

Brief Resilience Among Victims of Ethno-Religious Crisis in Jos: The Role of Gender and Locus of Control

Bisji, Jurbe Simon^{1*} Yakubu Dorcas Tsen² Ogbole, Aboh J.³ James, Austine L⁴
Panmun, Raymond Isa⁵ Ayele, Japhet Makama⁸ Micheal Gideon L.⁶ Afolabi Taiwo⁷
Alhassan Emmauel⁶

1. Auramind Center for Psychological and Behavioral Medicine, Asokoro, Abuja

2. Jos University Teaching Hospital, Plateau State

3. Department of Behavioral Medicine, 44 Nigerian Army Reference Hospital, Kaduna

4. Department of Psychology, Plateau State University, Bokkos, Plateau State

5. United Nations World Food Programme (UNWFP), Yobe, Nigeria

6. Department of Psychology, Nassarawa State University

7. Department of Sociology, University of Abuja

8. United Nations International Organization for Migration (UNHCR), Maiduguri, Nigeria

Abstract

This study was aimed at assessing the role of gender and locus of control as factors that contribute to resilience among victims of ethno-religious crises in Jos, Plateau State of Nigeria. The participants in the study were 189 victims of religious crises in Jos, Plateau state with 104 (55.0%) males and 85 (45.0%) females' participants. A 2x2 factorial design was used in the study while the Connor-Davidson Resilience Scale (CD-RISC) by Connor & Davidson (2003), was used to assess resilience while locus of control was measured using locus of control scale by Craig, Franklin and Andrews (1984). Three hypotheses were tested using 2-WAY ANOVA. The result showed that there was no significant effect of locus of control on resilience among the participants. $F(1,185)=.082, p=.775$. The second hypotheses also showed that there was no significant effect of gender on resilience. $F(1,185)=.093, p=.761$. And finally, the third hypothesis showed that there was no significant interaction effect of locus of control and gender on resilience. $F(1,185)=.884, p=.348$. The impact of exposure to traumatic events appears to affects both male and female irrespective of their locus of control, as such, further studies should include multivariate factors in order to gain a complete understanding of the concept of resilience. Also, the findings of the study have implications for government, policy makers, management scholar, practitioners as well as victims of ethno-religious crises.

Keywords: Gender, Locus of Control, Brief Resilience, Ethno-Religious Crisis

DOI: 10.7176/RHSS/11-16-02

Publication date: August 31st 2021

INTRODUCTION

The rate at which violence is perpetuated today in Nigeria is alarming. This violence by various groups such as the Boko Haram and Herdsmen especially in Northern Nigeria has rendered many deaths and millions displaced from their homes. Some of these victims find themselves in Internally Displaced Homes while others are back to their communities. While in the camps or communities, many of them are vulnerable depending on the level of exposure they had to the traumatic events. Many tend to turn up depressed or experience Post Traumatic Stress Disorder (PTSD) which makes their lives uncomfortable. Some on the other hand may have the psychological resources (such as resilience) even without any form of psychological intervention which enables them to cope with the situation no matter how distressing the traumatic events may be.

Resilience refers to the factors and processes disconnecting the trajectory of growth and the risk of damage to the psychological problematic behaviors despite of harsh conditions leading to adaptive outcomes (Mohammadi, 2005). Rutter (1990) defines resilience as individual differences in coping and reaction to difficult situations. So a more resilient person processes adverse conditions into more positive manner and considers himself capable to deal with it. However, resilience is not only stability against harms or threatening conditions as well as being passive in the face of dangerous situations, but also it means having active and constructive role in environment. It can be said that resilience is described as the personal ability to maintain ecological-mental balance in dangerous situation (Connor & Davidson, 2003).

Some researchers believe that positive emotions are considered as critical psychological resources which help people cope with stress using effective coping methods. Therefore, people who experience positive emotions to a greater extent are possibly to be more resistant against the difficult events and so are more tolerant (Zautra, Johnson & Davis, 2005). According to the world-leading scholar on resilience, Bonanno (2004), "psychological resilience can be defined as the ability of individuals in otherwise normal circumstances who are exposed to an isolated and potentially highly disruptive event such as witnessing the death of a close relation or a violent or a life-threatening situation to maintain relatively stable, healthy levels of psychological and physical

functioning ... as well as the capacity for generative experiences and positive emotions". (pp. 20–21)

