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Original Research

AN OVERVIEW OF PSYCHOLOGICAL RESPONSES TO ARMED CONFLICT AND RURAL BANDITRY IN ZAMFARA STATE

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ABSTRACT

Introduction: Armed conflict in Nigeria, particularly in Zamfara State, has resulted in numerous casualties, kidnappings, deaths, torture, rape, and destruction of property. This violence has been strongly associated with the development of mental health disorders such as post-traumatic stress disorder (PTSD), depression, anxiety disorders, and substance use disorders, especially in resource-limited settings like Zamfara. This study aimed to assess the mental health and psychological implications of armed conflict among survivors of rural banditry in Zamfara State.
Method : A cross-sectional descriptive survey design was employed, involving 410 participants aged 11 years and above, selected through multistage and simple random sampling techniques. Data were collected using the General Health Questionnaire (GHQ-12) and analysed using descriptive statistics with SPSS version 26.0.
Results : The findings revealed that the majority of respondents experienced mild psychological symptoms (mean score 1.75), while a smaller proportion exhibited moderate symptoms (mean score 2.25 to ≤3). Additionally, some participants reported severe symptoms of anxiety, depression, and post-traumatic stress disorder (PTSD).
Conclusions : The study concludes that a significant proportion of survivors of rural banditry in Zamfara State experience varying degrees of psychological distress. Based on these findings, the study recommends urgent interventions and support for mental health in the region, including the provision of mental health services, psychological interventions, community support programs, capacity building, and continuous research and monitoring.

Keyword: Assessment, Psychological Factors, Mental Health, Survivors, Internally Displaced Persons (IDPs).

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1. INTRODUCTION

Armed conflict in Nigeria, particularly in Zamfara State, has inflicted significant harm, including casualties, kidnappings, deaths, torture, rape, and destruction of property (Adewuya, 2007; Yalwa et al., 2023). These traumatic experiences have been linked to the development of mental disorders, especially in resource-limited settings like Zamfara (UNICEF, 2019). Despite global and national studies highlighting this association, inadequate mental health services and interventions in these areas may exacerbate the psychological burden on survivors. Research on the prevalence of PTSD and depression among conflict survivors indicates an urgent need for tailored mental health interventions (Omigbodun et al., 2021; Oladipo et al., 2022). Bello-Muhammad et al. (2020) highlight the scarcity of mental health professionals and infrastructure, further intensifying psychological problems. Community-based support programs are emphasized by Olayinka et al. (2019), while Yalwa et al. (2023) recommend the provision of mental health services and psychological support.

Globally, conflict-affected communities face numerous challenges, including significant psychological distress. A meta-analysis by Steel et al. (2009) found high prevalence rates of PTSD and depression among conflict-affected populations, including internally displaced persons (IDPs). In Africa, conflicts have led to significant internal displacement, with high prevalence rates of psychological problems among IDPs. For instance, Roberts et al. (2008) reported that 54% of IDPs in Uganda suffered from PTSD, while 67% experienced depression. Similarly, Morina et al. (2021) found that 48.3% of displaced populations in South Sudan met the criteria for PTSD, 41.9% for depression, and 28.3% for anxiety.

Nigeria, with one of the highest numbers of IDPs in Africa due to the Boko Haram insurgency and communal conflicts, shows alarming prevalence rates of psychological factors (Arega, 2023). Oladimeji et al. (2015) reported that 42.3% of IDPs in North-Eastern Nigeria suffered from PTSD, while 58.1% experienced depression. Pompili et al. (2022) found that 55% of IDPs in Borno State showed symptoms of depression, 46% had PTSD, and 39% experienced anxiety. A recent study among academic staff of tertiary institutions in Zamfara State revealed a high prevalence rate of psychological disorders, indicating the significant mental health impact of banditry (Haruna & Mayanchi, 2024). These findings highlight the need for prompt assessment and management of mental health and psychological problems.

