



**ST. MARY'S UNIVERSITY
SCHOOL OF GRADUATE STUDIES
DEPARTMENT OF SOCIAL WORK**

**COPING MECHANISMS OF MILITARY WAR VICTIMS WITH POST-
TRAUMATIC STRESS: A STUDY AT KILINTO REHABILITATION
CENTER**

BY: KENNEDY KASSA TADESSE

**JULY, 2024
ADDIS ABABA, ETHIOPIA**



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A Thesis Submitted to St. Mary's University School of Graduate Studies in partial fulfillment of the requirements for the Degree of Master of Social Work

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LIST OF ACRONYMS

PTSD - Post-Traumatic Stress Disorder

CBT - Cognitive-Behavioral Therapy

SPSS – Statistical Packages for Social Sciences

CPT – Cognitive Processing Therapy

PET –Prolonged Exposure Therapy

MBIs –Mindfulness Based Interventions

VR - Virtual Reality

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Figure 1: Conceptual framework, modified and revised by the Researcher, May 2024) **Error!**
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ABSTRACT

This study investigates the coping mechanisms employed by military war victims with PTSD at the Kilinto Rehabilitation Center in Ethiopia. The study aims to understand the diverse coping strategies used the influence of individual characteristics and contextual factors on coping preferences, and the effectiveness and satisfaction with these coping mechanisms. A quantitative approach was employed, utilizing a survey questionnaire administered to 120 participants out of 208 war victims in the center by random sampling. The findings revealed that seeking support from loved ones, maintaining a positive mindset, engaging in physical activities, and utilizing relaxation techniques were the most frequently employed coping strategies. Individual characteristics, such as age, military service history, personality traits, gender, and education level, were found to influence coping preferences. Contextual factors, including the rehabilitation center environment, access to support systems, staff support, availability of resources, and social support, also emerged as significant influences on coping abilities. The study further revealed that journaling was a moderately utilized coping strategy, while avoidance and substance use were less frequently employed. The impact of the study will be strengthening coping mechanisms of the culture of post war trauma stress disorder. The study emphasizes the importance of promoting adaptive coping mechanisms, individualizing interventions, and creating supportive environments to empower individuals with PTSD to manage their symptoms and achieve long-term recovery.

Keywords: PTSD, Coping Mechanisms, Military War Victims, Rehabilitation Center, Individual Characteristics, Contextual Factors, Ethiopia

CHAPTER ONE:

INTRODUCTION

1.1 BACKGROUND OF THE STUDY

Military conflicts and war situations have long-lasting and profound effects on individuals involved, particularly those who have directly experienced the horrors and traumas of combat (Marshall et al., 2020). The psychological impact of war-related experiences often manifests in the form of post-traumatic stress disorder (PTSD), a debilitating condition characterized by a range of distressing symptoms (American Psychiatric Association, 2013). Military war victims with PTSD may endure intrusive memories, flashbacks, nightmares, heightened anxiety and hyper vigilance, emotional numbness, and avoidance of triggers associated with their traumatic experiences (American Psychiatric Association, 2013; Marshall et al., 2020). These symptoms can severely impair their daily functioning, disrupt interpersonal relationships, and hinder their ability to reintegrate into civilian life (Marshall et al., 2020).

Recognizing the unique mental health needs of military war victims, specialized rehabilitation centers have been established to provide comprehensive care and support. The Kilinto Rehabilitation Center, situated in Kilinto Industrial Park, is one such facility dedicated to addressing the specific challenges faced by military war victims with post-traumatic stress. The center offers a range of programs and interventions aimed at assisting individuals in overcoming the psychological and emotional burdens associated with their wartime experiences. These programs typically encompass evidence-based therapies, counseling services, group support sessions, and vocational training to aid in the recovery and reintegration process (Smith et al., 2019).

Despite the existence of rehabilitation centers like Kilinto, there remains a critical knowledge gap regarding the coping mechanisms employed by military war victims with post-traumatic stress. Coping mechanisms refer to the strategies and resources individuals use to manage the psychological, emotional, and behavioral challenges arising from traumatic experiences (Fisher & Ruzek, 2019). Understanding the coping mechanisms utilized by military war victims at the

Kilinto Rehabilitation Center is essential for tailoring effective interventions and support systems that address their unique needs.

Exploring the coping mechanisms employed by military war victims at the Kilinto Rehabilitation Center will provide valuable insights into how these individuals navigate and manage their post-traumatic stress symptoms. By identifying the specific strategies and resources they rely on, mental health professionals and policymakers can develop targeted interventions that align with the preferred coping mechanisms of military war victims. In addition, gaining a deeper understanding of the effectiveness of different coping strategies in alleviating post-traumatic stress symptoms will contribute to the development of evidence-based practices and interventions within the rehabilitation center (Fisher & Ruzek, 2019).

By conducting this study, it is expected that the findings will enhance the existing knowledge on coping mechanisms among military war victims with post-traumatic stress. Consequently, mental health professionals and policymakers can use this knowledge to improve the quality and effectiveness of rehabilitation programs and support systems at the Kilinto Rehabilitation Center. Ultimately, the study aims to contribute to the overall well-being and successful reintegration of military war victims into civilian life, empowering them to lead fulfilling and meaningful lives beyond the traumas they have experienced.

1.2 STATEMENT OF THE PROBLEM

While the Kilinto Rehabilitation Center has been instrumental in providing care for military war victims, there is a critical need to explore the coping mechanisms utilized by these individuals to manage their post-traumatic stress symptoms. Coping mechanisms refer to the strategies and resources individuals employ to deal with the emotional, cognitive, and behavioral challenges associated with traumatic experiences (Fisher & Ruzek, 2019). Understanding the coping mechanisms employed by military war victims is essential for tailoring effective interventions and support systems that address their unique needs.

Although previous research has shed light on coping mechanisms among individuals with PTSD, there is a scarcity of studies specifically focusing on military war victims and their preferred coping strategies. Existing studies have primarily focused on the general population or specific subsets, such as veterans or civilians exposed to trauma. It is crucial to examine the coping

mechanisms of military war victims specifically, as they face unique stressors related to combat experiences, deployment, and the military culture (Marshall et al., 2020).

Furthermore, the Kilinto Rehabilitation Center provides a specialized setting for the treatment and support of military war victims with post-traumatic stress. This context may influence the coping mechanisms employed by individuals receiving care at the center. Therefore, it is essential to investigate the coping strategies utilized within this specific rehabilitation center to gain a comprehensive understanding of the factors that impact coping choices and their effectiveness.

Since Ethiopia is experiencing continues war time and it's the recent phenomena the researcher observed it as a gap and tried to fill this gap by studying the core coping mechanism of war victims in the center. And this severe current problem is becoming series issue in Ethiopian context.

By exploring the coping mechanisms employed by military war victims at the Kilinto Rehabilitation Center, this study aims to fill the existing research gap and generate knowledge which can inform the development of tailored interventions and support systems. Understanding these coping strategies will not only enhance the mental health services provided at the Kilinto Rehabilitation Center but also contribute to the broader literature on coping mechanisms among military war victims with post-traumatic stress.

1.3 RESEARCH QUESTIONS

In order to address the stated problem, this study primarily focused on answering the following basic research questions:

1. What are the primary coping mechanisms employed by military war victims with post-traumatic stress receiving care at the Kilinto Rehabilitation Center?
2. How do individual characteristics, such as age, gender, and military service history, influence the choice of coping strategies among military war victims at the Kilinto Rehabilitation Center?
3. What are the perceived effectiveness and satisfaction levels associated with the coping mechanisms utilized by military war victims at the Kilinto Rehabilitation Center?
4. To what extent do coping mechanisms differ among military war victims with varying levels of post-traumatic stress symptom severity?

5. How do contextual factors, such as the rehabilitation center environment and available support systems, influence the selection and utilization of coping strategies by military war victims at the Kilinto Rehabilitation Center?

1.4 OBJECTIVES OF THE STUDY

1.4.1 General Objective

The general objective of this study is to explore the coping mechanisms employed by military war victims with post-traumatic stress receiving care at the Kilinto Rehabilitation Center.

1.4.2. Specific Objectives

The specific objectives of the study are:

1. To identify the primary coping mechanisms utilized by military war victims at the Kilinto Rehabilitation Center.
2. To examine the influence of individual characteristics, such as age, gender, and military service history, on the choice of coping strategies among military war victims at the Kilinto Rehabilitation Center.
3. To assess the perceived effectiveness and satisfaction levels associated with the coping mechanisms employed by military war victims at the Kilinto Rehabilitation Center.
4. To determine if there are differences in coping mechanisms among military war victims with varying levels of post-traumatic stress symptom severity.
5. To explore the impact of contextual factors, such as the rehabilitation center environment and available support systems, on the selection and utilization of coping strategies by military war victims at the Kilinto Rehabilitation Center.

1.5 SIGNIFICANCE OF THE STUDY

This study holds significant importance for several stakeholders involved in the care and support of military war victims with post-traumatic stress. The findings of this research contribute to the

existing knowledge base and have practical implications for mental health professionals, policymakers, and rehabilitation centers like the Kilinto Rehabilitation Center.

Firstly, the study enhanced the understanding of coping mechanisms among military war victims with post-traumatic stress, specifically focusing on those receiving care at the Kilinto Rehabilitation Center. By identifying the primary coping strategies employed by these individuals, mental health professionals can gain insights into the unique challenges they face and tailor interventions accordingly. This knowledge enabled professionals to provide more effective and targeted support to military war victims, enhancing their overall well-being and facilitating their successful reintegration into civilian life.

Secondly, the study shed light on the influence of individual characteristics, such as age, gender, and military service history, on coping choices. Understanding how these factors impact coping mechanisms enabled mental health professionals to develop personalized treatment plans that consider the specific needs and experiences of different subgroups within the military war victim population. This personalized approach can lead to more positive treatment outcomes and improve the overall effectiveness of rehabilitation programs.

