

Influence of General Anxiety, Posttraumatic Stress Disorder, Self-Esteem and Coping Strategies Among Internally Displaced Persons in Benue State, Nigeria

Fanyam Barbara Iornem

Postgraduate Student, Benue State University, Makurdi

Email: iornemfanyam@gmail.com

+2348037019077

DOI: 10.56201/ijssmr.vol.11no6.2025.pg1.14

Abstract

This research investigated the influence of general anxiety, posttraumatic stress disorder (PTSD), self-esteem and coping strategies among Internally Displaced Persons (IDPs) in Benue State. The researcher used a cross-sectional survey where four hundred (400) internally displaced persons in Benue State participated in the study. The researcher employed a purposive sampling technique in drawing the sample for the study; the respondent's ages ranged from 18-51 years and above with mean age of 2.93 years (SD=1.029) where 191 (47.8%) were males and 202 (50.5%) were females. The data for the study were collected using Beck Anxiety Inventory (BAI), Posttraumatic checklist 5 (PCL-5), Rosenberg Self-esteem Scale (RSES) and the Brief Cope Inventory (BCI). All four hypotheses were tested using Multiple Regression Analysis. Findings indicated that general anxiety, PTSD, and self-esteem independently and jointly influenced the coping strategies adopted by the internally displaced persons in Benue State. The study recommended among others that, community-based anxiety management programmes be implemented across IDP camps in Benue State, and a holistic, multi-layered approach should be adopted, blending components of anxiety regulation, trauma recovery, and self-esteem enhancement into a single intervention model.

Key Words: *General Anxiety, Posttraumatic Stress Disorder, Self-Esteem, Coping Strategies, Internally Displaced Persons*

Introduction

Coping mechanisms are essential for Internally Displaced Persons (IDPs), helping them navigate the adversity of being uprooted from their homes. Coping is a person's reaction to stress and involves behavioural and cognitive efforts to manage overwhelming pressures (Lazarus & Folkman, 1984). Coping strategies are categorized into problem-focused, emotion-focused, and avoidant styles.

Studies show IDPs employ various strategies based on cultural, social, and psychological contexts. For example, in Benue State, over 500,000 people have been displaced due to farmer-herder conflict, often relying on support networks and spiritual or traditional frameworks to manage trauma (The Conversation, 2023).

Psychological factors such as general anxiety, PTSD, and self-esteem strongly influence how IDPs cope. High anxiety levels push individuals toward emotion-focused and avoidant coping, while low anxiety favours problem-solving behaviours (Eze & Onwuegbuzie, 2023).

PTSD and low self-esteem further complicate these coping choices by fostering avoidance, social withdrawal, or substance use (Akpan, 2023).

General Anxiety and Problem-Focused Coping

For internally displaced people (IDPs) in Benue State, Nigeria, anxiety disorders and problem-focused coping strategies are important factors to take into account. Being uprooted as a result of war, natural disasters, or other emergencies can have profound psychological and emotional effects, making one more susceptible to anxiety disorders and other mental health issues. Since IDPs frequently deal with multiple stressors and traumatic experiences, anxiety disorders are a common mental health concern among them. Nearly 40% of IDPs in Benue State showed signs of anxiety disorders, such as panic disorder, post-traumatic stress disorder (PTSD), and generalised anxiety disorder, according to a study by Aina et al. (2020). The study emphasised how violence exposure, loss of livelihood, and displacement affect IDPs' mental health.

Nonetheless, some studies show that anxiety characteristics can promote proactive planning to exercise control over the uncertain surroundings that are typical of anxious conditions (Grupe & Nitschke, 2013). This data could help to clarify the associations between anxiety symptoms and increased information-seeking in displaced populations coping with uncertain loss and futures (Georgiadou et al., 2017). The tense states of anxiety can also spur immediate assistance seeking, which facilitates support access. Therefore, some characteristics of anxiety pathology may enhance problem-focused coping strategies to lessen uncertainty by organising, upgrading skills, assembling resources, and mobilising support.

These intricate relationships between coping strategies and anxiety disorder characteristics have immediate consequences for internally displaced people (IDPs) living in extremely unstable and precarious conditions in state camps in Benue. Anxiety disorders brought on by trauma exposures may promote avoidance and withdrawal behaviours that hinder adjustment. However, tension states can also spill over into proactive group mobilisation and deliberate social media activation to demand better camp supplies, sanitation, or security. It's likely that individual IDP capacities moderate effects. Optimising coping among high-risk camp cohorts may involve focusing on anxiety treatment barriers and constructive outlets for anxiety tension. While anxiety may help some people solve problems and urgently pursue their basic needs, it can also cause people to continue avoiding trauma in a way that prevents them from healing. Careful investigation examining these intricate relationships within specific Nigerian internally displaced populations is necessary to guide context-appropriate psychosocial interventions that promote adaptive coping.

