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Influence of Years in Internally Displaced Camp on the Level of Post-Traumatic Stress Disorder, Depression and Anxiety among Internally Displaced Persons in Nigeria

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Abstract. The study examined the influence of years in internally displaced camps on the level of post-traumatic stress disorder (PTSD), depression and anxiety among internally displaced persons in Nigeria. A total number of six hundred and ninety-seven participants were selected for the study. Three scales were used to gather data for the study, these include the Post-Traumatic Stress Disorder scale which has the reliability coefficient of 0.80, the Hamilton Anxiety scale which has reliability of 0.71, Centre for Epidemiology Studies Depression Screening with reliability of 0.69-0.89. The study tested three hypotheses, which are: years in camp will have a significant influence on the level PTSD among internally displaced persons in Nigeria; years in camp will have a significant influence on the level of depression among internally displaced persons in Nigeria. Using analysis of variance as tool for data analysis, result showed that PTSD $[F(1,093) = 57.59, p < .0001, partial <math>\eta 2 = .08]$ was significantly influenced by trauma exposure while depression [F(1,093) = 2.41, p = .12] and anxiety [F(1,093) = 1.41, p = .24] were not. The study recommended cognitive behaviour therapy for the internally displaced persons.

Keywords: Post-traumatic Stress Disorder, Depression, Anxiety, Years in Camp

Introduction

The European Union (2020) reported that Borno, Adamawa and Yobe States alone have 1.8 million persons who suffer forced displacement otherwise referred to as internally displaced persons. Internal displacement involves the involuntary movement of people from their habitual place of residence to a location within their country of nationality, or across an internationally recognized border. This situation in most cases exposes the displaced persons to some vulnerabilities including being cut off from basic amenities like food. In contemporary times, conflict resulting in violence is identified to be the primary cause of displacement. Since 2009, the Boko Haram insurgency and the counter-insurgency by the Nigerian security forces turned northeast Nigeria in to a conflict zone. The crisis has forced more than 2 million people to flee for safety within Nigeria as internally displaced person (IDPs); while many crossed the border in to countries neighbouring Nigeria from the Lake Chad region as refugees (Gwadabe et al., 2018). It must however be noted that violence is not the only cause of displacement in Nigeria, there are other causes of displacement, for instance the cession of some parts of Nigeria to Cameroon by the International Court of Justice in Hague has seen some people been displaced as a result of the judgment. They have been subsequently settled in Ikot Effiom and Obutong awaiting resettlement by the Federal Government since 2008 when they were forcefully ejected by the Cameroonian military (Amnesty International, 2018).

Subsequently the effect of displacement on the internally displaced has been examined. Aker et al. (2002) assert that displacement is a psychologically traumatic process. Displaced persons may be subjected to traumatic events such as torture, physical or sexual assault, threat of death, loss of relatives, and armed conflict. In this light scholars have found a link between

displacement and some psychological maladjustment, for instance Hall et al. (2008) found a link between displacement and post traumatic stress disorder. Mollica et al. (2011) found a correlation between displacement and depression, while Rojas et al. (2008) established a link with anxiety.

According to the Ministry of Humanitarian and Disaster Management and the National Emergency Management Agency, over twenty-six states of the federation have an IDP camp, and some states have several of it, and all of the camps have a significant number of displaced persons in it, displaced due to different causes. Having being in the camp for a number of years and standing on the earlier researches of Paardekooper, de Jong, and Hermanns (1999) and Somasundaram and Sivayokan (1994), who had previously established the link between years of camp and some psychological maladjustment, the present study will attempt to do same, using Nigerian samples.

Objectives of the Study

To examine if the number of years spent in the Internally Displaced Persons Camp has any significant influence on the level of PTSD, Depression and Anxiety among the Internally Displaced Persons.

Hypotheses

- 1) Years in camp will have significant influence on the level of PTSD among Internally Displaced Persons in Nigeria.
- 2) Years in camp will have significant influence on the level of depression among Internally Displaced Persons in Nigeria.
- 3) Years in camp will have significant influence on the level of anxiety among Internally Displaced Persons in Nigeria.

Methods

Research Design

The study adopted survey research design for the study, with elements of factorial designs.

Population

The study focused basically on individuals that were displaced as result of Boko Haram activities, and persons that were displaced as a result of seceding the Bakassi Peninsula to Cameroon. These include persons in the Internally Displaced Camps in Hung, Michika, Mubi Transit, Zang commercial secondary school, Yola Technical College and Bukuru, all in the Northern part of Nigeria and also persons in IDP camps in Cameroon village, Yenagoa and the Obubra IDP camps.

