

Assessment of the Prevalence of Post-Traumatic Stress Disorder and Coping Strategies among Internally Displaced Persons in Maiduguri, Borno State Nigeria

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ABSTRACT

The emergence of terrorist attacks, violent crimes, abuse, and personal assaults by Boko-Haram in Nigeria have resulted to the displacement of many to internally displaced (IDPs) camps. Many people lost their properties, loved ones, jobs, homes, and farmland, girls and women were raped. These problems predisposed them to psychological traumas that needs serious interventions. On this premise, this study aimed to assess the prevalence of PTSD, and coping strategies among internally displaced persons at IDPS camp in Maiduguri, Borno State, Nigeria. Descriptive cross-sectional design of mixed method was used in the study and the population of the study covers all registered IDPs lives in IDPs camps in Maiduguri metropolis, Borno state. Multistage sampling procedure was adopted and a sample of 500 participants were used for the study. Questionnaire and PTSD checklist civilian version was used as instrument for data collection. Data collected were analyzed using frequency counts, percentage and mean score. The result of the findings shows that more than half of the respondents 260 (59.5%) have severe symptoms of PTSD, and the coping (2.2) strategies was poor below the benchmark of 2.5 mean score. The study concludes that there is significant prevalence of post-traumatic stress disorder among internally displaced persons (IDPs), with poor coping strategies. It was recommended among others that measures should be put in place by government, non-governmental agencies and stakeholders involved to include mental health intervention in the rehabilitation of victims of insurgency who show some or more symptoms of PTSD.

INTRODUCTION

In recent years, Nigeria has witnessed a series of conflicts such as Boko-Haram, Religious and communal conflicts that resulted many people being shot, burnt or beheaded; So many were physically attacked and get injured; their houses and properties burnt or exposed to the grotesque (for example to mutilated and/or pieces of corpses) as happened during the bombing in Maiduguri (Radanovic *et al.*, 2019). This is in addition to disaster such as oil spills, flooding, and catastrophes like air crashes, bomb blasts and horrific road accidents. The physical, human and environmental effects of these conflicts are still very visible and persist with unspeakable consequences. Among the effects are psychological disturbances of various types and severity. A psychological trauma had significant relationship exists between posttraumatic stress disorder (PTSD) and

psychological trauma defined trauma as a psychological or physical injury that is caused by critical life events (Omoluabi *et al.*, 2021).

It was Reported by Basoghu *et al.*, (2019) that there was also evidence to suggest that an individual sense of unpredictability and uncontrollability during a traumatic situation increases the risk of post-traumatic stress disorder (PTSD). He further postulated that critical life events in the case of the internally displaced persons (IDPs) can be rape, murder, torture, kidnapping, and imprisonment, others are separation from family members, forced to kill a friend or relative, witnessing the killing of a loved one or a family member among others. According to Ravn *et al.*, (2018), stated that post-traumatic stress disorder (PTSD) is the most prolonged and the most serious of all reactions to severe stress.

Meta-analyses have identified several risk factors for PTSD in the general population (Dokkedahl *et al.*, 2022). A study among Psychiatric patients opined that pre-trauma vulnerability factors such as previous psychiatric history, early childhood adversity, and family history of mental illness are independent factors for PTSD. Birch (2023), pinpointed that the objective degree of trauma exposure may, however, be less predictive of PTSD than the individuals' appraisals of the trauma and its aftermath. Also, such appraisals have predicted PTSD over and above objective trauma severity and perceived threat to life during trauma is among the best-established predictors of PTSD (Halligan *et al.*, 2020).

Conflicts and disasters often cause large-scale displacement of people (Internally displaced persons) due to the destruction of homes, and environment, religious or political persecution, and economic downfall, (Kelt, 2010). However, these internally displaced persons (IDPs) are 'persons or groups of people who have been forced or obliged to flee or leave their homes or places of habitual residence, in particularly as a result of, or to avoid the effects of armed conflicts, situations of generalized violence, violations of human rights or natural or human-made disasters and have not crossed an internationally recognized state border (Ferns, 2012). However, they are distinct from refugees who are displaced outside their national borders. Furthermore, IDPs are often more disadvantaged than refugees because they do not benefit from assistance provided by international agencies unless the national government requests such assistance (Marx *et al.*, 2023).

