

Posttraumatic Growth among Internally Displaced Persons: Perceived Insecurity, Distress Disclosure, and Social Support as Determinants

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Abstract

This research examined perceived insecurity, distress disclosure, and social support as determinants of posttraumatic growth among internally displaced persons in Plateau State. Using a cross-sectional design, a total of 427 (male = 181, female = 246) participants were selected from Barkin-Ladi and Riyom local government areas in Plateau State. The average age of respondents was 31.53 years ($SD = 7.01$, ranging from 18-57 years). Three hypotheses were formulated and tested using hierarchical multiple regression analysis. Results of the study revealed a significant negative relationship between perceived insecurity and posttraumatic growth ($\beta = -.22, p < .01$), a significant positive relationship between distress disclosure and posttraumatic growth ($\beta = .27, p < .01$), and a significant positive relationship between social support and posttraumatic growth ($\beta = .28, p < .01$). The findings were interpreted in line with extant literature, and the implications for clinical practice and research were highlighted.

Keywords: Posttraumatic growth, social support, Internally displaced people, perceived insecurity, distress disclosure

Introduction

Since the end of 2010, security has further deteriorated in Northern, Central and Southern Nigeria because of terror attacks and suicide bombings targeting churches, schools, mosques, markets, security agencies, motor parks and other soft targets by suspected herdsmen and militants of Boko Haram (an Islamist fundamentalists group responsible for an unprecedented wave of terrorist attacks in the North). Thousands have been killed, hundreds of thousands have been displaced internally and property worth billions of dollars have been destroyed (Adagba, Ugwu, & Eme, 2012). The cycle of violence being unleashed on Nigerians by the Boko Haram, has heightened fears among Nigerians as the hostility has gone beyond religious or political colouration. These types (destruction of property, loss of loved ones, injuries) of highly stressful events have been shown to have a negative impact on individual adjustment, such as psychological distress, hopelessness, anxiety and symptoms of posttraumatic stress disorder (PTSD; Bostock, Sheikh, & Barton, 2009; Calhoun & Tedeschi, 2001; Collier, 2016; Linley, Joseph, & Goodfellow, 2008).

In recent decades, psychologists have paid attention to the lives of survivors and how their traumatic experiences have affected them afterwards (Iribarren, Prolo, Neagos, &

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Chiappelli, 2005; Steenkamp, Litz, Hoge, & Marmar, 2015; Talkovsky & Lang, 2017). Kluft, Bloom, and Kinzie (2000) have explored a wide array of adverse effects of trauma like somatization, and demoralization, chronic guilt and shame, a sense of personal helplessness and ineffectiveness, the sense of being permanently damaged, difficulties trusting or maintaining relationships with others, vulnerability to re-victimization, and becoming a perpetrator.

Though adversely affected by trauma, researchers have found the existence of observed positive outcomes in the aftermath of a traumatic event (Affleck & Tennen, 1996; Helgeson, Reynolds, & Tomich, 2006; Michael & Jenkins, 2001; Oginska-Bulik, 2015; Park, Cohen, & Murch, 1996; Tedeschi & Calhoun, 1996). Some literatures have categorised these experience by several concepts: posttraumatic growth, stress-related growth, perceived benefits, thriving, flourishing, positive adjustment, and positive adaptation (Helgeson et al., 2006; Linley & Joseph, 2004; Tedeschi & Calhoun, 2004). Posttraumatic growth is the most used construct to describe the positive changes experienced as a result of the psychological and cognitive efforts made in order to deal with challenging circumstances (Calhoun & Tedeschi, 2001).

Growth after trauma is a new perspective, is considered a constellation of symptoms and deficits to one that incorporates the struggle to find meaning or benefits, ruminative thought processes, or even distress as the antecedent signs of potential growth. We hope that the findings of this study will be of clinical and policymaking significance in the management of trauma and also help curb the dearth of information on posttraumatic growth in this part of the world. The psychosocial model of posttraumatic growth (Joseph, Williams, & Yule, 1997) provides an understanding of the cycle of appraisal, emotional states, coping, followed by further appraisal, influenced by personality and social context.

