ISSN: 2408-5405 (Print)
ISSN: 2635-3806 (Online)

NIGERIAN PSYCHOLOGICAL RESEARCH

Published by the Nigerian Psychological Association

DEVELOPMENT AND VALIDATION OF POSTTRAUMATIC CONDITIONS SCALE (PCS) FOR INTERNALLY DISPLACED PERSONS (IDP)

Omeje, Obiageli[1*]
Chikwendu, Chimezie[1]
Ufuoma, Douglas[1]

Abstract

Proper management of internally displaced persons depends to great extent on a proper assessment of their conditions. Many instruments have been used such as Harvard Trauma Questionnaire (HTQ) Short Form-8 among others to assess the psychological or mental health of the displaced persons neglecting the economic and social aspects, hence the need for a more robust instrument. To accomplish this, the present study developed and validated posttraumatic conditions scale for comprehensive assessment of the internally displaced persons. The study was carried out in two phases. In the first phase the items of the scale were generated through Focused Group Discussion with 45 IDPs in Makoko camp in Lagos and from review of literature. A total of 49 items were generated but were later reduced to 30-items after they were subjected to exploratory factor analysis (EFA) and confirmatory factor analysis (CFA). The items were also given to five expert for face validated after which a pilot study was carried out by administering the instrument to 100 internally displaced persons in Kuchingoro IDP camp in Abuja. A Cronbach alpha of .75 was obtained, which shows the instrument was reliable, and the result also supported multidimensional nature of the scale. In the second phase, the scale was administered to 188 internally displaced persons at Area One IDPs' camp in Abuja. The result also supported the internal consistency of PCS with Cronbach alpha of .818. EFA result showed Kaiser-Meyer-Olkin (KMO) value of .720 and Bartlett's Test of Sphericity significance with a p-value of 0.000 at p< .001. The CFA result yielded a 7-dimensional divergent scale with 30-items, with the entire dimension possessing the required threshold that shows a high validity index. It was concluded that the PCS should be part of the documents that should be used for proper assessment of IDPs thereby making it imperative to include psychologists in their management. It will also serve as a guide to government in policy-making about internal displacement.

Received: 25th March, 2022
Revised: 20th April, 2022
Accepted: 22nd May, 2022

Authors Affiliation

[1]Department of Psychology
Enugu State University of Science and Technology, Agbani, Enugu
[*]*Correspondence:*
obyomeje@yahoo.com

Keywords: Internally displaced persons, posttraumatic conditions, psychosocial factors, scale development, validation

Introduction

Violence appears to be a ubiquitous phenomenon across the globe. Virtually every society seems to be besieged by violent activities ranging from terrorists attacks, communal clashes, cattle rustling, land disputes, political thuggery, religious intolerance, banditry among others. Lawal (2016), listed the causes of internal displacement in Nigeria as natural disasters, lack of development, armed conflict or situations of violence, political instability, and weak governance and justice systems. In Nigeria, the most prominent devastating violence is perpetrated by Boko Haram, a religious group, and their activities being more prominent and pervasive in the North Eastern States of Nigeria. In other states, while religious conflict is also present, herdsmen and farmers clashes abound. These unwholesome and traumatic events have triggered displacement of people from these vulnerable areas. Many people have lost their lives, some maimed, while others were forced to flee from their homes to seek shelter and means of livelihood elsewhere hence, the phenomenon of internally displaced persons (IDPs). Internally Displaced persons are those people forced by uncontrollable traumatic events or stressors in their lives to flee from their homes to other places for safety but still within their country, they have not crossed their nation's borders hence, they are internally displaced persons. Various governments endeavour to provide shelter for such people and in Nigeria, they are housed in camps located in many States of the Federation. Some of the camps are located in Lagos State, Abuja, and Borno State.

