

Children and Women in Conflict: Psychological Perspectives on the Crisis in Northeast Nigeria

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Article History	Abstract
Original Research Article	<i>This study aimed to examine the psychological impact of the conflict in Northeast Nigeria on children and women and to identify culturally appropriate strategies for psychosocial recovery and resilience. The study was guided by three specific objectives and three research questions. The study adopted a phenomenological qualitative design to explore lived experiences in depth. The study area comprised selected conflict-affected communities in Borno, Adamawa, and Yobe States. The population was estimated at over 1.5 million conflict-affected women and children in the region; a purposive sample of 48 participants (24 women and 24 children) was recruited to ensure firsthand experiential accounts. Data were collected through semi-structured in-depth interviews (IDI) and four focus group discussions (FGDs) conducted in participants' preferred languages with trained interpreters where necessary. Interviews were audio-recorded (with consent), transcribed verbatim, and translated into English as required. Data were analyzed using thematic analysis, supported by NVivo for coding and theme development. Trustworthiness was ensured via member checking, triangulation of data sources (women, children, and service providers), peer debriefing, and an audit trail. Ethical approval was obtained and informed consent (and parental consent/child assent) was secured prior to participation. Three major themes emerged. First, participants reported profound psychological distress manifesting as nightmares, chronic anxiety, depressive symptoms, PTSD-like reactions, sleep disturbance, and behavioural changes in children (withdrawal, aggression, learning difficulties). Second, coping strategies were largely community- and faith-based: religiosity, peer/support groups, storytelling, play and school activities for children, and informal livelihood efforts for women; however, maladaptive responses (isolation, substance use for some) were also present. Third, psychosocial services where available provided short-term relief (counselling, child-friendly spaces, group therapy), but were limited in coverage, irregular, under-resourced, and insufficiently localized or sustained to meet long-term recovery needs. The study recommended (a) scaling up community-based, culturally adapted psychosocial programmes integrated into primary health and education systems; (b) training and deploying locally recruited, trauma-informed counsellors; (c) institutionalizing school-based psychosocial support and safe spaces.</i> Keywords: psychological effects, women, children, conflict, coping mechanisms, psychosocial support, Northeast Nigeria
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Copyright © 2025 The Author(s): This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International License (CC BY-NC) which permits unrestricted use, distribution, and reproduction in any medium for non-commercial use provided the original author and source are credited. Citation: Joseph Emmanuel, Abubakar Audu Usman, Rahila Elisha Zacharia, Abare Yunusa Kallah, David Patrick. (2025). Children and Women in Conflict: Psychological Perspectives on the Crisis in Northeast Nigeria. UKR Journal of Arts, Humanities and Social Sciences (UKRJAHSS), Volume 1(issue 8), 156-163.	

Introduction

The contemporary violent crisis in Northeast Nigeria emerged from the Islamist insurgency commonly known as Boko Haram. The group's militant campaign intensified after 2009 and has since evolved splitting into rival factions (including the Islamic State West Africa Province, ISWAP) and repeatedly shifting tactics toward large-scale raids, suicide bombings, abductions and use of improvised explosive devices (IEDs). These developments have produced a protracted security emergency across Borno, Adamawa and Yobe states and spilled over into neighbouring countries in the Lake Chad basin (U.S. National Counterterrorism Center, n.d.; ACLED, 2024).

The humanitarian footprint of the conflict is vast. Estimates of conflict-related fatalities vary by source and period, but years of violence have led to thousands of civilian deaths and widespread destruction of communities and infrastructure (ACLED, 2024; The Guardian, 2019). More concretely, the humanitarian system reports that roughly **2 million people remain internally displaced in the northeast**, while aggregated regional displacement (across several regions) totals several million people affected by conflict and related crises. These large displacement figures reflect repeated waves of flight, seasonal displacements, and returns under insecure conditions (UNICEF, 2024; UN OCHA, 2024; IOM DTM, 2024).