Posttraumatic Growth

Posttraumatic growth is described as the subjective experience of positive psychological change reported by an individual as a result of the struggle with trauma. Examples of positive psychological change are an increased appreciation of life, understanding of how important little things like smiles, laughter etc. makes life worth living and the pursuit of these things improve the quality of their lives (Lindstrom, Cann, Calhoun, & Tedeschi, 2013; Tedeschi & Calhoun, 2004). A sense of increased personal strength comes after recognising the manner they survived adverse challenges. Thereafter giving themselves more chances to

survive the future struggles and develop fresh experience of new possibilities (Pargament, Desai, & McConnell, 2006).

The increased interest in posttraumatic growth among researchers has not exhaustively studied factors that predict it (Lindstrom et al., 2013). The need to explore more is imminent as more cases of people experiencing traumatic events increases especially these period in Nigeria where more IDPs are set up as a result of unrest at various part of the country.

The factors that have been studied to predict PTG include distress, personality characteristics, emotional disclosure (Lepore, Fernandez-Berrocal, Ragan, & Ramos, 2004; Taku, Cann, Tedeschi, & Calhoun, 2009), coping strategies (Linley & Joseph, 2004), social support, environmental characteristics, assumptive world, rumination style, spirituality, religiosity, and optimism (Oginska-Bulik, 2015). The present study is interested in the following factors; perceived insecurity, distress disclosure and social support as they affect posttraumatic growth among former internally displaced persons in Nigeria who have been exposed to traumatic events.

Perceived Insecurity

Growth and distress are perceived as reverse ends of the same continuum (e.g., Frazier, Conlon, & Glaser, 2001), while some other researchers (e.g., Solomon & Dekel, 2007) found that with higher distress, the more growth. In line with this view, we explored perceived insecurity (a feeling of distress) and its relationship with posttraumatic growth. Measure of people's perception of insecurity is not a simple phenomenon that follows a linear path (Bilsky & Wetzels, 1997). It is a multi-faceted issue that has been divided into fear, anxiety, vulnerability, risk assessment, concerns, and perceptions of safety/insecurity (Hollway & Jefferson, 2000). The victims of the ethnic/religious violence and acts of terrorism in northern Nigeria constantly live in fear and anxiety because of the unpredictable nature of the attacks. The city of Jos and its environs became segregated following the 2001 crises, with Christians settling in the southern part of the state and Muslims settling in the northern part (Aliyu, Ali, Abdullahi, Kasim, & Martin, 2015). Casual interview by the researchers revealed that people from both camps are afraid to cross into the other part (or the enemies' camp) because of perception of insecurity. Many people also reported feeling vulnerable because they don't feel safe anymore following reports that some soldiers who are supposed to be neutral in the situation have taken sides and that many people have been killed by stray bullets. This feeling makes it increasingly difficult for people to make adequate decisions for businesses, travels and even go to schools as they try to prevent more loses (Carro, Valera, & Vadal, 2010). Drastic

adjustments are made to survive the complex situation; they decided to establish smaller markets, schools and try to limit movements outside their safe zones. Thus, we hypothesise:

H₁: Perceived insecurity will have a significant negative predictive relationship with posttraumatic growth.

Distress Disclosure

Distress disclosure refers to the preparedness to reveal distressing personal information to others (Kahn & Hessling, 2001). Recognition of its importance derives from the fact that it has previously been shown to be an influence on an individual's psychological wellbeing with a greater willingness to disclose distressing personal information being associated with positive mental health (Barry & Mizrahi, 2005; Cramer, 1999; Hook & Andrews, 2005; Ichiyama, Colbert, Laramore, Heim, Carone, & Schmidt, 1992; Kahn, Lamb, Champion, Eberle, & Schoenm, 2002; Pennebaker, 1997). It is suggested that the willingness to divulge painful personal experiences to others is a trait-like individual difference that remains stable over time and across situations (Kahn & Hessling, 2001). It is argued that the disclosure results in health benefits due to the reduction of psychological stress provided by confronting the stressor and the utilisation of supports to deal with the stressor (Pennebaker, 1997).

