

Assessment of Psychological Trauma Symptoms among Teachers in Conflict Areas: The Case of Biu Local Government Area of Borno State

DASHIT SAMSON ISHAYA , TEPLONG JOYCE IBRAHIM
Plateau State University, Bokokos, Nigeria.

DABIT JOSEPH
Federal University, Kashare, Gombe State, Nigeria.

Abstract. There are rising need for literatures on psychological trauma symptoms considering the increase in conflict and traumatic experiences in Nigeria. The present study had assessed psychological trauma symptoms among teachers in a conflict area using a descriptive survey. The participants used for the study were 107 primary school teachers, 60 (56.1%) males and 47 (43.9%) females and were willing to participate in the research. Trauma Symptoms Checklist-40 (TSCL-40) was used in assessing all the participants. The study hypothesis was statistically tested, using chi-square statistical tool. The outcome revealed, there was a significant rate of dissociation among the teachers, with 61.7% of the teachers with dissociation symptoms ($\chi^2 = 5.841, p = 0.016$); Also, a significant rate of the teachers indicated anxiety symptoms, with 60.7% of the teachers displaying symptoms of anxiety ($\chi^2 = 4.944, p = 0.026$); furthermore, a significant proportion of the teachers had sleep deprivation symptom, with 62.6% indicting sleep deprivation ($\chi^2 = 6.813, p = 0.009$). However, there was no significant rate of depression ($\chi^2 = 0.084, p = 0.772$), sexual abuse trauma ($\chi^2 = 0.458, p = 0.499$), and sexual problems ($\chi^2 = 0.757, p = 0.384$). There is need for further study on psychological trauma symptoms amongst other professionals, such as medical health care workers in conflict area.

Keywords: Psychological Trauma, Conflict, Teachers, Symptoms

1. Introduction

Boko Haram insurgency in Northern Nigeria has brought about an increase in internally displaced persons (IDP) and as such brought about different

traumatic experiences both at the IDP camp and the community in which the insurgency is taking place or had took place. Lawrence R, Melinda S, M.A., & Jeanne S (2020) viewed trauma as emotional or psychological as a result of extraordinarily stressful events that shatter your sense of security, making you feel helpless in a dangerous world. Psychological trauma can leave you struggling with upsetting emotions, memories, and anxiety that won't go away. It can also leave you feeling numb, disconnected, and unable to trust other people. While trauma (death of a loved ones, rape, loss of goods and property) can be seen as a normal reaction to a horrible event, the effects of such experience can be so severe that they interfere with an individual's ability to live a normal life. Although in cases such as this, help may also be needed to manage or treat the stress and dysfunction caused by the traumatic event and to restore those individuals that went through the experience to a state of emotional well-being.

Although the causes and psychological trauma symptoms are various, there are some basic signs of trauma that you can look out for. Individuals who have endured traumatic events will often have night terrors, edginess, irritability, poor concentration and mood swings. Disoriented and in a shock state, they may not respond to conversation will often appear withdrawn or absent minded even when speaking. Also, trauma can be caused by an overwhelmingly negative event which causes a lasting impact on the victim's mental health and emotional stability with the aid workers such as teachers who a scene to impact knowledge and are the first point of contact in a conflict or post conflict area tend to be exposed to the traumatic experience in which pupils in the community had experience. Sometimes trauma is

virtually unnoticeable even to the victim's closest friends and family. These cases illustrate the importance of talking to someone after a traumatic event has occurred, even if they show no initial signs of disturbance. Trauma can manifest days, months or even years after the actual event.

Paleness, lethargy, fatigue, poor concentration and a racing heartbeat that are emotional response is seen as one of the most common ways in trauma manifestation. Some common emotional symptoms of traumatic experience are: sadness, anger, denial and emotional outbursts. Trauma victims also may redirect the overwhelming emotions they had experience towards family members and friends, making trauma so difficult for caregivers as well. In turn it is hard for teachers to help someone rather they who them away, but understanding the psychological trauma symptoms that come after a traumatic event can help ease the process. While the effects of trauma can take place either within a short period of time or in years the effects of trauma should be addressed immediately to prevent mental health disorders in a long run.

