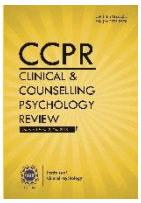

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Author(s): Aisha Rasool

Dr. Zahid Mahmood

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Post-traumatic Stress Reaction and Internally Displaced Persons: A Psychosocial Approach

Aisha Rasool* and Dr. Zahid Mahmood

Institute of Clinical Psychology,
University of Management and Technology, Lahore, Pakistan

Abstract

The problem of involuntary displacement inside the country is increasing day by day. Globally, research suggests that due to prolonged internal displacement internally displaced persons usually suffer from mental health issues. This study was carried out with the purpose of investigating psychosocial reactions of trauma in Internally Displaced Persons (IDPs), who were subjected to displacement due to the military operation in the region, with no concurrent aim of diagnosing them with Post-traumatic Stress Disorder (PTSD). It was a cross-sectional study and 104 (M=31.20, SD=9.32) IDPs were sampled for it. Post-traumatic Stress Diagnostic Scale (PDS) was administered. The findings revealed that around 17% of IDPs showed severe symptoms. Women were at more risk of PTSD as compared to men. Although no significant differences were found on the basis of gender when it came to impairment in daily life functioning, both males and females were equally affected. The research indicated that the satisfaction of life also decreased and the results regarding the level of satisfaction were significant. It was revealed that symptom severity decreased when the duration of displacement increased.

Keywords: internal displacement, military operation, Post-traumatic Stress Disorder (PTSD)

Introduction

According to the United Nations High Commissioner for Refugees (UNHCR, 2010), every year thousands of people are forcibly displaced due to different kinds of conflicts, worldwide. They are compelled to flee from their homes in search of protection and safety. According to Internal Displacement Monitoring Centre (IDMC, 2012), some receive help from their own friends and families, although most of them are crowded into refugee camps in unfamiliar surroundings where they are prone to exploitation, violence, negligence, mental stress and disease. Weiss and Korn (2006) defined IDPs in the following words, "In the post-cold war era, the number of internally displaced persons (IDPs) - people exiled within the borders of their countries of origin- has far outstripped the number of refugees."

*Corresponding author: aisha.psy@hotmail.com

Schiraldi (2009) described that PTSD is a disorder which a person might manifest and experience due to an encounter with a traumatic, alarming and atrocious event such as war, rape or abuse. It is basically a normal and natural attitude towards an anomalous and exceptional situation. Moreover, IDPs and PTSD are always associated with each other (Hamid & Musa, 2010).

In recent years, Pakistan has experienced massive involuntary internal displacement caused by a range of factors including a military operation against militants in the Malakand and Federally Administered Tribal Areas (FATA) region of Khyber Pakhtunkhwa (KP) which is home to 3.5 million Pashtuns (Khan, 2014). Pashtuns are the inhabitants of eastern and southern Afghanistan and the neighboring parts of Pakistan (Merriam-Webster collegiate dictionary, 1999). This region has always witnessed conflict, instability, challenges of governance, shortage and scarcity of resources and clashes between various militant groups and the security forces of Pakistan (Mohsin, 2013). A large number of bomb blasts, countless drone attacks, shelling and endless terrorist attacks have destroyed their homes (FATA Research Centre, 2012). In 2012, various regions of KP witnessed 570 attacks in which 2554 people were killed and 1508 were injured due to the ongoing conflict and militancy in the region. War always has a disastrous effect on the health of individuals and studies have shown that the places which experience conflicts and crises have a greater mortality and disability ratio than caused by any major disease (Murthy & Lakhminarayana, 2006). Besides, the social and occupational life of their inhabitants is also affected adversely. According to Khan (2014), military operations in KP have specific and absolute costs in terms of public-state relationship; it is stated that these operations have a very detrimental effect on the mentality of people and children. Asghar (2013) posits that females in KP are disadvantaged, deprived, and destitute in all fields of life, whether its social, educational, political and/or the economic field. Indeed, most of the population is depressed in almost all aspects of life and hence their psychosocial life is at risk.

