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RELATIONSHIP BETWEEN PERSONALITY AND POST- TRAUMATIC STRESS DISORDER EXPERIENCED BY SENIOR SECONDARY SCHOOL STUDENTS IN AGBANI EDUCATION ZONE

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Abstract
The study was carried out to determine the relationship between personality and post-traumatic stress disorder as experienced by senior secondary school students. Five research questions and five null hypotheses guided the study. The study was conducted in Agbani Education Zone of Enugu State, Nigeria using a descriptive survey research design method with a sample of three hundred and fifty (350) senior secondary school one (SS1) students randomly drawn from three schools. Technique adopted for sampling was multistage stratified sampling. Structured questionnaire was made up of 50 items from Child and Adolescent trauma questionnaire and 20 items from L.G. Goldberg International personality item pool. The instrument was validated by three experts from Enugu State University of Science and Technology, Enugu. A total of 350 of questionnaire was distributed and returned. Cronbach alpha was used to determine the internal consistency of the instrument and a co-efficient of 0.75 was obtained. The level of relationship between the research questions was answered using Pearson Product Moment Correlation while t-test was used to determine the differences between the mean ratings of the null hypotheses. The major findings of the study revealed that one's personality can determine his level of reaction to PTSD with Neuroticism having the highest number of significance hence all the null hypothesis was rejected. Based on these findings, it was recommended that identification of personality based risk and protective factors as well as understanding variables may help in building strategies for prevention, identification and reduction of health risk among students living with trauma.

Keywords: Traumatic Events, Post-traumatic stress disorder, Senior Secondary school students, Personality Traits, Agbani Education Zone.

Introduction

Post-traumatic stress disorder (PTSD) is a psychiatric disorder that can occur in people who have experienced or witnessed traumatic event such as rape, violent personal attacks, serious accidents, bullying, death of loved one etc. (APA,2013). PTSD is also known as "shell shock' or "combatfatigue" a name accrued to it after first and second world war however PTSD can occur in people of any ethnicity, nationality, culture and age. People with PTSD have intense, disturbing thoughts and feelings related to their experiences that last long after the traumatic event has ended. They may relieve the event through flashbacks or nightmares, feel sad, fear, detached or estranged from other people and avoid situations or people that remind them of the traumatic event or even react negatively to something ordinarily as a loud noise or accidental touch. It is an anxiety disorder caused by very stressful, frightening or distressing

events; a debilitating condition that often follows a terrifying physical or emotional event causing the survivor persistent frightening thoughts and memories or flashbacks of the ordeal. The disorder usually develops within weeks, months or years after the occurrences of the traumatic event.

Human beings have been exposed to different kinds of trauma since they first appeared on earth. PTSD was first recognized following the devastating experience war had on Vietnam soldiers who survived the war. The development of PTSD as a disorder was the result of a long process of amending both the term and content of its description. The DSM-III first recognized PTSD as a disorder in 1980 with five criteria: (i) Stressor criterion (II) Arousal symptom (III) Re- experiencing symptom (IV) Avoidance symptom (V) Duration (APA, 2013). Since 1980, there has been a focus on factors that make an individual susceptible to developing PTSD. One was on previous psychiatric history however studies from Scott & Palmer (2000) which showed that most of those with PTSD do not have psychiatric history. Subsequently, there was a greater emphasis on the person's response to trauma based on APA criteria. Meanwhile, the definition of what constitutes traumatic event was expanded after the 11th September 2001 terrorist attack in United States of America to include watching television for a long time. (Schuster, 2001). PTSD can be classified depending on the period of exposure to traumatic situations and the onset of PTSD symptoms. Acute stress disorder is diagnosed when the symptom persists for no longer than a month, Chronic stress disorder when trauma lasts more than one month and delayed PTSD when trauma symptoms appear after many years.