Many researchers within the study and practice of psychology are advocating the importance of emotional release toward salutary physical and mental health (Branstrom, Kvillemo, Brandberg, & Moskowitz, 2010; Catalino & Fredrickson, 2011; Keng, Smoski, & Robins, 2013). This theoretical notion has been supported by research evidence showing that engaging in emotional expression has the potential to improve health (Esterling, Antoni, Kumar, & Schneiderman, 1990; Spiegel, Bloo, Kraemer, & Gottheil, 1989), whereas inhibiting the expression of emotion can have deleterious consequences (Jensen, 1987). Jourard's (1971) work on self-disclosure and Pennebaker's (1985) research on the health benefits of disclosing traumatic events and secrets set the stage for the conceptualization and measurement of self-concealment. Jourard's research pointed to the conclusion that stress and illness result not only from low self-disclosure, but more so from the intentional avoidance of being known by another person. Pennebaker, Colder, and Sharp (1990) examined the confiding-illness relation or the inhibition-disease link and found that not expressing thoughts and feelings about traumatic events is associated with long-term health effects.

According to Tedeschi and Calhoun (1996), posttraumatic growth can be facilitated by the process of disclosure in the context of a supportive social environment. They suggest that when others can tolerate trauma victims' distress, this sustains cognitive processing and thereby

encourages growth. The disclosure of emotional responses to the trauma facilitates cognitive processing, because when describing the event so that others could understand it, the individual is willing to accept other opinions, as these will facilitate the cognitive elaboration of the traumatic experiences (Lepore et al., 2004). Recent studies have shown that disclosure of circumstances related to major stressful events influences the level of growth reported by the survivor (Taku et al., 2009). In the light of the following, we hypothesise:

H₂ Distress disclosure will have a significant positive predictive relationship with posttraumatic growth.

Social Support

Social support means the assistance available or the degree to which a person is integrated in a social system. Support can come from many sources, such as family, friends, neighbours, co-workers, organizations, or governmental support often referred to as public aid. Social support influences the coping process and the successful adjustment to traumatic experiences becoming, then, a predictor for posttraumatic growth (Nolen-Hoeksema & Davis, 1999). Alternatively, the perception of positive changes in several domains of the survivor's life may create the opportunity for closest relationships, more compassionate behaviours, and new contacts and friendships, which turn social support into an outcome (Prati & Pietrantonio, 2009).

Theories have been proposed to explain social support's link to health. Stress and coping social support theory, dominates social support research (Lakey & Orehek, 2011) and explained the buffering effect of social support on stress. According to this theory, social support protects people from the bad health effects of stressful events by influencing how people think about and survive with the events. According to stress and coping theory (Lazarus & Folkman, 1984), events are stressful insofar as people have negative thoughts about the event and cope ineffectively. Coping consists of deliberate, conscious actions such as problem solving or relaxation. As applied to social support, stress and coping theory suggests that social support promotes adaptive appraisal and coping (Cohen & Wills, 1985). Evidence for stress and coping social support theory is found in studies that observe stress buffering effects for perceived social support (Cohen & Wills, 1985).

Calhoun and Tedeschi (2006) suggest that experiencing growth may be linked to a person's coping abilities before the time of stress or trauma. They opined that if a person has

few coping abilities, he or she may be too weak to experience growth. However, if one has too many coping abilities, he or she may be resistant to growth after stress or trauma.

Almost all the evidence relating to the concept of posttraumatic growth has come from the Western world. Thus, very little is known about factors involved in the process of posttraumatic growth in Nigeria in spite of the numerous traumatic events bedevilling the country. This calls for more research work in the area of posttraumatic growth in Africa. Evidence from Nigeria and other cultures will increase knowledge about the determinants of posttraumatic growth in the aftermath of trauma. We therefore hypothesise:

H₃ Social support will have a significant positive predictive relationship with posttraumatic growth.

