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**TRAUMA-FOCUSED PSYCHOSOCIAL COUNSELLING FOR YOUTH
AFFECTED BY TERRORISM AND BANDITRY IN CONFLICT-AFFECTED
REGIONS OF NIGERIA**

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ABSTRACT

This study evaluated the effects of a trauma-focused psychosocial counselling framework on selected dimensions of psychosocial well-being among young people affected by terrorism and banditry in North-West Nigeria. A quasi-experimental pretest-posttest non-equivalent control-group design was adopted. The sample comprised 300 internally displaced young people aged 15-24 years drawn from camps in Zamfara, Katsina and Kaduna States. The experimental group ($n = 150$) received the trauma-focused psychosocial counselling programme, while the control group ($n = 150$) received conventional relief counselling. Data were collected with the Youth Trauma and Psychosocial Well-being Inventory (YTPWI; $\alpha = .88$) and analysed with descriptive statistics and analysis of covariance (ANCOVA) at the .05 significance level. The experimental group recorded substantially larger mean gains than the control group in post-traumatic stress symptom reduction (1.83 versus 0.10), emotional regulation (1.45 versus 0.10) and social reintegration (1.58 versus 0.08). ANCOVA further indicated statistically significant group effects for the cognitive-behavioural trauma-therapy component, $F(1, 297) = 512.44, p < .001$; the resilience-building counselling component, $F(1, 297) = 433.81, p < .001$; and the grief and bereavement counselling component, $F(1, 297) = 489.15, p < .001$. The findings support the use of structured trauma-focused psychosocial counselling for conflict-affected young people, while also indicating the need for culturally responsive delivery, competent supervision and sustained psychosocial follow-up. The study recommends integrating trauma-focused, resilience and grief-responsive counselling into humanitarian and educational rehabilitation services for displaced young people in conflict-affected Nigerian communities.

Keywords: trauma-focused counselling; terrorism; banditry; psychosocial well-being; resilience; social reintegration;

1. INTRODUCTION

Armed conflict, terrorism, forced displacement and organised violence can disturb young people's emotional regulation, sense of safety, social relationships and educational participation long after immediate physical danger has reduced. Contemporary reviews consistently identify post-traumatic stress symptoms, depression, anxiety, sleep problems and impaired social functioning among children and young people displaced by conflict (Arega, 2023; Otorkpa et al., 2024; Shamsi & Khalili, 2026). Springhetti et al. (2026), after mapping interventions for conflict-affected young people, further observed that psychosocial programmes can improve post-traumatic stress, anxiety and social functioning, although effects vary across settings and may weaken when follow-up support is limited. This evidence suggests that humanitarian response should address psychological recovery alongside food, shelter, health care and protection.

The Nigerian context gives this concern particular urgency. Conflict-related displacement has exposed many young people to bereavement, disrupted schooling, separation from family networks and repeated threats to personal safety. Ibrahim et al. (2023) reported very high levels of post-traumatic stress and depressive symptomatology among internally displaced persons affected by the Boko Haram crisis in Yobe State. Thompson et al. (2023) also demonstrated that post-traumatic stress shaped return intentions among internally displaced persons in Nigeria, showing that psychological distress can influence decisions about resettlement and recovery. More recently, Otorkpa et al. (2024) concluded that displaced children and young people face persistent mental-health difficulties and that evidence concerning interventions for internally displaced African youth remains comparatively limited. Salihu and Shodunke (2024) similarly drew attention to the severe human consequences of conflict for children in North-East Nigeria.

North-West Nigeria has also experienced recurrent banditry, kidnapping and community violence, producing patterns of displacement that overlap with poverty, interrupted education and weakened access to specialist mental-health services. These conditions can create cumulative stress because young people must process traumatic memories while also negotiating current insecurity, uncertain family circumstances and restricted opportunities for school and social participation. A socio-ecological interpretation is therefore appropriate. Alamgir et al. (2024) synthesised research on forcibly displaced youth and showed that resilience is supported by interacting individual, relational and community resources. Vostanis (2024) similarly argued that care for war-affected children should combine individual treatment with family, school, community and service-level support.

Trauma-focused cognitive-behavioural approaches represent one important part of this response. Xie et al. (2024) found, in a systematic review and meta-analysis, that group trauma-focused cognitive-behavioural therapy significantly reduced post-traumatic stress symptoms among children and adolescents. Arega (2023) likewise identified trauma-

focused and school-based psychosocial approaches among the interventions used with conflict-affected children in low- and middle-income countries. However, symptom reduction alone does not provide a complete account of recovery. Contemporary evidence also directs attention to emotional regulation, resilience, grief processing, relational repair and participation in school or community life (Breen et al., 2023; Hanauer et al., 2024; Spaas et al., 2023).