Women and children account for the overwhelming majority of those in need and are disproportionately affected by the crisis. Recent humanitarian overviews note that women and children particularly girls constitute the bulk of people requiring assistance, with some reports indicating that as much as **about 80% or more** of those in need are women and children in affected areas of the northeast. The specific composition within camps and affected communities varies by location and round of assessment, but protection needs for women and children (including risks of sexual and gender-based violence, forced marriage, recruitment of children, malnutrition and disrupted education) are consistently highlighted as priority concerns across UN and IOM assessments (UN OCHA, 2024; UNICEF, 2024; IOM DTM, 2024). The insurgency's longevity, recurring offensives and the complex displacement dynamics have produced a severe humanitarian and protection crisis in which psychological trauma, disrupted development for children, and gender-specific vulnerabilities for women are among the most persistent and pressing consequences.

Armed conflict in Northeast Nigeria has intensified the vulnerabilities of women and children due to their physical, social, and economic dependence. In many households, women and children rely heavily on male family members

or community structures for protection, income, and decision-making power. Displacement and loss of these supports leave them disproportionately exposed to insecurity, exploitation, and deprivation (UNICEF, 2025).

Women and children in this region face pervasive exposure to violence, including abduction, forced marriage, sexual violence, and recruitment into militant groups. For instance, hundreds of hostages predominantly women and children were rescued from the Sambisa Forest following long-term captivity; in some cases, rescued women had borne children from forced marriages or rape during their captivity (UN agencies, 2024). The mass abduction of schoolgirls in Chibok remains emblematic of this threat: nearly a decade after 276 girls were seized, dozens remain unaccounted for, and many more children continue to suffer grave violations such as recruitment and abduction (UNICEF, 2023). Survivors who escaped forced marriages or captivity report receiving little to no reintegration support facing stigma as "Boko Haram wives," food insecurity, and lack of access to education, shelter, or psychosocial aid (Amnesty International, 2025).

Additionally, conflict has severely disrupted access to fundamental services. Schools, clinics, and infrastructure have been destroyed or rendered inaccessible, depriving women and children of education, health care, nutrition, clean water, and protection. Many children remain out of school due to ongoing insecurity and widespread kidnappings; Nigeria now has the highest number of out-of-school children globally, with kidnappings contributing significantly to this crisis (Reuters, 2024). Maternal and reproductive health services are also under dire threat: recent funding cuts have jeopardized maternal clinics and sexual-abuse support in Maiduguri and surrounding areas, further compromising already fragile access to antenatal and postnatal care (The Guardian, 2025). These dynamics illustrate how armed conflict in Northeast Nigeria inflicts multidimensional harm on women and children compounding physical insecurity with deep psychological trauma, constrained future prospects, and persistent exclusion from essential services.

Armed conflict in Northeast Nigeria has inflicted severe psychological trauma on women and children. Internally displaced youth in camps report symptoms of PTSD, depression, anxiety, and grief, often accompanied by psychosomatic complaints such as headaches, nightmares, or body pains (Olufadewa et al., 2022). Children display emotional distress characterized by aggression, withdrawal, hypervigilance, mood disturbances, and learning difficulties. UNICEF's assessment revealed widespread anxiety, suspiciousness, anger, hypervigilance, and diminished self-esteem among conflict-affected children

(UNICEF field statement, as cited in Punch Newspapers, 2024). Children's developmental and cognitive well-being also suffers from exposure to chronic stress, which can impair brain development and learning capacity (Wikipedia, "Impact of war on children," 2025).

Despite the severity of these impacts, many women and children demonstrate resilience, employing various coping and adaptive mechanisms. In qualitative studies, religious practices such as prayer, Bible reading, singing religious songs, and meaning-making emerged as crucial coping strategies. One young person shared, "I listen to Christian music, read my Bible, and pray ... I will sense inner peace and feel hopeful" (Olufadewa et al., 2022; Experiences of displaced adolescents, 2025). Survivors in trauma-support programs also highlight education as healing: trauma-informed learning in girls' schools helps alleviate PTSD, depression, and anxiety (The Guardian, 2024).

