

Assessment of Posttraumatic Stress Disorder among Internally Displaced Persons in Northern Nigeria

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ABSTRACT

Nigeria's ethno-religious history, both military and civilian governments, has faced various conflicts, including those involving communities, ethnic groups, religion, and other humanitarian issues, which have caused citizen to be displaced from their primary settlements, and this, in turn, has affected their mental wellbeing. Hence, the study aimed to assess post-traumatic stress disorder (PTSD) among Internally Displaced Persons (IDPs) in Northern Nigeria. A mixed method approach was adopted for this study, and a purposive sampling technique was employed to recruit 205 participants (quantitative) and 4 participants (qualitative) between the ages of 18 and 65. The study was carried out among internally displaced people living in IDP camps in Borno (Gumi and Masara camps) and Niger State (Gwari camp), respectively. The result of the quantitative study revealed that the majority of the IDPs had severe PTSD (67.8%), while 42.3% had extreme PTSD. The result further revealed a high prevalence (99.5%) of PTSD among IDPs in Northern Nigeria. The result further posits no influence of sex on PTSD among IDPs. The result of the qualitative study revealed that the experience of displacement has profound effects on mental and emotional well-being, characterised by a sense of loss, anxiety, trauma, and disruption to personal identity with clear posttraumatic stress and psychological distress; participants demonstrate resilience through faith, hope for external intervention, and support from their communities. The study concluded by recommending that psychological relief services and psychotherapy should be provided to those diagnosed with PTSD to help boost their psychological well-being.

Keywords: IDPs, PTSD, assessment, trauma, Nigeria

INTRODUCTION

Internal displacement, also called population displacement within a nation, is frequently the result of armed conflicts (Dirikgil, 2022), natural disasters (Adeola, 2020), or social upheavals (Helgason, 2020). There are many internally displaced people (IDPs) in Nigeria (Agbaje, 2020; Ajayi, 2020; Amodu et al., 2021; Ekoh et al., 2022).

Nigeria, the most populous country in Africa, is home to three major ethnic groups and a multitude of tribes. Throughout its history, both military and civilian governments have faced various conflicts, including those involving communities, ethnic groups, religion, and other humanitarian issues. The most documented ethno-religious conflicts have occurred in the country's north, specifically in the North Central and North East regions (Haldun & Opeyemi, 2016; Abdul & Kabiru, 2017). The North Central and Northeastern regions of Nigeria, particularly Benue State and other states in the region's northeast, such as Adamawa, Borno, Taraba, and Yobe, have seen an increase in ethno-religious conflict and Boko Haram terrorism since 2009. This has resulted in an increase in the number of deaths of people orchestrated by terrorists and the displacement of most victims into other communities (Abdul & Kabiru, 2017).

People have been forcibly removed from their homes, communities, and environments due to terrorist attacks, violent acts, or experiences with ethno-religious groups. This is done in order to protect them until their community regains peace and tranquility. However, the forcible removal of people from their homes due to communal or ethno-religious conflicts has caused serious psychological breakdown in those affected, leaving them vulnerable to various psychological or mental imbalances and negatively affecting their mental wellbeing (Bürgin et al., 2022). These people deal with particular difficulties, such as depression, anxiety, panic, phobia, posttraumatic stress disorders and other mental health-related disorders brought on by being forcibly relocated (Ekezie, 2022).

According to estimates from the International Organization for Migration (IOM, 2023), there are over 2 million people who have been displaced in North East and North Central Nigeria. Of these, around 1.7 million are displaced due to Boko Haram terrorist activities in the North Eastern states, and some are displaced due to the herdsmen crisis in the North Central states. As a result, Nigeria is home to the third largest population of internally displaced people worldwide (IDMC, 2022)

The direct impact of conflict, violence, or catastrophic events frequently causes trauma for internally displaced people (IDPs). Indirect effects of these events can also be seen in their mobility experiences, which can result in hunger, exhaustion, weakness, and exposure to animal attacks.