PTSD is a disorder which continuously progresses over time and people who suffer with it gradually decline in their daily life functioning. Indeed, few people forge ahead with the passage of time, while others get stuck and have serious problems and issues in life (Stevens, Lynm, & Glass, 2006). It is an anxiety disorder which is precipitated by a traumatic life event and is manifested by multiple symptoms including trauma, avoidance, hyper arousal, numbing, and nightmares (American Psychiatric Association, 2000). Post-traumatic Stress Reaction is defined by American Psychiatric Association (2000) as when a person, within a month of experiencing a traumatic event, usually suffer from the symptoms of helplessness, numbness of emotions, horror, aloofness, and remains withdrawn.

Psychosocial functioning was defined by Mehta, Mittal and Swami (2014) as a person's ability or capacity to perform daily life chores and activities and to engage in building relationships with other people that satisfy and gratify him / her and others and meet the demands of the community and society in which s/he lives.

According to a study (Hussain, 2006) of IDPs in India, they are the mostly overlooked and undervalued and are mostly eliminated from the social groups they have been or striving to be a part of. The condition and situation of IDPs and refugees is quite similar. The only aspect that distinguishes IDPs from refugees is that refugees live across the borders and IDPs are usually the citizen of the same country wherein they are displaced and they remain refugees in their own country. Almost no one is aware of their existence, individuality and idiosyncrasy. The study also highlighted three categories of IDPS, that is, environment, conflict and development induced IDPs. Many studies in the past focused on the traumatic experiences of refugees and their mental health conditions but IDPs have received very little attention in this regard (Ergun, Cakici, & Cakici, 2008). Another study indicated that dislocation due to conflict causes poor mental health (Fullilove, 1996).

It is generally accepted (Kinzie, Boehnlein, Leung, Moore, Riley & Smith, 1990) and known that the prevalence and extent of psychiatric disorders is comparably higher among displaced people, refugees and/or immigrants and the prevalence of PTSD among refugees is reported to be 25% to 70%. Many researches were conducted in the period 1970-2005 and approximately 48 studies referred to the advancement and maintenance of PTSD among war related civilian survivors (Johnson & Thompson, 2008). Some interesting studies about displacement and PTSD (Miller et al., 2002; Bilanaskis & Pappas, 1996) showed that people who experience war and violence are more likely to suffer from poor and negative mental health issues and about 44% of the displaced individuals suffer from PTSD.

A study showed significant differences between displaced and non-displaced persons regarding war related trauma because displaced persons witness and experience more war related trauma. Also, the manifestation of somatic symptoms along with depression is prevalent among them and they have more negative beliefs about their future (Ergun et al., 2008). Another study (Sur, Bayram, & Ozkan, 1998) also showed that displaced persons have more somatic complaints than non-displaced persons. A study (Michulta, Blanchard, & Kalous, 1998) found that the loss or death of a close relative is a forecaster of the symptoms of PTSD and that the more frequently these war related traumatic events occur, the more striking the

symptoms of PTSD will be. In a recent study by Karl, Maltam and Maercker (2005), it was found that bloodshed, war and terrorism develop serious emotional and behavioral disorders including PTSD. Research indicates that places where an armed conflict is going on, nearly half of the participants experience at least one traumatic event (Breslau, 2002; Newman & Kaloupek, 2004; Moisander & Edston, 2003). Thus, IDPs are at a higher risk of contracting mental disorders, as they are more susceptible and liable to illnesses (Porter & Haslam, 2005).

The proposed study was designed in response to the political and military scenario of 2014-2015, keeping in view the IDPs of North Waziristan residing in Bannu, KP. The aim of the study was to identify the psychosocial reactions of trauma in IDPs and to measure the severity of each symptom. The objectives were to explore the phenomenon of PTSD in IDPs, determine the psychosocial responses of trauma in IDPs and explore gender differences in IDPs.

The rationale of the study was that it would be helpful to project a clear picture of trauma in IDPs. It would be also valuable to know the cultural manifestation of the symptoms of trauma; how this phenomenon exists and is manifested in our culture. Furthermore, it would also help in developing an indigenous tool as it would improve the understanding of the needs of the society while designing culturally appropriate interventions.