Thirdly, the research assessed the perceived effectiveness and satisfaction levels associated with coping mechanisms employed by military war victims at the Kilinto Rehabilitation Center. By evaluating the effectiveness of different coping strategies, mental health professionals can identify the most beneficial approaches for managing post-traumatic stress symptoms. This information can guide the selection and implementation of evidence-based practices within the rehabilitation center, ensuring that resources are allocated to the most effective interventions.

Furthermore, the study explored potential differences in coping mechanisms among military war victims with varying levels of post-traumatic stress symptom severity. This knowledge helped mental health professionals understand how coping strategies may evolve and adapt as symptom severity changes. It can also inform the development of interventions that target specific symptom clusters or severity levels, ensuring that care is tailored to the individual needs of each military war victim.

Lastly, the study examined the impact of contextual factors, such as the rehabilitation center environment and available support systems, on coping choices. Understanding how the center's environment and support systems influence coping behaviors can guide the development of therapeutic settings that promote the use of healthy coping strategies. This knowledge can also

inform policymakers in implementing policies and practices that create a supportive and conducive environment for the recovery and reintegration of military war victims.

1.6 SCOPE OF THE STUDY

The scope of this study was focused on exploring the coping mechanisms employed by military war victims with post-traumatic stress who are receiving care at the Kilinto Rehabilitation Center. The study specifically examined coping strategies utilized within this rehabilitation center and the factors that influence coping choices among its residents.

The study involved collecting data from military war victims who are currently undergoing treatment at the Center. The research encompassed a range of demographic characteristics, such as age, gender, and military service history, to capture a diverse sample of participants.

1.7 LIMITATIONS OF THE STUDY

The study has several limitations that should be acknowledged. Firstly, the research was limited by its focus on military war victims receiving care at the Kilinto Rehabilitation Center, which may introduce sampling bias. The findings might not be generalizable to the wider population of military war victims with post-traumatic stress who are not undergoing treatment at the center. In addition, there is a possibility of selection bias as the sample may not fully represent the experiences of individuals who have dropped out of treatment or declined to participate.

Secondly, the reliance on self-report measures to assess coping mechanisms and their effectiveness introduces potential biases. Participants may have difficulty accurately recalling and reporting their coping strategies, and social desirability biases may influence their responses. This reliance on self-report data may limit the objectivity and reliability of the findings.

Thirdly, the study's scope is confined to the context of the Kilinto Rehabilitation Center, which may limit the generalizability of the results to other rehabilitation centers or treatment settings. The unique characteristics and resources available at the Kilinto Rehabilitation Center may influence the coping mechanisms employed by its residents, and these findings may not be applicable to individuals receiving care in different settings.

Furthermore, the study's cross-sectional design, collecting data at a single time point, limits the ability to establish causal relationships or capture changes in coping strategies over time. It provides a snapshot of coping mechanisms employed by military war victims at a specific moment, but does not capture their temporal dynamics or potential changes in coping strategies over the course of treatment or recovery.

Lastly, while efforts were made to include a diverse sample, there may still be inherent heterogeneity among participants regarding trauma exposure, severity of post-traumatic stress symptoms, and other individual characteristics. This heterogeneity may introduce variability in coping mechanisms and limit the ability to draw definitive conclusions about specific coping strategies.

1.8 ORGANIZATION OF THE RESEARCH

The research paper is organized into five chapters. The first chapter introduces the background information, statement of the problem, research questions, general and specific objectives and significance of the study. It also includes the scope and limitations of the research. Chapter two introduces review of relevant literature related to the research problems and objectives of the study. Chapter three discusses the research design adopted for the research and outlines the methodology for carrying out primary data collection. Chapter four presents the findings of the research along with the researcher's analysis and interpretation of the respondents' opinions. Chapter five covers discussion of summary of the major findings, conclusions and recommendations.

CHAPTER TWO: REVIEW OF RELATED LITERATURE

2.1 INTRODUCTION

This chapter provides a comprehensive review of the related literature on coping mechanisms employed by military war victims with post-traumatic stress. The review encompasses various topics and sub-topics that contribute to the understanding of coping strategies, individual characteristics, effectiveness of coping mechanisms, contextual factors, and outcomes associated with coping among military war victims. The literature review aims to synthesize previous research findings and identify research gaps that the current study seeks to address.

I- THEORETICAL LITERATURE REVIEW

2.2 COPING MECHANISMS AMONG MILITARY WAR VICTIMS

2.2.1 Types of Coping Strategies

Previous studies have identified a range of coping strategies utilized by military war victims with post-traumatic stress. These strategies can be broadly categorized into two main types: problem-focused coping and emotion-focused coping.

In terms of problem-focused coping, military war victims may seek social support from their networks, such as family, friends, or military peers. This can provide them with emotional, informational, or practical assistance in addressing their distress. In addition, these individuals may engage in problem-solving, where they actively develop and implement plans of action to resolve the source of their trauma. Some war victims may also seek professional help, such as from therapists or counselors, to aid them in coping with their post-traumatic stress.

On the emotion-focused coping side, military war victims may express their feelings, such as anger, sadness, or fear, as a way to manage their emotional response to the traumatic event. Conversely, some individuals may engage in avoidance behaviors, such as withdrawing from social situations or suppressing their thoughts and feelings related to the traumatic event, as a means of coping. Self-distraction, where individuals engage in activities or thoughts to divert their attention away from the trauma, is another emotion-focused coping strategy that has been observed.

Beyond these two broad categories, other coping strategies have also been documented in the literature. For instance, some military war victims may employ cognitive restructuring, where they reframe their thoughts and beliefs about the traumatic event in a more adaptive and less distressing way. Acceptance, where individuals learn to accept the reality of the traumatic event and their emotional responses to it, rather than fighting or resisting them, has also been reported. In addition, some war victims may turn to their religious or spiritual beliefs and practices as a way to find meaning, comfort, and support in the face of their traumatic experiences. Regrettably, substance use, despite its potential for negative consequences, has also been used by some military war victims as a means of coping with their post-traumatic stress.

These diverse coping strategies have been documented in various studies examining the experiences of military war victims with post-traumatic stress (Smith et al., 2020; Jones et al., 2018; Vasterling et al., 2019; O'Donnell et al., 2017). The effectiveness and adaptiveness of these strategies may vary depending on the individual, the specific context, and the nature of the traumatic event.

2.2.2 Influence of Individual Characteristics

Research has explored the influence of individual characteristics on the coping choices made by military war victims. Factors such as age, gender, military service history, and level of combat exposure have been found to play a significant role in shaping the coping strategies employed by these individuals.

One key factor that has been examined is age. Older military war victims have been observed to rely more on problem-focused coping strategies, such as seeking social support, engaging in problem-solving, and seeking professional help. In contrast, younger individuals tend to gravitate towards more emotion-focused coping mechanisms, such as emotional expression, avoidance, and self-distraction (Hoge et al., 2016). This difference may be attributed to the accumulated life experiences and coping resources that older adults have developed over time.

Gender has also been identified as an influential factor in coping choices. Studies have shown that women among military war victims tend to use more social support-seeking coping strategies compared to their male counterparts (Renshaw et al., 2011). This finding highlights the potential role of gender-based socialization and the tendency for women to be more inclined towards interpersonal and emotional forms of coping.

In addition, military service-related factors, such as rank, length of service, and combat experience, have been found to impact the coping choices of war victims. Individuals with higher ranks, longer service histories, and more extensive combat exposure may have access to different resources and support systems, which can shape their preferred coping strategies (Wilk et al., 2015). For example, seasoned military personnel may be more likely to utilize problem-focused coping approaches, drawing on their experience and training.

The influence of these individual characteristics on coping choices underscores the importance of considering the unique circumstances and backgrounds of military war victims when understanding and supporting their efforts to cope with the psychological and emotional aftermath of their traumatic experiences. Recognizing these individual differences can inform more personalized and effective interventions and support strategies.

2.3 EFFECTIVENESS OF COPING MECHANISMS

2.3.1 Perceived Effectiveness and Satisfaction

Studies have examined the perceived effectiveness and satisfaction levels associated with coping mechanisms employed by military war victims. Research suggests that the effectiveness of

coping strategies can vary among individuals. For example, seeking social support and engaging in active coping strategies have been associated with better mental health outcomes and higher satisfaction levels (Laffaye et al., 2013). In contrast, avoidance coping strategies and substance use have been linked to poorer psychological well-being and lower satisfaction (Litz et al., 2012).

2.3.2 Post-Traumatic Growth

While the impact of war and trauma on military personnel can be devastating, some studies have explored the concept of post-traumatic growth - the positive psychological changes that can occur following traumatic experiences. This phenomenon suggests that the process of coping with and overcoming adversity can, in some cases, lead to personal growth and transformation.

Researchers have identified specific coping strategies that have been associated with post-traumatic growth among military war victims. One such strategy is cognitive restructuring, where individuals actively reframe their thoughts and beliefs about the traumatic event in a more adaptive and empowering way (Tedeschi & Calhoun, 2004). By finding meaning and purpose in the face of adversity, military war victims can develop a greater sense of personal strength and resilience.

Another key aspect of post-traumatic growth is the engagement in personal growth activities. This may involve pursuing new hobbies, setting challenging goals, or seeking out opportunities for self-improvement and self-discovery. By actively investing in their own development and growth, military war victims can experience a sense of personal transformation and an enhanced appreciation for life.

The positive outcomes associated with post-traumatic growth can be far-reaching. Individuals who undergo this process may demonstrate increased resilience, improved psychological well-being, and a deeper sense of personal meaning and purpose. This growth can serve as a powerful counterweight to the debilitating effects of trauma, offering military war victims a pathway towards healing, personal development, and a renewed sense of purpose.

It is important to note that the experience of post-traumatic growth is not universal, and not all military war victims will necessarily undergo this transformative process. Individual factors, such as personality traits, coping resources, and the nature of the traumatic event, can all influence the likelihood and extent of post-traumatic growth. However, the recognition of this

phenomenon offers hope and encouragement; suggesting that even in the face of profound adversity; personal growth and positive change remain possible.

2.4 CONTEXTUAL FACTORS AND COPING MECHANISMS

2.4.1 Rehabilitation Center Environment

The rehabilitation center environment and the availability of support systems within these settings play a crucial role in shaping the coping choices and strategies employed by military war victims. Studies have highlighted the importance of a supportive and therapeutic environment in facilitating the use of effective coping mechanisms among this population.

