
MANAGING POSTTRAUMATIC STRESS DISORDER (PTSD) AMONG INTERNALLY DISPLACED RETURNEES IN BORNO AND YOBE STATES, NIGERIA

Abdulkarim Umar^{1*}, Adams Yahaya Atata²

¹ Principal Lecturer, Department of General Studies, The Federal Polytechnic, Damaturu,
Yobe State, Nigeria

² Principal Lecturer, Department of General Studies, The Federal Polytechnic, Damaturu,
Yobe State, Nigeria

*Corresponding author: abdulkarimumar12@gmail.com

Abstract

The focus of this study is posttraumatic stress disorder among those who have experienced internal displacement as a result of the Boko Haram insurgency in the northeastern states of Nigeria's Borno and Yobe. This is due to the lack of attention paid to the issue of posttraumatic stress in relation to internally displaced individuals in the area. The primary goals of this study were to examine the major factors that contribute to posttraumatic stress disorder (PTSD) among internal displacement returnees as they return to their original environment, to ascertain whether they had been subjected to any posttraumatic support activities intended to help them reclaim their former selves, and to ascertain whether the returnees had independently developed any coping mechanisms. Purposive sampling was used in the study to choose samples from the regions where returnees are easily accessible for the investigation. The chosen samples were given questionnaires, which were created. In Borno, they included Bama, Dambua, and Konduga, while in Yobe State they included Gujba, Gulani, and Geidam. The results demonstrate that most respondents said they had not received any kind of posttraumatic exercise to aid them in coping with prior traumatic occurrences. It also shows that many people were still in a state of shock when they remembered their predicament. Therefore, it is strongly urged that before sending displaced persons back to their original location, the government should make sure that they are given the required coping mechanisms. To keep them interested, they should also be offered entrepreneurial skills.

Keywords: Disorder; Displaced; Posttraumatic; Returnees; Stress

Introduction

This article emerged from a research work concerned with posttraumatic stress disorder generated by the Boko Haram insurgency in the northeast of Nigeria. The word trauma can be seen to refer to events that are psychologically overwhelming for individuals, families, or communities which may include war, natural or made disaster, accidents, interpersonal violence torture and other related events (Regel and Joseph, 2017).

Posttraumatic stress disorder (PTSD) is a complex and chronic disorder that causes substantial distress and interferes with social functioning of an individual. The field of psychology has for long explored the issue of posttraumatic stress disorder (PTSD) extensively, however not much has been explored in relation to returnees of internal displacement. Northeastern Nigeria has found itself in serious crisis caused by the Boko Haram insurgency which displaced a very large population of the area, caused injuries, loss of lives of many and destroyed properties that were hard earned. These occurrences can never be forgotten easily due to the fact they have psychological effects on the affected persons. As the case with the survivor of the Mount St. Helens volcanic eruption where three critical disorders were discovered to be importantly related with disaster stress in the population at large. These are the generalized anxiety, major depression and post trauma stress disorder (Shore et al., 1986b). Thus, people considered as internally displaced persons (IDPs) who returned or were returned to their origin may certainly encounter one or all of the issues mentioned above which may require putting certain measures to deal with the situation otherwise it may have a serious damage on the individuals. Lack of or Poor social support which accompanied a traumatic event is among the greatest risk factors for posttraumatic stress disorder (PTSD) across various types of traumas (Brewin, Andrews, & Valentine, 2000; Ozer, Best, Lipsey, & Weiss, 2003), including serious traumatic situations such as the activities of Boko Haram insurgency in Nigeria that has caused serious trauma among the population in the northeast, (Dougall, Ursano, Posluszny, Fullerton, & Baum, 2001). In early conceptualizations of social support and PTSD, theorists posited that presence of positive social support buffers against development of post-stress psychopathology (Cohen & Wills, 1985).

The concept of posttraumatic stress disorder (PTSD), is described as a “trauma stress – related” disorder resulting from exposure or witnessing of a potentially traumatic event such as actual or threatened death, exposure to accidents, natural disasters, combat events, etc., with symptom clusters of re-experiencing, avoidance, hyper-arousal, negative alteration in cognition and mood. This definition clearly suggests that having experience of war trauma could increase PTSD vulnerability (APA, 2013).

Many people who were affected by certain dangers experience trauma, some get back to normal immediately within days or weeks, while others may be months or even years. This variation may be as a result of individual differences in terms of response to shocks, the level of danger or shock a person come in to contact with, the culture, previous experience, age and gender.