Many people have been displaced and based on the data from Internally Displacement Monitoring Center of May 2021 and Global Report on Internally Displacement, 2021. Internal Displacement Monitoring Centre also recorded that as at December 2020, many persons were displaced in Nigeria. The International Committee on Red Cross (2018) noted that armed conflict has forced many people to flee from their homes. These internally displaced persons face enormous challenges in the camps where they are accommodated. They live in fear and are deprived of opportunities to engage in social and economic activities of their choice and interest or even to access quality education. Salah, Esmat and Mohammed (2013) stated that there is also disintegration of their societal ties through death of loved ones or separation as they were fleeing from their homes. Some of them present with psychopathological symptoms like depression, posttraumatic stress disorder, anxiety and social phobia. The trauma of internal displacement, including disruption of the social environment and separation from home, family and friends may have a significant impact on IDPs' mental health. It may trigger or increase anxiety, depression and other conditions, and in some cases lead to substance abuse (Internal Displacement Monitoring Centre, IDMC 2018). A strong correlation has been established between trauma and stress- related disorders (Armon et al, 2014) and (Cao et al, 2015). Displacement tends to aggravate chronic disorders, including schizophrenia (IDMC, 2021). Severe conditions such as psychosis and debilitating depression and anxiety increase from between 1% and 2% in the general population globally to between 3% and 4% among people caught up in humanitarian emergencies and crises (IDMC, 2018). Access to treatment is often reduced. Seventy-four percent of IDPs in need of mental healthcare in Ukraine in 2016 did not receive any (Roberts, Makhashvili, Javakhishvili, Karachevskyy, Kharchenko, Shpiker, & Richardson, 2017).

The most commonly reported impacts of internal displacement on mental health are post-traumatic stress disorders (PTSD), anxiety and depression (IDMC, 2018). Studies have shown that IDPs tend to suffer more adverse mental health impacts than refugees (Siriwardhana & Steward, 2013). A study in Sudan (South Darfur) found that 62.2 per cent of the IDPs surveyed showed signs of a psychiatric disorder (Elhabiby, 2015). Higher prevalence of PTSD, affective disorders and anxiety was also found in the population displaced by the 2004 earthquake and tsunami in Indonesia. In IDP camps of Southern Darfur, 3 out of 4 children in displacement camps showed signs of PTSD, and 38 % signs of depression (Fazel et al., 2012). Internally displaced adolescents in DRC reported higher levels of PTSD and internalising symptoms

than returnees, followed by their non-displaced peers (Mels et al., 2010). A study in Nigeria found that unemployed or retired IDPs were three times more likely to suffer depression than those in work (Sheikh, 2015). Education is a key factor in children's psychological stability. Interruptions and separation from their peers and teachers have the potential to cause distress (Akbarzada & Mackey, 2017).

These psychological disorders were discovered using psychological assessment scales such as Mini International Neuropsychiatric Interview Scale, Short-form 8 item to measure quality of life, Harvard Trauma Questionnaire among others. These instruments focus on the psychological or mental health of these internally displaced persons neglecting their social and economic status. Based on interaction and clinical observation of these victims, it was established that there are other conditions to unravel in order to provide adequate care for these people. Displacement disrupts social cohesion and exposes the victims of traumatic events to all forms of abuse especially sexual abuse and other forms of maltreatment hence the need for a more robust instrument. To accomplish this, the present study developed and validated posttraumatic conditions scale for comprehensive assessment of the internally displaced persons. This kind of evidence-based instrument will be used to generate valid and reliable data for management of IDPs as well as policy formation. Based on the data to be generated using the instrument, government will know the type of resources and personnel to be hired to manage internally displaced persons in camps thereby helping the economy. Oduwole and Fadeyi (2013) noted that the magnitude complexity of vibes of IDPs are inimical to national development and has placed a cog in the wheel of the country's effort towards achieving the sustainable Development Goals especially the right to safety and healthy living.