The crises victims have experienced various life threatening traumatic events and as such resilience is a crucial area for psychologists and other mental health workers to help them in psychological assessment and treatment to strengthen them with the necessary psychological skills. Resilience is relevant to traumatized people's adjustments to setbacks that arise from the tragedy. When people experience tragic events such as violence they get traumatized. Most of them are not able to carry out their normal routine tasks (Robert, 2005). They experience a wide range of reactions, positive and negative. Their strengths and abilities increase and decrease making it possible to gain control of their lives differently. Trauma has been defined as an emotional response to horrific event such as accident, rape or natural disaster (Rowell & Thomley, 2013). Immediately after the event, shock and denial are typical and long term reactions include unpredictable emotions, flashback, strained relationships and even physical symptoms such as headaches and nausea. These feelings are normal but in some circumstances people have difficulties and are unable to move on with their lives and may need physical and psychological help to cope (Kevin & Rebecca, 2013).

When an individual's emotions are stripped away by adversity, the effects are felt by the family, community and society at large and thus it is an important aspect to understand trauma broadly (Gonge, 2012). It can be an overwhelming concept and it affects individuals, families and communities. Successful treatment and interventions of trauma requires the incorporation of family members, peer groups and the community members at large.

Individuals experience traumatic events in various ways, some individuals develop posttraumatic stress disorder (PTSD), while others respond through denial of the severity of the event (Leaman & Gee, 2011) After violence, people will most likely face challenges and experience significant psychological, social, vocational and emotional difficulties. Despite these challenges, there are individuals who are able to adopt and bounce back with minimal disruption to their lives. Others are eventually able to recover close to their pre-trauma level of functioning, though this is rare (Curtis & Nelson, 2003). Although their present functioning may not be exactly as it was in pre-trauma, a new baseline can be established where the survivors learn new skills and ways to cope with the situations. Resilience lies in the power of recovery and in the ability to return once again to those patterns of adaptations and competence that characterized the individual prior to the pre-stress period (Garnezy, 1985).

Resilience comes from the Latin word "resalire" (to rise up again) and refers to the ability to bounce back or cope successfully despite substantial adversity (Earvolino-Ramirez, 2007). It is the ability to cope with changes and challenges and to "bounce back" during difficult times. Resilience has also been described as dynamic process encompassing positive adaptation within the context of significant adversity (Luthar, Cincchetti & Becker, 2000). Resilience is embedded within the notion of two critical circumstances, exposure to significant threat or severe adversity and the achievement of positive adaptation despite major assaults on the life process of the individual. Factors that may contribute to resilience are many some of which include locus of control and gender.

Locus of control is a kind of variable related to the behavior and it was firstly introduced by Rutter (Brewer & Krano 1994). The term locus of control has been introduced to distinguish between internal and external control. Those people believe that those have control over their own outcome of events, have an internal locus of control, and those who believe that their fate is controlled by factors outside them, have an external locus of control. People with an internal control believe that bonus depends on their behavior. They are seeking control of their destiny. People with an external control believe that life events are not under their control, but they are under the control of internal and external factors (Toni, 2003). Thompson believes that there is no very pure personality type with internal or external locus of control. However, one can say that internal-external loci of controls are as a continuum and the degree of both external and internal control is being raised among people (Ghazanfari, 1995). Locus of control as a character trait not only is related with depression (Roger et al., 2008), anxiety (Sperling et al., 2008, Asadi et al, 2007) and suicidal ideation and developing related diseases (Chioqueta et al., 2005), but also played an important role in treatment, and for years it has been the focus of researchers. Locus of control represents a person's generalized attitude, belief, or expectancy regarding the nature of the causal relationship between his/her behavior and its consequences (Rotter, 1966; Lefcourt, 1976). The distinction is typically made between "internal" locus of control – that is, the belief that much of what happens in life stems from one's own actions – and "external" locus of control – that is, the belief that events in one's life are outcomes of external factors (e.g., fate, luck, other people) and are therefore beyond one's control. People with internal locus of control also tend to live a healthier lifestyle through their practices (Cobb-Clark et al., 2014; Cobb-Clark et al., 2013; Lekfuangfu et al., 2014; Salamanca et al., 2013). Another interesting and important property of locus of control especially internal locus of control is grit or perseverance in the face of adversity. For example, evidence is emerging that people who have internal locus of control tend to continue following a health shock (Schurer, 2014; Caliendo et al., 2015; McGee, 2015). The current study will contribute to the literature on locus of control by investigating whether an individual's (IDPs) belief about the ability to control

future outcomes has important implications for the individual's psychological resilience.