Internal Displacement Monitoring Centre (IDMC) Buxton (2024), reported that a global estimation of 71.1 million people displaced people across the world by the end of 2022, 62.5 million as a result of violence, and 8.7 million conflicts. On average, 16.1 million in Nigeria have been displaced in the past 17 years due to insurgency, political instability, activities of bandits, clashes between herders and farmers, cattle rustling, and terrorist activities of groups such as ISIS and Boko-Haram, these problems are seen in the west and Sub-Saharan Africa. As of December 2019, the global estimate of internally displaced persons (IDPs) due to the conflict was 50.8 million (Norwegian Refugee Council, 2020). Three-quarters of these IDPs reside in ten countries of the world, and five of these are located in Sub-Saharan Africa. The total number of people displaced by conflict in the region is almost 12 million by activities of Boko-Haram in the Northeastern part of the country and the Lake Chad region in Nigeria.

Furthermore, the Norwegian Refugee Council, (NRC, 2020), pinpointed those inter-communal clashes resulting from ethno-religious disputes, tensions between Fulani herders and farmers have also resulted in over 700,000 people being displaced annually from the Middle Belt region of Nigeria (Nnadi *et al.*, 2020). Ferris, (2019) opined that in Central Africa, conflict and violence have resulted in over a million displacements of people in the Democratic Republic of Congo. Other African countries that have had large numbers of IDPs in the past decade are Somalia, Sudan, Uganda, Kenya, and Sudan. Nigeria, particularly, has been finding it increasingly difficult and is almost failing in its task to manage its abundance of IDPs (Olagunju, 2018).

An estimation by the National Emergency Management Agency (NEMA, 2017), reported that from July to October 2012, a total of 2.1 million residents were sacked by flood in Nigeria. Between January 2017 and February 2018, about 470,565 and 143,164 persons were displaced in Nigeria by internal conflicts and natural disasters, respectively. According to (Falobi,2018) stated that internal displacement cuts across 24 states of the federation. Similarly, between January and March, 20117, insurgency caused the displacement of about 250,000 persons in the northern part of the country alone. Since the beginning of 2014, the increase of violence

caused by the Boko Haram insurgency has triggered a massive wave of displacement in the North-Eastern part of Nigeria. As the displaced persons have lost their source of livelihood, resources, and savings to disaster, and suffer great hardship Crisp, (2016), the government is responsible for providing them with the basic needs during their stay in the camp and adopting/implementing policies and techniques on how to manage them except in situations where the state has violated human rights treaties in its treatment of IDPs (Fitzpatrick, 2019). Therefore, this study examined the development of PTSD, the socio-demographic characteristics, and the relationship between PTSD, and coping strategies of the IDPs in Borno, Northeast Nigeria.

METHODOLOGY

Descriptive cross-sectional design adopted for the study. The population of the study comprised twenty seven thousand two hundred and twelve (27,212) registered IDPs lived in camps within Maiduguri Metropolitan Council (MMC) and two sample size determinations for quantitative was determined. Multistage sampling technique was used to select the sample of 500 participants for the study.

Table 1: Proportionate Distribution of IDPs according to the Camps

LGA	Camps	Sampling Frame	Household Size	Quantitative	Qualitative
Maiduguri	Dalori	2200	400	45	4
	Bakasi	5000	850	97	10
	T- village	2662	450	49	5
	Gubio	1126	280	26	2
	NYSC	2800	520	51	6
	M-Yarbadari	300	600	24	2
	Custom House	2087	390	43	4
	Farm centre	2120	400	39	4
	G-Kachallari	1808	380	38	4
	Bakolis	3059	620	56	6
	Madinatu	1350	280	32	3
Total	11	N=27212	5170	n= 500	n= 50

Questionnaire and PTSD checklist civilian version (PLC) was used as instrument(s) for data collection for the study. The Questionnaire consist of eight (8) variables includes; age, gender, ethnicity, Education, occupation, income, Religion and length of stay in camp. PTSD checklist civilian version (PLC): The PCL-Cis 17-items self-report rating scales to assess the Prevalence of PTSD (Weathers et al., 1994). The items are scored on a five point scale (1 = not at all, 2 = a little bit, 3 = moderately traumatized, 4 = quite a bit, 5 = extremely traumatized). The items are divided into three sub-scales that correspond with the three symptom clusters of PTSD described in the DSM-IV (American Psychiatric Association, 2016). The total score ranges from 17 to 85, and score of 3 represent the decision basis for each item. A total score of 50 and above represent the diagnosis of PTSD, with higher scores indicating higher PTSD Prevalence. The instrument was validated in the study of role resilience and locus of control in University of Nigeria (2017). Similarly, it was also validated in assessment of post-Traumatic stress and its pre-traumatic factors among Liberian refugees in department of psychology, faculty of social sciences, Ekiti State University, Nigeria (2013). Ethical clearance and Informed consent were obtained from every respondent prior to data collection. Frequencies and percentage were used to summarize the demographic data of the participants while mean score was used to analyzed the data obtained from the study at 2.50 decision mean using Statistical Package for Social Sciences (SPSS V. 26.)