Method

Participants

Four hundred and twenty seven (427) internally displaced persons consisting of 181 male and 246 female participated in the study. Participants were selected from 12 communities (Dogo Nahawa, Kogi-foron, Zatsitsa-kudeson, Chehwyang, Kassa, Jol, Gwon, Shonong, Gako, Tanjol, Shonong, Fang and Dum) that were formerly camped in Barkin Ladi and Riyom local government area (LGA) of Plateau State. Their ages ranged from 18-57 years with a mean age of 31.53 years ($SD = 7.01$). Two hundred and three (203) of them were single, 209 were married and 15 were widowed. Forty eight (48) of the participants had no formal education, 131 had primary education, 152 had secondary education, while 96 had tertiary education. Two hundred and two (202) of the participants were farmers, 98 were traders, while 127 were civil servants. Purposive sampling method was used in selecting the participants.

Instruments

Four instruments were used to collect data for this study namely; Posttraumatic Growth Inventory (PTGI), Perception of Insecurity Scale, Distress Disclosure Index, and Multidimensional Scale of Perceived Social Support (MSPSS). Because some participants may not be literate enough to respond to the English version of the measures, all the scales were translated to Hausa language by two experts in the Department of Linguistics, University of Jos, Nigeria. Back-translation method was used. We then subjected the instruments to face and content validity by giving it to three experts in the Department of Psychology University of

Jos, Nigeria, who adjudged the instrument suitable for use. All the instruments were pilot tested, using 110 participants drawn from West of Mines and Rukuba Road market in Jos North LGA where two bombs detonated in 2010.

Posttraumatic Growth Inventory

The Posttraumatic Growth Inventory (PTGI) is a 21-item self-report measure of personal growth from trauma. It was originally developed by Tedeschi and Calhoun (1996). It is the most widely used measure of psychological growth from trauma (Helgeson et al., 2006). The items of the PTGI are scored using a 6-point Likert scale ranging from 0 (not at all) to 5 (very great degree). It is made up of five subscales: Appreciation of life (AL) (3 items, e.g., I can better appreciate each day), New Possibilities (NP) (5 items, e.g., I established a new path for my life), Personal Strength (PS) (4 items, e.g., I know better that I can handle difficulties), Spiritual Growth (SG) (2 items, e.g., I have a better understanding of spiritual matters) and Relationship with Others (RO) (7 items, e.g., I put more effort into my relationships). Internal consistency reliability coefficient (Cronbach's alpha) for the 21 items was .90 (Tedeschi & Calhoun, 1996). The Cronbach's alpha α of the subscales were reported to range from .67 to .85. Test-retest reliability of 2-months interval was reported as .71 (Tedeschi & Calhoun, 1996). A Nigerian study by Ifeagwazi and Chukwuorji (2013) reported the Cronbach's alphas of .92 (overall PTG). Scores range from 0 to 105, with higher scores reflecting greater levels of perceptions of growth. During the pilot study for this study, we obtained an internal consistency reliability coefficient (Cronbach's alpha) of .88 based on Ifeagwazi and Chukwuorji (2013) version.

The Perception of Insecurity Scale

The Perception of Insecurity Scale (PIS) developed by Cummins, Eckersley, Pallent, Van Vugt, and Misajon (2003) is a 14 item scale, that uses a five-point Likert scale (1=Never, 2=Rarely, 3=Sometimes, 4=Frequently and 5=Always) to measure four different components of perceptions of insecurity which are; perceptions about personal safety, with Cronbach's alpha of .71; perceptions about political freedom of voice and expressions, with Cronbach's alpha of .60; perceptions of economic security, with Cronbach's alpha of .57; and perceptions of security provided in the community, with Cronbach's alpha of .48. Items 5, 6, 7, 9, 10, 11, 12 and fourteen are reverse scored for example, 'you fear robberies or physical aggression at home', for direct items. While, 'in this community I feel safe to leave at night and my children

can play in the neighbourhood' for reverse scored items. Higher scores reflect higher perception of insecurity. We obtained an internal consistency reliability coefficient (Cronbach's alpha) of .83 for the pilot study.