Impact of Stressors/trauma has been explained using many theoretical orientations. This present research is anchored on Deci and Ryan (1985) Cognitive Behavioural Theory, which contends that our behaviours depend on the meaning given to the events in our lives. The theory further posited that the way people acquire and interpret information and events in their lives determine their behaviour and wellbeing. It is based on the idea that, how we think (cognition), how we feel (emotion) and how we act (behaviour) all interact together to determine our quality of life (Deci & Ryan, 1985). The meaning people give to situation or events will determine if they will feel hopeless, helpless and unwanted or otherwise (Beck 1976). If perception is negative, stress-related disorder ensues and if positive sound health and happiness is guaranteed.

Method

Instrument

Posttraumatic Conditions Scale (PCS)

To develop PCS, focus group discussions were held on five occasions with internally displaced persons in Makoko, Lagos IDP camp to generate the items in addition to items from the literature reviewed. The scale was given to five professionals (3 clinical psychologists and 2 Sociologists) for face validity. The panel members were given adequate information regarding the instrument such as the framework, target population and purpose of the instrument to enable them to scrutinize the items adequately before selection. They were also asked to check for ambiguity of the items, clarity of language, item structure and its' appropriateness to the culture of the people. After thoroughly studying the 49-items, they confirmed that the instrument passed the face validity, they also decided on the instrument using 5-point likert scale response format to avoid neutral/midpoint response. Yusoff (2019) noted that instruments are better with 5 response options to avoid midpoint .This enables clear-cut decision to be made. The panel met three times to evaluate clarity of the items and excluded irrelevant and ambiguous ones reducing it to 30 items. .

According to Gay et al (2009), the validity of the content of the questionnaire can only be determined by experts in the field.

To establish the reliability, a pilot study (study one) was conducted by administering the instrument to 100 internally displaced persons in Kuchingoro IDPs camp in Abuja . The instrument has a direct scoring pattern with 5 point Likert response options of 1- Never, 2- Rarely, 3- Sometimes, 4- Often, 5- Always. It takes 8-10 minutes duration for participants to respond to the items. On the basis of their understandings, all participants were instructed to respond to the items as applicable to their experience.

Participants:

One hundred and eighty eight (188) participants with age range of 18 and 34 years old 125(66.5%) females and 63 (33.5%) males; 34 (18.1%) Christians and (81.9%) Muslims and 149(79.3%) had Senior Secondary School Certificate and 39 (20.7%) had First School Leaving Certificate participated in the study. Their mean age was 30.88, SD: 7.17. They were selected from Internally Displaced Camp at Area One in Abuja using purposive sampling technique since the population has a defined characteristic. Hair et al., (1998) suggested that a suitable sample size should be used to produce reliable estimate for studies involving factor analysis while at least five participants per construct and about 100 individuals per data analysis were recommended by Gorsuch (1983) and Kline (1979) and even when the number of variables is under 20 no sample should be less than 100 persons (Gorsuch, 1974) hence 188 participants were considered adequate for the study

Data Analysis

In order for this instrument to be approved and applicable, the study must satisfy specific criteria. The item's suitability is to measure the construct and the reliability of the product utilised are among the standards. To test the applicability of the constructs and items utilised, Exploratory Factor Analysis (EFA), Cronbach's Alpha reliability and a Confirmatory Factor Analyses (CFA) were conducted.

Based on the 188 respondents that completed the validated questionnaire; reliability tests, EFA tests and Cronbach's alpha tests were done by means of the Statistical Package for Social Sciences (SPSS) software version 25.0, while confirmatory factor analysis (CFA) was done with the aid of AMOS SPSS. EFA is a technique within factor analysis whose overarching goal is to identify the underlying relationships between measured variables (Norris, et al., 2009), and also, it is commonly used by researchers when developing a scale and serves to identify a set of latent constructs underlying a battery of measured variables (Fabrigar, et al., 1999). It should be used when the researcher has no a prior hypothesis about factors or patterns of measured variables (Finch, & West, 1997). While confirmatory factor analysis (CFA) is a special form of factor analysis that is used to test whether measures of a construct are consistent with a researcher's understanding of the nature of that construct (or factor) (Kline, 2010). As such, the objective of confirmatory factor analysis is to test whether the data fit a hypothesized measurement model. This hypothesized model is based on theory and/or previous analytic research (Preedy, & Watson, 2009).