Sample and Sampling Technique

The samples used for the study were systematically and sequentially selected, using multi-stage sampling technique. The study used Purposive sampling technique in selecting the category of Internally Displaced Persons that were used for the study.

In selecting the states where the camps were located, the study used convenience sampling technique, convenient sampling technique was also used in selection of the eight camps that were used for the study, these are camps in Hung, Michika, Mubi Transit (Adamawa state), Zang Commercial Secondary School, Technical College Bukuru (Plateau State), Cameroon Village (Azikoro), Cameroon Village in Bayelsa and the IDP camp in Obubra,

Cross-River state. In selecting the final participants for the study, the study adopted accidental sampling technique to select the IDPs.

Participants

The study used participants drawn from populations, who are internally displaced in various camps in Adamawa, Plateau, Cross-River and Bayelsa States. The participants drawn from camps in Plateau and Adamawa states were persons who were internally displaced as a result of violence, while those drawn from camps in Cross-River and Bayelsa states served as the internally displaced as a result of cession. A breakdown of the numbers showed that Two Hundred and Ninety –six of the selected participants were displaced as a result of violence while four hundred and one were displaced as a result of cession.

Measures

The PCL (Weathers, 1993) is an easily administered self–report rating scale for assessing the 17 DSM-IV symptoms. Internal consistency is very high for each of the three groups of items corresponding to the DSM-IV symptom clusters as well as for the full 17-item scale. The study used the civilian version for the study and it has a reliability coefficient of 0.81. Convergent validity was demonstrated by strong correlations between the PCL and the Mississippi scale (0.93) the PK scale of the MMPI-2(0.77), the Impact of event scale (0.90) and the Combat Exposure Scale (0.46).

The Hamilton Anxiety Rating Scale was developed by Hamilton (1959). The HAM-A was one of the first rating scales developed to measure the severity of anxiety symptoms, and is still widely used today in both clinical and research settings. The scale consists of 14 items, each defined by a series of symptoms, and measures both psychic anxiety (mental agitation and psychological distress) and somatic anxiety (Physical complaints related to anxiety). The reported levels of inter-rater reliability for the scale appear to be acceptable. Each item is scored on a scale of 0 (not present) to 4 (severe), with a total score range of 0-56, where >17 indicates mild severity, 18-24 mild to moderate severity and 25-30 moderate to severe. It has a reliability coefficient of 0.71, and a validity coefficient of 0.77.

The CES-D Scale (Centre for Epidemiology Studies Depression Screening) is a short self-report scale developed by the Australian Center for Epidemiology, is designated to measure depressive symptomatology in the general population. The scale was tested in household interview surveys and in psychiatric settings. It was found to have very high internal consistency (0.69-0.89) through adequate test-retest. The validity was ascertained using construct validity examined through exploratory factor analysis with varimax rotation, results showed a validity coefficient of 0.94 as compared with other versions of scales measuring Depression.

Procedure

At the start of the study, letters were written to relevant authorities like the National Emergency Management Agency (NEMA), the Nigeria Police Force, Ministry of Local Government Affairs in Bayelsa, Office of Senior Special Adviser to State Governor on Emergency Matters; but responses were poor, therefore the researchers approached the security agents guarding the camps in Hung, Mubi transit, Yola, Zang Commercial and supervised permission was granted. There was no one in charge of camps in Bayelsa and Cross-River States, so access was easy. The study sought the consent of the participants before involving them for the study, and this was done by telling them to sign at the top of the questionnaire.

The researchers made use of two research assistants in Jos and Adamawa, (one male and one female), one has a baseline knowledge of psychology, while the other one was a victim of

Boko Haram attacks. Two research assistants (one each) also assisted in Bayelsa and Cross-River states respectively.

The instrument used for the study has so many items, therefore it took a minimum of thirty minutes to fill by those who are educated (even at that, some items were still explained to them), for the uneducated, the research assistants were on ground to explain to them in the language they understand.

Data Analysis

The data collected for the study was analysed using Analysis of Variance.

Results

Table 1. Adjusted means for depression, anxiety and PTSD by camping years

Camping	Depression		Anxiety		PTSD	
years	Adjusted M	Unadjuste d M	Adjusted M	Unadjuste d M	Adjusted M	Unadjuste d M
2-4 years	30.95	30.99	12.55	12.54	32.47	32.55
5-8 years	31.61	31.56	12.30	12.31	29.43	29.34

Table 1 presents a one-way MANCOVA testing the effect of camping years on depression, anxiety and PTSD while controlling for the effects of gender, age and marital status. The effect of camping years [Pillai'sv = .09, F(3,689) = 21.44, p < .0001, multivariate $\eta 2 = .09$] was significant on the combined DV.