Method

Research Design

Cross-sectional research design was used in this research.

Participants

A specific number of participants (N =104) were selected for this research from the IDP settlement areas in Bannu city. The age range of IDP population was 20-60 (M =31.20, SD=9.32). No age limit was fixed because the population was very difficult to tap. In the total sample, 49 were men and 55 were women. Data was collected from various IDP settlement areas which included temporary shelters, such as schools and camps in which housing was made of mud and sacks. Some IDPs were tapped via District Health Units (DHO) and other non-governmental organizations (NGOs) in Bannu city. Purposive sampling technique was used as the sampling strategy. Only those IDPs from North Waziristan were included in the sample who were currently displaced and formerly used to live in the region where war was going on, while the people who belonged to South Waziristan and used to live in big cities were not included.

Measures

Demographic Proforma

A demographic proforma, developed and assembled in the light of literature, was used. Only those demographic variables were included in it which were found to be associated with internal displacement. These variables included gender, age, marital status, occupation, total duration of displacement and what IPDs missed the most.

Post-traumatic Stress Diagnostic Scale (PDS)

Post-traumatic Stress Diagnostic Scale (PDS) designed by Foa (1995) was used to assess trauma symptoms. The selection of the test was made on the basis that it is very close to DSM IV. It broadly and completely covers the frequency and intensity of the key symptoms of PTSD. Besides, it very comprehensively delineates the areas of life where an individual's functioning is affected due to PTSD. It rules out severity of the symptoms and no efforts were made to diagnose anyone in this research. This scale gives a very comprehensive elaboration of the areas of a person's life affected by PTSD (Naz, Mahmood & Saleem, 2011).

The scale basically consists of four parts which include symptoms severity score, number of symptoms endorsed, severity ratings of symptoms and the level of impairment in the functioning of an individual's life. In this study, we only used two parts of the scale, that is, part 3 which comprises symptoms severity ratings and part 4, which is about the level of impairment in functioning. 17 items were related to symptoms severity and they were divided into 3 subscales including avoidance, heightened arousal and re-experiencing the symptoms. The psychometric properties of this scale were established by Naz et al. (2011). The reliability of the scale showed the following results: test re-test reliability of symptoms severity ratings and level of impairment (the two parts of the scale) was .67 with an interval of one week. For avoidance, heightened arousal and re-experiencing the symptoms internal consistency was checked which was .61, .69, and .72, respectively.

For establishing the validity of the part 2 of the scale, that is, Symptoms Severity Ratings (SSR), a confirmatory analysis was done with 17 items (Naz et al., 2011) and it revealed the same three factors as mentioned by Foa (1995) in her scale. In the current study, the Cronbach's alpha value of SSR was .912 and it showed high internal consistency.

Procedure

Data was collected during the period spanning November, 2014 to June, 2015. First of all, a pilot study was conducted. For this purpose, areas with substantial IDP settlements were visited in the month of November. Initially, data was collected from 25 IDPs. The questionnaire was translated into Urdu. Instructions were given to the participants about how to fill the questionnaire. They were informed about the condition of confidentiality and the right to withdraw, that is, if they found it uncomfortable to participate in this research at any time they could withdraw immediately. After the completion of the pilot study, it was clear that the participants could comprehend and understand the language of the questionnaire and the items asked from them.

Informed consent was taken from the authorities as well as from the elders of the participants and afterwards, informed consent was also taken from the participants on an individual basis. Since this research was a cross-sectional survey, face to face diagnostic interviews were conducted in the Pashtu language. Firstly, demographic pro forma was administered and subsequently, the other scales were also administered. The participants were asked about their transit experiences as well. If somebody wept or cried, no interruptions were made and they were listened to with respect and with an empathetic approach. Total time taken on the administration of one scale was approximately 30-35 minutes. After the completion of all the measures, the participants were given time to ask anything regarding the nature of the current research and anything about it which they found disturbing. They were debriefed at the end as well.