1.1 Statement of the Problems

Natural and man-made catastrophes are increasingly widespread nowadays, since violence and other calamities are everywhere; posttraumatic stress disorder is an issue that has gotten less attention because it is not regarded as severe by authorities. Generally, government strategies focus on rescuing and meeting urgent basic needs without addressing the need for

posttraumatic stress disorder care. It is evident that, except for providing camps for the displaced and basic necessities, there have been no records of providing post-traumatic support in the states of Borno and Yobe, which is critical in restoring individuals to normalcy. After residing at an IDP camp, some elect to return voluntarily, while others stay until the camps are closed and the government returns them, while others believe it is too dangerous to return or have seen better prospects. Despite being led to believe that there are no longer any concerns, many returnees maintained a significant level of worry. They see their destroyed homes or the homes of relatives, neighbors, and community members who were killed in the incidents; they recall being attacked from specific directions; they recall where husbands or children were slaughtered or murdered; and they remember many loved ones they will never see again. Previous studies were mostly concerned with the displaced while returnees case were never considered as issues worth to be given psychological consideration by both policy makers and researchers. This is why we consider it imperative as a gap that need to be filled by giving attention to the trauma of the returnees because as they return, the gone memories are refreshed.

1.2 Objectives of the Study

- a) To examine the major causes of posttraumatic stress disorder among returnees of internal displacement as they return to the origin
- b) To find out whether they have been exposed to any form of posttraumatic support exercise aimed at making them return to their former selves
- c) To find out if the returnees on their own have developed any measure aimed at helping themselves to cope with the posttraumatic stress disorder (PTSD) experience and the current refreshing trauma.

1.3 Research Questions

- a) What are the major causes of posttraumatic stress disorder among the returnees as they return to the origin?
- b) Have the returnees been exposed to any form of posttraumatic exercise aimed making them to return to their former selves?
- c) Are there any measures developed by the returnees to cope with the posttraumatic stress disorder (PSTD) experience and the current refreshing trauma?

1.4 Research Hypothesis

H⁰1 *There is no association between internal displacement and post-traumatic stress disorder among the returnees from internal displacement in Borno and Yobe states*

H^a1 *There is association between internal displacement and post-traumatic stress disorder among the returnees from internal displacement in Borno and Yobe states*

H⁰2 *There is no association between returning to origin and refreshing post-traumatic stress disorder by the returnees from internal displacement in Borno and Yobe states*

H^a2 *There is association between returning to origin and refreshing post-traumatic stress disorder by the returnees from internal displacement in Borno and Yobe states*

Significance of the Study

Indeed, it was thought that what is worthwhile must be significant; so, this research is relevant to mankind since it is directly involved with humanity. This research's suggestions will help policymakers and implementers ensure that the proper things are done for persons impacted by catastrophe and assisting in their recovery. It is not only to physically save individuals, but also to ensure that they are psychologically and emotionally secure and fixed so that they may return to who they were.

Literature Review

This aspect reviews relevant related literatures from different scholars and fields with the aim of getting a guide from such works. In the process of the review, we are going to demonstrate our points of agreements or disagreements with the views presented.

Concept of Posttraumatic Stress Disorder

Posttraumatic stress disorder (PTSD) refers to anxiety disorder characterized by the co-occurrence in survivors of extreme adversity re-experiencing avoidance and hyper-arousal symptoms (Informa, 2009). It differs from other forms of disorders because it originates from previous traumatic event. It therefore depends on association with past event which has significant traumatic influence on individual. The association is viewed from chronological (symptoms starting after the event) to content related issues: PTSD re-experiencing and avoidance symptoms involve recollections and reminders of the traumatic event. Individuals who suffer from PTSD continuously and uncontrollably relive the distressing elements of the traumatic event in the form of intrusive recollection and a sense of permanent threat. They avoid places, situations, and mental states that can evoke such recollections.