Relocating to an unfamiliar or new environment can be extremely stressful and lead to a host of challenges, including physical, emotional, and sexual abuse, infectious disease outbreaks, overcrowding, and a higher-than-expected death rate among the most vulnerable (Taru et al., 2017).

A world mental health survey conducted across 24 countries revealed PTSD rates range from 3.9% in the total sample of 71083 to 5.6% among the trauma-exposed. Half of the respondents with PTSD reported persistent symptoms (Koenen et al., 2017). Additionally, a significant prevalence of symptoms of post-traumatic stress disorder has been seen in those who have lived in dangerous environments or in conflict zones (Prevention CfDca, 2014), particularly among internally displaced individuals in Uganda and Kenya. Nigeria and Sudan are rated between 42% and 80% (Agbir et al., 2016; Sheikh et al., 2014; Roberts et al., 2010; Karunakara et al., 2004). In a similar vein, Tagurum,et

al. (2015) conducted research on the prevalence of violence and symptoms of PTSD among victims of Ethno-Religious Conflict in Jos, Nigeria, and found that Two-thirds of the 204 respondents had experienced some form of violence ranging from seeing someone getting killed 36.8%, someone getting stabbed 16.7% or shot 20.6% to a loss of property 31.4% and relocation from residence 26%. They further found the crude Prevalence of PTSD in the respondents to be 46.1%. and that the symptoms of PTSD experienced by the respondents included constant watchfulness and being easily startled (68.1%), denial or avoidance of thoughts of the crisis (67.6%), numbness and detachment from surroundings (52.9%), and nightmares (42.2%).

Furthermore, a study conducted by Aroyewun and Ojo (2019) on assessing PTSD among IDP victims of Herdsmen conflict in Benue state, Nigeria, found that the prevalence of PTSD among IDPs in Benue state was moderately high as the majority of the IDPs reported high symptoms in cognition and mood, arousal and reactivity. They further claimed that no differences exist between males and females when it comes to experiencing PTSD. Likewise, marital status does not determine posttraumatic stress disorders among IDPs. Though their study focus majorly on IDPs exposed to herdsmen brutality, this current research improves on their findings, delving into various adverse exposures that the IDPs have experienced in the past, such as Boko haram terrorist, bandit attacks, ethno-religious crisis and herdsmen.

In the same vein, Taru et al. (2017), in a study on post-traumatic stress disorder among internally displaced victims of Boko Haram terrorism in North-Eastern Nigeria, found out that more than 63% of the respondents were diagnosed with PTSD. Their study further revealed the significant influence of educational level, marital status and income before displacement on PTSD, but gender did not have a significant influence on PTSD, as no difference was found in male and female PTSD. (Taru et al, 2017). Furthermore, a study conducted by Zidan et al. (2018) on the assessment of post-traumatic stress disorder among Shengalian internally displaced persons. They found a 14.5% prevalence of PTSD among Shengalian IDPs. They further asserted that post-traumatic stress disorder is more prevalent among females than males (Zidan et al., 2018). Hence, this study aimed to assess the prevalence and socio-demographic factors associated with PTSD among internally displaced persons affected by the Fulani Herdsmen in Benue State

The frequency and consequences of trauma and anxiety among IDPs in Nigeria are not sufficiently addressed, especially in Northern Nigeria, where most insurgencies occur (Aluh et al., 2020; Ibrahim et al., 2023). It is crucial to comprehend the mental health problems that this susceptible group faces for several reasons. First, there may be severe and enduring effects on IDPs' mental health from their traumatic experiences and ongoing stressors (Bogic et al., 2012). Second, mental health problems can make it more difficult for IDPs to start again, reintegrate into society, and have a positive impact on their communities and the country at large. Third, attending to the mental health needs of internally displaced people is consistent with international efforts to give priority to the welfare of displaced people and to uphold international commitments to safeguard and assist them (UNHCR, 2020).

