

Efficacy of Narrative Exposure Therapy and Gender Differences on Psychological Trauma Symptoms among Internally Displaced Persons in Jos, Plateau State, Nigeria

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Abstract. There has been increasing need for empirical literatures on psychological trauma symptoms and corresponding therapies, considering pockets of traumatic events in Nigeria. The present study assesses efficacy of narrative exposure therapy and gender differences on psychological trauma symptoms among internally displaced persons (IDPs). A repeated measures design, which helps to examine pre-test and post-test outcomes, was adopted. Study participants were 24 IDPs (8 males and 16 females) who were randomly selected and assigned into two groups. All the participants were assessed with Trauma Symptoms Checklist-40 (TSCL-40), as the treatment group had 10 sessions of therapy while control group was without intervention. The study hypothesis was statistically tested, using one-way analysis of variance. Findings revealed that there is no significant gender differences in the efficacy of narrative exposure therapy on the IDPs' psychological trauma [$F(1, 10) = 2.077, p = 0.180 (p > .05)$]. The result also shows no remarkable reduction in symptoms among both treatment and control participants. This means, in addition to lack of significant gender differences, the narrative exposure therapy had no significant effects on the participants'

psychological trauma. There is need for using stratified random sampling in further studies, not just a simple random sampling, to ensure gender balance and the sample size adequacy. A more representative sample of that nature would, probably, further influence the study outcomes.

Keywords: Gender differences; Internally displaced persons; Narrative exposure therapy; Psychological trauma symptoms; Repeated measures design

1. Introduction

The term Internally Displaced Persons (IDPs) and issues associated with it were new to Nigerians before the advent of civilian rule in May 1999. This is because reports have always focused on place or community of attacks and the on the spot number of deaths, injured or physically ill, but not the internally displaced persons suffering from the aftermath of such planned or unplanned violence. Apart from the ethno-religious crisis and Boko Haram insurgency, a recent violent crisis is the incessant conflict between the farmers and Fulani herdsmen in Nigeria. Abimaje, Augustine, Nadi, Ayado and Ismail (2014)

observe that the security problems in Nigeria is creating more internally displaced persons every day as more people continue to either feel endangered or dislodged from their homes or places of abode.

The effect of conflict is displacement of persons making them residing in temporary camps. Thus, women may be extremely vulnerable to mental health and physical challenges, while a number of studies have also reported that women and girls were victims of physical and sexual violence in IDP camps (Mooney, 2005). Women are at higher risk of maternal morbidity and mortality as well as unwanted pregnancies and unsafe abortions, (Amowitz, 2002; Ellsberg, 2008). The negative impacts of sexual violence are significant and long term. These may include unwanted pregnancies, sexually transmitted infections including HIV, physical injuries and mental health effects (Austin, 2008; McLean, 2011). While the men are left with the option of scouting to provide for the family with the elderly having to wait on what fate have to offer. Apart from physical mortality, mass violence is associated with psychological morbidity (Norris, Friedman & Watson, 2002), because it shatters the fundamental beliefs of vulnerability, mortality and human nature, thereby leaving survivors of the trauma with a wide range of psychological trauma symptoms. Psychological trauma remains a major mental health problem that may occur in a period of increasing violent conflicts, with persistent symptoms, particularly among IDPs. Due to the effects of psychological trauma on the well-being of the affected persons, their productivity reduces and the socio-economic development of the nation is at a disadvantage.

Although efforts by the government at all levels, non-governmental organization (NGOs) and other public spirited individuals have been overstretched and the internally displaced persons are living in sub-human conditions, the absence of food, latrines and water supply has its implications on secondary challenges especially large scale catastrophic mental health consequences. Although in the north eastern part of the country the federal government

recently flagged off the distribution of food, clothes and provision of other basic amenities that the internally displaced person need in settlement, nothing was said on the psychological wellbeing of the internally displaced person. The survivors of the horrific attacks are already exposed to scenes of unmitigated violence, widespread destruction of their property and unjustified killing of their loved ones. For example, an investigation carried out by Dura (2014) reveals that 32 IDPs died in a camp at LGEA Primary School, North Bank, Markurdi. By implication, the survivors of the attack were continuously experiencing post-displacement terrifying life events which can be considered traumatic. Compared to refugees, IDPs are one population that has not been well represented in psycho traumatology literature and mental health policy. North (2001) opines that IDPs in the world remain an undeserved and unrecognized population, with clearly unmet mental health needs.

