# Militancy and children's post traumatic stress disorder (PTSD): Experiences from Nigeria

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**Abstract**: Armed violence is significantly associated with mental stress among those who are affected by it. The experience tends to be extreme for children, who as soft targets are very prone to suffer a combination of physical harm and mental torture even beyond childhood. To provide more evidence about this, the current study investigated the effects of militancy on the experience and prevalence of post-traumatic stress disorder among children in Imo State, Nigeria. In-depth interviews were used to obtain information from 16 respondents. A purposive sampling technique was employed to select children affected by militancy-related post-traumatic stress disorder, as well as adults, who helped with triangulating the responses of the children. Findings revealed that post-traumatic stress disorder among children included the experiences of anxiety, lack of concentration, violent nightmares, loss, displacement and disruption of daily life routine. Despite limited access to mental health services, traditional methods were commonly used to address post-traumatic stress disorder. Hence, the need to incorporate cultural perspectives into mental health interventions, emphasizing the need for culturally attuned approaches to address the mental well-being of affected children. Caregivers such as psychologists, guidance counselors, psychiatrists, school administrators, and social workers can link, advocate and collaborate with relevant authorities to establish accessible and culturally sensitive mental health services in the community.

**Keywords**: children; mental health; militancy; post-traumatic stress disorder; trauma; Africa

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## Introduction

Militant activities in sub-Saharan Africa have drawn global attention due to their far-reaching effects on regional stability, socio-economic development, and humanitarian concerns (Adetula, 2015). The region hosts an array of militant groups, including insurgent movements and terrorist organizations, each operating with distinct motivations and methods (Moghadam et al., 2014). The destabilizing effects of militancy on regional security is a central concern, as militant groups exploit weak governance formations and porous borders, posing challenges for affected countries and the broader international community (International Crisis Group, 2020).

Moreover, the presence of militant groups impedes sustainable development by targeting critical infrastructure, hindering access to basic services, and disrupting economic activities (Abdullahi & Abdul-Qadir, 2017). This instability exacerbates poverty and discourages foreign investment, perpetuating a cycle of underdevelopment and conflict (United Nations Development Programme, 2016). The humanitarian consequences are severe, with civilians, especially women and children, bearing the brunt of violence (Amnesty International, 2021). Mass displacement, forced recruitment, and sexual violence perpetuated by militancy have prompted urgent calls for humanitarian assistance (Human Rights Watch, 2018).

In regions affected by militancy, the mental health repercussions on children are profound (Catani, 2018). This has been the case with Nigeria, which in the last decades, has experienced several agitations from militants. Izombe in Oguta North Local Government Area (LGA) Imo State, Nigeria, serves as a poignant case study, highlighting the experiences of children exposed to militancy being carried out by the Indigenous People of Biafra (IPOB) and Eastern Security Network (ESN) (Dami et al., 2018). Just like the situation in the Israeli-Gaza war, an astonishing 70% of the more than 11,000 individuals who lost their lives in Gaza are women and children. Tragically, a child is killed every 10 minutes (CARE International, 2023). This study zooms in on the intersection of IPOB and ESN militant activities and the consequential prevalence of Post Traumatic Stress Disorder (PTSD) among children in Southeast Nigeria. The complex interplay of armed conflicts and their enduring effects on the psychological well-being of the youngest members of society necessitates a rigorous examination.

Childhood exposure to violence and war creates a significant global public health concern, with residents in the community living in fear after terrorists inflict death and destruction. Caught in the crossfire between militants and security services, Southeastern Nigeria continues to experience deleterious effects on economic, displacement, and educational dimensions due to militancy (Chuku & Isip, 2017; Dibia, 2021; Jeremiah et al., 2022; Odalonu & Obani, 2018). However, the specific nuances of how militancy influences the prevalence and severity of PTSD in children remain underexplored, particularly in the study area. Childhood trauma defined as situations severely damaging to mental and physical growth necessitates meticulous

investigation into the availability and accessibility of mental health services tailored to the unique needs of these children (Woodgate et al., 2023). The escalating armed conflict raises concerns about the profound effects of militancy on children's mental health, particularly the experience and prevalence of PTSD, highlighting a scarcity of studies specifically investigating this effect in the study area (Inyang, 2018; Nosè et al., 2017).