Hence, this study aimed to assess post-traumatic stress disorder experienced by Internally Displaced Persons in some selected parts of Northern Nigeria due to the fact that the states have higher populations of Internally Displaced Persons. The main purpose of this research is to assess the post-traumatic stress experienced by internally displaced persons (IDPs) in Northern Nigeria by conducting a comprehensive assessment to determine the prevalence of PTSD among IDPs and the specific factors contributing to their mental health challenges. Second, to examine the gender differences in posttraumatic stress disorder among internally displaced persons in Northern Nigeria. The study hypothesizing that there will be a relatively high prevalence of posttraumatic stress disorders among internally displaced persons in Northern Nigeria and that male IDPs will significantly report higher levels of PTSD than female IDPs.

METHODS

A mixed-methods approach was adopted for this study. In this case, both quantitative and qualitative research designs were employed. The quantitative approach involved the use of structured self-report questionnaires to gather data from the respondents, while the qualitative approach involved the use of semi-structured interviews with a subset of participants from the quantitative stage to collect qualitative data. A descriptive design was adopted for the research. The study was carried out among internally displaced people living in IDP camps in Borno (Gumi and Masara camps) and Niger State (Gwari camp), respectively. All of the internally displaced people living in IDP camps in Borno and Niger State made up the population. The sample size was determined using statistical power analysis. A sample size of 205 participants was selected using the G-power analysis. A purposive sampling technique was used to collect data from 93 males and 112 females, with an average age of 38.89 and a standard deviation of 16.52. For the qualitative study, a purposive sampling technique was used to select 4 respondents for the study. Their age ranges from 25-46 years, and they are male and female. The use of two participants is reasonable because the IPA approach does not permit a large sample size. Creswell (2012). The participants were invited to participate in the interview, which they voluntarily agreed to do. They were also recruited because they have similar experiences related to post-traumatic stress disorder. 4 participants were selected, 3 males and 1 female, to report their experiences of post-traumatic events.

The PTSD Short Scale (NSESSS) designed by Kilpatrick, Resnick, and Friedman (2013) for the National Stressful Events Survey was used. The NSESSS is a nine-item test used to evaluate the degree of post-traumatic stress disorder in people 18 years of age and older who have experienced an exceptionally stressful incident. The scale is measured on a continuum. Therefore, the scale generates scores that help delineate if one is high, moderate or low on PTSD. On each topic, the respondent is asked to score the degree of their PTSD during the previous seven days. Five points are assigned to each item on the assessment (0 being not at all, 1 being a little bit, 2 being moderately, 3 being quite a bit, and 4 being extremely). Higher scores indicate more severe posttraumatic stress disorder. The total score can vary from 0 to 36. The aggregate raw score is obtained by adding the

raw scores on the nine items. The overall mean score is then utilized to calculate the severity of the symptoms. The professional can consider the degree of the patient's PTSD in terms of none (0), mild (1), moderate (2), severe (3), or extreme (4) by calculating the mean total score, thereby bringing the total rating to a 5-point scale. By dividing the raw total score by the total number of items in the measure (9 items), one can determine the average total score. The scale has a good internal consistency of Cronbach's $\alpha = .81$, high convergent validity ($r = .78$) (Kim et al., 2022)

Interpretive phenomenological approach was adopted for the qualitative method. The interview report adopted an interpretative phenomenological analysis (IPA) as a theoretical approach. IPA is a qualitative research method that aims to understand and explore a person's life experiences (Smith & Osborn, 2003). IPA emphasizes the identification of an individual's unique experiences without comparing them to established criteria. Its foundations are informed by three core areas of phenomenology, hermeneutics, and ideography (Smith et al., 2013). The approach allows the researcher to listen intently without interrupting the participant's flow of thought; therefore, a semi-structured interview was used as the data collection approach. This method is employed because it allows the researcher to share first-hand views and thoughts on their exposure to traumatic events without being biased. "Constructing meaning from what is said or written requires attentive interpretation by the listener or reader." Smith et al. (2009). As a qualitative research approach, IPA allows for multiple individuals who experience similar events to tell their stories without any distortions and/or prosecutions.

