

**POST-TRAUMATIC STRESS DISORDER, SCHOOL
ACCESS AND ADJUSTMENT AMONG CHILDREN OF
DISPLACED COMMUNITIES OF PLATEAU STATE,
NIGERIA**

BY

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DEDICATION

This work is dedicated to my mother. HajiyaLadiAdamuJaku.

APPROVAL PAGE

This thesis by Baba Umar Abubakar has met the requirements for the award of the Degree of DOCTOR OF PHILOSOPHY (Educational Psychology) of the Bayero University, Kano, (BUK) and is approved for its contribution to knowledge.

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LIST OF ABBREVIATIONS

A.P.A	-	American Psychiatrist Association
DSM.- IV	-	Diagnostic Statistics Manual of American
	-	Psychiatric Association
EIE	-	Education in Emergency
G.A.S.	-	General Adaptation Syndrome
IEP	-	Individualized Educational Programme
IDP	-	Internally Displaced Persons
NEMA	-	National Emergency Management Agency
N.P.E,	-	National Policy of Education
PTSD	-	Post Traumatic Stress Disorders
POTRASIS	-	Post Trauma School Inventory Scale
SEMA	-	State Emergency Management Agency
S.P	-	Safe Space
WHO	-	Whole Health Organization

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DEFINITION OF TERMS

Access to School:

Refers to the ease or simplicity of entry procedures faced or encounter by the displaced students from Plateau State in gaining and maintaining admission into public schools in Bauchi State. It entails that the displaced students are equally treated without discrimination in term of school fees, and other privileges enjoyed by non – displaced (indigene) students, such as free uniforms, textbooks, and payment of WAEC/NECO/NABTEB Examinations fees by Bauchi State Government

Depression:

A state of deep feeling of intense and perceive dejection and hopelessness, usually accompanied by apathy and a feeling of personal worthlessness. It includes sadness and obsessive discouragement as may be experienced by normal people and the mentally disordered person.

Displaced Students:

In this study refers to all migrated Senior Secondary School Students from Plateau State violent conflicts that are now schooling in Bauchi Public Schools.

Post – Traumatic Stress Disorder:

Is an anxiety disorder arising as a delayed and protracted response after experiencing or witnessing a traumatic event involving actual or threatened death or serious injury to self or others. It is characterized by intense fear, helplessness, or horror lasting more than four weeks. The traumatic event being persistently re-experienced in the form of distressing recollections, recurrent dreams, sensations or relieving experience, hallucinations, or flashback.

School Adjustment:

This has been in this study to mean the students ability to adapt to the demands, obligations and duties of the school as well as its attendant social atmosphere and conditions, such as punctuality, loyalty, hard work and positive relationship with peers, teachers and other staff in the School.

Teachers' perception:

It means the causal attributions teachers make to incident of post-traumatic stress disorder among the displaced senior secondary school students, and their view about its effect on the teaching and learning process.

Non – Displaced:

Simply refers to those students that are not affected by any violent conflict particularly, that of Plateau State. Therefore they do not suffered any displacement (indigene students).

ABSTRACT

This study was carried out in order to investigate the perception of Senior Secondary School Teachers in Bauchi State, about the prevalence of Post-Traumatic Stress Disorders, access to school and school adjustment among students displaced by ethno-religious and political crises from Plateau State that are resettled in Bauchi State. Ex-post facto research design was used, while an adapted but modified instrument called (POTRASIS) was used by the researcher to collect data. A total of 335 Questionnaires were administered to the same number of teachers. Out of these 318 were returned and analyzed. Both descriptive and inferential statistical tools were used. Percentages, frequencies and Standard deviations were used to analyze the descriptive data. T- tests for independent sample was used to analyze the data on hypotheses 1, 2, 3, and 4. The findings of the study were that prevalence of post-traumatic stress disorders differs significantly between boarding and day schools likewise between boys and girls senior secondary schools in the perception of their teachers in Bauchi State. The result also indicated that there is significant difference in the school adjustment between boarding and day schools likewise between boys and girls senior secondary schools in the perception of their teachers in Bauchi State. Pearson Product Moment Correlation was used to analyze data on hypothesis 5. The finding indicated that there is significant relationship between symptoms of post-traumatic stress disorders and school adjustment problems among displaced senior secondary school students as perceived by their teachers in Bauchi State. In view of the above findings, therefore the researcher recommended among others, that all teacher training institutions including Department of Education in Nigerian Universities should introduced a compulsory course of study with the title Education In Emergency (EIE) in order to equip the teachers under training with basic skills of managing displaced and refugee students mental health problems such as post-traumatic stress disorders.

CHAPTER ONE

INTRODUCTION

1.1 Background of the study

Global migratory phenomenon caused by armed conflict, natural disasters and social turmoil are shaping the experiences of governments, volunteers and families fleeing war, dictatorship, insecurity and poverty. Although survival and the absence of meaningful prospects for the future, for oneself or one's family, are very powerful incentive for migration, the chances of obtaining asylum have declined progressively in most African countries. Refugees and displaced persons are seen as threat by the host communities rather than persons that need help and assistances.

The experience of displacement from one's home country, town, city or village is often a significant trauma and loss for the displaced persons of all ages. The victims particularly children must leave behind all they have ever known, including friends, schools, teachers, homes, family members and their communities. Most of the children would suffer post- traumatic stress Disorder (PTSD), depression due to such great disruption in schooling, exposure to violence and extensive deprivation can also impact on the cognitive, emotional and behavioral development of displaced children.

The United Nation High Commission for Refugees UNHCR reported in 1999 that there are 50 million people who have been forced to leave their homes either as refugees or internally displaced persons (IDPs) as cited in Black (2001). It is also estimated that 50% of that figure are children under the age of fifteen, while those under the age of

eighteen constitute 27% of the figure as reported by Health Policy Advisory Committee of the UNHCR in 1997.

In recent years African countries witness a wide-scale exposure to violence which heightens the rate of refugees and displaced person in the region. Some of these crises include: the Rwandan genocide (12%), the Liberian and Sierra-Leonian political crises (29%), the Ugandan L.R.A armed conflict (6%), and Somalia's long inter-clan conflicts (14%). Others are the Democratic Republic of Congo ethno linguistic crises (5%), the Sudan and South-Sudan resource control and border conflicts (9%); the Tunisian (8%), Egyptian (7%) and Libyan Arab Spring (5%). There is also the recent Malian Turek rebels (3%) who declare the independence of Northern Mali and the military intervention in Genuine Bissau (2%). These sequences of conflicts in Africa made the number of refugees and displaced persons high, compared to other parts of the world. What is worrisome about African refugees and displaced persons situation is the total absence of clearly articulated disaster management plan for children's education in emergency situation caused by this conflicts. (UNHCR, 2013).

De Bellis et al. (2002), stressed that children's education in conflict areas or situations are disproportionately affected as government expenditures on military and other sectors linked to the war effort increase dramatically. Such governments usually do not have budget to support adequate number of well trained teachers, capable of understanding and appreciating post- traumatic stress disorder PTSD, facing their students. The United Kingdom based Department for International Development report that in Liberia for example, 65% of the teachers do not meet state qualification

requirements. In Angola a chronic shortage of teacher has resulted in 80-1 student-teacher ratio.

In addition to severe human resource constraints, the quality of education and students' adjustments are adversely affected by the direct targeting of schools and teachers. Rebels routinely bombed schools and threaten teachers with violence. To date some 8,500 public and private schools across Rwanda, Liberia, Sierra- Leone, Somalia, Sudan and Democratic Republic of Congo have been closed, (Rumberger, 2003).

Since the emergence of the nascent democracy in 1999, Plateau State, located in North Central Nigeria has become a permanent flashpoint of violent clashes. The State which had hitherto been one of the most relatively peaceful in Nigeria has been deeply enmeshed and suffused in ethno-religious and political conflicts characterized by genocidal attacks, bombings, maiming and killings of several persons, and loss of business investments. Public institutions such as schools, hospitals and properties worth several billions of Naira were destroyed. Within the span of twelve years, several violent ethno-religious and political conflicts have been reported in Plateau State and all efforts to restore peace have not achieved the desired result. It was this spade of inter mittens crisis that made Plateau State went down with the unenviable record of being the first state in the fourth Republic where a state of emergency was declared during the stewardship of the fourth republic Governor, (1999-2003) . Democratic governance with the underlying emphasis on the activation of the citizenry to realize the common good has not taken root in the popular consciousness of Nigerians as shown in Plateau State where every citizen appears to be for himself(Ojo, 2010).

Human Right Watch (2010) was blunt and direct to the point. It clearly states that the discriminatory policies lie at the root of much of the inter-communal and ethno-religious conflict in Nigeria. With such policies in Plateau State, according to HRW (2010) “non-Indigenes are openly denied the right to compete for government jobs and academic scholarships”. In particular, in Jos, Kuru Karama, Bukur, Barikin Ladi, Pankshin etc. members of the largely Muslim Hausa/Fulani ethnic group are classified as non-indigenes though many have lived there for several generations.

Hillary Clinton, the Secretary of State of the USA (2010) maintained that any sensible person that has anything to do with Nigeria must have been disturbed with high level of animalistic barbarism, and display of total hatred among the people that were hitherto living peacefully for hundreds of years in Jos, Plateau State of Nigeria. It has been depressing as thousands of people were left homeless and in fear, and there were heavy irreparable material and human losses. Women and children were more vulnerable as their homes, schools were destroyed. They became displaced with psychosocial disorder such as post-traumatic stress disorder.

A monster called indigenes or settlers’ syndrome has torn the Jos people apart. The Birom’s and Hausa or Fulani’s have been engaged in a supremacy feud over the control of Jos North Local Government, which is predominantly occupied by the Hausas and simultaneously, religion becomes an issue. When it did, the scope of the problem was amplified as dwellers from other parts of the State were compelled to line up behind the two original parties to the conflict (Durodola & Oloyede, 2011).

Predictably, the mixtures of ethnicity and faith have taken the strife to unimaginable, deadly heights. Whole villages have been wiped out. Neighbours who had

lived in harmony for decades have turned on one another with murderous fervor. That has led to the loss of thousands of lives. Numerous buildings including schools and other valuables have been razed. Social city and indeed State that used to hold a lot of business attractions and tourists now find it hard to sustain even the love of the indigenes. Fear, anxiety, depression and trauma have become common denominators.

These violent conflicts have compelled several thousand to flee their homes for safety of their lives, seeking safety in neighboring states of Bauchi (350,000), Nassarawa (280,000) and Kaduna (175,000) States. Consequently the victims of Plateau State ethno-religious and political crises that were forced to flee their home state to other neighboring states are technically referred to as Displaced Communities from Plateau State by their host state of Bauchi, Nassarawa and Kaduna (NEMA, 2007).

The wide-scale exposure to violence, and deprivation of children from access to school in conflict areas have made psychologists and counselors to make efforts toward providing psychosocial support to affected displaced children through schools. Keeping schools open and accessible is a difficult task in a conflict zone. However, in recognition of the imperative of education or school in children psychological recovery from upheaval. The challenge of how to reach thousands of children in need of schools, in the midst of ongoing conflict and with insufficient human and financial resources is a huge one. According to the Institute for Reconstruction and International security through Education, 82% of the 113 million out of school children are living in crises and post conflict countries. While that of Nigeria is estimated at 2,260,000 representing 2% of 113 million out of school children (NEMA, 2007).

Displaced children access to schools in conflict zones or areas can be compromised by a myriad of factors including damage to school infrastructures, lack of safety and security, breakdown of the family unit, inability to afford clothes (school uniform) or basic school materials, child labour for house hold income, among others. Some vulnerable children especially girls are exposed to sexual violence and exploitation making their condition complex in gaining and maintaining access to school, as reported by (Save the Children 2003). The education of displaced children is often disrupted, because schools are either destroyed or closed during the conflicts and teachers are often persecuted and forced to escape. The situation in the resettlement camps does not give opportunity for an adequate education due to limited resources. Hundreds of thousands of displaced students that could not get access to schools in Nigeria are now dropouts with about 2,260,000, representing 2% of 113 million out of school children across the globe (UNICEF., Children, & Conflict, 2009). What this means, is that it will affect the manpower development in the displaced communities in particular and the state in general.

Therefore support for the re-establishment and continuity of schools for displaced children must be a priority strategy for governments, donors and NGOs in conflict and post-conflict zones. Nevertheless, in the midst of conflict-related dangers and constraints, national and international actors have experimented a series of interventions in form of psychosocial support to children through schools. Programmes that helped to keep school open and accessible have managed to ensure a measure, at least, of protection and positive life options for children under siege. It is interesting to note that children's belief

in schools as institution of hope remains strong despite the fact that the quality of learning in these schools might decline significantly.

Save the children and USAID Report (2003) pointed a total absence of policy for Education in Emergency (EIE) in most African countries including Nigeria. This assertion was confirmed by National Emergency Management Authority (NEMA) Report on Jos crises 2003. The National Policy of Education NPE 2004 does not provide for education in emergency. This makes inter-agencies network for education in conflict areas or zones in Nigeria, a difficult task to be accomplished. (NEMA, 2007).

1.2 Statement of the Problem

The violent conflict in Plateau State has resulted in displacement of many families who flee into neighboring Bauchi State for safety. The victim (IPDs) particularly children and adolescents would suffer post-traumatic stress disorders (PTSD), due to depression, great disruption in their schooling, exposure to violence and extensive deprivation which impact on their cognitive, emotional and behavioral development. Having lost all they have including their parents, schools records, sponsorship and general financial problems. This makes access to secondary schools very difficult for the displaced senior secondary schools students in Bauchi. Hundreds of thousands of displaced senior secondary schools students from Plateau State that could not get access to schools in Bauchi State are now dropout what this means is that it will affect the manpower development among the displaced communities in the affected states and the nation in general. Consequent upon this there is need or even a necessity to have an empirical study that would prove the prevalence of post-traumatic stress disorder (PTSD)

school access and adjustment of the displaced senior secondary school student in Bauschi State.

1.3 Objective of the Study

The Objectives of the study are;

1. To determine the perception of the teachers about the prevalence of Post-traumatic stress disorders among displaced students of senior secondary schools from Plateau State crisisresettled in Bauchi State.
2. To determinethe perception of the teachers about the extent of difference if any in the prevalence of post-traumatic stress between boarding/day and boys/girls displaced senior secondary school students in Bauchi state.
3. To determine the perception of the teachers on whether or not the displaced students from plateau state have received any intervention toward gaining and maintaining access to senior secondary schools in Bauchi state.
4. To determine the perception of the teachers on whether there is a significant difference in the adjustmentdue to displacement between boarding/day and boys/girls senior secondary schools students in Bauchi State.
5. To determine the perception of the teachers on whether there is a significant relationship between symptoms of post-traumatic stress disorders and the displaced

student's schools adjustment problems among senior secondary schools students in Bauchi state.

1.4 Research Questions

The following research questions were raised to guide the study in order to realize its objectives

1. What is the perception of the teachers about the prevalence of post-traumatic stress disorders PTDS among the displaced senior secondary school students from Plateau crises resettled in Bauchi state?
2. Are there any differences in the perception of the teachers on the type of schools boarding or day and boys or girls in the prevalence of post-traumatic stress disorders among Senior Secondary School Students in Bauchi State?
3. In what ways do teachers perceive the availability and usage of schools mental health services in assisting the displaced senior secondary schools students with post-traumatic stress disorders in Bauchi State?
4. In what ways do teachers perceive the assistance given to displaced students from Plateau crises, in gaining and maintaining access to senior secondary schools in Bauchi State?
5. Is there any significant difference in the perception of the teachers about school adjustment problems due to PTSD among displaced students of senior secondary schools in Bauchi State?

1.5 Hypotheses

H₀₁: There is no significant difference in the perception of the teachers about the prevalence of post- traumatic stress disorder between boarding and day Senior Secondary School Students in Bauchi State.

H₀₂: There is no significant difference in the perception of the teachers about the prevalence of post- traumatic stress disorder between boys and girls senior secondary school students in Bauchi State.

H₀₃: There is no significant difference in the perception of the teachers on school adjustment due to post traumatic stress disorders between boarding and day senior secondary schools students in Bauchi State.

H₀₄: There is no significant difference in the perception of the teachers on school adjustment due to post traumatic stress disorders between boys and girls senior secondary schools students in Bauchi State.

H₀₅: There is no significant relationship in the perception of the teachers between symptoms of post- traumatic stress disorders and the school adjustment problems among the displaced Senior Secondary School Students in Bauchi State.

1.6Significance of the Study

This study is significantly carried out in order to ascertain the prevalence of post-traumatic stress disorders, the difficulty or otherwise faced by the Plateau displaced senior secondary school students in gaining access to schools and their subsequent schools adjustment in Bauchi State. The study would sensitized the appropriate governmental organizations towards ensuring the provision of quality education to displaced students in conflict areas. The findings would assist authorities and educators

with effective skills and strategies of handling displaced students education. The findings of this study would provide basis for inter-agency network awareness between the school teachers, School personnel on one hand and parents/guardians, social workers, community based humanitarian NGO's on the other hand. It is also hope that the findings of this study would be considered and used by policy makers when drafting the next edition of the National policy of Education. The findings and recommendations made by the study could enhance the effort of other researchers to undertake studies on the same area elsewhere, to get more information on the area not covered by this study.

Finally, the findings of this research work would contribute immensely to an already existing body of knowledge.

1.7 Scope and Delimitation of the Study

The Study would only focus on examining the level of post-traumatic stress disorders, access to schools, and school adjustments of displaced students from Plateau State that are resettled in Bauchi State. The study is limited to Senior Secondary Schools students. The study will consider government senior secondary schools. The study excludes Junior Secondary Schools teachers in public schools. Similarly, the study excludes secondary schools students in private schools, which are managed and controlled by private individuals, higher institutions and companies. The subjects of this study will consist of government senior secondary school teachers that were displaced students from Plateau State. Another important point for noting is that this study did not include displaced senior secondary school students from Borno, Yobe and Adamawa State currently being resettled in Bauchi state due to "Boko Haram" insurgency.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1 Introduction

One of the essential features of academic research is a clear conceptual and theoretical framework. Gambari (2005), maintained that review of related literature can be describe as partial summary of the previous work related to the research questions, the hypothesis or focus of the study. Oloafe (2010), observed that the major reason for undertaking a review of literature are to document what has been done in the area of research with the view to determine areas of strength and weakness of the treatment in the study and to bring out loopholes that justify more work in the area. For this fundamental purpose, this study attempts a review of relevant literature related to the principal variables involved in the research under the following sub-heading:-

- i. Conceptualization and background of post-traumatic stress disorders PTSD.
- ii. Theoretical frame work of the study.

- iii. Empirical studies on adolescents post-traumatic stress disorders in school settings.
- iv. Empirical studies on access to school among displaced secondary school students.
- v. Empirical studies on post-traumatic stress disorders and adjustments among secondary school students.
- vi. Summary and uniqueness of the study.

2.2 Conceptual Background of Post - traumatic Stress Disorder

The concept of “post-traumatic stress disorder” is no longer a new word to most people who work closely with children in their families, schools or hospitals. However, it is not easy to have one single universally accepted definition for the concept. One would come across array of definition by reading through various literatures on the concept. The problem of defining it is not only related to variety.

McLennan and Ryan (1997), suggest that Plato (427-474) described Melancholia (Major depressive disorder), Mania, and dementia 2000 years ago. Schizophrenia was also described, more than two centuries ago. It is surprising then, that post- traumatic stress disorder was first accepted as legitimate psychological construct, only about three decade ago.