There are few published studies on psychological trauma and its symptoms as a public mental health issue among IDPs population in Nigeria; and the NEEDS assessment in the aftermath of such trauma does not incorporate psychological morbidity among survivors of the violent crisis. A comprehensive human impact management strategy for the survivors cannot be achieved without giving attention to the important mental health problem of psychological trauma. Therefore there should be an important consideration in research on the extent to which individual differences and moderating factors impact the development of psychological trauma. For example, gender, might be the reason for susceptibility and defending factors in psychological trauma, therefore in fashioning out the psychosocial response strategies for the IDP population in Nigeria, psychological factors like cognitions and emotions of the affected persons deserve to be considered in understanding the individual differences in psychological trauma symptoms.

It is critical to discover possible moderators for intervention purposes (Busuito, Huth-Bocks & Puro, 2014; Chukwuorji, 2014). Against these backdrops and for the purpose of addressing

the lack of knowledge of the public about psychological trauma, low level of research information on psychological trauma, dearth of empirical knowledge on contributions in the management and treatment of psychological trauma among IDPs, lack of policy data for psychological trauma and the psychological health of the IDPs in Nigeria.

2. Objectives of the Study

The objective of the study was to examine gender differences in the outcome of Narrative Exposure Therapy on psychological trauma symptoms among Internally Displaced Persons at a camp in Jos, Plateau State Nigeria.

3. Hypothesis

There will be a significant gender differences in the efficacy of Narrative Exposure Therapy on Psychological trauma symptoms among Internally Displaced Persons.

4. Methodology

4.1 Research Design

The study was a repeated measure experimental design. It comprised of a two group (control and intervention) experimental study which examined pre-test/post-test outcomes. The design ensures that the study has a strong internal validity. This allowed for participants to be randomly assigned to two groups. Both groups were pre-tested and post-tested on their trauma symptoms. Thereafter, the intervention group was administered treatment, while the other was not.

4.2 Participants

The study sample comprised of 49 Internally Displaced Persons (IDPs). Their mean age was 33.04 years with a standard deviation of 11.49 years. The gender distribution showed that 18 (36.7%) of the participants were males, and 31 (63.3%) were females. A total of 23 (47.9%) had no formal education, while 15 (31.3%) had only primary education, 7 (14.6%) had only secondary education and 3 (6.3%) had tertiary education. There was a total of 14 (29.2%)

single persons, 30 (62.5%) persons are married, and 4 (8.3%) were either separated or divorced. 18 (36.7%) of them were non-professionals in their line of work, 2 (4.1%) were professionals; majority of them 29 (59.2%) were unemployed. With regards to monthly income, the 23 (65.7%) had no income, 7 (20%) earned less than N20,000 (twenty thousand naira) monthly, 4 (11.4%) earned between N20, 000 – N50, 000 monthly, 1 participant earned more than N50, 000 monthly.