Gender is the state of being a male or female. The World Health Organization (WHO, 2016), the socially constructed characteristics of women and men – such as norms, roles and relationships of and between groups of women and men. It varies from society to society and can be changed. While most people are born either male or female, they are taught appropriate norms and behaviours – including how they should interact with others of the same or opposite sex within households, communities and work places. When individuals or groups do not “fit” established gender norms they often face stigma, discriminatory practices or social exclusion – all of which adversely affect health.

Furthermore, prior studies indicate that gender has a notable effect on coping strategies which enables resilience (Beam, Gil-Rivas, Greenberger, & Chen, 2002). Coping strategies can be categorized into two basic types; maladaptive and adaptive strategies (Hampel & Petermann, 2005). Younger boys and girls, and boys from all age groups tend to make more use of adaptive coping strategies that focus on the immediate problem. Strategies are externalized and commonly include direct action, distraction and positive self-instruction (Hampel & Petermann, 2005; Hampel & Petermann, 2006).

There is also evidence that girls cope with daily stressors by seeking social support and utilising social resources (Frydenberg & Lewis, 1993). In contrast, boys use physical recreation such as sport to cope with adversity (Frydenberg & Lewis, 1993). Despite being under stress, girls have been found to use resilience factors such as seeking and getting support more than boys, with Grotberg finding that girls used these resilience factors more than boys (Hampel & Petermann, 2005).

In view of the above statements, this study therefore intends to investigate the influence of locus of control and gender on brief resilience among the Internally Displaced Persons (IDPs) in Plateau State, Nigeria.

STATEMENT OF THE PROBLEM

Plateau state is one of the few states that has faced incessant attacks from external and internal aggressors whose aim might appear to dent the image of the state popularly known as “home of peace and tourism”. To date, the state has experienced crises of varying degrees, from herdsmen attacks to silent killings in certain areas. The approach of the aggressors appears to also have ethnic, religious and political colorations with genocidal in light of ethnic cleansing.

The aftermath of the different crises in Jos, Plateau state capital and its environs has left many traumatized by being a direct or indirect witness to the traumatic events. Though trauma after adversity affects an individual's life, the lives of families and the entire community, it is also evident that some of these victims turn up to have better coping skills which enable them to bounce back within short periods of time with or without intervention. This may not be unconnected to the role of resilience in such individuals while those without resilience end up experiencing more of psychological distress. In fact, research has shown that despite the turmoil that many of those who were exposed to such events thrive or “bounce back” following the adversity and develop inner strength, competence, optimism and ability to cope effectively with the adversity they are facing (Wagnild & Collins, 2009). They become resilient due to internal and external factors. These internal and external factors are important in assessing strengths and protective factors and also help in developing innovative prevention and intervention programs for traumatized individuals.

This study aims to fill this research void by investigating the role of locus of control and gender on resilience of crises victims in Plateau State and proffer possible solutions and recommendation as required.

OBJECTIVES OF THE STUDY

This study aimed at assessing the factors that contribute to resilience among Internally Displaced Persons. The specific objectives are

1. To establish the influence of locus of control on resilience among Internally Displaced Persons.
2. To establish the influence of gender on resilience among Internally Displaced Persons
3. To find out the interaction effect of locus of control and gender on resilience Internally Displaced Persons.

RESEARCH QUESTIONS

1. What is the influence of locus of control on resilience among Internally Displaced Persons?
2. What is the influence of gender on resilience among Internally Displaced Persons?
3. What is the interaction effect of locus of control and gender on resilience Internally Displaced Persons?

THEORETICAL FRAMEWORK

Several theories have attempted to elucidate resiliency factors, their inter-relationships, as well as their underlying mechanisms, processes, and outcomes. These theories have emerged from personality, cognitive and biological orientations. The theoretical concepts of Richardson's meta theory of resilience and resiliency and Cognitive theory, Attribution theory and Locus of Control theory guided the study in its investigation on the

psychosocial factors that contribute to resiliency after trauma.