Following the American civil war (1861-1865) Jacob Da Costa describes veterans who developed a rapid heart rate as Da Costas heart; the role of the brain (Psychology) was not recognized. In world war one (1914-1918) what would now be called post-

traumatic stress disorder (PTSD) was known as “shell shock”. At this stage the brain was thought to be involved, and one theory was that powerful explosions propelled metal fragments so small that could not be seen, into the head. In the World War Two (1939-1945) this disorder was called “war neurosis” and that shows psychological factors were recognized. In Vietnam war (1965-1973) post-traumatic stress disorder (PTSD) was described in Western Veterans; thereby first included in the DSM – III in 1980. Until then post- traumatic stress disorder (PTSD) was subsumed under different disorders, predominantly anxiety, major depression, dysthymia and substance abuse. This simple reason made individual with anticipated adversities to shoulder their difficulties without complaint (Long, 1992).

Poulou and Norwich (2000), maintained that the state of post- traumatic stress disorder is a well-established fact among children who are the victims of conflict and natural disasters. Research has shown some evidence of causes in their findings from observational studies regarding those children exposed to conflict, war and displacement. These children, in most cases are difficult to be recognized, identified and understood. As a result, they give the impression of being not affected at all. Violent conflict has been identified as a major cause in casualties that has led to massive displacement of children of school ages. The scale of this displacement has been compounded by famine and wide spread food shortage that added to children’s suffering, making them prone to post traumatic stress disorders (Paredes, 1993).

War child UK (2001) report that many children become orphans during the conflict that occurred in many places which resulted into large numbers of children

separated from their families. The study pointed out that more than sixty million people had been killed in War conflicts, and natural disasters during the 20th – century. For example in the last decade, 1.5 million children had died in conflict wars, four million had been disabled and a further ten million traumatized (UNICEF, 1996). In addition to such evidences, both the rebels and army in conflict zone areas recruit and abduct children of school ages, kill them, abuse their rights to education, kill their parents and cause them to be displaced. Briere, *et. al* (2001) clarify what post- traumatic stress disorder (PTSD) is by stating that “a psychologically distressing event that is outside the range of usual human experience which has a lasting impact on children and adolescence psycho-social adjustment. The victims are often involved in a sense of intense fear, terror, and helplessness”.

Post- traumatic stress disorders (PTSD) should not be confused with stress. As observed by (Briere, et al, 2001), stress is an inevitable component of everyone’s life. Post- traumatic stress disorder (PTSD) is an experience that induces abnormally intense and prolonged stress responses. Kukla et al. (1991), describe post- traumatic stress disorder (PTSD) as “stressful events that exposed survivors to experience some pathological symptoms with, “ a mixed and usually changing picture” including daze, depression, anxiety, anger, despair, over-activity, and withdrawal may be seen, but no one type of symptom Predominate for long”. In the following days, these initial responses may be replaced by symptoms resembling anxiety. Post- traumatic stress disorder (PTSD) is classified as an anxiety disorder. However, it has some unique properties such as:

- (i) The person experienced, witnessed or was confronted with an event that involved actual or threatened death or serious injury or a threat to the physical integrity of self or others.
- (ii) The person response involved intense fear, helplessness or horror.

Minority Views on the Position of Post- traumatic Stress Disorders

On the contrast some mental health professionals and social scientists have expressed minority views, complaining about the status of post- traumatic stress disorder (PTSD). Summerfield (2001), Pupavac (2001), Lerner and Micale (2002) are among those who express such complains. They are of the view that post- traumatic stress disorder (PTSD) is “over diagnosed” and “over treated”, and that such unnecessary treatment may do harm rather than good. They observe that PTSD was introduced with the term “medicalization” by which is meant, non-medical problems are wrongly managed using medical concepts and resources, as though they are medical issues Ethan Watter (2010) in his book, “Crazy Like Us” presents the globalization of the American psyche, and has a chapter “The Wave that brought PTSD to Sri-Lanka”, in which he narrates the aftermath of the tsunami which hit Sri-Lanka in 2004.

Describing how Western trauma experts invaded the country and applied western “treatments” where they were unnecessary, and culturally damaging. On the other hand social scientists like Horwitz and Wakefield (2011) have drawn attention to changes in the wording of the PTSD diagnostic criteria when DSM-III was updated to form DSM-IV. They argued that the use of word “confronted” means that even people watching events on television may thereby meet diagnostic criteria. They claimed that

DSM-IV “locates the nature of the post- traumatic stress disorder within the individual rather than within the environment and that PTSD has moved from the battlefield into the realm of everyday life”.

There are also reports that show PTSD treatment in hospitals can worsen symptoms and interpersonal problems (McHugh, 2008). This may be because massages are given and normally painful emotions are ‘evidence’ of sickness or disorder which require treatment. In this way there may be focusing on and retention of symptoms which may otherwise have dissipated.

Although many of the arguments raised by critics of PTSD diagnosis and treatment are persuasive, however, clinical experience showed that PTSD is a distinct disorder which can have serious effects on the individual, family and community. Separating normal from pathological reactions remains a challenge. Horwitz and Wakefield, (2011) assert that more work is needed to ensure accurate diagnosis and appropriate management techniques that can be provided to affected persons of all ages.

The use of post- traumatic stress disorder (PTSD) concepts and treatment centers and counseling programmes in western cultures has come under criticism from a number of academics and professionals. Some critics like Summerfield (1996) and Holmes (2002) suggested that post trauma approaches focus on children’s deficits and portray them as suffering a form of pathology that can have lifelong impacts. This depiction, in turn, does not fit a growing body of evidence that indicates that most conflict affected children function reasonably well, exhibit complex moral reasoning and defy stereotypes, such as a “lost generation”. Perhaps, most importantly PTSD is only

one of many issue that face conflict-affected and displaced children. Often, these children regard the loss of education, lack of job skills and income, and living in poverty as more significant threats to their well-being than trauma itself.

The most important point for noting in the above presentation is that, the subjects or victims identified with post- traumatic stress disorder (PTSD) must have been involved in severe (life threatening) experiences causing great distress (fear for survival) which led to persistent avoidance of the memory or emotion of the events. Post-traumatic stress disorder is a situation or condition that expose survivor of (life threatening events) to some psychological or emotional distress. However, Evans and Oehler-Stinnett (2006), observe that there is some evidence to indicate that children with pre-existing psychological problems have more post- traumatic stress disorder and other physical difficulties, as childhood physical and sexual abuses are risk factors of post-traumatic stress disorder among children and adolescents.

2.2.1 Symptom Formation of Post- Traumatic Stress Disorders

Although it may not yet be possible in any individual case to pinpoint the contribution of any single factor in this composite, extent to development can be one factor in determining whether an event will become a traumatic stressor that provoke post- traumatic stress disorder PTSD. Thus what would be experienced as a stressor for an adolescent might not be traumatic for a younger child. For example unlike an adolescent who may react to the communal destructiveness of a devastating flood or hurricane, a very young infant may respond only to the mother's behavior or emotional state during and after the storm.

Simpson and Fowler (1994), maintain that post-traumatic stress symptoms depend on how far a person has progressed along his developmental trajectory. Because malignant memories, reflecting altered neuron developmental and neural network processes, are organized according to developmentally – dependent perceptions, cognitions, arousal states and memory mechanisms, they differentiate youngsters of varying ages and adults. For example, symptom of post- traumatic stress disorder PTSD in adult appear to be more stimulus specific, while in children notably those younger or chronically traumatized, seem to respond to a variety of stimuli that may not be directly associated with the original trauma. Furthermore, if symptoms of post- traumatic stress disorder in children coexist with grief reactions, sensitive depression and behavior problems can result to malignant memory configuration reflecting the children neuron psychological processes that underline grief and depression.

Other observational studies like that of Sahin(2007),suggests that response to trauma and PTSD depends on age. For example, always devious in adults, regression can be striking in individuals whose developmental gains are still consolidating. Also, cognitive development determines how a survivor places the stressor in time and attributes causality, influencing prediction of future trauma as well as framing the present stressor.

The explanations above suggest that stress can both be subtle and obscure, just as it can also be manifest and conspicuous. It is therefore pertinent to identify certain specific symptoms that have been often identified with post- traumatic stress disorder.

Belter, (2006) have presented several self – observable sign or symptom of PTSD as follows:-

- i. Impulsive behavior and emotional instability.
- ii. Overpowering urge to cry or run and hide.
- iii. Inability to concentrate, flight or thought under general disorientation.
- iv. Floating anxiety, which is to be afraid although one would not know what he or she is afraid of?
- v. Tendency to be easily startled by small sounds e.t.c
- vi. Stuttering and other speech difficulties.
- vii. Hyper-mobility, hyper-kinesia and increased tendency to move about without any reason.
- viii. Nightmares.
- ix. Trembling nervous ticks.
- x. High pitched nervous laughter.
- xi. Loss of excessive appetite.
- xii. Premenstrual or missed menstrual cycles in girls.
- xiii. Emotional tension and alertness.
- xiv. Drug addiction or abuse in Boys.
- xv. Migraine headache and general body weakness.

One important point for noting in the above discussion concerning the symptoms formation of post- traumatic stress disorder is that, whatever the age, sufficiently severe stressors can interact with individual characteristics to create

malignant memories that reflect re organized activities of established neural networks initially arrayed during earliest development. Therefore, this means that the more severe a stressful or vulnerable an individual, the more likely will symptoms involve functions consolidated earlier in development and greater the post- traumatic stress disorder can be seen clinically to the brain undergoing neurogenesis, migration, synaptogenesis and neuron chemical differentiation. The developing child brain is exquisitely sensitive to traumatic stress. For example, rats exposed to perinatal handling stress show major alternation in their stress response later in life. Such studies suggest that early exposure to consistent, daily stressful events can result in more adoptive later behavior in children.

2.2.2 Sources of Post- Traumatic Stress Disorders (PTSD)

Several factors could act as causative agents of (PTSD) in children Rumberger (1999) observed some notable factors to include arm conflicts, natural disasters such as hurricanes, floods, tornadoes, earth quakes, draught, child abuse or sexual abuse e.t.c. any of those factors can completely overwhelm a community with severe infrastructure and property damage, huge financial losses and human casualties. Although these losses often traumatize adults, they can have an even more profound impact on children and adolescents, who are often unable to understand the events itself and are particularly helpless in its aftermath.

Researchers at the University of Illinois, as cited in Black (2001) observed; Children who live through conflict and disasters usually have two life-changing experiences; first they endure the trauma itself, which might forever alter their sense of

security and their ability to cope with life's problems. Second, they face ongoing disorder and dishevelment in their day-to-day lives".

The first experience, called event trauma in the literature, is limited in time and space. The second experience, known as process trauma, can continue for months and years and may have much graver consequences in the long-term than the disaster event itself.

Victim of natural disaster such as Hurricane, for example, compare the thunder and the wind to freight trains and describe how their homes shake violently for hours as doors are torn off their hinges, windows break and roofs blow away. A study by Shaw et al (1995) found children in a high-impact area during Hurricane, about 82% had experienced a door or window breaking, while 56% experienced a blown-away or caved-in roof which made them feared that a loved one would be killed or injured, and reported a pet getting hurt or dying.

Zenere and Lazarus (1999), asserted that children that experience disaster events might have strong physical and emotional responses to these experiences, including sweating, increase blood pressure, vomiting, involuntary urination, extreme terror, and frenetic activities. The process of (PTSD) trauma in the wake of the disaster can last much longer than the event itself as families try to deal with loss and rebuild their lives, and children often experience the aftermath right alongside the adults. Negative experiences include the loss of personal property, loss of infrastructure especially school for children learning, shortage of basic resources (sometime including food and water), increased rates of looting and violence.

Provenzo, and Fradd (1995) as cited in Townsend (2006) observed that natural disasters and violent conflicts lead to increase rate of familial violence and child abuse. Children may additionally become victims of their parents own trauma and stress, resulting from parents high mobility and unemployment. Research shows that instances of familial violence, child abuse and discord rose to the point where additional judges had to be appointed to deal with the flood of complaints around American societies.

It is not surprising that natural disasters can have a profound emotional, behavioural and academic impact on children. Several studies have shown that many children experience post- traumatic stress disorder (PTSD) from a variety of natural disasters including earth Quakes (Asarnow, 2002). But studies observed that approximately 54% of third – to – fifth grade students have suffered from severe to very severe PTSD. Moreover, after 10 months 34% of all students still had at least moderate PTSD, although the number of most severe cases fell by half. Their subject's symptoms included difficulty in sleeping or concentrating, mentally re-experiencing the event, and emotional detachment.

Evans and Oehler-Stinnett (2006) found that about 40% of students who had experienced a severe tornado had symptoms of PTSD. In addition to avoidance, re-experience, and detachment, these students reported a range of physical symptoms and feeling of a foreshortened future. Initial reports following Hurricane Katrina are consistent with these findings and indicate that PTSD may be widespread among affected children. It is also observed that the anticipation of a natural disaster was enough to bring on mild PTSD, even when the event did not occur. Research also indicates that children

may experience other behavioral problems, such as increased aggression or delinquency. In the most extreme cases, the trauma of natural disaster can lead children to suicide. The Miami Herald reported that in the months following Hurricane, more than a dozen elementary school students had attempted suicide, some were as young as seven or eight years old (Donnelly, 1993).

2.3 Theoretical Framework of the Study

Post- traumatic stress disorders have attracted a lot of interest among scholars, this interest on post- traumatic stress disorder cuts across various disciplines. This is why Fleming, Baum and Singer (1984) rightly point out that it has pervaded several disciplines, including sociology, anthropology, psychology, physiology and medicine. This therefore, explains the background upon which all the theories of post- traumatic stress disorders were developed.

Fleming et al (1984) pruned down these three broad areas into what they call two basic traditions in which research on post- traumatic stress disorders has flourished, namely, biological traditions and psychosocial tradition. The implications of this submission are that almost all the theories of post- traumatic stress disorders has either certain biological or psychosocial underpinning. These in essence, are the perspectives upon which all post- traumatic stress disorders theories can be identified and categorized.

In view of the great interest in post- traumatic stress disorder among scholars, the concepts have witnessed a great wave of theorization. There are now too numerous theories and models on post- traumatic stress disorders. However, for the purpose of this study, five famous theories and models will be critically examined in order to have a

more comprehensive and testable model or theory upon which this research will best be approached. The following are the theories reviewed in this study:-

- i) **The Life Events Theory:** - Sometimes called (Stimulus-Focused theory). This theory primarily views post- traumatic stress disorders in terms of responses to stimulus. Although there is no single person that can principally claim responsibility for propounding the model, the names to whom references are often made are Gerald, (1964) and Elliot (1982).

The essential postulation of this model is that environmental stimuli in forms of life events/experiences are the stressors that precipitate post- traumatic stress disorders in individuals. Events in this case are considered stressful to cause disorders on the basis of whether they normally lead to future stress reactions. That is, if the stimulus usually leads to emotional upset, psychological distress, physical impairment and deterioration, then the stimulus is said to be a stressor. This actually is the thinking advanced earlier by Lindermann (1944) and Caplan (1964).

Holmes and Rahe, (1967) made a lot of break through by undertaking tremendous researches on the concept of post- traumatic stress disorders as a change in life events that requires adaptation. In particular their formulation of the social readjustment Rating Scale (SRRS) Holmes and Rahe, (1967) has been considered a major contribution to the shaping and development of this model. In this scale a list of life events that are primarily negative and traumatic are given such that subjects are required to rate them in terms of their potency in triggering post- traumatic stress disorders. Therefore, using the (SRRS) Holms and Rahe

(1967) determined the relationship between a clustering of life changes and onset of severity of illness. They discovered a strong relationship between major health changes and life crises.

Criticism against the Live Events Theory

The theory has been critiqued on the fact that it does not consider the psychological meaning or social desirability of life events, but their destructive impacts. Another major drawback of this model has been the use of SRRS by Holmes and Rahe (1967), as pointed out by Osinowo (1990) that SRRS was more concerned with establishing the statistical correlation between observable events than with studying the process by which such pathological changes occur. To be precise, it was not made clear whether those who develop illness were indeed more traumatized than those who remained healthy. It has not established personality of physiological traits.

A more forceful argument that is advanced against this theory is that, it ignores all intervening reactioning variables, including coping responses, anticipatory reactions and longitudinal difficulties of the individual. It was suggested that an understanding of a life events impact must take into account, the physical susceptibility of the individual, the meaning of social changes, the person's ability to cope with a variety of traumatic stress, personality and the individual's social network, ethnic or class background and cultural assumptions (Osinowo, 1990).

In view of the above criticisms made by Osinowo, (1990), the stimulus focused/life events theory if closely examined has been unmindful of the instrumental role of individual differences in determining the degree of post- traumatic stress disorders

vulnerability, locus of control and coping in individuals. To the extent that this fact cannot be outrightly dismissed, the present study upholds these criticisms.

ii) The General Adaptation Syndrome –GAS (Selye Triphasic Model)

This model has been called by Hobfoll (1989) as the “Anon Selye Tradition”. It can also be described as the “Physiological theory” (Jibrin, 2001). It is the first theoretical model of post- traumatic stress disorders. It is called canon-Selye tradition because according to Hobfoll (1989), canon (1932) was the first modern researcher to apply the concept of stress related disorder to humans. He was principally concerned with the effects of things like cold, lack of oxygen and other environmental stressors on organisms. His conclusion was that although initial or low level stressors could be withstood, prolonged or severe stressors can easily lead to a breakdown of biological systems that manifest as post- traumatic stress disorders. This emphasis made by canon that stress related disorders is basically bodily responses.

Selye (1950-1956) depicted post- traumatic stress as an orchestrated defense operated by physiological systems designed to protect the body of organisms from environmental challenge to body processes. He calls this operational system as the “General Adaptation Syndrome” (GAS). Doctor and Doctor (1994) describe it as a mechanism that operates in triphasic sequence, hence the theory is known as the “Triphasic model”. The general adaptation syndrome is divided into three consecutive stages that occur with prolonged or chronic stressors as follows:-

a. Alarm Reaction Stage: This occurs upon sudden exposure to noxious stimuli to which the organism is not adapted. The reaction has two phases.

- **Shock phase:** - This is the initial and immediate reaction to the noxious as tachycardia, loss of muscle tone, depressed temperature agent. Various signs of injury such as tachycardia, loss of muscle tone, depressed temperature and blood pressure are some of its major characteristic symptoms.
- **Counter-shock phase:** This is a rebound phase marked by mobilization of defensive forces, in the form of an immediate activation of the sympathetic nervous division of automatic nervous system. Epinephrine released, and heart rate, respiration and blood pressure increases. Skeletal muscles tense and their blood supply enlarge. Sweat glands activate and gastrointestinal system closes down its activities, as the stressor continues the organism moves into a more enduring phase called the resistance stage.

b) **Resistance Stage:** This is marked by full adaptation to the post- traumatic stress or during which symptoms improve or disappear. It is characterized by chronic hormonal and neurological changes which emerge in an effort to adapt to ongoing traumatic stressors. This is then followed by a dramatic reduction of the alarm reaction stage (Doctor and Doctor 1994). If the traumatic stressors are removed, the organism presumably returns to a less normal level of physiological activity. These first two stages could be repeated many times in the life of a person. If the situation persists however, eventually the adaptive energy becomes depleted and the body enters into the third stage of exhaustion.

c) **Exhaustion Stage:** Selye (1979) here says “Since adaptability is finite, exhaustion inexorable follows if the traumatic stressors are sufficiently severe and applied for a prolonged period of time”. The symptoms in this stage reappear and if traumatic

stress continues unabated, certain organic damage may occur and mental illness or even death ensues.

