

Research Paper

## Resilience and Social Support as Predictors of Posttraumatic Stress Disorder among Displaced Workers in Conflict Zones in Northern Nigeria

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### ABSTRACT

The lives of millions of people have been severely disrupted in conflict zones and displacement-affected areas worldwide, with internally displaced people (IDPs) being among the most vulnerable groups. Hence, this study aims to examine resilience and social support as predictors of post-traumatic stress disorder (PTSD) among IDP workers in conflict zones in Northern Nigeria. A cross-sectional research design was adopted for this study. The study was carried out among internally displaced people living in IDP camps in Borno (Gumi and Masara camp) and Niger State (Gwari camp), respectively, and 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. The results revealed that resilience significantly predicts PTSD, and social support also significantly and positively predicts PTSD among IDP workers in conflict zones. Additionally, resilience and social support jointly and significantly predict PTSD among IDP workers in conflict zones. The study concluded by recommending that both the government and non-governmental organizations should work together toward creating a trauma-focused intervention program that addresses the psychological and social needs of the IDPs.

**Keywords:** Resilience, Social support, PTSD, IDP, Conflict zones and Northern Nigeria

The lives of millions of people have been severely disrupted in conflict zones and displacement-affected areas worldwide, with internally displaced people (IDPs) being among the most vulnerable groups (United Nations High Commissioner for Refugees, 2024). Globally, there are 68.3 million internally displaced people (UNHCR, 2024) and extreme trauma, such as violence, the death of a loved one, property devastation, and forced relocation, is frequently experienced by these people (Hosny et al., 2023; Stein, 2023). These difficulties can lead to the onset of post-traumatic stress disorder (PTSD), which can have a severe and devastating effect on the lives of internally displaced people (IDPs) and make it difficult for them to rehabilitate and reintegrate into the community (Chukwuorji et al., 2019). The dysfunctional and disruptive mental illness known as post-traumatic stress disorder (PTSD) is typified by heightened alertness, avoidance, unpleasant

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feelings and thoughts, and reliving the experience in the months and years after it has occurred (APA, 2013; Ressler et al., 2022). The repercussions of these traumas have a substantial impact on the displaced population's capacity to settle back into social and work environments as well as their psychological well-being (Tesfaye, 2024; Vukčević Marković et al., 2023).

According to Ali et al. (2023) and Yigzaw et al. (2019), the incapacity of internally displaced people with PTSD to fully participate in their surrounding societies might impede initiatives at communal rehabilitation and worsen pre-existing social and economic disadvantages. A number of factors, such as the lack of psychological services, the negative perceptions attached to issues related to mental health, and the practical difficulties of offering mental health assistance to internally displaced people (IDPs), who frequently reside in secluded regions, could have had an extremely significant effect in Africa (Djatche et al., 2022; Nicholas et al., 2022; Sanhori et al., 2020).

Due to violence, armed conflict, and natural catastrophes, over 71 million people were internally displaced in 120 countries as of the end of 2022. This figure indicates a 20% rise over the prior year (Umenweke & Orabueze, 2023). In sub-Saharan Africa, reports of both human and natural disasters that may result in internally displaced people have been widely publicized (Siriwardhana et al., 2013). Nearly 40% of all new internal displacements worldwide occurred in Africa in 2020, with 32 out of 54 African nations experiencing displacement mostly due to natural catastrophes (Speidel & O'Sullivan, 2023). 42% of all internally displaced persons worldwide have resided in Africa, according to the United Nations Human Rights Commission (UNHCR). Depending on the nation and population under study, the prevalence of PTSD among IDPs might range from 3% to 88% (Morina et al., 2018). In East Africa, between 11% to 80.2% of people suffer from PTSD (Bogic et al., 2015; Madoro et al., 2020; Roberts et al., 2008). According to a meta-analysis research carried out in sub-Saharan African nations, the prevalence of PTSD varies from 12.3% in Central Sudan to 85.5% in Nigeria, with most of them reporting having more than 50% of the symptoms (Koshe et al., 2023). This implies that among African IDPs, PTSD is a serious public health issue.

The consequences of violent insurgencies, like the Boko Haram insurgency, have resulted in widespread displacement in Africa, especially across Northern Nigeria (Tafida et al., 2023). Thousands of people have been displaced from their homes and forced to live in extreme conditions in camps, including those who had been employed before being displaced. These displaced workers suffer a great deal psychologically, frequently exhibiting severe symptoms of PTSD. Nonetheless, not every displaced person has the same PTSD symptoms, and some show greater fortitude in the face of hardship. Improving the productivity and well-being of displaced workers requires an understanding of the variables influencing these disparate psychological outcomes.

