

Prevalence of Post-Traumatic Stress Disorder, Coping Strategies and Hope Among Internally Displaced Persons In Maiduguri, Borno State, Nigeria.

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DOI: <https://doi.org/10.47772/IJRISS.2026.100900150>

Received: 11 September 2026; Accepted: 16 September 2026; Published: 04 October 2026

ABSTRACT

Nigeria increased terrorist attacks, violent crime, and abuse, personal assaults by Boko-Haram in Nigeria have resulted to the displacement of many to internally displaced (IDPs) camps, So many people lost their properties, loved ones, jobs, homes, and farmland, many girls and women were raped; these problems predisposed them to psychological problems. This study aimed to assesses the prevalence of PTSD, coping strategies and level of hope among internally displaced persons at IDPS camp in Maiduguri, Borno State, Nigeria, assess the prevalence of PTSD among IDPs in Maiduguri, Borno state, Nigeria, identify the coping strategies used by IDPs in Maiduguri, Borno state, assess the level of hope among IDPs in Maiduguri, Borno State, Nigeria, determine the relationship of socio-demographic and PTSD in Maiduguri, Borno State, Nigeria, identify the health services available to IDPS with PTSD among IDPs in Maiduguri, Borno State. A mixed-method design was used. The total number of IDPs living in Maiduguri Metropolitan Council (MMC) camps was twenty-seven thousand, two hundred and twelve (27212). The minimum sample size of 500 IDPs was used for the qualitative aspect, and for the qualitative aspect, 50 IDPs were used. A multi-stage sampling technique was used. The Data collected was analyzed using inferential statistics of PPMC, Regression and thematic analysis and computer using statistical package for social sciences (SPSS v25.). Results show that 260(59.5%) have severe symptoms of PTSD, the aggregate mean score of coping was 2.49 which is low as it is < 2.5 , and the aggregate mean score of hope was 1.42. that is very low as it is < 2.5 , Reason for displacement is the only one (1) socio-demographic variable, indicated relationship with the severity of PTSD and shows there is relationship ($P= 0.00$) be. The result from qualitative, they were faced with a lot of hardship and they utilized active emotion focused coping they have very low hope; they have no health care provisions in our IDPs camps. It was concluded that, there is significant prevalence of post-traumatic stress disorder among internally displaced persons (IDPs), poor coping strategy used by (active emotion-focused), low hope level, only reason for displacement indicates significant relationship, significant relationship between Socio-demographic and prevalence of PTSD and no availability of health care services within the internally displaced persons camps in Maiduguri, Borno state. Therefore, the study recommended that measures should be put in place by either government or non-governmental agencies to include mental health intervention in the rehabilitation of victims of insurgency who show one 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 Basoglu 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). More by (Basoglu, et al., 2019) 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.

A significant treatment gap exists for internally displaced persons (IDPs) in accessing mental health and psychosocial support (MHPSS) services (Hendrickx et al., 2020; Roberts et al., 2019). Regarding mental health interventions, education on anxiety and coping skills appears most effective in relieving symptoms of PTSD and group therapy approaches appear to be most acceptable and cost-effective (Ekezie et al., 2020). However, given the breakdown of community, family, and other social support structures and challenges to sustainable economic and livelihood activities, mental healthcare interventions among IDPs should also focus on supporting efforts to restore these essential resources and respond to the particular context factors related to internal displacement (Kaiser et al., 2020). Age and gender should also be built into the design of MHPSS interventions for IDPs given their influence on mental health symptoms and coping responses (Singh et al., 2018;).

There is evidence that internally displaced persons (IDPs) not living in camps experience a disproportionate burden of sexual and reproductive health problems compared to non-IDPs. In Colombia, this is reflected in higher rates of unintended pregnancies, adolescent pregnancies, and sexually transmitted infections (Quintero and Culler, 2019). In Ukraine, studies found that among IDP women, psychological distress related to conflict and displacement is often reported and is a primary reason for discontinuing breastfeeding before their infant is six months old (Summers and Bilukha, 2018). In Georgia, internal displacement was not associated with sexually transmitted infections but with pelvic inflammatory disease; however, that relationship was weakened when socioeconomic variables were taken into account, suggesting that the risk of infection relates to the broader profile of IDPs rather than just the fact of displacement itself (Doliashvili and Buckley, 2018).

Risk factors for and incidence of sexually transmitted infections (STI) and HIV in displacement settings are contextual (Khaw et al., 2020). These conditions may not always be effectively factored into humanitarian programming, particularly in areas where there may be associated stigma. For IDPs displaced due to conflict, STIs and HIV may be associated with sexual and gender-based violence (SGBV) (Kim et al., 2019), increasingly used as a systematic weapon during conflict. Poor living conditions may also facilitate transmission in some IDP populations. In Georgia, one study suggested a geographic concentration of HIV and hepatitis infection in areas with greater clusters of IDPs residing in collective centers with poor living conditions (Elbaz, 2020). HIV requires a high degree of treatment fidelity for its management and to avoid the development of antiretroviral resistance.

