

Trauma Resilience, Social Support, Optimism and Posttraumatic Stress Disorder among Victims of Farmer-Herder Conflict in Logo and Gwer-West, Benue State

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ABSTRACT

Farmer-herder conflicts have become a pervasive source of trauma in many parts of Nigeria, leading to widespread displacement and severe psychological consequences for victims. Understanding the psychological factors that is associated with posttraumatic stress disorder (PTSD) is crucial for effective intervention and recovery. This study explored the relationships between trauma resilience, social support, optimism, and PTSD among victims of farmer-herder conflict residing in internally displaced persons (IDP) camps in Logo and Gwer-West Local Government Areas (LGAs) of Benue State, Nigeria. The study adopted an ex-post facto design. A total of 403 victims of farmer-herder conflict in Logo and Gwer-West in Benue state living in selected IDP camps participated in the study; out of which, 155 (38.5%) were males and 240 (59.6%) females. The respondents had an age range of 12-95, with a mean age of $\bar{X}=39.86$ (SD = 15.00) years. Data for the study were collected using Trauma Resilience Scale (RS)-14; Multidimensional Scale of Perceived Social Support; Life Orientation Test-Revised (LOT-R); Posttraumatic Stress Disorder Checklist (PCL-C). Four hypotheses were tested using Regression Analysis. It was found that trauma resilience did not significantly predict posttraumatic stress disorder; social support significantly predicted posttraumatic stress disorder – specifically, family support was found to negatively influence posttraumatic stress disorder. Optimism did not significantly predict posttraumatic stress disorder. Lastly, trauma resilience, social support and optimism were found to have jointly influenced posttraumatic stress disorder among victims of farmer-herder conflict in Logo and Gwer-West, Benue State. It was therefore recommended that national and subnational government through the Emergency Management Agencies along with humanitarian and development organizations should include in their Emergency Response Plans a re-settlement programme for displaced persons affected by conflict. These plans should further be closely monitored by civil society to ensure timely implementation. The study further recommends that when organizing camps for displaced persons, the family structure should be considered. At the nuclear level, families should be given safe spaces so that they could still function as families as much as possible.

Keywords: Farmer-Herder Conflict, Posttraumatic Stress Disorder, Trauma resilience, Social support, Optimism

INTRODUCTION

In recent years, violent conflicts resulting in death or severe injuries have become distressingly common in various parts of Nigeria. These conflicts manifest in diverse forms, including clashes between farmers and herders, Boko Haram insurgency, banditry, and inter-communal disputes, with the north-central and northeast regions being the most affected (Joab-Peterside, 2020). The northeast region predominantly grapples with Boko Haram insurgency, while Benue State in the north-central region is significantly impacted by farmer-herder conflicts. These conflicts are often fueled by competition over scarce resources like land and water, exacerbated by desertification, climate change, and population growth (Mercy Corps, 2015).

The farmer-herder crisis in Benue State has displaced thousands of residents, compelling many to seek refuge in safer areas, either with family or in designated internally displaced persons (IDP) camps (Chinne, 2020). IDPs are individuals forced to flee their homes due to conflict but remain within their country's borders. According to the Displacement Tracking Matrix (DTM) by the International Organization for Migration (IOM, 2017), Nigeria hosts approximately 1.7 million displaced persons, with nearly 800,000 residing in Benue State alone (State Emergency Management Agency, 2018; Chinne, 2020).

IDPs often endure severe trauma due to the dual impact of violence and the physical and psychological toll of displacement. They face challenges such as exhaustion, hunger, overcrowding, exposure to abuse, and susceptibility to diseases, which further strain their resilience and increase mortality rates (Joab-Peterside, 2020). These adversities leave many at heightened risk of mental health disorders, particularly post-traumatic stress disorder (PTSD), characterized by re-experiencing traumatic events, avoidance behaviors, and hyperarousal symptoms (American Psychiatric Association, 2013).

The development of PTSD is influenced by various factors, including trauma resilience, which refers to an individual's ability to maintain psychological well-being in the face of adversity (Mancini & Bonanno, 2020; Iacoviello & Charney, 2014). Resilience encompasses dynamic processes that enable individuals to recover and grow following traumatic experiences. Bonanno and Diminich (2013) highlights that resilience allows individuals to maintain stable functioning despite exposure to highly disruptive events. Research indicates that resilience acts as a protective factor against PTSD, enabling individuals to adapt to stressors while fostering psychological vitality (Galatzer-Levy et al., 2018; Aziz and Yıldırım, 2020; Teche Barros et al., 2017; Suarez, 2013; Ssenyonga, et al. 2012; Docena, 2015; Ebulum, 2014; Ying et al., 2014; Day, 2013; Mujeeb & Zubair, 2012).

Social support is another critical factor in bolstering resilience. Support from family, friends, and professionals can help trauma survivors cope, recover, and maintain psychological well-being. Studies reveal that individuals with robust social support systems tend to exhibit higher resilience levels and are less likely to develop PTSD symptoms (Lee, 2019; Pietrzak et al., 2009). Conversely, inadequate support may lead to social strain and heightened PTSD symptoms (Knowles 2024). The researcher reviewed previous studies on social support and posttraumatic stress disorder as a prelude to her own study. For instance, Kwajaffa et al. (2018); Oginyi et al. (2017); Cohen et al. (2019); Nosè, et al. (2017); Getnet, et al. (2017); Nemiro (2015); Sambu (2015); Thabet et al. (2017); Getanda et al. (2015); Elklit et al. (2012); Letica-Crepulja et al. (2011) all reported that social support plays a critical role in reducing the negative impact of PTSD among IDPs.

Optimism, defined as the tendency to expect favorable outcomes, also contributes significantly to resilience. Optimistic individuals demonstrate cognitive flexibility, allowing them to adapt and reframe their perceptions of traumatic events (Carver & Scheier, 2014). Research suggests that optimism serves as a buffer against mental health challenges in displaced populations, enabling them to maintain a positive outlook and integrate traumatic experiences into their broader life narrative (Gallagher et al., 2019; Putri & Pohan, 2020; Acquaye et al., 2018; Schiavon et al., 2017; Acquaye, 2016; Rauch et al., 2013; Conversano et al., 2010; Kim et al., 2014; Kim et al., 2011; Tesfai et al., 2023). In sum, trauma resilience, social support, and optimism are vital factors influencing the mental health outcomes of victims of farmer-herder conflicts in Benue State. However, little or few empirical researches have tried to assess the combination of social support, trauma resilience and optimism as predictors of posttraumatic stress disorder among IDPs in Logo and Gwer-West, Benue State. This study examines the relationship of these factors in mitigating PTSD symptoms among displaced individuals, offering insights into strategies for enhancing their psychological recovery.