Results

Exploratory Factor Analysis (EFA)

The EFA yielded the following factors, namely: Physical Health, Interpersonal Relationship, Cognitive, Depression, Personal care**.** Government Support and Self-Condemnation. The total number of items involved for all these sub constructs are 30. Kaiser-Meyer-Olkin (KMO) and Bartlett's Test are component

of EFA test was used to test the factorability of study items (Pallant, 2010). While KMO is used confirmed the sampling adequacy of data, Bartlett's Test to know if the sampling method is acceptable or not.

Table 1

KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.720
Bartlett's Test of Sphericity	Approx. Chi-Square	1714.556
	Df	465
	Sig.	.000

Referring to Bartlett's Test, this test is significant with a *p*-value of 0.000, while according to both KMO test and the Bartlett's Test all ratios had been able to meet the set criteria. This illustrates that the development of dimensions for 30 items factor analysis performed with the Principal Component Analysis (PCA) method is significant. Extraction of 30 items via the Varimax Rotation Method remained yielding seven dominant factors based on Eigenvalue values exceeding 1. The criteria in the extraction of these factors were based on the recommendations of Hair et al., (2010).

Confirmatory Factor Analysis (CFA)

The CFA reduced the items from forty nine (49) to thirty (30) with seven (7) dimensions as follows:

Physical health Factors
11. How often do you have sore throat since your stay at the IDP?
12. How often do you have time to engage in exercise since your stay in the camp?
13. How often do you have cough since your stay at the camp?
17. How often do you receive medical attention since your stay at the camp?
22. How often do you take your bath daily?
27. How often do you lose appetite?
10. How often do you have proper ventilation since your stay in the camp?
Interpersonal Relationship Factors
8. How often do you miss your role as a father, mother, uncle, aunty or child since your stay at the camp?
15. How often do you feel sad to have lost your loved?
16. How often do you bond with people you have found yourself with?
18. How often do you feel like reconnecting with your people?
19. How often do you think about the people whom you are separated from?
Cognitive Factors
26. How often do you feel angry or upset when someone reminds you of traumatic experience?
28. Often do you blame yourself for the traumatic experience?
29. How often do you have repeated disturbing memories of the traumatic experience?
Depressive Factors

3. How often do you feel that your future is not assured?
4. How often are you sexually molested?
6. How often do you feel hopeless?
30. How often do you think that life is not worth living?

Personal Care Factors

14. How often do you meet your needs financially?
20. How often do you always eat three square meal a day?
21. How often is your convenience clean in the camp?
24. How often do you solve your personal problem?
25. How often do you engage in your leisure activities?

Government Support Factors

1. How often have you been promised to be connected to your people by the government?
2. Since you have been here, how often do you think the government takes care of your needs?
5. How often does the government give you stipend?

Self-condemnation Factors

7. How often do you feel guilty of being molested sexually?
9. How often do you feel guilty of your current situation?
23. At what degree do you miss your loved ones?

[1]S/n	Dimension	RMSEA	CFI	RMR	IFI	RFI	PNFI	TLI	GFI	AGFI
	Threshold	.05<	.90>	.08<	.90>	.5>	.5>	.9>	.9>	.9>
1	**Physical health**	.000	1.000	.066	1.239	.858	.810	1.265	.989	.984
2	**Interpersonal**	.000	1.000	.070	1.141	.774	.736	1.156	.984	.976
3	**Cognitive**	.000	1.000	.027	1.017	.996	.665	1.026	.999	.997
4	**Depressive**	.000	1.000	.075	1.002	.979	.819	1.003	.988	.977
5	**Personal Care**	.000	1.000	.073	1.125	.680	.641	1.148	.984	.973
6	**Government Support**	.000	1.000	.066	1.006	.991	662	1.009	.996	.988
7	**Self-condemnation**	.000	1.000	.056	1.041	.810	.582	1.069	.995	.984