Man-made violence in Southeast Nigeria, including militancy and terrorism, has long-term effects on children's mental health (Agbiboa, 2013). Approximately 33% of children in conflict zones are at risk of developing PTSD and psychopathological symptoms (Freh et al., 2013; Freh, 2015). The prevalence of post-traumatic stress symptoms among children exposed to war-related stressors ranges from 10 to 90% (Allwood et al., 2002). Children exposed to fear and trauma due to militancy often suffer high levels of stress, which can lead to various mental disorders (Shahar et al., 2009). Despite these risks, there is a scarcity of studies specifically investigating the effects of militancy on children's mental health in Southeast Nigeria (Inyang, 2018).

The Eastern Security Network (ESN) crackdown by the Nigerian Army sparked insurgency in Southeastern Nigeria, leading to widespread destruction and hindering economic growth (Chuku & Isip, 2017; Dibia, 2021; Khan & Khan, 2019; Bloomberg, 2004). However, empirical research on the long-term mental health effects of militancy-induced trauma in Imo State is lacking, highlighting the need for targeted interventions (Freh, 2015). The social work profession, with its focus on trauma-informed practice, can play a crucial role in addressing the mental health needs of affected children and teens (Clark 2024).

Despite global discussions on the effects of insurgency on children's mental health (Casey et al., 2022; Munisamy & Elze, 2020; Wang et al., 2021), Nigeria's Southeastern region has been poorly represented in academic literature. Crisis zones within the region require comprehensive interventions to preserve and promote the mental health of inhabitants, especially the children population (Freh, 2015). Hence, a first start will be to understand the different dimensions of militancy-induced trauma experienced by children in the region, the prevalence of such experiences, and the availability and accessibility of mental health services for children.

To explore the foregoing, the following research questions were considered in the study:

1. What is the prevalence of PTSD symptoms among children who have been exposed to militancy-related events?
2. How do the experiences of militancy influence the mental health outcomes of children in terms of PTSD?
3. What is the availability and accessibility of mental health services for children affected by militancy? Providing answers to the research questions has broad development implications and could enhance practices and policy formulation to address the problems of children's post-traumatic stress disorder. In this study, we refer to children as those who have not attained the age of 18 years.

## Theoretical underpinning

The transactional model of stress and coping was developed by Richard Lazarus and Susan Folkman in the field of psychology. They introduced this model in their seminal work *Stress, Appraisal, and Coping* (1984). Lazarus and Folkman proposed this model as a way to understand how individuals perceive and respond to stressors in their environment. The transactional model posits that stress arises from the interaction between individuals and their environment, with coping strategies mediating the effects of stressors on psychological well-being (Lazarus & Folkman, 1984). In the context of militancy-affected communities, children are exposed to various stressors, including violence, displacement, and disruption of daily life. The model suggests that the cognitive appraisal of these stressors, such as their perceived threat and controllability, influences the individual's emotional and behavioral responses. Numerous studies have applied the transactional model to understand various stressors and coping responses in different contexts. For example, research by Compas et al. (2001) explored the application of the transactional model to pediatric illness, highlighting the role of cognitive appraisals in shaping children's adjustment to chronic illness. Similarly, studies by Skinner et al. (2003) and Power et al. (2003) applied the transactional model to examine coping strategies among adolescents facing academic stressors, emphasizing the interplay between cognitive appraisals and coping efficacy.