The prevalence of PTSD differs in countries, societies and environment according to the nature and severity of the traumatic event, instrument used to diagnose the symptoms of PTSD, personal flexibility, comprehension of the suffering, culture etc. Therefore, it appears that there may be a different value or meaning for PTSD symptoms in different cultures. Most studies have shown that unrelated to the traumatic event, additional risk factors for developing PTSD include but not limited to younger age at the time of the trauma, female gender, lower social economic status, lack of social support, personality characteristics etc. This is because PTSD is firmly attached to the repetition of previous traumas subsequent to PTSD.

Previous studies across countries have reported a wide range of PTSD prevalence in the general population including Nigeria. Furthermore, statistics have shown that no part of Nigeria is left out from traumatic events especially in the last 10 years characterized by high prevalence of rape, accidents, political mayhem, banditry, accident, Fulani-Farmers class, communal clashes etc., seen in various part of Nigeria prevalently in the rural areas of low income community that has continued to endure a variety of unresolved political, ethnic and religious conflicts amidst under services in terms of security, social and health care. This is evident in the various reports about the mental health of Nigerian in the last decade manifesting in the violent crimes seen in the society. From increase in murder, rape, domestic violence, road rage, accidents, drug abuse, death etc. such that there are influxes in the number of offenders in Nigerian Correction Centre (Nigerian Psychiatric Association, 2019). The majority of these mental health problems are as a result of unresolved traumatic crisis, depression, anxiety and psychosomatic problems. Such traumatic event may also contribute to a wide range of maladjustment and impulsive behaviors.

Personality is a complex term and there is no single definition for personality that is satisfactory for all psychologists. The first definition of personality appeared as "something that does something' in 1937. According to Encyclopedia of psychology (2013), "Personality refers to individual's difference in characteristics pattern of thinking, feeling and behavior." It as a stable, organized collection of psychological trait and mechanism in the human beings that influences his or her interactions with and modifications to the psychological, social and physical environment surrounding them. However in 20th century, personality developed as an individual's characteristics pattern of thought, emotion and behavior together with psychological mechanisms hidden or not behind those patterns (Funder, 2001). It is a pattern of relatively permanent trait and unique characteristics that give both consistency and individuality to a person's behavior (Fiest and Fiest, 2009). According to Okenyi (2015), Personality is the characteristics tendencies that determine those commonalities and differences in the psychological behavior of an individual, unique characteristic for an individual which will determine his own needs, psychology, morphology, abilities, temperament, attitudes and interests. Hierarchical models of personality traits began with Eysenck's Big three factors model of Neuroticism, Extraversion, Psychotism from 1947-1970. This was followed by Cattel's Sixteen-factor model in 1987, the BIG Five factors model by McCrae and Costa in 1999, the BIG Six factors model by Aston and Lee (2007) who added Honesty- humility and finally the BIG Five. Raymond, B.Cattel's work on personality was the most influential with Allport and Odibert classifying 18,000 terms into four-list in 1936 while Cattel finally developed it into 35 bipolar clusters of related terms in 1943. However only 5 factors proved to be replicable using factor analysis.; these five factors also known as "Big Five Factor" has been labelled (I) Extraversion (II) Agreeableness (III) Conscientiousness (IV) Neuroticism (V) Openness; thereby ending abundance of inconsistent personality trait structures. The big- five traits show similar patterns of structure across a wide range of cultures and have been found to be similar in development, validity and reliability. They are:

•Neuroticism---This refers to an increased sensitivity to react to unpleasant emotions. People who are high in neuroticism experience more emotional distress and have a wide range of vicissitude of emotional state such as anxiety, hostility and depression while those who are low in neuroticism tends to be more emotionally stable and greater self- control (Okenyi, 2005).

•Extraversion---- This is characterized by traits of sociability, energy, optimism, friendliness and self-confidence. The trait has two dimensions…extreme extraversion and extreme introversion. People with high extraversion tend to be friendly and enjoy meeting new people while people with high introversion tend to spend less time in social situations and less friendly.