Doctor and Doctor (1994), describe how resistance takes place in the general Adaptation Syndrome. In the acute phase of the alarm reaction, general resistance to the traumatic stressors with which the GAS has been elicited falls below normal. As adaptation is required in the stage of resistance, the capacity to resist rises considerably above normal. Eventually in the stage of exhaustion, resistance drops below normal again.

Criticism against Selye's Theory

Hobfoll (1989) reports that Selye has been criticized on two levels:-

1. That the idea that the reaction of humans to traumatic stress is so uniform can be challenged by a well- established data obtainable from numerous studies like Appley and Trumbull (1986), Lazarus and Folkman, (1984) etc The thrust of this argument as advanced by these and several other researchers is that, people's response to challenges from their environment can be seen as a function of their personality, constitution, perceptions, and the context in which the traumatic stressors occurs.
2. That Selye employed somewhat illogical deductive reasoning by depicting traumatic stress purely in terms of outcome, such that an organism could be seen as under post- traumatic stress only when a phase of the general adaptation sequence was occurring. This viewpoint as argued by Hobfoll (1989) precludes

the possibility of prospectively identifying the cause of post- traumatic stress disorders, because individuals are forced to wait until the outcome manifests itself to know when post- traumatic stress disorder will occur.

The view of this study is that, in as much as biological processes in the human body operate in the same way in almost all humans are affected by stimuli in the environment, and their respective reactions to them cannot be dismissed. This is an obvious fact especially if reference is made to how people react when for example they are infected by disease caused by organisms. While the symptoms may appear immediately in some people, in others it may take time or may not even manifest. In fact the in-built immunity may deal with the organism. Thus, much as Selye had presented essentially a physiological process about post- traumatic stress disorders coping, its operational pattern may not necessarily apply to all people uniformly and in exactly the same ways.

Others viewed Selye assumptions in another way, of course because of his background asserted that a person's biological disposition has to be affected negatively by stress first, before its consequences appears in form of psychological mal adaptation, to the extent that, it is an axiomatic truth that in a lot of cases psychological maladjustment precedes and or precipitates certain biological dysfunctions in the body. This presupposition is to say the least, contestable and or debatable. Therefore, the present study upholds these criticisms.

iii) Cognitive Theory (Homeostatic and Transactional Models)

This is also called the process-oriented model. Hobfoll (1989) describes it as the most commonly adopted model of post-traumatic stress employed by stress investigator/researchers. It was originally propounded by Lazarus (1966) and presented in detail by McGrath (1970). According to Ormel and Sanderman (1991) the key variables involved in this model are primary and secondary appraisals; problem – focused and emotion-focused coping.

- a) **Primary Appraisal:** This refers to the assessment of the meaning of the situation for the person's well-being. The assessment could be a positive appraisal which indicates that a transaction does not tax or exceed the person's resources. However, stressful appraisal on the other hand is of particular interest here. It implies harm, loss, threat, or challenge (Lazarus and Folkman (1984). These factors determine how things are in a given person's environment.
- b) **Secondary Appraisal:** This refers to subject evaluation of the coping resources available to them. Folkman (1984) explains here that secondary appraisal of harm, loss, threat or challenges. In this stage of appraisal, coping resources, which include physical, social, psychological and material assets, are evaluated with respect to the demands of the situation.
- c) **Problem – Focused Coping:** This simply means the management of the problem that is causing the distress or disorders. It is used to control the troubled person – environment relationship through problem solving, decision making and direct action. These could be directed at the environment as well as oneself.
- d) **Emotion – Focused Coping:** This essentially means the regulation of emotions or distress. It is used to alter the meaning of a situation and thereby enhance the

individual's sense of control over his or her distress. The strategist involved for this purpose includes devaluing the stakes that are at risk in an encounter; focusing on the negative outcome; and engaging in positive comparisons.

In concluding the description of the operational mechanisms of this model, Folkman (1984) pointed out that, theoretically the effectiveness of problem focused efforts depends largely on the success of emotion – focused efforts. This is because, heightened emotions will interfere with the cognitive activity necessary for problem focused coping.

Criticism against the transactional Model

In the first place, Hobfoll (1989) cites this model as being “tautological, overly complex, and not given to rejection”. For, according to him, to be scientific the case for rejecting or accepting a model must be clear, and which in this regard is not. In a further criticism, Hobfoll (1989) argues that even what they termed the environment is really the individual's appraisal thereof. This has led to criticisms of what he calls the circularity of the approach. This circularity follows according to him, from their overemphasis on perception and their lack of emphasis on environmental contingencies. This may be seen, he says, in their definition of post- traumatic stress, in which there is no post- traumatic stress without perception.

Despite this criticism, as far as this researcher is concerned, one credit that may be ascribed to this mode is its incorporation of the coping aspects of post- traumatic stress in their propositions, as a prominent feature.

iv) Event – Perception Viewpoints:

This perspective according to Hobfoll (1989) is very influential to stress related researchers. It is a viewpoint that focuses both on the category of post traumatic stressor events and the individual differences in the appraisal of those events. Hobfoll (1989) quickly pointed out the major difference between this approach and the ‘Stimulus only’ perspectives or appraisal perspectives of Lazarus and Folkman (1989). This essential difference Hobfoll (1989) maintains is the fact that this model emphasizes both the events and the individual’s reaction to it.

The most outstanding work that is illustriously representative of this viewpoint is the research of Spielberger (1966-1972). Spielberger suggested that certain events are stressful if they are thought to be threats to the physical self or the phenomenological self. These he calls physical threats and ego-threats respectively. Although individuals with different personalities responded somewhat uniformly to physical threats, people’s responses to ego-threats were related to personality traits. Spielberger particularly noted that people with high trait anxiety tended to react with state elevations in anxiety to ego threat, whereas those who were low in trait anxiety tended to be comparatively impervious to ego-threats. In this way, it is neither the stimulus nor the appraisal that is important, but rather their particular interaction.

Another notable figure in the Event- perception model is Sarason. His researches Sarason (1972-1975) on test anxiety has led to one of the most complete understandings of responding to one kind of stressful stimulus. In both studies, Sarason illustrate that conflicts for example, constitute a class of environmental event that are very commonly

found to be traumatic and stressful. He however suggested that, in spite of that, relative sensitivity to post traumatic stress is a product of personality.

The importance of strength of this perspective is embedded in the fact that it demonstrates that both certain events are commonly viewed as traumatized and stressful, and that individuals differ in their degree of reactivity to normatively traumatized events. It further indicates that such sensitivity is a fairly stable personality trait and that although related to sensitivity to other stressor, it may also exist independently of other sensitivities.

Criticism against Event – Perception Viewpoints

The weakness mentioned in this theory relates with its complexity. Its complexity drives from its three-part emphasis on appraisal, known environmental threats, and personality traits. Although this three-part approach represents a conceptual leap for post-traumatic stress researchers, it has often, not been followed. Instead, many investigators have either returned to models that emphasize appraisal, ignoring environmental occurrences, or personality traits. Others have focused on personality trait only, ignoring or rather excluding more idiographic perceptions. Others however, preferred to remain tied to the stimulus-only models.

This in actual sense should not be considered as a demerit. In the view of this researcher, the model presents a comprehensive approach to this study of post- traumatic stress. For as was rightly pointed out by Hobfoll (1989) broadly speaking, it integrates appraisal and stimulus-based models, while adding the vital element of individual characteristics. Its complexity therefore granted that it exists, is predicated upon the fact

of the complex nature of man's overall physio-psychosocial dispositions and his intricate interaction with his physical and social environments. It should not be seen therefore, as a weakness.

v) Stress-Vulnerability Models (Type A – Behavior Perception)

This model was propounded by two medical researchers, Meyer and Rosenman. They undertook long term studies on the relationship between personality characteristics and heart problems caused by traumatized and stressful events. On the basis of these studies Friedman and Rosenman (1974) suggested there might be a relationship between a particular pattern of behaviour and heart disease. Coon (1980) reports that they classified people into two categories; Type – A. personalities (those who run a high risk of heart attack), and Type B personalities (those who are unlikely to have a heart attack). Their finding offers a glimpse at how people based on their personality characteristics create unnecessary traumatic stressful disorders.

After classifying people as type A and type B Friedman and Rosenman undertook an eight year follow-up study, finding more than twice the rate of heart disease in Type – A's than in Type – B's (Rosenman, et al. 1975). The characteristics of Type – A people are hard-driving, ambitious, highly competitive, achievement-oriented, and striving. Type – A people believe that with enough effort they can overcome any obstacle and they 'push' themselves accordingly in tests of physical capacity and work closer to their actual limits of endurance, but say they are less fatigued than do Type-B people.

These tendencies in Type – A people make them much more vulnerable to stress than Type-B people who are easy going, less frantic, most likely to be hostile (Coon,

1980). They do two things at once, and considerably less hostile (Coon, 1980). The main thrust of this theory therefore, is that stress is essentially a product of personality characteristic/trait, and in this case, the Type-A behavior.

Criticisms against Stress – Vulnerability Model

One of the problems of this theory is that currently, the Type-A behaviour cluster is controversial, and some researchers argue that only specific components of the cluster, especially hostility, are linked with post- traumatic stress disorders (Santrock 1990).

In the view of this researcher, the most significant weakness of this model is its almost complete negligence of the role of environment and other inherent biological and psychological factors in the triggering of generation of post- traumatic stress disorders. These have been confirmed in not a few studies as have been sufficiently demonstrated in the review of the other theories made before this one. Although it may be a fact that characteristics of Type – A behaviour contribute in making their owners prone to post traumatic stress disorders, the reductionist outlook of this model is very glaring and cannot be dismissed.

v) Conservation Theory (Resources Model)

Hobfoll (1989) propounded and presented what he calls “a new post- traumatic stress model. He asserted that the new model would more closely reflect current understanding of the ubiquitous post- traumatic stress phenomena and probably bridge

the gap between the environmental and cognitive viewpoints. He argues that his model is clearly testable, comprehensively explains behavior during stressful circumstances, and is more parsimonious than the balance or transactional models, while still encompassing the relative importance and complexity of cognitions(Hobfoll, 1989).

The main thrust of this theory or model is that “people strive to retain, protect, and build resources and that what is threatening to them is the potential or actual loss of these valued resources”. On the basis of this postulation, Hobfoll (1989) calls his theory “the model of conservation of resources”. In an attempt to illustrate the essential elements of his model Hobfoll (1989) defines post- traumatic stress as “A reaction to the environment in which there is:

- a. The threat of a net loss of resources
- b. The net loss of resources, or
- c. A lack of resources.

In this case, both perceived and actual loss and lack of gain are envisaged as sufficient for producing post- traumatic stress.

Since everything seem to begin and end with resources in Hobfoll (1989), resources model, he felt compelled to define them saying, “they are those objects, personal characteristic, conditions or energies that are valued by the individual or that serve as a means for attainment of those objects, personal characteristics, conditions or energies”. He gave examples of resources as mastery, self-esteem, learned resourcefulness, socio-economic status, and employment (P.516).

Hobfoll argues that losing any one of the four kinds of resources mentioned above would result in post- traumatic stress disorders, while gaining it results in eustress. He further explains in this way:-

a) Object resources: are valued because of some aspect of their physical nature or because of their occurring of secondary status value based on their rarity and expense. A home has value because it provides shelter, whereas a mansion has increased value because it also indicates status. For this reason, Hobfoll further argues that, objects must be considered in post- traumatic stress researches because they are strong factors in socio-economic status, which have been explained in several studies such as Dehrendt, (1978), to be an important factor in post- traumatic stress resistance.

(b) Conditions: These are the extent to which resources are valued and sought after. Examples of such conditions are marriage, tenure, seniority, good health e.t.c.

(c) Personal Characteristics: Are personal traits and skills which can aid stress resistance. Referring to a previous research conducted by (Hohcendt, 1978), he argues that several investigations suggest that many personal traits and skills aid post- traumatic stress resistance.

(d) Energies: As a resource: they include such resources as time, money and knowledge. These he says often are valued not necessarily by their intrinsic value so much, but by their value in aiding the acquisition of other kinds of resources.

In the final analysis Hobfoll (1989) explains how people behave when their resources are threatened. He says when confronted with traumatized stressful circumstances, the model predicts that, individuals strive to minimize their resources not

to loss. While other post- traumatic stress theories do not predict people's behavioral action when confronted with traumatized stressors. He says, When people develop resources surpluses, they are likely to experience positive well-being (eustress), while, when individual are ill-equipped to gain resources in contrast, they are likely to be particularly vulnerable to post traumatic stress (P. 520).

Hobfoll (1989) therefore maintained that environmental circumstances often threaten or cause a depletion of people's resources. It may threaten people's status, positions, stability, loved ones and so on. This then often results in post- traumatic stress disorders.

Criticisms against the Conservation of Resources Model

The model has introduced useful ideas into the psychology of stress related phenomenon. However, it has obviously neglected several factors that really play important roles in determining how individuals are affected by stress which culminated into disorders. First and foremost the model is completely silent about physiological factors, restricting itself to postulation around man's interaction with the environment. Most importantly the model seems to underplay the role of individual differences in stress related vulnerability. In this regard, questions may be asked as to whether individuals strive to conserve resources in exactly the same way or not. The model seems to assume that people's behaviors in this regard are much the same.

Depending on the circumstances, conflict may arise within the individual vis-à-vis the conservation of these resources. That is, situations that may be critical, presenting

themselves in terms of approaching or avoiding one or two equally important resources, in which case individuals may differ in terms of deciding which to prefer. These are just a few of the weaknesses of this model.

Finally, the model actually does not seem to be parsimonious as it proffers claims. In fact rather than being comprehensive, it is obviously reductionist. Not only that, it has been silent on the physiological factor mentioned above. There are still other factors such as people's emotions, perceptions and attitudes toward the so-called resources and the like. Rather than being testable, it seems to be largely speculative.

In the opinion of this researcher all the theories/models reviewed here have really demonstrated perhaps sufficiently, the meaning and conceptualization of post-traumatic stress disorders, its nature, sources and factors that are involved in it. Going by the weaknesses identified with each of them, one can assert may be safely, that only by adopting an eclectic approach, can a comprehensive view and understanding of post-traumatic stress be formulated.

However, one important point which the theoretical explanations of post-traumatic stress disorders presented here seem to agree, even if not explicitly, is that post-traumatic stress disorders precipitates emotional disorders, one of which is phobia. In view of the above, an eclectic theoretical frame work has been expounded here, for the concept of post-traumatic stress disorders which is a key variable in this study.

2.3.1 The Role of Schools in Providing Psycho-social Support to Displaced Students.

On the positive impact of school on the Psychological lives of displaced children and adolescent, a study by Philip (1996) found the positive psychosocial support roles schools played in conflict zone as evident in Palestine. A representative study of 1200 Palestinian children growing up in West Bank and Gaza communities indicate that 93% of these boys and girls believe doing well in school is the best way to both support the Palestinian cause and to ensure a positive individual future. The children reported that despite the difficulty and uncertainty in their lives, they wanted to continue in their school because it was the best way to learn, socialize and eventually obtain a job. They also saw improve themselves as the “best” way to resist if not to end the occupation by Israel.

Furthermore, Bracken (1998) also found that schools were identified as one of the few remaining places where children could engage with their peers. More than 75% of Palestinian children reported they did not consider their neighborhoods to be safe places to play or socialize with friends. It was also reported that only during school hours that boys and girls interacted with one another. For fear of Israel’s indiscriminate air strike, It is interesting to note that the Palestinian children’s belief in schools as institutions of hope, remain stronger despite the fact that most teachers, parents and schools surveyed; studies reported that the quality of education in Palestinian schools had declined significantly because of their crises with Israel.

Nevertheless, in the midst of such conflict related dangers and constraints, Palestinian and international actors have experimented with the provision of psychosocial support to children and adolescents through schools. Programmes that helped to keep

school open and accessible have managed to ensure a measure, at least, of protection and positive life option for Palestinian children and adolescents under siege by Israel.

2.4 Empirical Studies on Teacher's Perceptions of Emotional Disorders

The studies reviewed here relate to one of the central variables in this study. That is teacher's perception of post-traumatic stress disorders. Perception as it is known is a very wide and amorphous psychological concept having many aspects and dimensions. This study adopts the attribution concept of perception. As Kagan and Havenman (1976) cited in Shehu (2006) said, the attribution theory holds that we are constantly looking for the causes of behavior. This is, we are uninterested in knowing why people behave as they do. This is located in the area of social perception (Williams, 1987). The two actually, (i.e. causal attribution and social perception) have been used by Daniel (1998) interchangeably. By teachers perception therefore, it is meant the causal attributions they make to students emotional disorders.

The broad term-emotional/effective disorders have been used to encompass principally, depression post- traumatic stress disorder and other forms of emotional difficulties like anxiety and aggression. They are in most cases associated with trauma as was established earlier in this review. Similarly, some behavioral problems are often, manifestations/symptoms of traumatic stress.

The most recent and perhaps most relevant study found in this regard, Poulou and Norwich (2000). Their study examined Greek teachers' causal attributions, emotional and cognitive responses, coping strategies with students with emotional and behavioral

difficulties. Their sample comprised of 391 elementary teachers teaching in 60 public schools in the area of Athens.

The teachers were made to complete an inventory presenting six short scenarios (vignettes) of students with emotional and behavioral difficulties, varying in the type of difficulty (conduct or emotional) and the degree of severity for teachers to handle them (mild or severe). They were required to make causal attributions to have various types of emotional disorders. The causal factors provided in the attribution inventory (Poulou and Norwich, 2000) include family environment, child factors, teacher factors and school factors. Each of these has certain sub-factors (components). The teachers were to indicate whether each of items was likely to be the cause of the problem (giving in the vignette) or not.

The results indicate that repeated measures ANOVA between the six vignette with causal attributions (family, child, school and teachers) as the repeated factors, revealed significant differences between vignette types ($F(4, 45) = 2.15, p = 0.5$); significant differences between causal attributions ($F(3) = 30.87, p = .00$) and a significant interaction between vignettes and causal attributions ($F(15) = 2.37, p = .00$). Over all the different kinds of emotional and behavioral difficulties, attributions to school and teacher factors were consistently higher than to family and child factors. The significant interaction also indicated that child attributions were lower than teacher attributions only for mild and severe conduct and mild emotional difficulties.

The most highly rated family causes for all the behavior types were 'poor attachment between parents and the child', 'parental conflicts', 'lenient parental

discipline' for the conduct and mixed problems, and 'excessively strict parental demands' for the emotional problems, teachers' personality are the two most likely teacher causes for all the behavior types depicted in the vignettes. In cases of the school factors, 'lack of services for the children with emotional and behavioral difficulties (EBD)', bad school experiences of the children' and 'irrelevant curricula' were perceived by the teachers as the most likely school causes. As for the child factors, the most likely causes were 'child wants to attract others' attention', and 'Child's inability to cope with school demands' for conduct and mixed problems, and Childs innate personality' for emotional problems.

This study (Poulou and Norwich, 2000) has really provided a great deal of relevant precedent to the present research. However, there are two essential differences between them. In the first place, Poulou and Norwich's study used teachers of elementary schools whose students largely fall within childhood age brackets (6-12) years. This study shall deal with teachers of adolescent students – the senior secondary schools students. Secondly, Poulou and Norwich examined a broad spectrum of emotional disorder – depression, anxiety, etc. This study is interested only in examining post-traumatic stress disorder. If the factor of geo-cultural difference is added, the probability of arriving at different result if a similar research is conducted here may be higher. That is, all other things being equal, with the exception of the differences stated above.