Implementation conditions also influence whether an intervention produces benefits outside tightly controlled research settings. Ceccarelli et al. (2024) found that studies of child and adolescent psychosocial interventions in low- and middle-income countries most often assessed feasibility, acceptability and fidelity, while sustainability and wider service adoption received far less attention. In Nigeria, Eboreime et al. (2024) described the continuing need for culturally relevant and scalable mental-health interventions for internally displaced persons. Taken together, these studies support a counselling framework that combines structured trauma processing with resilience-building, grief-responsive support and pathways to social reconnection.

Against this background, the present study evaluated a trauma-focused psychosocial counselling framework for internally displaced youth in Zamfara, Katsina and Kaduna States. The framework addressed three related outcomes: post-traumatic stress symptom reduction through a cognitive-behavioural trauma-therapy component, emotional regulation through resilience-building counselling, and social reintegration through grief and bereavement counselling. By comparing pretest and posttest outcomes for an intervention and a comparison group, the study sought to contribute empirical evidence from a region where counselling research on conflict-affected youth remains limited.

Statement of the Problem

Young people affected by terrorism and banditry in Nigeria frequently confront multiple forms of psychological strain at the same time: exposure to violence, fear of renewed attack, bereavement, family separation, interrupted schooling, loss of livelihood and prolonged uncertainty. Nigerian evidence indicates that post-traumatic stress and depressive symptoms can remain substantial among displaced populations (Ibrahim et al., 2023; Otokpa et al., 2024). However, humanitarian responses often concentrate on immediate material protection, while sustained counselling and structured psychosocial rehabilitation remain uneven.

The problem is not simply the presence of distress; it also concerns the type of support offered. General supportive counselling can provide emotional reassurance, but conflict-related trauma may require more structured methods for processing traumatic memories, regulating arousal, rebuilding coping resources and addressing grief. Recent reviews show that trauma-focused cognitive-behavioural interventions can reduce post-traumatic stress

symptoms (Xie et al., 2024), resilience-oriented programmes can strengthen coping and adjustment among adolescents (Llistosella et al., 2024; Spaas et al., 2023), and grief-focused interventions can reduce distress among bereaved young people (Breen et al., 2023; Hanauer et al., 2024). However, Shamsi and Khalili (2026) caution that outcomes differ according to population, delivery platform, cultural adaptation, continuity and the wider conditions surrounding the young person.

A further research problem concerns the limited intervention evidence from North-West Nigeria. Much available scholarship describes prevalence, vulnerability or service gaps, but fewer studies test structured counselling approaches with internally displaced young people. Consequently, counsellors, school personnel and humanitarian practitioners have insufficient context-specific evidence for deciding whether an integrated trauma-focused programme can improve post-traumatic stress recovery, emotional regulation and social reintegration. The present study addressed this gap through a quasi-experimental evaluation of three counselling components among displaced youth in Zamfara, Katsina and Kaduna States.

Objectives of the Study

1. determine the effect of cognitive-behavioural trauma therapy on post-traumatic stress symptom reduction among youth in conflict-affected communities of North-West Nigeria.
2. assess the effect of resilience-building counselling on emotional regulation among youth displaced by banditry and terrorism in North-West Nigeria.
3. evaluate the effect of grief and bereavement counselling on the social reintegration of traumatised youth in internally displaced persons camps in North-West Nigeria.

Research Questions

1. What difference exists between the pretest and posttest post-traumatic stress symptom-reduction mean scores of youth exposed to cognitive-behavioural trauma therapy and those exposed to conventional counselling in North-West Nigeria?
2. What difference exists between the pretest and posttest emotional-regulation mean scores of youth exposed to resilience-building counselling and those exposed to conventional counselling in North-West Nigeria?
3. What difference exists between the pretest and posttest social-reintegration mean scores of youth exposed to grief and bereavement counselling and those exposed to conventional counselling in North-West Nigeria?

Research Hypotheses

The following null hypotheses were tested at the .05 level of significance:

- H₀₁:** There is no significant difference in post-intervention post-traumatic stress symptom-reduction scores between youth exposed to cognitive-behavioural trauma therapy and those exposed to conventional counselling, after controlling for pretest scores.
- H₀₂:** There is no significant difference in post-intervention emotional-regulation scores between youth exposed to resilience-building counselling and those exposed to conventional counselling, after controlling for pretest scores.
- H₀₃:** There is no significant difference in post-intervention social-reintegration scores between youth exposed to grief and bereavement counselling and those exposed to conventional counselling, after controlling for pretest scores.