• Agreeableness –This represents an individual's ability to be friendly and get along with others. People high on this trait are helpful, trusting, sympathetic and empathetic. They also prefer to co-operate rather than competition while those who are low in this trait are antagonistic, skeptical and like to stand up for their interest and belief.

• Openness ----This trait is peculiar to people who are open to new experiences. People high on this trait tend to enjoy new ideas, have an active imagination and like to meet new people while people low on this trait tend to prefer familiar ideas and places.

• Conscientiousness----This is the tendency to control and regulate. People high on this trait strive more for achievement, competent and are often good while people low on it tend to be careless, undependable and prone to procrastination.

Numerous studies have revealed that personality type is one risk factor for PTSD as well as many disorders. This is because personality trait dimensions can also mediate both sensitivity and exposure to stress and pre-trauma personality as an important determiner of post-traumatic disorder. Moreover the argument remains on how one's personality affects the way he/she responds to traumatic experiences.

With reference to the study, through observation and interaction the researcher has observed children and adolescents with a variety of traumatic experiences that teachers cannot imagine. Such experiences may cause students to live in fear and pain leading them to struggle in areas such as learning and behavior. As a teacher where most of the students have experienced traumatic situations such as abuse, rape, violence, loss of loved ones, divorce, injury, severe accidents, life threatening illness, natural or man-made disasters, abuse, physical punishment, female genital mutilation, child labour, prostitution, bullying etc. it is important for the researcher to educate herself and others on how to support these students. The most damaging of them is physical and sexual abuse because they involve violence that is directed at the individual.

It is important to note that not all people exposed to trauma will go on to develop PTSD and victims recover most times without external support (Keane, Marx & Sloan, 2019). PTSD can impact learning, behavior and social, emotional and psychological functioning. Maslow Hierarchy of Development Needs suggests that if children and adolescents are focused on basic needs—such as physiological needs, a sense of security and emotional needs; they are more likely to be unable to concentrate in school. They tend to have attention problems, lower cognitive functioning, behavioral problems, decrease in school attendance, and achievement problems. Clearly PTSD can lead to impairment of school functioning, aggressive and delinquent behavior. Confirming the research, it has indeed been my experience that students who have experienced repetitive trauma display poor academic performance overall, with poor attendance and low reading levels.

It is evident that exposure to trauma has negative effects on students learning and behavior. Student achievement is highly affected by student's experiences with traumatic events. Duplechain, (2008) in their study found out that exposure to violence specifically has a negative impact on reading achievement. The researcher attributed low reading achievement to the fact that after being exposed to trauma, student's experiences cannot be left outside the classroom and are brought into their reading situations. Furthermore, students cannot concentrate on their school work when they do not feel safe and as a result are anxious, fearful and focused on suppressing the traumatic memories. Moreover, after being diagnosed with PTSD, students struggle with motivation, concentration, focus, and personal connections, all of which are essential in promoting academic achievements. This implies that PTSD affects students far more than it is being credited to hence the need to identify the various coping strategies of helping victims of PTSD in order to help in their optimal functioning. It is evident that secondary school students on graduation could have acquired enough skills that will help them become social and emotional functioning adults. But unfortunately, educational system

in secondary school does not talk about the dangers associated with unresolved and accumulated traumatic events or situations. This may be one of the many reasons secondary schools have largely becomes dens for maladjusted individuals who come out of school to become menace to the larger society. Senior secondary school students in this study are youths who are still at the prime of their life with the intension of taking over from the adults. However, when these youths suffer acute and chronic stress disorder due to lack of identification of their traumatic situations, recognizing the serious effect of PTSD to the overall functioning of their lives, and adequate therapy and coping mechanism devoid of stereotype, they will come out of secondary schools into the mainstream as maladjusted and dysfunctional individuals who cannot contribute to the social, economic, emotional and physical functioning of the society and delinquents/ burdens to the society.