A literature review reveals a gap in research specifically focusing on the mental health implications of rural banditry in Zamfara State. This study seeks to address this gap by examining the prevalence and severity of anxiety, depression, and PTSD among survivors of rural banditry in Zamfara State. Understanding the impact of rural banditry on the mental health and wellbeing of the populace is crucial for designing targeted interventions that may alleviate psychological distress. This study aims to assess the prevalence of psychological factors and psycho-traumas among survivors of rural banditry in Zamfara State, Nigeria. Specifically, it seeks to:

1. Assess the level of anxiety among survivors of rural banditry.
2. Determine the level of depression among survivors of rural banditry.
3. Assess the prevalence of post-traumatic stress disorder (PTSD) among survivors of rural banditry in Zamfara State.

1.1 Theoretical Framework

Armed conflict in Nigeria, particularly in Zamfara State, has led to widespread casualties, kidnappings, torture, rape, and destruction of property. Such traumatic experiences are strongly associated with mental health disorders, including post-traumatic stress disorder (PTSD), depression, anxiety, and substance use disorders, especially in resource-limited settings. Survivors of rural banditry are constantly exposed to internal and external stressors that threaten their psychological stability and coping capacity.

This study is guided by Betty Neuman's Systems Model (1924), which views individuals as open systems interacting with their environment and vulnerable to stressors that disrupt equilibrium. The model emphasizes prevention at three levels: primary (resilience-building and community education), secondary (early detection and intervention), and tertiary (rehabilitation for severe cases). By applying this holistic framework, the study situates survivors' psychological distress within a dynamic system, underscoring the need for comprehensive mental health interventions in Zamfara State.

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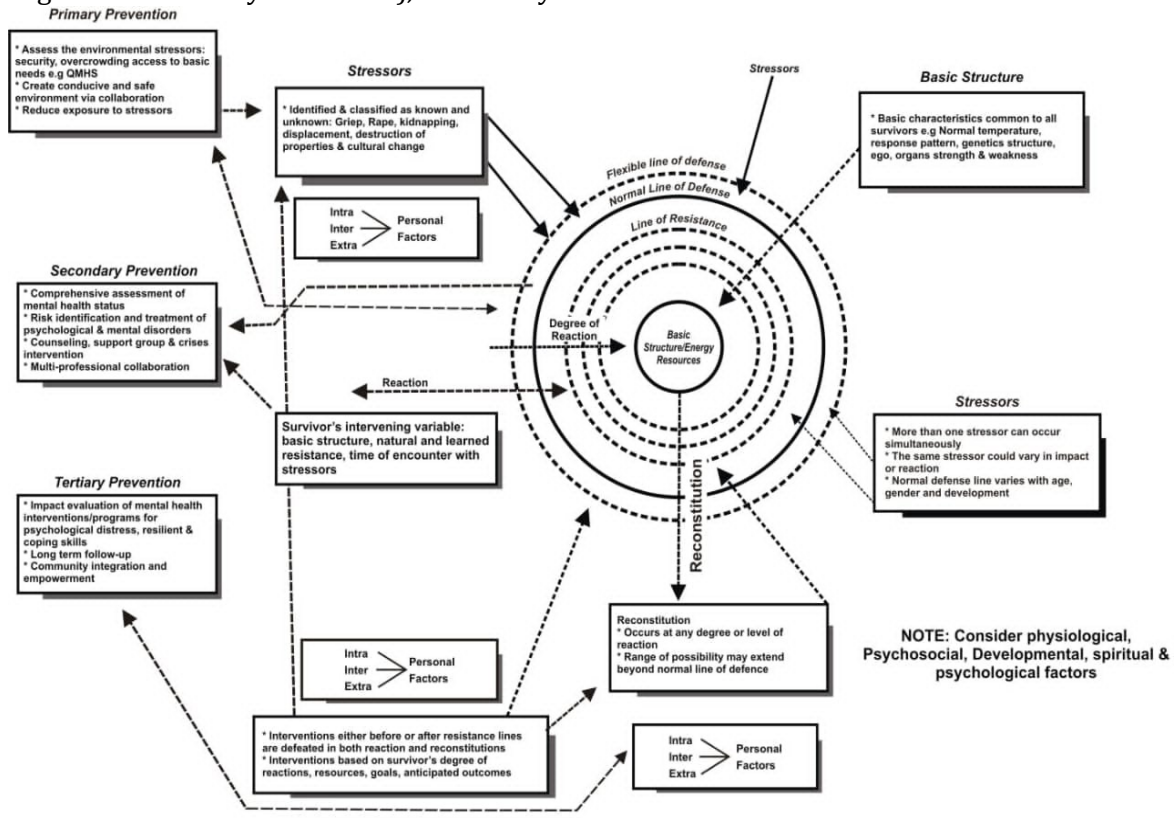