Trauma is often but not always associated with being present at the site of a trauma-inducing event. It is also possible to sustain trauma after witnessing something from a distance. Young children are especially vulnerable to trauma and should be psychologically examined after a traumatic event has occurred to ensure their emotional well-being and best to it, if not the teachers. Given the aforementioned factors, societies envisioning a future populace who solve problems without war are left to determine how to create and retain a cadre of highly competent and resilient teachers (Patterson, Collins, & Abbott, 2004) who can overcome seemingly insurmountable challenges in times of conflicts.

In Nigeria, researchers and studies in recent times have been focused on internally displaced person and the community affected with the negativity of man to man and little have been done on finding out the psychological effect on teachers. Although researchers have begun to investigate the prevalence of psychological trauma symptoms among practitioners of occupations related to human communication associated to health, education, and social services during crises, there is little research specifically investigating the psychological health of teachers in insurgency zone in Nigeria. This dearth of literature precipitates the present study to fill this gap.

2. Objectives of the Study

The objective of the study is carryout an assessment of psychological trauma symptoms among primary

school teachers in an insurgency area in Borno State, Nigeria. The study assessed the following specific objectives:

- Assessed the prevalence of dissociation among primary school teachers in Biu local government area of Borno State.
- Assessed the prevalence of anxiety among primary school teachers in Biu local government area of Borno State.
- Assessed the prevalence of depression among primary school teachers in Biu local government area of Borno State
- Assessed the prevalence of sexual abuse trauma index among primary school teachers in Biu local government area of Borno State.
- Assessed the prevalence of sleep disturbance among primary school teachers in Biu local government area of Borno State
- Assessed the prevalence of sexual problems among primary school teachers in Biu local government area of Borno State.

3. Hypotheses

The following hypotheses were tested in the study:

- There will be a significant number of dissociation among primary school teachers in Biu local government area of Borno State
- There will be a significant high rate of anxiety among primary school teachers in Biu local government area of Borno State
- There will be a significant high rate of depression among primary school teachers in Biu local government area of Borno State
- There will be a significant high rate of sexual abuse trauma index among primary school teachers in Biu local government area of Borno State
- Primary school teachers in Biu local government area of Borno State will significantly have high rate of sleep disturbance
- There will be a significant high rate of sexual problems among primary school teachers in Biu local government area of Borno State

4. Method

4.1 Participants

The participants in the study were 107 primary school teachers that have experienced and are still experiencing insurgency in Biu local government area of Borno State. Participants were selected based

on purposeful selection method. A total of 27 (25.2%) of the participants were between 18 – 28 years of age, the majority 53 (49.5%) were between 29 – 39 years of age, 19 (17.8%) were between 40 – 50 years of age, and 8 (7.5%) of the study participants were 51 years and above. There were 60 (56.1%) males and 47 (43.9%) females. The majority 68 (63.6%) of the study participants have been teaching in the area for between 1 – 10 years, and 26 (24.3%) have between 11 – 20 years teaching experience in the area, while 10 (9.3%) had between teaching in the area for between 21 – 30 years, and 3 (2.8%) of the participants had been teaching in the area for over 30 years. Data on the educational qualification of the study participants indicated that the majority 90 (84.1%) had National Certificate of Education (NCE), and National Diploma (ND), 7 (6.5%) had a Bachelor of Science degree, 5 (4.7%) had Bachelor of Education (B.Ed), 2 (1.9%) had WAEC/GCE qualifications, and a combined 3 (2.7%) had HND, Bachelor of Arts degree (B.Arts), and a Doctor of Philosophy (Ph.D.) respectively. Results revealed that 70 (65.4%) of the teachers earned between N10,000 – N50,000 monthly.

4.2 Design

The study design is a descriptive survey. This is appropriate as the descriptive research is an appropriate choice when the research aim is to identify characteristics, frequencies, trends, correlations and, and categories of a parameter or variable within a population.