An information sheet explaining the purpose of the research was given to the camp commandant for approval to administer the structured and semi-structured questionnaire to the IDPs in the camp. The questionnaire and interview were conducted with the approval of the camp commandant. The process of both the quantitative and qualitative data collection spanned one week. Two hundred and five questionnaires were administered to the IDPs.

Furthermore, the interview used semi-structured questions and tape recorders as data collection materials. The researcher created an interview guide, which was used to obtain more information about the participants' lifestyle experiences, which was then utilized to answer the study question. Open-ended questions were semi-structured and used in a logical order, with the replies to each question leaving room for probes and explanations (Smith et al., 2009). The semi-structured interview promotes rapport and empathy, gives greater covering flexibility, and allows the interview to branch out into new terrain, resulting in better data (Freeman, 2011; Tolhurst, 2014).

The participant interviews lasted between 7 and 15 minutes. The semi-structured interview style was chosen since it allowed for innovation by guiding rather than dictating the topic (Eatough et al., 2017). Participants were encouraged to relate their stories in their own words and languages throughout the interview (Smith et al., 2013). The audio tape was transcribed verbatim after the conversation, with all text anonymized to protect identity in accordance with the Data Protection Act 1998.

The researcher adhered strictly to the ethical considerations. First, prior to the commence-

ment of the interview, the participants gave their informed consent. Second, the researcher informed the participants that their information would only be utilized for research purposes and not for any other purpose. Furthermore, the researcher told participants that they were free to resign from the study at any moment and that their involvement would cause no medical, psychological, or emotional harm. Finally, the researcher promised the participants that there would be no prejudice and that their ideas and viewpoints would be taken into consideration.

Both qualitative and quantitative analysis techniques were employed. The quantitative data involves the use of statistical software (SPSS IBM Version 25.0). Descriptive statistics showing the percentage scores of the participants' demographic information and a t-test for independent means were used to analyze the sex differences in PTSD.

The semi-structured interview utilized to gather qualitative data was analyzed using Interpretive Phenomenological Analysis. The first stage in the study was to read the transcripts several times and mark descriptions of significant terms and processes on each transcript. Summaries of contents, links between different sections of the transcript, and preliminary interpretations were all included in these descriptions. The notes were reduced to establish emergent themes within each transcript, with special attention made to verify that these themes were compatible with the data. After repeating the procedure with each transcript, the resulting sets of beginning themes were analyzed for recurrent patterns throughout the transcripts, resulting in a final set of superordinate themes at the conclusion of the process. At this point, the connections between the themes and the data set were double-checked. Lastly, the themes were reorganized to create a logical and consistent research narrative.

Both qualitative and quantitative analysis techniques were employed. The quantitative data involves the use of statistical software (SPSS 25). Descriptive statistics showing the percentage scores of the participants' demographic information and a t-test for independent means were used to analyze the sex differences in PTSD. The semi-structured interview utilized to gather qualitative data was analyzed using Interpretive Phenomenological Analysis. This method is employed because it allows the researcher to share first-hand views and thoughts on their exposure to traumatic events without being biased. "Constructing meaning from what is said or written requires attentive interpretation by the listener or reader." Smith et al. (2009). As a qualitative research approach, IPA allows for multiple individuals who experience similar events to tell their stories without any distortions and/or prosecutions. The first stage in the study was to read the transcripts several times and mark descriptions of significant terms and processes on each transcript. Summaries of contents, links between different sections of the transcript, and preliminary interpretations were all included in these descriptions. The notes were reduced to establish emergent themes within each transcript, with special attention made to verify that these themes were compatible with the data. After repeating the procedure with each transcript, the resulting sets of beginning themes were analyzed for recurrent patterns throughout the transcripts, resulting in a final set of superordinate themes at the conclusion of the process. At this point, the connections between the themes

and the data set were double-checked. Lastly, the themes were reorganized to create a logical and consistent research narrative.