RESULTS

Table 2: Distribution of the Sample according to Socio-demographic variable n =500

	Variables	Frequency (F)	Percentage (%)
Age	Greater than 40 years	150	30.0
	20-39years	170	34.0
	10-19yeas	180	36.0
Gender	Female	303	60.6
	Male	197	39.4
Ethnicity	Hausa	8	1.6
	Kanuri	296	59.2
	Shuwa	136	27.2
	Kenembu	60	12.0
Educational Qualification	None	128	25.6
	Religious	43	8.6
	Tertiary	22	4.4
	O Level	186	37.2
	Primary	121	24.2
Income	None	164	32.8
	40,000	18	3.6
	30,000	54	10.8
	20,000	153	30.6
	10,000	98	19.6
	5,000	13	2.6
Religion	Christianity	77	15.4
	Islam	423	84.6
Occupation	Dependent	105	21.0
	Civil Servant	26	5.2
	Farming	252	50.4
	Trading	117	23.4
Length of Stay in the Camps	1-2years	52	10.4
	3-4years	143	28.6
	4-5years	120	24.0
	6years and above	185	37.0

Table 2 presented the socio-demographic information of the respondents, the table shows that 180(36.0%) at the age of 10-19, 150(30.0%), at the age of 40 and above. The table also shows that 303(60.6%) are females, 197(39.4%) are males. 296(59.2%) are Kanuri, 8(1.6%) are Hausas. The table further revealed that 186(37.7%) possess O'level, 22(4.4%) attended tertiary institutions. 271(54.2%) were dependents, 79 were civil servants. The table also shows that 164(32.8%) has no income 18(4.7%) has income of 40,000 monthly, 432(84.6%) are Muslims, 77(15.4%) are Christians. On the reasons for displacement 474(94.8%) was due to activities of insurgents while 12(2.4%) was due communal clashes. The table also reveals that 252(50.4%) were famers, 26(5.2%) were civil servants, the table finally shows that 185(37%) of the respondents spent 6years and above in the camps while 52(10.4%) of the respondents spent 1-2years in the camps.

Table 3: Distribution of IDPs according to Prevalence PTSD n =500

Variable	F	%
Presence		
No PTSD	63	12.6
Yes	437	87.4
Levels PTSD n= 437		
Mild PTSD< 17	44	10.0
Moderate 17 to 50	133	30.5
Severe >50	260	59.5

The result of the findings in Table 3 shows that 260(59.5%) have severity symptom of PTSD such as flash back, nightmares about situation found themselves and feeling hopeless etc., while 133(30.5%) had moderate symptoms of PTSD and 44(10%) had mild symptoms of PTSD.

Table 3: Distribution of IDPs according to Coping Strategies. n=500

Brief Coping Strategies	DIA	SDIA	NDI	NDIA	Mean	Aggregate Mean Score
Problem-focused coping	149	92	73	123	2.27	
Active emotion-focused coping	154	91	67	125	2.6	2.49
Avoidant emotion coping	166	80	48	143	2.6	
Aggregate Mean %	35.6%	20.0%	14.4%	30%		

DIA: Doing It Alone, SDIA: Sometimes Doing It Alone, NDI: Not Doing It, NDIA: Not Doing It Alone.

The results in Table 3 show poor coping strategies adoption by IDPs in IDPs camps in Maiduguri, Borno state, the mean score for below the decision mean of 2.50. Overall, the findings indicate poor coping strategies adoption by IDPs in IDPS camps in metropolitan area of Maiduguri, Borno State as the aggregate mean is slightly below the bench mark.

DISCUSSION

The result of the findings on the socio-demographic information of the respondents, shows that 168(30.6%) at the age of 10-19, 150(10.2%), at the age of 40 and above. The table also shows that 303(60.6%) are females, 197(39.4%) are males. 296(59.2%) are Kanuri, 8(1.6%) are Hausas. The table further revealed that 186(37.7%) possess O'level, 22(4.4%) attended tertiary institutions. 271(54.2%) were dependents, 79 were civil servants. The table also shows that 164(32.8%) has no income 18(4.7%) has income of 40,000 monthly, 432(84.6%) are Muslims, 77(15.4%) are Christians. On the reasons for displacement 474(94.8%) was due to activities of insurgents while 12(2.4%) was due communal clashes. The table also reveals that 252(50.4%) were famers, 26(5.2%) were civil servants, the table finally shows that 185(37%) of the respondents spent 6years and above in the camps while 52(10.4%) of the respondents spent 1-2 years in the camps.

