



The Prevalence of Post-Traumatic Stress Disorder Among Adults of St Joseph's Parish Ukpen, Katsina- Ala Diocese, Nigeria

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ABSTRACT

Post-traumatic stress disorder is a global phenomenon, affecting individuals from diverse cultural background and countries. It is a mental health condition triggered by experiencing or witnessing traumatic events directly or learning about it. The effects of these events place burdens on individuals, families and society. The purpose of this study was to examine the prevalence of post-traumatic stress disorder among adults of St Joseph's parish Ukpen. The study was grounded on CBT theory by Beck and DRT by Brewin et al. The study employed descriptive survey research design. The target population was 3,500 from where a sample of 359 was drawn. The PTSD Checklist for DSM-5 (PCL-5) was employed as study instruments. The Statistical package for social sciences (SPSS) version 25 was used for coding of data, and data was analysed using descriptive analysis. The study established the overall prevalence of PTSD symptoms among adults of St Joseph's Parish Ukpen affected by ethnic conflict at 38.125%, suggesting a significant public health concern within the community. Hence, individuals who have experienced or been exposed to ethnic conflict are more likely to exhibit symptoms of PTSD. Conversely, lower levels of ethnic conflict are associated with lower levels of PTSD symptoms. The study identified religious and spiritual coping strategies as valuable resources for resilience and healing among the community members. The study recommended for comprehensive intervention strategies that address trauma, provide mental health support services, promote community reconciliation, and foster positive religious coping strategies.

Keywords: Ethnic conflict, Post Traumatic Stress Disorder, religious and spiritual coping strategies

Introduction:

Ethnic conflict is a widespread and destructive phenomenon that has devastated communities worldwide, causing both physical and psychological damage in its wake. Post-Traumatic Stress Disorder (PTSD), a mental health disorder that impacts not just people but also entire communities and societies, is one of the most persistent and crippling effects of such violence (Kassaye et al., 2023). According to Miller et al. (2010), post-traumatic experiences are symptoms reflecting disturbances in cognitive, behavioural, and physiological functioning that develop in the wake of exposure to a psychologically traumatic event. The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) defines a traumatic event (TE) as exposure to threatened death, serious injury or sexual violence. Such exposure may occur directly or indirectly by witnessing the event, learning of the event occurring to a loved one, or repeated confrontation with aversive details of such event (Benjet et al., 2016). Ethnic conflict can produce trauma that lasts a lifetime and feeds cycles of misery, displacement, and violence Kassaye et al. (2023). It is essential to comprehend the intricate dynamics of ethnic conflict and how it relates to PTSD in order to create preventative, intervention, and healing techniques that work. The purpose of this investigation was to examine the complex relationship between ethnic conflict and PTSD, offering insight into its origins, effects, and possible avenues for healing and reconciliation.

Theoretical Framework

A Theoretical framework is the research from previous literature that defines a study's core theory and concepts (Ellis, 2003). There are a variety of theories that attempt to explain why exposure to traumatic events leads to PTSD in some individuals but not in others. This research used CBT, a theoretical approach of Beck (1960) to challenge the unhealthy thought process and emotions of the people with PTSD. Challenging these thought process allows sufferers to acknowledge the reality PTSD, a consequence of ethnic conflict, and thus, develop healthy attitudes toward it. The study demonstrated how ethnic conflict exposes victims to trauma events that eventually give birth to post-traumatic stress disorder. The study equally used Dual representation Theory developed by Chris Brewin, Tim Dalgleish, and Stephen Joseph in 1996. Additionally, the study showed how the victims' psychosocial lives and means of subsistence have been compromised by post-traumatic experiences, making it difficult for them to live as fully functioning individuals.

LITERATURE REVIEW

Mann (2023) defined post-traumatic stress disorder (PTSD) as a disabling psychiatric disorder that results from being exposed to real or threatened injury, death, and sexual assault. It is associated with functional and cognitive impairment. It is a mental health condition that is triggered by a terrifying event, either by experiencing it or witnessing it. Symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event that may affect mental, physical, social, and/or spiritual well-being. Events like war, conflict, accidents, rape or sexual assault and the like are but a few samples of trauma events.