Just for the purpose of example, Poulou and Norwich (2000) had found that teachers perceived teacher and school factors higher than family factors in terms of causing (EBD). This may be different in the case of the adolescent who in most cases do have

conflicts with their parents because of their developmental needs/problems of autonomy and role confusion (Erickson, 1968).

Borg (1998) studies secondary school teacher's perception of pupils' undesirable behaviors in Malta, a small Mediterranean Island Nation with population of approximately 300,000 people. The relevance of Borg's study to the present one is premised on the fact that, part of the undesirable behaviors examined is reasonably related to PTSD. That is drug abuse, and this was demonstrated in this review. This is in addition to the fact that the population – secondary school teachers are similar to that of present study. The study was carried out with the aim of investigating the seriousness of several behaviors as perceived by the secondary school teachers and the extent to which these perceptions are influenced by a number of characteristics.

A sample of 605 randomly selected teachers from 16 state secondary schools participated in the study. A questionnaire survey method was employed. Results show that, drug abuse, cruelty/bullying and destroying were perceived as the most serious behaviors whereas inquisitiveness and whispering were rated as least serious. Significant grade level differences were observed in all but two of the 49 behaviors, these being masturbation and obscenity. While smoking and heterosexual activity were perceived significantly more serious in Forms 1-2 than in Forms 4-5 student the converse was true for all the remaining forms of behaviour.

Irrespective of grade level, a number of significant student sex and teacher sex differences were observed. Whereas cheating, lying, masturbation and heterosexual activity were perceived to be significantly more serious in girls than in boys. The

converse is true for dreaminess, disorderliness, silliness, quarrelsomeness and restlessness. While female teachers perceived masturbation and obscene notes significantly more serious than male teachers, the opposite if anything, Borg's (1998) study has projected the role of sex difference and experience in determining the perceptions of teachers of their students' behavioral disorders.

Other studies attempted to compare teachers' perceptions of emotional problems with those of other interest groups like parents, the students themselves, school psychologists, mental health professional, counselors, and the like. The thrust of all these types of studies as explained by the researches reviewed here (e.g. Vidoni, et al., 1983; Kaufman and Swan, (1980); and Holdaway and Jenson, (1983) is to see the level of agreement or otherwise of all these various stakeholders in their respective perceptions of children's and adolescents' problems. As Kaufman and Swan (1980) explain this is of extreme importance since in most cases, the process of solving pupils'/students' problems is usually a joint effort between all the groups mentioned. Vidoni, et al. (1983) examined teachers and mental health professional ratings regarding the relative seriousness of 50 specific children's behavior problems and to compare the results to those found by Wickman (1928). Wickman's questionnaire and procedure were replicated to ensure comparability. A second objective was to extend Wickman's work so that children's rating of their own behavior problems may be ascertained.

One hundred and eighty 5th to 8th grade teachers participated on a voluntary basis in the study. The teachers were drawn from 11 rural and urban schools in Kansa, Iowa, Nebraska and Missouri. A total of 504 8th grade students participated in the study and

were drawn from the same states and from eight of the same school's as teachers. The sample of mental health professionals (MHP) consisted of two psychiatrist's nine psychiatric social workers, and 36 school psychologists. Nine psychiatrists were drawn from the same schools as teachers; and the remainders were drawn from child guidance clinics.

In the Wickman's rankings and mean ratings of the relative seriousness of fifty behavior problems in 1979 depression/unhappiness was ranked 18, 14 and 34 (out of 50) by the teachers, mental health professionals and the children respectively. In the study under review (Vidoni, et al., 1983) results indicate an increase in the similarity between teachers and mental health professionals' judgments concerning the seriousness of specific children's behavior problems. A very high agreement on the seriousness of specific behavior problem ratings was demonstrated by children and teachers. Vidoni, et al. (1983) explained the reason for the close agreement between the ratings of teachers and the MHP^S to be that, some of the MHP^S were ex-teachers, and may have maintained teachers' attitudes. Regarding the similarity in the teachers' and children's ratings, they also explained that it may be attributed to proximity and familiarity effects.

While Vidoni, et al. (1983) presented Wickman's (1979) rank-order table, they failed to present theirs that show the situation as at 1983, and especially in our own case, the ranking of PTSD would have been seen four years after (i.e. 1979 -1983). In any case now, about three decades after both studies were conducted, it may be safe to speculate that, the ranking of PTSD by the teachers and MHP^S may be higher, based on the results of the most recent studies reviewed earlier (e.g. Navarrete, 1999, Weinrich, et al., 2000, etc).

Kaufman and Swan (1980) simply examined the agreement among parents, teachers, psychologists, and educational diagnosticians in their perceptions of the problem behavior of emotionally disturbed children. The sample of 194 emotionally disturbed boys and girls included 129 whites and 65 blacks. The use of measures of relationship showed that there was significantly greater consensus among raters in perceptions of white than of black children. Agreement was particularly poor between parents and teachers of black youngsters. The implication especially of the last finding according to Kaufman and Swan (1980) is that, difficulty will undoubtedly arise regarding educational plans or other intervention procedures that may be proposed. Again, with each person (teachers and parents) viewing the child in different settings or against different standards, communication could also be a major obstacle.

Although this comparative approach is not the focus of the present study, it may not be out of place to observe here that, the implications explained by Kaufman and Swan (1980) above underscore the importance of these kinds of comparative studies since joint efforts between teachers, parents, and so on, cannot be avoided in any measures to be taken for rehabilitating children with emotional disorders.

Holdaway and Jensen (1983) tried to determine if there was a difference between the self - perceptions of the behaviourally disordered child and the perceptions of the child by his/her teacher and mother. The study took place at Bonneville Elementary School in the Alpine School District, Utah State, U.S.A. Normal and behaviorally disordered children, matched by grade and sex, were evaluated using the Piers-Harris Children Self- Concept Scale. There were significantly lower scores given by the three-evaluator groups for the behaviorally disordered. The teachers evaluated the behaviorally disordered children

significantly lower than did the other evaluators. For the normal children, there were no significant differences between the three-evaluator groups. The pattern of evaluations was the same for all factors. The only exception in each of these findings was factor III-Physical Appearance and Attributes - in which both normal and behaviorally disordered children evaluated themselves lower than did their teachers and mothers. Miller (1995) gave a European perspective of teachers' attributions of causality to students' difficult behavior. In the study 24 primary age- range teachers who had successfully adopted a behavioral approach to a difficult pupil in consultation with an educational psychologist (EP) were involved. These teachers in Britain were drawn from eight local Education Areas, spanning an area between the Midlands of England and the Scottish border. An analysis was made of these teachers' attributions for the origins of the pupils, behaviour and for the improvements that are achieved. The results indicate that different models of attribution are applied by the teachers to the pupils, parents and themselves, suggesting that for sustained and generalizable improvements, educational psychologists (EPS) may need to take a much more explicit and detailed approach to teachers' construing of difficult behavior as well as their actions in response to it. Miller (1995) reported the findings of his study in more specific terms saying that, it provides extensive lists of the attributions used by teachers when confronted by pupil behavior that they find difficult to manage. From within these, the more frequent explanatory mechanisms attributed to pupils are physical or medical factors, a need for praise, a lack of acceptance of social norms and temperament or personality. To parents, he mentioned things like general child-management strategies, a punitive or violent home, an absent father, and a lack of parental attention are the most common attributions.

Predominant causes attributed by teachers to themselves consist of setting insufficiently interesting work and having unrealistic-expectation of the pupil.

The teachers' perception of students' emotional and post-traumatic stress disorders attributions teachers make to these problems. Most importantly, they mostly focus on general emotional disorders. This fact was pointed out in an earlier observation. On the other hand, most of the studies were all carried out in the west. This researcher does not claim that completely African and Nigeria – based studies are unavailable. However, going by the fact that of the recent of studies on traumatic stress – related issues/problem it may be safe to say that there are (if any), very few of such studies around here. A combination of these two observation suggest that studies on the teachers perception of post- traumatic stress disorder among students in the Nigerian (African) context are really needed. This is further reinforced by Millers (1995) suggestion that there need to carry out detailed and explicit studies on teachers' perceptions of students' disorders, particularly PTSD.

2.4.1 Empirical Studies on Adolescent Post-Traumatic Stress in the School Setting

Studies on adolescent post- traumatic stress disorders reviewed here investigated some of the important variables involved in the present study. These include among other things, prevalence of post- traumatic stress disorders among students, and its relationship with other form of disorders among students and its effects on school adjustment. Although some of the studies were not carried out within the secondary school setting. However, those carried out within higher college and University settings are particularly

relevant to a large extent to this study since most of the students in these institutions still fall within the adolescent age brackets.

In a survey designed by Black, et al (2001) tagged “PTSD in the classroom” all the participating teachers (n = 58) indicated that they had come across one or more students with post- traumatic stress disorders in the course of their respective classroom teachings. The survey was conducted in Afghanistan, where grade 10th and 12th teachers from Kundus region received a course on educating students in emergencies. During the training, the teachers identify post- traumatic stress disorders as one of the major problems facing their students. It was the aftermath of the training workshop that led to the development of a questionnaire which was administered by the participating teachers. The objective of the survey among others was:-

- (1) To increase the teachers’ knowledge of post- traumatic stress disorders among Afghans adolescent’s students through presenting its biological and psychosocial basis and appropriate treatment.
- (2) To enhance the teachers ability to identify the sign and symptoms of post- traumatic stress disorders among adolescent students, and
- (3) To provide the teachers with teaching strategies that can be used in the school/classroom to educate students with post- traumatic stress disorders.

During the training programme, tagged education in Emergency (EIE) the teachers were asked to complete a 10 – items self-assessment survey of their perceived knowledge related to the course teaching objectives mentioned above. An expert panel consisting of supervisor teachers in secondary education, a psychiatrist, and a program evaluator with

extensive statistical analysis and survey development skills created the survey. Items were scored using 5 – point Likert scale with a range of 1-5 corresponding to poor, fair, average, good, and excellent respectively. In all 20 schools were involved in the survey with 12 schools from Urban and eight rural areas or settings. In general most participants reported their ability to identify, recognize, and understand the sign and symptoms of post- traumatic stress disorders.

The most relevant finding of this survey is the report given by almost all of them to have had encountered at least a post- traumatic stress disorders among their student. The study most importantly has revealed not only the prevalence of post- traumatic stress disorders in school setting but has also projected its intensity. A situation whereby 58 teachers confirm this within a period of 6 months is on the high side.

Although the subjects of this survey come from both rural and urban settings, the researchers failed to indicate or rather examine whether there is significant difference in the rate of prevalence between the two settings.

The findings of Asarnor et al (2000) about the prevalence of post- traumatic stress disorders among secondary school students have been confirmed by several studies before and after them. Durkin and Khan (1993) for example carried out a longitudinal study on the high impact area during Hurricane in boarding high south east USA. The objective of the study are (1) To establish the prevalence and incidence of symptoms of post- traumatic stress disorders with boarding school setting affected by the Hurricane. (2) To shed light on the relative contribution of phenomena such as stressful life events in developing post- traumatic stress disorders.

A self-report questionnaire was administered to the entire student body of a boarding school, located in the south Eastern USA, twice during each of the 5 academic years. Unique identifiers enabled the study team to link data specific to each respondent across all waves of data collection. Similarly identical scales were used on each questionnaire. About 170 students completed the questionnaire at each administration across the 5 years. In all 62% of the respondents were female, and their age range was 12 to 20 years with 67% of them between 14 and 16 years of age. The entire student body had some tribal and religious affiliation.

The findings show that in general, there is a significant prevalence of post-traumatic stress disorders among the boarding school students and this has been steadily rising across the years. In almost all cases reported, exposure to destruction of homes, unpleasant home atmosphere due to displacement etc. were found to have significant role in precipitating post- traumatic stress disorders. Girls seem to have higher incidents of the disorder, and this has been found in earlier popular studies like Durkin, et al (1988), and Mao, et al (1998), e.t.c.

Rumberger (2003) carried out a study titled, “Negative Life Events and Psychological Distress among Young adults”. The aim of the study was to explore whether young people especially first year college students were especially vulnerable to negative life events. The survey included responses from approximately 752 undergraduates admitted from two universities. The respondents were asked to examine a list of 50 “life events” and check those that they had experienced since coming to college.

The students indicated their levels of anger/hostility, depression and anxiety using sub-scale designed to measure their current mental health status.

The study came up with two significant findings. Firstly, specific life events including relationships, school events, deviance and physical assault, were associated with psychological distress. While, the second finding indicates that anger, and hostility were the most common emotional reaction which was negative to life event exhibited by the college students. All these studies appear to be very relevant to the present study to the extent that they all investigated and found out that stressful disorders are certainly, prevalent among students in secondary school setting. However, the only shortcoming is that they are studies conducted in other communities based in Europe and America. There is therefore, the need to carry out similarly studies in our society with a view to determining the extent of its prevalence.

2.5 Empirical Studies on Access to School among Displaced Secondary School

Students

The literature reviewed here investigated some of the important variables involved in the present study. These include among other things causes and direction of displacement among secondary school students, mobility among displaced secondary school students and the impact of mobility on displaced students school adjustment.

Secondary schools students change schools for a variety of reasons. Most commonly, it is because of residential changes (Rumberger, 2008). Rumberger's survey of the parents of students who changed schools in California revealed that the second

most common reason is that students asked to change schools, because their school was destroyed by Hurricanes Katrina and Rita in 2005.

In the literature of mobility, school mobility (Rumberger, 2008), defined school mobility as the non- promotional change of school due to residence relocation caused by violent conflict or natural disaster such as Hurricanes Katrina and Rita in Louisiana public schools, where students were displaced as a result of the storms. Hurricane Katrina (in late August, 2005) and Rita (in late September, 2005) caused the largest displacement of students in United States history. In Louisiana alone, the hurricanes displaced nearly 26% of the 740,000 higher Grade 12 students enrolled in the state public schools prior to the storms. Although anecdotes and conventional wisdom often fail to provide an accurate picture of complex events like recovery of students' access to schools from a massive hurricane.

Provenzo and Fradd (2002) undertook a concrete survey on the impact of disasters on students' access to schools and school performances. Using a model, they compared North Carolina high school students' performance on standardized tests in the year after Hurricanes Floyd and Bonnie with previous years. The study revealed that 60 schools did not meet their attendance as well as their performance goals but would have, if the storms had not occurred. However, it was unclear whether this was due to missed days in particular or to a broader effect of the hurricanes. The study also suggested that those schools that had poor students' attendance and performed poorly in the past were most affected. The results also suggest that, some displaced students had problems such as

non-enrollment or poor attendance, mental health or behavioral problems, and academic setbacks.

Negative achievement effects, which were small overall, were most pronounced among students who remained displaced for the duration of the academic year, and appeared to be mitigated by student's tendency to enroll in schools with higher student's performance than their original schools. Additional results shows that the negative effects were associated with both the number of schools attended and the amount of school time lost. However, these analyses do not include the displaced students who did not re-enrolled in a North Carolina public school. The study result concludes that these students constitute more than a Quarter of displaced students and tended to be those who are most at risk for poor academic outcome.

Nevertheless, studies that control other confounding factors such as income, ethnicity, teacher experience, class size, and individual student performance suggest that displacement has causal negative impact on school attendance and school quality (Hanushek et al, 2004). This causal relationship is supported anecdotally by interviews of teachers and administrators on the impact of displacement and mobility among students. The result of the interviews indicate that new students disrupt the academic or school environment by interrupting a class that has an existing social structure, common curriculum and knowledge base, and familiarity with the school rules and teachers. New students are also a financial burden as they require extensive record keeping and evaluation and often do not return books and materials to school (Rumberger et al, 1999).

Yet proper preparation and resources for displaced students may go a long way toward mitigating these problems. In particular, schools run by the Department of Defense (DOD) for children of military officers affected by the storm do not experience significant class disruption or overburdened teachers and staff because of targeted educational policies such as a strong and stable teaching force, a well-staffed school, the synchronization of curriculum and achievement goals, the timely transfer of academic records, and small school size. Indeed a number of studies examining the impact of displacement of public schools suggest that the adoption of strategies similar to those used in Department of Defense schools, including advance notification and preparation for new students, long-term assimilation programs, and accurate academic record keeping (Rumberger et al, 1999)

On the impact of displacement on secondary school students adjustment Provenzo and Fradd (2002) reported that manmade disasters such as violent conflicts and Natural disasters such as hurricanes, floods, tornadoes, and earthquakes can completely overwhelm a community with severe infrastructure and property damage, huge financial losses and human casualties. Alcan have an even more profound impact on children and adolescents, who are often unable to understand the event itself though these losses often traumatize adults, they can have an even more profound impact on children and adolescents, who are often unable to understand the event itself and are particularly helpless in its aftermath. Researchers at the University of Illinois, as cited in Black (2001), observed; “Children who live through a violent conflict and other disasters usually have two life-charging experiences. First they endure the trauma itself, which

might forever alter their sense of security and their ability to cope with life's problems. Secondly, they face ongoing disorder and dishevelment in their day-to-day school lives".

The first experiences according to Black (2001) which he called event trauma in the literature, is limited in time and space. While the second experience, is known as process trauma, which can continue for months and years and may have much graver consequences in the long-term than the conflict or the disaster event itself (Shaw, 2000).

It is not surprising that natural disasters and violent conflicts can have a profound emotional, behavioral impact on adolescents and little school children. Evans and Oehler-Stinett (2006) found that about 40% of students who had experienced a severe tornado had symptoms of PTSD. In addition to avoidance, re-experience, and detachment, these students reported a range of physical symptoms and feelings of a foreshortened future.

Research also indicates that children may experience other behavioral problems such as increased aggression or delinquency (Durkin et al, 1993; Shaw et al, 1996). In the most extreme cases, the trauma of natural disasters can lead children to suicide. The Miami Herald reported that in the months following Hurricane Andrew, more than a dozen high and elementary school students had attempted suicide, some were as young as seven or eight years old (Donnelly, 1993)

Runberger (2002) reported a result of sociodemographic research conducted at Boston public high school (grade 10-12). The study populations were displaced high school students from Haiti. The study investigated the impact of displacement on the students' adjustment. Among 200 students who were selected to participate in the study,

168 agreed to be interviewed. The students were 15 to 20 years of age (mean = 17.5 years) and enrolled in grades 10 through 12, with majority in the 12th grade (69%). Nearly 54% of the samples were female and the primary language spoken at home was Haitian Creole (98%) on average, they had been living in the U.S. for four years (range 1 – 11 years). Over 70% were living with their mother at the time of the study; however, less than 40% lived with their father. Over 59% mentioned that their families had experienced financial difficulties, in meeting their schools requirements. Finally the study result showed that over 72% of the sample had agreed to have symptoms of depression, attention deficit hyperactivity disorder (ADHD), Phobia, withdrawal and suicidal thoughts. A significant level of depression and post-traumatic stress disorder was observed in this study reflecting a need for enhanced services in the schools and improved access to mental health services for displaced adolescents.

Traditionally a place of learning, now amidst an environment of violence, a school may provide safety and stability for displaced children and adolescents. In addition to academic learning, displaced children (boys and girls) may be able to play with their peers, trust adults, and envision a positive future. They may be reminding for their cultural identity, as teachers reinforce identification with their language, cultures and national or ethnic groups. In addition to that, peace education and conflict resolution are perceived as essential aspect of psychological and social recovery school provide.