Applying the transactional model to this study would involve examining how children in militancy-affected areas appraise and cope with traumatic experiences. Factors such as social support, resilience, and coping mechanisms will be explored to understand their role in mitigating or exacerbating the effects of trauma on children's mental health outcomes, including the development of PTSD symptoms. Sousa and Veronese (2022) maintained that grasping the psychological aftermath of war is an immediate imperative. They employed a transactional stress and coping model to investigate the dynamic, uncertain, and distressing aspects of life amid a significant military campaign. The transactional stress and coping model stands out as one of the most inclusive frameworks for understanding stressors. It provides a framework for assessing how individuals cope with stressful events, comprising various elements: analyzing threatening factors and losses individually, assessing the capacity to influence stressful situations and regulate emotional reactions, and engaging in cognitive and behavioral strategies to mitigate or alleviate stress (Shavaki et al., 2020).

Furthermore, the transactional model emphasizes the dynamic nature of stress and coping processes, highlighting the importance of considering individual differences, developmental factors, and socio-cultural influences. This theoretical framework allows for a comprehensive analysis of the complex interplay between children's experiences of militancy-related trauma and their psychological responses, providing insights into effective interventions and support strategies.

Nonetheless, one limitation of the transactional model of coping is its emphasis on individual cognitive appraisal processes while potentially overlooking broader systemic or structural factors that contribute to stress. It may not fully account for the influence of sociocultural contexts, societal inequalities, or systemic injustices in shaping stress experiences and coping responses. Additionally, the model tends to focus on the immediate transaction between the individual and the environment, possibly neglecting the long-term effects of chronic stressors or cumulative disadvantage. However, one of the strengths of the transactional model of coping is its recognition of the dynamic nature of stress and coping processes. By emphasizing the ongoing interaction between individuals and their environment, the model acknowledges that stressors and coping strategies can evolve.

## Materials and method

### Study setting and population

The study was conducted at Izombe in Oguta Local Government Area (LGA) of Imo State, Nigeria. It is in the southeast region of the country. Izombe is one of the communities in Imo state that experienced military and separatist group invasions over the past few years. Izombe is divided into four autonomous community namely; Obeabor, Umunwama, Aborshi and Ndiuloukwu. The estimated human population of Izombe is 162, 576 (National Population Census, 2010). The people are predominantly farmers. The choice of the area stemmed from the fact that there have been recurring militancy invasions in the study area for the past two years running.

### Sampling

The purposive sampling technique was used to select 16 participants (eight children and eight adults) who are experiencing post-traumatic stress disorder as a result of militancy and those whose children suffer similar experiences. The participants were made up of eight females (four female children and four female adults) and eight males (four male children and four male adults). The children were selected with the permission and consent of their parents/guardians. In each autonomous community of Izombe; four participants were selected (One female adult, one male adult, one female child, and one male child). The choice of the sample size was as a result of the volatile nature of the study area of the place. Although our sample was small (n = 16), the purposive sampling technique we adopted provided us with rich

lived experiences of affected persons. Also, we attained data saturation, which we confirmed when responses became overly repetitive (Saunders et al., 2018).

## Data collection

The authors and four research assistants conducted the study. The research assistants were all from the study area. They were recruited as field assistants because of their proficiency in the indigenous language of the study area. Moreover, they proved to be very conversant with the area. The interviews were recorded audibly by the researchers and detailed notes were diligently documented. The interviews occurred between September through December 2023, conducted at the participants' homes for their convenience. The lead author facilitated the interviews, while the second author recorded them and took notes.

The in-depth interview (IDI) guides included open-ended questions with probes that enabled the researchers to access the thoughts and opinions supplied by the participants. The participants were formally contacted, and an appointment was established with the participants before the interviews. This is intended to avoid meeting them unprepared and to establish a receptive climate for improved engagement. After outlining the goals of the research to the participants, they consented to participate in the study. This was to guarantee that there was deliberate engagement. We also guaranteed that participants could stop the interviews or decide not to answer specific questions. Participants were informed of their right to withdraw from the study at any point without consequences. The participants supplied oral approval, and permitted tape-recording. Consistent with the suggestion of Jamshed (2014) on conducting semi-structured interviews for qualitative data collecting, each interview lasted not more than 60 minutes. This time was adequate for addressing all the interview questions provided in the research. The interviews were all done in Igbo language – the indigenous language of Izombe.