One key factor that has been examined is the quality of relationships and social dynamics within the rehabilitation center. When military war victims are surrounded by a community of fellow residents who are also navigating the challenges of post-traumatic stress, it can foster a sense of belonging, understanding, and mutual support. This social environment can encourage the utilization of coping strategies that involve seeking and receiving social support, such as sharing experiences, seeking advice, and engaging in group therapeutic activities (Sayer et al., 2016).

In addition to the interpersonal dynamics, the availability and quality of therapeutic interventions within the rehabilitation center can also significantly impact the coping choices of military war victims. When these individuals have access to evidence-based therapies, such as cognitive-behavioral therapy, trauma-focused interventions, and mindfulness-based practices, they are better equipped to develop and implement adaptive coping strategies. These therapeutic modalities can help them reframe their thought patterns, manage their emotional responses, and cultivate resilience in the face of adversity.

The presence and accessibility of mental health professionals, such as psychologists, counselors, and social workers, within the rehabilitation center environment is another crucial factor. These trained and experienced individuals can provide personalized support, guidance, and expertise in helping military war victims navigate the coping process. They can offer individual therapy, facilitate group discussions, and connect residents with community resources, all of which can enhance their ability to cope effectively.

The rehabilitation center environment with its emphasis on fostering a supportive community, providing evidence-based therapies and ensuring access to mental health professionals, can significantly shape the coping choices and strategies employed by military war victims. By

creating a nurturing and therapeutic setting, these centers can empower individuals to develop and utilize the most effective coping mechanisms to address the psychological and emotional challenges they face in the aftermath of traumatic experiences.

2.4.2 Social Support

Social support, both within and outside the rehabilitation center environment, is a significant contextual factor that plays a crucial role in shaping the coping choices and strategies employed by military war victims. Positive social support, encompassing emotional, instrumental, and informational support, has been consistently associated with better coping outcomes and improved psychological well-being among this population.

Emotional support refers to the provision of empathy, care, and understanding, which can help military war victims feel valued, accepted, and validated. This type of support can come from close friends, family members, fellow veterans, and mental health professionals within the rehabilitation center. Emotional support can foster a sense of belonging and encourage the utilization of coping strategies that involve sharing experiences, seeking comfort, and engaging in self-reflection.

Instrumental support, on the other hand, involves the provision of tangible assistance, such as help with daily tasks, transportation, or access to resources. This type of support can alleviate practical and logistical challenges that military war victims may face, allowing them to devote more cognitive and emotional resources to the coping process. Instrumental support can come from formal sources, such as social services or rehabilitation center staff, as well as informal networks, like friends and family members.

Informational support refers to the provision of relevant information, advice, and guidance that can help military war victims navigate the complexities of their recovery and coping efforts. This can include guidance on accessing mental health services, understanding the rehabilitation process, or learning about effective coping strategies. Professionals within the rehabilitation center, as well as supportive social networks, can serve as valuable sources of informational support.

In addition to the support available within the rehabilitation center, the presence of broader social networks and community resources can also provide a vital source of support for military war victims during their recovery process. Connections with fellow veterans, community

organizations, and faith-based institutions can offer a sense of belonging, shared experiences, and access to additional coping resources.

The availability and quality of social support, both within and outside the rehabilitation center, can significantly influence the coping choices and strategies employed by military war victims. Positive social support can foster the utilization of adaptive coping mechanisms, such as seeking emotional support, engaging in problem-solving and accessing community resources, ultimately contributing to better psychological and emotional outcomes for these individuals.

2.5 COGNITIVE APPROACHES AND COGNITIVE-BEHAVIORAL THERAPIES (CBT)

Cognitive approaches and cognitive-behavioral therapies (CBT) have been found to be effective in reducing post-traumatic stress symptoms and improving psychological well-being among military war victims (Sayer et al., 2016; Galovski & Lyons, 2015). These approaches focus on identifying and modifying maladaptive thoughts, beliefs, and behaviors related to traumatic experiences.

2.5.1 Cognitive Processing Therapy (CPT)

Cognitive Processing Therapy (CPT) is a well-established, evidence-based treatment for post-traumatic stress disorder (PTSD) that has proven to be highly effective in addressing the needs of military war victims. This cognitive-behavioral approach is specifically designed to help individuals who have experienced traumatic events restructure their thoughts, emotions, and behaviors in a more adaptive manner.

At the core of CPT is the recognition that the way individuals interpret and make meaning of their traumatic experiences can significantly influence the development and persistence of PTSD symptoms. The therapy focuses on guiding clients through a process of cognitive restructuring, where they are encouraged to critically examine their thoughts, beliefs, and assumptions about the traumatic event and its aftermath.

Through a series of structured sessions, the CPT approach helps military war victims identify maladaptive, distorted cognitions, such as self-blame, overgeneralization, or perceived permanent change, and replace them with more balanced and adaptive perspectives. This cognitive restructuring not only reduces the intensity of PTSD symptoms but also promotes a more empowered and resilient understanding of the traumatic experience.

Alongside the cognitive work, CPT also incorporates elements of exposure therapy, where clients are guided through the gradual processing of their traumatic memories. This exposure, combined with the cognitive restructuring, allows individuals to confront and integrate their traumatic experiences in a safe and supportive environment, ultimately facilitating emotional and psychological healing.

The effectiveness of CPT in the treatment of PTSD among military war victims has been well-documented in the research literature. Studies have consistently demonstrated that this evidence-based approach leads to significant reductions in PTSD symptoms, including intrusive thoughts, avoidance behaviors, and hyper arousal, while also improving overall psychological well-being and functioning.

By addressing the core cognitive and emotional factors underlying PTSD, Cognitive Processing Therapy provides a comprehensive and holistic approach to supporting military war victims in their journey towards recovery and post-traumatic growth. The therapy's emphasis on empowering individuals to develop a more adaptive understanding of their experiences and emotions is a crucial aspect of its success in the treatment of this complex and debilitating disorder.

2.5.2 Prolonged Exposure Therapy (PE)

Prolonged Exposure Therapy (PE) is a highly effective, evidence-based treatment for post-traumatic stress disorder (PTSD) that has been widely utilized in supporting the recovery of military war victims. This cognitive-behavioral approach is centered on the principle of gradual exposure, which aims to help individuals confront and process their traumatic experiences in a safe and controlled therapeutic setting.

At the heart of PE is the recognition that avoidance of trauma-related thoughts, memories, and situations is a key maintaining factor in PTSD. By systematically and gradually exposing clients to these previously avoided stimuli, the therapy helps them overcome their fears and anxiety, ultimately facilitating the processing and integration of the traumatic experience.

The PE approach involves several key components, including:

1. **Psycho education:** Clients are provided with a comprehensive understanding of PTSD, its symptoms, and the rationale behind the exposure-based treatment.

2. In Vivo Exposure: Clients are encouraged to confront and engage with trauma-related situations and activities that they have been avoiding in their daily lives, under the guidance and support of the therapist.
3. Imaginal Exposure: Clients are guided through the process of repeatedly recounting and revisiting their traumatic memories in a controlled and safe environment, allowing them to process the associated thoughts and emotions.
4. Emotional Processing: The therapist helps clients identify and work through the emotions, beliefs, and meanings attached to their traumatic experiences, facilitating a more adaptive understanding and integration.

Through the systematic and gradual exposure to traumatic memories and situations, PE has been shown to be highly effective in reducing the severity of PTSD symptoms, such as intrusive thoughts, avoidance behaviors, and hyper arousal, among military war victims. By confronting and processing their traumatic experiences in a supportive therapeutic setting, clients are able to develop a sense of mastery and control over their reactions, leading to a significant improvement in their overall psychological well-being and functioning.

The success of Prolonged Exposure Therapy in the treatment of PTSD among military populations can be attributed to its ability to address the core mechanisms underlying the disorder. By empowering clients to confront their fears and engage with their traumatic memories in a safe and structured manner, PE facilitates the emotional and cognitive processing necessary for long-term recovery and resilience.

2.5.3 Mindfulness-Based Interventions (MBIs)

Mindfulness-Based Interventions (MBIs) have emerged as a promising and effective approach in the treatment of post-traumatic stress disorder (PTSD) among military war victims. These interventions are rooted in the principles of mindfulness, which emphasize the cultivation of present-moment awareness, acceptance, and self-compassion.

At the core of MBIs is the recognition that PTSD is often characterized by a preoccupation with past traumatic experiences, rumination, and avoidance of distressing thoughts and emotions. By cultivating a mindful state of being, military war victims can learn to navigate these challenging experiences with greater clarity, equanimity, and self-compassion.

Through structured mindfulness practices, such as meditation, guided imagery, and body-based exercises, MBIs help individuals develop a heightened awareness of their thoughts, feelings, and physical sensations. This heightened awareness allows them to observe their experiences with a sense of detachment, rather than becoming overwhelmed or reactive to them.

Moreover, MBIs emphasize the importance of acceptance and self-compassion. Instead of trying to suppress or avoid distressing thoughts and emotions, clients are encouraged to approach them with a stance of openness, curiosity, and kindness. This shift in perspective can effectively reduce the intensity and impact of PTSD symptoms, such as intrusive thoughts, avoidance behaviors, and hyper arousal.

The benefits of MBIs for military war victims have been well-documented in the research literature. Studies have consistently shown that these interventions can lead to significant reductions in PTSD symptom severity, as well as improvements in overall psychological well-being, emotional regulation, and interpersonal relationships.

By cultivating present-moment awareness, acceptance, and self-compassion, Mindfulness-Based Interventions provide military war victims with a powerful set of skills and strategies to manage the complex and challenging aftermath of traumatic experiences. This holistic approach to healing not only addresses the symptoms of PTSD but also fosters a greater sense of resilience, self-understanding, and personal growth in the face of adversity.

2.6 CO-OCCURRING DISORDERS AND COMPLEX TRAUMA

Co-occurring disorders and complex trauma are common among military war victims and can significantly impact coping mechanisms and outcomes. Understanding the specific challenges and experiences associated with co-occurring disorders and complex trauma is essential to developing targeted interventions that address the unique needs of these individuals.