Gender plays a significant role in shaping emotional and mental health responses to violence in Northeast Nigeria. Women often internalize trauma through heightened anxiety, chronic fear, and depression, compounded by gender-specific violence such as sexual assault and forced marriage. Men and boys, while also deeply affected, may be socialized to suppress emotions, exhibiting outward aggression or withdrawal (Olufadewa et al., 2022). For many displaced women, the role of motherhood intensifies psychological strain; caregiving under extreme deprivation such as securing food, water, and safety for children in insecure camps often results in exhaustion, feelings of inadequacy, and unresolved grief over lost family members (Amnesty International, 2025).

Children's cognitive and emotional development is severely disrupted by prolonged exposure to armed conflict. Continuous stress and fear impair concentration, memory, and learning capacity, while also delaying emotional regulation and social skills (UNICEF, 2023). Young children exposed to violence often display attachment disorders, regression in language or behavior, and increased vulnerability to exploitation and recruitment by armed groups (Olufadewa et al., 2022).

Cultural beliefs and community structures strongly influence survivors' psychological wellbeing. In some communities, survivors of gender-based violence face stigmatization, rejection, or forced displacement from their own families, particularly if they return from captivity with children born of rape (Amnesty International, 2025). Such stigma not only compounds trauma but also hinders reintegration and access to mental health services.

Humanitarian agencies, government bodies, and local actors play critical roles in mitigating these impacts. International NGOs and UN agencies have implemented

psychosocial support programs, safe spaces for women and girls, and trauma-informed education initiatives to help rebuild resilience (The Guardian, 2024). Local faith-based and community groups also contribute to recovery by offering culturally relevant counseling, fostering social acceptance, and facilitating livelihood programs to reduce economic dependence. However, funding cuts, insecurity, and limited infrastructure continue to hinder the reach and sustainability of these interventions (UN OCHA, 2024).

The conflict in Northeast Nigeria has created a multidimensional crisis for women and children, blending physical insecurity with deep psychological scars. The interplay of gender-based violence, disrupted caregiving roles, and developmental harm for children underscores the urgent need for targeted interventions. Cultural stigmas and limited access to sustained psychosocial support further complicate recovery. Understanding the psychological consequences through a gender-sensitive lens is therefore essential to designing effective humanitarian, policy, and community-based responses. This study will contribute to filling the gap in literature by examining the psychological realities of women and children in the region.

Statement of the Problem

The protracted conflict in Northeast Nigeria, driven largely by insurgency, communal clashes, and insecurity, has had profound psychological consequences on vulnerable populations, particularly women and children. Children are exposed to extreme violence, displacement, loss of family members, and disruption of education, leading to trauma, anxiety, depression, and long-term developmental challenges. Women, as mothers, caregivers, and survivors, often bear the dual burden of personal trauma and the responsibility of supporting traumatized children, while also facing gender-based violence, economic disempowerment, and social exclusion. Despite the evident scale of psychological distress, mental health interventions in the region remain inadequate, poorly coordinated, and culturally insensitive, leaving many survivors without the necessary coping mechanisms for recovery. This lack of targeted, context-appropriate psychosocial support perpetuates cycles of trauma, hinders community resilience, and poses a serious threat to social stability and peacebuilding efforts in Northeast Nigeria.

Objectives of the Study

The study sought to:

1. Assess the psychological effects of the conflict on children and women in Northeast Nigeria.
2. Identify coping mechanisms adopted by children and women in conflict-affected communities.

3. Evaluate the effectiveness of psychosocial support services in the region.

Research Questions

1. What are the psychological effects of the conflict on children and women in Northeast Nigeria?
2. What coping mechanisms are adopted by children and women in conflict-affected communities?
3. How effective are the psychosocial support services provided in the region?

Literature Review

The Boko Haram insurgency, active since 2009, has turned Northeast Nigeria into a protracted humanitarian catastrophe. Scholarly consensus confirms that women and children bear disproportionate burdens in conflict zones (Mazurana et al., 2019), but the *intersection* of psychological trauma, gender-based violence (GBV), and cultural displacement in this region remains underexplored. This review synthesizes multidisciplinary research to expose how systemic gender inequality exacerbates trauma and limits recovery.