Results

Table 1

Mean and Standard Deviation of Age and Duration of the Participants (N=104)

Variable	*M*	*SD*
Age in Years	31.20	9.32
Duration	9.21	1.47

Table 1 shows the mean and standard deviation of the participants' age and their duration of displacement (in months). It also shows that the mean age of (*N*=104) is 31.20 (*SD*=9.32). The mean of the duration they have been displaced is 9.21 (*SD* =1.47).

Table 2 shows the frequency and percentage of the demographic variables of the participants. They were divided into two general categories, that is, male and female. The frequency of males was 49 and the frequency of females was 55. Categories were also made for marital status and employment. The frequency of singles among both males and females was 11. The frequency of married males was 38 and of females was 35; for divorced males the frequency was 0 and for females it was 1 and for female widows the frequency was 8. Similarly, 2 males were employed, 4 were self-employed, 4 were students and 39 were unemployed. Among females, 47 were housewives and 5 were students.

Table 2

Frequencies and Percentages of Demographic Variables of the Participants (N=104)

Demographic Variables	Men *f (%)*	Women *f* (%)	Total *f* (%)
Gender	49 (47)	55 (53)	104 (100)
Marital Status			
Single	11 (22.44)	11(20)	22 (21.15)
Married	38 (78)	35(64)	73 (70.19)
Divorced	0 (0)	1(1)	1 (1)
Widowed	0 (0)	8(15)	8 (8)
Employment			
Employed	2 (4.08)	0 (0)	2 (1)
Unemployed	0 (0)	1 (2)	1 (2)
Self-employed	4 (8.16)	1 (2)	5 (1)
Housewife	0 (0)	47 (86)	47 (45.19)
Student	4 (8.16)	5 (10)	9 (9)
Currently Unemployed	39 (79)	0 (0)	39 (38)
What do you miss most?			
Everything	7 (14.28)	6 (11)	13 (13)
City	15 (31)	8 (15)	23 (22.11)
Home	8 (16.32)	17 (31)	25 (24.03)
Relations	8 (16.32)	13 (24)	21 (20.19)
Material Possessions	3 (6.12)	7 (13)	10 (10)
Job	8 (16.32)	2 (4)	10 (10)
Nothing	0 (0)	2 (4)	2 (2)

The participants were also asked about what they missed the most. Most of the IDPs missed their homes and domestic relations, followed by material possessions such as food items, cash, tamed animals and household things. Moreover, they also missed their jobs, as almost every other man was jobless and wasn't doing anything in the new city.

Table 3

Cronbach's Alpha of Symptom Severity Scale (SSR)

Factors	No of Items	Alpha Coefficient
Symptoms Severity	17	.912

Table 3 shows high internal consistency of SSR.

Table 4

Frequencies of the Impaired Areas of Life in IDPs (N=104)

Areas of life	*Men f (%)*	*Women f (%)*	*Total f (%)*
Work	46 (94)	53 (96.36)	99 (95)
Household Chores and Duties	45 (92)	53 (96.36)	98 (94)
General Satisfaction with Life	45 (92)	52 (95)	97 (93)
Fun and Leisure Activities	44 (90)	51 (93)	95 (91)
Relationship with Friends	43 (88)	46 (84)	89 (86)
Sex Life	33 (67.34)	35 (64)	68 (65)
School Work	19 (39)	17 (31)	36 (35)
Overall Level of Functioning in all Areas of Life	44 (90)	52 (95)	96 (92)

Table 4 provides the frequency and percentage of the areas of life affected due to displacement. The most vulnerable area of life was work and household chores for both genders. Not much difference was observed between men and women in other areas of life but the overall level of functioning in all areas of life was impaired.

Table 5 shows that most of the participants reported to have upsetting thoughts and images of the trauma they faced. Moreover, the table also provides significant results on the symptoms, such as the participants remained preoccupied with the traumatic event as if it was happening again and again, they showed more physical

reactions and they tried not to think about that particular event in their life. The table also shows that the participants experienced symptoms such as sleeping problems, irritation, feeling angry about minor issues, and had trouble in concentrating on anything. Gender wise distribution shows that women showed more symptoms than men.