From the background of the study, the following were hypothesized;

- i. Trauma resilience will significantly influence posttraumatic stress disorder among victims of farmer-herder conflict in Logo and Gwer-West, Benue State.
- ii. Social support will significantly influence posttraumatic stress disorder among victims of farmer-herder conflict in Logo and Gwer-West, Benue State.
- iii. Optimism will significantly influence posttraumatic stress disorder among victims of farmer-herder conflict in Logo and Gwer-West, Benue State.

iv. Trauma resilience, social support and optimism will jointly influence posttraumatic stress disorder among victims of farmer-herder conflict in Logo and Gwer-West, Benue State.

METHOD

Design

This study used a cross-sectional survey design to study displaced persons. This research design was chosen because it allows for use of questionnaires to collect data from large sample with diverse socio-demographic characteristics. Study recorded trauma resilience, social support and optimism as independent variables, while posttraumatic stress disorder was measured as a dependent variable.

Setting

This study was carried out in Logo and Gwer-West Benue State. Logo is a local government area in Benue State, with Ugba town as its headquarters. It has an area of 1408km² and a population of 244,800 according to 2022 population projection by City Population. It is bonded in the north by Wukari local government area of Taraba State and in the west by Guma and Buruku local government and east is Ukum local government and, in the south, Katsina-Ala local government. Unfortunately, Logo local government is one of the local governments affected by herder-farmer crisis leading to displacement of several farmers who are living in various camps. According to Inyang and Effiong (2022) the registered IDP camps are Anyiin, Ugba, Abeda, Abeda Community and Anyiin Community with high numbering of IDPs amounting to 101, 658 and the number is still on the increase due to continued attacks on the farming communities.

Gwer-West LGA is located between latitudes 9 and 12°N and longitudes 6 and 9°E. It is bounded by Makurdi and Guma Benue State to the north, Gwer East LGA to the east, Otukpo LGA to the South and Apa and Agatu Benue State to the West. The headquarters of the LGA is Naka which is strategically located at kilometer 40 along the Makurdi - Ankpa interstate road Gwer-West was created out of the former Gwer local government in 1991 with Naka as its administrative headquarters during the regime of military president Ibrahim Badamosi Babangida. It covers a landmass of about 1,094km.

Presently, the Makurdi -Naka-Adoka -Ankpa and the Taraku- Aondona Naka -Agagbe roads almost divide Gwer-West along the former road strategically at 40km (in Naka) into four nearly equal parts on any updated political map of the study area. The local government is traversed and drained by many rivers including Gwer, Cheku, Akpaku, Nagi, Chu, Ana, Michi, Kpee, Kpukulu, Acha. Most of these rivers are ephemeral or seasonal in nature with a few being perennial but however reducing water volume in the dry season. These rivers take their sources mostly from the southern, western or eastern parts or neighbourhood of the local government. Meanwhile, discharge is indirectly or directly into River Benue, northward of the study area. This is due to the generally gentle but undulating slope in the area slightly getting lower towards River Benue.

The green vegetations and availability of these rivers encourage the invading herders to graze their cattle thereby clashing with local rice and other crop farmers. The local government has four area development (units) offices of Udam, Achamegh/Ayemegh, Mbakyooundu, and Sengev/Gaambe. It also has fifteen council wards of Mbachohon, Mbapa, Mbabuande, Mbapupuu/Tswarev, Sengev, Gbange/Tongov, Tyoughategher/Injaha, Saghev/Ukusu, Ikyaghev, Tsambe/Mbesev, Sengev/Yengev, Tijime, Avihijime, Merkyen, and Nyamshi. Settlement pattern here is nucleated villages in the countryside as well as towns like Naka, Atukpu, Agagbe, Nagi, Aondona, and to some extent, a gradually emerging Goh. This pattern is assumed in towns because of survey plans while in the rural areas as a result of traditional belief/family ties and system of agriculture which demands vast expanse of land. There are also some elements of linear pattern along the roads.

The population of Gwer-West Local Government Area according to a 2022 population projection by City Population was 176,600. Majority of the indigenous population is Tiv (Tyoshin people) with Injaha people of Idoma constituting another set of indigenous population but in few numbers. They are settled on the banks of River Benue in Tyoughatgher/Injaha council ward, north of the local government. Other ethnic nationalities

found here include but not limited to Hausa, Yoruba, Igala, Igede, Ijaw, Urhobo, Etulo, and Edo.

Most of the people are soil dependents i.e they earn their living directly through peasant farming as a primary and in most cases principal pre-occupation. A few of the population comprise of lumbermen, fishermen, hunters, traders, transport workers (service activities), the clergy and civil/public servants. Crops of diverse species are cultivated here which include Yam, Maize, Cassava, Rice, and Sorghum, Soya beans, Sesame, Beans as well as spice and horticultural species. Generally, there is low exploration and exploitation of mineral resources. The study area also has some important settlements some of which are urban, peri-urban while others are highly influenced by urban conditions and are almost all equally having periodic market centres serving as media for the exchange of goods, services and information. These include Naka, Agagbe, Aondona, Nagi, Atukpu, Kyande, Namikpe, Bunaka, Goh (Afogba), Koti-Akpoughul, Anguhar and Tse-Achagh. Some of these markets attract patronage from far away areas even beyond Benue state.

Population

The study population has a population of 161, 901 with 101, 658 IDPs drawn from Logo Local Government Area and 60, 243 IDPs drawn from Gwer-West, Local Government Area Benue State.

Sample Size Determination

The researcher used the Krejcie and Morgan formula to estimate the sample size from the population of 161, 901 with 101, 658 IDPs in Logo Local Government Area and 60, 243 IDPs in Gwer-West, Benue State. (Benue State Emergency Agency, 2021).