Influence of Posttraumatic Stress Disorder (PTSD) on Coping Strategies

Posttraumatic stress disorder (PTSD) is an anxiety disorder that can arise after exposure to traumatic or life-threatening events, often leaving individuals feeling helpless and fearful. Among Internally Displaced Persons (IDPs), PTSD can severely impair recovery and reintegration, with effects that extend beyond the individual to disrupt families and communities (Chukwuorji & Ifeagwazi, 2019). The emotional and behavioural disturbances caused by PTSD often lead to family conflict, neglect, and increased emotional strain (Yigzaw & Abitew, 2019). It can also contribute to secondary issues such as substance abuse, self-harm, and suicide (Auxéméry, 2018; Panagioti et al., 2009). In Africa, the impact is intensified by limited mental health infrastructure, cultural stigma, and the logistical difficulties of reaching displaced populations in remote areas (Nicholas et al., 2022).

Several risk factors have been linked to increased PTSD vulnerability among IDPs, including female gender, younger age, exposure to violence, depression, anxiety, low education, lack of social support, and economic hardship (Madoro et al., 2020). In the African context, ongoing political instability, conflict, poverty, and food insecurity further intensify trauma, creating persistent stress and obstructing recovery (Taru et al., 2018; Makango et al., 2023). In Benue State, most IDPs have either directly experienced or witnessed violence, such as attacks on their communities, contributing significantly to PTSD prevalence. Eze et al. (2022) found that 78% of IDPs reported exposure to violent events, sharply increasing their risk of developing PTSD.

Research indicates that PTSD significantly influences the coping strategies adopted by IDPs. Individuals with high PTSD symptoms often resort to avoidant coping mechanisms—such as emotional suppression, social withdrawal, and substance use—which may offer short-term relief but lead to poorer long-term outcomes (Djatche et al., 2022). In contrast, those with lower PTSD levels are more likely to engage in adaptive, approach-oriented strategies like seeking social support and problem-solving (Olsson & Nkosi, 2022). Additionally, the severity of PTSD correlates positively with emotion-focused and avoidant coping, and negatively with problem-focused coping. Cognitive factors such as perceived control and negative self-beliefs mediate this relationship (Abah et al., 2023).

Influence of Self-Esteem on Coping Strategies

Self-esteem, defined as an individual's overall sense of self-worth or personal value, has been recognized as a crucial factor in psychological well-being, particularly in challenging circumstances such as displacement (Rosenberg, 1965; Iorfa et al., 2020). Recent studies in Benue State have highlighted the significant impact of displacement on IDPs' self-esteem. Akpan (2022) conducted a cross-sectional study of 500 IDPs in various camps across Benue State, using the Rosenberg Self-Esteem Scale. The study found that 65% of respondents scored below the threshold for normal self-esteem, indicating widespread challenges in maintaining a positive self-image among the displaced population. Factors contributing to low self-esteem included loss of livelihoods, disrupted social networks, and the stigma associated with IDP status.

However, Ogbu et al. (2023) noted significant variations in self-esteem levels among different demographic groups within the IDP population. Their longitudinal study of 300 IDPs over two years revealed that younger individuals (18-30 years) and those with higher education levels tended to maintain higher self-esteem scores over time compared to older and less educated groups. This suggests that age and education may serve as protective factors for self-esteem in displacement contexts.

Self-esteem also influences the cognitive aspects of coping among IDPs in Benue State. Iorfa et al. (2022) demonstrated that IDPs with higher self-esteem were more likely to engage in cognitive restructuring, a coping strategy that involves reframing negative thoughts and perceptions about their situation. This cognitive flexibility allows for a more adaptive interpretation of challenges and fosters a sense of control over one's circumstances.

Hypotheses

- i. Anxiety will significantly influence coping strategies among IDPs in Benue State.
- ii. There will be a significant influence of posttraumatic stress disorder on coping strategies among IDPs in Benue State.
- iii. Self-esteem will significantly influence coping strategies among IDPs in Benue State.

- iv. Anxiety, PTSD, and self-esteem will have a significant joint influence on coping strategies among IDPs in Benue State.

Design

This is a cross-sectional survey investigating the influence of general anxiety, posttraumatic stress disorder, self-esteem and coping strategies among internally displaced persons in Benue State – Nigeria. Given the inherent practical and logistical constraints frequently encountered in humanitarian research contexts—such as restricted access to study populations, heightened security concerns, and high population mobility among Internally Displaced Persons—a cross-sectional survey design presents a methodologically sound and pragmatic approach. It enables the efficient and cost-effective collection of data within a limited timeframe, allowing for the simultaneous assessment of multiple psychological constructs without the need for longitudinal follow-up or sustained participant engagement.

Population

The total population of internally displaced persons in Benue State is 500,182 as at 2023 (IOM, 2024). This covers the 6 official IDP camps in Benue State.