## Data analysis

The taped interviews were transcribed in English and analyzed thematically by the authors. The transcribed data were evaluated thematically, to find, interpret and translate meaning and patterns (Ritchie et al., 2018). Thematic analysis was chosen owing to its flexibility which suits an exploratory inquiry where the conclusion is disclosed by the data throughout the analysis (Braun & Clarke, 2019). Themes lacking appropriate evidence from the interviews were not presented in the findings. Following phenomenological patterns, data were thematically examined (Creswell, 2013). The themes were guided by the research questions raised for the study. In reporting the findings, the participants were given labels for identification, anonymity

and confidentiality purposes according to their pseudonyms, age bracket, number/alphabet assigned, and specific age. For gender, we acknowledge that it is not binary, but for the sake of the study, we will split the gender categorization of the children into male and female children, and the adults will be male and female adults.

### Ethical consideration

Ethical permission for the study was received from the University of Nigeria, Nsukka Ethical Review Board (UNNEC/05/0022/10-ST03/0024).

## Results

Table 1. Socio-demographic features of participants

| Participant | Sex | Age (yrs) | Religion | Occupation | Educational qualification |
|---|---|---|---|---|---|
| 1. | Female child | 13 | Christian | Student | Primary |
| 2. | Male child | 10 | Christian | Student | Primary |
| 3. | Female child | 12 | Christian | Student | Primary |
| 4. | Male child | 12 | Christian | Student | Primary |
| 5. | Male child | 11 | Christian | Student | Primary |
| 6. | Female child | 13 | Christian | Student | Primary |
| 7. | Female child | 10 | Christian | Student | Primary |
| 8. | Male child | 14 | Christian | Student | Primary |
| A. | Male adult | 38 | Christian | Farmer | Secondary |
| B. | Male adult | 49 | Christian | Artisan | Secondary |
| C. | Female adult | 53 | Christian | Trader | Secondary |
| D. | Female adult | 60 | Christian | Farmer | Secondary |
| E. | Male adult | 44 | Christian | Farmer | Secondary |
| F. | Female adult | 51 | Christian | Trader | Primary |
| G. | Male adult | 40 | Christian | Farmer | Secondary |
| H. | Female adult | 40 | Christian | Trader | Tertiary |

The table provides details about the participants involved in the study. Participants 1 to 8 are male and female children, aged between 10 and 14 years old, all of whom identify as Christians. They are students with primary education qualifications. Participants A to G are male and female adults, ranging in age from 38 to 60 years old, and all identify as Christians. Their occupations vary, with some working as farmers, artisans, or traders. They possess secondary education qualifications, except for participant F, who has primary education qualifications. Participant H stands out as an older woman aged 40, also identifying as Christian. She works as a trader and holds a tertiary education qualification.

We structured responses into three themes: (a) prevalence of PTSD symptoms in children exposed to militancy (b) effects of militancy experiences on children's mental health (c) availability and accessibility of mental health services for children in militancy-affected areas. All the themes are presented in the next section. These themes reveal the kind of questions we explored.

## Prevalence of PTSD symptoms in children exposed to militancy

This theme delves into the experiences of children who have been exposed to militancy-related events as recounted by both the children and adults. The participants were all aware of the prevalence of PTSD symptoms in children exposed to militancy. The symptoms include anxiety, lack of concentration and nightmares. To them, these signs show that there is a prevalence of PTSD in children because of the militancy attacks they experienced. One participant opined: 'Sometimes, I see scary images in my mind, like the loud noises and people running. It's hard to make them go away, and I don't like talking about it'(Participant 6, Female child, 13 years). 'Sobbing… It's like a feeling in my stomach that won't go away. When I hear loud sounds, I get really scared, and my heart beats fast. It's like the bad things are happening all over again'(Participant 4, Female child, 12 years).

The study participants further revealed that they experienced trauma as a result of the destruction of lives and property. These experiences bring about indelible memory.