The prevalence of PTSD globally is estimated in the general population to stand at 3.9% and in people known to have been exposed to trauma, the rate is 5.6% (Sandy, 2021). The prevalence of delayed-onset PTSD is around 5.6%. People showing a delayed onset were mostly veterans and other professionals with earlier subclinical symptoms. According to this study, the prevalence reduces over time from 28.8% at one-month post-trauma to 17% at one-year post-trauma. This trend reverses in people exposed to intentional traumas such as war and assault, rather than people exposed to non-intentional traumas such as accidents and natural disasters, with rates increasing from 11.8% at one-month post-trauma to 23.3% at one-year post-trauma after exposure to intentional traumas (Sandy, 2021).

Another survey of higher quality evidence by Sandy (2022) finds that the overall prevalence of PTSD is around 31% in refugees and asylum seekers. Out of these, rates were highest in women, in refugees from Africa, and in smaller studies. Rates varied according to diagnostic scale, with the Clinician administered PTSD Scale showing highest rates (40%), and the Mini-International Neuropsychiatric Interview showed lowest rates (26%). On the other hand, moderate to high quality evidence finds the prevalence of PTSD in war-affected refugees and citizens around 31%. Rates were highest in those exposed to recent conflict. They were also highest in those exposed to torture, to more traumatic events, and to political terrorism. They were highest in people from Cambodia, Bosnia, Kosovo, and Africa. The prevalence of PTSD in adult Syrian refugees living in Western or Middle Eastern countries is 43%. The prevalence of PTSD in Iraqi refugees living in Western countries is up to 37% (Sandy, 2022c). These are indicators of the need to examine the situation of the parishioners of St Joseph Ukpen who have experienced similar exposure to the alleged violent attacks as a result ethnic conflict, and may be susceptible to PTSD due to such repeated attacks. This is because, records have it that at least 10,000 people fled their homes and have become internally displaced as a result of this ethnic conflict (Adebayo, 2019).

Eiset et al. (2022) studied the association between long-distance migration and PTSD prevalence in Syrian refugees. The Harvard Trauma Questionnaire was used to measure PTSD. The estimate of association was obtained by multiplying the imputed missing data, propensity score-weighting with covariates (age, sex, socioeconomic status, trauma experience, and general mental health), and reporting the bootstrap 95-percentile confidence interval (95% CI), which helped to account for confounding. Several sensitivity analyses were also carried out.

Included in the study were 133 participants from Denmark (mean age 30 years old, 47% female) and 599 participants from Lebanon (mean age 35 years old, 73% female). A 9percentage point (95% CI [-1; 19] percentage point) increase in the prevalence of PTSD was linked to migration to Denmark rather than Lebanon after multiply imputing missing data and propensity score-weighted adjustment for confounding. Findings suggested a correlation between long-distance migration and a rise in PTSD prevalence among refugees. The migration may be a significant consideration in evaluating the health of refugees and asylum seekers. "Long-distance migration" should be taken into account by practitioners when conducting health screenings for refugees, especially when determining the likelihood of post-traumatic stress disorder (Eiset et al., 2022).

War and ethnic conflicts are the major causes of PTSD in many parts of the world. A study carried out by Hoppen and Morina (2019) estimated that about 1.45 billion individuals worldwide have experienced war between 1989 and 2015 and were still alive in 2015, including one billion adults. They also estimate that about 354 million adult war survivors suffer from PTSD. Another study carried out in South Africa by Ng et al. (2020) showed low data on the subject. This is because of misconceptions as it is applied mostly to refugees in the sub-Saharan Africa. Many countries in sub-Saharan Africa place more importance on refugee-related traumas. However, trauma exposure is common throughout the world, unequally distributed, and differential across trauma types with respect to PTSD risk. The majority of people who experience trauma will not go on to develop PTSD. 6% of Americans, or roughly 6 out of every 100, will experience PTSD at some point in their lives. After receiving treatment, a large number of PTSD sufferers will get better and no longer fit the diagnostic criteria. Thus, this figure includes individuals with PTSD at any stage of their lives, regardless of the resolution of their symptoms Mann et al. (2024).