RMSEA: The Root Mean Square Error of Approximation. CFI: The Comparative Fit Index. RMR: the (Standardized) Root Mean Square Residual. IFI: the Incremental Fit Index (IFI). RFI: the Relative Fit Index. PNFI: the Parsimony-Adjusted Measures Index. TLI: The (Non) Normed Fit Index. GFI/AGFI: The (Adjusted) Goodness of Fit

Interpretation

S/N	Dimension	Mean	Norm	Interpretation	No of items
1	**Physical health**	**21.44**	**21.44-above**	**high on this factor**	7
2	**Interpersonal**	**16.99**	**16.99-above**	**high on this factor**	5
3	**Cognitive**	**8.86**	**8.86-above**	**high on this factor**	3
4	**Depressive**	**7.68**	**7.68-above**	**high on this factor**	3
5	**Self-condemnation**	**8.11**	**8.11-above**	**high on this factor**	3
6	**Personal Care**	**16.86**	**16.86-below**	**high on this factor**	5
7	**Government Support**	**6.62**	**6.62-below**	**high on this factor**	3

The scores for interpretation of each component is dependent on the mean scores. Scores higher than the mean in *Physical health Factors, Interpersonal Relationship Factors, Cognitive Factors, Depressive Factors, and Self-condemnation Factors* indicate high symptom of that factor, while scores lower than the mean of *Personal Care Factors* and *Government Support* indicate higher symptom of the factor. The scale has no composite score as each dimension has to be scored separately, and there are no reverse scoring patterns.

Discussion

This scale was developed and validated to measure Posttraumatic Conditions of Internally developed persons in IDP camps. The EFA extracted seven components each for the measurement of psychological factors in IDPs in camps. The results of the KMO test, which were above 0.60, indicated acceptable sampling adequacy and implies the appropriateness of factor analysis. It has been suggested that KMO values .9 were marvellous, in the .80s, meritorious, in the .70s, middling, in the .60s, mediocre, in the .50s, miserable, and less than .5, unacceptable (Hutcheson & Sofroniou 1999; Hair et al. 2006; Revelle, 2016). The appropriateness of factor analysis was also supported by the results of Bartlett's test of sphericity. The values of Cronbach's alpha and composite reliability of the scales were found to be sufficient and internal consistencies met the adequacy criteria (Zachm, 2021), and the CFA result obtained according to Mattan, (2020) shows that the dimensions met the criteria. The results of this study show that the psychological factor scale is structurally valid, as evidenced by factor analysis results with seven robust components. Therefore, the psychological factor scale scales have the potential to be used as measurement tools in future studies. The study found that the developed Posttraumatic Conditions Scale has adequate validity and reliability and can be used in future research. All the constructs in the measurements have acceptable level of internal consistency.

References

Arbarzada, S. & Mackey, T.K. (2017). The Syrian public health and humanitarian crisis: A global displacement in global governance. *Global Public Health 3, 7, DOI10.1080/174416922017.1285338*

Armon, G., Melamed, S., Toker, S. Berliner, S. &Shapira, I. (2014). Joint effects of chronic medical illness and burnout on depressive symptoms among employed adults. *Health Psychology, 33,3, 264-272.*

Beck, A. T. (1976).*Cognitive therapy and the emotional disorders*. New York, NY: International Universities Press.

Beck, C.T. (2006). The Content Validity Index: Are you sure you know what is being reported? Critique and recommendations. Research in Nursing and Health 29, 5, 489-497.