4.3 Instrument for Data Collection

A questionnaire comprising two different instruments as well as a section tapping information on social demographic characteristics of participants were used in the study. An instrument was adopted and validated by the researcher. The instrument is described as follows:

4.4 Trauma Symptom Checklist – 40 (TSCL-40)

The tool was developed by Briere and Runtz (1989) and is a 40-item self-report measure of symptomatic distress in adults arising from childhood to adult traumatic experiences. It is a measure of current psycho-traumatic experience in individuals. Respondents were asked to rate how often they have experienced each symptom in the last two months using a 4-point frequency rating scale ranging from 0 ("never") to 3 ("often"). The TSC-40 has six subscales: Anxiety, Depression, Dissociation, Sexual Abuse Trauma Index, Sexual Problems, and Sleep Disturbances and yields a range of scores 0-120 with higher scores representing severity of trauma. Regarding its psychometric properties, the Sexual Problems subscale displays a high level of reliability coefficient of ($\alpha = .73$); (b) the Sleep Disturbance subscale coefficient of ($\alpha = .77$); (c) the reliability for the SATI is α coefficient of = .62; and (d) with a total reliability score of $\alpha = .90$. The TSCL- 40 was used in the study because it provides a general measure of current traumatic symptoms among disaster and combat survivors. Additionally, its psychometric properties have been impressive, with sub scales alphas ranging

from .66 to .77 and total scores alpha averaging .89 and .91 (Brian, Janet, Allison & Stacy, 2007). The clinical elevations were such that the score for each subscale is given as the sum of the relevant items described:

Dissociation: 7, 14, 16, 25, 31, 38

Anxiety: 1, 4, 10, 16, 21, 27, 32, 34, 3, 9

Depression: 2, 3, 9, 15, 19, 20, 26, 33, 37

Sexual Abuse Trauma Index 5, 7, 13, 21, 25, 29, 31

Sleep Disturbance 2, 8, 13, 19, 22, 28

Sexual Problems 5, 9, 11, 17, 23, 29, 35, 40

4.5 Procedure

Following the validation of the instrument, the study was carried out at Stefanos Internally Displaced Persons (IDPs) camp in Jos South Local Government Area of Plateau State. Official permission was obtained from the Management of the Camp. Thereafter, the researcher visited the camp for familiarization and research sensitization. During the visit, IDPs were briefed about the study; its objectives, procedures and anticipated benefits. They were made to anticipate the selection process, which would give everyone an equal opportunity to participate.

Subsequently a research assistant was recruited to conduct the selection and random assignment process of participants to the experimental and control groups. The participants who qualified for selections were those who had met the criteria of DSM 5 for PTSD and had complained of recurrent flash backs of traumatic experience at the point were used for the study. Meeting the eligibility criteria involved assessing participants for PTSD using DSM 5 and TSCL-40 for Psycho traumatic symptoms. A total of 84 participants were assessed using DSM 5 criteria for PTSD and only 49 participants met the criteria. The 49 participants were then administered the Trauma Symptoms Check List 40 for 29 participants meeting the eligibility status while 5 participants withdrew from the study, leaving 24 participants to complete participation in the study.

They were allocated into the experimental and control groups with 12 participants in each

group randomly assigned by the lottery method. In this case, 'Yes' or 'No' were tagged in twelve (12) folded pieces of papers in a hat for IDPs to pick, one at a time until the last IDP picked. Participants were eventually selected for the intervention (NET) and control group. As soon as this was concluded, four research assistants (clinical psychologists) with clinical practice were recruited. They were trained for three days on the NET therapy protocol.

These eventually provided the stipulated interventions for the participants who were assigned to the intervention group (NET); there were a total of ten therapy sessions lasting between 60 and 90 minutes per session with the therapists. Interventions were delivered according to the structured published manual on Narrative Exposure Therapy of (Schauer, Neuner and Elbert, 2011). The therapists commenced by administering the TSCL-40 to the participants in the intervention and control groups to determine the baseline psycho traumatic symptoms. After the 10 sessions had been concluded, a post test assessment using TSCL-40 was done for both groups.

Finally, participants in the control group were debriefed after the post test. As an ethical obligation the researcher paid attention to their needs and concerns which were addressed within the context of the psycho social support programme of Stefanos Foundation for the IDPs.

4.6 Method of Data Analysis

The prevalence of psycho trauma symptoms were reported by descriptive statistics and their associations with socio-demography factors were tested by Chi-square analysis. For inferential statistics, the one-way analysis of variance (ANOVA) was used to test for mean differences of the efficacy of NET using TSCL-40 scores. ANOVA was preferred because it guarantees the comparison of group means (between and within). A probability value of $p \leq 0.05$ was used as the significant value for analysis in the study.