A study carried out in Rwanda by Musanabaganwa et al. (2020) showed that PTSD prevalence among genocide survivors is considerably higher compared to the general Rwandan population. A total of 2957 out of 11,746 people experienced PTSD. A 25% summary proportion (95% CI=0.16,0.36) is reported. In the absence of subgroups, the τ^2 is 0.06 (95% CI=0.03,0.14) and the Q-statistic is 2827.65 ($p<0.0001$), indicating a high degree of heterogeneity in the effect sizes. The year of publication and the year of data collection were important moderators. In the category of genocide survivors, the estimated pooled prevalence of PTSD was 37% (95% CI=0.21,0.56). However, it is believed that the burden of PTSD in the general Rwandan population declined significantly over time, likely due to treatment of symptoms through strong national mental health programs, peace building and resolution of symptoms over time. This shows that traumatic event leaves some survivors with a huge burden that affect their psycho-socio-spiritual wellbeing (Musanabaganwa et al., 2020b).

A Community-based cross-sectional study was conducted in Dessie town, Ethiopia in 2022, by using a multi-stage cluster sampling. PTSD was assessed by the post-traumatic stress disorder Checklist for DSM-5 (PCL-5). This study revealed that the prevalence of PTSD among Dessie town residents was found to be 19.4% (95% CI, 16.7, 22.0). In multivariable analysis, being females (AOR = 1.63, 95% CI 1.10–2.44), previous history of mental illness (AOR = 3.14, 95% CI 1.14–7.06) depressive symptoms (AOR = 3.12, 95% CI 1.92–5.07), witnessing a serious physical injury of a family

member or friend (AOR = 2.82, 95% CI 1.18–6.70) and high perceived life threats (AOR = 5.73, 95% CI 3.05–10.78) were found to be significant predictors of PTSD (Anbesaw et al., 2022). Similarly, the displaced adults of St Joseph parish Uken who have witnessed the death of loved ones or have sustained life-threatening injury as a result of ethnic conflict may have been victims of PTSD.

Nigeria has had its fair share of displaced people as a result of political and ethno-religious conflict. Many people in Nigeria have suffered traumatic events as a result of the numerous ethnic conflicts that have occurred over the years, especially in the Middle Belt. A study that was published in the Journal of Psychiatry and Psychiatric Research estimates that 14.4% of Nigerians in general suffer from PTSD Sekoni et al. (2021) In regions like the Middle Belt that are impacted by ethnic conflict, this figure might be higher. According to a different study that was published in the African Journal of Traumatic Stress, 43.7% of internally displaced people (IDPs) in Nigeria had PTSD. It's crucial to remember that these figures probably underestimate the actual number of cases of PTSD, as many may go unreported or misdiagnosed (Sekoni et al., 2021b). Another study added that these factors, when combined, could increase the risk of developing [mental disorders](#), which are more common among displaced people, especially those who have been displaced for an extended period of time, resulting in significant [public health](#) burden and a negative impact on the well-being of the affected populations (Umar et al., 2023).

The prevalence of PTSD in Benue State, Nigeria, was examined by Edeh et al. (2023). The study used a cross-sectional and multi-stage cluster sampling method to select 413 participants; 135 from Uikpam and 278 from Daudu. The study instruments administered included a questionnaire with some socio-demographic variables and an extract from the PTSD module of the Composite International Diagnostic Interview. This study found a disturbingly high presence of PTSD in the two communities of study, Uikpam and Daudu, Benue state, in the North-Central part of Nigeria, some years after conflicts, suggesting that PTSD as a disorder may be prolonged and exist years after the trauma. Additionally, the community with a direct exposure had a higher prevalence of PTSD than the other with an indirect exposure, indicating that both individually and in a community, a direct exposure raises the risk of developing PTSD (Edeh et al., 2023). However, this study cannot be completely replicated at St Joseph Uken even though it was done within the same geo- political entity, Benue. The current study hopes to check the prevalence of PTSD among adult survivors of ethnic conflict in St Joseph's Parish Uken.