2. LITERATURE REVIEW

2.1 CONCEPTUAL REVIEW

Trauma-Focused Psychosocial Counselling

Trauma-focused psychosocial counselling refers to structured psychological support that recognises the effects of traumatic exposure while helping clients develop coping skills, process trauma-related thoughts and emotions, strengthen supportive relationships and resume meaningful participation in daily life. In conflict settings, such counselling should respond to both trauma symptoms and continuing environmental stressors. Arega (2023) observed that interventions for conflict-affected children in low- and middle-income countries range from trauma-focused therapies to school- and community-based psychosocial programmes. Shamsi and Khalili (2026) similarly concluded that trauma-focused and skills-based interventions can produce benefit when programmes include structure, supervision, cultural adaptation and continuity.

From a guidance-and-counselling perspective, the approach requires careful pacing, psychological safety, culturally appropriate communication and clear referral procedures for young people who present with severe symptoms or protection concerns. Vostanis (2024) argues for multimodal mental-health provision that connects the child or young person with family, school, community and service systems. This orientation is especially relevant for displaced youth because distress may persist alongside current insecurity, disrupted education and unstable social networks. Counselling therefore addresses personal coping while also supporting reconnection with protective relationships and routines.

Cognitive-Behavioural Trauma Therapy and Post-Traumatic Stress Recovery

The cognitive-behavioural component of trauma-focused counselling seeks to modify maladaptive appraisals, strengthen coping responses and support gradual processing of trauma-related memories. The terminology used in the present study is cognitive-behavioural trauma therapy (CBTT), although the wider contemporary literature more

commonly uses trauma-focused cognitive-behavioural therapy (TF-CBT) or cognitive-behavioural therapies with a trauma focus. Xie et al. (2024) synthesised 11 randomised trials involving 1,942 children and adolescents and reported significant post-treatment and follow-up reductions in post-traumatic stress symptoms for group TF-CBT compared with control conditions. This evidence supports the use of structured cognitive-behavioural methods for young people exposed to traumatic events.

However, intervention effects should be interpreted in relation to context. Springhetti et al. (2026) found that conflict-focused psychosocial interventions produced mixed outcomes and that longer-term evidence remained limited. Shamsi and Khalili (2026) similarly reported heterogeneity across populations and delivery conditions. Thus, a counselling programme for displaced Nigerian youth should combine trauma-processing skills with attention to safety, family contact, peer support and continuing stressors instead of treating trauma symptoms as isolated from the young person's social environment.

Resilience-Building Counselling and Emotional Regulation

Resilience-building counselling aims to strengthen adaptive coping, emotional awareness, problem-solving, social support and the capacity to recover functioning after adversity. Contemporary research treats resilience as a process supported by relationships and social conditions instead of a fixed personal trait. Alamgir et al. (2024) identified family support, peer relationships, community resources and individual coping strategies as interacting influences on resilience among forcibly displaced youth. This interpretation is particularly useful in counselling because it avoids placing responsibility for recovery solely on the traumatised young person.

Intervention research also suggests that structured resilience programmes can improve selected psychological outcomes. Llistosella et al. (2024), in a cluster-randomised trial with at-risk adolescents, reported improved resilience and reduced depressive symptoms after a multicomponent programme involving emotional regulation, social skills, problem-solving, community resources and peer support. Spaas et al. (2023) assessed school-based psychosocial interventions across four countries and demonstrated that school-linked programmes can strengthen dimensions of mental health, resilience and social relations among refugee and migrant adolescents, although effects differ by programme and outcome. These findings support resilience counselling as a component of recovery while also showing that it should remain connected to supportive environments.

Grief and Bereavement Counselling and Social Reintegration

Conflict-related bereavement can involve sudden, violent or ambiguous loss, often occurring alongside displacement and disruption of mourning practices. For young people, grief may interact with anxiety, depression, post-traumatic stress and social withdrawal. Breen et al. (2023), in a co-designed systematic review and meta-analysis, found that grief interventions for young people can reduce anxiety and depression, with cognitive-

behavioural grief approaches showing particularly promising effects. Hanauer et al. (2024) also reported that psychosocial interventions can reduce grief symptoms among bereaved children and adolescents, while emphasising that controlled evidence remains comparatively limited.

Grief-responsive counselling can contribute to social reintegration by helping young people acknowledge loss, develop tolerable ways of remembering, rebuild trust and reconnect with peers, education and community roles. This process should avoid imposing a uniform timetable for mourning. Instead, counsellors can combine grief processing with supportive routines and social participation. Contemporary socio-ecological research on displaced youth reinforces the value of social connection, school belonging and supportive relationships as resources for adjustment (Alamgir et al., 2024; Otorkpa et al., 2024).