4.7 Ethical Considerations

The ethical consideration for the study includes; obtaining institutional permission to conduct the study following an informed consent which was obtained from the participants. The researcher guaranteed informed confidentiality of pre and post-test status of participants in the study. Participants who were positive on PTSD and the scales of TSCL-40 were administered brief

NET. The control group participants were also protected from physical and psychological harm by ensuring psychosocial support. All participants were not compelled to be part of the study; their right to withdraw at any time without adverse consequences was also assured and guaranteed.

5. Results

Mean scores and prevalence rate of psychological trauma symptoms of participants at baseline (N 49)

Table 1: TSCL - 40 Symptom pattern among participants (N49)

	F	%	Mean	Standard Deviation
D i s s o c i a t i o n	2	7 5 5 . 1	1 5 . 5 2	2 . 5 8
A n x i e t y	2	7 5 5 . 1	1 6 . 8 5	3 . 9 4
D e p r e s s i o n	2	8 5 7 . 1	1 8 . 1 1	3 . 2 0
Sexual Abuse Trauma Index (SATI)	2	9 5 9 . 2	1 3 . 7 2	3 . 0 6
S l e e p D i s t u r b a n c e	2	7 5 5 . 1	1 3 . 6 3	2 . 3 7
S e x u a l P r o b l e m s	2	6 5 3 . 1	1 0 . 7 7	3 . 7 1

Table 1, presented the mean score of psychological trauma symptoms and it revealed the following mean scores and prevalence among participants: Dissociation (Mean=15.52) with 55.1% prevalence, anxiety (Mean=16.85) with 55.1% prevalence, depression (Mean=18.11) with 57.1% prevalence, SATI (Mean=13.72) with 59.2% prevalence, while sleep disturbance (Mean=13.63) with prevalence of 55.1%, and sexual problems (Mean=10.77) with prevalence of 53.1%.

Table 2: Pre-test distribution of psychological trauma symptoms between study groups of IDPs

	C o n t r o l N = 12			I n t e r v e n t i o n (N E T) N = 12			
	F	%	Mean	S D	%	Mean	S D
Dissociation	7	29.2	13.08	3.45	7	29.2	3.71
A n x i e t y	5	2 0 . 8	1 5 . 5 8	4 . 1 2	8	3 3 . 3	5 . 3 1
D e p r e s s i o n	6	2 5 . 0	1 8 . 0 8	3 . 4 5	8	3 3 . 3	3 . 0 9
S A T I	7	2 9 . 2	1 3 . 7 5	3 . 8 4	8	3 3 . 3	3 . 3 0
Sleep Disturbance	8	3 3 . 3	1 4 . 1 7	2 . 0 4	6	2 5 . 0	2 . 4 8
Sexual Problems	9	3 7 . 5	9 . 9 2	5 . 5 3	7	2 9 . 2	5 . 5 3

Table 2 above presents the outcome of further screening of 49 initially identified index cases for PTSD who attained the cut off score for TSCL-40. 24 persons met the criteria and were therefore adopted as participants for the main study. In so doing they were differentiated into intervention and control groups. Table 2 shows the pre-test results for the twenty-four (24) study participants revealed the following psychological trauma symptoms; the intervention group (Narrative Exposure Therapy – NET) had a slightly higher mean score on dissociation (13.17, SD=3.71), anxiety (17.67,SD=5.31), depression (18.58, SD=3.09), and sexual abuse trauma (14.17, SD=3.30); while the control group had higher mean scores on sleep disturbance (14.17, SD=2.04), and sexual problems (9.92, SD=5.53). Overall, the intervention group had a slightly higher mean score on psychological trauma symptoms (75.50, SD=14.15).

Table 3 below presents the outcome of result for 24 participants differentiated into intervention and control groups at the end of study.