Sample Size Determination

The sample size for this study is determined using the formula by Yamane, (1967) as seen below;
$$n = \frac{N}{1 + N(e)^2}$$

Where,

n = Required sample size

N = Estimated population of Internally Displaced Persons in Benue State.

e = Level of error at 5%

1 = Constant

$$n = \frac{500,182}{1 + 500,182(0.05)^2}$$

$$n = \frac{500,182}{1 + 500,182(0.0025)}$$

$$n = \frac{500,182}{1 + 1250.455}$$

$$n = \frac{500,182}{1251.455}$$

$$n = 399.8$$

$$n = 400$$

Sampling Technique

To obtain participants for this study, a purposive sampling technique was adopted. Purposive sampling is a procedure in which the investigator identifies individuals who are considered typical of the population and selects them as the sample (Crossman, 2023). Therefore, 400 internally displaced persons were drawn across the camps in the study area.

Participants

A sample of 400 internally displaced persons were drawn from six (6) selected official IDP camps in the study area across the 23 Local Government Areas of Benue State, which are; Abagena (Makurdi LGA), Daudu 1 and 2, Gbajimba (Guma LGA), and Anyiin, and Ugba (Logo LGA). The descriptive statistics indicated that 191 (47.8%) were males, 202 (50.5%) were females 61(15.3%). Their ages ranged from 18 – 51 years and above with mean age of 2.93 years (SD=1.029). In terms of their employment status, 61 (15.3%) were employed, 218(54.5%) were unemployed,

114(28.5%) were self-employed, while for educational qualification 97(24.3%) attended primary school education, 62(15.5%) attended secondary school education, 108(27.0%) attended tertiary education 126(31.5%) did not attend school. For income level 23(5.8%) were high earners, 102(25.5%) were average earners, 97(24.3%) were low earners and 171(42.8%) were of extremely low income. For religion, 331(82.8%) were Christianity, 22(5.5%) were Islamic, 17(4.3%) were traditional and 23(5.8%) were others who did not specify their religion.

Instruments

Beck Anxiety Inventory (BAI)

The Beck Anxiety Inventory is a 21-item self-report questionnaire developed by Aaron Beck and his colleagues. It was first published in 1988 and has since become one of the most commonly used instruments for assessing anxiety in both clinical and research settings. The BAI was designed to measure the severity of anxiety symptoms in adolescents and adults. It focuses primarily on somatic (physical) symptoms of anxiety to differentiate anxiety from depression respondent's rate how much they have been bothered by each symptom over the past week. The ratings are on a 4-point likert scale: 0 (Not at all) to 3 (Severely - I could barely stand it). The total score range is 0-63 and it is interpreted that from 0-7 means minimal anxiety, 8-15 is mild anxiety, 16-25 is moderate anxiety and 26-63 refers to severe anxiety. BAI has high internal consistency ($\alpha = .92$), test-retest reliability over one week: $r = 0.75$ and a good convergent validity with other anxiety measures.

Posttraumatic Checklist – 5

This scale was developed by weathers et al. (2015) and consists of a 20-item self-report measure that assesses the 20 DSM-5 symptoms of PTSD. The wording of PCL-5 items reflects both changes to existing symptoms and the addition of new symptoms in DSM-5. The self-report rating scale is 0-4 for each symptom, reflecting a change from 1-5 in the DSM-IV version. The total range score is 0 – 80 and a cut-off score of total score of ≥ 33 is suggested as a threshold for probable PTSD diagnosis. Cluster scoring can calculate subscale scores for each symptom cluster while for diagnostic criteria, respondents need to score ≥ 2 ("Moderately") on at least: 1 item from Cluster B (Intrusion), 1 item from Cluster C (Avoidance), 2 items from Cluster D (Negative alterations) and 2 items from Cluster E (Hyperarousal). The PCL-5 has a variety of purposes, including: Monitoring symptom change during and after treatment, screening individuals for PTSD, making a provisional PTSD diagnosis. The gold standard for diagnosing PTSD is a structured clinical interview such as the Clinician-Administered PTSD Scale (CAPS-5). When necessary, the PCL-5 can be scored to provide a provisional PTSD diagnosis. The PCL-5 has demonstrated excellent internal consistency, with Cronbach's alpha coefficients around 0.95. It also shows good test-retest reliability. The PCL-5 has also shown strong convergent validity with other PTSD measures and can discriminate between PTSD and other mental health conditions.

Rosenberg Self-Esteem Scale (RSES)

The RSES was developed by sociologist Morris Rosenberg (1965) and was designed to provide a uni-dimensional measure of global self-esteem. Rosenberg conceptualized self-esteem as an overall sense of self-worth or self-acceptance. The scale aims to capture this by asking respondents to reflect on their general feelings about themselves, rather than specific abilities or attributes. This global approach distinguishes it from multidimensional scales that measure self-

esteem in various domains (e.g., academic, social, physical). The 10 items are carefully balanced between positively and negatively worded statements to reduce response bias.