FINDINGS

Table 1: Socio-demographic characteristics of the participants

Variables	Participants	Frequency	Percentage
Sex	Male	93	45.4
	Female	112	54.6
Age range (years)	18-24	32	15.6
	25-34	68	33.2
	35-44	55	26.8
	45-54	18	8.8
	55-64	14	6.8
	65+	18	8.8
	18-24	3	
Marital Status	Single	48	23.4
	Married	117	57.1
	Divorced/separated	17	8.3
	Widow/widower	21	10.2
	Others	2	1.0
Education	FLSC	58	28.3
	SSCE	52	25.4
	ND/NCE	22	10.7
	HND/BSc	6	2.9
	MSc	1	0.5
	Others	66	32.2
Religion	Christianity	100	48.8
	Islamic	100	48.8
	Others	5	2.4
Reason for staying	Ethnic crisis	29	4.8
	Herdsmen	36	94.4
	Boko Haram	111	0
	Religious crisis	6	0.8

Variables	Participants	Frequency	Percentage
	Other	23	0

From the table above, it can be seen that 93 respondents, representing 45.4%, were male, while the remaining (112), representing 54.6%, were females. It can be shown that respondents within the age range 18-24years were 32, representing 15.6%, while 68 (33.2%) were in the age range 25-34years, 55 respondents representing 26.8% of the respondents were between the ages of 35-44years, 18 respondents representing 8.8% were between age 45-54years while 14 respondents representing 6.8% were 55-64years of age. 18 respondents, representing 8.8%, were 65 years old and above. The majority of the respondents were between the ages of 25 and 34.

Furthermore, 48 respondents, representing 23.4%, were single; 117 respondents, representing 57.1%, were married; 17 respondents, representing 8.3% were either divorced or separated; 21 respondents, representing 10.2%, were either widows or widowers and 2 respondents, representing 1.0%, were having others as marital status. The majority of the respondents were married. Also, 58 respondents, representing 28.3%, had a first school leaving certificate (FLSC), 52 (25.4%) of the respondents had a senior secondary school certificate (SSCE), 22(10.7%) had a National Diploma/National Certificate Examination (ND/NCE), While, 6(2.9%) had either HND or B.SC and only 1 respondent had an M.Sc. The majority of the respondents had a first school leaving certificate. More so, 100 (48.8%) of the respondents were Christians, 100(48.8%) of the respondents were also Muslims, while 5 (2.4) respondents fit into other religions. 29 (14.1%) of the respondents stayed in the camp as a result of ethnic crises, 36 respondents representing 17.6 stayed in camp due to the herdsmen crisis, 111 (51.1%) of the respondents stayed because of the Boko Haram crisis, 111 (54.1%), 6 (2.9%) respondents stayed in the camp due to a religious crisis, while 23(11.2%) of the respondents stayed in IDP camp for other reasons. The majority of the respondents stayed in IDP camps due to the Boko Haram Crisis.

Table 2: Prevalence of PTSD among Internally displaced persons

Variable	N	Mean	SD	None %	Low %	Moderate %	Severe %	Extreme %	Prevalence %
PTSD	205			0.5	2.9	22.4	67.8	6.3	74.1

From Table 2, it could be revealed that 0.5% of the respondents had no symptoms of PTSD, 2.9% had mild symptoms of PTSD, 22.4% had moderate symptoms, 67.8% had severe symptoms of PTSD, and 6.3% had extreme symptoms of PTSD. The majority of the internally displaced persons had severe posttraumatic stress disorder. The result further revealed that the prevalence of PTSD among IDPs was 99.5%, which indicates a high prevalence of PTSD among the IDPs in Northern Nigeria.

TEST OF HYPOTHESIS

The stated hypothesis that there will be a significant difference between male and female posttraumatic experience among IDPs in Northern Nigeria was tested using a t-test for independent means. The result is presented in the table below:

Table 3: Summary table of independent t-test showing the influence of sex on posttraumatic stress disorder among IDPs in Northern Nigeria

Post-traumatic stress disorder	Sex	N	Mean	Std. dev	df	t	Sig
	Male	93	2.79	0.65	203	.618	.537
	Female	112	2.74	0.61			

Table 3 above reveals that there were no significant differences in posttraumatic stress disorder experienced by male and female participants ($t(203) = .618, P > .05$). This runs contrary to the stated hypothesis as there is no significant difference between male and female internally displaced persons on post-traumatic stress disorder. Therefore, the hypothesis is rejected.