Richardson (2002) conceptualized that resilience is a force within everyone that drives them to seek self-actualization, altruism, wisdom and be in harmony with a spiritual source of strength. He identified three different waves of resiliency enquiry; characteristics of people who effectively cope with and grow through disruption, the process in which such people acquire these characteristics and the recognition of innate resilience and the capacity to grow and develop. According to the theory, resilient reintegration develops by the strengthening of the resilient qualities.

According to this theory an individual begins at a state of physical, mental and spiritual homeostasis, then disruption occurs, in the current study the fire tragedy. After the disruption the individuals reintegrated to homeostasis in one of the four ways: resilient reintegration, re-integration back to homeostasis, reintegration with loss and dysfunctional re-integration. The current study specifically researched on the resilient reintegration and the protective factors (age, gender, personality traits, spirituality and social support) that contributed to it. The essence of re-integrating to homeostasis in some cases may not be an option in situations such as permanent physical loss, mobility loss or death of a loved one. Recovering with loss means that people give up some motivation, hope or drive because they are prompted to by the demands of life.

Dysfunctional reintegration occurs when people resort to use of destructive substances Resilience reintegration may also be postponed and people may resort to negative coping mechanism such anger, distrust and bitterness. Years later such individual's coping pattern may be disrupted and they may reintegrate to healthier coping skills, this may occur through social support and intensive spiritual support. Richardson further asserts that there are protective factors that assist the individual to reach the stage of resilient reintegration and which comprise an adaptive state of mind, body and spirit, which according to Richardson (2002) is the attainment of biopsychospiritual homeostasis and this state can be achieved regardless of the circumstances of the individual.

The study, therefore, attempted to find out to what extent the "metatheory" of resilience and resiliency is applicable in indicating the factors that contribute to resilience of the IDPs in the sample. This according to Richardson (2002) happens when individuals re-integrate, and this involves experiencing insight or growth through disruption by identifying or strengthening resilient qualities. The theory identifies four levels of re-integration; reintegration to homeostasis, reintegration with loss and dysfunctional reintegration. These levels guided the study in classifying the sample population and clearly identifying individuals who displayed resilient behavior after the trauma.

Cognitive theorists believe that exposure to trauma have the potential of shattering people's core assumptions about life and their world-view regarding safety of life. This feeling compels them to gain the sudden realization that they are not safe and are vulnerable to personal annihilation or physical damages or the loss of loved ones.

This theory applies conditioning theories formulated for other anxiety disorders to posttraumatic stress disorder. In this regard, the Two-Factor theory of learning propounded by Mowrer (1960) becomes relevant. According to the two-factor learning theory, initial fear is acquired through the process of classical conditioning resulting in neutral stimuli present in the traumatic situation, consequently acquiring fear-eliciting properties through their association with the unconditioned stimulus. The unconditioned stimulus in this context being the elements of the fear-arousing traumatic situation.

According to this theory, repeated exposure to the memories of the trauma usually leads to extinguishing of the associations, extinction fails to take place where the individual makes effort to avoid or block the memories of the traumatic experience. Avoidance of the conditioned stimuli, either by deliberate distraction, blocking of memories or other defensive behaviours may be reinforced with a reduction in fear, leading to the maintenance of posttraumatic stress disorder (Keane, Zimering & Caddell, 1985).

Whereas the conditioning approach does not clearly distinguish between the etiology of PTSD and other anxiety disorders, it provides an important explanation of many prominent features of PTSD, particularly the wider range of specific trauma reactions, physiological and emotional arousal elicited by the role of avoidance in maintenance of PTSD.

The concept of internal versus external control of reinforcement is a generalised problem-solving concept, reflecting the degree to which an individual perceives reinforcement as contingent upon his or her own behaviour or on some other person and/or external force. Rotter (1966) for his part defined locus of control as a generalized expectancy of perceived internal or external control or the degree to which an individual perceives events as being contingent upon his or her own behaviour or own relatively permanent characteristics, which are assumed to be more or less stable under varying conditions. Individuals who believe that they can influence outcomes through their own abilities, efforts, skills and characteristics are designated as of internal orientation (internals). Those who perceive that outcomes are contingent upon external forces such as luck, chance, fate and powerful others or are of the belief that events are unpredictable because of the many complexities in the environment are designated as of external orientation (externals). People are then classified along a spectrum of

very internal to very external. It is important to note that locus of control is not about a specific reinforcement, but instead is a problem-solving (i.e cognitive process), generalized expectancy that addresses the issue of whether behaviours are perceived to be directly related to the attainment of needs, no matter what the goal or reinforcement. It should also be noted that in some particular situations or environments, individuals of an external orientation can (and do) exhibit internal behaviour; this occurs because they have learned from earlier situations that they have control of the reinforcement.