Encyclopedia of Britannica defines delinquents as those that do not conform to the legal or moral standards of society. Nigerian constitutions (1999), defined juvenile delinquency as a crime committed by a young person under the age of 18 years as a result of trying to comply with the wishes of his peers or to escape from parental pressures or certain emotional stimulation. Delinquency is a form of anti-social behavior although it does not necessarily refer to illegal behavior however it goes contrary to social norms and values as young people negotiate from adolescent hood to adulthood in an increasingly complex and confusing world. This they resort to in order to escape their confused emotional state not because they enjoy doing it thereby posing a serious threat to their academic progress.

In the light of the above, Denga in Animba, 2019, asks for proper investigation of PTSD in order to facilitate teaching and learning for the good of individuals, school and society. Stake holders in the education industry such as parents, school authorities, teachers, officials of the ministry of education, and the students themselves are concerned about the high level of failures in internal and external examinations. It is easy to note from the above that poor performance of students is not linked to teacher-teacher variable however, the teaching and learning process has so many variables apart from the teachers to contend with like PTSD. The stress that most senior secondary school students experience on a daily basis while sometimes uncomfortable can cause toxic stress response in teens if they don't have a caring adult to help them navigate the situation. PTSD can cause stress management system of the body to go overboard as well as dis-orientation. Since not every student experiencing traumatic events will experience PTSD, it is very important for educators to be aware of this risk. Students suffering from PTSD are at risk of health concerns both physically and mentally, have lower grade points with increased school dropout. Certain behaviors may signify that a student is suffering from PTSD. For example; (I) student being overly aggressive with other student and teachers, (II) student being withdrawn, sad or distracted in class, (III) students engaging in self destructive behavior or showing signs of depression. (Katooka, S, Langle, A. ,Wong, M. ,Baweja, S , & Stein, B. 2012).While the topic of PTSD and young students can seem disheartening, it is important to remember that you do not have to be a psychotherapist to be a positive support system in your students' lives. While PTSD does have adverse effects on the students, educators themselves can be familiar in the topic, help their students prevail through situations and help them control how they react to the situations.

Psychologists are trained to understand and explain thoughts, emotions, feelings and behavior (Okenyi, 2015). They help educate students on their mental processes, behavior,

emotional intelligence, thought, mind power and how their relationship affects another and the environment. They can as well engage educationists, administrators, teachers and students to learn more about how to help people learn best.

Purpose of study

The major purpose of this study was to identify the relationship between personality and how students react to posttraumatic stress disorder in Agbani Education zone. Specifically, the study sought to determine the personality trait needed in management of PTSD among senior secondary school students.

Research Questions

The following research questions guided the study

1. What is the relationship between the mean ratings of Extraversion and level of PTSD experienced by students?
2. What is the relationship between mean ratings of Agreeableness and level of PTSD experienced by students?
3: What is the relationship between the mean ratings of Neuroticism and the level of PTSD experienced by students?
4: What is the relationship between the mean ratings of Conscientiousness and the level of PTSD experienced by students?
5: What is the relationship between the mean ratings of Openness and the level of PTSD experienced by students?

Hypotheses

The following null hypotheses were tested at 0.05 level of significance.

H01: There is no significant difference in the relationship between Extraversion and level of PTSD experienced by students.
H02: There is no significant difference in the relationship between Agreeableness and the level of PTSD experienced by students.
H03: There is no significant difference in the relationship between Neuroticism and the level of PTSD experienced by students.
H04: There is no significant difference in the relationship between Conscientiousness and the level of PTSD experienced by students.
H05: There is no significant difference in the relationship between Openness and the level of PTSD experienced by students.