A recent report by UNICEF (2009) emphasized the psychosocial benefits of keeping schools open during a crisis. “Education is an essential stabilizing element or force in all phases of an emergency, re-establishing a sense of normalcy and structure

after destruction and chaos. Education also provides the opportunity to build self-esteem and confidence to regain a sense of hope about the future.”

The convention on the Rights of the child, instituted in 1989, as captured by (UNICEF 2007 report) calls for primary education to be free and compulsory for all children at all times, and notes the important role of psychosocial support for children affected by armed conflict. The report also observed that a school may help to offset many of the risks and deprivations that commonly afflict children and adolescents in conflict and crisis situation by simply continuing to be in school. Schools offer a potential home-base for more specialized intervention programmes that facilitate children psychological recovery from violent upheaval.

The challenge here is how to scale and reach thousands of children and adolescents in need of education or school, often in the midst of ongoing conflict, and usually with insufficient human and financial resources. That is why Baron (2001) asserted that it is difficult to keep schools going during conflict or crises, and ensure children can access them. According to the institute of Reconstruction and International Security through Education, 82% of the 113 million out of school children are living in crisis and post-crises countries. While in resettlement camps only 1 in 4 school-aged children attend school, and only 1 in 10 girls do so, whereas only 1 in 100, 15 – 17 years old adolescents are engaged in any organized activity whatsoever.

Bush and Salterelli (2002) suggested that children’s access to school in conflict zones or situations can be compromised by a myriad of factors, including; damage to the school’s infrastructures, lack of safety, security and transport, breakdown of the family

unit, necessity for the child to stay home and care for ailing parents or other relatives, poverty and inability to afford clothes or basic school materials, child labour needed for household income. Similarly, very vulnerable children including orphans and separated children especially girls exposed to sexual violence may face an even more complex challenge in gaining and maintaining access to school.

Smith and Vaux (2002) observed that in conflict situations schools have been used to serve political aims and flame ethnic hatred. Such politicization can be seen, for example, in Rwanda. Prior to the genocide, the Hutu-dominated government increasingly reserved education as an exclusive privilege of their ethnic group, a process which also determined who could and could not be employed as teachers. In west Bank and Gaza, Palestinian schools have been forcibly closed by Israeli soldiers and access impeded through the erection of checkpoints, walls and other boundaries. In such situation education is often used as a weapon for furthering of political gain and the strengthening of inequalities.

Baron (2001) observed that countries affected by conflict increase their expenditures on military without budget to support provision of adequate number of well-trained teachers, building of schools, provision of learning materials and transport for supervision of schools among others. These are clear signs and features of a failed state, since the governing body of the states are either unable or unwilling to provide for basic needs such as educational services. The quality of education in such states becomes adversely affected by the direct targeting of schools and teachers. This is the case in Nepal, where Maoist rebels routinely bombed schools and threaten teachers with

violence. The women's Commission for Refugee Women and Children (2003) and Save the Children (2004) filed reports recommending that, support for the re-establishment and continuity of education must be a priority strategy for donors and NGOs in conflict and post conflict countries or areas. Humanitarian agencies increasingly recognize the important role of schools in rebuilding self-esteem and confidence regaining hope about the future for displaced children in a resettle environment.

2.6 Empirical Studies on Post-Traumatic Stress Disorders and Adjustments among Secondary School Students

Santrock (1990) asserts that in adolescence, the feature of post-traumatic stress disorders are mixed with a broader array of abnormal behaviors than in adult. For example, during adolescence, he further says, phobia, aggression, anxiety, poor peer relations anti-social behavior and schools failure are often associated with post-traumatic stress disorders. Santrock (1990), referring to a number of studies like Kinwal, et al (1989), Matson (1980) and Weiner (1980), Maintains that, it (school failure) has been found to be one of the significant problems related to post traumatic stress disorders.

Watter and Gifes (2005) report that many ethnographic studies on post-traumatic stress disorders shows that traumatic stressful kids who are at high risk of dropping out of school and abusing drugs are more isolated and depressed and have more problems with anger. Some of the studies referred to by Watter and Gifes (2005) perhaps, may include Green and colleagues (2000) Guwich and Inleby (2001). All these propositions have been confirmed by WHO (2001). This is a special report by the International Organization on Metal disorder all over the world. The report (HWO, 2001) asserts that,

whole regular smoking starts in early male adolescents with attention deficit disorders. Individual with post- traumatic stress disorders are more likely to be smokers.

In their study on, “Social Support and psychological correlates of high schools studies of who use illicit drugs in response to traumatized stressful conditions”. Rumberger (2006) tries to among other things, measure the association of adolescent illicit drug use (AIDU) and social support, phobia, anxiety, depression, somatization, paranoid ideation, and anger in a large sample (1,170) of non-referred high school adolescents in South Carolina, United States. Results show that, in this sample of 1,170 non-referred high school students, 87 students (8%) admitted to illicit drug use as a response to traumatic stress. The sub-urban and the urban school have similar percentages of students (7%) who admitted to illicit drug use as a response to traumatized stressful condition. Very much unlike what most previous studies on post- traumatic stress disorders consistently reported, that is about the higher pre-ponderance of post-traumatic stress disorder in urban areas compared to rural. This study reports that the percentage of drug users in the rural schools 14% as a response to traumatize stress was much higher, than in the urban schools.

The study also shows that psychological score of (phobia, anxiety, depression, somatization, paranoid ideation, anger in and anger – control) were high in illicit drug users of non- referred high schools students Rumberger, (2006) observed and provided evidence that the use of illicit drugs as a response to post traumatic stress disorders is associated with low social support and high psychological distress, especially in adolescent males.

Swanson and Schneider (1999) in their own case study show the relationship between post- traumatic stress disorders and learning disabilities among high school adolescents. Their study was based on the notion that post- traumatic stress disorders and learning disabilities are related in both reverse directions. That is, as they rightly state, post-traumatic stress disorders is seen as a potential cause of learning disabilities by some investigators, while others argue that it is a consequence of learning disabilities. Their study therefore, was essentially a confirmatory one, aimed at trying to ascertain which of these two propositions is more valid in their area of study, the south west region of the United States, after the devastating destruction of Hurricane Hugo. In addition to the above however, they are also interested in examining the variables of gender and type of learning disability with regard to post traumatic stress disorders.

Their sample constituted one hundred and thirty three high school students from the above mentioned region. This sample includes 85 students without learning disabilities (39 females and 46 males, with mean age = 16.7, SD = 1.20, range 14-18) and 48 students with learning disabilities (13 females and 35 males, mean age = 16.16, SD = 1.39, range = 14-19). All the samples were selected from three urban high schools within the same district. The students with learning disabilities were evaluated by a multi-disciplinary team based on state Department of Education definitional criteria. The instrument used was the Reynolds Adolescent Traumatized Stress Scale (RATSS) Reynolds, (1987) was to assess the prevalence of post- traumatic stress disorder in students with and without learning disabilities.

The results of their study appear contrary to expectation. They found no significant difference between students without learning disabilities and those with learning disabilities. Using a cut off score of 77 which according to them Swanson and Schneider (1999) is indicative of potential significant pathology. They found that students with learning disabilities (i.e 10% of a sample of 48) and 14 students without learning disabilities (i.e. 17% of a sample of 85) met criteria for significant post- traumatic stress disorders. They therefore concluded that this difference is not significant, $Z = 1.23$, $P > .05$. The result also indicate that none of the variable; age, gender, grade, ethnicity, IQ profiles had a significant effect on students cores.

If anything Swamson and Schneider study has actually succeeded in establishing the prevalence of post- traumatic stress disorders among both students with or without learning disabilities. With regards to the absence of significant differences between the two groups, Swamson and Schneider had earlier submitted that contrasting findings have been found by a number of researchers.

In a study by Murray et al (2002) the antecedents of adaptation (adjustment) to school among primary and secondary school students (Australian and Japanese) were investigated. A total of 22 schools participated; 11 primary and 11 secondary schools in rural, regional and metropolitan areas in South Australia, and both the independent and government school sectors were involved. Of the total population of 3,145 students (46% males) completed the 86 – item questionnaire. Results show that traumatized stress is linked strongly to well-being in all models. Where students reported a poor sense of well-being this was related to difficulties with family, peers and teachers.

Part of the findings of the research that is most relevant to this study is that which states that, adaptation to schools was found to be strongly affected by student's feelings of being supported by their families, peers and teachers – that is, poor support predicts poor adaptation. Similarly, a lack of well-being, indicated by symptoms of stress (apathy, depression, somatic symptoms and aggression) is predictive of poor adaptation to school. This mean that stress and other things have been implicated in this study (i.e. Murray, et al, 2002) to be responsible for poor school adjustment.

It is obvious that all the studies reviewed above are largely American, or rather generally western. A few studies present the African, while non- had Nigerian perspectives. However, on the relationship between stress, depression and drug abuse among Nigerian secondary school adolescents, both Udoh and Ajala (1999) and Okoye (2001) submit that substance abuse and dependence were caused by desire or attempt to relieve themselves of things like tension, anxiety, fatigue and boredom, all of which are symptoms of stressful conditions or disorders.

From the findings of the studies reviewed here, it can be justified to assume that post- traumatic stress can probably be found among secondary school students population in the area of this study. In fact they also suggest the possibility of traumatized stress disorders being a latent and obscure variable, which direction and diagnosis may be difficult. This possibility was pointed out by Santrock (1990) and; Swamson and Schneider (1999). However, one important point for noting is that secondary school students identified with traumatized stressful conditions or disorders such s (PTDS) need serious adaptation or adjustment. It is established that post- traumatic stress disorders

influences the students well- being which related to difficulties getting with family, peers and teachers as reported by (Murray, 2002).

Many studies suggest that increasing rate of post- traumatic stress disorder (PTSD) correlate with increasing incidence of emotional and behavioral problems, although most find that these differences are only significant for highly displaced children. For example Sampson and fowler (1988) examined data from the 1988 American National Health Survey on child Health. They foundout that students who had moved three or more time between the ages of 6 and 17 were morethan twice as likely to have emotional and behavioral problems and to have received psychological help. They were also nearly twice as likely to be suspended or expelled from school.

Scarlata, Newacheck and Nessim (1993) maintained that children with post-traumatic stress disorder are more likely to be in the top 10th percentile of scores on the Behavioral problems index, which includes factors such as hyperactivity depression, and immaturity. Meanwhile, there was no significant behavior difference between children with other stressful problems and those who did not have any emotional problems at all. Simpson and Fowler, (1994) using the same data, found that these differences persisted even after controlling for confounding factors such as income, ethnicity, parent education and family structure. Specific effects of severe post- traumatic stress disorder include violence and poor health. Ellickson and Mc Guigan (2000) found that post- traumatic stress disorder PTSD children have greater chance of violence during high school after controlling for social variable. The United State General Accounting Office (1994) study also associated children with post- traumatic stress disorder with poor health and hygiene,

but this study have no control for confounding variables. On the other hand, Engec (2006) reported that children identified with post- traumatic stress disorder PTSD were found to have significantly increased behavioral problem in the school which increased the likelihood of suspension.

Experiencing traumatic events during armed conflict, impacts on the mental health of children. Children and adolescents who experienced conflict-related trauma and met criteria for post- traumatic stress disorder (PTSD), an anxiety disorder that develops after exposure to psychological trauma, were often associated with behavior problems and memory impairments. Elbert, et, al (2009) asserted that indirect effect of armed conflict, such as losing caregiver and support networks are also damaging to children well- being and affecting the emotional and mental development.

Lonigan and Colleagues (1991) cited in Almaquist and Brandell-Forsberg, (1997) in their investigation on school-aged children, has shown a correlation between post- traumatic stress disorder and emotional mal adjustment. The studies have clearly outlined the consequences of organized violence and antisocial behavior as a resultant outcome for children and adolescents displaced by conflicts. Post- traumatic stress disorder children and adolescents are more likely to have serious health and behavior problems associated with malnutrition, diseases, physical injuries, brain damage, sexual or physical abuse. Hence, the influence of these potential factors cannot be overlooked when considering emotional mal adjustment and other psychological disorder among such problem.

Mccloskey and Southwick (1996) using the child behavior checklist (CBCL) also found that in addition to PTSD, depression and anxiety, truancy in schools, disrespect of parents and theft were common among their participants. When interviewed, most children reported somatic complaints, uncertainty about the future and in some cases expressed suicidal thoughts. While the presence of anxiety is not surprising given its overlap with PTSD, Clearke et al, (1993, cited in Hode, 2000) note that depression may commonly occur due to ongoing adversity following resettlement of displaced children and adolescents.

Tousignant (1999) present the results of a psychiatric epidemiological survey of 203 displaced adolescents, aged between 13-19 years from thirty five different communities resettled in Canada. Using the Diagnostic Interview Assessment Scale and global assessments of general functioning, these authors showed a 10% difference against displaced adolescents in rates of psychopathology compared to normative data obtained from a province wide survey of Quebec adolescents, (21%) of participants displaced psychopathology in forms of simple phobia (25%) over-anxious disorder, (13%) depression, (5%) conduct disorder, (6%) attempted suicide, while (3%) had severe rate of phobia and over anxious disorder. According to this author despite the high rate of psychopathology when compared with a normative population, according to global functioning assessments, these adolescents had good social adaptation.

Good adaptation by displaced children and adolescents following multiple traumas has also been reported by Berthold (1995) and Punamaki (2001). Such unexpected findings of positive adaptation imply that while diagnosis of PTSD does not

always suggest severe emotional and functional impairment, as (Sack 1995) observed that the changeability of dysfunctioning does, in fact, demand further investigation into the mechanisms that promote such adjustment.

Kocijan-Hercigonja et al (1998) have investigated the existence of more than one disorder and alternative problems in refugee and displaced children. They compared three groups of children aged between five and fourteen. The first group comprised of Muslim refugee children from Bosnia and Herzegovina; the second group comprised displaced children from Croatia and the third group comprised non-displaced local children. Using structured interviews, coping and adjustment measures, self-rating behavior scales and anxiety and depression scale, these authors found significant differences in the prevalence of eating disorders, with displaced children exhibiting more eating disorders than non-displaced and refugee children. Significant difference was also observed in sleeping disorders with more followed by refugee and non-displaced children. In terms of adjustment, displaced children were less satisfied with their present situation than other children. Refugee children also felt generally worse than other children and were less optimistic about their future. Displaced children were lower on anxiety than refugee children, however, no differences across the sample on depression measures were found.

Hercigonja (1998) attributed sleeping and eating disorders or problems in displaced children to the severity of trauma these children experienced. Furthermore, displaced children tended to evaluate their life at present as worse than others because of difficulties associated with resettled environment or camp life, while elevated anxiety

witness in displace children was attributed to uncertainty about their status and future. “In all these findings highlights, these children have negative beliefs and expectations about their futures, indicating potential emotional adjustment problems (Kocijan-Hercigonja et al 1998)”.

In their investigation of varied psychological outcome of post- traumatic stress children, Howard and Hodes (2000) note the distinction between disorders observed from neuropsychiatric origins (that is causes attributable to biological functioning) and those from psychosocial ones (that is cause attributed to family and social processes). These researchers study post- traumatic stress disorder among three groups of displaced, immigrant and British children. They found that, refugee children received more diagnoses of a psychosocial nature than the other two groups of participants. While similar social impairment of minor anxiety, conduct, eating and sleeping disorder were also observed across comparative groups, displaced children were more isolated and disadvantaged. This tendency of manifest disorders of a psychosocial nature is consistent with Rousseau, Drapeau and Corin (1996) who found a positive association between learning difficulties, academic achievement and emotional problems in South East Asia and Central American refugee children in the United State. The tendency of traumatized displaced or refugee children to report more psychological problems, diagnostic and otherwise (e.g. guilt, uncertainty) has been found to be associated with the occurrence of more daily stressor and less perceived social support.

Although the exact rate of disorder and dysfunction tend to vary across studies and frequently reaches 40%/50% prevalence, there is no consensus across studies

investigating post- traumatic stress disorder and other psychological problems, like emotional maladjustment which show these rates to be much higher in displaced than in non-displaced population, (Hode, 2001). Loughery and Flori (2001) for example, investigated the behavioral and emotional problem of 455 former unaccompanied refugee children and youth aged between 10-22, three to four years after repatriation to Vietnam from center in Hong Kong and South East Asia. Collecting data using measures of internalizing and externalizing behavior, self- efficacy, trauma and social support, these authors found no differences age matched controls who never left Vietnam and repatriated children. Similarly, no difference between the groups was observed for perceived self- efficacy and the number and experience of social support. These authors concluded that the exposed trauma and experience of living without parents in refugee camps did not lead to increased behavioral and emotional problems in the immediate years following repatriation.

While these findings may reflect adoptive capacities despite traumatic experience, they also pose additional question regarding the reliance of PTSD as a single outcome measure. Although alternative outcomes of trauma are correctly being addressed by research into the presence of accompanying disorders and problems, the differential response to trauma that children and adolescents from different cultures may exhibit has been largely unexplored by research (Rousseau, 1995).

2.7 Summary and uniqueness of the study

Post- traumatic stress disorders has become in recent years, pervasive phenomenon. The literature review in this chapter therefore, started with a brief

illustration of the concept of post- traumatic stress disorder (PTSD). Attempt was then made to define and explain the concept of post- traumatic stress disorder since it is the principal variable in this study. Attempt was also made to demonstrate the relationship between post- traumatic stress disorder and behavior mal adjustment generally.

An intensive review of access to school among children of displaced communities was made. Attempt was also made to demonstrate the relationship between post- traumatic stress disorder (PTSD) and students' school adjustments, since both "Access to school" and "school adjustments" are major variable components of this study. Although not a key variable was involved in this study, various, empirical studies to establish schools in conflict areas were critically reviewed. The most important outcome of the review up to this level, is that the concept of post- traumatic stress disorder (PTSD) is recognized as a non-musicalized psychological disorder that can be treated in non-hospital setting using various psycho-social intervention by teachers and counselors in the school setting using various psycho-social intervention by teachers and counselor in the school setting.

Another outcome from this review is that most of the studies reviewed agreed on the difficulties in establishing or gaining and maintaining access to schools in conflict areas or situations. However, the review critically pointed out the importance of schools in providing psycho-social support that help children and adolescents to recover from conflict and disaster related traumas. The review identified some procedures for ensuring continuity in children education.

In addition to that the review highlighted some basic conditions for establishing and ensuring access to schools by children and adolescents in conflict areas or situation. The most vital point for noting in establishing schools in conflict areas or situation is the provision of “Safe Space” which must be children friendly, conducive for the children emotional and social wellbeing.

Not only in that, the study is interested in finding whether the displaced children have gained access to schools in their resettled communities. This study would attempt to examine the differences on the students’ school adjustment between the displaced students from Plateau crises and non- displaced students attending same senior secondary schools in Bauchi State.

Although the review found that most students that have poor school adjustment as a result of displacement came from the disadvantage family even before the violent conflicts or natural disasters that forced them to flee their homes. It is therefore evident that such displaced students could have higher incidence of emotional trauma, material deprivation, malnutrition, illness, and emotional disorders which could be responsible for their poor school adjustment.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter is about the method used for this study which includes the research design; the population of the study; the sample size, sampling technique; the data collection instruments; their validities and reliabilities; the procedure in data collection, and the statistical instruments used for data analysis.