NOTE: Spiritual variable added.
SOURCE: Reprinted by permission of Betty Neuman

Neuman 1924

2. MATERIALS AND METHODS

2.1 Research Design

A total of 410 participants aged 11 years and above were recruited for the study using multistage and simple random sampling techniques. The study employed a cross-sectional descriptive survey design, which enabled the collection of data at a single point in time to capture the characteristics, experiences, and mental health outcomes of the target population.

2.2 Population of Study

The total population of residents in Zamfara State is estimated at 4,515,400 (National Bureau of Statistics, 2018). According to the National Population Commission of Nigeria (2017), 3,300,358 (74%) of the population are adolescents, adults, and older adults (aged 11 years and above) living in banditry-affected communities. Inclusion Criteria: Adolescents and adults aged 11 years and above who were exposed to rural banditry-related conflict, violence, or torture between 2011 and 2020. Inclusion Criteria: Adolescents and adults aged 11 years and above who were exposed to rural banditry-related conflict, violence, or torture between 2011 and 2020. Exclusion Criteria: Individuals living outside Zamfara State, even if exposed to banditry-related threats, were excluded.

2.3 Sample Size Determination and Sampling Technique

The sample size was determined using Slovin's formula: $n = N \div (1 + Ne^2)$ (Ellen, 2018), where n is the sample size, N is the population size, and e is the margin of error (0.05). Applying this formula yielded 400 participants. An additional

10% was added to account for attrition, resulting in a final sample size of 410 participants (Isreal, 2009). Data collection was conducted following ethical approval from the relevant institutional review board. The study targeted adolescents and adults aged 11 years and above who had been exposed to rural banditry-related conflict, violence, or torture in Zamfara State between 2011 and 2020. A multistage sampling approach was employed to select participants. First, affected communities within Zamfara State were identified in collaboration with local authorities and community leaders. Within these communities, households were randomly selected, and eligible participants within each household were invited to participate. For adolescents aged 11–17 years, the primary caregiver or parent provided informed consent, and the adolescent provided assent prior to participation. Adults aged 18 years and above provided their own written informed consent. The data collection was carried out using three instruments: the Harvard Trauma Questionnaire (HTQ), the General Health Questionnaire (GHQ-12), and a sociodemographic questionnaire. Trained research assistants fluent in Hausa administered the questionnaires in face-to-face interviews, ensuring comprehension and comfort, particularly for younger participants. Each session began with a clear explanation of the study's purpose, the voluntary nature of participation, confidentiality measures, and the right to withdraw at any time without consequences. For children, simple language and supportive guidance were used to ensure understanding of the questions, and breaks were allowed if the child became distressed.

Completed questionnaires were checked for completeness immediately after each interview. Responses were coded and securely stored, and participants demonstrating significant distress were referred to local mental health services for further support. This systematic approach ensured that data collection was ethical, culturally sensitive, and age-appropriate, while maintaining the integrity and reliability of the collected data.

2.4 Instrument for Data Collection

Data were collected using the Harvard Trauma Questionnaire (HTQ), the General Health Questionnaire (GHQ-12), and a researcher-designed sociodemographic questionnaire.

2.4.1Harvard Trauma Questionnaire (HTQ)

The HTQ consists of four parts. Part I lists 17 items on trauma events (e.g., abduction, torture, loss of family members). Part IV contains 30 symptom items that measure trauma-related symptoms consistent with PTSD criteria. Respondents rate each item on a 4-point Likert scale (1 = not at all, 4 = extremely). A mean symptom score of ≥2.5 is generally considered indicative of clinically significant PTSD (Mollica et al., 1992). The HTQ has been widely validated in conflict-affected populations with reported Cronbach's alpha values above 0.85, demonstrating excellent internal consistency.