Table 3: Post-test distribution of psychological trauma symptoms between study groups

	C o n t r o l N = 12				I n t e r v e n t i o n (N E T) N = 12				
	F	%	M e a n	S D	f	%	M e a n	S	D
Dissociation	11	45.8	13.50	4.76	4	16.7	6.33	5.11	
A n x i e t y	9	37.5	18.42	6.53	3	12.5	7.58	6.56	
D e p r e s s i o n	9	37.5	18.42	6.87	2	8.3	7.92	7.72	
S A T I	11	45.8	14.25	4.00	3	12.5	6.33	5.47	
Sleep Disturbance	12	50.0	14.92	2.99	3	12.5	6.58	4.74	
Sexual Problems	10	41.7	9.08	5.96	2	8.3	3.33	5.74	

Post-test scores on psychological trauma sub scales of participants

Table 3 above and shows the post-test mean scores of psychological trauma subscales of participants with PTSD revealed that intervention group had lower scores on dissociation (6.33, SD=5.11), anxiety (7.58, SD=6.56), depression (7.92, SD=7.72), sexual abuse trauma (6.33, SD=5.47), sleep disturbance (6.58, SD = 4.74), and sexual problems (3.33, SD=5.74). Also, the intervention group had lower psychological trauma mean scores than the control group (31.35, SD=28.50). Figure 2 below, shows the mean psychological trauma symptom variation between study groups. On the whole; the post test score of the control group showed remarkably high elevations of all the symptoms of TSCL-40. While the intervention group had a significant reduction of symptoms indicating that NET was an efficacious intervention on psychological trauma.

Hypothesis

The hypothesis stated that there will be a significant gender differences in the efficacy of Narrative Exposure Therapy (NET) on psychological trauma among IDPs with PTSD.

Table 4: Mean scores of psychological trauma symptoms across gender for participants with posttraumatic stress disorder at post-test across gender (N = 12)

	G e n e r a l				d e m a n d e r							
	M	a	f	%	M e a n	S	D	f	%	M e a n	S	D
Dissociation	2	16.7	9.50	5.45	2	16.7	4.75	4.43				
A n x i e t y	2	16.7	12.00	8.76	1	8.3	5.38	4.24				
D e p r e s s i o n	1	8.3	12.00	10.10	1	8.3	5.88	5.96				
S A T I	2	16.7	10.50	5.97	1	8.3	4.25	4.10				
Sleep Disturbance	1	8.3	7.50	6.14	2	16.7	6.13	4.29				
Sexual Problems	1	8.3	6.50	8.58	2	16.7	1.75	3.41				

Table 4 shows the mean scores of psychological trauma symptoms across gender for participants with PTSD. The results revealed that females exposed to NET had lower scores than males exposed to NET on dissociation (Mean=4.75, SD=4.43), anxiety (Mean=5.38, SD= 4.24), depression (Mean=5.88, SD=5.96), sexual abuse trauma (Mean=4.25, SD=4.10), sleep disturbance (Mean=6.13, SD=4.29), and sexual problems (Mean=1.75, SD=3.41). Furthermore, the females had lower mean score on psychological trauma than male participants (Mean= 23.25, SD=20.49).

Gender differences in the Efficacy of Narrative Exposure Therapy (NET) on psychological trauma symptoms of participants with posttraumatic stress disorder

One way ANOVA results showed that male and female participants exposed to Narrative Exposure Therapy (NET) had similar levels of symptoms experience on dissociation (F = 2.656, p = 0.134), anxiety (F = 3.289, p = 0.100), depression (F = 1.803, p = 0.209), sexual abuse trauma (F = 4.640, p = 0.057),

sleep disturbance ($F = 0.208, p = 0.658$), and sexual problems ($F = 1.989, p = 0.189$). Table 5 below shows the details of the results.