3.2 Research Design

This present study will rightly fall under ex-post factor research design. This term is the principal component of the design and according to Asika (1991 P.24) is “a systematic empirical study in which the researcher does not in any way control or manipulate the independent variables because the situation for study already exists or has already taken place”. This is exactly the case with the present study for as Shavelson (1981) cited in Shehu (2006) rightly says that ex-post factor design examines the degree of relationship between two or more variables, but not necessarily their causal relationships, and the researcher arrives after the fact that the treatments have been imposed (by the variables) on the subjects. In view of the above explanation, it becomes obvious that the present study rightly fits the ex-post factor design.

3.3 Population and Sample

3.3.1 Population of the Study

The populations of this study comprises all Senior Secondary Schools teachers (both males and females) postgraduates, graduates and NCE teachers, old and newly employed, currently teaching in government Senior Secondary Schools in Bauchi State. The selection of this population is based on the fact that this study intends to examine the perception of teachers about the prevalence of post-traumatic stress disorder, access to schools and the school adjustment of the displaced Senior Secondary Schools students.

The Planning and Statistics Department of Bauchi State Ministry of Education showed the total number of Senior Secondary School teachers spread across the state at about 2,607, while the state Emergency Management Agency (SEMA, 2010) relief reports put the number of displaced senior secondary school students from Plateau state at about 14, 574 excluding those attending private schools. Although, displaced students were not part of the population of this study.

3.3.2 Sample Size

From the above population estimate of the study which is 2,607, government Senior Secondary Schools teachers in Bauchi State, a total of 335 Senior Secondary schools Teachers were selected as sample size. This sample size was arrived at by mean of the Kreycie and Morgan (1971) table for determining sample size. This sample size was spread across the 86 Senior Secondary Schools managed and control by Bauchi State Ministry of Education spread across 20 local Governments Areas of Bauchi State.

Appendix II presents Kreycie and Morgan (1971) Table for determining sample Size while appendix III presents population of teachers' distribution across the 86 senior secondary schools in Bauchi state.

3.3.3 Sampling Techniques

The sampling technique used in this study was proportionate sampling technique and simple random sampling technique. The reason for the adoption of proportional sampling technique is because the teachers' population across the schools was not even based on their size and number. Some schools are very large, about ten- times the size of the smallest ones. For this reasons, some schools have more number of teachers than others, that is why the researcher selected the samples at random, but in proportion to the size of teachers in each school. To determine the sample proportionately, the researcher use the following formula:

$$SS = \frac{P}{TP} \times TN$$

Where P = proportion of sample

TN = Total number of population of teachers in a school

TP = Total population of the study

SS = Sample size

Having determined the proportion of the samples in each school, the researcher used pick and obey method with YES and NO written and folded on papers. Only teachers that picked YES were selected as sample of the study.

3.4 Data Collection Instrument

For the purpose of this research work, one measuring instrument was used to collect data. It is called the Post Trauma School Inventory Scale (POTRASIS). This is an adopted version of Lonigan and Taylo's (1994) Post trauma Behavior Checklist Scale. It was first used by Lonigan and Taylor in 1993 at North Carolina (USA) to survey children about their emotional reactions to Hurricane Hugo and their subsequent school adjustment. It was first published in 1998, by the American Journal of Psychiatry. The average internal consistency co-efficient of the scales ranges between 0.75 – 0.60. The post trauma schools inventory scale (POTRASIS), which is this researcher's modified version of the Lonigan and Taylor (1994) post trauma scales is described below

This instrument comprises of four sections. Section A,B,C and D, section A essentially contains Questions geared toward gathering information about the personal particulars or rather biographical data of the respondent and post trauma behavior checklists scale. Answers from such question have provided the researcher with the information on the level of prevalence of post- traumatic stress disorders based on the perception of the teachersof the displaced students in Bauchi State.

Section B consists of question about mental health services available in senior secondary school in Bauchi State. While section C comprises of five questions that was used in the study to examine basic issues about the supports / interventionsreceived bythe displaced student in having access to school in Bauchi State. All questions in section D

was used to answer the perception of the Teachers about the displaced student adjustment problems in senior secondary school in Bauchi State.

3.5. Validity and Reliability of Data Collection instrument

In order to determine the validity and reliability of the instrument a pilot study was carried out. The sample for the pilot study was drawn from three schools namely GSS Unguwar Mailafiya (Jama'a LGA), GDSS Saminaka (Lere LGA) and GCDSS Mahir in (Sanga LGA) all in Kaduna State. The choice of Kaduna State for the pilot study was in form because it also hosted displaced Senior Secondary School students from Plateau State violent crises. Total of (30) teachers were randomly selected as the sample. That is ten teachers per school. However, other aspect of the validity and reliability of the instrument is presented below.

3.5.1 Validity

According to Wood (1991) "A great deal of effort is expended in the field of psychological testing in establishing the construct validity of measuring instrument". However, checking on construct validity of an instrument can be a complex matter (Black, 1990) said the term construct cannot be exactly defined but inferred psychometrically. He further maintain that construct validity of an instrument is determine by the extent to which the instrument may said to measure a theoretical construct or traits such as intelligence, creativity, anxiety, emotion, stress, interest, instincts, drives,e.t.c. A construct is a complex of mental images and impressions systematically synthesizes to aids the mind in further speculations. Construct validity indicate the extent to which an instrument measure conceptually related properties

effectively. In view of the above, the researcher has validated his measuring instrument in terms of its constructs and the relationship of its contents to permanent traits or variables of the research.

The pilot testing enabled the researcher to validate the instrument in the area of both content and language used. It also helps the researcher to have an idea of the time required for response and the likely problems to be encountered during the actual administration or data collection. For the purpose of content validity of the instrument, the supervisors' assessment was used.

3.5.2 Reliability

The internal consistency reliability of the instrument was sought through, the Cronbach's alpha method was used to analyze the result. The alpha reliability coefficient was used to determine the reliability of the 20 POTRASIS Scales that were based on the four sections. The alpha coefficients found ranged between 0.72 to 0.94 (Mdn = .94). Frudel (1993) had submitted that the greater the correlation between the items the higher the value of the alpha. Likewise, the higher the value of the alpha the more reliable the scale is. In view of the above background therefore, the alpha value obtained from the pilot study are high enough to judge the sub – scales reliability of the instrument used in this study.

3.6 Data Collection Procedure

For the purpose of data collection, the researcher personally undertakes the administration of the Questionnaires (i.e. the instrument) to the subject of this study that

is the teachers in senior secondary school in Bauchi State. This means that the researcher have personally visited the schools for the purpose of establishing rapport with the principals and the teachers in the schools. The researcher first of all visited the school and introduced himself and his research to the principals and teachers and requested a date on which the teachers will be relatively free for the purpose of the test. He went back to the schools for the second time to randomly select the samples and administered the instrument by himself.

It was not possible for the researcher to administer the instrument on the same day across all the Senior Secondary Schools in Bauchi state, because of the existing distance between the schools and the time factor. Different days were therefore chosen and fixed for administration of the instrument. Before the actual administration of the instrument start, the researcher has sought the cooperation and understanding of the teachers (sampled) towards insuring prompt and timely returns of all completed instruments. However, most of the teachers do not cooperate, as the researcher was forced to travel to some schools more than five times before retrieving the instrument.

3.7 Data Analysis Procedure

Descriptive statistics were used for the description and analyzing the descriptive component of the study. Frequencies, percentages and standard deviation were used for the purpose of examining and analyzing the scores of some responses.

At the inferential level two statistical tools were used to test the 5 hypotheses used in this study. One of them is T-Test for Independent Samples which was used to test 4 hypotheses involve in testing and examination of difference between groups as follows:

- I. H₀₁: There is no significant difference in the perception of the teachers about the prevalence of post- traumatic stress disorder between boarding and day Senior Secondary School Students in Bauchi State.
- II. H₀₂: There is no significant difference in the perception of the teachers about the prevalence of post- traumatic stress disorder between boys and girls senior secondary school students in Bauchi State.
- III. H₀₃: There is no significant difference in the perception of the teachers on school adjustment due to post traumatic stress disorders between boarding and day senior secondary schools students in Bauchi State.
- IV. H₀₄: There is no significant difference in the perception of the teachers on school adjustment due to post traumatic stress disorders between boys and girls senior secondary schools students in Bauchi State.

For this reason therefore, the T-Test was used. Rescoe (1969) as cited by Shehu (2006) said the most appropriate tool to use especially in testing differences between two independent groups is T-Test.

The second instrument used in this study is the Pearson's Product – Moment Correlations. As observed by Rescoe (1969) cited by Shehu (2006) while studying the relationship between two variables using interval scale especially, the best tool to be use is the Pearson Product Moment Correlation. This tool was therefore, used to test hypothesis number (5) as follows: There is no significant relationship in the perception of the teachers between symptoms of post- traumatic stress disorders and the school

adjustment problems among the displaced Senior Secondary School Students in Bauchi State.

CHAPTER FOUR

DATA PRESENTATION AND ANALYSIS OF RESULT

4.1 Introduction

This chapter deals with data presentation, analysis and discussions of findings from the study. The data obtained are presented and analyzed to answer the research questions and test the formulated hypothesis in this study.

4.2 Summary of Data

Below is the summary of data reflecting the number of cases, mean scores and their corresponding standard deviations as they relate to Post Traumatic Stress Disorder, type of schools and adjustment.

Table 4.1 Descriptive Statistics

S/N	Variables	Classes	N	\bar{X}	SD
1	Prevalence of PTSD	Boarding	140	21.64	6.434
		Day	178	21.56	6.254
		Boys	222	21.74	6.366
		Girls	96	21.61	6.328

		Boarding	140	11.74	4.149
2	Adjustment Problems	Day	178	23.51	2.954
		Boys	222	22.68	4.339
		Girls	96	22.39	5.167

The table above shows that 140 teachers have been sampled from boarding schools and 178 teachers from day schools which comprises our sample size as 318 for the prevalence of post-traumatic stress disorders (PTSD), with averages of the prevalence of post-traumatic stress disorders (PTSD) are 21.64 and 21.56 and standard deviations as 6.434 and 6.254 for boarding and day senior secondary schools teachers respectively. Among these samples, the distributions are 222 and 96 for boys' schools and girls' schools respectively. Their averages for the prevalence of post-traumatic stress disorders are 21.74 and 21.61 with standard deviations as 6.366 and 6.328.

Table 4.2 Symptoms of Post- Traumatic Stress Disorders

S/N	Items	5	4	3	2	1
1	They always look fearful and worried because of their horrible experiences; they always feel unsafe (floating anxiety).	260 (81.7%)	20 (6.3%)	2.1 (2.1%)	13 (4.2%)	18 (5.7%)
2	They always move in and around the class/ school without any reason (hyper-	36	44	75	84	79

	mobility) and (truancy).	(11.3%)	(13.8%)	(23.7%)	(26.5%)	(24.7%)
3	They easily cry or run and the while they are needed by teachers or colleagues (overpowering urge to cry).	130 (40.9%)	90 (28.3%)	8 (2.6%)	49 (15.4%)	41 (12.8%)
4	They always complain of being sick e.g. Migraine, headache, stomach and general body pain or weakness (general stress).	218 (68.4%)	55 (17.3%)	22 (7%)	14 (4.5%)	9 (3%)
5	They are always in bad mode, looked unhappy and show disinterest in class/school activities (depression).	233 (73.2%)	15 (4.8%)	34 (10.8%)	26 (8.1%)	10 (3.9%)

Same sample were maintained for the adjustment problems with averages 11.74 and 22.68 and standard deviations 4.149 and 2.954 for boarding and day senior secondary school teachers respectively. This shows that the adjustment problems in day schools is far more than that of boarding schools with a wide gap.

The table above shows that the symptoms of post- traumatic stress disorder are based on frequencies and percentages. These shows that majority of the respondents (81.7%) opined that displaced students are always looked fearful and worried of their horrible experience. They (almost) always feel unsafe. This indicate that ‘floating anxiety’ was identified as the most common symptoms of post- traumatic stress disorder in the perception of the senior secondary school teachers in Bauchi state.

All the symptom appears to be strongly opined (expressed) by the respondents with the exception of hyper mobility and truancy, with 11.3%. This shows that it is the least identifiable symptoms of post- traumatic stress disorder among the displaced senior secondary school students in the view of their teachers in Bauchi state.

Table 4.3 Students’ Access to School

Displaced Students Access to School	A Yes	B No	% of B
Displaced students do not faced discrimination in admission and Placement.	17	301	95%
State government/ NGO's paid the school Fees/ levies of the displaced students.	20	298	94%
Displaced students received free basic School materials such as uniforms and Beddings e.t.c.	23	295	93%
Displaced students received free basic learning materials Such as text books, exercise books, e.t.c.	28	290	91%
State government / NGO's paid the external examination fees for the displaced students e.g. WAEC, NECO, NABTEB and JAMB.	28	290	91%

Shows the rank ordering of support or assistance enjoyed by the displaced Senior Secondary School Students in gaining and maintaining access to school in Bauchi state. It can be seen from the perception of the teachers that the displaced students faced discrimination in the process of their admission and placement, because most of them report to their new resettled schools without any document to back their placement. In view of these factors, this recorded the highest frequency of 301 representing (95%). According to the frequency in the table neither the state government nor the NGOs pays the displaced students school fees/ levies. Similarly the frequency and percentages shows that the displaced students do not receive any support or assistance that would facilitate their learning. Most importantly, the least frequency of 290 representing (91%) shows that the Bauchi state Government and the NGOs do not pay the external examination fees such as WAEC/NECO, NABTEB and JAMB examinations. However, the State Government paid for the indigene (NON-Displaced) senior secondary school students in Bauchi state in such examinations. These therefore mean that the displaced senior

secondary school students do not enjoyed any support or assistance in gaining and maintaining access to school in Bauchi state.

Table 4.4 School Mental Health Services

School Mental Health Services	A	B	C
	Yes	No	% of B
Teachers are fully aware of the emotional problems of displaced students in their schools.	20	298	93%
My school has the functional guidance and counseling office where students' mental health issues are attended to.	30	283	89%
Displaced students often engaged in games in my school as a means of relieving their tension.	41	275	86%
Displaced students received regular counseling in my school from the counselor.	58	260	82%
Parents and teachers in my school regularly meet to discuss the displaced students' problems.	63	248	78%

Table above shows the rank ordering of the teacher's perception of the availability and used of school mental health services in Bauchi State senior secondary schools. The response of the teachers indicate that, majority of the teachers are not fully aware of the emotional problems of the displaced students in their schools. This response has the highest frequency of 298 which is 93%. However, the least frequency is 248 which is 78%. This was obtained from the teachers' response that there was no regular meeting between the parents and the teachers of displaced students with the view to discuss and find solutions to some of the displaced students' emotional problems that is students' family counseling session.

Based on the above frequencies and percentages we can conclude that the teachers' perception on the availability and use of school mental health services in senior secondary schools in Bauchi State is very negative. This is due largely to the fact that most of the teachers response shows that they were not fully aware of the emotional problems of the displaced students in their schools. In addition to that most of the schools do not have functional guidance and counseling offices and officers to attend and manage the displaced students emotional problems particularly post- traumatic stress disorders.

4.3 Hypotheses Testing and Analysis of Result

Five hypotheses were formulated in this research work and the data was analyzed accordingly.

4.3.1 H₀₁: There is no significant difference in the prevalence of post- traumatic stress disorder between the boarding and day schools in the perception of teachers of senior secondary schools in Bauchi state.

In testing whether there is significant difference in the mean score of the two schools, the score of all the samples obtained from the teachers were subjected to analysis. T- test techniques was used to compare the response and the results are presented in the table below:

T-Test

Table 4.5: T- test on differences of prevalence of PTSD between boarding and day schools

Group Statistics					
	SCHOOLS	N	Mean	Std. Deviation	Std. Error Mean
RESPONSES	BOARDING SCHOOL	140	21.64	6.434	.544
	DAY SCHOOL	178	21.56	6.254	.469

Independent Samples Test										
		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
RESPONSES	Equal variances assumed	.021	.885	.113	316	.910	.081	.715	-1.327	1.489
	Equal variances not assumed			.113	294.580	.910	.081	.718	-1.332	1.494

HYPOTHESIS:

H₀: There is no significant difference in the prevalence of post- traumatic stress disorder between the boarding and day schools in the perception of teachers of senior secondary schools in Bauchi state.

H₁: Prevalence of post- traumatic stress disorder differs significantly between boarding and day in the perception of teachers of senior secondary schools students in Bauchi state.

At 10% level of significant, $\alpha = 0.1$

$\alpha/2 = 0.1/2 = 0.05$ (since it is two sided test).

Decision Rule: Reject the null hypothesis if the 'p' value is greater than the critical value and accept otherwise.

Conclusion: Since the 'p' value (0.91) is greater than the critical value (0.05), we reject the null hypothesis and conclude that the prevalence of post- traumatic stress disorder differs significantly between boarding and day senior secondary students in the perception of teachers of senior secondary school students in Bauchi state.

4.3.2 H₀₂: There is no significant difference in the prevalence of post- traumatic stress disorder between boys and girls schools in the perceptions of teachers of senior secondary schools in Bauchi state.

In testing the hypothesis, the researcher also used T- test technique in order to determine whether the hypothesis will be accepted or rejected. The analysis and the result is presented below

T-Test

Table 4.6: T- test on differences of prevalence of PTSD between boys and girls schools

Group Statistics					
	GENDER	N	Mean	Std. Deviation	Std. Error Mean
RESPONSES	BOYS	222	21.74	6.366	.427
	GIRLS	96	21.61	6.328	.646

Independent Samples Test										
		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
RESPONSES	Equal variances assumed	.046	.831	.160	316	.873	.124	.776	-1.403	1.651
	Equal variances not assumed			.160	181.385	.873	.124	.774	-1.404	1.652

HYPOTHESIS:

H_0 : There is no significant difference in the prevalence of post- traumatic stress disorder between boys and girls schools in the perceptions of teachers of senior secondary schools in Bauchi state.

H_1 : Prevalence of post- traumatic stress disorder differs significantly between boys and girls schools in the perceptions of teachers of senior secondary schools students in Bauchi state.

At 10% level of significant, $\alpha = 0.1$

$\alpha/2 = 0.1/2 = 0.05$ (since it is two sided test).

Decision Rule: Reject the null hypothesis if the 'p' value is greater than the critical value and accept otherwise.

Conclusion: Since the 'p' value (0.873) is greater than the critical value (0.05), we reject the null hypothesis and conclude that the prevalence of post- traumatic stress disorder differs significantly between boys and girlsstudents in the perception of their teachers of senior secondary school in Bauchi state.

4.3.3 H₀₃: There is no significant difference in school adjustments due to PTSD between boarding and day students in the perceptions of teachers of senior secondary school in Bauchi state.

In testing significant difference in school adjustment due to PTSD between boarding and day students, the researcher also used T- test technique. The result of the analysis is presented as follows:

T-Test

Table 4.7: T- test on differences of adjustment between boarding and day schools

Group Statistics					
	SCHOOL	N	Mean	Std. Deviation	Std. Error Mean
RESPONSE	BOARDING SCH.	140	11.74	4.149	.351
	DAY SCH.	178	23.51	2.954	.221

Independent Samples Test									
		Levene's Test for Equality of Variances		t-test for Equality of Means					
		F	Sig.	t	Df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference
									Lower Upper
RESPONSE	Equal variances assumed	22.146	.000	-29.500	316	.000	-11.763	.399	-12.547 -10.978
	Equal variances not assumed			-28.364	241.754	.000	-11.763	.415	-12.580 -10.946

HYPOTHESIS:

H_0 : There is no significant difference in school adjustments due to PTSD between boarding and day in the perceptions of teachers of senior secondary school students in Bauchi state.