2.6.1 Co-occurring Disorders

Military war victims frequently experience a range of co-occurring mental health conditions, such as depression, anxiety, and substance use disorders, in addition to post-traumatic stress disorder (PTSD). These co-occurring disorders can have a profound impact on an individual's coping mechanisms and overall treatment outcomes.

Research has consistently shown that the presence of co-occurring disorders can negatively influence the effectiveness of traditional coping strategies employed by military war victims (Brady et al., 2016). For example, the co-occurrence of PTSD and depression may lead to

increased feelings of hopelessness, diminished motivation, and reduced engagement in healthy coping behaviors. Similarly, the co-existence of PTSD and substance use disorders can undermine an individual's ability to effectively manage PTSD symptoms, as the use of substances may provide temporary relief but ultimately exacerbate the underlying issues.

The complex interplay between PTSD and co-occurring disorders can contribute to poorer mental health outcomes, including increased symptom severity, reduced functional impairment, and decreased responsiveness to treatment. Addressing these co-occurring conditions in an integrated and comprehensive manner is crucial for improving the overall well-being and recovery of military war victims (Brady et al., 2016).

2.6.2 Complex Trauma

In addition to co-occurring disorders, military war victims may also experience complex trauma, which refers to exposure to multiple and/or prolonged traumatic experiences. This type of trauma can have a profound and lasting impact on an individual's coping mechanisms and overall outcomes.

Complex trauma can lead to significant difficulties with emotional regulation, interpersonal relationships, and self-concept, all of which can negatively impact the effectiveness of traditional coping strategies (Courtois, 2018). Individuals with complex trauma may struggle to develop a coherent narrative of their experiences, experience persistent feelings of shame and self-blame, and have difficulty establishing and maintaining healthy relationships.

The complex and multifaceted nature of complex trauma can pose unique challenges in the treatment and recovery process for military war victims. Traditional approaches to trauma-focused interventions may need to be adapted or supplemented with additional strategies to address the complex needs and experiences of these individuals.

Addressing the unique challenges faced by military war victims with co-occurring disorders and complex trauma requires a comprehensive, integrated, and trauma-informed approach to care. By recognizing the complexities and interconnected nature of these issues, mental health professionals can develop more effective and tailored interventions to support the long-term recovery and well-being of this vulnerable population (Courtois, 2018).

2.7 TECHNOLOGY-BASED INTERVENTIONS

Technology-based interventions, such as online therapy, mobile applications, and virtual reality, have gained popularity in recent years and offer a promising avenue for delivering interventions to military war victims (Waldrep et al., 2018).

2.7.1 Online Therapy

Online therapy, or Teletherapy, has been shown to be effective in reducing PTSD symptoms and improving psychological well-being among military war victims (Morland et al., 2015). Online therapy offers several advantages, including increased accessibility, flexibility, and privacy, which can help overcome barriers to traditional in-person therapy (Morland et al., 2015).

2.7.2 Mobile Applications

Mobile applications, such as PTSD Coach, have been developed to provide self-management tools and resources for military war victims (Kuhn et al., 2017). These applications can help individuals monitor symptoms, access coping strategies, and connect with mental health professionals, offering a convenient and accessible way to manage PTSD symptoms (Kuhn et al., 2017).

2.7.3 Virtual Reality

Virtual reality (VR) has also been explored as a potential intervention for military war victims (Rizzo et al., 2018). VR offers a unique opportunity to create immersive environments that can help individuals confront and process traumatic memories in a safe and controlled environment (Rizzo et al., 2018).

2.8 RESEARCH GAP

While previous studies have provided valuable insights into coping mechanisms among military war victims with post-traumatic stress, there are several research gaps that need to be addressed. Firstly, there is a need for more research specifically focused on military war victims receiving care at rehabilitation centers like the Kilinto Rehabilitation Center. Limited studies have explored coping strategies within this specific context, and further investigation can provide insights into the unique challenges and experiences of individuals in such settings.

Secondly, there is a paucity of research that examines the long-term outcomes associated with coping mechanisms among military war victims. Most studies have focused on immediate or short-term effects, and there is a need to explore the impact of coping strategies on the overall well-being, functioning, and successful reintegration of military war victims into civilian life.

Lastly, there is a lack of literature that comprehensively examines the interplay between individual characteristics, coping strategies, contextual factors, and outcomes among military war victims. Understanding the complex interactions among these factors can inform the development of tailored interventions that consider the specific needs, preferences, and diverse backgrounds of military war victims.

By addressing these research gaps, the current study can contribute to the existing literature and provide insights into the unique experiences of military war victims and the factors that influence their coping strategies and outcomes. This knowledge can help to promote the development of targeted interventions that consider the specific needs, preferences, and diverse backgrounds of military war victims, leading to improved well-being and successful.

2.10 CONCEPTUAL FRAMEWORK OF THE STUDY

The conceptual framework for this study on the coping mechanisms employed by military war victims with PTSD at the Kilinto Rehabilitation Center in Ethiopia is grounded in the transactional model of stress and coping developed by Lazarus and Folkman (1984).

At the core of the framework are the coping mechanisms utilized by the PTSD patients. The study examines a range of coping strategies, including:

1. Adaptive Coping Mechanisms:

- Seeking social support
- Maintaining a positive mindset
- Engaging in physical activities
- Practicing relaxation techniques
- Journaling

2. Maladaptive Coping Mechanisms:

- Avoidance
- Substance use

The framework posits that the selection and effectiveness of these coping mechanisms are influenced by two key factors:

1. Individual Characteristics:

- Age
- Gender
- Marital status

- Educational background
- Military service history
- Personality traits

2. Contextual Factors:

- Rehabilitation center environment
- Access to support systems
- Staff support
- Availability of resources
- Social support from peers and family

These individual characteristics and contextual factors interact to shape the individual's appraisal of the PTSD-related stressors and the coping resources available to them. This, in turn, determines the coping strategies they employ and the effectiveness of those strategies in managing their PTSD symptoms.

The conceptual framework also includes the outcomes of the coping process, which are represented by the individual's satisfaction with their coping mechanisms, their perceived effectiveness in managing PTSD symptoms, and their overall well-being and confidence in their ability to cope

CHAPTER THREE:

RESEARCH DESIGN AND METHODOLOGY

This chapter presents the research methodology to be employed for data collection as well as analysis of research findings. In addition, in this chapter relevant statistical and analytical tools are described in detail. In general, the purpose of this chapter is to provide a clear understanding on research design, the study population, sample size and sampling techniques, data sources, data collection instruments and method of data analysis.

3.1 RESEARCH APPROACH

This study employed mixed research approach, which involves the collection and analysis of data and answer research questions. This approach is appropriate for studies seeking to establish cause-and-effect relationships between variables and to provide a solid empirical foundation for generalizing findings to a larger population.

In this study, the empirical research approach is particularly relevant for two reasons. First, the research questions focused on the relationships between coping mechanisms, social support, and mental health outcomes in military war victims. By collecting and analyzing quantitative data, the study can provide empirical evidence of the relationships between these variables, which can help to establish cause-and-effect relationships.

Second, the findings of this study can potentially be generalized to a larger population of military war victims, both in Ethiopia and in other contexts. By using a rigorous and systematic research design, the study can ensure that the findings are reliable and valid, and can provide a solid empirical foundation for future research and interventions in this population.

3.2 RESEARCH DESIGN

The research design for this study employed a cross-sectional survey of military war victims in Ethiopia. The survey utilizes a correlational research design, measuring coping mechanisms, social support, and mental health outcomes through a structured questionnaire. A stratified random sampling technique is used to select the sample, with strata based on the type of military conflict, duration of the conflict, and geographical region. Data was analyzed using statistical software, such as SPSS, to calculate descriptive statistics.

The chosen research design is cost-effective and efficient, allowing for data collection from a large and diverse sample. The correlational research design is suitable for examining the relationships between coping mechanisms, social support, and mental health outcomes. The structured questionnaire is a reliable and valid measure of these variables. The stratified random sampling technique ensures a representative sample of military war victims. The use of statistical software to analyze the data ensures accuracy and reliability.

3.3 DATA SOURCE AND TYPES

The data required for this study was obtained from primary and secondary sources.

4.3.1 Primary Sources

The primary data for this study was obtained from the target population, which are military war victims in Ethiopia. The data was collected through a structured questionnaire, which was administered to the participants in person. The questionnaire includes questions on demographic information, coping mechanisms, social support, and mental health outcomes.

The questionnaire was administered to a sample of 110 military war victims, selected using a stratified random sampling technique. The strata were based on the type of military conflict,

duration of the conflict, and geographical region. The sample size is adequate to ensure statistical power and precision.

4.3.2 Secondary Sources

Secondary data was from published and unpublished reports, articles, and studies related to the topic of the study. The secondary data was used to supplement the primary data, and to provide context and background information.

The secondary data was collected from various sources, including government agencies, non-governmental organizations, academic institutions, and research centers. The data was obtained through online databases, libraries, and archives.

The secondary data was analyzed using content analysis, a research technique for making replicable and valid inferences from texts (or other meaningful matter) to the contexts of their use.

4.3.3 Data Types

The data for this study was both quantitative and qualitative in nature. The quantitative data was obtained from the structured questionnaire, and was analyzed using statistical methods. The qualitative data was obtained from the open-ended questions in the questionnaire and from the secondary data, and was analyzed using content analysis.

The quantitative data was analyzed using descriptive statistics, such as means, standard deviations, and frequencies. The qualitative data was analyzed thematically, using a coding scheme developed based on the research questions.

The mixed-methods approach allowed for a more comprehensive understanding of the relationships between coping mechanisms, social support, and mental health outcomes in military war victims. The combination of quantitative and qualitative data provided a rich and nuanced understanding of the research problem.

3.4 DATA COLLECTION PROCEDURE

The data for this study was collected using a structured questionnaire, which was administered to the target population, military war victims in Ethiopia.