2.4.2 General Health Questionnaire (GHQ-12)

The GHQ-12 is a 12-item screening tool designed to assess general psychological distress. It covers four domains: somatic symptoms, anxiety/insomnia, social dysfunction, and severe depression. Items are rated on a 4-point scale, typically scored as 0-0-1-1, producing a total score ranging from 0 to 12. Higher scores indicate greater psychological distress, with a cutoff of ≥3 commonly used to identify possible cases. The Hausa version of the GHQ-12 has been validated for use in Nigeria, showing good psychometric properties with a Cronbach's alpha of 0.74–0.90 across studies (Gureje & Obikoya, 1990; Abiodun, 1993).

2.4.3 Sociodemographic Questionnaire

This self-designed instrument included 10 items capturing participants' age, sex, marital status, educational level, occupation, household size, exposure to displacement, and other relevant background variables. The questionnaire was reviewed by three experts in psychiatry and public health for face and content validity, and pilot-tested on 20 participants in a non-study community, yielding a Cronbach's alpha of 0.78.

2.5 Data Analysis

Data were analyzed using SPSS version 26.0, with descriptive statistics presented as frequency distributions and percentages. Betty Neuman's Systems Model guided the interpretation of the data, emphasizing the dynamic interaction between individuals and their environments.

2.6 Ethical Considerations

Ethical approval was obtained from the Health Research Committee of Zamfara State Ministry of Health, Gusau, with approval number ZSHREC00022022 (Appendix 1). The study was conducted among adolescents aged 11 years and above. Written informed consent was obtained from parents or legal guardians, and verbal/written assent was obtained from the

children after explanation of all research procedures and instruments.s.

3. RESULT

This section presents the results regarding the socio-demographic data and the assessment of psychological factors (anxiety, depression, and post-traumatic stress disorder [PTSD]) among the survivors of rural banditry in Zamfara State.

Table 1 describes the socio-demographic characteristics of rural banditry survivors in Nigeria, revealing significant insights into the affected population, primarily in north-western states like Zamfara and Katsina. According to recent studies, the most represented age group among the 402 survivors surveyed was between the ages of 18-24 years (22.9%), with a considerable number also within the 25-39 years (21.1%) and greater than 40 years (20.9%) categories. This age distribution suggests that young adults and middle-aged individuals are particularly affected by banditry, possibly due to their active participation in local economic activities such as farming and cattle rearing.

The data also shows a higher prevalence of male survivors (61.2%) and a predominance of the Hausa tribe (68.2%), followed by the Fulani (29.1%). This demographic distribution correlates with the broader ethnic composition of the region and reflects the deep-seated socio-cultural structures. Educationally, a significant portion of the respondents attended Islamic schools (41.8%), with fewer having completed primary (16.4%) and secondary education (32.8%). The lower levels of formal education among survivors highlight a potential vulnerability factor, as limited access to education may restrict economic opportunities and increase susceptibility to insecurity.

Most survivors are self-employed (41.8%) or unemployed (40.5%), with farming being the primary occupation for 48.5%. This economic reliance on agriculture exacerbates their vulnerability, as banditry disrupts farming activities, leading to food insecurity and economic instability. The engagement in cattle rearing (22.6%) further illustrates the impact of banditry, as cattle theft is a common issue in these regions, significantly affecting livelihoods.

Marital status data indicates that 57.0% of the respondents are married, with a substantial number practicing polygamy (67.7%). The prevalence of polygamous households can intensify economic pressures, particularly when livelihoods are threatened by insecurity. Additionally, most respondents identify as Muslim (73.7%), reflecting the dominant religious affiliation in the area.

The geographical distribution of the respondents across various local government areas, such as Tsafe, Maru, Kaura Namoda, and Zurmi, each representing 14.9% of the sample, provides a balanced representation of the affected regions. The socio-economic impacts of banditry, including increased poverty, unemployment, and disruptions to socio-economic activities, have been extensively documented in recent research. These studies underscore the need for enhanced security measures, improved border controls to prevent the flow of illegal arms, and targeted socio-economic interventions, such as establishing educational and vocational training centres, particularly for the Fulani communities, to mitigate the adverse effects of banditry and foster stability in these regions.

Table 2 above shows that most respondents exhibit mild symptoms of psychological problems. The mean scores indicate that difficulties concentrating (mean = 2.2) and feelings of unhappiness and depression (mean = 1.9) are common among the survivors. Other symptoms include loss of confidence (mean = 2.0) and feelings of helplessness (mean = 1.8). Meanwhile, moderate symptoms were found in respondents who constantly feel under strain (mean = 2.4). The study revealed that a significant prevalence of psychological problems exists among respondents, with most experiencing mild symptoms and a minority experiencing moderate symptoms.