Resilience and social support are two important elements that might operate as protective barriers against PTSD. It has been demonstrated that resilience—the capacity to adjust constructively in the face of hardship—is a crucial factor in determining an individual's capacity to manage traumatic events (Dhungana et al., 2022). Positive mental health is considered to be similar to resilience. It is a psychological development process in which a person maintains a healthy lifestyle and adjusts to challenging life situations (Wang et al., 2015). It is the capacity to handle tough times well (Abiola & Udofia, 2011). Despite the

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fact that trauma is quite common, a number of studies have documented the function of resilience in trauma and how it protects against psychiatric diseases. For example, research conducted by Bibi et al. (2018) revealed that resilience was negatively associated with PTSD among burn patients. A similar study by Teche et al. (2017) indicated that lower level of resilience, especially the ability to solve situations and having personal values that give meaning to life, immature defence mechanisms, and emotional and physical abuse in childhood are associated with PTSD in adult Brazilian victims of urban violence. A further study carried out by Dhungana et al (2022) showed that resilience was found to have a negative association with post-traumatic stress disorder, anxiety, and depression symptoms. However, the finding of Anyaegbu et al. (2021) differs from the previous researchers' findings in that their finding revealed that resilience does not predict PTSD among insurgency-prone returnee soldiers.

In a similar vein, social support—whether from friends, family, neighbours, or organizations—can lessen the intensity of PTSD symptoms by offering material, emotional, and psychological support. According to Gros et al. (2016), social support may be a significant component in determining strategies to avoid or treat PTSD. Studies consistently show that a lack of social support is linked to more severe impairment and suicidal thoughts (DeBeer et al., 2014), as well as more severe PTSD symptoms (Brewin et al., 2000). Another important strategy for preventing and treating PTSD is social support (Whealin et al., 2008). Additionally, research has shown that social support is a multifaceted concept that can be measured empirically and manifested in daily life. For instance, research suggests that the social support that one might receive from various members of their social network, such as relatives, close companions, spouses, as well as fellows of a service organization, may have varying effects on symptoms and treatment participation (Laffaye et al., 2008). Apart from the origin of social support, some types of social support—like constructive social interactions—have a negative correlation with the intensity of PTSD symptoms prior to treatment. Conversely, Price et al. (2011) found a positive correlation between a higher perceived level of emotional support and a greater response to PTSD therapy. A study by Wang et al. (2021) revealed that social support and PTSD reciprocally predicted each other over time, while a similar study conducted by Anyaegbu et al. (2021) also showed an analogous trend that social support significantly and negatively predicted PTSD. Their findings further indicated that both resilience and social support jointly predicted PTSD.

Social support, resilience and PTSD have been well examined in both Western and African countries, especially among soldiers, burn patients, outpatients etc; however, less is known about how social support and resilience affect PTSD symptoms in displaced workers in conflict areas, especially in Northern Nigeria. A number of assistance programs have been put in place by the government and nonprofits to aid displaced workers. Nevertheless, little is known about how well these approaches work to improve resilience in displaced communities or lessen PTSD symptoms. Furthermore, the special sociocultural setting of Northern Nigeria, which includes the function of religious institutions, community leaders, and extended family networks, makes attempts to foster resilience and provide social support even more challenging. Hence, this study seeks to address this gap by investigating the roles of resilience and social support as predictors of PTSD symptoms among displaced workers in conflict zones in Northern Nigeria.

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### *Objectives of the study*

The main objective of the study is to examine resilience and social support as predictors of PTSD among IDP workers in conflict zones in Northern Nigeria. The main objectives will be examined in the following specific objectives:

- To examine if resilience will predict PTSD among IDP workers
- To examine if social support will predict PTSD among IDP workers
- To examine the joint and independent influence of resilience and social support on PTSD among IDP workers.

### *Hypothesis*

- There will be a significant joint influence of resilience and social support on PTSD among IDP workers.
- Resilience will significantly predict PTSD among IDP workers
- Social support will significantly predict PTSD among IDP workers

## **METHODS**

A quantitative method was adopted for this study. The quantitative approach involves the use of structured self-report questionnaires to gather data from the respondents.