Among relatively settled groups of IDPs in Africa, adherence to HIV treatment appears generally high (Ekezie et al., 2020). However, in Kenya, another study found that recently displaced HIV-positive adults died at higher rates than HIV-positive resident adults, potentially due to increased exposure to fatal opportunistic infections, as displacement disrupted daily cotrimoxazole prophylaxis treatment for those not yet, or recently started, on therapy (Feikin et al., 2010). As such, IDPs must not be excluded from HIV national strategic plans (Mendelsohn et al., 2014). Indeed, HIV care is possible, even in displacement settings, if planned effectively. Critical factors for ensuring continuity of HIV care in crisis contexts identified by a study on IDPs in Kenya include: 'planning to develop programs that can function during a crisis, an emphasis on a rapid programmatic

response, the ability of clinics to function autonomously, patient knowledge of their disease, the use of community and patient networks, addressing staff needs and developing effective patient tracking systems' (Goodrich et al., 2013).

In stable settings at increased risk of disruption, the negative potential of interruptions in treatment may likewise be decreased if 'the period of disruption is short, there are strong contingency plans in place for ensuring continuing access to treatment, and people on ART have been educated on how to best manage their treatment in these challenging circumstances' (Mendelsohn et al., 2021). A review of healthcare services provided to IDPs found that improved availability of health workers and essential supplies, especially the provision of family planning commodities for pregnancy risk reduction, resulted in maternal and child health improvements, whilst the availability of maternal and child healthcare services at clinics created positive awareness among mothers and increased usage of health facilities (Ekezie et al., 2020).

MATERIAL AND METHOD

The Exploratory research design was used for the study using focus group discussion. The population of the study comprised all the registered internally displaced persons (IDPs) living in camps within Maiduguri. The total number of IDPs living in the camps within MMC was twenty-seven thousand, two hundred and twelve (27,212), (NEMA, 2020).

The population of the IDPs had male and female in the camp, where female was the majority and their occupation was farming with a low-income rate. In addition, the age category ranges between 18 – 60 years, they are predominating Kanuri tribe and few Hausa tribe in the population. That is to say, Kanuri was spoken language within the IDP camps and eighty (80%) of them stayed for more than five (5) years. They were all displaced as a result of the Boko Haram insurgency.

Qualitative data was analyzed using thematic approach with four (4) themes namely; provisions of health care facilities, coping strategy, and hope for brighter future and challenges faced by internally displaced person (IDPs). Each theme has some excerpt under it.

RESULTS

The results was cover the following:

The quantitative data will cover the objective 1

The qualitative data will cover the objective 1, 2, 3 & 5

- To assess the prevalence of PTSD among Internally displaced person (IDPs) in Maiduguri, Borno state Nigeria.
- To identify the coping strategies among IDPs in Maiduguri, Borno state Nigeria. .
- To assess the level of hope among IDPs in Maiduguri, Borno state Nigeria.
- To determine the relationship between socio-demographic variable and PTSD among IDPs in Maiduguri, Borno State.
- To explore the health services available to IDPs with PTSD Maiduguri, in Borno State.

Distribution of the sample according to socio-demographic variable n =500

Variables		Frequency (F)	Percentage (%)
Age	Greater than 40 years	150	10.2
	20-39years	170	26.0

	10-19years	180	30.2
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
	None	128	25.6
Educational Qualification	Religious	43	8.6
	Tertiary	22	4.4
	O Level	186	37.2
	Primary	121	24.2
	None	164	32.8
Income	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
	None	164	32.8
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 4.1 presented the socio-demographic information of the respondents, the table 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 1-2years in the camps.

Table 4.2 Distribution of IDPs according to Prevalence PTSD n =500

VARIABLE	F	%
Presence		
No PTSD	63	12.8
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

Table 4.2 above, show 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.

Thematic Analysis of the focus group discussion (FGD)

The data collected was transcribed and translated into English. From the analysis, four themes made as internally displaced persons experienced challenges in camps in Borno State

namely: provision of health care services, coping strategy to the traumatic experience, the challenges faced by the IDPs and Confidence they have.

Theme one: Remembrance of Challenges faced by IDPs

The participants expressed those experienced challenges impact in their health and living in the IDPs camps, where no provision of health services throughout the staying

” We are faced with hardship in the camps.”

“We do re-experience the situation found our selves”

“We think most time cannot regains things lost in the incidence”

“We remember people that were killed”

Theme Two: Coping Strategy

The participants cope with their new realities and living in IDP camps by feeling grateful for surviving through and living with others in camps rather than hiding in bushes. They also find solace in spirituality by reading holy books. Excerpts from the FGD;

”We are thankful to Almighty for the situation we find ourselves; no longer hiding in bush.”