> *My parents were killed right in my presence. The picture of the scene has refused to go. From time to time, when I'm alone, I feel this heaviness in my chest. It's like carrying a secret nobody understands. I want it to go away, but it stays, making everything feel different and difficult. I find it difficult to concentrate on a particular task assigned to me. I cannot forget this experience* (Participant 2, Male child, 10 years).

Participants also revealed that the prevailing militancy has taken a toll on their community and it has affected their children. One of the participants expressed:

> *Hmmm! Our community used to be peaceful until recently. The incident of militancy in our area is alarming. We are at the mercy of these militants. The gunshots, burning of houses and stores, and even kidnapping of people have become the order of the day. My children witnessed all these things and it has affected one of them drastically. We have tried to create a safe space for our child, but he still has trouble sleeping. He wakes up in the middle of the night, frightened. It's a constant worry for me as a parent, not knowing how to ease his pain* (Participant H, Male adult, 40 years).

Another participant also confirmed:

> *I don't like going outside much because I don't know what it will result in. I was sent on an*

*errand only and on my way I saw three corpses including that of a child, I had to run back home. Some memories come back when I see certain things. I want to forget, but it's hard* (Participant 4, Male child, 12 years).

## Effects of militancy experiences on children's mental health

Participants revealed that exposure to militancy experiences significantly affected the mental health of children, encompassing a broad spectrum of challenges. The effects include exposure to violence and trauma, leading to psychological distress. Children in areas affected by militancy often face the loss of loved ones, displacement from their homes, and the disruption of their daily lives and routines.

### *Exposure to violence and trauma*

Participants were exposed to violence and trauma because of their experiences with militancy. The effect of exposure to violence and trauma can be profound, leading to a range of psychological responses, including but not limited to post-traumatic stress disorder (PTSD), anxiety, depression, and other mental health challenges. A participant said: 'When the invasion of militancy started, everything changed. I saw things I didn't understand. Those images always stand before me and cannot go away. I think about them all the time'(Participant 3, Female child, 12 years). 'Every time there's a loud noise, she jumps. It's like the past events have wired her brain to associate any unexpected sound with danger. The anxiety is relentless'(Participant A, Male adult, 38 years).

*My daughter witnessed the violence that no child should see. The fear in her eyes during those moments – it's like it left a mark on her soul. She carries that fear with her every day. She is too isolated, and does not want to speak or interact with anybody* (Participant E, Male adult, 44 years).

*I get nervous in crowded places. It's like I'm always scanning for threats. The incident turned the world into a place of potential danger, and it's hard to trust. Yes, no one to trust. Everybody has disappointed me including those that should secure my tender life* (Participant 5, Male child, 11 years).

### *Loss and displacement*

The respondents attested to loss and displacement as the effects of militancy on children's mental health. These include but are not limited to the loss of homes, schools and friends. These losses affected the mental health of children. A child poured out her emotions: 'I lost my very good friend and a classmate in our school (sobbing) …she died, she was hit by a stray bullet'(Participant 2, Male child, 10 years). An adult participant said:

*We lost our home, and our sense of security. For the children, it's not just about the physical losses. It's about the loss of a normal childhood environment. They've been displaced, and it's like they're searching for a place to belong. The children are nostalgic* (Participant C, Female adult, 53 years).

Another participant recounted

*I saw my father's house go down in ashes. We had to leave everything behind. It's hard to forget the day we had to run. I miss our home, and I feel like I lost a part of myself. Nobody is safe; we are all afraid* (Participant 5, Male child, 11 years).

Participants disclosed a prevailing sense of apprehension among residents residing outside the community, stemming from uncertainty regarding the situation. Consequently, this fear has instilled reluctance among individuals to return home, particularly during festive seasons.

One participant narrated:

*There is constant insecurity here. It is a difficult task to travel from one place to another. Moreover, people no longer visit home during festive seasons because of insecurity in the land. We relocated to another town. It is not easy to leave your home where you are used to and start squatting with a relation or friends far from your home* (Participant B, Male adult, 49 years).