Psychosocial Well-Being in Conflict-Affected Youth

Psychosocial well-being combines psychological functioning with social participation and supportive relationships. In the present study, it is represented by three outcome domains: reduction of post-traumatic stress symptoms, emotional regulation and social reintegration. These domains are analytically distinct but related. Persistent post-traumatic stress can interfere with concentration, sleep and trust; poor emotional regulation can increase irritability, avoidance and interpersonal conflict; and social withdrawal can reduce access to protective peer and community relationships.

Recent reviews of displaced young people support this multidimensional interpretation. Otorkpa et al. (2024) identified depression, post-traumatic stress, anxiety, sleep disturbance and behavioural difficulties among displaced children and young people, while also noting the influence of mental-health services and social factors on outcomes. Springhetti et al. (2026) similarly found that contemporary conflict interventions assess post-traumatic stress, anxiety and social functioning, among other outcomes. Accordingly, evaluating a counselling programme through several psychosocial domains provides a broader picture than examining symptom reduction alone.

Contemporary Trauma-Informed and Socio-Ecological Lens

The conceptual logic of the study draws on a contemporary trauma-informed and socio-ecological interpretation of recovery. Trauma-informed practice recognises that exposure to violence can affect cognition, emotion, behaviour, relationships and perceptions of safety; counselling therefore prioritises safety, trust, collaboration, coping skills and avoidance of retraumatisation. Sonu et al. (2024) argue that contemporary trauma practice benefits from integrating trauma, resilience and equity perspectives, while Lembke et al. (2024) show that trauma-sensitive educational approaches can support students with refugee backgrounds when schools organise supportive practices across the educational environment.

The socio-ecological dimension adds that young people recover through interactions among personal capacities, family relationships, peers, schools, communities and services. Alamgir et al. (2024) explicitly used ecological thinking to organise resilience mechanisms among forcibly displaced youth, and Vostanis (2024) similarly proposed multilevel mental-health provision for children affected by war. Applied to the present study, this lens explains why cognitive restructuring, emotional-regulation skills and grief processing may work best when they are linked with opportunities for safe participation, supportive relationships and social reconnection.

2.2 EMPIRICAL REVIEW

Arega (2023) systematically reviewed mental-health and psychosocial-support interventions for children affected by armed conflict in low- and middle-income countries. The review identified a range of individual, group, school and community interventions and concluded that structured psychosocial support can improve mental-health outcomes, although the evidence differed considerably across settings. The review supports the present study's focus on conflict-affected youth but also indicates the need for more context-specific intervention research in African displacement settings.

Xie et al. (2024) conducted a systematic review and meta-analysis of group trauma-focused cognitive-behavioural therapy for children and adolescents with post-traumatic stress disorder. Eleven randomised controlled trials involving 1,942 participants were included. The authors reported significant reductions in post-traumatic stress symptoms at post-treatment and follow-up, together with improvement in depressive symptoms. Their findings provide a contemporary empirical basis for the cognitive-behavioural trauma component evaluated in the present study.

Spaas et al. (2023) tested school-based psychosocial interventions with refugee and migrant adolescents across Belgium, Denmark, Norway and the United Kingdom. Their cluster-randomised study assessed mental health, resilience and social relations. Although programme effects varied, the study demonstrates the value of evaluating psychosocial interventions through both emotional and relational outcomes. Llistosella et al. (2024) reached a related conclusion in a cluster-randomised trial of an adolescent resilience programme, reporting improvements in resilience and depressive symptoms at follow-up.

Breen et al. (2023) synthesised 28 studies of grief interventions for young people aged 14-24 years. The authors reported that cognitive-behavioural grief interventions reduced anxiety and depression, although intervention characteristics influenced effect sizes. Hanauer et al. (2024) further reviewed psychosocial interventions for grief symptoms among bereaved children and adolescents and found evidence of benefit, while cautioning that the controlled evidence base remained limited. These studies support grief-focused counselling but encourage careful interpretation of intervention effects.

Ceccarelli et al. (2024) reviewed implementation outcomes in psychosocial intervention studies for children and adolescents in low- and middle-income countries. Feasibility, acceptability and fidelity were frequently assessed, but sustainability and wider service adoption were rarely examined. This finding has direct relevance to conflict-affected Nigerian settings, where the value of an intervention depends partly on whether counsellors can deliver it consistently with appropriate training, supervision and resources.

In Nigeria, Ibrahim et al. (2023) studied 450 internally displaced persons affected by the Boko Haram crisis in Yobe State and reported extremely high levels of post-traumatic stress and depressive symptomatology. Thompson et al. (2023) further found that post-traumatic stress influenced return intentions among internally displaced persons in Nigeria. Although these studies did not test counselling interventions, they document the psychological burden associated with conflict-related displacement and support the need for targeted mental-health responses.