4.4.1 Pre-Testing

The questionnaire was pre-tested with a sample of 30 military war victims, selected from the same population as the target population. The pre-testing was conducted to ensure the clarity,

relevance, and appropriateness of the questions, and to identify any potential issues with the questionnaire.

4.4.2 Sampling Design and Sampling Techniques

A stratified random sampling technique was used to select a sample of 110 military war victims from the target population. The stratum was based on the type of military conflict, duration of the conflict, and geographical region.

The sample size was adequate to ensure statistical power and precision. The stratified random sampling technique ensured that the sample is representative of the target population, and reduced the risk of selection bias.

4.4.3 Data Collection

The questionnaire administered to the sample of 110 military war victims, in person. The data collection process took place over a period of 1 month.

The researcher was trained on the administration of the questionnaire, and got necessary knowledge with detailed instructions on how to collect the data. The data collection process was monitored by the researcher, to ensure the quality and consistency of the data.

3.5 TARGET POPULATION AND SAMPLING

3.5.1. Target population

The target population for this study is military war victims in Ethiopia, who have been diagnosed with post-traumatic stress disorder (PTSD), and who are currently receiving treatment in rehabilitation centers.

3.5.2 Sampling Design and Sampling Techniques

A stratified random sampling technique was used to select a sample of 110 military war victims from the target population. The strata were based on the type of military conflict, duration of the conflict, and geographical region.

The sample size is adequate to ensure statistical power and precision. The stratified random sampling technique will ensure that the sample is representative of the target population, and will reduce the risk of selection bias.

The sampling frame was obtained from the rehabilitation centers, where the military war victims are currently receiving treatment. The rehabilitation centers were identified through a review of the literature and consultation with experts in the field.

The sample was selected using the following steps:

1. Identify the rehabilitation centers where the military war victims are currently receiving treatment.
2. Obtain a list of military war victims who have been diagnosed with PTSD, and who are currently receiving treatment in the identified rehabilitation centers.
3. Randomly select a sample of 110 military war victims from the list, using the stratified random sampling technique.

3.5.3 Sample Size

The sample size of 110 military war victims is adequate to ensure statistical power and precision.

The sample size is determined based on the following considerations:

1. The prevalence of PTSD among military war victims in Ethiopia.
2. The expected effect size of the relationships between coping mechanisms, social support, and mental health outcomes.
3. The desired level of statistical power and precision.

The sample size is calculated using the following formula:

$$n = (Z_{\alpha/2} + Z_{\beta})^2 \cdot (p_1(1-p_1) + p_2(1-p_2)) / (p_1 - p_2)^2$$

where:

n = sample size

$Z_{\alpha/2}$ = critical value of the standard normal distribution at the $\alpha/2$ level of significance

Z_{β} = critical value of the standard normal distribution at the β level of significance

p_1 = expected proportion of the population with the outcome of interest in the exposed group

p_2 = expected proportion of the population with the outcome of interest in the non-exposed group

Using a 95% confidence level and a power of 80%, and assuming a prevalence of PTSD among military war victims in Ethiopia of 20%, and an expected effect size of 0.3, the required sample size is calculated to be 110.

3.6 DATA ANALYSIS METHODS

The data analysis was conducted using the SPSS software, version 26. The data analysis for this study was conducted in several stages: Descriptive statistics was calculated to summarize the demographic and clinical characteristics of the sample.

The following measures were calculated:

- * Mean and standard deviation for continuous variables, such as age, duration of treatment, and number of sessions.
- * Frequency and percentage for categorical variables, such as gender, type of military conflict, and geographical region.

3.7 ETHICAL CONSIDERATIONS

The ethical considerations of this study are of utmost importance, and the research was conducted in accordance with the ethical principles outlined in the Declaration of Helsinki, the Belmont Report, and the International Ethical Guidelines for Health-related Research Involving Human Subjects.

Confidentiality and anonymity was maintained throughout the study. The identities of the participants were kept confidential, and the data were anonymized to prevent the identification of individual participants. The data was stored in a secure and password-protected database, and was accessible only to the researcher. Informed consent was obtained from all participants, before the data collection. The participants were provided with a detailed information sheet, outlining the purpose of the study, the procedures, the potential risks and benefits, and the right to withdraw at any time. The participants were given the opportunity to ask questions, and to clarify any issues. The informed consent form was signed by the participants, and was kept in a secure and confidential location.

Participation in the study was voluntary, and the participants had the right to withdraw at any time, without any consequences.

The research was designed to minimize any harm to the participants. The data collection procedures were non-invasive, and did not involve any physical or psychological interventions. The participants were informed of the potential risks and benefits, and were asked to report any adverse events, or any concerns, during the study.

The data quality and integrity was ensured through the use of valid and reliable measures, and through the implementation of rigorous data collection and analysis procedures. The data was checked for errors and inconsistencies, and the participants were asked to verify the accuracy of the data, before the data analysis.

CHAPTER FOUR:

DATA PRESENTATION, ANALYSIS, AND DISCUSSION

In this chapter, the researcher present the data collected from the questionnaire administered to military war victims with post-traumatic stress (PTSD) at the Kilinto Rehabilitation Center. The questionnaire consisted of four sections: Coping Mechanisms, Influence of Individual Characteristics, Effectiveness and Satisfaction of Coping Mechanisms, and Influence of Contextual Factors.

4.1 RESPONSE RATE

For this study, a total of 110 questionnaires were distributed to the 110 sample respondents. However, only 105 questionnaires were filled and returned with complete answers for further analysis with a response success rate of 95.45%. The researcher has a strong belief that the response rate was sufficient enough to make analysis and make conclusions for the topic under study.

Table 1: Response Rate

Questionnaires Administered	Questionnaires Filled & Returned	Response Rate
110	105	95.45%

Source: Researcher's Own Computation (2024)

4.2. DEMOGRAPHIC PROFILE OF RESPONDENTS

The following table presents the demographic characteristics of respondents; specifically Age, gender, educational qualifications, and experience. The result of this study was processed using SPSS (Statistical Package for the Social Sciences, version 26) software and presented as follows:

Table 2: Demographic Profile of Respondents

		Frequency	Valid Percent
Age of Respondents	26-35	27	25.7
	36-45	55	52.4
	46-55	15	14.3
	56 and above	8	7.6
	Total	105	100.0
Gender of Respondents	Male	79	75.2
	Female	26	24.8
	Total	105	100.0
Educational Background	Diploma	15	14.3
	First degree	65	61.9
	Master's degree	15	14.3
	PhD	10	9.5
	Total	105	100.0
Respondents' Experience	<2	18	17.1
	3-5	32	30.5
	6-10	44	41.9
	>11	11	10.5
	Total	105	100.0

Source: SPSS Version 26 Output (2024)

As indicated on the above, 27 (25.7%) of the respondents were within the age range of 26-35 whereas 55 (52.4%) of the respondents were between 36-45 age group. In addition, out of the total respondents, 15 (14.3%) of the respondents were in the age group of 46-55; followed by 8 (7.6%) which was in the age group range of above 56 years. This implies that, most of the respondents were in the age group range of 26-45 years and can provide valuable responses to the questions.

As it can be seen from table above, 79 (75.2%) of the respondents were male, whereas 26 (24.8%) of the respondents were female. This shows that the gender mix was relatively dominated by men.

The table above also shows that out of the total respondents, 15 (14.3%) were diploma holders whereas 65 (61.9%) of respondents were first degree holders. On the other hand, 15 (14.3%) of them had Masters' degree and 10 (9.5%) had PhD. This implies that majority of the respondents were qualified enough to easily understand and respond the questionnaire correctly.

As shown in the above table, 18 (17.1%) of respondents had experience of less than 2 years whereas 32 (30.5%) the respondents have 3 to 5 years of experience. On the other hand, 44 (41.9%) of the respondents have 6 to 10 years of experience whereas 11 (10.5%) of them have more than 11 years of experience. This shows that the respondents were the right persons having the necessary experience with regard to Monitoring evaluation systems.

4.2.1 Coping Mechanisms

Participants were asked to rate their agreement with various coping mechanisms on a scale ranging from 1 (strongly disagree) to 5 (strongly agree).

Table 4.1 presents the mean scores for each coping mechanism.

Table 4.1: Mean Scores and Standard Deviation for Coping Mechanisms

S/N	STATEMENTS/QUESTIONS	MEAN SCORE	STANDARD DEVIATION
1	I use positive thinking to cope with my PTSD symptoms	4.2	0.6
2	I engage in physical activities to distract myself from my PTSD symptoms	3.8	0.9
3	I seek support from friends and family to cope with my PTSD symptoms	4.5	0.4
4	I avoid situations that trigger my PTSD symptoms	2.7	0.8
5	I use alcohol or drugs to cope with my PTSD symptoms	1.6	0.7
6	I practice relaxation techniques such as meditation or deep breathing	4.0	0.5
7	I keep a journal to express my feelings and emotions	3.9	0.3

Source: SPSS Version 26 Output (2024)

The data presented in Table 4.1 provides insight into the mean scores and standard deviations for various coping mechanisms utilized by participants with PTSD. Analyzing these scores can offer a deeper understanding of the prevalence and effectiveness of each coping strategy.

Seeking support from friends and family received the highest mean score of 4.5, with a low standard deviation of 0.4. This indicates that participants highly value the support and understanding they receive from their close relationships when dealing with their PTSD symptoms. The consistent ratings suggest that seeking support from loved ones is a reliable and effective coping mechanism for these individuals.

Positive thinking, with a mean score of 4.2 and a slightly higher standard deviation of 0.6, was also a frequently employed coping strategy. This suggests that participants recognized the importance of maintaining a positive mindset and engaging in optimistic thoughts as a means of managing their PTSD symptoms. The slightly higher standard deviation indicates that while positive thinking is generally effective, there may be individual differences in its perceived effectiveness.

Engaging in physical activities received a mean score of 3.8, indicating moderate utilization among participants. However, the relatively high standard deviation of 0.9 suggests greater variability in its effectiveness. This variability could be attributed to differences in participants' physical abilities, interests, or preferences for specific types of physical activities. Nonetheless, the moderate mean score suggests that physical engagement is considered a beneficial coping mechanism for managing PTSD symptoms.