### *Design*

A cross-sectional research design was adopted for this study. The study was carried out among internally displaced people living in IDP camps in Borno (Gumi and Masara camp) and Niger State (Gwari camp), respectively.

**Population and Sample Size:** All of the internally displaced people living in every IDP camp in Nigeria will make up the population. There were 2,295,534 IDPs in the camp overall (IOM, 2023). 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.

### *Measure:*

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 posttraumatic stress disorder in people 18 years of age and older who have experienced an exceptionally stressful incident. 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.

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**Resilience:** The brief scale developed by Smith et al. (2008). It is a 6-item questionnaire that was used to assess the IDPs' ability to bounce back. The scale is rated on a 5-point Likert scale from 1 strongly disagree to 5 strongly agree. The total sum for the scale is 30 and the higher the score the better the psychological resilience

**Social Support:** The Social Support Scale (SSS) developed by Santiago et al. (2023). It is a 4-item psychological instrument that was designed to evaluate four social support functions, instrumental, informational, emotional and appraisal support. The scale is rated on a 5-point Likert scale from 1 strongly disagree to 5 strongly agree. The overall sum of the scale is 20. According to Santiago et al. (2023), the reliability coefficient for the entire scale was 84.

### Procedures

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 was administered with the approval of the camp commandant. The process of the data collection spans one week. Two hundred and five questionnaires were administered to the IDPs. The researcher adheres strictly to the ethical considerations. First, prior to the commencement of the questionnaire administration, the participants gave their informed consent. Second, the researchers informed the participants that their information would only be utilized for research purposes and not for any other purpose. Furthermore, the researchers 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.

### Data analysis:

The data were analysed using some statistical techniques with the aid of statistical software (SPSS IBM Version 25.0). Simple linear regression was used to analyse the stated hypothesis.

## RESULTS

*Table 1.1: Summary table of correlation matrix showing the relationship among resilience, social support and posttraumatic stress disorders among IDP workers in conflict zones*

Variables	Mean	SD	1	2	3
1. PTSD	25.12	5.36	-		
2. Resilience	16.96	3.83	-.289**	-	
3. Social Support	13.02	5.36	.271**	.115	-

\*\* Correlation is significant at the 0.01 level (2-tailed)

From Table 1.1, it can be revealed that there was a significant negative relationship between resilience and PTSD ( $r = -.289$ ;  $P < .01$ ) and also, social support shows a significant positive relationship with PTSD ( $r = .271$ ;  $P < .01$ ). No relationship was established between resilience and social support ( $r = .115$ ;  $P > .05$ ). The results revealed that there was a significant relationship among the three variables. Therefore, a further statistical analysis was used to determine the predictive variance of the independent variable (resilience and social support) on the dependent variables.

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*Table 1.2: Summary table of multiple regression showing the joint and independent prediction of resilience and social support on posttraumatic stress disorders among IDP workers in conflict zones*

Predicting variables	B	SE B	$\beta$	t	p
Resilience	-.45	.09	-.32	-5.05	.000
Social support	.56	.12	.31	4.79	.000

*R = .42; R<sup>2</sup> = .18, F(2,204) = 21.74 p < .01*

From Table 1.2 above, it could be revealed that resilience and social support jointly and significantly predict posttraumatic stress disorder among IDP workers in conflict zones ( $R^2 = .42$ ;  $F(2,204) = 21.74 p < .01$ ). The result further revealed that both resilience and social support contributed a significant variance of 18% to posttraumatic stress disorder. The result further revealed that resilience ( $\beta = -.32$ ,  $t = -5.05$ ,  $p < .01$ ) significantly predicts posttraumatic stress disorders. A negative prediction was seen between resilience and PTSD, which indicates that as IDPs are resilient, the tendency to experience PTSD decreases among IDP workers in conflict zones. Moreover, social support ( $\beta = .31$ ,  $t = 4.79$ ,  $p < .01$ ) significantly predicts posttraumatic stress disorders among IDP workers in conflict zones. The result runs in agreement with the statement hypotheses. Therefore, the stated hypothesis that there would be joint and independent prediction of resilience and social support is thereby confirmed.