Posttraumatic stress disorder is a disorder which is developed after direct, personal experience or witnessing traumatic event, often life threatening. It is founded on number of symptoms which includes the following factors:

- a. Re-experiencing: intrusive recollection of traumatic events usually through flashback and nightmares
 - b. Avoidance or numbing: efforts to avoid anything traumatic and numbing of emotions
 - c. Hyper arousal: usually manifested by difficulty in sleeping, concentrating and by irritability (APA, 2000).
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2.1a Causes of Trauma

The American Psychological Association defined trauma as an emotional response someone has to an extremely negative event. Some of the common causes of trauma as given by Tull & Kimbrel (2020) may include the followings:

- Rape
- Domestic violence
- Natural disaster
- Severe illness or injury
- The death of a loved one

- Witnessing an act of violence
 - Car accident
 - Terrorism
 - Witnessing crime
 - Divorce
 - Abuse
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2.1b Post trauma support

In the event of a traumatic occurrence, the provision of early assistance is crucial in lowering the danger of the aftermath of the traumatic circumstance. According to Dyregrov (2001), members of a family who have been through traumatic experiences, such as traumatic bereavement, are more likely to benefit from receiving psychosocial support such as:

- i. Early help supplying information,
- ii. guidance, and support
- iii. Outreach help
- iv. Information about the event and potential reactions
- v. Help over time

Such information, guidance and support can help the family members recognize and manage their reaction together with other challenges. Therefore early intervention is relevant in providing support to persons affected. Studies have shown that early intervention can serve as a pointer to future development.

Theoretical Framework

Some theories were examined which explains the problems relating to post traumatic stress disorder and an appropriate position was taken in respect of this research from the arrays of theories which the writers believes in their opinion better explains the situation at hand.

2.2a Biological Perspective

It is critical to remember that posttraumatic reactions such as alertness, increased startle response, and focused attention are unique survival characteristics. According to Regal and Joseph (2017), there are three primary sorts of responses, particularly in response to traumatic events: flight, fight, and freeze. Once a person comes in to contact with traumatic events specific region of the brain is engaged making way for flight or fight mechanism to be activated and humans are incapable of switching off the process.

It is thought that under stressful conditions, several biological mechanisms get engaged, such as pupil dilation (expansion), faster heartbeats, higher breathing rate, blood flow rises and is diverted to the muscles for faster response. These sympathetic nervous system responses prepare people for fight or flight. The main difficulty with PTSD is that such sensations will persist long after the triggering event has passed. The brain, namely the amygdale, controls the entire process (gatekeeper of incoming emotional messages). Normally, this information is sent to the frontal cortex; however, at times of danger, the message is sent straight to the hypothalamus, activating the fight or flight response. According to this hypothesis, everyone who has survived a traumatic incident will undoubtedly remain on high alert, experiencing intense, intrusive, but unprocessed pictures and thoughts until the body's fear system is deactivated and they are able to participate in regular processing again.

2.2b Rachman's Emotional Processing Theory

Stanley Rachman, a psychologist, established the fundamental behavioral perspective of posttraumatic stress disorder when he noted that various emotional and behavioral reactions that people experience, such as grief, nightmares, and obsessions, could be viewed as failures to process emotionally an upsetting experience. The notion of PTSD makes it quite obvious how faulty emotional processing is portrayed. The hypothesis held that although people aim their activities towards absorbing emotional reactions, not everyone is equally capable of doing so, which leads to posttraumatic stress disorder, including anxiety, disturbing dreams, and nightmares, among other problems. According to Rachman (1980), the ability to speak about the incident, hear details about the event, or be reminded of the event without suffering anguish or interruptions is a sign that one has successfully processed their emotions.

According to Rachman's idea, we need to absorb emotional responses through different criteria he put up, which might lead to problems with emotional processing, experiences that are abrupt, intense, hazardous, uncontrolled, and unpredictable are more difficult to absorb emotionally. Extremely stressful experiences will be harder for people to digest emotionally or make sense of if they have a more nervous disposition, are exhausted, are dealing with other pressures in their lives, or have trouble expressing themselves.

In a nutshell, this method offered three crucial viewpoints. First, a conceptual framework that clarifies a variety of previously unrelated phenomena Second, the idea that people are intrinsically motivated to process strong new emotional information Third, the idea that processing itself may be aided or hindered by different situations, personality traits, activities, and emotional states

2.2c Janoff- Bulman's Social- Cognitive Approach

Janoff-Bulman developed his social cognitive approach on the conviction that, there are common psychological experiences shared by victims who have experienced a variety of traumatic situations. She concluded that posttraumatic stress disorder is significantly predicated on three key factors:

1. The world as a benevolent
2. The world as meaningful
3. The world as worthy

Accepting the three aforementioned concepts is necessary for trauma recovery. The completion tendency and the idea that individuals are driven to interpret and provide meaning to their experiences are both taken into account by Janoff-(1992) Bulman's method. As people attempt to make sense of their experience and re-establish their worldview, Janoff-Bulman suggested there is extensive mental ruminating and processing. She distinguishes between spontaneous processes and deliberate attempts to reorganize what she terms "our assumptive environment."