Otorkpa et al. (2024) reviewed evidence concerning children and young people displaced by conflict and concluded that depression, post-traumatic stress and anxiety were common, while intervention evidence for internally displaced African youth remained insufficient. Eboreime et al. (2024) also highlighted limited access to culturally relevant evidence-based mental-health interventions for internally displaced persons in Nigeria when describing the RESETTLE-IDPs effectiveness-implementation trial. These Nigerian studies reinforce the value of evaluating structured counselling in displaced populations.

The empirical literature therefore supports trauma-focused, resilience-oriented and grief-responsive interventions, but it also reveals three persistent limitations: uneven evidence from internally displaced African youth, limited long-term follow-up and insufficient attention to implementation conditions (Ceccarelli et al., 2024; Shamsi & Khalili, 2026; Springhetti et al., 2026). The present study contributes to this literature by testing an integrated trauma-focused psychosocial counselling framework with displaced youth in three North-West Nigerian states.

3. METHODOLOGY

3.1 Research Design

The study adopted a quasi-experimental pretest-posttest non-equivalent control-group design. This design was appropriate because the researcher compared an intervention group with a comparison group while using intact youth clusters instead of individual random assignment. Pretest measurement provided a baseline for each outcome, and analysis of covariance was subsequently used to compare posttest scores after statistically controlling for pretest scores.

3.2 Population, Sample and Sampling

The target population comprised internally displaced young people aged 15-24 years living in camps in Zamfara, Katsina and Kaduna States. A multistage sampling procedure yielded 300 participants. Of these, 150 constituted the experimental group and 150 constituted the control group. The use of intact clusters was intended to reduce disruption to vulnerable participants and minimise the risk of additional distress associated with repeated reassignment.

3.3 Intervention and Comparison Conditions

The experimental group received the trauma-focused psychosocial counselling framework evaluated in the study. The framework comprised a cognitive-behavioural trauma-therapy component directed towards post-traumatic stress recovery, a resilience-building counselling component directed towards emotional regulation, and a grief and bereavement counselling component directed towards social reintegration. The control group received conventional relief counselling. The source manuscript does not provide sufficient information to report the number of sessions, session duration, counsellor qualifications or fidelity procedures; consequently, these details are not invented in this revision.

3.4 Instrument for Data Collection

Data were collected with the Youth Trauma and Psychosocial Well-being Inventory (YTPWI). The instrument assessed the three outcome domains examined in the study: post-traumatic stress symptom reduction, emotional regulation and social reintegration. Expert review was used for validation, while internal consistency was assessed with Cronbach's alpha. The reported reliability coefficient for the instrument was $\alpha = .88$, indicating satisfactory internal consistency for the study sample.

3.5 Data-Collection Procedure

Participants completed the YTPWI before and after the intervention period. The experimental group received the trauma-focused psychosocial counselling framework, while the control group received conventional relief counselling. Because the participants had experienced conflict-related displacement, the use of intact groups reduced unnecessary movement between existing camp-based clusters. The source manuscript does not report an ethics approval number, consent procedure or referral protocol; these details should be documented from the original study records before journal submission.

3.6 Method of Data Analysis

Means and standard deviations were used to describe pretest and posttest scores for the experimental and control groups, and mean gain scores were calculated to show the magnitude and direction of change. Analysis of covariance (ANCOVA) was used to test the three null hypotheses at the .05 significance level, with the corresponding pretest score entered as a covariate. In accordance with APA statistical reporting, probabilities recorded as .000 in the source output are reported as $p < .001$.

4. RESULTS AND DISCUSSION

4.1 Results

Research Question 1

What difference exists between the pretest and posttest post-traumatic stress symptom-reduction mean scores of youth exposed to cognitive-behavioural trauma therapy and those exposed to conventional counselling in North-West Nigeria?

Table 1

Pretest and Posttest Descriptive Statistics for Post-Traumatic Stress Symptom Reduction

Group	N	Pretest M	Pretest SD	Posttest M	Posttest SD	Mean gain
Experimental	150	1.82	0.51	3.65	0.38	1.83
Control	150	1.85	0.49	1.95	0.52	0.10

Note. Higher posttest scores represent greater post-traumatic stress symptom reduction as operationalised in the study. M = mean; SD = standard deviation.

As shown in Table 1, the experimental group increased from a pretest mean of 1.82 (SD = 0.51) to a posttest mean of 3.65 (SD = 0.38), producing a mean gain of 1.83. By comparison, the control group increased from 1.85 (SD = 0.49) to 1.95 (SD = 0.52), a mean gain of 0.10. Descriptively, therefore, the group exposed to the cognitive-behavioural trauma component recorded substantially greater improvement in post-traumatic stress symptom reduction.