Table 2. ANOVA summary – camping years on depression, anxiety and PTSD

Source	Dependent	Sum of	Df	Mean	F	P	η2
	Variable	Squares		Square			
Camping	Depression	74.27	1	74.27	2.41	.12	.003
years	Anxiety	10.56	1	10.56	1.41	.24	.002
	PTSD	1563.20	1	1563.20	57.59	< .0001	.08
Error	Depression	21263.27	691	30.77			
	Anxiety	5163.03	691	7.47			
	PTSD	18755.52	691	27.14			

ANOVA summary (Table 2) indicates that only PTSD [F (1, 093) = 57.59, p < .0001, partial $\eta 2$ = .08] was significantly influenced by trauma exposure while depression [F (1, 093) = 2.41, p = .12] and anxiety [F (1, 093) = 1.41, p = .24] were not.

Therefore, hypothesis 1 which states that years in camp will have a significant influence on the level of PTSD among the Internally Displaced was accepted, while hypothesis 2 which states that years in camp will have significant influence on level of Depression among the Internally Displaced was rejected, more so hypothesis 3 which states that years in camp will have a significant influence on level of Anxiety among Internally Displaced was rejected.

Table presents the adjusted group means based on camping duration for depression, anxiety and PTSD. Comparison of adjusted means indicate that IDPs who have been in camp for 5-8-year duration (M = 29.43) have lower PTSD scores than those in camp for 2-4 years (29.43).

Discussion

The finding from hypothesis 1 which states that years in camp will have a significant influence on the level of PTSD among the Internally Displaced was accepted. This is in

agreement with Kessler and Wang (2008) and Basoglu, Salaoglu and Livanou (2012) who carried out a study on influence of length of time spent in camps on levels of PTSD and discovered strong correlation between the two. The plausible explanation for the outcome of the analysis could not be unconnected with time factor, after a period of time, studies by Kessler and Wang (2008) show that many were burnt out, so this is what must have happened in this case, as Table 2 shows that persons who have spent longer time in camp 5-8 years have lesser symptoms of PTSD, Depression and Anxiety compared to the persons who had spent 2-4 years. Those who camp for a longer period of time must have had access to help, which must have assisted them to work through their situation and get adjusted to the realities of camp life. During the interview, participants reported receiving psychological support from NGOs like the Red Cross, UNICEF and other international NGOs, this must have assisted in working the participants through the effects of the trauma.

Result from findings from Hypothesis 2 which states that years in camp will have significant influence on level of Depression among the Internally Displaced was rejected, meaning that years in camp does not have significant influence on level of depression among internally displaced persons. The finding of the present study is in consonance with Lockenhoff and Carstensen (2004) who discovered that years spent in camp does not influence level of depression, it depends on the individual's ability to cope with and handle traumatic events as they arise and also the social support such persons receive from the environment. In a similar study, Brown and Harris (2017) observed that the importance of social support is in the onset of depression. In a study of 3000 women who had experienced a serious life stress, they discovered that only 10% of the women who had a friend in whom they could confide became depressed, compared to 37% of the women who did not have a close supportive relationship. In another study, it has been shown that people who lack social support are more vulnerable to becoming depressed and that depressed individuals have smaller or less supportive network (Gotlib, 2012; Hammen & Peters, 2018). The similarity in findings can be attributed to the fact that the more people live together, the more they are bound to develop bonds of friendship providing social support to one another, social support is a factor that could have played a significant role in the outcome of the results of the study.

Hypothesis 3 which states that years in camp will have a significant influence on level of Anxiety among Internally Displaced was rejected, meaning that years in camp does not have significant influence on level of anxiety. The finding is convergent with the findings of Lockenhoff and Carstensen (2004) and Teibowei, Balogun and Azikiwe (2019) who carried out studies on influence of years in camp on levels of anxiety and assessment of anxiety, depression and psychological Well-being in Polluted Bayelsa Communities respectively and concluded that levels of anxiety tend to decrease as people spend more time together and provide social support to each other

Social Support is a key factor which determines people's level of physical and mental health.

Conclusion

Based on the analysis and findings, the study concluded that:

- (1) Years in camp have a significant influence on the level of PTSD among the Internally Displaced.
- (2) Years in camp do not have a significant influence on the level of depression among the Internally Displaced.
- (3) Years in camp do not have a significant influence on the level of anxiety among the Internally Displaced.

Recommendation

Individual trauma-focused cognitive behavioural therapy (TF-CBT) or any psychological therapy that predominantly uses trauma-focused cognitive or behavioural techniques or a combination to address PTSD symptoms or other symptoms of psychological distress arising from trauma is recommended.

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