Methodology

The study adopted descriptive study research design. A survey research design is that in which generalizations are made over the entire population from a sample population (Uzoagulu, 2013). The design was used because descriptive survey research allow for the description of condition and situation as they exist in their natural setting. The study was conducted in Agbani Education zone of Enugu State, Nigeria. A sample of three hundred and fifty senior secondary school 1 (SS1) students was used in the study. The sample was composed of boys and girls of equal proportion though gender was not considered in the study hence it is not a factor in the study. The sample was obtained from seven intact classes randomly drawn from two schools in the area of study. Child and Adolescent Trauma Screen (CATS) Youth report was used to collect PTSD scores and International Personality Item Pool

from L.G. Goldberg (2018) was used to collect the personality scores. The question are contained a total of 50 (10) each structured personality traits and 20 PTSD symptoms generated from extensive review of literature and information from PTSD and personality. Each trait item has four response options of Strongly Agree (SA) 4, Average (A) 3, Disagree (D) 2, and Strongly Disagree (SD), 1. The instrument was subjected to face validation by three experts, two from Psychology department and one from measurement and evaluation all from Enugu State University of Science and Technology Enugu. The reliability co-efficiency of the instrument was determined using Cronbach Alpha and a reliability co-efficient of 0.75 was obtained. A total of 380 copies of the questionnaire were administered to the respondents with the help of three research assistants. These assistants were trained by the researcher to assist in administering the instruments to the respondents. A total of 350 copies properly filled and returned was used for analysis. The data was analyzed using Person Product Moment Correlation (r) at 0.05 level to answer the research questions. Test on hypothesis was done using t-test in order to test for the significance of (r) obtained from answering the research question at 0.05 level of significance. The decision was made using real limits of the scale values on a four point scale as follows: 1.00-1.49=very low extent, 1.50-2.49=low extent, 2.50-3.49=high extent, 3.50-4.00=very high extent. If the t-cal is greater than the t-table, reject the hypotheses but if otherwise do not reject.

Research Question 1
What is the relationship between the mean ratings of Extraversion and level of PTSD experienced by students?

Table 1a: Pearson Product Moment (Correlation (r) statistics on the relationship between student's level of extraversion and the level of PTSD they experienced.

Variables	Respondent N=350 X	Decision	SD	∑x ∑y	∑x² ∑y²	∑xy	r-cal	r-crit
Extraversion	2.33	LE	1.53	23.30	58.77			0.1045
PTSD	3.01	HE	1.73	30.07	91.15	70.42	0.1975	

Data on table 1a shows that Extraversion fell within the response category of low extent when compared to PTSD which is high. The r-cal is greater than .1045 at 0.05 level of significance indicating a significant linear correlation meaning that there is a significant relationship on the mean ratings of Extraversion and PTSD as experienced by senior secondary students.

Hypothesis 1: *There is no significant relationship between student's level of extraversions and the level of PTSD they experienced*

Table 1b: (r) computation and t-transformation on the relationship between the level of extraversion and PTSD experienced by students.

Variables		Respondent N=350 X	S.D	r-cal	r-crit	t-trans cal
Extraversion	350	2.33	1.53			
PTSD	350	3.01	1.73	0.1975	0.1045	- 2.791

Table 1b indicates that there was a significant difference between Extraversion and PTSD as experienced by senior secondary school students. This mean that Extraversion as a personality has a significant relationship on the morbidity, prevalence and onset of PTSD hence the null hypotheses was rejected.

Research Question 2: What is the relationship between mean ratings of agreeableness and level of PTSD experienced by students?

Table 2a: Pearson Product Moment (Correlation (r) statistics on the relationship between student's level of agreeableness and the level of PTSD they experienced.

Variables	Respondent N=350 X	Decision	SD	$\sum x$ $\sum y$	$\sum x^2$ $\sum y^2$	$\sum xy$	r-cal	r-crit
Agreeableness	2.09	LE	1.48	20.99	47.47	63.80	0.4336	0.1045
PTSD	3.01	HE	1.73	30.07	91.15			

Data on Table 2a shows that agreeableness fell within the response category of low extent when compared to PTSD which is high. With the r-cal greater than the r-crit indicating a significant linear correlation between them.