Distress Disclosure Index

Distress Disclosure Index (DDI; Kahn & Hessling, 2001) was used to assess distress disclosure. This scale is a 12-item Likert scale, self-reporting measure of one's tendency to disclose distressing personal information, with higher scores indicating greater disclosure. The scale is a unidimensional bipolar construct that represents the concealment (i.e. rare disclosure) for example 'I rarely look for people to talk with when I am having a problem' and disclosure (i.e. rare concealment) of distressing personal information to others For example, 'when I feel upset, I usually confide in my friend' (Kahn & Hessling, 2001; Vogel & Wester, 2003). Items 2, 4, 5, 8, 9 and 10 are reverse scored. Internal consistency for the final DDI scale was reported as between .92 and .95 by Kahn and Hessling (2001). Higher scores reflect higher disclosure. We obtained an internal consistency reliability coefficient (Cronbach's alpha) of .88 in the pilot study.

Multidimensional Scale of Perceived Social Support

Multidimensional Scale of Perceived Social Support (MSPSS) was developed by Zimet, Dahlem, Zimet, and Farley (1988) using adult samples. The 12-item MSPSS provides assessment of three sources of support: family support, friends support and significant others support. It is scored on a 5-point Likert-type structure from 1 (strongly disagree) to 5 (strongly agree). Sample items on the scale includes, "I get the emotional help and support I need from my family", "I can count on my friends when things go wrong", "There is a special person who is around when am in need". Onyishi, Okongwu, and Ugwu (2013) obtained a Cronbach's alpha of .82, using Nigerian sample. Higher scores reflect higher perceived support. From the pilot study for this study we obtained an internal consistency reliability coefficient (Cronbach's alpha) of .75 for the overall scale.

Procedure

With the help of six research assistants from Barkin ladi and Riyom LGA, we distributed 600 copies of the questionnaire to the participants. Semi-literate and non-literate participants were assisted in completing the questionnaire. The participants were told that the

information will be used for research purposes and will be treated with utmost confidence. Participation in the research was voluntary. They were also implored to give honest and accurate responses to the items in the questionnaire. The questionnaires were completed and collected on set, out of which 427 were properly filled and good for analysis. Age, gender, and educational level served as our control variables.

Design/statistics

The study is a survey research. We adopted a cross-sectional design. Hierarchical multiple regression using SPSS version 17 was used for the data analysis.

Results

The result of the study was analysed using hierarchical multiple linear regression with enter method and was further summarized in the following tables (Tables 1 and 2). In Table 1, correlation analysis was conducted to test the relationship between the study variables.

Table 1: Descriptive Statistic and Inter-Correlation among Study Variables

		<i>M</i>	<i>SD</i>	1	2	3	4	5	6	7
1	PTG	75.00	10.32	1.00						
2	Gender			.01	1.00					
3	Age	31.53	7.01	-.04	.01	1.00				
4	Educational level			.46**	-.02	-.05	1.00			
5	POI	44.70	8.01	-.13**	.01	.01	.07	1.00		
6	DDI	39.63	6.79	.44**	-.01	-.06	.22**	.21**	1.00	
7	Social Support	42.14	4.90	.49**	.01	.01	.22**	.01	.47**	1.00

Note: ** $p < .01$. * $p < .05$. Gender: male=0, female 1. Education: no formal education=1, primary=2, secondary=3, tertiary=4. PTG (posttraumatic growth), POI (perception of insecurity), DDI (distress disclosure inventory). Some variables (e.g., gender) were converted to dummy variables.

Correlations analysis was conducted to test the relationship between posttraumatic growth and all the variables. Table 1 shows these relationships. It was found that perceived insecurity had significant negative relationship with posttraumatic growth, distress disclosure had significant positive relationship with posttraumatic growth and social support had a significant positive relationship with Posttraumatic growth. With correlation coefficient (r) values are $-.13$ ($p < .05$), $.44$ ($p < .01$) and $.49$ ($p < .01$), respectively It was also observed that among the control variables, educational level was significantly related to posttraumatic growth, with correlation coefficient (r) value of $.46$ at $p < .01$. Gender and age were not significantly related to post traumatic growth.