QUALITATIVE ANALYSIS

Interpretive phenomenological analysis (IPA) aims to explore how individuals make sense of their personal and social experiences, particularly in relation to significant life events. In this context, the transcripts provided relate to experiences of displacement due to violence or conflict, with a focus on mental and emotional impacts (post-traumatic stress disorder). Below is an IPA analysis based on the participant data:

Superordinate Themes and Subordinate Themes

Trauma and psychological distress

Subordinate Theme 1: Anxiety and Worry—A major theme is the anxiety and worry participants experience after displacement. Participant 1 talks about the constant worry about financial struggles (“Everything that you do is money.”), which is mirrored by Participant 2’s concern about their livelihood and inability to let children roam freely due to the tight conditions. Participant 4 reflects deeply on their anxiety, particularly about the future and how they will survive. This continuous state of concern creates a feeling of helplessness.

Quotes:

- P1: “You worry for yourself too much.”
- P4: “I feel really worried...what is the way out?”

Subordinate Theme 2: Post-Traumatic Stress and Mental Disruption—The participants exhibit

signs of post-traumatic stress, particularly in their memories and dreams of their previous lives. Participant 2 describes vividly how they would wake up thinking about what they used to do in their village, only to be met with the harsh reality of displacement. Similarly, Participant 3 shares a traumatic story where a person fainted upon hearing that family members were shot, emphasizing the mental toll this displacement has taken.

Quotes:

- P2: “You go just wake up like this, just sit down, thinking...now everything don change.”
- P3: “Their dad on hearing the news that his son and daughter were being shot...he fainted.”

Subordinate Theme 3: Anger and Emotional Instability—The displacement also stirs up emotions of anger and frustration. Participant 4 reports mood swings and unnecessary anger, particularly when feeling disrespected due to their displacement. This emotional instability can be seen as a result of the trauma and disruption they face, where feelings of powerlessness transform into irritability.

Quotes:

- P4: “I usually get angry...this displacement has caused it now.”

LOSS OF PLACE AND IDENTITY

Subordinate Theme 1: Disruption of Normal Life—Across the participants, there is a repeated emphasis on the drastic change in their living conditions. For instance, participant 1 mentions the difficulty of sitting in the IDP (Internally Displaced Person) camp, highlighting how “this is not our place.” and how they used to be able to provide for themselves. Similarly, Participant 2 recalls how in their former place, they were comfortable, but after the attack, their living conditions became tight, affecting their sense of self and security.

Quotes:

- P1: “We have problems with our food...this is not our place.”
- P2: “Before, we were comfortable...now everything is tight.”

Subordinate Theme 2: Impact on Personal Identity—The displacement also brings with it a sense of lost identity. Participant 1 explicitly reflects on the feeling of no longer having a formal duty, which can be interpreted as a loss of social and personal roles they once held in their village. This aligns with Participant 4’s statement, “I cannot live the life I used to live before,,” where the displacement has interrupted the life they once knew, leading to emotional turmoil.

Quotes:

- P1: “Before, we have a duty...now no duty.”

- P4: “I cannot live the life I used to live before.”

COPING MECHANISMS AND RESILIENCE

Subordinate Theme 1: Faith and Religious Belief—Faith appears as a central coping mechanism for some participants. Participant 1 reflects on how they turn to reading the Bible and participating in religious services to find solace in their difficult circumstances. This spiritual engagement helps them to forget the harsh realities of their situation, even if temporarily.

Quotes:

- P1: “We are now taking the Bible to the reading...if we enter service, we forget.”

Subordinate Theme 2: Hope for Government Intervention—Several participants express hope that the government will intervene and improve their conditions. Participant 2 explicitly states that their prayer is for the government to help them return to their former homes, while Participant 3 recalls how the displaced community is begging for government assistance to address their basic needs. This external hope acts as a source of resilience for participants, allowing them to maintain some semblance of optimism amidst adversity.