Research Question 2

What difference exists between the pretest and posttest emotional-regulation mean scores of youth exposed to resilience-building counselling and those exposed to conventional counselling in North-West Nigeria?

Table 2

Pretest and Posttest Descriptive Statistics for Emotional Regulation

Group	N	Pretest M	Pretest SD	Posttest M	Posttest SD	Mean gain
Experimental	150	2.10	0.46	3.55	0.41	1.45
Control	150	2.05	0.55	2.15	0.50	0.10

Note. M = mean; SD = standard deviation.

Table 2 shows that the experimental group's emotional-regulation mean increased from 2.10 (SD = 0.46) at pretest to 3.55 (SD = 0.41) at posttest, yielding a mean gain of 1.45. The control group recorded a smaller change, from 2.05 (SD = 0.55) to 2.15 (SD = 0.50), with a mean gain of 0.10. The descriptive pattern favours the resilience-building counselling condition.

Research Question 3

What difference exists between the pretest and posttest social-reintegration mean scores of youth exposed to grief and bereavement counselling and those exposed to conventional counselling in North-West Nigeria?

Table 3

Pretest and Posttest Descriptive Statistics for Social Reintegration

Group	N	Pretest M	Pretest SD	Posttest M	Posttest SD	Mean gain
Experimental	150	1.90	0.62	3.48	0.45	1.58
Control	150	1.88	0.60	1.96	0.58	0.08

Note. M = mean; SD = standard deviation.

The experimental group's social-reintegration mean rose from 1.90 (SD = 0.62) to 3.48 (SD = 0.45), producing a mean gain of 1.58. The control group increased from 1.88 (SD = 0.60) to 1.96 (SD = 0.58), a mean gain of 0.08. The descriptive results therefore indicate markedly greater improvement among participants exposed to the grief and bereavement counselling component.

Test of Hypothesis 1

H₀₁: There is no significant difference in post-intervention post-traumatic stress symptom-reduction scores between youth exposed to cognitive-behavioural trauma therapy and those exposed to conventional counselling, after controlling for pretest scores.

Table 4

Analysis of Covariance for Post-Traumatic Stress Symptom Reduction

Source	SS	df	MS	F	p
Corrected model	112.450	2	56.225	281.12	< .001
Intercept	198.340	1	198.340	991.70	< .001
Pretest covariate	1.540	1	1.540	7.70	.006
Group	102.488	1	102.488	512.44	< .001
Error	59.400	297	0.200	—	—
Total	2850.500	300	—	—	—
Corrected total	171.850	299	—	—	—

Note. SS = sum of squares; MS = mean square. The pretest score was entered as a covariate. Partial η^2 for the group effect was calculated from the reported effect and error sums of squares and equalled .633.

After controlling for pretest scores, the group effect on post-traumatic stress symptom reduction was statistically significant, $F(1, 297) = 512.44$, $p < .001$, partial $\eta^2 = .633$. The first null hypothesis was therefore rejected. The result indicates that post-intervention scores differed significantly between the experimental and control groups after adjustment for baseline scores.

Test of Hypothesis 2

H₀₂: There is no significant difference in post-intervention emotional-regulation scores between youth exposed to resilience-building counselling and those exposed to conventional counselling, after controlling for pretest scores.

Table 5

Analysis of Covariance for Emotional Regulation

Source	SS	df	MS	F	p
Corrected model	98.620	2	49.310	234.81	< .001
Intercept	165.220	1	165.220	786.76	< .001
Pretest covariate	1.120	1	1.120	5.33	.021
Group	91.100	1	91.100	433.81	< .001
Error	62.370	297	0.210	—	—
Total	2640.100	300	—	—	—
Corrected total	160.990	299	—	—	—

Note. SS = sum of squares; MS = mean square. The pretest score was entered as a covariate. Partial η^2 for the group effect was calculated from the reported effect and error sums of squares and equalled .594.

The adjusted group effect on emotional regulation was statistically significant, $F(1, 297) = 433.81$, $p < .001$, partial $\eta^2 = .594$. Accordingly, the second null hypothesis was rejected. Participants exposed to the resilience-building counselling condition obtained significantly different post-intervention emotional-regulation scores from participants in the control condition after pretest adjustment.

Test of Hypothesis 3

H₀₃: There is no significant difference in post-intervention social-reintegration scores between youth exposed to grief and bereavement counselling and those exposed to conventional counselling, after controlling for pretest scores.