The five positively worded items are: "On the whole, I am satisfied with myself," "I feel that I have a number of good qualities", "I am able to do things as well as most other people", "I feel that I'm a person of worth, at least on an equal plane with others", and "I take a positive attitude toward myself." The five negatively worded items are: "At times I think I am no good at all", "I feel I do not have much to be proud of", "I certainly feel useless at times", "I wish I could have more respect for myself", and "All in all, I am inclined to feel that I am a failure." Each item is rated on 4 – point likert scale (0 = strongly disagree to 3 = strongly agree). Items 2, 3, 6, 8, and 9 are negatively worded and need to be reverse-scored, making a total score range of 0 – 30. It is interpreted that 0-15 is Low self-esteem, 15-25 is normal self-esteem and 25-30 is high self-esteem. The RSES has been extensively studied psychometrically. Its high internal consistency indicates that the items reliably measure the same underlying construct ($\alpha = 0.80$). The good test-retest reliability suggests that scores remain relatively stable over time, which aligns with the conceptualization of self-esteem as a relatively enduring trait. The scale's construct validity has been demonstrated through correlations with other self-esteem measures and related constructs like depression, anxiety, and life satisfaction.

The Brief Coping Inventory

The Brief Coping Inventory was developed by Carver et al. (1989) and measures a higher number of coping strategies (14 vs. 8). The Brief COPE consists of 28 items that measure 14 different subscales (including: self-blame, behavioural disengagement, self-distraction, denial, substance use, emotional support, instrumental support, active coping, planning, acceptance, positive reframing, religion, venting, and humour), with two items for each subscale. Scores for each subscale range from 2 to 8 (sum of two items) where the higher scores indicate greater use of that specific coping strategy. The Brief COPE has demonstrated good internal consistency, with Cronbach's alpha coefficients ranging from 0.50 to 0.90 for the different subscales, and has shown good convergent and discriminant validity, correlating with related constructs like psychological distress and well-being.

Procedure for Data Collection

The researcher sought permission from State Emergency Management Agency (SEMA) through a letter from the Head, Department of Psychology, Benue State University, Makurdi. After obtaining the approval, the researcher employed the services of two (2) research assistants that assisted in administering and retrieval of the research instruments from participants. These research assistants were conversant with the local languages in the study area and trained on the instruments. Consent to conduct the study was first sought and obtained from the management of the State Emergency Management Agency (SEMA) before interacting with the internally displaced persons (IDPs) across the camps. In addition, informed consent was directly obtained from each participant prior to the distribution of the questionnaire. Participants were informed of their right to withdraw from the study at any stage without consequence, and they were assured that all information provided would be treated with strict confidentiality. The instruments were given to the participants within the camping environment for a period of one month. After the entire administration, 393 copies were collected and found useful for data analysis.

Eligibility Criteria

Inclusion criteria included adult IDPs (aged 18 years and above) currently residing in officially registered IDP camps in Benue State, individuals who have been displaced for at least one month plus, IDPs who can provide informed consent to participate in the study, IDPs who understand English or local languages used in the study, both male and female, and IDPs from any ethnic or religious background present in the camps while the **exclusion criteria** included individuals under 18 years of age, IDPs with severe cognitive impairment that would prevent reliable completion of study assessments, individuals with acute psychosis or other severe mental health conditions requiring immediate intervention, IDPs who have been in the camp for less than a month, Non-displaced individuals residing or working in the camps (staff or volunteers), IDPs residing outside of officially registered camps in Benue state, Individuals unable or unwilling to provide informed consent and IDPs who are acutely ill or experiencing severe physical health issues that would impede participation.

Data Analysis

The data collected from the participants were analysed using descriptive statistics including frequency counts, mean, and standard deviation for the demographic information of the respondents. In addition, inferential statistics was used in testing the hypotheses generated for the study. Hypotheses one, two, three and four were tested using multiple linear regression analyses, via Statistical Package for Social Sciences (SPSS) version 20.

Results

The hypotheses formulated for this study were tested using multiple regression analysis. The results are presented in the tables as follows:

Table 1: Summary of Multiple Regression Analysis Showing the influence of General Anxiety on Coping Strategies among Internally Displaced Persons (IDPs)

Variables	R	R ²	Df	F	β	t	Sig.
Constant	.646	.418	2, 390	139.970	85.058	59.677	.000
Somatic Symptoms					1.721	-10.153	.000
subjective anxiety and panic symptoms					.545	2.481	.014

The results presented in Table 1 revealed a significant joint influence of somatic symptoms and subjective anxiety and panic symptoms on coping strategies among internally displaced persons (IDPs) in Benue State ($R = .646$, $R^2 = .418$, $F(2, 390) = 139.970$, $p < .001$). This indicates that these two predictors jointly accounted for 41.8% of the variance in coping strategies. On an independent basis, somatic symptoms ($\beta = -1.721$, $t = -10.153$, $p < .001$) had a strong negative influence on coping strategies. This suggests that as individuals experience greater physical manifestations of anxiety (e.g., headaches, chest tightness, fatigue), their ability or motivation to engage in effective coping diminishes. Such individuals are more likely to adopt maladaptive or avoidant coping strategies, such as social withdrawal, emotional suppression, or fatalistic thinking. In severe cases, they may rely on external or passive forms of coping like religious fatalism or even substance use if accessible.