Table 5

*Mean, Standard Deviation, t and p Values of Men (n =*49*) and Women (n =* 55*) on 17 symptoms of Post-traumatic Stress Diagnostic Scale*

Symptoms	Groups	*M*	*SD*	*t*	*p*<
Having upsetting thoughts or images	Male	1.24	.99	2.53	.013**
	Female	1.75	1.02		
Having bad dreams or nightmares	Male	1.31	.96	2.88	.005**
	Female	1.85	.97		
Reliving the traumatic event, acting or feeling as if it was happening again	Male	.67	.85	3.59	.001***
	Female	1.31	.94		
Feeling emotionally upset when reminded of the traumatic event	Male	1.18	1.03	2.31	.023*
	Female	1.65	1.04		
Experiencing physical reactions when reminded of the traumatic event	Male	1.84	.98	3.04	.003**
	Female	1.44	1.01		
Trying not to think about, talk about, or have feelings about the traumatic event	Male	.63	.78	2.29	.024*
	Female	1.02	.91		
Trying to avoid activities, people, or places that remind you of the traumatic event	Male	.53	.84	1.20	.233
	Female	.75	.96		
Not being able to remember an important part of the traumatic event	Male	.31	.68	1.51	.132
	Female	.53	.79		
Having much less interest or participating much less	Male	.88	.97	1.23	.219

Symptoms	Groups	*M*	*SD*	*t*	*p*<
often in important activities	Female	1.11	.93		
Feeling distant or cut off from people around you	Male	.63	.85		
	Female	.71	.93	.43	.667
Feeling emotionally numb	Male	.82	.85		
	Female	.98	.93	.93	.351
Feeling as if your future plans or hopes will not come true	Male	1.59	1.17		
	Female	1.91	.98	1.49	.137
Having trouble falling or staying asleep	Male	1.45	1.00		
	Female	1.75	1.00	1.50	.135
Feeling irritable or having fits of anger	Male	1.73	1.15		
	Female	1.91	1.07	.79	.426
Having trouble concentrating	Male	1.00	1.02		
	Female	1.24	1.07	1.14	.253
Being overly alert	Male	.98	1.05		
	Female	1.29	1.21	1.39	.167
Being jumpy or easily startled	Male	.94	1.00		
	Female	1.16	1.16	1.04	.298

*** p <0.001, ** p <0.01, *p<0.05, df =102.

Table 6

Percentage of Symptom Severity on Foa's PDS (N=104)

Variable	Minimum Score	Maximum Score	*Mean*	*SD*	Symptom Severity	%
PDS	0	47	19.70	10.27	Mild	57%
					Moderate	26%
					Severe	17%

Table 6 shows the overall score of PDS on three categories. Overall, 17% of IDPs showed severe symptoms.

Table 7 provides significant results and shows that women experienced more traumatic stress as compared to men.

Table 7

Mean, Standard Deviation, t and p Values of Men (n= 49) and Women (n=55) on Post-traumatic Stress Diagnostic Scale

Factors	Group	*M*	*SD*	*T*	*p*<
PTS	Men	16.73	10.27	2.68	0.009**
	Men	22.34	10.98		

df =102, ***p* <0.001

Table 8

ANOVA of Three Groups for the Duration of Displacement and Post-traumatic Stress Total

Groups	*n*	*M*	*SD*	*F*	*p*<
4-6 months	7	27.28	7.84		
7-9 months	53	23.24	11.10	12.03	.001***
10+ months	44	14.22	8.67		

****p*< 0.001, between groups *df* =2; within groups *df* =101; groups total *df* =103

The above table indicates significant results for all the three groups for the duration of displacement from the region in which IDPs used to live. These groups were made on the basis of the number of months of displacement and the results showed decrement in the severity of symptoms as the duration of displacement increased.