2.2d Cognitive Model of PTSD

As propounded by Ehlers and Clark (2000), persistent PTSD can only develop if the persons concern process the trauma in a manner in which it makes them to experience the situation as currently ongoing. This might as a result of some flash back with regard to how the traumatic

event created on their perception of the world. For instance imagining that the world is not safe (in negative perception of the trauma), I could have avoided it (also a negative appraisal of during traumatic event), or post traumatic appraisal of event (I am not coping). PTSD is linked to fear, this approach equally considers other emotions and the effects they may have on the development of the current threat. The threat is assumed can either be external (such as considering the world as not safe) or internal (such as feeling a state of failure). Such kind of appraisal can generate emotion capable of attacking a person's psychological integrity, leaving feeling a sense of inferiority, powerlessness or even unattractive.

Methodology

The method for this research represents the specific approach and procedure that the writers systematically utilized as manifested in the collection, analysis, and interpretation of the data. In the case of this study, the writers were align to the scientific research method having chosen from arrays of research methods for identifying, recording, understanding, making-meaning, and transmitting information regarding this topic of interest. This is because conducting scientific research is also equivalent to researching as asserted by, Leech, Onwuegbuzie, and Collins (2012), with the information that the writers collects representing the primary data. This work which stands as an independent work is generally a complete research study which at the end were embedded therein recommendations for addressing the identified problems.

The data collected comprised of both primary and secondary data which enabled the use of data directly collected by the writers on the field through administration of questionnaires and interview. It equally includes the use of data collected by other scholars, bodies and agencies for purposes other than this research. The projected population of Borno state is 5,860,200 while Yobe has a projected population of 3,294,100 as per 2016 population census projection. However, the selected areas in Borno have a population of 928,100 while in Yobe it has a population of 552,100.

A total of 1,480 respondents was selected and 20% was considered as the final sample for the survey from the states of Borno and Yobe through purposive sampling technique in the areas where returnees exist to serve as the sample for the study. The selection was done via purposive random sample in order to generate the final sample.

- The researchers selected the sample from areas that were mainly areas where returnees are found
 - The areas included in Yobe State were Gujba, Gulani and Geidam while in Borno were Bama, Dambua, and Konduga.
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Results and discussion

This component is an examination of the data obtained throughout the course of the research on posttraumatic stress disorder in relation to returnees of internal displacement in areas of Borno and Yobe states that have been decimated by the insurgency. As a result of the relative calm that prevailed on the ground, the majority of those who had been displaced were allowed to return, while some returned on their own. Because of this, research was carried out to identify whether or not there had been any posttraumatic stress in order to determine whether or not coping skills had been developed before or after the return. A final sample of 296 respondents was chosen and administered questionnaires while 272 were completed and returned on which the present analysis is done.

Table 1: Sex of respondents

		<i>Frequency</i>	<i>Percent</i>	<i>Valid Percent</i>	<i>Cumulative Percent</i>
Valid	<i>Males</i>	183	67.3%	67.3%	67.3%
	<i>Females</i>	89	32.7%	32.7%	100%
Total		272	100.0%		

Table 1's total respondents were split equally between the sexes, with 67.3% of the male respondents and 32.7% of the female respondents, indicating that both sexes participated in the survey. However, because men were more available and eager to participate in the study, there were more men engaged. Since they have returned to their houses, which have more limitations for females than it did in the camps, this appears different from how they were in the camps.

Table 2: Age of respondents

		<i>Frequency</i>	<i>Percent</i>	<i>Valid Percent</i>	<i>Cumulative Percent</i>
Valid	<i>20-29</i>	52	19.1%	19.1%	19.1%
	<i>30-39</i>	73	26.8%	26.8%	26.8%
	<i>40-49</i>	96	35.3%	35.3%	35.3%
	<i>50-up</i>	51	18.8%	18.8%	100%
Total		272	100.0%		

The age range of 40 to 49 years old represented 35.3% of the total respondents, and the age range of 30 to 39 years old represented 26.8%. 19.9% of respondents fell into the age bracket of 20–29, while 18.8% of respondents were in the age bracket of 50 and older. According to the findings presented in Table 2, all of the individuals who participated in the survey were of legal age and capable of providing an honest response on how they feel about the matter at hand.