To test the hypotheses of this study, hierarchical multiple linear regression analysis was conducted to determine the relationship between perceived insecurity, distress disclosure, social support and posttraumatic growth. Probable contaminating influence of the demographic variables, participant's gender, age, and educational level were controlled for in the analysis by extracting their influence first before building the main predictors into the regression model (see Table 2).

Table 2: Hierarchical Multiple Linear Regression Results for the Main Predictors (perceived insecurity, distress disclosure and social support) and Control Variables.

Variables	Model 1	Model 2	Model 3	Model 4
Gender	.01	.02	.02	.01
Age	-.01	-.01	.01	-.01
Education	.44**	.46**	.38**	.35**
Perceived insecurity		-.17**	-.24**	-.22**
Distress disclosure			.40**	.27**
Social support				.28**
R	.47	.49	.63	.67
R²	.22	.24	.39	.45
R² change	.22	.03	.15	.06
F Value	F(5,421)=23.27	F(1,420)=22.61	F(1,419)=38.31	F(1,418)=42.81

Note: **p<.01. *p<.05. Gender: male=0, female 1. Education: no formal education=1, primary=2, secondary=3, tertiary=4. PTG (posttraumatic growth), POI (perception of insecurity), DDI (distress disclosure inventory). Some variables (e.g., gender) were converted to dummy variables.

Table 2 shows that among all the control variables entered in the first model, only educational level had significant positive relationship with posttraumatic growth ($\beta = .44$, $p<.01$). The control variables accounted for 22% of variance in posttraumatic growth. The positive relationship means that as educational level increases, posttraumatic growth also increases. This suggests that the more educated a person is; the greater chances of experiencing posttraumatic growth. For the main predictors, Table 2 also shows that all the predictor variables were significantly related to posttraumatic growth. At the second step of the model Perceived insecurity was significantly negatively related to posttraumatic growth even when the entire control variables had been accounted for. The standardized regression coefficient (β

= -.17, $p < .01$) shows that the higher the perceived insecurity the lower the posttraumatic growth, it accounted for 3% of variance in posttraumatic growth. Distress disclosure enter in the third step was a significant positive predictor of posttraumatic growth ($\beta = .40$, $p < .01$), accounted for 15% of the variance in posttraumatic growth. This suggests that individuals who disclose distressing information are more likely to experience posttraumatic growth. Finally, social support at the fourth step was a significant positive predictor of posttraumatic growth ($\beta = .28$, $p < .01$), accounted for 6% of the variance in posttraumatic growth. This suggests that individuals who get more social support are more likely to experience posttraumatic growth.

Discussion

The study investigated the predictive relationships of perceived insecurity, distress disclosure and social support on posttraumatic growth among internally displaced persons in Plateau state. Results of the study show that perceived insecurity was a significant negative predictor of posttraumatic growth. This implies that the higher the perceived insecurity, the lower the posttraumatic growth. Thus, hypothesis 1 which stated that perceived insecurity will have a significant negative predictive relationship with posttraumatic growth was confirmed. This is in line with previous studies (Dekel, Mandl, & Solomon, 2011; Dekel & Nuttman-Shwartz, 2009; Moore, Varra, Michael, & Simpson, 2010). The persistent increase in suspicion, mistrust and unpredictability of events has done little to assuage the desire to be strong and recover from negative experience of IDPs. This challenge is maintained by the free movement of herdsmen who have inflicted harm on innocent farmers. The authorities have not done enough to restore confidence in people in the protection of lives and properties.

The results of the study showed that distress disclosure was significantly and positively associated with posttraumatic growth. This finding is in consonance with previous studies (Duncan, Gidron, & Lavalley, 2013; Taku et al., 2009) which found positive relationship between distress disclosure and posttraumatic growth. Duncan, Gidron, and Lavalley, (2013) found that the act of disclosing distressing information to one's support networks results in health benefits due to the reduction of psychological stress. Thus the second hypothesis which stated that distress disclosure will have a significant positive predictive relationship with posttraumatic growth was confirmed.

