and assured of confidentiality. Participation was voluntary and no psychological or physical harm was inflicted on the participants. The findings would be communicated to relevant authorities for implementation in order to improve the plight and psychological health of internally displaced persons. Eligible and willing participants were administered standardised instruments that assessed their level of hope, resilience, social support and posttraumatic stress disorder. With the use of an indigenous research assistant, 220 questionnaires were administered over two weeks. However, only one hundred and sixteen were correctly filled and returned for analysis

Measures

The instrument used to gather data for the study was a questionnaire consisting of five sections. The first section tapped demographic data from the participants on their age, gender, marital status and educational qualification.

Hope Scale. Hope was assessed using Children and Adult Hope Scale (Snyder & Lopez, 2002). This is a 6-item standardised scale that measures the level of hope expressed by individuals who are experiencing challenging situations. Accordingly, internally displaced persons who were eligible and available responded to the scale on a Likert format with endpoints that ranged from 1= none of the time to 6 =all of the time. Children and Adult Hope scale has demonstrated excellent validities, such as construct (Bryant & Cvengros, 2004; Heaven, et al., 2010; Snyder *et al.,* 1997), criterion (Heaven & Ciarrochi, 2008) and discriminant validities (Ciarrochi *et al.,* 2015), hence its suitability in the present study.

Resilience. Resilience was assessed with the Connor-Davidson Resilience Scale (CD-RISC), which is the most widely used scale that measures the resilience of individuals across cultures, situations and settings. The CD-RISC is a 25-item, self-administered questionnaire which uses a 5-point Likert scale rating from 0-4, with "0" corresponding to "not true at all" and "4" corresponding to "true nearly all of the time" (Connor & Davidson, 2003). Scoring of the scale ranges from 0-100, with higher scores indicating of greater resilience. The scale has been widely used in diverse traumatized population, including internally displaced persons with acceptable reliability of 0.87 (Bacci&Lacinio, 2017). Studies found medical personnel scoring highest on the CD-RISC appear to be more resistant to psychological distress (Bacchi & Licinio, 2017). Alhassan, et al., (2019) reported acceptable validity and reliability of the scale among internally displaced persons in Nigeria. Based on these acceptable psychometric properties, the scale was adopted for use in the current study.

Perceived Social Support. Social support was assessed using the 12-item Multidimensional Scale of Perceived Social Support. The Multidimensional Scale of Perceived Social Support was developed by Zimet, et al., (1988). This is a 12- item questionnaire, and a 7 point Likert type scale which measures social support in three dimensions; perceived social support from family (items 3, 4, 8 and 11), friends (items 6, 7, 9, and 12), and significant others (items 1, 2, 5, and 10). It is scored in continues form with the responses ranging from very strongly disagree = 1, to very strongly agree = 7, with higher scores indicating high social support. The MSPSS is a well-researched and validated instrument for measurement of social support across diverse setting and populations. Validation studies have shown that the MSPSS correlates well with well-being (Diener, et al., 1995). In Nigeria, Ojoawo, et al., (2013) and Oginyi, et al., (2017) reported an acceptable Cronbach's alpha of .82 and 86 respectively. As a result, the scale was adopted and used in the study.

Posttraumatic Stress Disorder. The Harvard Trauma Questionnaire (HTQ-IV) was used to assess PTSD symptomology and to make an estimate of a PTSD diagnosis. The HTQ-IV is 25-item measure that assesses PTSD into three sub-scales corresponding to the three main symptom groups of PTSD in the Diagnostic and Statistical Manuel of Mental Disorder (DSM-5), American Psychiatric Association (American Psychological Association, APA, 2013). The questions are measured on a five-point severity scale of 1–5, which assesses how much a range

of symptoms bothered participants in the past week (e.g., "recurrent thoughts or memories of the most hurtful or terrifying event"). The scores for each respondent were summed up and then divided by the total number of items. To estimate PTSD, a standard cut-off score of 25 (Mollica, et al., 1992) was used as an indication of a high likelihood of PTSD. The HTQ-IV for PTSD showed a high alpha (= 0.92) among young refugees and has been used in Nigeria among IDPs and reported to be a valid and reliable measure of PTSD (Alhassan, et al., 2019). In the current study, a Cronbach's alpha of 0.93 was obtained, which qualified and justified its usage in the study.

Data Analyses

The data collected from the research were analysed using frequency counts, percentage and simple linear multiple regression statistics. Frequency counts and percentages were used to analyze demographic features of the respondents, while multiple regression was utilised to test and provide answers to the study objectives.

RESULTS

Table 4.1: Pearson Correlation Showing the Relationship between Hope, Resilience, Social support and Posttraumatic Stress Disorder among IDPs in Biu

S/no	Variable	1	2	3	4		$\bar{X}$	SD
1	Hope	-					9.80	4.93
2	Resilience	645*	-				49.05	11.35
3	Social support	325	334	-			52.61	12.52
4	**PTSD**	**-.038***	**.108**	**-.234***	**-**		**68.78**	**6.41**

The results presented on Table 4.1 above revealed that there is a significant negative relationship between hope and PTSD (r= -038; p<.0.5), implying that as the internally displaced persons report being less hopeful of their condition, the more they will experience PTSD. Similarly, correlational analysis revealed a significant inverse relationship between social support and PTSD (r= -.234; p<.0.05), implying having increased social support would consequentially results in less symptoms of PTSD. There was no significant relationship between resilience and PTSD.