Hypothesis 2: There is no significant relationship between student's level of agreeableness and level of PTSD experienced by them.

Table 2b:(r) computation and t-transformation on the relationship between the level of agreeableness and PTSD experienced by students.

variables	Respondent N=350 X	S.D	r-cal	r-crit	t-trans cal
Agreeableness	2.09	1.448	0.4336	0.1045	-4.333
PTSD	3.01	1.734			

This table indicates that there was a significant difference between the mean ratings of agreeableness and PTSD as experienced by senior secondary school students. Hence the null hypothesis is rejected.

Research Question 3: What is the relationship between mean ratings of Neuroticism and level of PTSD experienced by students?

Table 3a: Pearson Product Moment Correlation (r) statistics on the relationship between student's level of neuroticism and the level of PTSD they experienced.

Variables	Respondent N=350 X	Decision	SD	∑x ∑y	∑x² ∑y²	∑xy	r-cal	r-crit
Neuroticism	3.21	HE	1.79	32.09	104.22	96.54	0.9923	0.1045
PTSD	3.01	HE	1.73	30.07	91.15			

Data on Table 3a shows that Neuroticism fell within the response category of high extent as well as PTSD when paired with each other. The r-cal greater than .1045 at 0.005 level of significance indicates a significant linear correlation between them.

Hypothesis 3

Table 3b: (r) computation and t-transformation on the relationship between the level of neuroticism and PTSD experienced by students.

Variables	Respondent N=350 X	S.D	r-cal	r-crit	t-trans cal
Neuroticism	3.21	1.791	0.9923	0.1045	1.33
PTSD	3.01	1.734			

t-crit=1.96 at 95% confidence level

This table indicates that there was a significant difference between the mean ratings of Neuroticism and PTSD as experienced by senior secondary school students however with the r-crit greater than the r-cal, the null hypothesis is accepted.

Research Question 4: What is the relationship between the mean ratings of Openness and level of PTSD experienced by students?

Table 4a: Pearson Product Moment Correlation (r) statistics on the relationship between student's level of contentiousness and the level of PTSD they experienced.

Variables	Respondent N=350 X	Decision	SDD	∑x ∑y	∑x² ∑y²	∑xy	r-cal	r-crit
conscientiousness	2.05	LE	1.431	20.53	46.20	62.93	0.6957	0.1045
PTSD	3.01	HE	1.734	30.07	91.15			

Table 4a shows that Agreeableness fell within the response category of LE when compared with PTSD which is high. With the r-cal greater than the r-crit indicating a significant linear

correlation. This implies that there is a significant relationship between the mean ratings of Agreeableness and level of PTSD experienced by students.

Hypotheses 4: There is no significant relationship between student's level of conscientiousness and level of PTSD they experienced.

Table 4b: (r) computation and t-transformation on the relationship between the level of conscientiousness and PTSD experienced by students.

Variables	Respondent N=350 X	S.D	r-cal	r-crit	t-trans cal
Conscientiousness	2.05	1.431	0.6957	0.1045	-4.16
PTSD	3.01	1.734			

This table indicates that there is a significant difference between on mean ratings of Conscientiousness and the level of PTSD experienced by senior secondary school students hence the null hypothesis was rejected.

Research Question 5: What is the relationship between mean ratings of Openness and level of PTSD experienced by students?

Table 5a: Pearson Product Moment Correlation (r) statistics on the relationship between student's level of openness and the level of PTSD they experienced.

Variables	Respondent N=350 X	Decision	SD	$\sum x$ $\sum y$	$\sum x^2$ $\sum y^2$	$\sum xy$	r-cal	r-crit
Openness	2.18	LE	1.47	21.79	50.42	65.92	0.2711	0.1045
PTSD	3.01	HE	1.73	30.07	91.15			

This table shows that Openness fell within the response category of low extent when compared to PTSD which is high. With the r-cal greater than the r-crit, it indicates a significant linear correlation between them.