The HTQ was used to assess trauma exposure and PTSD symptoms among participants. On average, participants reported moderate levels of trauma exposure, with the most frequent events being, e.g., loss of a loved one, natural disasters, and interpersonal violence. Symptom scores indicated that 65% of participants exhibited clinically significant PTSD symptoms (HTQ score ≥2.5), consistent with previous studies in similar settings (Table 3).

4. DISCUSSION

Armed conflict and rural banditry in Zamfara State, Northwestern Nigeria, have left survivors vulnerable to significant mental health challenges. Over the past decade, recurrent attacks, including killings, kidnappings, cattle rustling, and farmland destruction, have displaced thousands, disrupted livelihoods, and deepened poverty. Demographic analysis indicates that adults aged 25–45, males, and

Table 1: Distribution of the Rural Banditry Survivors according to the Socio-Demographic Characteristics (N=402)

Variables	Frequency	Precentage
Age category		
≥11 years	58	14.4
15-17vYears	83	20.6
18-24 years	92	22.9
25-39 years	85	21.1
≥ 40 years	84	20.9
Sex		
Male	246	61.2
Female	156	38.8
Tribe		
Hausa	274	68.2
Fulani	117	29.1
Yoruba	5	10.2
Igbo	3	0.7
Others	3	0.7
Education Level		
Primary	66	16.4
Secondary	132	32.8
Tertiary	24	6.0
Islamic School	268	41.8
Others	12	3.0
Employment Status		
Employed	33	8.2
Unemployed	163	40.5
Self-employed	168	41.8
Privately employed	38	9.5
Occupation		
Farming	195	48.5
Cattle rearing	91	22.6
Trading	32	8.0
Driving	12	3.0
Laborer	72	17.9
Others	-	-

household heads were most frequently exposed, likely due to their roles in farming, herding, or community defense, while rural residents were disproportionately affected because of limited security infrastructure. Correspondingly, the study revealed high levels of anxiety, depression, and PTSD, with mean HTQ subscale scores indicating moderate PTSD risk and a GHQ-12 score of 1.75, reflecting mild to moderate psychological distress. Notably, the most exposed groups scored higher on both HTQ and GHQ-12 measures, underscoring the link between demographic vulnerability and mental health outcomes. These findings align with global research demonstrating that age, sex, occupation, and rural residence significantly influence trauma exposure and psychological distress (Steel et al., 2009; Onyishi et al., 2022).

The traumatic experiences reported by participants in this study included kidnappings, physical assault, rape, displacement, and property destruction, as captured in the HTQ responses. These events were associated with increased psychological distress, with many respondents reporting difficulties concentrating, feelings of helplessness, and reduced confidence, reflected in elevated HTQ subscale scores and a mean GHQ-12 score of 1.75. These findings indicate moderate PTSD risk and mild to moderate general psychological distress among the study population. Socioeconomic factors, particularly loss of income and disrupted agricultural or livestock activities, further exacerbated psychological distress, with participants engaged in farming and cattle rearing showing higher HTQ and GHQ-12 scores. These results are consistent with prior research

Table 2: GHQ-12 Distribution of the Survivors of Rural banditry according to Psychological Problems (N=402)