4.3 Instruments

The Trauma Symptom Checklist – 40 (TSC-40) was used as a measure of psychological trauma symptoms. Developed by Briere and Runtz (1989), the TSC-40 is a 40-item self-report measure of symptomatic distress in adults arising from childhood or adult traumatic experiences. It measures aspects of posttraumatic stress as well as other symptoms found in some traumatized individuals. Respondents are asked to rate how often they have experienced each symptom in the last two months using a 4-point frequency rating scale ranging from 0 ("never") to 3 ("often"). The TSC-40 has six subscales: Anxiety, Depression, Dissociation, Sexual Abuse Trauma Index, Sexual Problems, Sleep disturbances and

yields a range of scores 0-120 with higher score representing severity of trauma. According to the authors, this measure is intended exclusively for research purposes. The Sexual Problems subscale displays reasonable reliability (alpha = .73); (b) the Sleep Disturbance subscale (alpha = .77); (c) the reliability for the SATI is alpha = .62; and (d) the total TSC40 score is highly reliable (alpha= .90).The score for each subscale is the sum of the relevant items, listed below: Dissociation: 7, 14, 16, 25, 31, 38; Anxiety: 1, 4, 10, 16, 21, 27, 32, 34, 39; Depression: 2, 3, 9, 15, 19, 20, 26, 33, 37; Sexual Abuse Trauma Index 5, 7, 13, 21, 25, 29, 31; Sleep Disturbance 2, 8, 13, 19, 22, 28; and Sexual Problems 5, 9, 11, 17, 23, 29, 35, 40.

4.3 Procedure

The researchers went to various primary schools in Borno State, where the researchers purposefully selected primary school teachers who were willing to participate in the research after the researchers had explained the purpose of the study to them. Questionnaires were given to participants at various times, and were collected the next day due to the busy schedule of the participants. Completed questionnaires were collected scored and analysis.

4.4 Method of Data Analysis

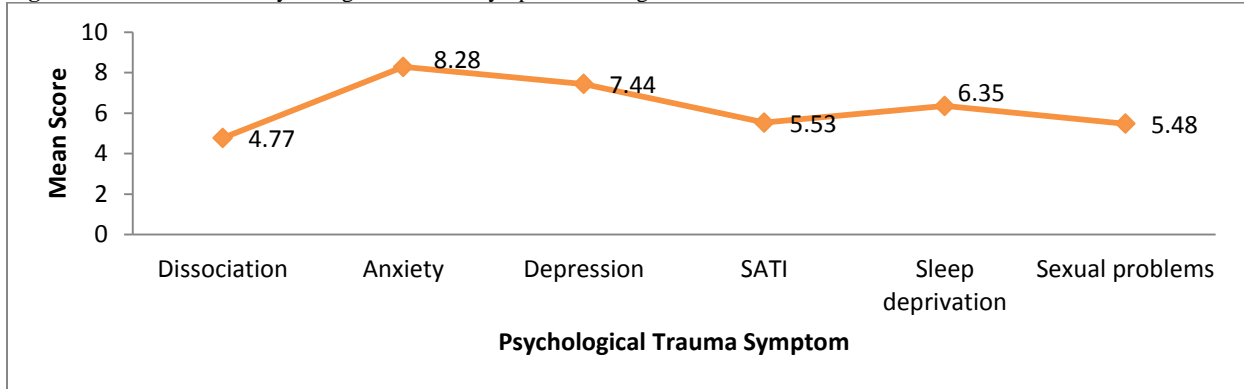
The chi-square statistical tool was used test for proportions of psychological trauma symptoms. The chi-square is appropriate as it tests for frequency counts, and as such tests for differences in proportion among parameters. The 0.05 alpha level was used as the study significance level.

5. Results

Mean Score of Psychological Trauma Symptoms among Teachers

Figure 1, shows the line chart of psychological trauma symptoms mean scores. The chart revealed a mean score of 4.77 for dissociation, 8.28 for anxiety, 7.44 for depression, 5.53 for sexual abuse trauma, 6.35 for sleep deprivation, and 5.48 for sexual problems. This shows that high scores were obtained for anxiety and depression.

Figure 1: Mean Score of Psychological Trauma Symptoms among Teachers



Prevalence Rate of Psychological Trauma Symptoms among Teachers

Table 1 shows the proportion of psychological trauma symptoms among teachers. The result revealed that there was a significant rate of dissociation among the teachers, with 61.7% of the teachers with dissociation symptoms ($\chi^2 = 5.841, p = 0.016$); Also, a significant rate of the teachers indicated anxiety symptoms, with 60.7% of the teachers displaying symptoms of anxiety ($\chi^2 = 4.944, p = 0.026$); furthermore, a significant proportion of the teachers had sleep deprivation symptom, with 62.6% indicting sleep deprivation ($\chi^2 = 6.813, p = 0.009$). However, there was no significant rate of depression ($\chi^2 = 0.084, p = 0.772$), sexual abuse trauma ($\chi^2 = 0.458, p = 0.499$), and sexual problems ($\chi^2 = 0.757, p = 0.384$).