Formula

$$S = \frac{X^2NP(1 - P)}{d^2(N - 1) + X^2P(1 - P)}$$

Where:

S = Required sample size

X = Z value (i.e. 1.96 for 95% confidence level)

N = Population size

P = Population proportion (expressed as a decimal; assumed to be 0.5 i.e. 50%)

d = Degree of accuracy (5%) expressed as a proportion (.05); i.e. the margin of error

Substituting from the formula,

$$S = \frac{1.96^2 \times 161901 \times 0.5(1 - 0.5)}{0.05^2(161901 - 1) + 1.96^2 \times 0.5(1 - 0.5)}$$

$$S = \frac{3.84 \times 161901 \times 0.25}{0.0025 \times 161900 + 3.84 \times 0.25}$$

$$S = \frac{621699.84 \times 0.25}{404.75 + 0.96}$$

$$S = \frac{155424.96}{405.71} = 383.09$$

$S \cong 383$

Refer to see appendix C for Sample Size Estimation table authored by Krejcie and Morgan's (1970) was also consulted for further cross examination.

Logo $= 101,658/161,901 \times 100/1 = 63\%$ (63% of 383 = **241**)

Gwer-West $= 60,243/161,901 \times 100/1 = 37\%$ (37% of 383 = **142**)

Sampling Techniques

This study employs purposive sampling which is based on the principle that only members of a population who are available and willing to participate were selected. The internally displaced persons were therefore selected from their various camps for the study.

Participants

This study consists of 403 participants which were drawn from the population of IDPs in Logo and Gwer-West, Benue State. The participants were 155 (38.5%) males and 240 (59.6%) females with ages ranging from 12-95 and a Mean age of (M=39.68) and Standard Deviation (SD=15.00).

A descriptive analysis of the study participants showed that out of the 403 Victims of Farmer-Herder conflict that participated in the study, 61(15.1%) were single, 218(54.1%) were married, 34 (8.4%) were divorced or separated, while 90(22.3%) were widow(ers). Furthermore, a total 386(95.8%) were of Christian religious affiliation, 6(1.5%) were Islam, 5 (1.2%) were of unspecified religious affiliation, whereas 6 (1.5%) could not disclosed their religious affiliation, also, data on income earning of the study participants showed that 8(2.0%) were of high-income earning category, 135(33.5%) were average earners, 258 (64.0%) were of low-income earning status whereas 2 (0.5%) could not disclosed their income status.

Thus, 255 of the respondents were drawn from Anyiin, Ugba, Abeda, Abeda Community and Anyiin Community camps in Logo LGA and 148 from Naka, the headquarters of Gwer-West LGA. The study participants consist of only IDPs who scored 35 and above on the Posttraumatic Stress Disorder Checklist (PCL-C) indicating significant presence of posttraumatic stress disorder.

Instruments

Data for this study were collected using four instruments as seen below:

Demographic profile Sheet:

This was compiled by the research to collect demographic data of the participants including age, sex, marital status, Religion, Income level of the participants.

Trauma Resilience Scale (RS-14)

Trauma resilience Scale (RS)-14 was developed by Wagnild and Young (1993) to measure Trauma resilience among the general population. The scale has 14 items scored on 7 response likert scale ranging from 1 = Strongly Disagree, to Strongly Agree =7. Higher score on the RS-14 scale indicates higher or greater Trauma resilience. Cronbach's alpha reliability of RS-14 has been reported at 0.83 (Mirošević et al., 2019) and 0.90 (Aiena et al., 2014).

Multidimensional Scale of Perceived Social Support

The 12 item Multidimensional Scale of Perceived Social Support (MSPSS: Zimet et al., 1988) was used to measure perceived social support. The MSPSS has been shown to be relatively free of social desirability bias (Dahlem, Zimet & Walker, 1991). The 12-item MSPSS (see Appendix 1C) provides assessment of three sources of support: family support, friends support, and significant others support. The items are scored on a 5-point Likert-type structure ranging from 1 "strongly disagree" to 5 "strongly agree". Items 3, 4, 8 and 11

measure family support; items 6, 7, 9 and 12 measures friend support while items 1, 2, 5, and 10 measures significant other support. Zimet et al. (1988) reported MSPSS internal consistency (Cronbach Alpha) was .89 and Cronbach Alpha for the subscales were .78, .76 and .70 for family support, friends support and significant other support respectively. Onyishi, Okongwu & Ugwu (2012) obtained a Cronbach's Alpha of .82 and a concurrent validity coefficient of .73 using Nigerian sample.

Life Orientation Test-Revised (LOT-R)

Life Orientation Test-Revised (LOT-R) is a 10-item instrument developed by Scheier, Carver & Bridges (1994) to measure of optimism versus pessimism among the general population. Of the 10 items, 3 items measure optimism, 3 items measure pessimism, and 4 items serve as fillers. Respondents rate each item on a 5-point scale: 5 = I agree a lot; 4 = I agree a little; 3 = I neither agree nor disagree, 2 = I disagree a little; 1 = I disagree a lot.

Posttraumatic Stress Disorder Checklist (PCL-C)

Posttraumatic Stress Disorder Checklist (PCL-C) is a 17-item instrument developed by Weathers et al. (1994) to measure PTSD among traumatized persons. It has 5 options on which participants are required to choose one for each of the 17 items as it applies to him/her. The options are 1 = Not at all, 2 = Little bit, 3 = Moderately, 4 = Quite a bit and 5 = Extremely. Higher scores on this scale indicate higher symptoms of PTSD. Weathers et al., (1991) reported a Cronbach's alpha correlation reliability coefficient of 0.97.

Pilot Study

In order to test for the validity and reliability of the above scales, a pilot study was conducted by the researcher. The pilot study was conducted using 122 IDPs drawn from camps in Guma Local Government Area. The choice of this location is because these IDPs have similar characteristics with the proposed population for the actual study. Thereby, ensuring an objective trial that will qualify the instruments for a valid and reliable study. A total of 74 (61%) participants out of 122 were females while 48 (39%) were males with their ages ranging from 15 to 65 years. The result of the pilot study is presented below:

The Multidimensional Scale of Perceived Social Support by Zimet et al. (1988)

The item total correlation of the 12 items for Multidimensional Scale of Perceived Social Support ranged from .28 to .66. The output of the result yielded a Cronbach's alpha of .85 with a Total Variance Explained of 61.524 indicating that the instrument is 62% valid when used on IDPs. However, item 9 of the Multidimensional Scale of Perceived Social Support which returned an item total correlation of <.30 was not used in the main study.

