

Effectiveness of Therapeutic Communication in Ameliorating Post-Traumatic Stress Disorder Among Banditry Victims in Yankaba Community, Kaura Namoda, Nigeria

Oigene Sunday Michael¹; Ajibade Bayo Lawal²;
Aminu Dan Abu Bello³; Nura Ishaq⁴;

Medical Service Department, Federal Polytechnic Kaura Namoda, Zamfara State Nigeria
Mercy Medical University Iwo Osun State, Nigeria
Zamfara State College of Nursing Gusau, Nigeria
Federal University Gusau, Zamfara State, Nigeria

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Abstract: Post-traumatic stress disorder (PTSD) is a significant mental health consequence of exposure to traumatic events such as armed conflict and banditry. In Nigeria, increasing insecurity—particularly in Zamfara State—has resulted in widespread psychological trauma among affected populations. This study evaluated the effectiveness of therapeutic communication in reducing PTSD symptoms among banditry victims in Yankaba community, Kaura Namoda.

A quasi-experimental design was adopted, using purposive sampling technique to recruit 200 participants (100 intervention, 100 control). PTSD symptoms were assessed pre- and post-intervention using structured questionnaires based on DSM-5 and ICD-11 criteria. The intervention group received therapeutic communication sessions over 6 weeks.

Findings revealed a high baseline prevalence of PTSD symptoms, including intrusion (80%), avoidance (97.8%), arousal (90%), and cognitive/mood alterations (100%). Post-intervention results showed a statistically significant reduction in PTSD symptoms among the intervention group ($p < 0.001$). Participants reported improved emotional expression, trust, coping ability, and psychological well-being.

The study concludes that therapeutic communication is an effective, low-cost, and culturally adaptable intervention for managing PTSD among conflict-affected populations. Integration into community mental health services is recommended.

Keywords: *Therapeutic Communication, PTSD, Banditry, Mental Health, Nigeria.*

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I. INTRODUCTION

Post-traumatic stress disorder (PTSD) is a debilitating psychiatric condition that develops following exposure to traumatic events such as violence, disasters, or armed conflict. It is characterized by intrusive memories, avoidance behaviors, hyperarousal, and negative cognitive changes (American Psychiatric Association, 2022).

Globally, approximately 3–4% of the population is affected by PTSD, with significantly higher rates in conflict-affected regions (World Health Organization, 2022). In sub-Saharan Africa, exposure to armed conflict and displacement has increased vulnerability to PTSD, with prevalence rates reaching up to 74% in high-risk populations (Charlson et al., 2019; Tura et al., 2023).

Nigeria has experienced escalating banditry since 2011, particularly in the Northwest region. Zamfara State has been heavily impacted, with widespread killings, kidnappings, displacement, and destruction of livelihoods. According to Iiyasu (2023), Zamfara banditry as of 2019, has killed 6,319 people, 3,672 persons abducted, 3,587 burnt houses, 1,487 cars burnt, about 3 billion naira payment as ransom by kidnapped victims within the state. These traumatic experiences have resulted in severe psychological distress and increased incidence of PTSD among affected communities.

Despite the high burden of PTSD, access to mental health services remains limited, particularly in low-resource and conflict-affected settings (World Health Organization, 2023; Charlson et al., 2019). Pharmacological treatments are often unaffordable and inaccessible, highlighting the need for cost-effective psychosocial interventions such as therapeutic communication (Substance Abuse and Mental Health Services Administration, 2019; Coventry et al., 2020).

The rising incidence of banditry in Nigeria has led to increased psychological trauma among victims, yet there is limited implementation of non-pharmacological interventions for PTSD management. Studies indicate that up to 1 in 5 individuals in conflict settings suffer from mental disorders, including PTSD (WHO, 2022).

In Yankaba community, victims of banditry experience persistent trauma-related symptoms, but structured psychosocial interventions are largely absent. This gap necessitates evaluating the effectiveness of therapeutic communication as an intervention strategy.

➤ Aim

To evaluate the effectiveness of therapeutic communication in ameliorating PTSD among banditry victims.

II. RELATED LITERATURE

PTSD develops following exposure to traumatic events and involves neurobiological and psychological alterations, including dysregulation of the hypothalamic-pituitary-adrenal axis and changes in brain structures such as the amygdala and hippocampus (Lawrence et al., 2023).

Post-traumatic stress disorder (PTSD) is a chronic mental condition that significantly reduces quality of life and imposes an increased economic burden. It develops following exposure to a traumatic event (Ghazi *et al.*, 2023).

Recent studies highlight PTSD as both a mental and physical health condition, linked to cardiovascular disease, metabolic disorders, and reduced quality of life (Jennifer et al., 2023).

Conflict-related trauma significantly increases PTSD prevalence. Studies among internally displaced persons report prevalence rates ranging from 12% to 85% (Tura et al., 2023). Factors influencing PTSD include: Gender (higher in females) Exposure to violence Socioeconomic status Lack of social support (Belay et al., 2023; Bugra et al., 2023)

Therapeutic communication involves structured interpersonal interaction aimed at promoting emotional expression, trust, and psychological healing which includes techniques such as active listening, empathy, validation, and open-ended questioning (SAMHSA, 2019).

Recent evidence shows that therapeutic communication, enhances coping strategies improves emotional regulation Builds trust and therapeutic alliance, thereby reduces PTSD symptom severity (Varker et al., 2021)

III. METHODOLOGY

➤ Research Design

A quasi-experimental design was adopted, using purposive sampling technique to recruit 200 participants.