Available literature on ethnic conflict in the area of study deals more with sociological and political aspects of the crisis. Eyeh et al. (2023), for instance, focused on the roles and consequences of foreign involvement in Nigeria's internal violent conflicts. According to Moti (2019), this conflict is the bloodiest disagreement in central Nigeria since the Nigerian Civil War. Land, traditional and contemporary political power, and indigenous rights have all been at issue in this conflict. Although the Tiv and the Jukun had previously lived in peace, there has been ongoing conflict between the two ethnic groups over the years despite their history of political and economic marginalization. While Ige and Onugu (2023) assessed the socioeconomic aspects, focusing on farmers' involvement in communal crisis. These extant literature however, do not relate directly to PTSD. Thus, this current study examines the prevalence of PTSD among adults of St Joseph's Parish Uken and its correlation to exposure to potentially traumatic events of ethnic conflict.

Summary of Literature Review

The empirical data presented in this chapter shows that ethnic conflict causes posttraumatic symptoms, which in turn lead to disorder. Additionally, it tried to prove that repeated exposure to violent incidents has a significant impact on the prevalence of PTSD on survivors of ethnic conflict. PTSD leaves them vulnerable and encourages them to continue the cycle of violence. The experiences of ethnic conflict victims were further explored in this chapter, along with some Spiritual coping strategies that have been successful in other contexts. From the literature review, PTSD has been variously examined from the global, regional and local levels. The discussion was guided by the research objectives. In summarizing the literature review, it can be said that none of the articles examined ethnic conflict and PTSD in adults from St. Joseph's Parish Uken. This study hopes to fill this gap. It will also help create awareness of the dare consequences of ethnic conflict in this local community and beyond.

RESEARCH DESIGN AND METHODOLOGY

This study adopted mixed methods, using an embedded design. The target population of this study was 3,500 parishioners of St Joseph Uken according to parish records (personal communication, July 15, 2023). The sample size for this study was 359 respondents out the target population of 3,500 male and female adults. The participants for this study comprised male and female, adults of the St Joseph's Parish Uken. The stratified sample for the quantitative data was 47.5% men and 52.5% women according to parish records (personal communication, 15, 2023). This sample reflected the approximate gender distribution of the population being studied that were made available by the parish, and purposive sampling of the interviewees.

PRESENTATION, INTERPRETATION AND DISCUSSION OF FINDINGS

The Prevalence of Post-Traumatic Stress Disorder Among Adults of St Joseph's Parish Uken

The first objective of this study was to examine the prevalence of post-traumatic stress disorder among adults of St Joseph Parish Uken, Katsina -Ala Diocese, Nigeria. To calculate the prevalence of PTSD based on the above data, focus is given on the responses that indicate the presence of symptoms associated with PTSD, which answered to "Quite a bit," and "Extremely" as follows:

Table 1: PTSD scores

	Statements	Not at all	A little bit	Moderately	Quite a bit	Extremely
1	You have strong physical reactions when something reminds you of those attacks (for example, heart pounding, trouble breathing or sweating)	24(11%)	75(35%)	23(11%)	49(23%)	41(19%)
2.	You experience repeated, disturbing, and unwanted memories of the Juken/Tiv ethnic attacks	27(13%)	69(29%)	25(12%)	54(25.5%)	45(21%)
3.	You have frequently had recurring, disturbing dreams of the Tiv/Juken ethnic attacks	56(26%)	71(33.5%)	19(9%)	38(18%)	28(13%)
4	You avoid memories, thoughts, or feelings and any external reminders of the Jukun/Tiv attacks (for example, avoiding people, places, conversations, activities, objects, or situations)	41(19%)	51(24%)	25(12%)	53(25%)	42(20%)
5	You experienced loss of interest in activities that you used to enjoy before, or you feel distant or cut off from other people	61(29%)	58(27%)	28(13%)	38(18%)	27(13%)
6.	You have troubles experiencing positive feelings (for example, being unable to feel happy or being unable to have loving feelings for people close to you)?	67(32%)	62(29%)	29(14%)	36(17%)	18(8.5%)
7	You are more alert, vigilant or watchful or on guard and easily startled because of the incidence?	11(5%)	37(17.5%)	27(13%)	68(32%)	69(32.5%)
8.	You have difficulty concentrating or falling asleep?	67(32%)	61(29%)	20(9%)	42(20%)	22(10%)

To further gain insight into the prevalence of PTSD among adults of St Joseph's Parish Ukpén, The Table below present the distribution of PTSD (Post-Traumatic Stress Disorder) levels among adults of St. Joseph's parish Ukpén, Nigeria. The levels are categorized as Low, Middle, and High based on the severity of symptoms reported by the respondents. The study shows that the highest number of the respondents (49%) reported low levels of PTSD. This is in comparison to 39% that reported high levels of PTSD while 12% reported moderate levels of PTSD.