***Disruption of daily life and routine***

There was information on the disruption of daily life and routine by the militancy. Participants revealed that their normal life has been disrupted by militancy activities. One of the participants said, 'I miss going to school regularly. It's hard to concentrate when you're not sure of what will happen next. It's like the future is uncertain. Will it continue like this?'(Participant 1, Female child, 13 years). Another recounted:

*I used to go to school and play with my friends. Now, everything has changed. We can't go out like we used to. It's like our whole world changed, and I don't know if it will ever be the same again. I miss my friends and school. I miss the time we used to tell stories, fetch water and play together* (Participant 6, Female child, 13 years).

It was also revealed by one of the older participants that militancy affected not only children but adults as well. Sharing his experience, he narrated:

*You people are only talking about the children, it also affects their parents. For example, there was communal living among us, meeting together both in our different villages and in churches. Women used to go to the market to buy and sell; and have their women's gatherings but they are all history now. This was exactly what happened during the war. We are just having the same experience* (Participant D, Female adult, 60 years).

## Availability and accessibility of mental health services for children in militancy-affected areas

The participants revealed that orthodox mental health services for children are not available in the study area; therefore they could not be accessed. A participant revealed, 'The lack of orthodox mental health services is disheartening. We want our children to receive the support they need, but the solutions are nowhere to be found'(Participant H, Male adult, 40 years). Another expressed:

> *Well, it's quite disheartening to say the least. In our community, which has been deeply affected by militancy, accessing mental health services for children is like finding a needle in a haystack. There are hardly any specialized facilities or professionals equipped to handle the psychological trauma that these children endure. We often find ourselves struggling to even identify where to seek help, let alone receive it. It's a dire situation* (Participant G, Female adult, 40 years old).

However, some participants revealed that there is availability of traditional homes in the treatment of children with post-traumatic stress disorder and they have access to it. A participant shared:

> *We do not have conventional mental health services for children affected by the militancy activities in our community. My mother used to tie something (a charm) on my waist every night to stop the steady occurrence of nightmares. The charm has helped in reducing the nightmares. The fact remains that the nightmares occur occasionally* (Participant 2, Male child, 10 years).

Further narrating the availability and access of unorthodox medicine in the study area, participants provided poignant accounts. A participant maintained:

> *My mother took me to a sorcerer who assured me that my nightmares would be over in six months. She gave me concoctions to rub on my body and the one to drink before going to bed. For some time now, I have not had nightmares* (Participant 6, Female child, 13 years).

One of the participants added:

> *We do not have mental health services here. However, as a result of my child's persistent restiveness, we took him to a general hospital. What the doctor succeeded in doing was to induce him with sleeping pills for the two weeks we were on admission at the hospital. When we were discharged from the hospital, the problem remained because the effects of the pills were no longer in him* (Participant 4, Female child, 12 years).

A participant expressed that they receive mental health services from native doctors. One participant revealed:

*Here our solution lies in the herbal doctors. When the problem becomes unbearable, we run to them for assistance. The popular native doctor in my community said that the problem with my daughter is that she belongs to a spiritual cult and that her cult members are the cause of her restiveness. He demanded a white goat and a black dog for her cleansing rituals. We have presented a black dog to him. What is left is the white sheep which we are yet to purchase. We believe she will be alright once the cleansing ritual is performed* (Participant H, Female adult, 40 years).

## Discussion

The narratives from participants in the study area vividly illustrate the deep-seated psychological effects of exposure to violence and conflict, emphasizing the urgent need for targeted interventions and support systems. The findings resonate with existing literature on the psychological consequences of trauma on children and adults in conflict zones. The children articulate vivid and distressing mental images, highlighting the intrusive nature of traumatic memories. Such symptoms align with the literature on Post-Traumatic Stress Disorder (PTSD) in children (Cohen et al., 2010). The difficulty in dispelling these images and the aversion to discussing them are indicative of the internalized distress that often accompanies exposure to violence (Hobfoll et al., 2009).