Norouzinia, Heidari, Ahmadi, and Ahmadi (2017) in a study “The Relationship between Resilience and Locus of Control in Students of Alborz University of Medical Sciences in 2017” used a cross-sectional design with 180 students at Alborz University of Medical Sciences with simple stratified random sampling. Data collection tools in their study included a demographic questionnaire, students' total average, Connor-Davidson standardized resilience questionnaires, and Rotter's locus of control. The results showed that there was a significant relationship between resilience and locus of control, i.e. the resilient individuals had internal locus of control ($r=-0.418$, $P<0.0001$).

Buddelmeyer and Powdthavee (2015) investigated whether the intensity of emotional pain following a negative shock is different across the distribution of a person's locus of control – the extent to which individuals believe that their actions can influence future outcomes. Using panel data from Australia, they showed that individuals with strong internal locus of control are psychologically insured against own and others' serious illness or injury, close family member detained in jail, becoming a victim of property crime and death of a close friend, but not against the majority of other life events.

Pishiniyan, Dehghanpoor, Bajelan, and Tahvildar (2016) showed that the correlation between resilience and suicidal ideation ($r= -0/26$) is statistically significant ($p<0/01$) as well as the correlation between external locus of control and suicidal ideation ($r= 0/15$) is also significant. In other words, resilience and external locus have the ability to predict suicidal thoughts.

Ikizer (2014).

Also, there are some evidence that females exhibit fewer problem behaviours than boys after exposure to the same amount of violence (Garbarino & Kostelny, 1996). Other studies, however, found females to be more vulnerable to negative outcomes, demonstrating more PTSD and stress and less Post Traumatic Growth (positive change resulting from adversity) (Kimhi, Eshel, Zysberg, & Hantman, 2010; Qouta, Punama_ki, & El Sarraj 2003). Still other studies have shown that males and females exhibit similar levels of resilience (Laor et al., 2006).

Norouzinia, et al., (2017) showed that males ($P=0.008$) were more resilient than female while Sambu (2015) found that gender had a greater influence on individuals' resilience levels and Lakomý and Kafková (2017) found that resilience on its own to be a stronger predictor of survival in women, while the amount and severity of adversity was more important in men.

RESEARCH HYPOTHESES

1. Locus of control will have a significant effect on resilience among Internally Displaced Persons.
2. Gender will have a significant effect on resilience among Internally Displaced Persons.
3. Locus of control and gender will have a significant interaction effect on resilience Internally Displaced Persons.

METHODOLOGY

Participants

The participants are crises victims, 100 from Jos South IDPs camps and 100 from Fudawa in Jos North LGA of Plateau state consisting of 100 males and 100 females within the age range of 15 to 50 years who have experienced one form of crises or the other.

Research Design

The 2x2 factorial design will be used. Locus of control has internal and external locus of control while gender has males and females with the dependent variable as resilience.

Instruments

The demographic section will measure the demographic data such as age, sex, and educational level of student, religion and parents' educational attainment.

Connor-Davidson Resilience Scale (CD-RISC Developed in 2003, the CD-RISC is used to assess multiple aspects within people that demonstrate resiliency of an individual over time. The CD-RISC consists of 25 questions that the individual answers on a 5-point Likert scale, where higher scores reflect a greater degree of resilience within the individual (Connor & Davidson, 2003).The CD-RISC measures the total resilience of individual assessing areas such as personal competence, trust in one's instincts, tolerance and the effects of stress (Connor & Davison, 2003). The scale is used to examine responses by individuals to determine how resilient an individual is at a particular moment. The reliability, validity, and factor analytic structure of the scale were

previously evaluated. Connor and Davidson (2003) report a Cronbach's alpha of 0.89 (n = 577) with item-total correlations ranging from 0.30 to 0.70. CD-RISC scores demonstrate an intra-class correlation coefficient of 0.87 and test-retest reliability coefficients of .87 as has been shown in previous studies (Brown, 2008, Connor & Davison, 2003).