In contrast, subjective anxiety and panic symptoms ($\beta = 0.545$, $t = 2.481$, $p = .014$) had a moderate positive and statistically significant influence on coping strategies. This indicates that

individuals who are more cognitively and emotionally aware of their anxiety — such as through worry, internal tension, or panic — are somewhat more likely to engage in coping efforts. These individuals may be more inclined toward emotion-focused or active coping strategies, such as seeking social support, engaging in prayer or reflective practices, planning, or using self-soothing techniques like deep breathing.

Overall, this suggests that the type of anxiety symptoms experienced by IDPs may shape the nature of the coping strategies they adopt. Those with more physical symptoms may disengage or avoid stressors, while those with more subjective anxiety may attempt to manage their distress through more intentional or relational means. Based on this result, Hypothesis 1 was confirmed.

Table 2: Summary of Multiple Regression Analysis Showing the influence of posttraumatic stress disorder on Coping Strategies Among Internally Displaced Persons in Benue State

Variables	R	R ²	Df	F	B	T	Sig.
Constant	.498	.248	4, 388	32.016	15.592	3.134	.002
Intrusion symptoms					.734	1.669	.001
Avoidance symptoms					.064	.064	.000
Negative alterations in cognition and mood					1.062	3.610	.010
Hyper-arousal symptoms					1.293	3.702	.020

The results presented in Table 2 revealed that there is a significant joint influence of posttraumatic stress disorder (PTSD) symptoms — specifically intrusion symptoms, avoidance symptoms, negative alterations in cognition and mood, and hyper-arousal symptoms — on coping strategies among internally displaced persons (IDPs) in Benue State ($R = .498$, $R^2 = .248$, $F(4, 388) = 32.016$, $p < .01$). This indicates that PTSD symptoms collectively accounted for 24.8% of the variance in coping strategies. On an individual basis, hyper-arousal symptoms ($\beta = 1.293$, $t = 3.702$, $p = .020$) and negative alterations in cognition and mood ($\beta = 1.062$, $t = 3.610$, $p = .010$) had positive and significant influences on coping strategies. This suggests that individuals experiencing heightened arousal (e.g., irritability, restlessness) or cognitive/mood-related disturbances (e.g., hopelessness, guilt) may be more likely to adopt coping mechanisms such as planning, help-seeking, prayer, or engaging in routine tasks to manage their distress.

Intrusion symptoms ($\beta = 0.734$, $t = 1.669$, $p = .001$) also had a positive and significant influence, indicating that recurrent, intrusive memories of trauma may lead individuals to engage in coping behaviours like distraction, talking to others, or spiritual practices to reduce the emotional intensity of these memories.

On the other hand, avoidance symptoms showed a very weak and non-significant influence ($\beta = 0.064$, $t = 0.064$, $p = .000$), suggesting that the tendency to avoid trauma-related thoughts or situations does not strongly predict the use of coping strategies. Individuals with high avoidance may be less likely to actively confront or manage stress and may adopt passive or disengaged coping approaches, if any.

Overall, the study shows that PTSD symptoms significantly influence coping strategies among IDPs, although the strength of influence varies across symptom types. Notably, hyper-arousal and cognitive/mood-related symptoms emerged as the strongest predictors. These results suggest that certain symptoms of PTSD, particularly those that produce higher levels of distress,

are more likely to lead individuals to engage in coping strategies such as problem-solving, emotional expression, or religious coping. Based on this finding, Hypothesis 2 was confirmed.

Table 3: Summary of Multiple Regression Analysis Showing the Influence of Self-esteem on Coping Strategies Among Internally Displaced Persons in Benue State

Variables	R	R ²	Df	F	β (B)	t	Sig.
Constant	.638	.407	2, 389	133.529	18.814	5.576	.000
High Self-Esteem					.683	1.322	.010
Low Self-Esteem					2.557	5.297	.000

The results presented in Table 3 revealed that there is a significant joint influence of high and low self-esteem on coping strategies among internally displaced persons (IDPs) in Benue State ($R = .638$, $R^2 = .407$, $F(2, 389) = 133.529$, $p < .01$). This indicates that self-esteem factors collectively explain 40.7% of the variance in coping strategies. Individually, high self-esteem was found to have a strong positive and statistically significant influence on coping strategies ($\beta = 2.557$, $t = 5.297$, $p = .000$), indicating that individuals with a stronger sense of self-worth are more likely to adopt active and adaptive coping mechanisms, such as seeking social support, problem-solving, goal setting, or engaging in purposeful daily routines. These individuals may feel more capable of managing stressors and more confident in their ability to respond to difficult situations.

In comparison, low self-esteem also had a positive but weaker influence on coping ($\beta = 0.683$, $t = 1.322$, $p = .010$), suggesting that even individuals with lower self-regard engage in coping behaviours, though to a lesser extent. These individuals may be more inclined to adopt emotion-focused or dependent coping strategies, such as seeking reassurance, relying on others for support, praying, or withdrawing temporarily to manage emotional overwhelm.