”We engaged in reciting holy books, having brought up with tsan-gaya training”

We are striving to get something doing outside the camps

We already prepared our minds would go back to our home

We support each other based on our needs in the camps

Theme Three: Hope for brighter future

The participants hope for brighter future and living in IDPs camps believes that for every hardship there is an end to it, from all indication we would relocate to our residential locations, continue with activities to earn a living and development

“We believe that, from all looks of things, will relocate to our various residential locations”

“We observed that Insurgency is about to go”

“We have seen government is making effort for our relocations”

“We prayed things like that would not happen again”

“We hope government would do enough to relieve the stress”

Theme four: Health Services available for IDPs

On the health care facilities available for the IDPs in the camps, the participants unanimously reported that the absence of any health facility on the camps. IDPs that need to access health services go to public health centres outside the camps. They also lamented the lack of healthcare personnel on the camps. Below are excerpts from the FGD.

“We have no health services available in our IDPs camps”

“We patronized health care facilities outside our IDPs camp, a bit far to reach”

“We have no available of essential drugs”

“We have no availability of qualified health care personnel in the camps”

DISCUSSION

Sociodemographic characteristics of the participants.

Presented the socio-demographic information of the respondents, the table 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 farmers, 26(5.2%) were civil servants, the table finally shows that 185(37%) of the respondents spent 6 years and above in the camps while 52(10.4%) of the respondents spent 1-2 years in the camps.

The finding of the study one 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 findings from the qualitative data collected reveals that both males and females IDPS experienced traumatic events, the result shows that the most adopted coping strategy was a religious coping strategy. The finding was supported by finding of the study of Paula, Gonzauz, Ismail, and Ana (2017) who reported that clinical and socio demographic variables are correlated with the perception of social support and coping strategies in patients with cancer. The study further reported that the importance of taking into account the socio demographic and clinical variables in their relationship with social support and coping strategies for designing psychological intervention programs in cancer patients is discussed. However, the finding was further supported by the finding of Sofia et al. (2016) who reported that age and marital status did not affect significantly the choice of coping strategies Highest used coping strategy was active coping (2.92 ± 0.51). Survivors not having PTSD scored more on active coping ($p < 0.0001$) and self distraction coping ($p = 0.006$) while those with PTSD mostly used passive coping ($p < 0.0001$), religious coping ($p < 0.0001$) and substance use coping ($p < 0.0001$) (Baral & Bhagawati, 2019).

The study further revealed that there was difference in religious coping score according to age ($p < 0.0001$), sex ($p = 0.033$) and educational status ($p < 0.0001$) of the adult survivors. Religious coping was found to be significantly high in elderly adults and illiterate survivors compared to their counterparts. Significant difference in passive coping was found according to sex ($p < 0.0001$) and educational status ($p < 0.0001$) of the survivors. Passive coping was higher in females and among the illiterates. Conversely, active coping was significantly higher among the younger adults ($p = 0.022$), males ($p < 0.0001$) and the literate ($p < 0.0001$). Moreover, self distraction coping score was significantly higher among young adults ($p < 0.0001$), males ($p = 0.033$) and literates ($p < 0.0001$). Significant difference was observed between substance use coping with age ($p < 0.0001$) and educational status ($p < 0.0001$) of respondents. It was higher among elderly adults and those survivors who were illiterate. The finding was further contradicted by the finding of the study of Hajj (2021) who reported that female sex, economic hardship, lower educational level, being unemployed, number

of witnessed/experienced traumatic events, and presence of comorbid psychological disorders were associated with higher PTSD rates and adoption of coping strategy.

CONCLUSION

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

- There is a significant prevalence of post-traumatic stress disorder among IDPs in Maiduguri, Borno State.
- There is a poor coping strategy used by the internally displaced persons (active emotion-focused) at the camps in Maiduguri, Borno state.
- There is a low hope level among IDPs in Maiduguri, Borno state.
- Among the eleven socio-demographic characteristics, the only reason for displacement indicates a significant relationship.
- There is a significant relationship between PTSD and the level of hope among IDPs in Maiduguri, Borno State Nigeria.
- There is no availability of health care services within the internally displaced persons camps in Maiduguri, Borno state.

RECOMMENDATION

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

- Measures should be put in place by either government or non-governmental agencies to recruit psychiatric nurses, doctors, psychologists, and therapists to cater to them with the services needed.
- Emphasis on recruiting more nurses, therapists, and psychologists to help in identifying the need to cope and guide the internally displaced persons to use appropriate coping strategies.
- Psychological counseling should be given to all the victims of insurgency but more emphasis on females on how to cope with the traumatized experiences they went through by community volunteer groups, government, and non-governmental organizations.
- People of Borno State should be empowered on how to cope with traumatic experiences even before they experience traumatizing events by either the government or non-governmental agencies to prepare them well for eventualities.
- Special care and support for the provision of food, shelter, social services, and basic social amenities should be given to victims of insurgency so that it will improve their hope that everything would bring back normality and engage them, so as to reduce the development of PTSD among victims of insurgency.
- The government should make provision for security, employment, conducive studying atmosphere and social amenities so as to curtails terror groups in recruiting the citizens to leads the displacement of the communities.
- Government and non-governmental organization should provide the internally displaced person with health care facility, health personnel's and provision of essential drugs within the camps.

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