The instrument used to measure locus of control was designed by Craig, Franklin and Andrews (1984). The authors reported 0.79 among students while the Cronbach alpha of 0.73 was reported in Nigeria by Ibeagha, Balogun and Adejuwon (2004) in a study on "Resiliency of Inner-City Yoruba University Undergraduates in South Western Nigeria". The 17-item test is scored in the same direction as a Rotter I-E scale, that is, high scores indicate externality. Thus, as may be the 10 items which relate to externality and the scores for the seven items relating to the internality (item 1, 5, 7, 8, 13, 15, 16) are transposed so that 5 (Strongly agree) is scored as 0 (strongly disagree), 4 (Generally agree) becomes 1 (generally disagree), etc. After transposing the seven items the test is scored by summing the scores for all 17 items. Example of questions are "I can anticipate difficulties and take action to avoid them" and "When I make plans, I am almost certain that I can make them work" High scores indicate externality while low scores indicate internality on the scale.

Procedure

The Researchers obtained letter of introduction from the Department of Psychology. They thereafter visited the Jos South IDPs Camps and the Fudawa community to introduce themselves to the various camp administrators and participants and explained the reason of carrying out the research. They sought their permission to use the IDPs for the research. IDPs who were learned were purposively selected. The IDPs were assured of confidentiality in handling the information provided. It took an average of 10 minutes to fill one questionnaire after which it was retrieved from the participants. The collected questionnaires were then coded and subjected to data analyses.

Statistical Analysis

Two Way Analyses of Variance (2-WAY ANOVA) was used to test the hypotheses in the study.

RESULTS

Descriptive Statistics

This section presents the results obtained from analysing the data collected in the study. Both the descriptive and inferential aspects of the analyses were done using the Statistical Packages for Social Sciences (SPSS 23). The descriptive and inferential results are presented below.

Table 1: Socio-demographic Characteristics of Participants

VARIABLE (S)	FREQUENCY	PERCENT %
Age		
18-25 Yrs	50	26.5
26-32 Yrs	58	30.7
33-40 Yrs	43	22.8
41-48 Yrs	18	9.5
49 Yrs >	20	10.6
Total	189	100.0
Religion		
Christian	152	80.4
Islam	37	19.6
Total	189	100.0
Gender		
Male	104	55.0
Female	85	45.0
Total	189	100.0

The participants in this study are 156 victims of crises in Jos, Plateau state. Majority are males with 104 (55.0%) followed by females with 85 (45.0%). Majority is Christians with 152 (80.4%) and Muslims had 37 (19.6%). For age range, majority fall within the age range of 26-32 with 58 (30.7%) followed by 18-25 with 50 (26.5%), 33-40 years had 43 (22.8%), 49 years and above had 20 (10.6%) and 41-48 years had 18 (10.9%).

TEST OF HYPOTHESES

Table 2: 2-WAY ANOVA for Locus of Control and Gender

Dependent Variable: Resilience						
Source	Type III Sum of Squares	df	Mean Square	F	Sig.	
Corrected Model	474.516 ^a	3	158.172	1.091	.354	
Intercept	141132.639	1	141132.639	973.274	.000	
Gender	13.448	1	13.448	.093	.761	
Locus	11.868	1	11.868	.082	.775	
Gender * Locus	128.253	1	128.253	.884	.348	
Error	26826.511	185	145.008			
Total	1049282.000	189				
Corrected Total	27301.026	188				

a. R Squared = .021 (Adjusted R Squared = .002)

1. Locus of control will have a significant effect on resilience among Internally Displaced Persons.

The result showed that there was no significant effect of locus of control on resilience among IDPS. The mean showed that those with external locus of control had higher level of resilience compared with those with external locus of control but the difference is statistically not significant. Means: 72.42, 73.76, $F(1,185)=.082$, $p=.775$. The hypothesis is therefore not supported.

2. Gender will have a significant effect on resilience among Internally Displaced Persons.

The result showed that there was no significant effect of gender on resilience among IDPS. The mean showed that males had higher level of resilience compared with females but the difference is statistically not significant. Means: 80, 72.37, $F(1,185)=.093$, $p=.761$. The hypothesis is therefore not supported.

3. Locus of control and gender will have a significant interaction effect on resilience Internally Displaced Persons.

The result showed that there was no significant interaction effect of locus of control and gender on resilience among IDPS. The mean showed that males with internal locus of control had higher level of resilience compared with males with external locus of control and also, females with internal locus of control had higher resilience compared to females with external locus of control but the difference is statistically not significant. Means: 75.33, 72.26, 69.50, 75.25, $F(1,185)=.884$, $p=.348$. The hypothesis is therefore not supported.