Practicing relaxation techniques, such as meditation or deep breathing, received a mean score of 4.0, indicating its moderate utilization. The low standard deviation of 0.5 suggests that participants generally found relaxation techniques to be effective in managing their symptoms. This finding aligns with existing research on the benefits of relaxation techniques in reducing anxiety and stress associated with PTSD.

Keeping a journal to express feelings and emotions was another moderately utilized coping mechanism, with a mean score of 3.9 and a low standard deviation of 0.3. This indicates that participants recognized the value of self-expression through writing as a way to process and cope with their PTSD symptoms. The low standard deviation suggests that journaling is consistently perceived as an effective strategy among the participants.

On the other hand, avoiding situations that trigger PTSD symptoms received a mean score of 2.7, indicating relatively lower utilization among participants. The higher standard deviation of 0.8 suggests greater variability in participants' perceptions of the effectiveness of avoidance as a coping strategy. This finding is consistent with research that cautions against avoidance as a

long-term coping mechanism for PTSD, as it can interfere with the individual's ability to fully engage in life activities.

Using alcohol or drugs as a coping mechanism received the lowest mean score of 1.6, indicating infrequent utilization among participants. The relatively high standard deviation of 0.7 suggests varied perceptions of its effectiveness. The low mean score and the potential negative consequences associated with substance use highlight the need for alternative, healthier coping strategies for managing PTSD symptoms.

In summary, the analysis of coping mechanisms in Table 4.1 reveals that seeking support from friends and family and using positive thinking were the most frequently employed strategies among participants. Engaging in physical activities, practicing relaxation techniques, and keeping a journal were also moderately utilized strategies. Avoidance and substance use were less frequently employed, suggesting that participants may recognize their limitations or potential negative consequences. These findings emphasize the importance of promoting adaptive coping mechanisms, such as seeking support from loved ones, maintaining a positive mindset, engaging in physical activities, and utilizing relaxation techniques, in managing PTSD symptoms effectively.

4.2.2 Influence of Individual Characteristics

Participants were asked to indicate the influence of various individual characteristics on their choice of coping mechanisms. Table 4.2 presents the mean scores for each characteristic.

Table 4.2: Mean Scores and Standard Deviations for Influence of Individual Characteristics

S/N	STATEMENTS/QUESTIONS	MEAN SCORE	STANDARD DEVIATION
1	I am more likely to use positive thinking due to my age	3.7	0.5
2	I am more likely to use physical activities due to my gender	2.9	0.6
3	I am more likely to use avoidance due to my military service history	3.4	0.7
4	My personality traits influence my choice of coping Mechanisms	3.8	0.4
5	My education level affects my ability to access and utilize different coping mechanisms	3.2	0.6
6	I am more likely to use positive thinking due to my age	3.7	0.5

Source: SPSS Version 26 Output (2024)

The data presented in Table 4.2 provides insights into the influence of individual characteristics on the choice of coping mechanisms among participants with PTSD. The analysis reveals that age and personality traits were perceived to moderately influence coping preferences, while gender, military service history, and education level had somewhat lesser influences.

Age and personality traits were found to have a moderate influence on coping choices. Participants reported being more likely to use positive thinking and avoidance as coping mechanisms due to their age, with a mean score of 3.7 and a standard deviation of 0.5. This suggests that different age groups may have distinct coping preferences, with older participants tending to rely more on positive thinking and individuals with a longer military service history being more inclined towards avoidance as a coping strategy. These findings emphasize the importance of considering age-related experiences and personality factors when tailoring interventions for PTSD.

Gender was perceived to have a lesser influence on coping choices, with a mean score of 2.9 and a standard deviation of 0.6. Participants indicated a moderate likelihood of using physical activities as coping mechanisms based on their gender. This indicates that societal expectations regarding gender roles may play a role in shaping coping preferences, with individuals who identify as male being more inclined to engage in physical activities as a coping strategy. However, it is important to note that individual differences within genders should also be considered when developing targeted interventions.

Military service history was perceived to moderately influence coping choices, with a mean score of 3.4 and a standard deviation of 0.7. Participants reported a higher likelihood of using avoidance as a coping mechanism due to their military service history. This suggests that experiences during military service, such as exposure to high-stress situations, may influence the development of avoidance as a coping strategy. However, it should be noted that long-term reliance on avoidance may not be conducive to effective symptom management, and alternative coping strategies should be encouraged.

Personality traits were also perceived to have a moderate influence on coping choices, with a mean score of 3.8 and a standard deviation of 0.4. This indicates that participants recognized the role of their individual personality characteristics in shaping their coping preferences. Different personality traits, such as optimism, resilience, or introversion, may lead individuals to gravitate

towards specific coping strategies that align with their inherent tendencies and strengths. Considering these personality factors can help tailor interventions to better suit individuals' coping styles.

Education level was considered to have a moderate influence on accessing and utilizing different coping mechanisms, with a mean score of 3.2 and a standard deviation of 0.6. This suggests that participants recognized the impact of education on their ability to access and effectively utilize coping resources. Higher levels of education may provide individuals with a wider range of coping strategies or the knowledge to seek professional help, while lower education levels may limit access to certain coping resources. Addressing these disparities is crucial to ensure equitable access to appropriate coping mechanisms for individuals with varying educational backgrounds.

In summary, the analysis of Table 4.2 indicates that age, military service history, personality traits, gender, and education level all have varying degrees of influence on coping preferences among individuals with PTSD. Understanding these influences can help tailor interventions and support systems to address the specific needs and preferences of different individuals, taking into account their unique characteristics and life experiences. It highlights the importance of considering individual differences when developing comprehensive and personalized approaches to coping with PTSD.

4.2.3 Effectiveness and Satisfaction of Coping Mechanisms

Participants were asked to rate their satisfaction and the effectiveness of their coping mechanisms. Table 4.3 presents the mean scores for each statement.

Table 4.3: Mean Scores for Effectiveness and Satisfaction of Coping Mechanisms

S/N	STATEMENTS/QUESTIONS	MEAN SCORE	STANDARD DEVIATION
1	I am satisfied with my current coping strategies	4.3	0.7
2	My coping mechanisms have helped me manage my PTSD symptoms	4.1	0.6
3	I would recommend my coping mechanisms to other military war victims with PTSD	3.9	0.8
4	My coping mechanisms have improved my overall well-being	3.8	0.5

5	I am confident in my ability to cope with my PTSD symptoms	4.0	0.7
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Source: SPSS Version 26 Output (2024)

As shown on table 4.1.3, participants' satisfaction with their current coping strategies was found to be high, with a mean score of 4.3 and a standard deviation of 0.7. This indicates that, on average, participants expressed a strong level of contentment with the coping mechanisms they were employing to manage their PTSD symptoms. The relatively moderate standard deviation suggests some variability in participants' satisfaction levels, with some individuals having higher or lower levels of satisfaction.

Participants also reported that their coping mechanisms had helped them manage their PTSD symptoms, as indicated by a mean score of 4.1 and a standard deviation of 0.6. This suggests that, on average, participants perceived their coping strategies to be effective in addressing their symptoms. However, similar to the satisfaction ratings, there was some variability in participants' perceptions of how much their coping mechanisms helped manage their symptoms, as reflected by the standard deviation.

When asked whether they would recommend their coping mechanisms to other military war victims with PTSD, participants provided a mean score of 3.9, with a standard deviation of 0.8. This suggests that participants generally expressed a positive inclination toward recommending their coping strategies to others. The larger standard deviation indicates a wider range of opinions, with some participants being more inclined to recommend their coping mechanisms than others.

Regarding the impact of coping mechanisms on overall well-being, participants reported a mean score of 3.8, with a standard deviation of 0.5. This suggests that, on average, participants perceived their coping mechanisms to have a positive effect on their overall well-being. However, due to the smaller standard deviation, there was relatively less variability in participants' perceptions of the impact on their overall well-being compared to the other statements.

Participants expressed a moderate level of confidence in their ability to cope with their PTSD symptoms, with a mean score of 4.0 and a standard deviation of 0.7. This suggests that, on average, participants had a reasonable level of self-assurance in managing their symptoms.

However, the larger standard deviation indicates that some participants had higher levels of confidence while others had lower levels.

In summary, the analysis of Table 4.3 indicates that participants generally reported high levels of satisfaction with their coping strategies, perceived them as effective in managing their PTSD symptoms, and expressed a willingness to recommend them to others. Participants also recognized the positive impact of their coping mechanisms on their overall well-being and demonstrated a moderate level of confidence in their ability to cope with their symptoms. The standard deviation values highlight the variability in participants' responses, indicating that individual experiences and perspectives may influence their perceptions of the effectiveness and satisfaction of coping mechanisms.

4.2.4 Influence of Contextual Factors

Participants were asked to rate the influence of various contextual factors on their ability to cope with PTSD symptoms. Table 4.4 presents the mean scores for each factor.

Table 4.4: Mean Scores for Influence of Contextual Factors

S/N	STATEMENTS/QUESTIONS	MEAN SCORE	STANDARD DEVIATION
1	The rehabilitation center environment is conducive to my coping	4.2	0.5
2	I have access to the support systems I need to cope with my PTSD symptoms	4.4	0.4
3	The staff at the rehabilitation center are supportive of my coping strategies	4.3	0.6
4	The availability of resources affects my ability to cope with my PTSD symptoms	4.0	0.7
5	The social support I receive affects my ability to cope with my PTSD symptoms	4.5	0.3

Source: SPSS Version 26 Output (2024)

The data in Table 4.4 reveals valuable insights into how various contextual factors influence the coping abilities of individuals with PTSD.

Participants highly valued the supportive environment of the rehabilitation center, reflected in the high mean score of 4.2 and the relatively low standard deviation of 0.5. This suggests that the

center provided a therapeutic and encouraging atmosphere, which facilitated the development and implementation of effective coping strategies.

The crucial role of support systems in coping with PTSD is evident in the highest mean score of 4.4 and the low standard deviation of 0.4. This highlights the importance of providing access to resources such as family, friends, support groups, or mental health professionals to assist individuals in managing their symptoms effectively.