Table 2

PTSD Levels

Level	Low	Moderate	High
Frequency	838	196	670
Percentage	49%	12%	39%

Table 6 shows that although the majority of respondents reported low on PTSD levels, a small percentage of respondents reported experiencing moderate levels of PTSD. However, a significant number of respondents acknowledged being affected by the stressful events of ethnic conflict, which predisposed them to PTSD. This indicate that while some of the respondents were able to positively cope and heal, a good number remained stuck in their traumatic experiences. This highlights the need for urgent psychological intervention.

The study shows that the overall prevalence of PTSD symptoms among adults of St Joseph's Parish Ukpén affected by ethnic conflict is approximately 38.125%. The high prevalence of PTSD symptoms suggests a significant public health concern within the community. PTSD can have long-lasting effects on individuals' mental health, well-being, and overall quality of life. Jowf et al. (2022) asserted that the most common disorder resulting from traumatic stress is still post-traumatic stress disorder (PTSD). The burden of PTSD is anticipated to be high for both the individual and the community because of the high lifetime prevalence and serious consequences. In addition to the patient's burden, there is also a financial and medical burden. The prevalence of PTSD symptoms indicates that a substantial proportion of the community members may be experiencing psychological distress due to exposure to ethnic conflict. This can impact the overall well-being and functioning of the community. The findings highlight the urgent need for accessible and culturally

sensitive mental health services in the community. Effective interventions, such as counselling, psychotherapy, and support groups, may be necessary to address the psychological needs of individuals affected by PTSD.

Efforts should be made to prevent further instances of ethnic conflict and violence to reduce the risk of PTSD in the future. This may involve community-based conflict resolution initiatives, promoting social cohesion, and addressing underlying socio-economic and political factors contributing to conflict. There is a need for increased community support and awareness about PTSD and its impact. Education campaigns and outreach programs can help reduce stigma, increase understanding, and encourage individuals to seek help for mental health issues.

Overall, the finding underscores the importance of addressing the mental health consequences of ethnic conflict and highlights the need for comprehensive interventions to support individuals affected by PTSD in the community of St Joseph's Parish Ukpem