The Trauma Resilience Scale by Wagnild and Young (1993)

Similarly, the item total correlation of the 14 items Trauma Resilience Scale ranged from .09 to .62. The output of the scale yielded a Cronbach's alpha of .80 with a Total Variance Explained of 80.279 indicating that the instrument is 80% valid when used on IDPs. However, items 5 and 10 of the Trauma Resilience Scale which returned an item total correlation of <.30 were eliminated in the main study.

The Posttraumatic Stress Disorder Checklist by Weathers et al. (1994)

Furthermore, the item total correlation of the 17 items for Posttraumatic Stress Disorder Checklist ranged from .23 to .59. The output of the result yielded a Cronbach's alpha of .84 with a Total Variance Explained of 92.284 indicating that the instrument is 92% valid when used on IDPs. However, items 5 of the Posttraumatic Stress Disorder Checklist which returned an item total correlation of <.30 was eliminated in the main study.

The Life Orientation Test by Scheier et al. (1994)

Finally, the item total correlation of the piloted 10 items Life Orientation Test ranged from .31 to .57. The

output of the result yielded a Cronbach's alpha of .78 with a Total Variance Explained of 37.117 indicating that the instrument is 37% valid when used on IDPs. All the 10 items of the Life Orientation Test were to be used in the main study for meeting the criteria of item total correlation of $>.30$. Overall, the reliability check has demonstrated that all the questionnaires are feasible to be use on the population of farmer-herder conflict victims (IDPs). This is because all four scales have Cronbach's alpha coefficient of $>.70$.

Procedure

The researcher secured the approval of the State Emergency Management Agency (SEMA) which he presented at the IDP camps in both LGAs. The researcher employed the use of an android based digital tool for data collection called Kobo Collect in administering the study questionnaire. In order to cover the large number of the study sample in good time, the researcher recruited 9 research assistants (4 for Gwer West LGA and 5 for Logo LGA) to support in administering the questionnaire. The recruitment criteria for the research assistants were i.) persons that had post-secondary education and possessed a basic understanding of research ii.) persons that owned smart phones and had good knowledge of using it. The researcher further conducted a training for the research assistants in 2 groups – separate trainings for the assistants in both LGAs as they were locals and resident in the LGA headquarters. Furthermore, the researcher carried out an interpretation of the study tools from English to Tiv which is the local language of the 2 LGAs together with the research assistants in order to have a common understanding and convey a uniform message to research participants during the administration. In order to ensure that participants of the study all had symptoms of PTSD, the researcher applied inclusion and exclusion criteria. Only those who scored high on the Posttraumatic Stress Disorder Checklist (see appendix VI for the scoring guidelines) were included while those that scored low were excluded. The researcher administered a total 424 questionnaires, 21 showed low PTSD symptoms and were discarded while 403 showed significant/high PTSD symptoms which now served as the study participants.

Data Analysis

Data for this study were analyzed using 3 separate statistical tools. Linear Regression was used to test for the independent influence of trauma resilience on PTSD among victims of farmer-herder conflicts while Multiple Regression was used to test for independent influence of social support and optimism on PTSD among victims of farmer-herder conflicts given that social support and optimism were measured at more than one dimension. Furthermore, multiple regression was used to test for joint influence of trauma resilience, social support and optimism on PTSD among victims of farmer-herder conflicts. Also, descriptive statistics such the mean, standard deviation and simple percentages were used for analysis of demographic data. The results are presented in tables.

RESULT

Inter-Correlations among the Study Variables

Table 4.1: Inter-Correlations among the Study Variables

Correlation Matrix																
				1	2	3	4	5	6	7	8	9	10	11	12	13
1 Age of Part.	Pearson r	39.9	15	1												
2 Sex of Part.	Pearson r	-	-	-0.01	1											
3 Marital	Pearson r	-	-	.361**	.335**	1										

Status																
4 Religion	Pearson r	-	-	.132**	0.002	.130**	1									
5 Income	Pearson r	-	-	-0.05	.238**	.224**	0.0381									
6 Social Support	Pearson r	42.7	8.88	-0.06	.279**	.203**	-0.02	.214**	1							
7 Trauma Resilience	Pearson r	54.2	6.95	0.097	.170**	.223**	-0.02	.196**	.486**	1						
8 PST	Pearson r	57.3	14.6	-0.07	.196**	0.088	0.042	-.111*	.225**	0.03	1					
9 Family Support	Pearson r	14.8	3.27	-0.1	.204**	.184**	-0.06	.195**	.855**	.431**	.229**	1				
10 Friends Support	Pearson r	13.2	3.99	-0.05	.266**	.177**	-0.02	-.112*	.816**	.322**	.147**	.504**	1			
11 Others Support	Pearson r	14.7	3.35	-0	.225**	.150**	0.027	.245**	.847**	.488**	.194**	.693**	.481**	1		
12 Optimism	Pearson r	11.5	2.57	0.071	-.122*	.166**	-0.08	-0.07	0.296	.480**	0.001	.202**	.281**	.259**	1	
13 Pessimism	Pearson r	3.37	1.17	-0.09	0.06	.141**	-0.01	0.089	0.036	0.058	0.034	-0	-0.03	-0.06	0.08	1
				1	2	3	4	5	6	7	8	9	10	11	12	13
**. Correlation is significant at the 0.01 level (2 tailed).																
*. Correlation is significant at the 0.05 level (2-tailed).																

Table 4.1 above show that trauma resilience has no significant relationship with posttraumatic stress disorder [$r(401)=.030>.05$]; optimism has no significant relationship with posttraumatic stress disorder [$r(401)=.296>.05$]; family support has a significant negative relationship with posttraumatic stress disorder [$r(403)=-.855<.001$], this implies that as family support increases posttraumatic stress disorder decreases; friends support also has a significant negative relationship with posttraumatic stress disorder; this also implies that as friend support increases posttraumatic stress disorder decreases [$r(403)=-.816<.001$]; significant others support has a significant positive relationship with posttraumatic stress disorder [$r(403)=.847<.001$]; and overall social support has a significant negative relationship with posttraumatic stress disorder [$r(403)=-.225<.001$].

Furthermore results from table 4.1 revealed that age has no significant relationship with posttraumatic stress disorder [$r(403)=-.069>.05$]; sex has significant relationship with posttraumatic stress disorder [$r(395)=-.196<.001$]; marital status has no significant relationship with posttraumatic stress disorder [$r(403)=.088>.05$]; religious affiliation has no significant relationship with posttraumatic stress disorder [$r(397)=.042>.05$] and income status has a significant negative relationship with posttraumatic stress disorder [$r(401)=-.111<.001$], this implies that as participant level of income increases posttraumatic stress disorder decreases.