The third hypothesis which stated that social support will have a significant positive relationship with posttraumatic growth was also confirmed. The results of the study showed that social support was significantly and positively associated with posttraumatic growth. The results of this study lends support to the previous (Cadell, Regehr, & Hemsworth, 2003; Frazier

et al., 2004; Morris, Finch, & Scott, 2007; Prati & Pietrantonio, 2009; Schroevers et al., 2010; Tang, 2007; Weiss, 2004) which found positive relationships between social support and posttraumatic growth. Social support influences the coping process and the successful adjustment to traumatic experiences becoming, then, a predictor for posttraumatic growth (Nolen-Hoeksema & Davis, 1999). The reintegrations of families after the incident created a sense of relieve and psychological security for just being together again could help positive readjustment.

In addition, among the demographic variables, only educational level was significantly related to posttraumatic growth. The positive relationship implies that individuals with higher levels of education are more likely to experience posttraumatic growth. This result is supported by the findings of Sears, Stanton, and Danoff-Burg (2003) that higher educational level is significantly related to posttraumatic growth.

Implications of the Findings

A report by the Internally Displaced Monitoring Centre (2014) stated that the number of internally displaced persons in Nigeria is approximately a third of the IDPs in Africa and 10% of IDPs in the world with a figure of 3.3 million. The experience of these IDPs in the camps cannot be said to be admirable as many get disconnected from their friends and families. When they eventually return to their homes, readjustment and rebuilding life afresh can be ameliorated by government and support agencies by providing some soft grants, trainings and assistance for them to cope. The perceived insecurity experienced by the returnees could be tempered by the media. The catastrophizing publications and dissemination of information around incidences could make it difficult for returnees to feel they would experience peace soonest. Security agencies in these areas need to liaise with their host community professionally to create atmosphere of common goal that can help the community rebuild trust in the security agencies and not be further traumatised by them. Engaging some of the people in the area on intelligence gathering helps them to feel being part of solving the problem and not just hopeless victims. Government on their part needs providing all the needs of the security agencies to effectively fight terrorism, this gives the returnees hope that the government is serious and not using the situation as an opportunity for political gains.

Majority of these people have been traumatized by the events that led to their displacement, and thus, in need of psychological help. There are not enough clinicians to administer intervention to these victims, but a workshop to sensitise the populace on the need to be supportive of their relations, friends and community members who are victims by

encouraging them to speak up about their experience in their little gatherings as much as possible. This disclosure done in a supportive environment can motivate others and consequently boost post traumatic growth. Culturally, those who express their fears and challenges are considered weak and vulnerable. It would be helpful if that perception is counselled, this will encourage openness. Distress disclosure could also be encouraged in the camps to help the management of the camps in investigating the suspicions and doubts of the camp occupants thereby addressing the issues that could be stimulating anxiety and stress.

Limitations of the Study

The limitations of this study are the number of participants which are few to be used for generalization which limits the external validity of the study. Also, this study was conducted using a cross-sectional design which would have provided inference regarding causality if conducted longitudinally. In addition, the study relied on self-report measures with the possibility of common method bias.

Suggestions for Future Studies

Clinicians could put more effort in finding more psychological variables that are linked to trauma and posttraumatic growth with the large number of traumatized people within the country. In addition, clinicians can also study posttraumatic growth longitudinally among trauma victims who were formerly displaced but have been reintegrated back in the society to get a holistic understanding about trauma and posttraumatic growth.

Summary and Conclusion

The study investigated the relationships between perceived insecurity, distress disclosure and social support on posttraumatic growth. Among the variables studied, perceived insecurity, distress disclosure and social support were all found to be significant predictors of posttraumatic growth. While among the demographic variables, only educational level was found to be a significant positive predictor of posttraumatic growth. Since research have shown that psychological variables are important predictors of posttraumatic growth as established by the present study, we are of the opinion that collaboration among the medical professionals and psychologists would go a long way to foster posttraumatic growth among the large number of internally displaced persons around the country.

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