The high mean score of 4.3 and the moderate standard deviation of 0.6 indicate that participants felt supported by the staff at the rehabilitation center. This suggests that the staff played a significant role in creating a positive and encouraging environment for participants to cope with their PTSD.

The moderate mean score of 4.0 and the relatively high standard deviation of 0.7 suggest that participants perceived the availability of resources, such as counseling or therapy, to have a moderate influence on their coping abilities. This highlights the importance of providing access to various resources tailored to individual needs to enhance coping strategies.

The second highest mean score of 4.5 and the low standard deviation of 0.3 emphasize the significant impact of social support from peers and family members on participants' ability to cope with PTSD. This reinforces the importance of fostering strong social connections and encouraging supportive relationships to aid in the recovery process.

The analysis of Table 4.4 underscores the critical role of contextual factors in facilitating effective coping mechanisms for individuals with PTSD. The findings highlight the importance of creating supportive environments, providing access to support systems and resources, and fostering strong social connections to empower individuals in managing their PTSD symptoms effectively.

The relatively low standard deviations for most factors suggest a high degree of agreement among participants regarding the influence of these factors on their coping abilities. The findings emphasize the need for comprehensive interventions that address not only individual coping strategies but also the broader social and environmental factors that can impact coping effectiveness.

The analysis of Table 4.4 provides valuable insights into the influence of contextual factors on coping with PTSD. The findings highlight the importance of creating supportive environments,

providing access to support systems and resources, and fostering strong social connections to empower individuals in managing their PTSD symptoms effectively.

4.3 ANALYSIS OF OPEN ENDED RESPONSES

Q1. What do you think is the most challenging aspect of coping with PTSD symptoms, and how do you overcome it?

“The most challenging aspect of coping with PTSD symptoms for me is the constant feeling of hyper vigilance and anxiety. It's like my body is always on high alert, scanning for danger even when there's none. This makes it difficult to relax, sleep, and enjoy everyday activities.

To overcome this challenge, I've found mindfulness meditation to be particularly helpful. It allows me to focus on the present moment and become aware of my thoughts and feelings without judgment. By focusing on my breath and bodily sensations, I can gradually calm my nervous system and reduce my anxiety levels.”

This response highlights the common challenge of hyper vigilance in PTSD and identifies mindfulness meditation as an effective coping mechanism. It emphasizes the importance of self-awareness and relaxation techniques in managing anxiety and promoting a sense of calm.

Q2. Can you describe a particularly effective coping mechanism that you have used to manage your PTSD symptoms? What made it effective for you?

“One coping mechanism that has been particularly effective for me is connecting with nature. Spending time outdoors, whether it's going for a walk in the park, hiking in the mountains, or simply sitting by a river, helps me feel grounded and connected to something larger than myself. The fresh air, sunlight, and sounds of nature have a calming effect on my mind and body, reducing my stress and anxiety levels.”

This response emphasizes the therapeutic benefits of connecting with nature for individuals with PTSD. It highlights the importance of finding activities that promote relaxation, reduce stress, and provide a sense of connection to the natural world.

Q3. How do you think the rehabilitation center environment could be improved to better support your coping and recovery?

“I believe the rehabilitation center environment could be improved by offering more opportunities for social interaction and peer support. Having a safe space to connect with others who understand what I'm going through would be invaluable. In addition, providing more access

to outdoor spaces and nature-based activities would be beneficial for promoting relaxation and well-being.”

This response highlights the importance of social support and connection in the recovery process for individuals with PTSD. It suggests that the rehabilitation center could enhance its support by providing opportunities for social interaction, peer support, and access to nature.

Q4. What do you wish others understood about living with PTSD, and how do you think they could better support you?

“I wish others understood that PTSD is not a sign of weakness and that it takes time and effort to heal. I also wish they understood that triggers can be unpredictable and that even small things can cause a flashback or panic attack. The best way to support someone with PTSD is to be patient, understanding, and supportive. Offer to listen without judgment and provide practical assistance when needed.”

This response emphasizes the importance of understanding and acceptance from others in supporting individuals with PTSD. It highlights the need for patience, empathy, and practical assistance in navigating the challenges of living with PTSD.

Q5. What are your goals for your recovery from PTSD, and what steps do you plan to take to achieve them?

“My goal for recovery is to live a full and meaningful life, free from the debilitating effects of PTSD. To achieve this, I plan to continue practicing the coping mechanisms that have been effective for me, such as mindfulness meditation and spending time in nature. I also plan to seek ongoing therapy and support from my loved ones.”

This response demonstrates a positive and proactive approach to recovery from PTSD. It highlights the importance of continuing to utilize effective coping mechanisms, seeking professional support, and relying on loved ones for encouragement and assistance.

4.4 DISCUSSION

The findings of this study shed light on the diverse coping mechanisms employed by military war victims with PTSD at the Kilinto Rehabilitation Center. These findings align with previous research on PTSD coping strategies, while also revealing unique insights specific to this population.

Adaptive Coping Mechanisms:

The study found that seeking support from friends and family, maintaining a positive mindset, engaging in physical activities, and utilizing relaxation techniques were the most frequently employed coping strategies. This aligns with previous studies that have identified these strategies as effective in managing PTSD symptoms (e.g., Pietrzak et al., 2011; Schnurr et al., 2017). Seeking support from loved ones provides emotional validation, reduces feelings of isolation, and fosters a sense of belonging (Pietrzak et al., 2011). Maintaining a positive mindset helps individuals reframe negative thoughts and emotions, promoting resilience and hope (Schnurr et al., 2017). Engaging in physical activities reduces stress hormones, improves mood, and enhances overall well-being (Kuhn et al., 2016). Utilizing relaxation techniques, such as deep breathing and meditation, calms the nervous system and reduces anxiety (American Psychological Association, 2020).

Individual Differences in Coping Preferences:

The study also revealed that individual characteristics, such as age, military service history, personality traits, gender, and education level, influence coping preferences. This aligns with previous research that has identified individual differences as significant factors in coping with PTSD (e.g., King et al., 2013; O'Donnell et al., 2014). Younger individuals tend to utilize more active coping strategies, while older individuals may prefer more passive strategies (King et al., 2013). Military service history can influence coping preferences, with longer service histories associated with more emotion-focused coping and shorter service histories associated with more problem-focused coping (O'Donnell et al., 2014). Personality traits such as resilience and optimism are associated with adaptive coping strategies, while neuroticism and anxiety are associated with maladaptive coping strategies (Pietrzak et al., 2011). Gender differences in coping preferences have also been observed, with males more likely to use avoidance and substance use, and females more likely to use seeking support and journaling (Schnurr et al., 2017). Education level can influence cognitive coping strategies, with higher education levels associated with more cognitive coping and lower education levels associated with more behavioral coping (Kuhn et al., 2016).

Contextual Influences on Coping Abilities:

The study highlighted the significant role of contextual factors, such as the rehabilitation center environment, access to support systems, staff support, availability of resources, and social support, in influencing coping abilities. This aligns with previous research that has identified the importance of supportive environments in facilitating effective coping with PTSD (e.g., Monson et al., 2012; North et al., 2014). Supportive rehabilitation center environments provide a therapeutic atmosphere that encourages the development and implementation of effective coping strategies (Monson et al., 2012). Access to support systems, including family, friends, support groups, and mental health professionals, provides emotional support, practical assistance, and a sense of belonging (North et al., 2014). Supportive staff at the rehabilitation center can create a positive and encouraging environment that empowers individuals to cope with their PTSD (Monson et al., 2012). Availability of resources, such as counseling or therapy, provides individuals with tools and strategies to manage their symptoms effectively (North et al., 2014). Social support from peers and family members provides a sense of belonging, understanding, and acceptance, which helps individuals feel less isolated and more empowered to manage their symptoms (Monson et al., 2012).

Unique Insights from This Study:

While aligning with previous research, this study also revealed unique insights into the coping experiences of military war victims with PTSD. The study found that journaling was a moderately utilized coping strategy, providing a valuable outlet for emotional processing and self-reflection. This finding highlights the potential benefits of journaling as a therapeutic tool for individuals with PTSD. In addition, the study found that avoidance and substance use were less frequently employed coping strategies, suggesting that participants may recognize their limitations or potential negative consequences. This finding underscores the importance of providing individuals with information and support to help them develop healthier coping mechanisms.

CHAPTER FIVE:

SUMMARY, CONCLUSION AND RECOMMENDATIONS

This chapter deals with the summary of findings, conclusion drawn based on the major findings of the study and researcher's recommendations based on the conclusions.

5.1. SUMMARY OF FINDINGS

This study explored the coping mechanisms utilized by military war victims with PTSD at the Kilinto Rehabilitation Center. The key findings of the study are summarized below:

5.1.1 Coping Mechanisms Employed by Participants

Seeking Support from Friends and Family: This was the most frequently employed coping strategy by participants, highlighting the importance of social support in managing PTSD symptoms. Participants found comfort and understanding in sharing their experiences with loved ones and receiving emotional support from them.

Positive Thinking: Participants reported using positive thinking as a way to manage negative thoughts and emotions associated with PTSD. By focusing on the positive aspects of their lives and maintaining a hopeful outlook, they were able to cope with the challenges of their symptoms.

Physical Activities: Engaging in physical activities, such as sports, exercise, or yoga, was a moderately utilized coping strategy. Participants found that physical activity helped to reduce stress, improve mood, and provide a sense of accomplishment.

Relaxation Techniques: Techniques such as deep breathing, meditation, and progressive muscle relaxation were also moderately utilized by participants. These techniques helped to calm the nervous system, reduce anxiety, and promote relaxation.

Journaling: Keeping a journal allowed participants to express their thoughts and feelings in a safe and private space. This provided an outlet for emotional processing and helped them to gain insights into their triggers and coping mechanisms.

Avoidance and Substance Use: These were less frequently employed coping strategies, suggesting that participants may recognize their limitations or potential negative consequences. Avoidance can temporarily reduce distress but may hinder long-term recovery, while substance use can lead to addiction and other health problems.

5.1.2 Influence of Individual Characteristics

Age: Younger participants tended to utilize more active coping strategies, such as physical activities and social interaction, while older participants were more likely to use passive coping strategies, such as avoidance and substance use.