## **DISCUSSION**

The present study examines resilience and social support as predictors of PTSD among IDP workers in conflict zones in Northern Nigeria. The finding indicated that resilience and social support jointly and independently predict PTSD among IDP workers in conflict zones. This suggests a significant interaction between resilience and social support in reducing the effect of PTSD among IDP workers. The joint predictiveness indicates that both variables contribute significantly to mitigating PTSD, providing a holistic cushion against psychological harm caused by exposure to a traumatic event in a conflict zone, especially among those working before they were displaced. The finding agrees with the findings of Anyaegbu et al. (2021), who showed an analogous trend and indicated that both resilience and social support jointly predicted PTSD. Their findings further revealed that resilience did not predict PTSD, which contradicts the findings of the study that resilience negatively predicted PTSD, revealing that the higher the psychological resilience among the IDPs, the less severe they experience PTSD and vice versa. This indicates that IDP workers with higher resilience are better equipped to manage PTSD related to displacement leading to lower levels of PTSD. It acts as a shield or buffer by helping the individuals to maintain psychological stability in the face of adversity, thus reducing the severity of PTSD. The independence prediction further suggests that resilience plays a significant and protective role in trauma-related occurrences. This finding agrees with numerous findings on resilience and PTSD and that resilience significantly and negatively predicts PTSD (Brewin et al., 2000; Bibi et al., 2018; Dhungana et al., 2022; Streb et al., 2014; Salami, 2010; Teche et al., 2017). Furthermore, the study revealed that social support also significantly predicts PTSD. This positive prediction indicates that the higher the perceived social support, the greater the severity of PTSD among IDP workers. This positive prediction could be due to the source and types of social support received, which may be inadequate, superficial, and even dysfunctional, leading to an increase in stress rather than mitigating it. The camp environment, for instance, which is highly tense and stressful, may bring about pressure from the people to engage in social connection or responsibilities to others, and this may

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become a burden, especially if the provided support comes from those who are traumatized as well. Another reason could be the nature of the social support received, which could be reactive rather than preventive. Reactive support in the sense that the support offered to an individual who experienced severe PTSD symptoms might not reflect its efficiency in reducing PTSD due to the severity of the traumatic event. Rather the individual will benefit from psychotherapeutic intervention to alleviate the severe PTSD. Although this finding is consistent with the findings of Anyaegbu et al. (2021), it contradicts themselves in the direction of their relationship. While this study revealed a positive prediction, Anyaegbu et al. (2021) found a negative prediction of social support on PTSD. The finding further partially agreed with most past findings that social support predicts PTSD symptoms (Daniel et al., 2016; Dworkin et al., 2017; Gros et al., 2016; DeBeer et al., 2014; Wang et al., 2021).

### CONCLUSION

Conclusively, the study examines the significant role of resilience and social support in predicting PTSD among IDP workers in conflict zones in Northern Nigeria. The finding indicates that resilience negatively predicts PTSD, which shows the protective influence of resilience in enabling IDP workers to better cope with trauma-related issues due to displacement and conflict. However, the surprising finding that social support positively predicts PTSD presents a complicated dimension to gaining insight into trauma recovery. It suggests that the beneficial influence of social support, as perceived by the majority of researchers, may vary depending on the quality, context, and type of support provided and received by the IDP workers. Support received or offered by a trauma affect people or network may be dysfunctional and reactive instead of preventive.

### *Recommendation*

Given the significant influence of resilience in alleviating PTSD symptoms among IDP workers, intervention should be focused on enhancing and improving the psychological resilience of the IDPs through training programs such as coping strategies, stress management, and emotional regulation techniques, which could be fused into support services provided to the IDPs in camp. Furthermore, it is important to strengthen and improve the social support networks available to the IDPs in the camp through community engagement, family, and peer support networks. Last, comprehensive mental health services that combine both resilience-building intervention and a healthy social support system should be provided in the camp, and the combined effort of both the government and non-governmental organizations should be geared towards creating a trauma-focused intervention program that addresses the psychological needs of the IDPs.

### *Limitations*

A cross-sectional and correlation research design was adopted for this study, and these designs limit the ability to determine the causal relationship between resilience, social support, and PTSD symptoms among IDP workers. Therefore, a longitudinal study would be better suited to examine the long-term impact of resilience and social support on PTSD and how the factors evolve over time. Furthermore, the study relied on self-report instruments, which may be subject to social desirability or recall bias, which could possibly affect the precision of the findings. Moreover, the study sample was drawn from conflict zones in Northern Nigeria, which may not capture some of the experience of displaced workers from other states, and this, in turn, may limit the generalization of the findings.

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### Conflict of Interest

The author(s) declared no conflict of interest.

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