The results suggest that self-esteem significantly predicts coping strategies among IDPs, with high self-esteem emerging as the stronger predictor. This emphasizes the empowering role of a positive self-concept in navigating the psychological challenges associated with displacement. Although low self-esteem also contributes positively, its influence is relatively modest and may be associated with coping styles that are more passive or support-seeking in nature. Based on this finding, Hypothesis 3 was confirmed.

Table 4: Summary of Multiple Regression Analysis Showing the Joint Influence of General Anxiety, Posttraumatic Stress Disorder and Self-esteem on Coping Strategies Among Internally Displaced Persons (IDPs) in Benue State in Benue State

Variables	R	R ²	Df	F	β (B)	t	Sig.
Constant	.640a	.410	3, 388	89.836	3.160	3.160	.000
Anxiety					-1.998	-1.998	.020
Posttraumatic Stress Disorder					1.102	1.102	.010
Self-Esteem					4.709	4.709	.003

The results presented in Table 4 show that general anxiety, posttraumatic stress disorder (PTSD), and self-esteem collectively have a significant joint influence on coping strategies among

internally displaced persons (IDPs) in Benue State ($R = .640$, $R^2 = .410$, $F(3, 388) = 89.836$, $p < .001$). This indicates that these three psychological factors together explain 41.0% of the variance in coping strategies among the IDPs. Individually, self-esteem had the strongest and most statistically significant positive influence on coping strategies ($\beta = 4.709$, $t = 4.709$, $p = .003$), suggesting that individuals with higher self-esteem are more likely to adopt effective and adaptive coping methods, such as problem-solving, proactive planning, or seeking social and emotional support.

Posttraumatic stress disorder (PTSD) also showed a positive and significant influence ($\beta = 1.102$, $t = 1.102$, $p = .010$), indicating that as PTSD symptoms increase, individuals may respond by employing coping strategies such as distraction, emotional regulation, or religious coping to manage distress.

In contrast, general anxiety had a negative but significant influence on coping strategies ($\beta = -1.998$, $t = -1.998$, $p = .020$). This implies that higher levels of anxiety may hinder the use of effective coping methods, possibly leading to avoidance, indecision, or withdrawal instead of constructive coping.

These results reveal that while all three psychological variables significantly impact coping strategies, self-esteem plays the most pivotal role in enhancing coping, followed by PTSD. Anxiety, however, negatively affects coping, highlighting the importance of managing anxiety to strengthen resilience among IDPs. Based on this finding, Hypothesis 4 was confirmed.

Discussion

Hypothesis one of this study was tested to find out if general anxiety will influence coping strategies among internally displaced persons in Benue State – Nigeria. The findings revealed that general anxiety significantly influenced coping strategies among Internally Displaced Persons (IDPs) in Benue State. Individuals with elevated levels of anxiety tended to engage in less adaptive coping mechanisms, likely due to heightened emotional reactivity and impaired decision-making processes. Anxiety may overwhelm cognitive resources, making it difficult for IDPs to employ constructive strategies such as planning or problem-solving. Consequently, they may resort to emotion-focused or avoidant behaviours such as withdrawal or rumination, which, although offering temporary relief, do not address the root causes of stress.

This result is consistent with previous research indicating that anxiety hampers an individual's ability to regulate emotions and respond adaptively to stressors. In displaced populations, where chronic uncertainty and environmental threats are prevalent, anxiety can significantly undermine resilience (Roberts et al. 2021).

Hypothesis two was tested to find out if posttraumatic stress disorder will influence coping strategies among internally displaced persons in Benue State – Nigeria. The study found a significant relationship between posttraumatic stress disorder (PTSD) symptoms and the coping strategies adopted by IDPs. Individuals with elevated PTSD symptoms were more likely to employ maladaptive coping mechanisms such as denial, substance use, or emotional suppression. PTSD, characterized by re-experiencing, avoidance, and hyperarousal, can distort perception and limit one's ability to engage in proactive coping. The overwhelming psychological burden of traumatic memories and hypervigilance often results in withdrawal from social and problem-solving activities.

This finding corroborates findings by Morina et al. (2018), who documented that PTSD symptom severity predicts maladaptive coping mechanisms among displaced Kosovo civilians

even years after displacement. The persistent hyper-vigilance, intrusive memories, and emotional numbing characteristic of PTSD likely impair cognitive flexibility required for adaptive coping. Hypothesis three was tested to find out if self-esteem will influence coping strategies among internally displaced persons in Benue State – Nigeria. The findings revealed that self-esteem significantly influenced coping strategies among Internally Displaced Persons (IDPs) in Benue State. Individuals with higher self-esteem were more inclined to use problem-focused and active coping strategies, reflecting a greater belief in their ability to influence outcomes and overcome adversity. Conversely, low self-esteem was associated with passive and avoidant coping behaviours such as isolation, resignation, and denial. This finding reflects Hobfoll's (2011) Conservation of Resources theory, wherein self-esteem functions as a crucial psychological resource that enables more adaptive coping. When self-esteem remains intact despite displacement, individuals appear more capable of engaging in forward-looking, solution-oriented coping approaches. This finding parallels research by Ibrahim and Hassan (2017) with Sudanese refugees, which demonstrated that higher self-esteem was associated with greater problem-solving coping and reduced dependence on emotionally avoidant strategies.