➤ Study Area

Yankaba community, Kaura Namoda, Zamfara State, Nigeria. The study was conducted at Yankaba Community, Kaura Namoda Zamfara State. Located at latitude (width): 12.6541200°N and longitude (length): 6.582800°E, in Zamfara North Senatorial District found in Zamfara State, 68km from the State Capital Gusau. 4km from the local Government headquarter Kaura Namoda North West Nigeria

➤ Population and Sample

- Total sample: 200 participants
- Intervention group: 100
- Control group: 100
- Age range: 12–65 years

➤ *Data Collection*

- Data were collected using structured questionnaires based on DSM-5 and ICD-11 PTSD criteria.
- Participants in the intervention group received therapeutic communication sessions over 6 weeks.

➤ *Data Analysis*

- Descriptive and inferential statistics were used. Significance level set at $p < 0.05$.

IV. RESULTS

Table 1: Socio-Demographic Characteristics of Respondents

Characteristic	Category	n (%)
Gender	Male	160 (80.0)
	Female	40 (20.0)
Marital Status	Single	62 (31.0)
	Married	138 (69.0)
Ethnicity	Hausa	196 (98.0)
	Fulani	4 (2.0)
Occupation	Farmer	176 (88.0)
	Student	24 (12.0)

Baseline demographics Table 1 showed 80% male, 69% married, 98% Hausa ethnicity. PTSD symptoms were pervasive pre-intervention across both groups. Table 1. Baseline Socio-Demographic Characteristics of Participants (N=200).

Table 2: Effectiveness of Therapeutic Communication

Symptom Domain	Pre (n, %)	Post (n, %)	Test (Statistic, df)	p-value
Intrusion	80 (80.0%)	62 (62.0%)	t(99)=9.52	<0.001
Avoidance	98 (98.0%)	50 (50.0%)	t(99)=8.45	<0.001
Arousal	90 (90.0%)	54 (54.0%)	t(99)=8.90	<0.001
Cognition/Mood	100 (100%)	70 (70.0%)	t(99)=10.12	<0.001

(Table notes: Pre- and post-intervention values are for the experimental group. Statistical tests compare pre vs. post within the group.)

Table 2 displays PTSD symptom prevalence pre- and post-intervention for the intervention group. After 6 weeks of therapeutic communication, there were large, statistically significant reductions in symptom prevalence across all clusters (*t*-tests, $p < 0.001$).

V. DISCUSSION

The findings confirm that therapeutic communication significantly reduces PTSD symptoms among banditry victims. This aligns with recent studies emphasizing the importance of psychosocial interventions in trauma care (Karatzias et al., 2019; Coventry et al., 2020).

The observed decline in intrusion symptoms from 80.0% to 62.0% aligns with existing evidence that structured therapeutic communication can help individuals process traumatic memories and reduce the frequency of distressing recollections. For instance, a systematic review by Bryant et al. (2019) found that early psychological and communication-based interventions significantly reduced intrusive symptoms by facilitating emotional processing and cognitive restructuring.

Similarly, the marked reduction in avoidance symptoms from 98.0% to 50.0% represents one of the largest changes

among the domains. Avoidance is often maintained by fear and maladaptive coping, and therapeutic communication—particularly approaches grounded in supportive dialogue and psychoeducation—can encourage gradual engagement with trauma-related thoughts and situations. This finding is consistent with Bisson et al. (2020), who reported that trauma-focused psychological interventions significantly decrease avoidance behaviors by promoting adaptive coping strategies.

The decrease in arousal symptoms (from 90.0% to 54.0%) further supports the effectiveness of therapeutic communication in reducing hypervigilance and physiological stress responses. According to WHO (2023) guidelines on mental health interventions, supportive communication and counseling approaches can help regulate emotional and physiological arousal, especially when delivered consistently over several weeks.

In addition, the reduction in cognition/mood-related symptoms from 100% to 70.0% indicates improvement in negative beliefs, emotional distress, and mood disturbances. This aligns with findings from Lewis et al. (2020), which highlight that interpersonal and communication-based interventions can significantly improve mood and cognitive distortions by fostering emotional expression and social support.

Overall, the results are consistent with a growing body of literature demonstrating that non-pharmacological, communication-based interventions are effective in mitigating PTSD symptoms. A meta-analysis by Morina et al. (2021) concluded that psychosocial interventions, including therapeutic communication, produce moderate to large effect sizes across PTSD symptom clusters, particularly when delivered in structured formats over several weeks.

The improvement in emotional expression and trust highlights the role of communication in rebuilding psychological resilience (Morina et al., 2021; Substance Abuse and Mental Health Services Administration, 2019). The results also support Social Cognitive Theory, which emphasizes self-efficacy and social interaction in recovery (de la Fuente et al., 2023; Bussey, 2023)

The statistically significant reductions across all PTSD domains in this study reinforce the effectiveness of therapeutic communication as an intervention strategy. The findings are consistent with recent empirical evidence and global mental health guidelines, which emphasize that early, structured, and supportive psychological interventions significantly improve PTSD outcomes (World Health Organization, 2023; Morina et al., 2021; Bisson et al., 2020).

VI. CONCLUSION

Therapeutic communication is an effective and practical intervention for managing PTSD among banditry victims. It provides a cost-effective alternative to pharmacological treatments, particularly in low-resource settings.

RECOMMENDATIONS

- Integrate therapeutic communication into primary healthcare services.
- Expand community-based mental health programs.

ETHICAL CONSIDERATION

This study was approved by the Ladoke Akintola University of Technology. Ethical approval also obtained from the Kaura Namoda Local Government.

Authority, KND/LG/0037. Respondents were fully informed and educated about the research and their consent to participate or declined in the study was obtained. Adequate measure was taken to protect and ensure that respondents' identity and information were not reviewed during and after the research work.

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