Cao, L., Ding, J. ; Zhao, J.; Su, J.; Wang, L., Sui, Y.; Zhao, T.; Wang, F.; Jin, J. &Cai, Y. (2015) Negative Reulation of p21Waf1/Cip1 by Human INO80 Chromatin Remodeling Complex is implicated in cell cycle phase G2/m arrest and Abnormal chromosome stability. *PLOS ONE 10 (9):eo137411*

Deci, E. L. & Ryan, R. M. (1985). The general causality orientations scale: Self determination in personality. *Journal of Research in Personality, 19, 109-134.*

Elhabiby, M. (2015).Psychiatric disorders among a sample of internally displaced persons in south Darfur.*International Journal of Social Psychiatry, 14, 358-362.*

Fabrigar, Leandre R.; Wegener, Duane T.; MacCallum, Robert C.; Strahan, & Erin J. (1999). "Evaluating the use of exploratory factor analysis in psychological research" (PDF). *Psychological Methods*, *4* (3): 272–299. doi:10.1037/1082-989X.4.3.272.

Fazel, M., Reed, R.V., Panter-Brick, C., Stein, A. (2012). Mental health of displaced and refugee children resettled in high income countries. Risk and protective factors. *Lancelot, 21*;379(9812):266-82. doi: 10.1016/S0140-6736(11)60051-2.

Finch, J. F., & West, S. G. (1997). The investigation of personality structure: Statistical models. *Journal of Research in Personality*. 31 (4): 439–485. doi:10.1006/jrpe.1997.2194.

Gay, L.R., Mills, G.E., & Airasian, P. (2009). *Educational Research Competencies for Analysis Applications*. Pearson, Columbus.

Gorsuch, R. L. (1983). *Factor analysis* (2nded). Hillsdale, NJ: Lawrence Erlbaum Associates.

Gorsuch, R. L. (1974). *Factor analysis.* Philadelphia: W. B. Sanders Company.

Hair, J., Hult, T., Ringle, C., & Sarstedo, M. (2014). *A primer on Partial Least Squares Structural Equation Modelling*. Sage Publications

Hair, J. F., Black, W. C., Babin, B. J., & Anderson, R. E. (2010). *Multivariate Data Analysis*. Prentice-Hall.

Hair J. FJr., Joseph F., William C. B., Barry J. B., Rolph E. A., & Ronald L. T. (2006), *Multivariate Data Analysis,* 6th ed., New Jersey: Pearson Education, Inc

Hair, J.F. et al (1998). *Multivariate Data Analysis with Reading.* Englewood Cliffs NJ: Prentice- Hall.

Hutcheson, G. D., Sofroniou, N. (1999). The multivariate social scientist: introductory statistics using generalized linear models: In: Field, A. ed.. *Discovering Statistics Using IBM SPSS Statistics*. California, CA: Sage.

International Committee of the Red Cross (ICRC) (2018). Refugee Crisis in Nigeria. *https://icrc.org*

Internal Displacement Monitoring Centre IDMC (2020*).*Assessing the economic impacts of internal displacement: Conceptual framework. *https://www.internal-displacement.org/sites/default/files/publications/documents/Internal%20Displacement%20Index%20report_2020.pdf*

Kline, P. (1979). *Psychometrics and Psychology*. .London : Academic Press.

Kline, R. B. (2010). *Principles and practice of structural equation modeling (3rd ed.).* New York, New York: Guilford Press.

Kreijcie, R. V. & Morgan, D.W. (1970). Determining Sample Size for Research Activities. *Educational and Psychological Measurement*, *30* (3), 607–610.

Lawal, A.I. (2016). Economic growth, financial development and trade openness in Nigeria: An application of the ARDl bound testing approach. *Cogent Economic & Finance 4, 1,*

Lawal, E.O. (2006). Inflation and stock market returns in Nigeria: An empirical analysis. *Journal of Research in Humanities and Social Sciences 4,* 11*,* 69-76*.*

Mels, C., Derluyn, Broekaert, E., & Rossel, Y. (2010).The psychological impact of forced displacement and related risk factors on Eastern Congolese adolescents affected by war. *Journal of Child psychology and psychiatry 51,* 10, 1096-1104*.*

McCowan, R. J., & McCowan, S. C. (1999). *Item analysis for criterion-referenced tests*. Centre for Development of Human Services.