Hypothesis four was tested to find out if general anxiety, PTSD and self-esteem will jointly influence coping strategies among internally displaced persons in Benue State – Nigeria. The findings revealed that general anxiety, PTSD, and self-esteem jointly exert a statistically significant influence on the coping strategies employed by IDPs. This finding underscores the complex, interrelated nature of psychological factors in displacement contexts. This finding supports Silove's (2013) Adaptation and Development After Persecution and Trauma (ADAPT) model, which conceptualizes refugee adaptation as involving multiple, interconnected psychological systems rather than isolated factors. Similarly, Akinsulure-Smith (2017) found that psychological outcomes among West African forced migrants were best predicted by a constellation of interacting factors rather than single variables in isolation. The current findings suggest that comprehensive psychological support for IDPs should address this interplay rather than targeting single constructs in isolation. The observed pattern of joint influence may reflect what Nickerson et al. (2016) described as "trauma cascades," wherein traumatic stress activates anxiety, which in turn undermines self-esteem, ultimately limiting adaptive coping capacity. This cascade effect appears particularly relevant to the Benue State context, where prolonged displacement has created conditions for such psychological chain reactions to unfold.

Recommendations

Based on the findings of this study, the following recommendations are hereby suggested;

- i. Implement community-based anxiety reduction programmes in IDP camps, focusing on practical techniques like deep breathing and muscle relaxation. Also, clinical psychologists should be employed to train mental health workers and volunteers to identify and support individuals with high anxiety through psychoeducation and basic coping strategies.
- ii. Provide trauma-focused interventions such as TF-CBT and narrative exposure therapy. Incorporate group counselling, storytelling, and training for local leaders and volunteers to offer basic trauma support, reduce stigma, and enhance resilience.
- iii. Integrate self-esteem building activities into psychosocial programs, including empowerment workshops, vocational training, and leadership opportunities. Use peer support, self-affirmation, and resilience-based storytelling to rebuild identity and confidence.

- iv. Develop holistic interventions that address anxiety, PTSD, and self-esteem together. Use screening tools to tailor support, and collaborate with NGOs and government agencies to embed mental health services into existing humanitarian efforts. Aim to build both coping skills and long-term resilience.

Contributions to Knowledge

The study also contributes to policy formulation as it offers evidence-based insights for policy makers working on IDP management, protection and reintegration strategies in Benue State. More so, the findings in this study can serve as a guide to training mental health providers, humanitarian workers and community volunteers working with IDPs enhancing their ability to recognize and respond to the complex psychological needs of this population.

REFERENCES

- Abah, A., Iyorter, J., & Ochoga, E. (2023). Culturally-adapted interventions for PTSD and coping in IDP settings. *Behaviour Research and Therapy*, 175, 103804.
- Aina, O. F., Ayeni, A. O., Asuquo, A. E., & Olowookere, I. O. (2020). Mental health and psychosocial support services for internally displaced persons in Benue State, Nigeria. *Journal of Public Health in Africa*, 11(1), 1-5.
- Akinsulure-Smith, A. M. (2017). Resilience in the face of adversity: African immigrants' mental health needs and the role of faith-based organizations. *Psychological Trauma: Theory, Research, Practice, and Policy*, 9(3), 335-342.
- Akpan, E. (2022). Assessing PTSD prevalence and risk factors in IDP camps in Benue State. *Journal of Traumatic Stress*, 17(1), 35-52.
- Akpan, E. (2023). The impact of displacement on self-esteem among IDPs in Benue State. *International Journal of Migration and Displacement*, 10(2), 78-92.
- Auxéméry, Y. (2018). Post-traumatic psychiatric disorders: PTSD is not the only diagnosis. *La Presse Médicale*, 47(5):423–430. *pmid:29580906*.
- Carver, C. S., Scheier, M. F., & Weintraub, J. K. (1989). Assessing coping strategies: A theoretically based approach. *Journal of Personality and Social Psychology*, 56(2), 267-283.
- Chukwuorji, J. B. C., Ifeagwazi, C. M., Eze, J. E. (2019). Event centrality influences posttraumatic stress disorder symptoms via core beliefs in internally displaced older adults. *Aging & mental health*, 23(1):113–121. *pmid:29099623*.
- Crossman, A. (2023). Understanding Purposive Sampling. Retrieved from <https://www.thoughtco.com/purposive-sampling-3026727>.
- Djathe, J. M., Herrington, O. D., Nzebou, D., Galusha, D., Boum, Y., & Hassan, S. (2022). A cross-sectional analysis of mental health disorders in a mental health services-seeking population of children, adolescents, and young adults in the context of ongoing violence and displacement in northern Cameroon. *Comprehensive psychiatry*, 113:152293. *pmid:34959002*.
- Eze, C. O., & Onwuegbuzie, A. J. (2023). Stress and coping strategies among college students: A systematic review. *Journal of College Student Development*, 64(1), 1-18.
- Eze, C., Iyorter, J., & Nwankwo, O. (2022). Coping strategies among internally displaced persons in Benue State, Nigeria. *Journal of Displacement Studies*, 15(3), 45-63.
- Georgiadou, E., Zbidat, A., Schmitt, G. M., & Erim, Y. (2017). Prevalence of mental distress among Syrian refugees with residence permission in Germany: A registry-based study. *Frontiers in psychiatry*, 8, 293.
- Grupe, D. W., & Nitschke, J. B. (2013). Uncertainty and anticipation in anxiety: an integrated neurobiological and psychological perspective. *Nature Reviews Neuroscience*, 14(7), 488-501.
- Hobfoll, S. E. (2011). *Conservation of resources theory: Its implication for stress, health, and resilience*. In S. Folkman (Ed.), *The Oxford handbook of stress, health, and coping* (pp. 127-147). Oxford University Press.
- International Organization for Migration (IOM). (2024). DTM Nigeria — Biometric Registration Update. *Report 4 Benue State IOM, Nigeria*.
- Iorfa, S., Adekola, A., & Nwankwo, O. (2020). Prevalence and predictors of PTSD among IDPs in North-Central Nigeria. *Journal of Conflict and Health*, 8(1), 15-27.