Hypotheses Testing

Hypothesis 1: This hypothesis stated that trauma resilience will significantly influence PTSD among victims of farmer-herder conflict in Logo and Gwer-West, Benue State. This hypothesis was tested using simple linear regression analysis and the result is presented in Table 4.2.

Table 4.2: Simple Linear Regression Analysis showing influence of trauma resilience on PTSD among victims of farmer-herder conflict in Logo and Gwer-West, Benue State.

Predictors	R	R ²	df	F	β	t	P
Constant	.030	.001	1, 399	.355		9.403	.000
Trauma Resilience					.063	.596	.552

Dependent Variable: Posttraumatic stress Disorder

The result presented in Table 4.2 above showed that trauma resilience did not significantly influence posttraumatic stress disorder among victims of farmer-herder conflict in Logo and Gwer-West, Benue State. [$R=.030$, $R^2=.001$, $F=(1,399)=.355$, $p>.05$]. Based on this result, hypothesis one was rejected.

Hypothesis 2: This hypothesis stated that social support will significantly influence PTSD among victims of farmer-herder conflict in Logo and Gwer-West, Benue State. This hypothesis was tested using multiple linear regression analysis and the result is presented in Table 4.3.

Table 4.3 Multiple Linear Regression Analysis Showing Influence of Social Support on PTSD among Victims of Farmer-Herder conflict in Logo and Gwer-West, Benue State.

Predictors	R	R ²	df	F	β	t	P
Constant	.166	.027	3, 399	3.756		9.688	.011
Significant Others					1.906	1.499	.135
Family					-2.565	-3.256	.001
Friends					-.556	-.486	.627

Dependent Variable: posttraumatic stress disorder.

The result presented in Table 4.3 above showed that social support significantly predicted posttraumatic stress disorder among victims of farmer-herder conflict in Logo and Gwer-West, Benue State. [$R=.166$, $R^2=.027$, $F=(3,399)=3.756$, $p<.05$]. The result further showed that social support and its dimensions accounted for 2.7% of the total variance observed in posttraumatic stress disorder among victims of farmer-herder conflict in Logo and Gwer-West, Benue State.

Further observations of the result showed that among all the dimensions of social support examined, only family support ($\beta=-2.565$, $t=-3.256$, $p<.05$) significantly contributed to the model, this implies that as family support increases, posttraumatic stress disorder decreases, while friend support ($\beta=-.556$, $t=-.486$, $p>.05$), significant others support ($\beta=1.906$, $t=1.499$, $p>.05$), did not significantly contributed to model. Based on this result, hypothesis two was accepted for influence.

Hypothesis 3: This hypothesis stated that optimism will significantly influence PTSD among victims of farmer-herder conflict in Logo and Gwer-West, Benue State. This hypothesis was tested using multiple linear

regression analysis and the result is presented in Table 4.4.

Table 4.4: Multiple Linear Regression Analysis showing the influence of optimism on PTSD among victims of farmer-herder conflict in Logo and Gwer-West, Benue State

Predictors	R	R ²	df	F	P	β	t	P
Constant	.035	.001	2,393	.247	.781b		14.653	.000
Optimism						-.058	-.201	.841
Pessimism						.433	.688	.492

Dependent Variable: posttraumatic stress disorder.

The result presented in table 4.4 above revealed that optimism did not significantly predict posttraumatic stress disorder among victims of farmer-herder conflict in Logo and Gwer-West, Benue State. [$R=.035$, $R^2=.001$, $F=(2,393)=.352475$, $p>.05$]. Based on this result, hypothesis three was rejected.

Hypothesis 4: This hypothesis stated that trauma resilience, social support and optimism will jointly influence posttraumatic stress disorder among victims of farmer-herder conflict in Logo and Gwer-West, Benue State. This hypothesis was tested using multiple linear regression analysis and the result is presented in Table 4.5.

Table 4.5: Multiple Linear Regression Analysis showing the joint influence of trauma resilience, social support, and optimism on posttraumatic stress disorder among victims of farmer-herder conflict in Logo and Gwer-West, Benue State

Predictors	R	R ²	df	F	P	β	t	P
Constant	.248	.062	3,395	8.640			9.002	.000
Trauma Resilience						.189	1.483	.139
Optimism						-.247	-.787	.432
Social Support						-.462	-5.047	.000

Dependent Variable: posttraumatic stress disorder

The result presented in Table 4.5 revealed that trauma resilience, social support and optimism significantly influenced posttraumatic stress disorder among victims of farmer-herder conflict in Logo and Gwer-West, Benue State. [$R=.248$, $R^2=.062$, $F=(3,395)= 8.640$, $p<.000$]. The result further showed that trauma resilience, social support and optimism accounted for 6.2% of the total variance observed in posttraumatic stress disorder among victims of farmer-herder conflict in Logo and Gwer-West, Benue State.

Further observations of the result showed that among all the variables examined for joint influence, only social support ($\beta=-.462$, $t=-5.047$, $p<.000$) significantly contributed to the model, this implies that as social support increases, posttraumatic stress disorder decreases while optimism ($\beta=-.247$, $t=-.787$, $p>.05$); trauma resilience ($\beta=.189$, $t=1.483$, $p>.05$), did not significantly contribute to model. Therefore, hypothesis four was accepted.

DISCUSSION

This study examined trauma resilience, social support, optimism and PTSD among victims of farmer-herder conflict in Logo and Gwer-West Benue state. Hypothesis one which stated that trauma resilience will significantly influence PTSD among victims of farmer-herder conflict in Logo and Gwer-West, Benue State

was not significant. The result showed that trauma resilience did not significantly influence PTSD. This finding tallies with the study of Suarez (2013) who reported in his study that trauma resilience did not contribute to the overall variance of post-traumatic stress related symptoms, which was predicted by past exposure to violence. The finding also, supports that of Ssenyonga, Owen and Olema (2012) who examined posttraumatic growth, trauma resilience and PTSD among a random sample of 426 (mean age: 35 years; 51.6% females) Congolese refugees' resident at Nakivale camp, using a cross-sectional survey and reported that there were no significant differences in the trauma resilience and posttraumatic growth of refugees with and without PTSD. The high prevalence of PTSD is partly explained by risk factors including trauma load. Similarly, finding also agree with the report of Day (2013) who studied trauma resilience and trauma in maltreated youth using 55 youths aged 12-17 years from Department of Family Services (DFS) related sites in the Las Vegas.