DISCUSSION

The study investigated the effect of the main effects of locus of control and gender and their interaction effects on resilience as dependent variable. The three hypotheses tested showed that the main effects and interaction effects of locus of control and gender on resilience are not significant, though there are little differences observed which were not significant.

For the first hypotheses, there was little but not significant effect of locus of control on resilience of the IDPs. The result is not consistent with the findings of other scholars in the study (For example, Norouzinia, et al., 2017; Buddelmeyer and Powdthavee, 2015; Mattingly, 2015) who showed that individuals with internal locus of control are psychologically resilient but not against the majority of other life events which could be a possible explanation for the findings of this study. The findings further contradicted the findings of Pishiniyan, et al., (2016) who showed a relationship of resilience and external locus of control. Psychological resilience could be influenced by a multitude of other factors (Ikizer, 2014).

The second hypothesis showed that there was no significant effect of gender on resilience. Though the result showed that males had a slightly higher resilience which is statistically not significant. The results of the literatures reviewed showed varying directions of influence of gender. For example, Norouzinia, et al., (2017) showed that male were more resilient than female and Sambu (2015) showed that the internal factors that contribute to resilience in individuals were age, gender and personality. Buddelmeyer and Powdthavee (2015) showed that the buffering effects of resilience vary across gender while Sun and Stewart (2007) showed that female students were found to be more likely to report higher levels of communication, empathy, help-seeking, and goals for future and aspirations. Likewise, Lakomy and Kafková (2017) showed that resilience was an important factor in longevity and survival in later life and the stronger effect of resilience in women. For example, while Erdogana, et al., (2015) showed that male showed significantly higher resilience level than did female. On the other hand, Hampel and Peterman (2005) concluded that girls used resilience factors more than boys. It therefore goes to confirm that gender may not be the main factor that influence one's level of resilience as the results showed both males and females could still possess some level of resilience which but could still be vulnerable depending on the level of the traumatic events experienced.

The third hypothesis showed that there was no significant interaction effect of locus of control and gender on resilience. The result is not consistent with findings of scholars such as Ibeagha, et al., (2004) who found that there was a joint and independent prediction of resiliency by age, sex, self-esteem and locus of control. The

possible reason for this could be attributed to other factors which Ibeagha, et al., (2004) utilized to show that the tripartite interaction of age, sex, self-esteem and resilience influences resilience. Other factors like confirmed by Ibeagha, et al., (2004) such as self-esteem and age could also play significant influence in the interaction with locus of control and gender to influence resilience.

RECOMMENDATION

The following recommendations are made;

1. There is need for professionals, specifically health professionals, such as nurses, social workers, psychologists and religious/spiritual leaders working with individuals who are traumatized after adversities to pay more attention to the factors that contribute to resilience.
2. There is need to strengthen factors through intervention strategies of individuals facing extreme stress after adversities to enable them to overcome the traumatic situations.
3. The researcher also recommends that there is need to extend the present study by including other potentially important variables such as a wider range of psychosocial resources or health-related variables. Understanding the influence and importance of these variables may help to clarify the role of resilience in post-disaster adaptation.
4. Further studies should be carried out with a bigger sample size which will enable generalization of findings.

LIMITATION OF THE STUDY

The following limitations were observed in the study;

1. Based on the findings of the current study, it might not be possible to draw conclusions about psychological resilience in samples with trauma exposure which was not ascertained from the beginning.
2. Another limitation of the current study is that it explored a small range of internal and external factors that contribute to resilience; there are other factors that may potentially inform resilient outcomes after adversity.
3. Finally, the small sample size used in the study may limit the generalizability of the study.

CONCLUSION

The study established that both gender and locus of control plus their interaction had no effect on resilience of IDPs. This suggests that resilience may be influenced by a multitude of variables other than the variables under review. The contexts of their exposure to traumatic events in further studies should include multivariate factors in order to gain a complete understanding of the concept at hand. Psychological services can be disseminated at IDP camps and made to be easily accessible for the IDPs. The findings of the study have implications for government, policymakers, management scholar, practitioners as well as victims of internal displacement

Conflicts of Interest

The authors declare that they have no conflicts of interest.

Data Availability

The data used to support the findings of this study are available from the corresponding author upon request.

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