Table 3: Marital status

		<i>Frequency</i>	<i>Percent</i>	<i>Valid Percent</i>	<i>Cumulative Percent</i>
Valid	<i>Married</i>	232	85.3%	85.3%	85.3%
	<i>Single</i>	40	14.7%	14.7%	100%
Total		272	100.0%		

Those respondents who were married made up 85.3% of the total, but 14.7% of those who took part in the study were unmarried and either never married or are no longer together with their partners. The majority of respondents were married. This is reflected in the third table (3) up there.

Table 4: Displaced before

		<i>Frequency</i>	<i>Percent</i>	<i>Valid Percent</i>	<i>Cumulative Percent</i>
Valid	<i>Yes</i>	272	100.0%	100.0%	100.0%
Total		272	100.0%		

As can be seen in Table 4, all of the people who were contacted concerning the issue of displacement had the same response, which is that at some time in their life, they had no choice but to uproot themselves and relocate to a new location distant from the areas in which they had been raised. This is correct since even the sample that was obtained was focused specifically on them. As a result of this, we utilized a technique of sampling known as purposive sampling, in which only those who had been relocated were taken into consideration. This reveals that all of the respondents have had comparable experiences and viewpoints, in particular with regard to the issue of displacement and, to a certain extent, the trauma that is connected with posttraumatic stress disorder.

Table 5: Past shocks

		<i>Frequency</i>	<i>Percent</i>	<i>Valid Percent</i>	<i>Cumulative Percent</i>
Valid	<i>Yes</i>	214	78.7%	78.7%	78.7%
	<i>no</i>	58	21.3%	21.3%	100.0%
Total		272	100.0%		

As can be seen in Table 5, the vast majority of respondents (78.7%) are of the opinion that they continue to experience sentiments associated with previous shocks because they have not forgotten the situations they experienced and are unable to do so easily. This tally with the views of Ehlers and Clark (2000), that persistent PTSD can only develop if the persons

concern process the trauma in a manner in which it makes them to experience the situation as currently ongoing. This might as a result of some flash back with regard to how the traumatic event created on their perception of the world. For instance, imagining that the world is not safe (in negative perception of the trauma). This is due to the things that they have gone through when going through the displacements, which have caused this result. On the other hand, 21.3% of individuals who replied were either able to tolerate the shocks or had not really been subjected to any substantial shocks over the course of the displacements. This is the group that is most likely to have been unaffected by the displacements. It's possible that this is because some individuals were able to flee the region before the crisis entirely overtook them, and as a result, they were unaware of the dangers that were present.

Table 6: Still disturbed

		<i>Frequency</i>	<i>Percent</i>	<i>Valid Percent</i>	<i>Cumulative Percent</i>
Valid	<i>Yes</i>	152	55.9%	55.9%	55.9%
	<i>no</i>	120	44.1%	44.1%	100.0%
Total		272	100.0%		

According to the findings in Table 6, 55.9% of the respondents are still affected psychologically by the events that occurred during the time that they were displaced. This reveals the existence of aftershocks in such persons who have either just returned or have been forced to return, which is a breach of the UN standards on returning displaced people to their homes. These kinds of people will never feel normal because they are tormented by a history that will never go away, and because of this, they will never have trust in their surroundings. Despite the fact that 44.1% of respondents stated that they were not upset, it is possible that they do not require techniques to deal with stress in order to stay in the area which coincides with the views of Rachman (1980), that the ability to speak about the incident, hear details about the event, or be reminded of the event without suffering anguish or interruptions is a sign that one has successfully processed their emotions.

Table 4: Are you still in fear

		<i>Frequency</i>	<i>Percent</i>	<i>Valid Percent</i>	<i>Cumulative Percent</i>
Valid	<i>Yes</i>	176	64.7%	64.7%	64.7%
	<i>no</i>	96	35.3%	35.3%	100.0%
Total		272	100.0%		

Table 7 reveals that 66.7% of the respondents still had concerns despite returning to their place of origin; this indicates that they were either compelled to return or that their condition was becoming worse and with the relative calm on the ground, they were forced to return. Either way, the fact that they still had concerns despite returning suggests that they were

either compelled to return or that their condition was becoming worse. In addition, as can be seen in the table, 33.3% of those who participated in the survey did not show any indicators of dread. It's possible that they've given up hope or that they've seen evidence that prompts them to presume peace has arrived for good. Both of these scenarios are feasible, though.