- Iorfa, S., Okoye, U., & Adebayo, F. (2022). The relationship between PTSD and coping among long-term IDPs. *International Journal of Emergency Mental Health*, 24(2), 89-103.
- Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. New York: Springer Publishing Company.
- Madoro D., Kerebih, H., Habtamu, Y., Gtsadik, M., Mokona H., & Molla, A. (2020). Post-traumatic stress disorder and associated factors among internally displaced people in South Ethiopia: a cross-sectional study. *Neuropsychiatric disease and treatment*, 2317–2326. *pmid:33116530*.
- Makango, B., Alemu, Z.A., Solomon, T., Lemma, N., Girma, T., & Mohammednur, T. (2023). Prevalence and factors associated with post-traumatic stress disorder among internally displaced people in camps at Debre Berhan, Amhara Region, Ethiopia: a cross-sectional study. *BMC psychiatry*, 23(1):81. *pmid:36717807*.
- Morina, N., Stam, K., Pollet, T. V., & Priebe, S. (2018). Prevalence of depression and posttraumatic stress disorder in refugees and internally displaced persons after ethnic conflicts: A systematic review and meta-analysis. *Epidemiology and Psychiatric Sciences*, 27(4), 393-404.
- Nicholas, A., Joshua, O., & Elizabeth, O. (2022). Accessing mental health Services in Africa: current state, efforts, challenges and recommendation. *Annals of Medicine and Surgery*, 81:104421. *pmid:35996570*.
- Nickerson, A., Bryant, R. A., Schnyder, U., Schick, M., Mueller, J., & Morina, N. (2016). Emotion dysregulation mediates the relationship between trauma exposure, post-migration living difficulties and psychological outcomes in traumatized refugees. *Journal of Affective Disorders*, 173, 185-192.
- Ogbu, C., Adebayo, F., & Ochoga, E. (2023). Education, hope, and coping strategies in an IDP context. *International Journal of Educational Psychology*, 15(2), 177-196.
- Olsson, E., & Nkosi, S. (2022). PTSD symptom severity and approach-oriented coping among internally displaced persons in East African camps. *Journal of Refugee Studies*, 35(3), 567-584.
- Panagioti, M., Gooding, P., & Tarrier, N. (2009). Post-traumatic stress disorder and suicidal behavior: A narrative review. *Clinical psychology review*, 29(6):471–482. *pmid:19539412*.
- Roberts, K., Ong, A. D., & Raftery, J. (2021). Anxiety, trauma, and coping among Syrian refugee children in Turkey. *Journal of Traumatic Stress*, 34(1), 23-34.
- Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton University Press.
- Silove, D. (2013). The ADAPT model: A conceptual framework for mental health and psychosocial programming in post conflict settings. *Intervention*, 11(3), 237-248.
- Taru, M. Y., Bamidele, L. I., Makput, D. M., Audu, M. D., Philip, T. F., & John, D. F., (2018). Posttraumatic stress disorder among internally displaced victims of Boko Haram terrorism in north-eastern Nigeria. *Jos Journal of Medicine*, 12(1):8–15.
- The Conversation. (2023, November 19). *Over 2 million Nigerians are displaced by farmer-herder conflict in Benue State: there are 4 support systems they turn to*.
- Weathers, F. W., Litz, B. T., Keane, T. M., Palmieri, P. A., Marx, B. P., & Schnurr, P. P. (2015). *The PTSD Checklist for DSM-5 (PCL-5)*. Boston, MA: National Center for PTSD.
- Yamane, T. (1967). *Statistics: An Introductory Analysis*. 2nd Edition, Harper and Row, New York.