MAIN FINDINGS

Table 4.2: Simple Multiple Linear Regression Showing Result for the predictive roles of Hope, Resilience and Social Support on Posttraumatic Stress Disorder among IDPs in Biu

Variable	β	t	pRR^2	F		P	
Hope	.-09	-.82	<.05				
Resilience	.09	.77	>.05	.247	0.61	2.434	. <.05
Social Support	-.24	-.2.39	<.05				

From the result presented on table 4.2, hope has significant influence on PTSD among internally displaced persons in Biu (β = .09;t= -.82; P<.05).The result implies that, having hope

in the phase of trauma such as displacement would help in preventing PTSD symptoms among IDPs.

Results in table 4.2 however revealed insignificant influence of resilience on PTSD among IDPs in Biu (β = .094, t= .77; P>.05). The implication of this result is that being able to demonstrate mental capacity in the phase of displacement is not a significant factor in the rate of PTSD reported by the participants.

Result on objective three revealed a significant influence of social support on posttraumatic stress disorder among internally displaced persons in Biu (β = .235, t= -.2.39; P<.05). Further results showed a negative predictive influence of social support on PTSD, implying that receiving or perceiving high support during displacement would make internally displaced persons to report reduced symptoms of PTSD.

The fourth objective confirmed that hope, resilience and social support have joint influence on PTSD among IDPs in Biu [R = .247, R^2 = .061, [F (3/112) = 2.434, P<.05], accounting for 6% of its variance.The result implies that when internally displaced persons are hopeful, cognitively strong and receive or perceive availability of social support from relevant sources, they may experience less symptoms of posttraumatic stress disorder even in the phase of traumatization relating to displacement.

DISCUSSION

This study examined hope, resilience and social support as potential risk factors to posttraumatic stress disorder among internally displaced persons in Biu. One hundred and sixteen war-torn displaced persons who are currently taking refuge in an internally displaced persons' camp in Biu were purposively selected and examined in a cross-sectional survey utilising standardised instruments. In response to identified research gaps, four objectives were identified, formulated and tested with multiple regression analysis at p<.05 level of significance.

Overall, the prevalence of PTSD in the study was 24.6%. On our first objective, which examined the independent influence of hope on posttraumatic stress disorder, it was established, using multiple regression, that hope has a significant influence on PTSD among the IDPs in Biu, thus corroborating many previous studies(e.g. Kirmani, Sharma, Anas & Sanam, 2015; Ciarrochi, Parker, Kashdan, Heaven &Barkusd, 2015) which found that individuals who reported being more hopeful after stressful events were less likely to report PTSD. However, the influence of resilience on PTSD was statistically insignificant, contradicting many empirical findings (e.g. Alhassan, Akuki &Ajayi, 2019; Luthans et. al.2007; Fashola, Kenku&Obasi,2018) which found significant influence of psychological resilience on PTSD among internally displaced persons. On the third objective, findings revealed that social support has significant influence on the development of PTSD among IDPs in Biu, with additional findings associating increasing social support with less symptoms of the disorder. This result is supported by a plethora of empirical studies (e.g.Sood & Bakhshi, 2012; Puffer et al.2012) endorsing that increased support is associated with less distress and better psychological

wellbeingamong traumatized population. Finally, result for the fourth objective was impressive, revealing a significant joint influence of hope, resilience and social support on PTSD among the internally displaced persons in Biu.

From these findings, it can be concluded therefore that, hope and social support have significant influence on the experience of PTSD among IDPs. Similarly, providing informational, tangible or emotional support to victims of displacement can attenuate its negative impact on mental health and improve the psychological wellbeing of internally displaced persons. By increasing social support, IDPs may experience economic, emotional and social relieve, thereby making them less likely to suffer from PTSD. On the significant interaction influence, the result implies that with availability of support, the hope and resilience ability of IDPs may become stronger and more effective in reducing PTSD symptoms. Therefore, while the study design prevents suggestion of causation, it has provided preliminary evidence that social support and hope are significant factors that must be considered when assessing for mental health of internally displaced persons. Therefore clinicians, governmental and non-governmental organizations who want to assess and provide intervention for internally displaced persons should seriously consider approaches that boost social support and hope in the IDPs. By so doing, the impact of displacement can be supressed, making victims less vulnerable to posttraumatic stress disorder.

This present study's strengths include sampling from a crises-endemic area where many IDPs are profoundly traumatised and its usage of standardised instruments. The study is nonetheless without limitations. One major limitation is on its use of a cross-sectional survey design, which lack absolute control over extraneous variables. Since variables were not manipulated and controlled, the reported PTSD may not be fully explained by hope, resilience and social support, thus posing a challenge to validity of results. Similarly, the small sample sizeand social desirability influences may have affected both the internal and external validity of the study findings, which is a great limitation. Despite these limitations, the present study is the first empirical research to highlight association between psychosocial factors (hope, resilience and social support) and PTSD among internally displaced persons in this war-torn area of Northeastern Nigerian. It has therefore laid a foundation and illustrates the need for psychosocial support as an effective means of preventing mental health problems in war-ravaged population in Nigeria and beyond.

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