Our study uncovered a pervasive prevalence of PTSD symptoms among militancy-exposed children, echoing the silent struggle that many endure. This resonates with empirical studies such as the work by Betancourt and Khan (2008) on the mental health of war-affected children, highlighting the enduring effects of conflict-related trauma on the psychological well-being of young individuals such as seeing scary images, nightmares, withdrawals and fear (Catani, 2018). The struggle to concentrate on assigned tasks echoes findings in research on the cognitive effects of trauma on children (Pine et al., 2005). The heaviness in the chest and the sense of carrying an inexplicable burden resonate with the views of Kolk (2014) on the somatic manifestations of trauma. These findings underline the pervasive and multifaceted nature of trauma's effects on children's daily functioning. Similarly, the findings align with research by Masten et al. (2011), emphasizing the importance of acknowledging and addressing the silent struggles of children exposed to war and violence. Panter-Brick et al. (2014) and Jordans et al. (2013), highlight the persistent prevalence of PTSD symptoms among children exposed to conflict and violence. Our findings contribute to this discourse by offering insights specific to the distinctions of militancy's effects on children in the Nigerian context

The effects of militancy on mental health outcomes underscore a subdued joy and altered essence in affected children. Children were exposed to violence, trauma, loss, displacement, and disruption of daily life and routine. This aligns with the broader

literature on the consequences of armed conflict on children, as discussed by Patel & Goodman (2007). Participants vividly described the lasting effects of witnessing the invasion of militancy, manifesting as intrusive images that persistently haunt their thoughts. Cohen et al. (2010) and Brewin (2007) corroborate the persistence of intrusive images and heightened anxiety as common symptoms of trauma in children. The loss of homes, schools, and friends due to militancy has a profound effect on the mental health of children. This is in agreement with the findings of Scheeringa and Zeanah (2001) who emphasize the effects of traumatic events on children's sense of security and belonging, contributing to feelings of displacement. Furthermore, the participants share how militancy activities disrupt their daily lives and routines. Children express difficulty concentrating in school due to uncertainty about the future. The disruption of daily life aligns with findings from Pine et al. (2005) on the cognitive effects of trauma on children, emphasizing the challenge of concentration amid uncertainty.

The narratives emphasize the dire lack of accessible mental health services in the community affected by militancy, leading individuals to seek alternative solutions. The themes of reliance on traditional healers, sorcery, and herbal remedies emerge as coping mechanisms, reflecting the absence of formal mental health support. The lack of accessible mental health services aligns with global challenges in providing mental health care in conflict-affected regions (Patel et al., 2018; Ventevogel et al., 2015). The reliance on traditional healers resonates with studies on cultural explanations and practices in mental health coping mechanisms (Patel, 2007; Kirmayer, 2006). The challenges in the effectiveness of conventional medical interventions echo broader discussions on the limitations of medical approaches in trauma-affected populations (Hobfoll et al., 2009). The findings underscore the urgent need for culturally attuned mental health interventions and accessible services tailored to the specific challenges faced by communities affected by militancy. Addressing the cultural nuances and integrating traditional healing practices into mental health programs may contribute to more effective and accepted interventions.

The transactional model finds resonance in a study by Masten and Narayan (2012), which explored the resilience of children exposed to war and violence. This study highlighted the dynamic interplay between individual characteristics and contextual factors in shaping children's responses to adversity. Similarly, the findings of our study underscore the importance of considering the bidirectional influences between children's inherent resilience factors and the socio-cultural context of militancy. Moreover, research by Betancourt et al. (2013) on the mental health of war-affected youth in Sierra Leone provides empirical support for the transactional model's application to understanding the psychological effect of conflict on children. Their findings emphasize the importance of assessing both individual-level factors and environmental stressors in predicting mental health outcomes among children exposed to violence. In our study, the transactional model offers a framework for comprehensively analyzing the multifaceted influences shaping children's responses

to militancy-induced trauma, from individual coping strategies to broader socio-cultural dynamics.