Table 8: Any tension management skills

		<i>Frequency</i>	<i>Percent</i>	<i>Valid Percent</i>	<i>Cumulative Percent</i>
Valid	<i>yes</i>	31	11.4%	11.4%	11.4%
	<i>no</i>	241	88.6%	88.6%	100.0%
Total		272	100.0%		

The majority of those who took part in the survey were of the opinion that they were not taught any skills for the management of tension in order to assist them in coping with the trauma that they had experienced in the past before returning to their place of origin as depicted in table 8. This was the sentiment expressed by those who took part in the survey. This can be observed by looking at the overall number of persons that participated in our poll, which was 88.6 percentage points out of the total. Only 11% of individuals who participated in the poll held the belief that they had obtained such abilities before returning home. Because of this, it is very necessary for the government to make an attempt to alleviate the posttraumatic tensions that the individuals are suffering before sending them back to the nation in which they were born. This is also the case, since the people are still being coerced into returning to the same location from which they were driven away, despite the fact that there have been persons killed and injured at that location.

Table 9: Any post-return coping mechanism

		<i>Frequency</i>	<i>Percent</i>	<i>Valid Percent</i>	<i>Cumulative Percent</i>
Valid	<i>yes</i>	33	12.1%	12.1%	12.1%
	<i>no</i>	239	87.9%	87.9%	100.0%
Total		272	100.0%		

It is reasonable to assume that these should have been provided to them at the point of origin as they returned in order for their minds to become unaffected by the nightmares and return to their normal state. Since there were no coping strategies or skills provided to them before

they returned, it is reasonable to assume that these should have been provided to them before they returned. The information found in table 9 that was shown before indicates that this task has not been finished. Twelve and one-twelfth of one percent (12.1%) of those who responded to the survey thought that they had been trained.

Table 10: Any coping strategy by NGOs

		<i>Frequency</i>	<i>Percent</i>	<i>Valid Percent</i>	<i>Cumulative Percent</i>
Valid	<i>yes</i>	67	24.6%	24.6%	24.6%
	<i>no</i>	205	75.4%	75.4%	100.0%
Total		272	100.0%		

Respondents who took part in the survey expressed the opinion that even non-governmental organizations (NGOs) have not given them with training on coping skills as they get ready to return home. This was the conclusion reached by respondents who participated in the study. This was confirmed by 75.4% of the respondents, which suggests that the mandate of the NGOs may not cover the aspect of developing and training in coping strategies to enable returnees to feel safe and forget the negative memories that they witnessed during the course of the displacement. These strategies are intended to enable returnees to feel safe and forget the negative memories that they witnessed during the course of the displacement. Returnees will hopefully be able to use these tactics to regain a sense of security and put behind them any negative experiences they had while they were displaced and living elsewhere. However, 24.6% of individuals who replied felt that the NGOs had been doing that; it's conceivable that they conceived of that as being a part of the talks that take place when the procedure of giving food items is being carried out. This is shown in table 10 above

Table 11 : Any local coping strategy

		<i>Frequency</i>	<i>Percent</i>	<i>Valid Percent</i>	<i>Cumulative Percent</i>
Valid	<i>Yes</i>	109	40.1%	40.1%	40.1%
	<i>No</i>	163	59.9%	59.9%	100.0%
Total		272	100.0%		

In spite of the fact that the respondents have relocated back to the location from which they were displaced by insurgents and despite the fact that they have not developed any local coping strategies, as confirmed by the majority of the respondents (59.9%), the respondents have not developed any local coping strategies as revealed by table 11. Instead, conditions that allowed for their return, such as an improvement in the restoration of peace to the region and pledges by the government, made it possible for them to relocate. It also shows that 40.1% of the people who participated in the survey agreed with the statement that they had

come up with their own ways to deal with the event that they had seen in the past, which helped them forget about it and move on with their lives. This was shown by the percentage of people who said they had come up with their own ways to deal with the event that they had seen in the past.