Norris, M., & Lecavalier, L. (2009). Evaluating the Use of Exploratory Factor Analysis in Developmental Disability Psychological Research. *Journal of Autism and Developmental Disorders*, 40 (1): 8–20. doi:10.1007/s10803-009-0816-2. PMID 19609833.

Oduwole, T. A., & Fadeyi, A. O. (2013). Issues of refugees and displaced Persons in Nigeria. *Journal of Sociological Research.4(1).*

Pallant, J. (2010). *SPSS Survival Manual: A step by step guide to data analysis using the SPSS program* 4th Ed., Mc Graw Hill, New York.

Preedy, V. R., & Watson, R. R. (2009) *Handbook of Disease Burdens and Quality of Life Measures*. New York: Springer.

Revelle, W. (2016). *How to use the psych package for Factor Analysis and data reduction.* Unpublished manuscript. Department of Psychology Northwestern University.

Roberts, B. W., Luo, J., Brilley, D. A., & Chow, P. (2017). A systematic review of personality trait change through intervention.*Psychological Bulletin 143, 2, DOI 10.1037/bul0000088.*

Salah, F.A.A.E., Esmat, I.A., & Mohammed, A.B. (2013). Heavy Metals residues and traceelements in milk powder marketed in Dakahlia governorate. *International Food Research Journal, 20, 4, 1807-1812.*

Sheikh, M. (2015).Correlates of depression among internally displaced persons after post-election violence in Kaduna, North Western Nigeria, *Journal of Affective Disorders*,

Siriwardhana, C. & Stewart, R. (2013).Forced migration and mental health: Prolonged internal displacement, return migration and resilience. *International Health 5, 1, 19-23*

Yusoff, M.S.B. (2019). ABC of content validation and content validity index calculation. *Education in Medicine Journal, 11, 2, 49-54.*

Zachm (2021). *How to Report Cronbach's Alpha (With Examples)*. Statology.

APPENDIX **POSTRAUMATIC CONDITION SCALE (PPCS)**

S/N	Items	Never	Rarely	Sometimes	Often	Always
1.	How often have you been promised to be connected to your people by the government?					
2.	Since you have been here, how often do you think the government takes care of your needs?					
3.	How often do you feel that your future is not assured?					
4	How often are you sexually molested?					
5.	How often does the government give you stipend?					
6.	How often do you feel hopeless?					
7.	How often do you feel guilty of being molested sexually?					
8.	How often do you miss your role as a father, mother, uncle, aunty or child since your stay at the camp?					
9.	How often do you feel guilty of your current situation?					
10.	How often do you have proper ventilation since your stay in the camp?					
11.	How often do you have sore throat since your stay at the IDP?					
12.	How often do you have time to engage in exercise since your stay in the camp?					
13.	How often do you have cough since your stay at the camp?					
14.	How often do you meet your needs financially?					
15.	How often do you feel sad to have lost your loved?					
16.	How often do you bond with people you have found yourself with?					
17.	How often do you receive medical attention since your stay at the camp?					
18.	How often do you feel like reconnecting with your people?					
19.	How often do you think about the people whom you are separated from?					
20.	How often do you always eat three square meal a day?					
21.	How often is your convenience clean in the camp?					
22.	How often do you take your bath daily?					
23.	At what degree do you miss your loved ones?					

24.	How often do you solve your personal problem?					
25.	How often do you engage in your leisure activities?					
26.	How often do you feel angry or upset when someone reminds you of traumatic experience?					
27.	How often do you lose appetite?					
28.	Often do you blame yourself for the traumatic experience?					
29.	How often do you have repeated disturbing memories of the traumatic experience?					
30.	How often do you think that life is not worth living?					