Table 5: One way ANOVA table for psychological trauma symptoms across gender (Intervention Group)

	Sum of Squares	df	Mean Square	F	Sig.
D i s s o c i a t i o n					
Between Groups	60.167	1	60.167	2.656	.134
Within Groups	226.500	10	22.650		
Total	286.667	11			
A n x i e t y					
Between Groups	117.042	1	117.042	3.289	.100
Within Groups	355.875	10	35.588		
Total	472.917	11			
D e p r e s s i o n					
Between Groups	100.042	1	100.042	1.803	.209
Within Groups	554.875	10	55.488		
Total	654.917	11			
S e x u a l A b u s e T r a u m a I n d e x (S A T I)					
Between Groups	104.167	1	104.167	4.640	.057
Within Groups	224.500	10	22.450		
Total	328.667	11			
S l e e p D i s t u r b a n c e					
Between Groups	5.042	1	5.042	.208	.658
Within Groups	241.875	10	24.188		
Total	246.917	11			
S e x u a l P r o b l e m s					
Between Groups	60.167	1	60.167	1.989	.189
Within Groups	302.500	10	30.250		
Total	362.667	11			

6. Discussion of Findings

The purpose of this research was to determine the efficacy of Narrative Exposure Therapy (NET) in resolving psychological trauma symptoms of Internally Displaced Persons (IDPs). The hypothesis that there will be a significant gender differences in the efficacy of Narrative Exposure Therapy (NET) on IDPs psychological trauma; was not supported indicating that gender was not a moderating factor for the effect of NET on psychological trauma. This agrees with Smiths (2012) findings which examined gender effects on massage therapy and found that clients had significant pain relief and improved range of motion after treatment with message therapy and these effects were not mediated by gender. However, the finding contrasts with the study of Lans (2016) which revealed that trauma-focused treatment has a positive effect on both males and females. Also, Tarrier, Sommerfield, Pilgrim, and Faragher (2000) reported a better treatment outcome for females suggesting they were more expressive during treatment and thus tend to do better with NET, while men find it difficult to

express their psychological difficulties. As such, the results suggest that treatment outcome of NET is not moderated by gender. This holds implications for NET outcomes suggesting that its beneficial effects transcend the client gender.

This could also be based on the fact that relaxation during NET sessions engendered positive attitudes regardless of the gender of the IDPs, with gender influences being overshadowed by symptomatic relief of trauma symptoms (depression, anxiety, etc), at least in the short run. Furthermore, once a NET session has begun, clients typically become deeply relaxed and become relatively oblivious to their gender and the gender of their therapist. Narrative Exposure Therapy therapists themselves were taught to treat all clients similarly and in a respectful and non-sexual manner. This professional pattern of studied neutrality, similar to that within the practice of psychoanalysis, may attenuate the influence of the therapist's gender with the client. This finding may rather be a reflection of the fact that gender is a mere categorization of roles. Also, experimental control factors such as the

matching of gender in the study groups could have been responsible for the lack of gender effects.

7. Conclusion

In conclusion, this study demonstrated that gender was not a moderating factor. Narrative Exposure Therapy (NET) had effects on participants' psychological trauma symptoms. Although, NET is designed for PTSD related trauma and proved effective in IDPs and other vulnerable patient groups (Mauritz, Van Gaal, Jongedijk, Schoonhoven, Nijhuis-van der Sanden, & Goossens, 2016). These findings indicate that even in the unstable location of an IDP camp, where IDPS are exposed to psychological trauma and humanitarian crisis, NET would be an effective therapeutic tool to use no matter the gender.

8. Recommendations

Future NET and other trauma interventions should study measures of stress outcomes such as grief and resilience to lead to a better understanding of factors that lead to resilience and post traumatic growth among previous victims of psychological trauma.

There should be equal representation across gender in future research.

Those working within the mental health circle should be encouraged on capacity building and the training of NET specialist to provide services in IDP camps, trauma centres and hospitals.

Researchers in their subsequent studies should endeavor to use larger sample size in order to improve generalizability and applicability of the findings.

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