Table 12: Are you comfortable

		<i>Frequency</i>	<i>Percent</i>	<i>Valid Percent</i>	<i>Cumulative Percent</i>
Valid	<i>yes</i>	111	40.8%	40.8%	40.8%
	<i>no</i>	161	59.2%	59.2%	100.0%
Total		272	100.0%		

Despite the fact that they have returned, respondents have indicated that they are not comfortable with the manner in which they were compelled to return with such sentiments, as evidenced by 59.2% in table 12 shown above. This is the case despite the fact that they have returned. However, in spite of the fact that they had not been made aware of any coping mechanisms, 48.8% of individuals who participated in the survey stated that they had no problem with the return. This may or may not have any bearing on the fact that they feel the change will not have any effect on them in any way, but it is possible.

Table 1013: Any government presence

		<i>Frequency</i>	<i>Percent</i>	<i>Valid Percent</i>	<i>Cumulative Percent</i>
Valid	<i>yes</i>	66	24.3%	24.4%	24.4%
	<i>no</i>	205	75.4%	75.6%	100.0%
Missing	.	1	.4%		
Total		272	100.0%		

The overwhelming majority of respondents, 75.4%, were not convinced that there was adequate proof of the presence of the government in the region. This was in reference to the fact that the presence of the government. This may or may not have any link to the fact that not all of the places have been shown any presence from the government, or even an appropriate degree of presence. However, it is possible that there is a connection between the two. On the other side, 24.3% of respondents held the opinion that there was a presence of the government in the region, which may imply that these individuals are in possession of evidence that the government is present in close proximity to them.

Test Statistics

	Chi-square	df	Asymp. Sig.
Any after return shocks	89.47	1	.000
Still In fear	23.53	1	.000

H⁰1 *There is no association between internal displacement and post-traumatic stress disorder among the returnees from internal displacement in Borno and Yobe states*

H^a1 *There is association between internal displacement and post-traumatic stress disorder among the returnees from internal displacement in Borno and Yobe states*

The findings of the statistical test of chi-square with respect to the hypothesis that H⁰1 "***There is no association between internal displacement and post-traumatic stress disorder among returnees from internal displacement in Borno and Yobe states***". After the data were input into SPSS, the χ^2 test showed that the Pearson chi-square value was .000, which is lower than the alpha value of 0.05. This indicates that the hypothesis cannot be accepted. The facts lead us to conclude that the null hypothesis cannot be correct, which means that we must adopt the alternative hypothesis. As a result of this, we have reached the conclusion that there is a correlation between internal displacement and posttraumatic stress disorder in those individuals who have returned after experiencing internal displacement in the states of Borno and Yobe.

H⁰2 *There is no association between returning to origin and refreshing post-traumatic stress disorder by the returnees from internal displacement in Borno and Yobe states*

H^a2 *There is association between returning to origin and refreshing post-traumatic stress disorder by the returnee from internal displacement in Borno and Yobe states*

The findings of the statistical test of chi-square with respect to the hypothesis that H⁰2 "***There is no association between returning to origin and refreshing post-traumatic stress disorder by the returnees from internal displacement in Borno and Yobe states***". After the data were input into SPSS, the χ^2 test showed that the Pearson chi-square value was .000, which is lower than the alpha value of 0.05. This indicates that the hypothesis cannot be accepted. The facts lead us to conclude that the null hypothesis cannot be correct, which means that we must adopt the alternative hypothesis. As a result of this, we have reached the conclusion that there is a correlation between returning to origin and refreshing posttraumatic stress disorder in those individuals who have returned after experiencing internal displacement in the states of Borno and Yobe.

Conclusion

As revealed by the outcome of the research that a number of returnees have demonstrated clear existence of posttraumatic stress disorder which is unhealthy for return. It is therefore clear that there is no doubt that there is a need to designed coping programmes in order to improve the condition of the displaced returnees through reducing posttraumatic stress

disorder generated by the insurgency. The process will help in fixing the trauma passed through during the displacement.

Recommendations

- a) The government efforts in returning the displaced should involve training to cope with the past traumatic events they have gone through
 - b) The training should bring experts with the requisite skills to help fix the minds of the displaced
 - c) Government should establish its presence clearly in the areas by providing basic needs and significant security presence
 - d) Avoid forceful returning of the displaced back to their origin
 - e) Build confidence in them before they are returned by revealing clear evidence of restoring peace to the area
 - f) Returnees should equally be encouraged to build resilience and be able support themselves
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