H_1 : There is significant difference in school adjustment due to PTSD between boarding and dayschools in the perceptions of teachers of senior secondary school students in Bauchi state.

At 10% level of significant, $\alpha = 0.1$

$\alpha/2 = 0.1/2 = 0.05$ (since it is two sided test).

Decision Rule: Reject the null hypothesis if the calculated value is greater than the critical value and accept otherwise.

Conclusion: Since the calculated value in absolute (29.500) is greater than the critical value (2.576), we reject the null hypothesis and conclude that there is significant difference in school adjustment due to PTSD between boarding and day schools in the perceptions of their teachers.

4.3.4 H₀₄: There is no significant difference in school adjustment due to PTSD between boys and girls students in the perceptions of teachers of in senior secondary schools in Bauchi state.

In testing significance of the difference, the T- test technique was also used and the summary of the result is presented below:

T-Test

Table 4.8: T- test on differences of adjustment between boys and girls schools

Group Statistics					
	GENDER	N	Mean	Std. Deviation	Std. Error Mean
RESPONSE	BOYS	222	22.68	4.339	.291
	GIRLS	96	22.39	5.167	.527

Independent Samples Test										
		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	T	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
RESPONSE	Equal variances assumed	4.518	.034	.532	316	.595	.299	.562	-.807	1.406
	Equal variances not assumed			.497	155.533	.620	.299	.602	-.891	1.489

Hypothesis:

H_0 : There is no significant difference in school adjustment due to PTSD between boys and girls in the perceptions of teachers of in senior secondary school students in Bauchi state.

H_1 : There is significant difference in school adjustment due to PTSD between boys and girls in the perceptions of teachers of senior secondary school students in BAuchi state.

At 10% level of significant, $\alpha = 0.1$

$\alpha/2 = 0.1/2 = 0.05$ (since it is two sided test).

Decision Rule: Reject the null hypothesis if the 'p' value is greater than the critical value and accept otherwise.

Conclusion: Since both the 'p' values (0.595 and 0.620) are greater than the critical value (0.05), we reject the null hypothesis and conclude that there is significant difference in school adjustment due to PTSD between boys and girls senior secondary school students in the perceptions of their teachers in Bauchi state.

4.3.5 H₀₅: There is no significant relationship between symptoms of PTSD and School Adjustment Problems among the displaced senior secondary school students in Bauchi state in the perceptions of their teachers.

In testing whether there is significant relationship between the symptoms of Post-traumatic Stress Disorder and school adjustment, the mean of the two set of scores was correlated. Pearson Product Moment Correlation technique was used to compare the scores and the result is here presented as follows:

Table 4.9: Correlation between symptoms of PTSD and school adjustment

Correlations

Descriptive Statistics			
	Mean	Std. Deviation	N
PTSD	22.66	4.743	318
ADJUSTMENT	22.51	4.534	317

Correlations			
		PTSD	ADJUSTMENT
PTSD	Pearson Correlation	1	.095
	Sign.		.092
	N	318	318
ADJUSTMENT	Pearson Correlation	.095	1
	Sign.	.092	
	N	318	318

HYPOTHESIS

H₀₅: There is no significant relationship between symptoms of PTSD and School Adjustment Problems among the displaced senior secondary school students in Bauchi state in the perceptions of their teachers.

H_1 : There is significant relationship between symptoms of PTSD and School Adjustment Problems among the displaced senior secondary school students in Bauchi state in the perceptions of their teachers.

At 10% level of significant, $\alpha = 0.1$

with $n = 318$, then the critical value corresponding to 318 is 0.432

Decision: Reject H_0 if the calculated value is greater than the tabulated value and accept otherwise.

Conclusion: Since the calculated value (0.95) is greater than the tabulated value (0.432), we reject H_0 and conclude that there is significant relationship between the symptoms of PTSD and School Adjustment Problems among the displaced senior secondary school students in Bauchi state in the perceptions of their teachers.

4.4 Summary of Findings

The findings of this study are summarized below according to the five hypotheses formulated:

- I. The prevalence of post- traumatic stress disorder differ significantly between boarding and day displaced Senior Secondary Schools based on the teachers' perception in Bauchi state.
- II. The prevalence of post- traumatic stress disorder differs significantly between boys and girls displaced Senior Secondary Schools based on the teachers' perception in Bauchi state.
- III. There is significant difference in the adjustment due to post-traumatic stress disorder between boarding and day displaced Senior Secondary School students in the perception of their teachers in Bauchi state.
- IV. There is significant difference in the school adjustment due to post- traumatic stress disorder between boys and girls displaced senior secondary school students in the perception of their teachers in Bauchi state.
- V. There is significant relationship between the symptoms of post- traumatic stress disorder and school adjustment problem among displaced senior secondary school students in the perceptions of their teachers in Bauchi State.

4.5 Discussions of Findings

It is obvious that one fundamental question this study sought to answer is whether the phenomenon of post-traumatic stress disorders (PTSD), does exist among the displaced Senior Secondary School Students that flee from Plateau State due to violent ethno-religious and political crises and resettled in Bauchi State. The displaced students must have left behind all they have ever known including some of their family members, friends, schoolteachers, and their communities in addition to life threatening events they experienced during the conflict. To make matters worse some of the displaced students have lost parents and guardians in the conflict. Therefore, the tendency for them to come under emotional and psychological problem such as post-traumatic stress disorders is very strong.

Senior Secondary School teachers were asked to answer whether they did come across displaced students that experienced a horrible and terrifying experienced with some emotional and behavioral problem in their class/school particularly from the plateau ethno-religion and political crises currently attending schools in Bauchi state. The result in table 1 indicated that about 277(87.11%) of the total respondent (318) answered that they did come across the problem (PTSD) among the displaced students in their schools, while those who answered that they had never come across it are just 41 (12.89%). This by implication means that the problem of post-traumatic stress disorders does exists in a high magnitude.

It is not surprising that the problem does exists as shown in the result especially with the brutal nature that characterized the Plateau ethno-religious and political crises that run for over decade, with the pervasive nature of the displacement and post-traumatic stress disorders phenomenon that affect the day- to- day lives of the displaced families and their

children particularly the Senior Secondary School Students that flee from Plateau State and resettled in Bauchi State.

The issue of access to school by the displaced Senior Secondary School Students from Plateau State Violent conflicts that are resettled in Bauchi State need to be explain within the context of the assistances or interventions provided to the displaced Students in gaining proper placement and supporting them with some basic materials that would enhance and ensure their continues Schooling and Education.

It is obvious that displaced Senior Secondary School Students most have lost all their personal belongings including their school records that will clearly indicates their previous classes and performances for easy placement into the new resettled classes or schools. The data collected in this study shows that displaced students suffered discrimination in terms of gaining admission and placement in Bauchi State Senior Secondary Schools due to complete lack of proper records or Documents.

The admission policy in Bauchi State public Senior Secondary Schools is discriminatory because it is based on the presentation of indigene letter and certificate of birth. To make matters woes all students without indigene/birth certificate are force to pay tuition fees as non-indigene schooling in public Senior Secondary Schools across the state without exceptions. This therefore means that the displaced students from Plateau State crises that are schooling in Bauchi State public schools do not enjoyed any support/assistance in gaining access to Senior Secondary Schools across the State. This is contrary to UNICEF/UNESCO, (2004) suggestions which provided for free and easy access to schools to children and adolescents of all ages in the midst or after violent conflict or crises that is characterized by displacement/refugee situation. Summers (2003) maintained that the humanitarian response

to displaced/refugee children and adolescents in the aftermath of Rwanda's genocide provides an example of how "free and easy access to schools" were taken to scale and laid the foundation for displaced students education and a wider range of community support programmes.

UNICEF, (2003) reported that in 1994 about 250,000 Hutus fled to the bordertown in Tanzania in a single day to escape the repercussion of their leaders and in many cases their own involvement in the genocide in Rwanda. The humanitarian community responded to them as internally displaced in need of international assistance and protection. In a matter of weeks UNICEF provided the children and adolescents numbering about 30 – 40,000 with all basic learning materials necessary for formal free education programmed in neighboring Tanzania. They were provided with learning materials such as "school in a box" with additional literary and numeracy textbooks to bridge the gap of performances of the below average displaced students. Similar support programmes for the displaced students education was reported by UNICEF (2008) in Da'afur Region of northern Sudan. The humanitarian community provided special support and assistance to the regional government of Da'afur to enable it resettled the 15 – 18,000 Senior Secondary Schools Students displaced by the Sudanese violent conflict over resource control that desterilized the region and forced thousands of people to flee their homes.

One point for noting in this discussion is the fact that none of the above mention international humanitarian organization known for their roles in providing physical, financial and psycho-social support toward displaced/refugee students continues education in respect of the victims of Jos/Plateau violent crises with displaced thousand in to neighboring Bauchi

State. To make matters worse for the displaced student that are resettled in Bauchi State neither the Local NGO's nor the politician within Nigeria have shown interest in supporting and assisting the Plateau displaced Senior Secondary School Students schooling in Bauchi State. This simply means that displaced students are being sponsored by their guardians, relatives and other well -meaning individuals within the host community.

Hypothesis 5 was used to examine the extent of relationship between these two groups of variables. The hypothesis was tested with the Pearson – product moment correlation. The result in table (11) reveals significant correlation between the particular symptoms of post-traumatic stress disorders and the specific adjustment problems.

It is not surprising that always in bad mood, look unhappy and showing disinterest in learning due to (depression) correlates significantly with truancy and fighting with colleagues on flimsy reasons, poor relationship with teachers and colleagues at 0.01 level of significance. This single factor was responsible for the common adjustment of withdrawal from teamwork, group assignment and positive social relationship with peers in and around the school. Provenzo, et al (1995) maintains that social withdrawal and aggressive behavior have been emphasized by various authors as significant factor arising from post- traumatic stress disorders.

Similarly, symptoms of post- traumatic stress disorders such as feeling unsafe (floating anxiety) ; always moving in and around the school without reason (hyper-mobility) ; easily cry or run and hide from the teachers and colleagues without reasons that is (overpowering urge to cry), complain of being sick and general body pain or weakness that is (General stress). In the same vain, being in bad mood, looking unhappy and showing disinterest in

learning, have significantly correlate with displace students adjustment problems there by making them very stubborn and generally indisciplined students often found breaking school rules and regulations.

The explanation that can be given on this significant correlation between symptoms of (PTSD) and school adjustment problems among the displaced Senior Secondary School students in Bauchi State could be describe from the in adequacy of recreation and tension relieving activities in most of the schools; as popular adage have it “All work no play make Jack a dull boy”. The negative response observed by teachers about the adjustment of displaced students’ behavior in their schools is due largely to the fact that some of the displaced students lost their parents thereby suffered “Poor Parental Care”. Living and caring for themselves, can lead to anything negative in developmental and psychological dispositions of the growing adolescents as well as his or her behavioral functioning (Santrack 1990). There is no doubt that lack of poor parental care could create deep – seated behavior disorders that may lead to general indiscipline among secondary school students. Boothby (2005) maintained that traumatized and displaced children and adolescent should be engage in a wide- scale play and recreational activities as soon as possible. He stressed that structural play and recreation help in normalizing adolescent behaviors at the very time they need it most.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

In this study, the researcher adopted Post- Trauma School Inventory Scale (POTRASIS) in order to determine the prevalence of post- traumatic stress disorders and its relationship with school adjustment among the displaced Senior Secondary School students from Plateau state that are currently resettled in Bauchi state. This chapter presents a summary of the research work after which conclusion were drawn. Recommendations were also drawn both from the study affecting policy making and implementations, and also for further studies.

5.2 Summary

The study was conducted with a view of ascertaining teachers' perceptions of the prevalence of post- traumatic stress disorders among displaced senior secondary schoolsstudents from Plateau state ethno- religious and political crises that were resettle in Bauchi state. The other objectives were to find out whether relationship between symptoms of post- traumatic stress disorders and displaced students school adjustment are invariant relative to school type particularly boarding and day, boys and girls schools respectively. Post- Trauma School Inventory Scale (POTRASIS) was an adopted instrument with which teachers' perception about the prevalence, assistance to displaced students access to school and the displaced students' school adjustment problems are tested.

Relevant literatures were consulted and revealed to promote greater appreciation of the problem under study. The relevant variables contained in the study such as post-traumatic stress disorder, access to school and students school adjustment were reviewed alongside empirical studies carried out by various distinguish scholars across the globe.

The population of the study consisted of 2,607 senior secondary school teachers drawn from 86 senior secondary schools distributed across the three zones of the state. 335 teachers were sampled out at random and all of them were served with the instrument. Out of which 318 teachers returned the completed instrument to the researcher. Five different research questions were raised to guide the researcher. To answer these questions, five null hypotheses were formulated. The first null hypothesis formulated sought to determine the significant difference in the prevalence of post-traumatic stress disorder between boarding and day senior secondary school students in the perception of their teachers in Bauchi state. To either accept or reject the null hypothesis, T-test for independent sample technique was used. The second hypothesis sought to find out whether there is significant difference in the prevalence of post-traumatic stress disorder between boys and girls displaced senior secondary school students in the perception of their teachers in Bauchi state. Hypotheses three and four sought to find out the significant difference in the displaced students school adjustment problems as perceived by their teachers across boarding and day and boys and girls schools in Bauchi state respectively. To test those hypotheses, T- test for independent samples techniques was also used. While, the fifth hypothesis sought to establish the significance of relationship between symptoms of post- traumatic stress disorders and displaced students school adjustment based on the perception of senior secondary school

teachers in Bauchi state. In testing this hypothesis Pearson's Product Moment Correlation Co-efficient was used and the following result were obtained.

1. The prevalence of post- traumatic stress disorder differ significantly between boarding and day displaced Senior Secondary Schools based on the teachers' perception in Bauchi state.
2. The prevalence of post- traumatic stress disorder differs significantly between boys and girls displaced Senior Secondary Schools based on the teachers' perception in Bauchi state.
3. There is significant difference in the adjustment due to post-traumatic stress disorder between boarding and day displaced Senior Secondary School students in the perception of their teachers in Bauchi state.
4. There is significant difference in the school adjustment due to post- traumatic stress disorder between boys and girls displaced senior secondary school students in the perception of their teachers in Bauchi state.
5. There is significant relationship between the symptoms of post- traumatic stress disorder and school adjustment problem among displaced senior secondary school students in the perceptions of their teachers in Bauchi State.

5.3 Conclusion

The following conclusions were drawn based on the findings of this study:

This study has been able to ascertain the prevalence of post- traumatic stress disorders among the displaced Senior Secondary School students as perceived by their teachers in Bauchi state. This is an indication that the phenomena of post- traumatic

stress disorders did exist in higher magnitude among the displaced Plateau State Senior Secondary School students that are resettled in Bauchi State. Teachers perception based on the result revealed that there was significant variance in the prevalence of post-traumatic stress disorders across the school type, boarding and day and boys and girls schools.

5.4 Recommendation

5.4.1 Recommendations from the Study

It is believed that the first step toward solving a problem is to understand it, in all its ramifications or dimensions. Therefore, with the discovery of the prevalence of post-traumatic stress disorder, among displaced Senior Secondary School Students in Bauchi State, in such magnitude and its adverse effects on Schooling. The researcher wishes to recommend the following;

1. That student- teacher's relationship should be improved for the purpose of early identification and intervention on displaced student's mental health problems such as post-traumatic stress disorders.
2. That government and educational institutions should embark on enlightenment campaign to educate public about the emergence of post-traumatic stress disorders and its negative impact on displaced students mental health and schooling.
3. State government should formulate non-discriminatory policies so that the displaced students in public Secondary Schools can enjoy equal rights and privileges enjoyed by the non-displaced students (indigenes). The displaced should enjoy free tuition fees, uniforms, textbooks, exercise books and payment of final year examination fees.

4. The State Government should take bold steps toward improving recreational and tension relieving facilities in public secondary schools.
5. School administrators, Teachers particularly counselors should be given specialized training in form of workshops, Seminars and training programmers' with the view to enhance their skills of providing psycho-social support and counseling to displaced student mental health problem particularly (PTSD).
6. All teachers training institutions, including Department of Education in Universities, should introduce a course of study with the little; Education in Emergences (EIE) in order to equipped the student teachers with basic knowledge and skills of handling educational issues of displaced, migrants and refugee students with post-traumatic stress disorders and other mental health problems.
7. State government in collaboration with Local government should identify and equipped "safe-space" for the accommodation and schooling of the displaced students. Safe-Space is very essential in providing psychosocial support to the displaced students and their parents.
8. Teachers should be encourage by their employers and donor agencies to organized more extra-curricular activities within and outside the School premises as a means of reliving displace student tension.
9. The scope of counseling services in the public Senior Secondary Schools should be widened both in content and personnel engagement to involve all categories of staff that have direct obligations or contact with displaced students; the following personnel should be involve; principals, vice, Senior master ormistresses, discipline masters and the entire teaching staff.

10. School should organize and encourage constant student – family counseling, where the displaced parents and guardian be encouraged to sit down together with their children and ward. So that they would be counseled to adopt to the demand of their new environment, that is their parent Schools and the host communities.
11. Education In Emergency (E.I.E.) should be prioritize and included into the national policy of education NPE so that it will have legal backing and financial support.
12. A special department should be establish at Federal, State and Local government education authorities to cater for continue Education and the special needs of the displaced/refugee student's educations.

5.4.2 Recommendation for Further Research

The researcher recommends further research to be carried out in this area. It should be wider in scope to coverer displaced students from the three north- eastern states of Borno, Yobe and Adamawa as mostly affected by Boko Haram insurgency. More planned should be made in other to generate more relevant data for accurate possible generalization to be made. If possible, the population and sample should be larger than the ones' used in this research. Enough time will be required in order to put some of the recommendations given in this study. Better result will be achieved if sponsorship is given in relation to finance where the scope of the study will comprise the six northern states of Adamawa, Bauchi, Borno, Gombe, Taraba and Yobe being the states mostly affected by the insurgency.