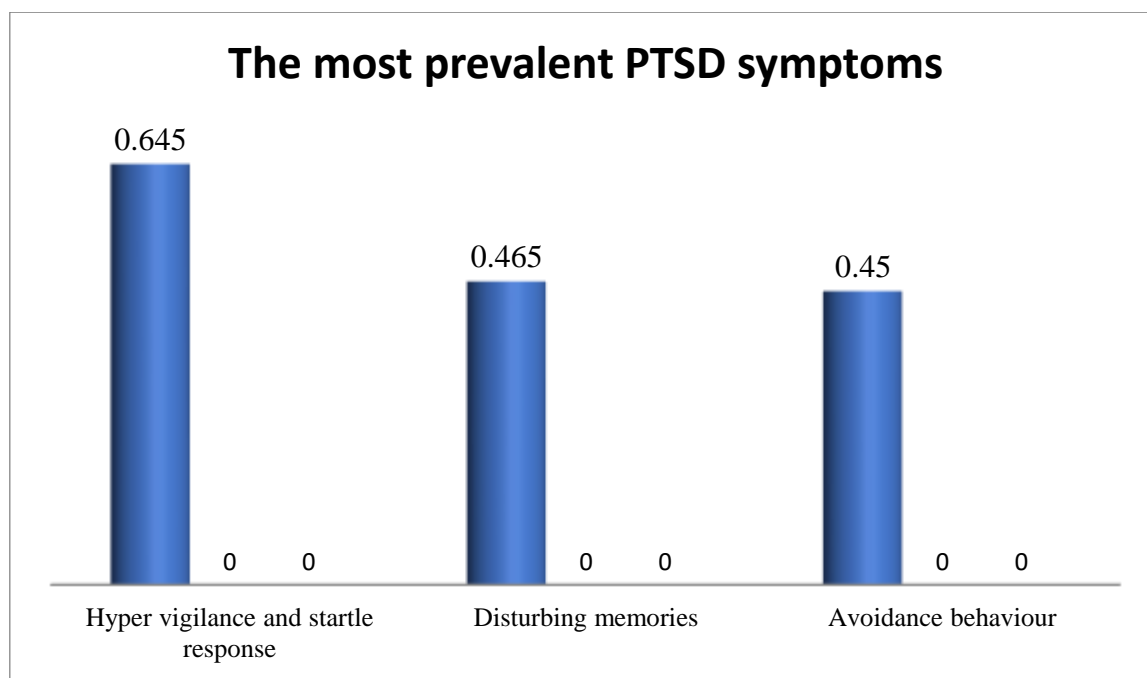


Figure 1: The most prevalent PTSD symptoms

The study shows that a significant portion of individuals in the surveyed population experienced heightened awareness and exaggerated responses to potential threats or triggers. Hypervigilance often involves being constantly on guard, feeling tense, and easily startled, which are common symptoms of PTSD.

Nearly half of the surveyed individuals reported experiencing distressing or intrusive memories related to the traumatic event. These memories can manifest as flashbacks, nightmares, or intrusive thoughts, and they contribute to the individual's psychological distress and impairment. Mann (2023) identified flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event that may affect mental, physical, social, and or spiritual wellbeing as symptoms of PTSD. A study by Edeh et al. (2023) in the reviewed literature indicated that a community or individual with a direct exposure to traumatic event has high risk of developing PTSD.

Those experiencing avoidance behaviour were 45%: This indicates that a considerable proportion of individuals in the surveyed population engages in avoidance behaviours to cope with reminders of the traumatic event. Avoidance behaviours may include avoiding certain places, people, activities, or thoughts that trigger distressing memories or emotions associated with the trauma.

In the reviewed literature, Umar et al. (2023) commented on how war and similar factors can impact on the mental health of victims thus;... these factors, when combined, could increase the risk of developing [mental disorders](#), which are more common among displaced people, especially those who have been displaced for an extended period of time, resulting in significant [public health](#) burden and a negative impact on the well-being of the affected populations.

Overall, these findings highlight the significant impact of PTSD symptoms on the surveyed population, with hypervigilance, startle response, disturbing memories, and avoidance behaviour being particularly prevalent manifestations of the disorder. These symptoms can interfere with daily functioning, impair quality of life, and may necessitate appropriate interventions such as therapy or medication.

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

The study established that the prevalence of PTSD among adults of St. Joseph's Parish Ukpem was 62.5%, which is considered very high. The study suggested that a substantial portion of the population in St. Joseph's Parish Ukpem may be experiencing significant distress and impairment related to

traumatic events, likely contributing to a significant public health concern. This high prevalence rate warrants urgent attention from mental health professionals, policymakers, and community leaders to implement interventions aimed at addressing trauma, providing mental health support services, and promoting resilience and coping strategies within the community.

The study concludes that the prevalence of post-traumatic stress disorder (PTSD) among adults was alarmingly high, indicating a significant public health concern. The traumatic experiences endured by victims of the Tiv/Jukun ethnic conflict underscored the urgent need for humanitarian aid, mental health support, and community cohesion.

Recommendations

There is need to establish mental health support services within the parish to address the high prevalence of PTSD and provide counselling and therapy for individuals experiencing trauma-related distress. These services should be easily accessible, culturally sensitive, and tailored to the specific needs of the community.

There is need to implement trauma-informed interventions by developing and implementing trauma-informed interventions aimed at addressing the underlying trauma experienced by victims of ethnic conflict. These interventions should focus on providing psychoeducation, coping skills training, and trauma-focused therapy to help individuals process their experiences and manage PTSD symptoms effectively.

The stakeholders should raise awareness and reduce stigma. They should increase awareness about PTSD and mental health issues within the community to reduce stigma and encourage individuals to seek help for their symptoms. Education campaigns, community forums, and outreach programs can help raise awareness about the importance of mental health and the availability of support services.

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