Table 1: Rate of Psychological Trauma Symptoms among Teachers

	Observed N	%	Chi-Square (χ^2)	P -value
Dissociation				
Normal	41	38.3		
Dissociation	66	61.7	5.841	0.016*
Anxiety				
Normal	42	39.3		
Anxiety	65	60.7	4.944	0.026*
Depression				
Normal	52	48.6		
Depression	55	51.4	0.084	0.772
Sexual Abuse Trauma				
Normal	50	46.7		
Sexual Abuse Trauma	57	53.3	0.458	0.499
Sleep Deprivation				
Normal	40	37.4		
Sleep Deprivation	67	62.6	6.813	0.009*
Sexual problems				
Normal	58	54.2		
Sexual problems	49	45.8	0.757	0.384

*Significant

6. Discussion

The findings of the study revealed that there was a significant rate of dissociation among the teachers. Also teachers indicated a significant level of anxiety symptoms, Furthermore, a significant proportion of the teachers had sleep deprivation symptom. However, there was no significant rate of depression, sexual abuse trauma, and sexual problems. Findings of Ozdemir, Celik and Oznur (2015) revealed that individuals exposed to conflict situations had higher

dissociation levels than those not exposed to conflict situations. Also, Gulsum, O’zdemir, Celik, Uzunand Ozsahin (2009) established that exposure to higher levels of stress and experience traumatic events more frequently increased levels of dissociation.

It is likely to conclude that while low dissociation levels occur as part of a defense mechanism against stressors, high dissociation levels in response to stress play an important role in the development of Posttraumatic Stress Disorder (Briere, Scott

&Weathers2005; Bowins, 2004). Dissociative symptoms are generally related to poorer academic functioning (Perzow, Petrenko, Garrido, Combs, Culhane & Taussig, 2013).

Studies have indicated elevated levels of anxiety among teachers that are faced with stressful situations (Aslrasouli &Vahid, 2014). Teachers in these situations tend to have relatively high burnout levels and lower resilience levels (Sharifian, 2017), and trauma and emotional dysfunction in teachers during and after war might have an impact on teachers' emotional exhaustion and burnout. Furthermore, Rimaz, Anthony, Darian, John, Paul, Hans and Devon, (2019) found that sleep deprivation causes profound deficits in attentional flexibility, with individuals indicating heightened and substantial struggle with handling response to conflict situations.

In addition, providing quality education in the midst of conflict is a daunting task for teachers and teachers in conflict areas are exposed to psychological trauma virtually every day.

7. Limitation of Findings

The study has several other limitations. First, the size of our study population was relatively small. Also, the use of self-report questionnaires may create a source of bias in that participants may exaggerate, misunderstand a question due to lack of knowledge and respond inaccurately, or answer questions in ways that they feel are socially desirable.

The second main limitation is the representativeness of the study samples. The teachers who participated in this study did so voluntarily, so there was no random selection involved to ensure that the sample was representative of the study population. Therefore, caution is needed when generalizing these results.

8. Conclusion

The study carried out an assessment of psychological trauma symptoms of teachers in conflict area, and found significant prevalence rate of dissociation, anxiety, and sleep deprivation among these cohorts in conflict areas. Psychological trauma during crisis impacts teachers, and is also highly associated with lack of teacher training on psychological management skills and personal accomplishment.

9. Recommendations

The following recommendations are made in the study:

- Future studies should compare teachers in active war zones with those who have had war zone experiences but were fortunate enough to flee to refugee camps in neighboring countries.
- Future research could also consider examining the resilience of teachers with differing levels of resilience, burnout, and psychological trauma symptom levels of teachers.
- Research should consider conducting studies regarding the influence of training and workshops to improve resilience and coping strategies of teachers in war zones that have depersonalization, anxiety, and sleep deprivation.
- There is need for more psychological trauma symptoms studies to be conducted amongst other professionals such as medical health care workers in conflict area.

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