The finding revealed that there was significant severity of post-traumatic stress disorder (PTSD) presence among internally displaced persons (IDPs) in Borno State. The study has significant influence on individual response to situations with 59.5% as compared by Richa *et al.* (2020) who reported that 100% prevalence of trauma exposure and 48.7% of current PTSD among IDPs, 70% PTSD rate of Yazidi participants, which is significantly higher ($p < 0.01$) compared to 44% of Muslim participants and 32% of Christian participants. The finding further reported that PTSD symptom scores was ($p < 0.001$) obtained among Yazidis (43.1; 19.7), compared to Muslims (31.3; 20.1) and Christians (29.3; 17.8). The finding was correlated with the finding of the study of Farhood, Fares, and Hamady (2018) who reported that religion in experienced traumas was statistically significant. However, the finding was contradicted by the finding of Sekoni, Mall, and

Christofides, (2021) who reported that there is no association with PTSD and IDPs from a household in the poorest category were not associated with the occurrence of PTSD even though the association was not strong. However, no other socio-demographic characteristics were associated with PTSD. The study further reported that women without a history of child sexual abuse were less likely to report PTSD symptoms and this was statistically significant. Similarly, Farhood, Fares, & Hamady, (2018) reported that females were twice as likely as males to score above the PTSD threshold (24.3 vs. 10.4%, $p < 0.001$). Total scores on all trauma types were similar across genders. Females scored higher on all symptom clusters ($p < 0.001$). Social support, social life events, witnessed traumas, and domestic violence significantly were associated with PTSD in both genders. Social support, social life events, witnessed traumas and domestic violence were significantly associated with PTSD in both genders. The study findings of Baral and Bhagawati (2019) revealed that PTSD was prevalent among 24.10% of adult survivors with the highest intrusion symptoms (3.24 ± 0.71). The study further reported that it was significantly associated with female gender, illiterates and those who were injured during earthquakes are at more risk for PTSD (Baral and Bhagawati, 2019).

The result of the findings further revealed that internally displaced persons (IDPs) in Maiduguri, Borno state had good active emotion-focused (group prayer and reciting of Qur'an) coping strategy compared to Adler *et al.*, 2018 reported here show that lower use of active coping (emotion-focused) and higher use of dysfunctional coping styles daily are associated to PTSD severity in a non-clinical sample of college students. Coping styles and causal attributions might influence the development of post-traumatic psychological morbidity, for instance, among a group of individuals exposed to the traumatic event, coping styles of the individual and family were highly correlated with the occurrence of PTSD rather than the extent of injury, (Adler *et al.*, 2018). A study carried out in the laboratory also found that coping strategies and locus of control were significantly correlated with PTSD. According to Ozer *et al.*, (2019) that therapeutic environment after trauma exposure may act as a protective factor, and social support is associated with lower risk in the general population. When individuals are in risky situations, a positive coping style may weaken or cushion the negative coping style may enhance or promote the negative impact on mental health (Zhang *et al.*, 2021). A Study assessing college students coping styles at different times during the COVID-19 pandemic found that with the continued spread of the virus, negative coping styles, such as pressure, emotion, and escape, increased, whereas positive coping styles, such as life satisfaction and task completion, showed a downward trend (Rogowska.,2021). Moreover, individuals who regularly adopt positive coping styles and cognitive reappraisal are less likely to have negative stimulus bias, thereby promoting the individual's mental health (Huang, 2020). Factors that have influenced the development of PTSD include coping styles, locus of control, and the degree of social support (Zhang *et al.*, 2020).

CONCLUSION

Based on the findings of the study the following conclusions were drawn:

1. The prevalence of post-traumatic stress disorder among IDPs in Maiduguri, Borno State was significant.
2. There is a poor coping strategy adopted by the internally displaced persons (active emotion-focused) at the camps in Maiduguri, Borno state

RECOMMENDATION

Based on the findings of the study the following recommendations were made:

1. Measures should be put in place by either government, non-governmental and stakeholders involve stakeholders involved to provide necessary measures especially mental health intervention in the rehabilitation of victims of insurgency who show some or more symptoms of PTSD.
2. Emphasis should be made on recruiting more nurses, therapists, and psychologists to help in identifying the needs to cope and guide the internally displaced persons to adopt appropriate coping strategies in Camps.

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