This discovery disagrees with the following findings: Aziz and Yildirim (2019) examined the relationship between psychological trait resilience and forgiveness among internally displaced persons (IDPs) and reported that ecological resilience was positively related with emotional, behavioral, and cognitive forgiveness, while engineering resilience was positively related with emotional and cognitive forgiveness. Similarly, the study findings disagree with the report of Docena (2015) who interviewed 200 survivors of Super Typhoon Haiyan living in a resettlement area in Tacloban City and reported that individual and community trauma resilience each uniquely predicted absence of anxiety among disaster survivors.

More so, the present study finding differs with the report of Ebulum (2014) to investigate the role of intensity of event, distress disclosure and trauma resilience on posttraumatic stress disorder among flood victims in Anambra state and reported that trauma resilience significantly predicted PTSD. It also contributed 2% to the explanation of the variance in PTSD. Physical intensity of event significantly predicted PTSD. About 11% of the variance in PTSD was explained on account of physical intensity of the traumatic event. Emotional intensity of event was not a significant predictor of PTSD. It was also found that distress disclosure was not a significant predictor of PTSD.

Lastly, these findings support the study of Mujeeb and Zubair (2012) who explored trauma resilience, stress, anxiety and depression among internally displaced persons in Garden Villas, Rawalpindi and Barakoh camps in Islamabad and revealed a significant inverse correlation between trauma resilience and stress, anxiety and depression.

Hypothesis two which stated that social support will significantly influence PTSD among farmer-herder conflict in Logo and Gwer-West, Benue State was confirmed. The result showed that social support significantly influenced PTSD. It was observed that, family support significantly contributed to the model negatively, this means that as family support increases, the chances of farmer-herder conflict victims conceiving PTSD decreases. This discovery is symmetrical to the findings to report of Kwajaffa et al. (2018) who examined psychosocial support services at internally displaced persons camps in Maiduguri, Borno State, Nigeria. Similarly, finding support the study of Oginyi et al. (2017) who investigated depression, psychological distress, social support and coping strategies as predictors of psychological well-being of internally displaced persons in Ishielu, Ikwo and Abakaliki local Government Areas of Ebonyi State, South-Eastern Nigeria and reported that giving support will aid in reducing depression, psychological distress, strengthening their coping strategies and increase psychological wellbeing of IDPs.

More so, finding of the present study agrees with that of Getnet et al. (2017) tested the significance of mediating and moderating roles of sense of coherence, adaptive coping styles and social support in the relationship between exposure to trauma and psychological symptoms in a refugee population in sub-Saharan Africa.

Hypothesis three which stated that optimism will significantly influence PTSD among victims of farmer-herder conflict in Logo and Gwer-West, Benue State was rejected. The result showed that optimism did not significantly influence PTSD. Findings from hypothesis three agree with the study of Putri and Pohan (2019) who examined optimism and perceived social support predicted posttraumatic growth. The study design was a quantitative and cross-sectional study using the Posttraumatic Growth Inventory (PTGI), revised Life Orientation Test (LOT-R), and Multidimensional Scale of Perceived Social Support (MSPSS) as

measurements. Participants were 66 emerging adults aged 18–25 years who experienced a parent's death in the past 6 months to 3 years before the study.

This discovery contrasts the findings of Gallagher et al. (2020) who examined positive expectancies (e.g., hope, self-efficacy, and optimism) and posttraumatic stress disorder (PTSD) from 154 studies indicated that positive expectancies were associated with lower levels of PTSD symptoms. Also, findings from the present study disagrees with the report of Acquaye, et al. (2018) who evaluated the contribution of war, trauma, and optimism on among displaced persons traumatized by war related experiences among (N= 444). Similarly, finding contrast with Rauch et al. (2013) who examined the role of optimism on PTSD symptom severity, coping and summarization among women in the childbearing year from 1581 persons who completed interviews with nulliparous, pregnant women. Also, present finding pose dissimilarity with the study of Kim et al. (2014) who studied over 6,000 older adults who were participating in the health and retirement study.

Hypothesis four which stated that trauma resilience, social support and optimism will jointly influence posttraumatic stress disorder among victims of farmer-herder conflict in Logo and Gwer-West Benue State proved to be significant. The result showed that trauma resilience, social support and optimism jointly influenced PTSD. This finding agrees with a study reported by Chukwuorji et al. (2018) who examined posttraumatic growth (PTG) in the context of internal displacement among 555 internally displaced persons (IDPs) in Makurdi, North-Central Nigeria. Similarly, present finding agrees with that of Taiwo et al. (2016) who investigated into the prevalence and pattern of psycho-traumatic stressful life events, psychological distress, and post-traumatic stress disorder (PTSD) among child/adolescents IDPs. Also, with the study of Sheikh et al. (2014) who assessed prevalence and socio-demographic factors associated with post-traumatic stress disorder (PTSD) among IDPs 258 adults IDPs.

CONCLUSION

This study examined trauma resilience, social support, optimism, and PTSD among victims of farmer-herder conflict in Logo and Gwer-West Benue state. Data was collected using questionnaires and tested using appropriate statistical methods and it was concluded that:

- i. Trauma resilience is not a significant determinant of posttraumatic stress disorder among victims of farmer-herder conflict in Logo and Gwer-West, Benue State.
- ii. Social support has a significant influence on posttraumatic stress disorder among victims of farmer-herder conflict in Logo and Gwer-West, Benue State. More specifically, family support was found to negatively influence PTSD, this implies that; as family support decrease, chances of IDPs developing PTSD was on the increase.
- iii. Optimism has a nonsignificant influence on posttraumatic stress disorder among victims of farmer-herder conflict in Logo and Gwer-West, Benue State.
- iv. Trauma resilience, social support and optimism have influence on posttraumatic stress disorder among victims of farmer-herder conflict in Logo and Gwer-West, Benue State. However, only social support was found to negatively influenced PTSD, this implies that; as social support decreases, chances of developing PTSD were on the increase among IDPs.