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APPENDICES

APPENDIX 1

Descriptive Statistics

S/N	Variables	Classes	N	\bar{X}	SD
1	Prevalence of PTSD	Boarding	140	21.64	6.434
		Day	178	21.56	6.254
		Boys	222	21.74	6.366
		Girls	96	21.61	6.328
2	Adjustment Problems	Boarding	140	11.74	4.149
		Day	178	23.51	2.954
		Boys	222	22.68	4.339
		Girls	96	22.39	5.167

Symptoms of Post- Traumatic Stress Disorders

S/N	Items	5	4	3	2	1
1	They always look fearful and worried because of their horrible experiences; they always feel unsafe (floating anxiety).	260 (81.7%)	20 (6.3%)	2.1 (2.1%)	13 (4.2%)	18 (5.7%)
2	They always move in and around the class/ school without any reason (hyper-mobility) and (truancy).	36 (11.3%)	44 (13.8%)	75 (23.7%)	84 (26.5%)	79 (24.7%)
3	They easily cry or run and the while they are needed by teachers or colleagues (overpowering urge to cry).	130 (40.9%)	90 (28.3%)	8 (2.6%)	49 (15.4%)	41 (12.8%)
4	They always complain of being sick e.g. Migraine, headache, stomach and general body pain or weakness (general stress).	218 (68.4%)	55 (17.3%)	22 (7%)	14 (4.5%)	9 (3%)
5	They are always in bad mode, looked unhappy and show disinterest in class/ school activities (depression).	233 (73.2%)	15 (4.8%)	34 (10.8%)	26 (8.1%)	10 (3.9%)

Students' Access to School

Displaced Students Access to School	A Yes	B No	% of B
Displaced students do not faced discrimination in admission and Placement.	17	301	95%
State government/ NGO's paid the school Fees/ levies of the displaced students.	20	298	94%
Displaced students received free basic School materials such as uniforms and Beddings e.t.c.	23	295	93%
Displaced students received free basic learning materials Such as text books, exercise books, e.t.c.	28	290	91%
State government / NGO's paid the external examination fees for the displaced students e.g. WAEC, NECO, NABTEB and JAMB.	28	290	91%

T-Test

Group Statistics

	SCHOOLS	N	Mean	Std. Deviation	Std. Error Mean
RESPONSES	BOARDING SCHOOL	140	21.64	6.434	.544
	DAY SCHOOL	178	21.56	6.254	.469

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
RESPONSES	Equal variances assumed	.021	.885	.113	316	.910	.081	.715	-1.327	1.489
	Equal variances not assumed			.113	294.580	.910	.081	.718	-1.332	1.494

T-Test

Group Statistics

	GENDER	N	Mean	Std. Deviation	Std. Error Mean
RESPONSES	BOYS	222	21.74	6.366	.427
	GIRLS	96	21.61	6.328	.646

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
RESPONSES	Equal variances assumed	.046	.831	.160	316	.873	.124	.776	-1.403	1.651
	Equal variances not assumed			.160	181.385	.873	.124	.774	-1.404	1.652

T-Test

Group Statistics

	SCHOOL	N	Mean	Std. Deviation	Std. Error Mean
RESPONSE	BOARDING SCH.	140	11.74	4.149	.351
	DAY SCH.	178	23.51	2.954	.221

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
RESPONSE	Equal variances assumed	22.146	.000	-29.500	316	.000	-11.763	.399	-12.547	-10.978
	Equal variances not assumed			-28.364	241.754	.000	-11.763	.415	-12.580	-10.946

T-Test

Group Statistics

	GENDER	N	Mean	Std. Deviation	Std. Error Mean
RESPONSE	BOYS	222	22.68	4.339	.291
	GIRLS	96	22.39	5.167	.527

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	T	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
RESPONSE	Equal variances assumed	4.518	.034	.532	316	.595	.299	.562	-.807	1.406
	Equal variances not assumed			.497	155.533	.620	.299	.602	-.891	1.489

Correlations

Descriptive Statistics

	Mean	Std. Deviation	N
PTSD	22.66	4.743	318
ADJUSTMENT	22.51	4.534	317

Correlations

		PTSD	ADJUSTMENT
PTSD	Pearson Correlation	1	.095
	Sign.		.092
	N	318	318
ADJUSTMENT	Pearson Correlation	.095	1
	Sign.	.092	
	N	318	318

APPENDIX 2

TABLE FOR DETERMINING SAMPLE SIZE FROM A GIVEN POPULATION

(Kreycie and Morgan, 1971)

N	S	N	S	N	S
10	10	220	140	1200	291
15	14	230	144	1300	297
20	19	240	148	1400	302
25	24	250	152	1500	306
30	28	260	155	1600	310
35	32	270	159	1700	313
40	36	280	162	1800	317
45	40	290	165	1900	320
50	44	300	169	2000	327
55	48	320	175	2200	327
60	52	340	181	2400	331
65	56	360	186	2600	335
70	59	380	191	2800	338
75	63	400	196	3000	341
80	66	420	201	3500	346
85	70	440	205	4000	351
90	73	460	210	4500	354
95	76	480	214	5000	357
100	80	500	217	6000	361
110	86	550	226	7000	364
120	92	600	234	8000	367
130	97	650	242	9000	368
140	103	700	248	10 000	370
150	108	750	254	15 000	375
160	113	800	260	20 000	377
170	118	850	265	30 000	379
180	123	900	269	40 000	380
190	127	950	274	50 000	382
200	132	1000	278	75 000	382
210	136	1100	285	100 000	384

Note: N = Population Size

S = Sample Size

APPENDIX 3

BAUCHI STATE MINISTRY OF EDUCATION

**LIST OF SENIOR SECONDARY SCHOOLS BY LOCAL GOVERNMENT AND THE NUMBER
OF TEACHERS PER SCHOOL**

LGA	S/N	NAME OF SCHOOLS	TYPE OF SCHOOLS	NUMBER OF TEACHERS	NUMBER SAMPLED
ALKALERI	1	GDSS ALKALERI	BOYS/ DAY	31	4
	2	GSS FUTUK	BOYS/ BOARDING	24	3
	3	GOV'T GIRLS ARABIC COLLEGE	GIRLS/ BOARDING	40	5
	4	GSS DUGURI	BOYS/ BOARDING	32	4
BAUCHI	5	UNITY COLLEGE	BOYS/ BOARDING	45	6
	6	GOV'T GIRLS COLLEGE	GIRLS/ BOARDING	52	7
	7	GOV'T GIRLS LIMAN KATAGUM	GIRLS/ BOARDING	40	5
	8	MARRIED WOMEN MODEL SCHL	GIRLS/DAY	31	4
	9	GDSS ARMY BARRACKS	BOYS/ DAY	41	5
	10	GCDSS COMPREHENSIVE	BOYS/ DAY	42	5
	11	GOV'T TECH. COLLEGE	BOYS/ DAY	38	5
	12	GDSS KOFAR IDI	BOYS/ DAY	46	6
	13	GDSS GAMES VILLAGE	GIRLS/ DAY	48	7
	14	GDSS LUSA	BOYS/ DAY	40	5
	15	GDSS BAR AREWA	BOYS/ DAY	34	4
BOGORO	16	GSS BOGORO	BOYS/ BOARDING	31	4
	17	GDSS GOBBIYA	BOYS/ DAY	31	4
DAMBAM	18	GSS DAGAUDA	BOYS/ BOARDING	26	3
	19	GDSS JALAM	BOYS/ DAY	25	3
	20	GSS DAMBAM	BOYS/ BOARDING	29	4
	21	GDSS DAMBAM	BOYS/ DAY	34	4
DARAZO	22	GDSS LANZAI	BOYS/ DAY	32	4
	23	GSSS DARAZO (SCIENCE)	BOYS/ BOARDING	31	4
	24	GOV'T GIRLS DAY DARAZO	GIRLS/ DAY	36	5
	25	GDSS GABARUN/ KWANKIYAL	BOYS/ DAY	26	3
DASS	26	GDSS LUSHI	BOYS/ DAY	27	4
	27	GDSS BARAZA	BOYS/ DAY	21	3
	28	GSSS DASS (SCIENCE)	BOYS/ BOARDING	30	4
	29	MARRIED WOMEN SS DASS	GIRLS/ DAY	20	3
GAMAWA	30	GDSS GOLOLO	BOYS/ DAY	19	2
	31	GSSS GAMAWA (SCIENCE)	BOYS/ BOARDING	27	4
	32	GSS UDUBO	BOYS/ BOARDING	19	2
	33	GOV'T TECH COLLEGE GAMAWA	BOYS/ DAY	20	3
GANJUWA	34	GDSS KAFIN MADAKI	BOYS/ DAY	27	4
	35	GOV'T GIRLS COLLEGE, SORO	GIRLS/ BOARDING	25	3
	36	UNITY SCHOOL K/M (SCIENCE)	GIRLS/ BOARDING	41	5
GIADE	37	GDSS ZALANGA	BOYS/ DAY	18	2
	38	GDSS ZABI	BOYS/ DAY	12	1

	39	GSS GIADE	BOYS/ BOARDING	30	4
	40	GDSS ISAWA	BOYS/ DAY	30	4
	41	GOV'T GIRLS DAY, GIADE	GIRLS/ DAY	28	3
ITAS GADAU	42	GOV'T DAY ITAS	BOYS/ DAY	24	3
	43	GDSS MASHEMA	BOYS/ DAY	20	2
	44	GSS ITAS	BOYS/ BOARDING	31	4
JAMA'ARE	45	ARABIC COLLEGE, JAMA'ARE	BOYS/ BOARDING	32	4
	46	GOV'T TECH. COLLEGE	BOYS/ DAY	30	4
	47	MARRIED WOMEN SEN. SCH.	GIRLS/ DAY	20	2
	48	GDSS JAMA'ARE	BOYS/ DAY	27	4
KATAGUM	49	GDSS BULKACHUWA	BOYS/ DAY	27	4
	50	GDSS MATSANGO	BOYS/ DAY	41	5
	51	GOV'T COLLEGE, AZARE (SCIENCE)	BOYS/ BOARDING	47	6
	52	COMPREHENSIVE DAY	BOYS/ DAY	54	7
	53	GDSS NASSARAWA	BOYS/ DAY	28	4
	54	GOV'T GIRLS COLLEGE (SCEINCE)	GIRLS/ BOARDING	39	6
	55	MARRIED WOMEN AZARE	GIRLS/ DAY	18	2
	56	GOV'T TECH. COLLEGE AZARE	BOYS/ DAY	35	5
KIRFI	57	GDSS BARA	BOYS/ DAY	22	3
	58	GDSS CHELEDE	BOYS/ DAY	25	3
	59	GSS KIRFI	BOYS/ DAY	30	4
	60	GDSS BADARA	BOYS/ DAY	18	2
MISAU	61	GSSS MISAU (SCIENCE)	BOYS/ BOARDING	32	4
	62	GOV'T GIRLS HARDAWA	GIRLS/ BOARDING	33	4
	63	COMPREHENSIVE DAY MISAU	BOYS/ DAY	35	5
	64	MARRIED WOMEN MISAU	GIRLS/ DAY	19	2
	65	GDSS AKUYAM	BOYS/ DAY	24	3
NINGI	66	GDSS NASARU	BOYS/ DAY	28	4
	67	GSS NINGI	BOYS/ BOARDING	37	5
	68	GOV'T GIRLS DAY NINGI	GIRLS/ DAY	31	4
	69	GSS BURA	BOYS/ BOARDING	26	3
	70	MARRIED WOMEN NINGI	GIRLS/ BOARDING	20	2
SHIRA	71	GDSS SHIRA	BOYS/ DAY	28	4
	72	GDSS YANA	BOYS/ DAY	25	3
	73	GOV'T GIRLS SEC. SCH. YANA	GIRLS/ BOARDING	30	4
	74	GSS DISINA	BOYS/ BOARDING	22	3
TAFAWA BALEWA	75	GDSS ZWALL	BOYS/ DAY	24	3
	76	GOV'T TECH TAFAWA BALEWA	BOYS/ DAY	30	4
	77	GOV'T GIRLS T/ BALEWA	GIRLS/ BOARDING	30	4
	78	GSS BUNUNU	BOYS/ BOARDING	25	3
TORO	79	GOV'T GIRLS COLL. NABORDO	GIRLS/ BOARDING	47	6

	80	GOV'T COLLEGE TORO	BOYS/ BOARDING	40	5
	81	GSS TORO	BOYS/ BOARDING	38	5
	82	GDSS TILDEN FULANI	BOYS/ DAY	40	5
WARJI	83	GSS BAIMA	BOYS/ BOARDING	27	4
	84	GDSS WARJI	BOYS/ DAY	26	3
ZAKI	85	GSS SAKUWA	BOYS/ BOARDING	18	2
	86	GSS KATAGUM	BOYS/ BOARDING	25	3
TOTAL				2607	335

Source: Planning and Statistics Department, Ministry of Education

APPENDIX 4

Psychology Department,
School of VTE,
ATAP, Poly P.M.B.0094,

Bauchi, Bauchi State.

14th April, 2015.

The Commissioner,
Ministry of Education,
Bauchi.

Through;

The Principal,
Government Senior Secondary Schools,
Bauchi.

Sir,

**REQUEST TO CONDUCT RESEARCH ON TEACHERS OF
GOVERNMENT SENIOR SECONDARY SCHOOLS IN THE STATE**

I write to seek for your permission to conduct research on teachers of Government Senior Secondary Schools in the state.

I am a Phd. Student of Bayero University, Kano specializing in Educational Psychology and conducting a research on “Teachers Perception Post- traumatic Stress Disorders, School Access and Adjustment among Children of Displaced Communities of Plateau State” currently schooling in Bauchi State.

Sir, the research will cover a period of twelve (12) weeks (i.e. a complete term). I promise to conduct the research in compliance with the rules and regulations of your institutions without obstructing your academic activities.

I shall be glad if the request is granted.

Yours faithfully,

Baba

Umar

Abubakar.

APPENDIX 5

BAYERO UNIVERSITY, KANO

FACULTY OF EDUCATION

POST TRAUMATIC SCHOOL INVENTORY SCALE (POTRASIS)

General Instruction

The purpose of this questionnaire is to get some relevant information for the Ph.D research titled “Post-Traumatic Stress Disorders, Access to School and School Adjustment Among children of displaced communities of Plateau State Resettled in Bauchi State”

This questionnaire intends to study your perception on cases of student’s Post-Traumatic Stress disorders you encounter as a result displacement from Plateau ethno political/religious conflict. The questionnaire is divided in to section A - D. you are kindly requested to answer all questions therein as possible. For each section specified instructions are given. Read them carefully before answering the questions.

The researcher assures that information to be gather with this questionnaire is going to be used strictly for research purpose and it shall be handled with highest sense of confidentiality.

PART 1: BACKGROUND INFORMATION (BGI)

BIO DATA

Instruction:- please tick as appropriate in the box divided against your chosen response e.g.

Name _____ of _____

School:.....

.....
.....

Type of School;	Boarding	<input type="checkbox"/>	Day	<input type="checkbox"/>
	Boys	<input type="checkbox"/>	Girls	<input type="checkbox"/>
Sex:	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>

SECTION “A”

Prevalence of PTSD

This section highlights some typical symptoms of adolescents Post-traumatic Stress disorder that may likely occur among displaced students. Please read them carefully and tick appropriately on the boxes that correspond with your answers. e.g. ☐√

Q 1: Have you ever come across some students who suffered terrifying experience from plateau ethno Religious and Political crisis in your class/school?

Yes

☐

No

☐

Q2: If your answer to above is yes, can you remember how many are there in your class/school?

i. One only

☐

ii. Very few

☐

iii. Several of them

☐

iv. Too many

☐

Instruction: Below is the behavior checklist which you are to indicate situation you witnessed among the traumatic students from Plateau State ethno-religious and political crises in your class/school.

(In the questions, you are required to tick only one response from one to five)

5 = strongly Accepted

4 = Accepted

3 = Undecided

2 = Rejected

1 = Strongly Rejected

SECTION “A”

SYMPTOMS OF POST-TRAUMATIC STRESS DISORDERS

		5	4	3	2	1
Q1	They always look fearful and worried because of their horrible experiences; they always feel unsafe (floating anxiety)					
Q2	They always move in and around the class/school without any reason (her-mobility) and (truancy)					
Q3	They easily cry or run and hide while they are needed by teachers or colleagues (overpowering urge to cry)					
Q4	They always complain of being sick e.g. migraine, headache, stomach and general body pain or weakness (General stress)					
Q5	They are always in bad mood, they look unhappy and show disinterest in class/school activities (Depression)					

SECTION “B”

INVENTORY ON SCHOOL MENTAL HEALTH SERVICES

This section intends to examine effort by the schools to help displaced students with PTSD to adjust and respond positively to daily school routine or activities.

		5	4	3	2	1
Q1	Teachers in my school/class are fully aware of the emotional problems facing the displaced students					
Q2	My school has a functional guidance and counseling office where student’s mental health issues are attended					
Q3	Displaced students in my school/class received regular counseling by the school counselor.					
Q4	displaced students in my school/class are often engaged in games as a means to relieve their tension					
Q5	Parents and teachers of the displaced students in my class/school regularly meet to discuss the students’ problems in a student/family counseling session.					

SECTION “C”

INVENTORY ON DISPLACED STUDENT’S ACCESS TO SCHOOL

Bearing in mind trauma and other problems associated with displacement experienced by families that fled Plateau State due to ethno-religious and political crises. Senior Secondary School Students affected by that conflict have faced difficulties in gaining and maintaining access to school due to lack of support and financial problems. Therefore, this inventory is asking your opinion on assistance, intervention and support if any received by the displaced students in your class or school.

		5	4	3	2	1
Q1	The displaced students from plateau State are not discriminated in terms of gaining admission and placement in your school/class					
Q2	The displaced students enjoyed support/assistance in the payment of their school fess /levies by Bauchi State Government.					
Q3	Displaced students in my class/school materials: such as uniform, including shoes and bags etc.					
Q4	Bauchi State Government and NGO’s provide the displaced students with adequate learning materials such as textbooks, exercise books, math set, calculators, computers, etc.					
Q5	Bauchi State Government and NGO’s paid external examination fees for the displaced students in my school e.g. WAEC, NECO, NAPTEB and JAMB					

SECTION “D”

INVENTORY ON THE DISPLACED STUDENT SCHOOL ADJUSTMENT

Considering the Post-traumatic Stress Disorders faced by the displaced students in your school or class. This section intends to find out perception on how the displaced student's problems affect their psychological adjustment in your class or school.

		5	4	3	2	1
Q1	The displaced students are the most truant students in my class/school					
Q2	The displaced students do not relate well with students and teachers in my class/school.					
Q3	The displaced students often engage in fighting with their colleagues on flimsy reasons in my class/school					
Q4	The displaced students do not participate in group work in my class or school. They prefer individualized task					
Q5	The displaced students are often found breaking school rules and regulation. They are generally undisciplined students.					

APPENDIX 5

BAYERO UNIVERSITY, KANO

FACULTY OF EDUCATION

POST TRAUMATIC SCHOOL INVENTORY SCALE (POTRASIS)

General Instruction

The purpose of this questionnaire is to get some relevant information for the Ph.D research titled “Post-Traumatic Stress Disorders, Access to School and School Adjustment Among children of displaced communities of Plateau State Resettled in Bauchi State”

This questionnaire intends to study your perception on cases of student’s Post-Traumatic Stress disorders you encounter as a result displacement from Plateau ethno political/religious conflict. The questionnaire is divided in to section A - D. you are kindly requested to answer all questions therein as possible. For each section specified instructions are given. Read them carefully before answering the questions.

The researcher assures that information to be gather with this questionnaire is going to be used strictly for research purpose and it shall be handled with highest sense of confidentiality.

PART 1: BACKGROUND INFORMATION (BGI)

BIO DATA

Instruction:-please tick as appropriate in the box divided against your chosen response e.g.

Name of School:
.....

Type of School; Boarding D ☐ ☐
Boys G ☐ ☐
Sex: Male ☐ Female ☐

SECTION “A”

Prevalence of PTSD

This section highlights some typical symptoms of adolescents Post-traumatic Stress disorder that may likely occur among displaced students. Please read them carefully and tick appropriately on the boxes that correspond with your answers. e.g. ☒

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☐

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Q2: If your answer to above is yes, can you remember how many are there in your class/school?

i. One only

☐

ii. Very few

☐

iii. Several of them

☐

iv. Too many

☐

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4 = Accepted

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This section intends to examine effort by the schools to help displaced students with PTSD to adjust and respond positively to daily school routine or activities.

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Q5	The displaced students are often found breaking school rules and regulation. They are generally undisciplined students.					