Table 6

Analysis of Covariance for Social Reintegration

Source	SS	df	MS	F	p
Corrected model	105.800	2	52.900	251.90	< .001
Intercept	180.450	1	180.450	859.28	< .001
Pretest covariate	0.980	1	0.980	4.66	.032
Group	102.720	1	102.720	489.15	< .001
Error	62.370	297	0.210	—	—
Total	2710.600	300	—	—	—
Corrected total	168.170	299	—	—	—

Note. SS = sum of squares; MS = mean square. The pretest score was entered as a covariate. Partial η^2 for the group effect was calculated from the reported effect and error sums of squares and equalled .622.

The adjusted group effect on social reintegration was statistically significant, $F(1, 297) = 489.15$, $p < .001$, partial $\eta^2 = .622$. The third null hypothesis was therefore rejected. The finding indicates a statistically significant difference in post-intervention social-reintegration scores between the grief and bereavement counselling group and the control group after baseline adjustment.

4.2 Discussion of Findings

The first finding showed a substantial descriptive improvement in post-traumatic stress symptom reduction among participants exposed to the cognitive-behavioural trauma component, and ANCOVA confirmed a statistically significant adjusted group effect. This finding is consistent with contemporary evidence supporting trauma-focused cognitive-behavioural approaches for young people exposed to trauma. Xie et al. (2024) reported significant reductions in post-traumatic stress symptoms following group trauma-focused cognitive-behavioural therapy, while Arega (2023) identified trauma-focused interventions among the better-established approaches used with conflict-affected children in low- and middle-income countries. The present result therefore adds Nigerian quasi-experimental evidence to an international literature that supports structured cognitive and behavioural processing of trauma.

The result should nevertheless be framed carefully. The study demonstrates a large statistical group difference after adjustment for baseline scores, but the non-equivalent control-group design does not support the same causal certainty as an individually

randomised trial. Moreover, Springhetti et al. (2026) and Shamsi and Khalili (2026) show that trauma-focused intervention effects vary according to programme design, context, implementation quality and follow-up period. Consequently, the present finding supports the promise of the counselling framework without establishing that the same magnitude of effect will occur in every camp or conflict-affected community.

The second finding showed that participants exposed to resilience-building counselling recorded a mean gain of 1.45 in emotional regulation, compared with 0.10 in the control group, and the adjusted group effect was statistically significant. This pattern accords with a process-oriented understanding of resilience. Alamgir et al. (2024) maintain that resilience among forcibly displaced youth draws on personal coping, relationships and social resources. Llistosella et al. (2024) similarly found that a structured adolescent resilience programme improved resilience and reduced depressive symptoms, while Spaas et al. (2023) demonstrated that psychosocial programmes can influence mental-health and social outcomes among refugee and migrant adolescents.

For guidance and counselling practice, the emotional-regulation result is important because conflict exposure can leave young people with persistent hyperarousal, irritability, fear and difficulty managing strong affect. Resilience-building counselling can therefore focus on identifying emotional cues, strengthening coping repertoires, practising problem-solving and increasing access to supportive peers and adults. However, resilience should not be presented as an expectation that young people simply adapt to unsafe conditions. The counselling task is to strengthen coping while also advocating for safer, more stable and more supportive environments (Alamgir et al., 2024; Vostanis, 2024).

The third finding showed that grief and bereavement counselling was associated with markedly greater social-reintegration improvement than conventional counselling, with a statistically significant adjusted group effect. This result aligns with evidence that grief-focused interventions can reduce psychological distress among bereaved young people. Breen et al. (2023) found that cognitive-behavioural grief interventions were associated with reductions in anxiety and depression, while Hanauer et al. (2024) reported benefits of psychosocial grief interventions for children and adolescents. The present study extends this discussion by linking grief-responsive counselling with a social outcome: renewed participation and reintegration.

This relationship is theoretically plausible because violent or ambiguous loss can disturb trust, belonging and willingness to reconnect with others. Counselling that provides a safe structure for acknowledging loss, making meaning and restoring supportive routines may therefore assist social participation. However, grief intervention should remain culturally responsive and should avoid treating all bereaved youth as clinically disordered. Hanauer et al. (2024) caution that the evidence base is still developing, and Shamsi and Khalili

(2026) emphasise that intervention benefit depends on developmental and contextual conditions.

Taken together, the three findings support an integrated psychosocial approach. Cognitive-behavioural trauma work addresses trauma-related thoughts and responses; resilience-building counselling strengthens emotional coping; and grief-responsive counselling supports adaptation after loss and reconnection with social roles. This integrated interpretation reflects recent evidence that conflict-related mental health is shaped by both psychological symptoms and the surrounding social environment (Otorkpa et al., 2024; Vostanis, 2024). It also responds to implementation research showing that effective programmes require attention to feasibility, fidelity, supervision and sustainability instead of efficacy alone (Ceccarelli et al., 2024).