RECOMMENDATIONS OF THE STUDY

The findings of this study have shown clearly that social support, specifically family support is very useful in helping people affected by conflict to overcome posttraumatic stress disorder. In view of this, the study recommends the following:

- i. National and subnational government through the Emergency Management Agencies along with humanitarian and development organizations should include in their Emergency Response Plans a re-settlement programme for displaced persons affected by conflict. These plans should further be closely

monitored by the civil society to ensure the early implementation of the re-settlement programme so that displaced persons will be reunited with their families so that they can receive adequate social support from their families thereby reducing their risk of developing PTSD.

- ii. The study further recommends that when organizing camps for displaced persons, the family structure should be considered. At the nuclear level, families should be given safe spaces so that they could still function as families as much as possible.

REFERENCES

1. Acquaye, H. E., Mitchell, M. D., Saliba, Y., Oh, S. & Heard, N. (2018). Optimism in trauma and growth: A path analysis of former war-related displaced persons. *Journal of Pedagogical Research*, 2(1), 16-29
2. Aiena, B. J., Baczwaski, B. J., Schulenberg, S. E. & Buchanan, E. M. (2014). Measuring resilience with the RS-14: a tale of two samples. *Journal of personality assessment*, 97(3), 291–300. <https://doi.org/10.1080/00223891.2014.951445>
3. American Psychiatric Association (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed: American Psychiatric Publishing, 271–280
4. Aziz, I. A. & Yildirim, M. (2020). Investigating relationship between psychological trait resilience and forgiveness among internally displaced persons. *Psychology, Community & Health*, 8(1), 263-274.
5. Bonanno, G. A., & Diminich, E. D. (2013). Annual Research Review: Positive adjustment to adversity—trajectories of minimal–impact resilience and emergent resilience. *Journal of child psychology and psychiatry*, 54(4), 378-401.
6. Carver, C. S., & Scheier, M. F. (2014). Dispositional optimism. *Trends in cognitive sciences*, 18(6), 293-299.
7. Chinne, Z. (2023). “We Had No Choice”: How Nigerians in the Middle Belt Displaced by Fulani Herdsmen Describe Their Experiences (Doctoral dissertation, Biola University).
8. Chukwuorji, J. C., Ifeagwazi, C. M. & Zacchaeus, E. A. (2014). Alienation and psychological wellbeing: Moderation by trauma resilience. *Social Indicators Research*.014-060.
9. Cohen, G. H., Tamrakar, S., Lowe, S., Sampson, L., Ettman, C., Kilpatrick, D., ... & Galea, S. (2019). Improved social services and the burden of post-traumatic stress disorder among economically vulnerable people after a natural disaster: a modelling study. *The Lancet Planetary Health*, 3(2), e93-e101.
10. Conversano, C., Rotondo, A., Lensi, E., Della Vista, O., Arpone, F. & Reda, M. A. (2010). Optimism and its impact on mental and physical well-being. *Clinical practice and epidemiology in mental health: CP & EMH*, 6, 25–29. <https://doi.org/10.2174/1745017901006010025>
11. Dahlem, N. W., Zimet, G. D., & Walker, R. R. (1991). The multidimensional scale of perceived social support: a confirmation study. *Journal of clinical psychology*, 47(6), 756-761.
12. Day, T.L. (2013). Trauma resilience and trauma in maltreated youth. Master’s thesis. University of Nevada, Las Vegas
13. Docena, P. S. (2015). Adaptive coping, resilience, and absence of anxiety among displaced disaster survivors. *Philippine Journal of Psychology*, 48(2), 27-49.
14. Ebulum, G. C. (2014). Role of intensity of event, distress disclosure and resilience in posttraumatic stress disorder among flood victims in Anambra state. A project report submitted in partial fulfillment of the requirement for the award of Master of Science (M. Sc.) Honours Degree in Clinical Psychology.
15. Elklit, A., Lasgaard, M., & Palic, S. (2012). Social support, coping and posttraumatic stress symptoms in young refugees. *Torture: quarterly journal on rehabilitation of torture victims and prevention of torture*, 22(1), 11-23.
16. Galatzer-Levy, I. R., Huang, S. H., & Bonanno, G. A. (2018). Trajectories of resilience and dysfunction following potential trauma: A review and statistical evaluation. *Clinical psychology review*, 63, 41-55.
17. Gallagher, M. W., Long, L. J. & Phillips, C. A. (2020). Hope, optimism, self-efficacy, and Posttraumatic stress Disorder: A meta-analytic review of the protective effects of positive expectancies. *Journal of clinical psychology*, 76(3), 329–355. <https://doi.org/10.1002/jclp.22882>