Discussion

The aim of the current study was to record the psychosocial reactions of trauma in IDPs. Previous researches have repeatedly shown that besides abuse, death of loved ones and natural disasters, moving to a new location forcefully due to terrorism, war and conflict should also be considered a causal factor of mental disorders such

as PTSD. After encountering an adverse situation in life, different people might show different reactions to it; some move on while others do not and have serious problems in coping with routine functions in their daily life (Stevens et al., 2006).

The current study highlighted significant results regarding the severity and frequency of PTSD symptoms and showed that due to displacement, people can have these symptoms and their daily life can be affected adversely. Poor, unhygienic and unclean environment of refugee camps in Gaza and Algeria and day to day life threatening conditions at the camps were associated with poor functioning in life and were also interconnected with the risk of PTSD (de Jong et al., 2001). A research by Johnson and Thompson (2008) also revealed the development and growth of PTSD in civilian victims who were traumatized by war, conflicts and displacement. It is evident from the previous researches that IDPs might develop PTSD symptoms over a period of time. Karl et al. (2005) also posited that massacre, terrorism, wars, conflicts and other disturbances in a region often result in the development and germination of PTSD and other emotional and behavioral disorders.

The current study also indicated that the general satisfaction of life decreases and functioning in all areas of life is affected due to displacement; approximately 96% of respondents reported that their overall functioning had been affected. This finding is consistent with previous researches, such as a study by Ogle, Rubin and Siegler (2013) indicated that when traumatic events are experienced early in life by people, they have a considerable negative influence on them and it may impact their psychological health as well as their psychosocial functioning. Similar results were found by other studies and reduced life satisfaction was reported by older adults with a history of childhood trauma (Royse, Rompf, & Dhooper, 1993) and having combat exposure (Koenen, Stellman, Sommer & Stellman, 2008). According to various studies (Kessler, 2000; Malik et al., 1999), PTSD is lumped together with a low quality of life.

The current study also showed that when the duration of displacement increased, symptom severity decreased. A pervasive and vast amount of literature (Riggs, Rothbaum, & Foa, 1995; Rothbaum, Foa, Riggs, Murdock, & Walsh, 1992) also supports the stance that whenever people go through an overwhelming traumatic experience, they experience symptoms for a duration of approximately three months. Afterwards, the symptoms gradually decline and may diminish before developing into a chronic and lifelong PTSD.

Limitations and Future Suggestions

The current research prepared the groundwork for future researches in the region about the most neglected segment of its population, that is, IDPs. So, for future researchers it would be very helpful to explore this segment of the population using other social and psychological constructs, such as other mental disorders.

Implications

The current research will be helpful in clinical practice. Mental health professionals will come to know the prevalence and pattern of PTSD among IDPs through this research. The baseline set by this research will be useful and helpful in providing counseling services to traumatized individuals. The tool used in this research will help other practitioners in the future to use some other constructs. This research will provide an insight to stakeholders such as the participants themselves; they will directly receive counseling. Also, it will guide community elders how to provide social support to individuals who have suffered and it will inform the general population about how they can help IDPs in their hour of need.

This research will also be an eye-opener for policymakers. They should know that before causing such a large displacement of people, they should have sufficient resources available at their disposal to settle the displaced population and to provide it with all the basic necessities of life. Indeed, they should be able to make efforts to minimize the effects of trauma on IDPs and they should devise policies for mental health practitioners to work in vulnerable areas. This study will also help to explore war related traumatic experiences, negative future hopes and aspirations of IDPs. It will help us in gaining the knowledge of how IDPs respond to war in their region and how terrorist activities and mass violence makes them vulnerable to different psychological disorders. It will also help mental health practitioners to observe their psychosocial responses, which in return will allow them to learn to manage their stress and to plan better interventions ahead of time. Last but not the least, this study will help in devising culturally specific treatment satisfying the peculiar needs of the local population.

Conclusion

On the whole, it can be concluded that people who face internal displacement have deteriorating mental health and diminishing capacities to work efficiently. They need psychosocial support to build up their capacities as it is evident from the findings that they need more psychosocial support as well as culturally specific interventions.

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