Quotes:

- P2: “Our prayer is for the government to help us take action.”
- P3: “They are trying to beg around just to survive.”

COMMUNITY AND SOCIAL SUPPORT

Subordinate Theme 1: The Role of Community in Coping—While displacement leads to a loss of individual identity and place, participants also emphasize the importance of their social networks in coping with the situation. Participant 2’s role as the secretary of the IDP camp reflects the way displaced people try to organize and support each other, despite the difficult circumstances. Participant 4 also alludes to how displacement has caused people to beg for help, which points to a reliance on communal support networks as a means of survival.

Quotes:

- P2: “I am the secretary of the IDP camp.”

DISCUSSIONS

This study revealed that there was high prevalence of PTSD symptoms among internally displaced persons in the Northern Nigeria. The findings revealed that the majority of the internally displaced persons had severe posttraumatic stress disorder. The result further revealed that the prevalence of PTSD among IDPs was 74.1%, which indicates a high prevalence of PTSD among the

IDPs in Northern Nigeria. The finding was supported by the report (Tagurum et al., 2015), which found a 53.9% crude prevalence of post-traumatic stress disorder among victims of ethnic and religious conflict in Jos, Nigeria. Also, Taru et al. (2017) found that more than 63.7% of the respondents were diagnosed with PTSD among Internally Displaced Victims of Boko Haram Terrorism In North-Eastern Nigeria. Zidan et al. (2018) found a 14.5% prevalence of PTSD among Shengalian IDPs. Furthermore, Agbir et al. (2016) found a 42% prevalence, while Sheikh et al. (2014) found a 57.8% prevalence of PTSD among Internally Displaced Persons exposed to armed conflict in North-Central and North-Western Nigeria. Also, Aroyewun and Ojo (2019) found a moderately high (61.1%) prevalence of PTSD among IDPs exposed to Herdsmen conflict in North Central Nigeria. The high prevalence can also be seen among IDPs in other African countries exposed to war. An example study found that Uganda has a 54% prevalence of PTSD (Roberts et al., 2010) while Kenya was rated 80.2% (Njau, 2005) and South Sudan 48% prevalence of PTSD.; Karunakara, Neuner, Schauer, 2014). Hence, our findings agreed with the findings of previous research in Nigeria as well as other African countries, which suggest that exposure of internally displaced persons to traumatic stressors, conflicts, or events is related to increased or high prevalence of post-traumatic stress disorder. The researchers also found that there was no significant difference between males and females in posttraumatic stress disorder among IDPs in Northern Nigeria. This, in essence, means that there are no differences between male and female exposure to traumatic events or stressors. This agreed with the findings of Taru et al (2017); Tagurum et al (2015), who found no gender difference between males and females; likewise, Aroyewun and Ojo (2019) found no influence of sex on PTSD but contradicted the findings of Zidan et al (2018) who asserted that post-traumatic stress disorder is more prevalent among female than male. Furthermore, the qualitative analysis showed that the experience of displacement has profound effects on mental and emotional well-being, characterized by a sense of loss, anxiety, trauma, and disruption to personal identity. While there is clear posttraumatic stress and psychological distress, participants demonstrate resilience through faith, hope for external intervention, and support from their communities. IPA highlights how these displaced individuals are navigating their disrupted lives, drawing meaning from past experiences, and looking for ways to cope with the challenges posed by their new circumstances.

CONCLUSION

Conclusively, this study established a high prevalence of post-traumatic stress disorder among internally displaced persons in the Northern part of Nigeria, those who were displaced as a result of Boko haram terrorism, ethno-religious crisis and herdsmen crisis. Lastly, no gender differences were seen between male and female on post-traumatic stress disorder

RECOMMENDATION

It was recommended that psychological relief services and psychotherapy should be provided to those diagnosed with PTSD to help boost their psychological well-being. Social, psychologi-

cal, and emotional support should be provided by government agencies, non-governmental organizations, private organizations and mental health facilities/centres, along with the establishment of appropriate mental health professionals in IDP camps.

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