18. Getanda, E. M., Papadopoulos, C., & Evans, H. (2015). The mental health, quality of life and life satisfaction of internally displaced persons living in Nakuru County, Kenya. *BMC public health*, 15, 1-9.
19. Iacoviello, B. M., & Charney, D. S. (2014). Psychosocial facets of resilience: implications for preventing posttrauma psychopathology, treating trauma survivors, and enhancing community resilience. *European journal of psychotraumatology*, 5(1), 23970.
20. International Organization for Migration (2017). Round XIX Displacement Tracking Matrix Assessment. Retrieved from Displacement Tracking Matrix | DTM | Round XIX Report - October 2017 - Nigeria | ReliefWeb 112
21. Inyang, E. B., & Effiong, E. N. (2022). Humanitarian intervention in Nigeria: A Case of internally displaced People in Benue State, 2018–2021. Available at SSRN 3998209.
22. Joab-Peterside, S. (2020). Nigeria's contemporary security challenges: Herders–farmers conflict and banditry. *crisis*, 10(17), 27-38
23. Kim, E. S., Park, N. & Peterson, C. (2011). Dispositional optimism protects older adults from stroke: the Health and Retirement Study. *Stroke*, 42(10), 2855-2859.
24. Kim, E. S., Smith, J. & Kubzansky, L. D. (2014). Prospective study of the association between dispositional optimism and incident heart failure. *Circulation. Heart failure*, 7(3), 394–400.
25. Knowles, E. (2024). Online Perceived Social Support and Its Association With Psychopathology in Rural and Urban Youth (Master's thesis, University of South Dakota).
26. Kwajaffa, P. S., Onyencho, V. C., Abdu, W. I., Ali, M. A., Placidus, O., & Mshelia, A. (2018). Sphere Based Assessment of Psychosocial Support Services at Internally Displaced Persons Camps in Maiduguri, Borno State, Nigeria. *Mental Health Human Resilience International Journal*, 2(2), 000120.
27. Lee, H., Peirsman, Y., Chang, A., Chambers, N., Surdeanu, M., & Jurafsky, D. (2011, June). Stanford's multi-pass sieve coreference resolution system at the conll-2011 shared task. In *Proceedings of the fifteenth conference on computational natural language learning: Shared task* (pp. 28-34).
28. Letica-Crepulja, M., Salcioglu, E., Francisković, T. & Basoglu, M. (2011). Factors associated with Posttraumatic stress Disorder and depression in war-survivors displaced in Croatia. *Croatian medical journal*, 52(6), 709–717. <https://doi.org/10.3325/cmj.2011.52.709>
29. Mancini, A. D., & Bonanno, G. A. (2010). Resilience to potential trauma. *Handbook of adult resilience*, 258-280.
30. Mercy Corps, (2015). The Economic Costs of Conflict in Nigeria. Retrieved from The Economic Costs of Conflict in Nigeria (mercycorps.org) 116.
31. Mirošević, Š., Klemenc-Ketiš, Z., & Selič, P. (2019). The 14-item Resilience scale as a potential screening tool for depression/anxiety and quality of life assessment: a systematic review of current research. *Family practice*, 36(3), 262-268.
32. Mujeeb, A., & Zubair, A. (2012). Resilience, stress, anxiety and depression among internally displaced persons affected by armed conflict. *Pakistan journal of social and clinical psychology*, 10(2), 20-26.
33. Nosè, M., Ballette, F., Bighelli, I., Turrini, G., Purgato, M., Tol, W., Priebe, S. & Barbui, C. (2017). Psychosocial interventions for post-traumatic stress disorder in refugees and asylum seekers resettled in high-income countries: Systematic review and meta-analysis. *PloS one*, 12(2), e0171030. <https://doi.org/10.1371/journal.pone.0171030>
34. Oginyi, R.C.N., Mbam, O.F & Ojen N.J. (2017). Depression, Psychological Distress, Social Support and Coping Strategies as Predictors of Psychological Well-Being Among Internally Displaced Persons. *Middle-East Journal of Scientific Research*, 25 (6): 1269-1279, 2017
35. Onyishi, I. E., Okongwu, O. E. & Ugwu, F. O. (2012). Personality And Social Support As Predictors Of Life Satisfaction Of Nigerian Prisons Officers. *European Scientific Journal*, ESJ, 8(20). <https://doi.org/10.19044/esj.2012.v8n20p%p>
36. Pietrzak, R. H., Johnson, D. C., Goldstein, M. B., Malley, J. C. & Southwick, S. M. (2009). Psychological resilience and postdeployment social support protect against traumatic stress and depressive symptoms in soldiers returning from Operations Enduring Freedom and Iraqi Freedom. *Depression and anxiety*, 26(8), 745–751. <https://doi.org/10.1002/da.20558>
37. Putri, E. P., & Pohan, L. D. (2020). Optimism and perceived social support as predictors of posttraumatic growth among emerging adults after the death of a parent. In 3rd International Conference on Intervention and Applied Psychology (ICIAP 2019) and the 4th Universitas Indonesia

- Psychology Symposium for Undergraduate Research (UIPSUR 2019) (pp. 390-401). Atlantis Press.
38. Rauch, S. A., Defever, E., Oetting, S., Graham-Bermann, S. A., & Seng, J. S. (2013). Optimism, coping, and posttraumatic stress severity in women in the childbearing year. *Psychological Trauma: Theory, Research, Practice, and Policy*, 5(1), 77.
 39. Scheier, M. F., Carver, C. S., & Bridges, M. W. (1994). Distinguishing optimism from neuroticism (and trait anxiety, self-mastery, and self-esteem): a reevaluation of the Life Orientation Test. *Journal of personality and social psychology*, 67(6), 1063.
 40. Sheikh, T. L., Mohammed, A., Agunbiade, S., Ike, J., Ebiti, W. N., & Adekeye, O. (2014). Psycho-trauma, psychosocial adjustment, and symptomatic post-traumatic stress disorder among internally displaced persons in Kaduna, Northwestern Nigeria. *Frontiers in PSYCHIATRY*, 5, 127.
 41. Ssenyonga, J., Owens, V. & Olema, D.K. (2013). A Posttraumatic Growth, Trauma resilience, and Posttraumatic stress Disorder (PTSD) Among Refugees. *Procedia - Social and Behavioral Sciences*, 82, 144 – 148
 42. Suarez, E. B. (2013). The association between post-traumatic stress-related symptoms, trauma resilience, current stress and past exposure to violence: A cross sectional study of the survival of Quechua women in the aftermath of the Peruvian armed conflict. *Conflict and Health*, 7(21), 23-58
 43. Taiwo, O., Bello, K., Mohammed, I. & Olafuyi, O. (2016). Characterization of surfactant flooding for light oil using Gum Arabic. In *International Journal of Engineering Research in Africa* (Vol. 21, pp. 136-147). Trans Tech Publications Ltd.
 44. Teche, S. P., Barros, A. J. S., Rosa, R. G., Guimarães, L. P., Cordini, K. L., Goi, J. D., & Freitas, L. H. (2017). Association between resilience and posttraumatic stress disorder among Brazilian victims of urban violence: a cross-sectional case-control study. *Trends in psychiatry and psychotherapy*, 39(2), 116-123.
 45. Tesfai, A., Captari, L. E., Meyer-Weitz, A., & Cowden, R. G. (2023). Coping resources among forced migrants in South Africa: exploring the role of character strengths in coping, adjustment, and flourishing. *International journal of environmental research and public health*, 21(1), 50.
 46. Wagnild, G. M., & Young, H. M. (1993). Development and psychometric. *Journal of nursing measurement*, 1(2), 165-17847.
 47. Weathers, F. W., Litz, B. T., Herman, D. S., Huska, J. A., & Keane, T. M. (1994). PTSD Checklist--military version. *Journal of Consulting and Clinical Psychology*.
 48. Ying, L., Wu, X., Lin, C., & Jiang, L. (2014). Traumatic severity and trait resilience as predictors of posttraumatic stress disorder and depressive symptoms among adolescent survivors of the Wenchuan earthquake. *PloS one*, 9(2), e89401.
 49. Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farley, G. K. (1988). The multidimensional scale of perceived social support. *Journal of personality assessment*, 52(1), 30-41.