Implications for Guidance and Counselling Practice

The findings suggest that counsellors working with conflict-affected youth should move beyond generic supportive conversations when young people present with persistent trauma symptoms, emotional dysregulation or grief-related social withdrawal. Structured counselling can include psychoeducation, grounding and coping skills, cognitive work around trauma-related appraisals, emotional-regulation practice, grief processing and planned reconnection with education, peers and community activities. Such work should be delivered by trained personnel with supervision and clear safeguarding procedures.

School counsellors and education personnel also have an important role because educational re-entry can provide routine, social connection and access to trusted adults. Lembke et al. (2024) found that trauma-sensitive school approaches can support students with refugee backgrounds, while Avery et al. (2024) show that non-clinician trauma interventions in educational settings can contribute to support when programmes include appropriate training and boundaries. In Nigerian displacement contexts, school-based counselling should therefore connect with specialist referral services instead of asking teachers or counsellors to manage severe clinical presentations without support.

Humanitarian organisations should also plan for implementation from the beginning. Ceccarelli et al. (2024) show that acceptability and feasibility receive more research attention than sustainability. Eboreime et al. (2024) similarly highlight the need for scalable, culturally relevant mental-health support for internally displaced Nigerians. Thus, programmes should budget for counsellor training, supervision, translation or cultural adaptation, private counselling space, referral pathways and follow-up after initial programme completion.

Limitations of the Study

The quasi-experimental non-equivalent control-group design limits causal inference because participants were not individually randomised. Although ANCOVA adjusted for pretest scores, unmeasured group differences may still have influenced posttest outcomes. The study also relied on a single self-report instrument, which may introduce response and common-method bias.

The source manuscript does not report detailed intervention dosage, facilitator training, treatment-fidelity procedures, attrition, follow-up beyond the immediate posttest, or the ethics approval and safeguarding protocol. These omissions restrict replication and assessment of implementation quality. Future reports should provide these details in accordance with contemporary intervention-research standards.

Finally, the sample was drawn from selected internally displaced persons camps in Zamfara, Katsina and Kaduna States. The findings should therefore be generalised cautiously to youth living in host communities, school settings, North-East Nigeria or other conflict-affected populations. Longitudinal follow-up is also needed because recent reviews show that psychosocial intervention gains can attenuate over time (Springhetti et al., 2026).

5.CONCLUSION AND RECOMMENDATIONS

5.1 Conclusion

This study found that the trauma-focused psychosocial counselling framework was associated with substantially better post-intervention outcomes than conventional relief counselling across post-traumatic stress symptom reduction, emotional regulation and social reintegration. After adjustment for pretest scores, statistically significant group effects were observed for the cognitive-behavioural trauma, resilience-building and grief and bereavement counselling components. The results support structured trauma-responsive counselling as a promising part of rehabilitation for young people affected by terrorism and banditry in North-West Nigeria. However, counselling should operate as part of a broader psychosocial response that includes safety, educational continuity, family and peer support, referral pathways, competent supervision and sustained follow-up.

5.2 Recommendations

1. The Federal Ministry responsible for humanitarian affairs, state emergency-management structures and partner organisations should integrate structured trauma-focused psychosocial counselling into services for displaced young people, while maintaining referral pathways for severe mental-health conditions.

2. Counsellors, psychologists, social workers and appropriately trained education personnel serving displacement settings should receive continuing professional training in trauma-focused cognitive-behavioural methods, emotional-regulation support, grief-responsive counselling, safeguarding and prevention of retraumatisation.
3. Resilience-building modules should be connected with peer support, family contact, educational re-entry and community resources so that emotional coping is supported by stable social relationships instead of treated only as an individual skill.
4. Grief and bereavement counselling should be culturally responsive and sensitive to violent, sudden and ambiguous loss. Programmes should allow young people to process loss without imposing uniform assumptions about mourning or recovery.
5. Camp schools and nearby formal schools enrolling displaced learners should establish trauma-sensitive counselling and referral arrangements that support emotional regulation, school belonging and gradual educational reintegration.
6. Humanitarian organisations should monitor treatment fidelity, participant safety, attendance, acceptability and follow-up outcomes. Programme evaluation should extend beyond immediate posttest scores to examine whether gains remain after six months or longer.
7. Future research should employ randomised or stronger matched designs where ethically and practically feasible, report intervention dosage and facilitator competence, include multiple outcome measures and assess longer-term psychosocial functioning across different Nigerian conflict settings.

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