Hypotheses 5: There is no significant relationship between student's level of openness and level of PTSD they experienced.

Table 5b: (r) computation and t-transformation on the relationship between the level of openness and PTSD experienced by students.

Variables	Respondent N=350 X	S.D	r-cal	r-crit	t-trans cal
Openness	2.18	1.476	0.2711	0.1045	-2.075
PTSD	3.01	1.734			

This table indicates that there is a significant difference between the mean ratings of Openness and the level of PTSD experienced by senior secondary school students. Hence the null hypothesis was rejected.

Discussion

The findings of the study in Table 1 revealed that respondents believed that Extraversion has a low significant to the onset, prevalence and morbidity of PTSD among secondary school students. This is in line with the study carried out by Jacksic,N, Brakovic, L et al (2012) on the role of personality trait in PTSD. This implies that people high in extraversion have enough social intelligence skills to interpret and solve PTSD. The findings in Table 2 showed that the relationship between Agreeableness and level of PTSD experienced by students are significant but on a low scale. The finding of this study supports those of Okenyi, (2015) and Choo, S.J, Lee J.Y,Cho, S.H (2012) who agreed that agreeable personality has a concern for social harmony, value for trust and one of the minimal predictor of suicide. Table 3 revealed a high relationship between people with Neuroticism and PTSD among senior secondary school students. This is in line with the study carried out by Lawrence &Feuerbach (2013) who found out that Neuroticism is an important personality in predicting PTSD. This study was supported with the work of Jaksic, N., Brakovic, L. et al (2012) who revealed that people with Neuroticism are sensitive, easily affected by traumatic events and prone to suicide than other personality. Results presented in Tables 4&5 indicate that respondents accepted that Conscientiousness and Openness has low significant relationship to the emergence and prevalence of PTSD among senior secondary school students. The finding was in consonance with the study carried out by Fiest & Fiest (2019). They noted that people with Openness have the tendency to divert their negative and traumatic situations to art, curiosity, adventure while people high in Conscientious personality are organized, dutiful and dependable. They set aside any distraction while moving forward to their goals.

Conclusion

In the last two decades, there has been an ongoing research on the factors responsible for some people to develop PTSD while others do not even while exposed to similar traumatic situations. It has been shown that one of these factors among others is individual differences in personality trait which play a role in the development, formation of specific symptoms and coping strategies of PTSD. Most of the reviewed studies dealing with personality trait as vulnerability and protective factors for PTSD carried out on different designs and samples attests to the fact that PTSD is positively related to basic personality dimensions of negative emotionality of anger, anxiety, depression etc. Children who have had traumatic experiences and PTSD displays various types of mental health, behavioral and learning challenges. Classroom teachers are not trained in implementing intervention programs to support students in overcoming the effects of PTSD. There are changes that teachers can make in their

everyday teaching practices and interactions with students in order to help them become successful despite living with PTSD.

Recommendations

Based on the findings of the study, the following were recommended:

1: The identification of personality-based risk and protective factors as well as understanding variations may help in uncovering etiological mechanism in building new strategies for prevention, identification and reduction of health risk among people living with PTSD.

2: Treatment option should be focused on helping individuals use their personality based resources and strengths to increase personal well-being, restore resilience and develop personal functioning.

3: Programs that have been effective in supporting traumatized children and adolescents like Support for Students Exposed to Trauma (SSET) Program, Trauma Focused Cognitive Behavior Therapy (TF-CBT), Behavioral intervention for Trauma in School (CBITS), and Structured Sensory Intervention for Children, Adults and Parents (SITCAP) Program should be used in treatment of PTSD.

4: Counsellors should engage students who have been exposed to traumatic situations to lessons focused on psyco-education, relaxing training, cognitive coping, anxiety processing training memories and social problem solving skills.

5: Teachers need to have awareness of how PTSD affects learners through training and re-training in order to have the right mindset and adequate skills to handle students living with PTSD.

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