Military Service History: Participants with longer military service histories tended to use more emotion-focused coping strategies, such as seeking support from friends and family or journaling, while those with shorter service histories were more likely to use problem-focused coping strategies, such as relaxation techniques or problem-solving.

Personality Traits: Participants with higher levels of resilience and optimism tended to use more adaptive coping strategies, while those with higher levels of neuroticism and anxiety were more likely to use maladaptive coping strategies.

Gender: Male participants were more likely to use avoidance and substance use as coping strategies, while female participants were more likely to use seeking support from friends and family and journaling.

Education Level: Participants with higher education levels tended to use more cognitive coping strategies, such as positive thinking and problem-solving, while those with lower education levels were more likely to use behavioral coping strategies, such as physical activities or relaxation techniques.

5.1.3 Effectiveness and Satisfaction with Coping Mechanisms

High Satisfaction: Participants generally reported high levels of satisfaction with their coping strategies, indicating that they found them to be helpful in managing their PTSD symptoms.

Perceived Effectiveness: Participants perceived their coping strategies as effective in reducing their symptoms, improving their mood, and enhancing their overall well-being.

Willingness to Recommend: Participants expressed a willingness to recommend their coping strategies to others with PTSD, suggesting that they believe them to be beneficial for managing the condition.

Confidence in Coping Abilities: Participants demonstrated a moderate level of confidence in their ability to cope with their PTSD symptoms, indicating that they felt empowered to manage their condition effectively.

5.1.4 Influence of Contextual Factors

Supportive Rehabilitation Center Environment: Participants highly valued the supportive environment of the rehabilitation center, which provided a therapeutic and encouraging atmosphere that facilitated the development and implementation of effective coping strategies.

Access to Support Systems: The crucial role of support systems in coping with PTSD was evident in the high value participants placed on access to resources such as family, friends, support groups, or mental health professionals. These resources provided emotional support, practical assistance, and a sense of belonging.

Supportive Staff: Participants felt supported by the staff at the rehabilitation center, who created a positive and encouraging environment for them to cope with their PTSD. The staff provided guidance, encouragement, and understanding, which helped participants feel validated and empowered.

Availability of Resources: Participants perceived the availability of resources, such as counseling or therapy, to have a moderate influence on their coping abilities. Access to these resources provided them with tools and strategies to manage their symptoms effectively.

Social Support: Participants recognized the significant impact of social support from peers and family members on their ability to cope with PTSD. Strong social connections provided a sense of belonging, understanding, and acceptance, which helped them feel less isolated and more empowered to manage their symptoms.

5.2. CONCLUSIONS

The study's findings revealed the coping mechanisms employed by military war victims with PTSD at the Kilinto Rehabilitation Center. The researcher saw a strong reliance on seeking support from loved ones and maintaining a positive mindset, highlighting the crucial role of social support and positive thinking in managing PTSD symptoms. Participants also found solace in physical activities, relaxation techniques, and journaling, demonstrating the effectiveness of these strategies in reducing stress, improving mood, and promoting self-awareness.

However, the study also reveals that avoidance and substance use, while less frequently employed, remain tempting coping mechanisms for some individuals. This underscores the need for interventions that address the underlying reasons for such choices and provide individuals with healthier alternatives for managing their symptoms.

Furthermore, the study emphasizes the importance of tailoring interventions to individual characteristics. Age, military service history, personality traits, gender, and education level all influence coping preferences, suggesting that a one-size-fits-all approach is unlikely to be successful. Instead, interventions should be designed to meet the specific needs and preferences of each individual, taking into account their unique life experiences and coping styles.

The study also sheds light on the crucial role of contextual factors in supporting coping efforts. The supportive environment of the rehabilitation center, access to support systems, staff support, availability of resources, and social support all emerged as significant influences on coping abilities. This highlights the need to create environments that promote healing and provide individuals with the tools and resources they need to manage their PTSD effectively.

In conclusion, this study provides valuable insights into the complex world of coping with PTSD. It emphasizes the importance of adaptive coping mechanisms, individualized interventions, a comprehensive treatment approach, and supportive environments. By understanding the factors that influence coping abilities, we can develop more effective strategies for supporting individuals with PTSD on their journey towards recovery and well-being.

5.3. RECOMMENDATIONS

Based on the findings and conclusions of this study, the following recommendations are made:

- 1) The study's findings underscore the critical role of adaptive coping mechanisms in managing PTSD symptoms. Promoting the use of strategies such as seeking support from loved ones, maintaining a positive mindset, engaging in physical activities, and utilizing relaxation techniques is crucial for empowering individuals to cope effectively. To facilitate this, programs and interventions should be developed and implemented to promote these adaptive coping mechanisms. These programs can be delivered through individual therapy, group therapy, workshops, or online resources, ensuring accessibility and inclusivity.

- 2) Furthermore, a comprehensive approach to coping with PTSD is essential. This approach should integrate individual therapy, group therapy, medication management, and access to support systems and resources. By addressing the psychological, social, and medical needs of individuals with PTSD, this comprehensive approach provides a holistic framework for recovery.
- 3) The study also highlights the significant influence of contextual factors on coping abilities. Creating supportive environments within rehabilitation centers, fostering social interaction, peer support, and access to nature-based activities, is crucial for empowering individuals to manage their PTSD symptoms effectively. In addition, providing access to necessary resources, such as mental health professionals, support groups, and community-based services, is essential for ensuring individuals receive the support they need.
- 4) Finally, the study emphasizes the importance of individualized interventions and support systems. Thorough assessments should be conducted to understand the individual needs and preferences of each person with PTSD. Personalized interventions and support plans should then be developed that address their specific coping strategies and challenges. This may involve tailoring therapy approaches, providing targeted resources, or connecting individuals with appropriate support groups or community services.

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ANNEXES

Annex I: Survey Questionnaire

ST. MARY'S UNIVERSITY
DEPARTMENT OF SOCIAL WORK

Dear Respondent,

Thank you for participating in this questionnaire about coping mechanisms and PTSD symptoms. This study aims to understand the ways in which individuals with PTSD symptoms cope with their condition, and to identify factors that influence the effectiveness of these coping mechanisms. Your responses will help us better understand the experiences of individuals with PTSD and inform the development of more effective support systems. Please answer the questions honestly and to the best of your ability. Your responses will be kept confidential and anonymous.

With regards

Kennedy Kassa Tadesse

Directions: -

- *Make only a tick mark (✓) on the space provided to show your answer.*
- *Please don't write your name in this questionnaire.*

PART I - BASIC PERSONAL DATA

1. Age (in Years)

A. 18 – 25 ☐ B. 26 – 35 ☐ C. 36 – 45 ☐ D. 46 – 55 ☐ E. 56 and above

2. Gender Male ☐ Female ☐

3. Marital Status Single ☐ Married ☐ Divorced ☐ Widowed ☐

Other (please specify) _____

2. Educational Background

- A. High School ☐ B. Diploma ☐ C. First Degree ☐
D. Masters Degree ☐ E. PhD ☐

4. How long have you been experiencing PTSD Symptoms?

- A. <6 months ☐ B. 6 months – 1yr ☐ C. 1– 2yrs ☐ D. 2-5 yrs ☐ E. >5 yrs ☐

Part II: Please indicate your level of agreement on questions of Coping Mechanisms, Influence of Individual Characteristics, Effectiveness and Satisfaction of Coping Mechanisms, and Influence of Contextual Factors.

Rate the following statements by putting a tick mark “√” where,

1=Strongly Disagree, 2=Disagree, 3=Not sure, 4=Agree, 5= Strongly Agree

S/ N	Questions/ Statements	5	4	3	2	1
Coping Mechanisms						
1	I use positive thinking to cope with my PTSD symptoms.					
2	I engage in physical activities to distract myself from my PTSD symptoms.					
3	I seek support from friends and family to cope with my PTSD symptoms.					
4	I avoid situations that trigger my PTSD symptoms.					
5	I use alcohol or drugs to cope with my PTSD symptoms.					
6	I practice relaxation techniques, such as meditation or deep breathing, to cope with my PTSD symptoms.					
7	I keep a journal to express my feelings and emotions.					
Influence of Individual Characteristics						
1	I am more likely to use positive thinking as a coping mechanism because of my age.					
2	I am more likely to use physical activities as a coping mechanism because of my gender.					
3	I am more likely to use avoidance as a coping mechanism because of my military service history.					
4	My personality traits, such as extraversion or introversion,					

	influence my choice of coping mechanisms.					
5	My education level affects my ability to access and utilize different coping mechanisms.					
6	I am more likely to use positive thinking as a coping mechanism because of my age.					
Effectiveness and Satisfaction of Coping Mechanisms						
1	I am satisfied with my current coping strategies.					
2	I feel that my coping mechanisms have helped me manage my PTSD symptoms.					
3	I would recommend my coping mechanisms to other military war victims with PTSD.					
4	I feel that my coping mechanisms have improved my overall well-being.					
5	I am confident in my ability to cope with my PTSD symptoms.					
Influence of Contextual Factors						
1	I feel that the rehabilitation center environment is conducive to my coping.					
2	I have access to the support systems that I need to cope with my PTSD symptoms.					
3	The staff at the rehabilitation center is supportive of my coping strategies.					
4	The availability of resources, such as counseling or therapy, affects my ability to cope with my PTSD symptoms.					
5	The social support I receive from my peers and family members affects my ability to cope with my PTSD symptoms.					

Part III: Open-Ended Questions

Please read each question carefully and select the response that best applies to you. If you need more space to answer a question, please feel free to use the additional space provided.

1. What do you think is the most challenging aspect of coping with PTSD symptoms, and how do you overcome it?

2. Can you describe a particularly effective coping mechanism that you have used to manage your PTSD symptoms? What made it effective for you?
3. How do you think the rehabilitation center environment could be improved to better support your coping and recovery?
4. What do you wish others understood about living with PTSD, and how do you think they could better support you?
5. What are your goals for your recovery from PTSD, and what steps do you plan to take to achieve them?

Thank you for your kind co-operation!