However, social workers can advocate for and collaborate with relevant authorities to establish accessible mental health services in the militancy-affected community. This may involve working with governmental and non-governmental organizations to allocate resources and personnel for mental health support (Patel & Saxena, 2014). Psychologists study human behavior and mental processes, providing therapy, counseling and assessment. Social workers, psychiatrists and psychologists often collaborate to address mental health challenges and promote the overall well-being of children in militancy-affected areas. Moreover, social workers can collaborate with other allied professions to provide cultural sensitivity training to mental health professionals to understand and respect the community's cultural beliefs and practices. Despite challenging circumstances, social workers remained steadfast in their commitment to providing crucial services to vulnerable populations through face-to-face interactions (Agwu, 2023). This ensures that interventions align with the community's values and preferences, fostering trust and collaboration (Kirmayer & Pedersen, 2014). There is a need to advocate for policy changes at the local and national levels to prioritize mental health services in conflict-affected areas. Social workers can engage in policy advocacy to ensure that mental health is a fundamental aspect of the public health agenda (Saraceno et al., 2007).

Furthermore, social workers collaborate with local and international organizations, NGOs, and funding bodies to mobilize resources for mental health initiatives. Networking can facilitate the sharing of best practices and the provision of additional support for comprehensive programs (Patel et al., 2011). The effectiveness of counseling aligns with the broader literature on mental health support in conflict-affected areas. Social workers can leverage this knowledge to advocate for increased availability of counseling services and integrate counseling as a key component of comprehensive support for children affected by militancy. Jordans et al. (2013) emphasize the importance of mental health services, including counseling, in conflict-affected regions.

## Conclusion

The effects of militancy on children's mental health in Izombe, Imo state, Nigeria are far-reaching, leaving scars that extend beyond the visible. Addressing PTSD prevalence caused by militancy requires not only therapeutic interventions but also a concerted effort to destigmatize mental health. The effects on mental health outcomes necessitate a reclamation of joy and innocence through tailored interventions that acknowledge the unique struggles of each child. Above all, assessing mental health service availability and accessibility demands a systemic overhaul. Financial barriers must be dismantled, geographical isolation bridged, and stigma dismantled.

Availability as well as accessibility of mental health services have far-reaching effects on the children and families who need them the most.

This study underscores the imperative for a comprehensive approach that combines therapeutic interventions with structural changes. It is a plea for a society that recognizes the importance of preserving the mental well-being of its youngest members, understanding that healing is not a solitary journey but a collective endeavor. In the echoes of the children's silent struggles, there lies an urgent call for a future where innocence is protected, joy is reclaimed, and mental health support is a beacon accessible to all. Social workers in Nigeria can contribute to achieving these objectives by providing counseling, advocating for the needs of children in areas affected by militancy, and facilitating access to mental healthcare services to alleviate the effects of trauma.

There is a need for comprehensive implementation and integration of mental health programs that address the unique needs of militancy-affected children. These programs should encompass therapeutic interventions, psychoeducation, and community-based support to create a holistic approach to healing. Trauma-informed education programs within schools are very necessary. Teachers/educators should be equipped with the knowledge and skills to create a safe and supportive learning environment for traumatized children. This includes fostering a trauma-sensitive curriculum and recognizing the diverse needs of each child.

The study, despite its valuable insights, has certain limitations that should be acknowledged to enhance the interpretation and generalizability of the findings. It relies on self-reported data from both children and adults. While self-reporting is a valuable method, it may be subject to recall bias, particularly when discussing traumatic events. Some participants may underreport or avoid discussing sensitive experiences due to stigma or emotional distress. Also, the study's reliance on specific age groups and locations within the community may introduce sampling bias. The experiences and perspectives of individuals outside the selected groups or areas might differ, limiting the generalizability of the findings to the entire community. Despite these limitations, the study contributes valuable insights into the mental health challenges faced by children in a militancy-affected community. Future researchers could build upon these findings and address the identified limitations to further advance our understanding of the complex interplay between militancy, PTSD, and the mental well-being of children.

## Disclosure statement

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