	Variables	Not at all (0)		No more than usual (1)		Rather more than usual (2)		Much more than usual (3)		Mean	
S/N		F	%	F	%	F	%	F	%	Mean+SD	
Q1	Been able to concentrate on what you're doing?	14	3.5	75	17.5	158	39.3	158	39.3	2.2	0.8
Q2	Lost much sleep over worry?	00	00	246	61.2	156	38.8	00	00	1.4	0.5
Q3	Felt you were playing a useful part in things?	00	00	273	67.9	121	30.1	8	2.0	1.3	0.5
Q4	Felt capable of making decisions about things?	3	0.7	63	15.7	300	74.6	34	8.5	1.9	0.5
Q5	Felt constantly under strain?	00	00	33	8.2	193	48.0	175	43.5	2.4	0.6
Q6	Felt you couldn't overcome your difficulties?	3	0.7	192	47.8	102	25.4	105	26.1	1.8	0.8
Q7	Been able to enjoy your day to day activities?	00	00	11	2.7	391	97.3	00	00	1.9	0.6
Q8	Been able to face up to your problems?	3	0.7	192	47.8	102	25.4	105	26.1	1.8	0.8
Q9	Been feeling unhappy and depressed?	3	0.7	65	16.2	299	74.4	33	8.2	1.9	0.6
Q10	Been losing confidence in yourself?	15	3.7	72	17.9	159	39.6	155	38.6	2.0	0.8
Q11	Been thinking of yourself as a worthless person?	00	00	272	67.7	122	30.3	8	2.0	1.3	0.5
Q12	Been feeling reasonably happy, all things considered	138	34.3	105	59.7	57	85,8	100	1.2	1.2	1.6
Aggregate mean										1.75	

* Decision mean: 1.5 (Mild=≥1.5-≤2.25, Moderate=≥2.25-≤3 Severe=>3)

Table 3: Harvard Trauma Questionnaire (HTQ) Results

HTQ Subscale	**Number of Items**	**Mean Score (SD)**	**Interpretation***
Re-experiencing	5	2.7 (0.6)	Moderate PTSD symptoms
Avoidance/Numbing	7	2.5 (0.5)	Moderate PTSD symptoms
Hyperarousal	5	2.6 (0.7)	Moderate PTSD symptoms
Total PTSD Score	17	2.6 (0.5)	Moderate PTSD risk

*Interpretation: Scores ≥2.5 are generally considered indicative of clinically significant PTSD symptoms (Mollica et al., 1992).

in conflict-affected populations, which similarly links traumatic experiences and socioeconomic disruption to PTSD and depression (Oladipo et al., 2022).

Gender disparities in psychological impact were also observed, with male survivors (61.2%) more affected than females (38.8%), possibly due to their higher exposure to banditry attacks. However, the impact on women should not be overlooked, as they often face gender-based violence and economic dependency. Younger adults aged 18-24 years and 25-39 years were the most affected, likely due to their direct involvement in economic activities and exposure to violence.

The HTQ findings indicate that trauma exposure was highly prevalent among the study population, consistent with prior research in conflict-affected and displaced populations. Studies among internally displaced persons in Iraq and a meta-analysis in sub-Saharan Africa reported high rates of trauma exposure and PTSD, with pooled prevalence up to 22% in conflict regions (Mollica et al., 1992; Arega, 2023). In this study, mean PTSD symptom scores across re-experiencing, avoidance/numbing, and hyperarousal suggest a substantial proportion of participants are at elevated risk for post-traumatic stress, underscoring the need for trauma-focused counseling and community-based mental health support.

Despite the psychological burden, some survivors demonstrated resilience through community support systems and religious coping mechanisms. According to resilience theory, individuals can adapt positively to adversity when protective factors buffer the impact of stressors. Social support, cultural identity, and faith-based practices have been shown to enhance coping and restore a sense of meaning in the aftermath of trauma (Bonanno, 2004; Ungar, 2013). Evidence from conflict-affected populations further indicates that resilience is not the absence of distress but the capacity to recover and maintain psychological functioning through adaptive resources (Southwick et al., 2014). However, these informal strategies remain insufficient without structured mental health interventions to address long-term needs.

Recommendations

Based on the findings of this study, the following recommendations are made:

1. Establish well-equipped mental health centers within affected communities to provide accessible psychological care.
2. Develop community-based therapy and counseling programs to help survivors cope with trauma.
3. Strengthen social support systems through survivor support groups and peer counseling initiatives.
4. Train healthcare workers and volunteers on psychological first aid and trauma-informed care.
5. Advocate for government funding and policy formulation that prioritizes mental health in conflict-affected areas.

5. CONCLUSION

This study assessed the psychological impact of rural banditry on survivors in Zamfara State, revealing that a significant proportion of respondents experience mild to moderate symptoms of anxiety, depression, and PTSD. While most respondents reported mild psychological distress, a minority exhibited moderate to severe symptoms, necessitating urgent mental health interventions. The findings highlight the pressing need for comprehensive mental health services, community-based support systems, and policy-driven interventions to mitigate the psychological burden on survivors.

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