Conflict Context and Gendered Displacement

Over 2.5 million Nigerians are internally displaced (UNHCR, 2023), with women and children comprising 80% of IDPs (IOM, 2022). As Azubuike and Emejulu (2021) argue, the destruction of social infrastructure schools, health clinics, markets intensifies preexisting patriarchal constraints. Displaced women face "triple marginalization": loss of livelihoods, caregiving burdens, and heightened vulnerability to exploitation (Okechukwu, 2022). Cultural norms restricting female mobility further trap women in high-risk areas (Falola, 2020).

Psychological Impacts on Children

a. Trauma and Development

Children in conflict zones exhibit severe psychological sequelae. Erugo et al. (2021) found 78% of children in Borno State IDP camps met diagnostic criteria for PTSD, with symptoms including dissociation and aggression. Displacement disrupts attachment systems, as observed in Adamawa State where 62% of children under five showed signs of insecure attachment (SESAC, 2022). School closures affecting 57% of children across Borno, Adamawa, and Yobe (UNICEF, 2022) deprive children of psychosocial support structures critical for resilience (Betancourt et al., 2019).

b. Child Soldiers and Reintegration

Boko Haram's abduction of >8,000 children (UNICEF, 2023) creates unique psychological wounds. Former child soldiers exhibit higher rates of depression and identity

fragmentation than non-conscripted peers (Human Rights Watch, 2023). Reintegration programs often fail to address stigma, as communities view returnees as security threats rather than victims (Nwadike & Ezech, 2024).

Gender-Based Violence: Weaponized Terror

a. Sexual Violence

GBV functions as a tactical weapon. Falola (2020) documented that 65% of female IDPs experienced conflict-related sexual violence (CRSV), including forced marriages to insurgents. Pregnancy from rape carries severe stigma, leading to infanticide or maternal abandonment (Chukwuma et al., 2022). Health systems collapse compounds trauma: only 12% of CRSV survivors accessed medical care (Amowitz et al., 2021).

b. Structural Silencing

Cultural shame and inadequate legal frameworks prevent reporting. Police frequently dismiss GBV cases as "family matters" (Amnesty International, 2023), while Sharia-based laws in Northern states criminalize survivors for adultery (Otufodunrin, 2021). Economic dependence on perpetrators common among widows further suppresses disclosure (Okechukwu, 2022).

Resilience and Coping Mechanisms

i. Women as Agents of Stability

Despite trauma, women organize informal economies. Okechukwu (2022) observed female-led cooperatives in Borno camps sustaining 90% of household incomes through micro-trading. These networks foster collective healing but mask individual mental health needs: depression affects 43% of female IDPs, yet <10% receive counseling (MSF, 2021).

ii. Child-Centered Interventions

Psychosocial programs show promise. Narrative therapy reduced PTSD symptoms by 40% in children treated by Médecins Sans Frontières (MSF, 2021). However, cultural barriers limit girls' participation; 67% of parents in Yobe State withdrew daughters from therapy, fearing it compromised "modesty" (Nwankwo, 2020).

Methodology

The study adopted a phenomenological research design to explore the lived experiences of children and women affected by conflict in Northeast Nigeria from a psychological perspective. This design was deemed appropriate as it enabled an in-depth understanding of participants' personal experiences, coping mechanisms, and perceptions of psychosocial support services.

The population of the study comprised all children and women residing in conflict-affected communities across the

six states of Northeast Nigeria, estimated at over 1.5 million individuals according to humanitarian reports (OCHA 2024). From this population, a sample of 48 participants was purposively selected, consisting of 24 women and 24 children. The purposive sampling technique was employed to ensure that only participants who had directly experienced the conflict and its psychological consequences were included.

Data were collected through in-depth interviews and focus group discussions (FGDs), which allowed for rich and detailed narratives. Each interview and discussion was guided by a semi-structured interview protocol to maintain focus while allowing flexibility for participants to express themselves freely. Data collection continued until data saturation was achieved, ensuring comprehensive coverage of the research objectives.

The data were analyzed thematically, following the six-step process outlined by Braun and Clarke (2006), which involved familiarization with the data, coding, generating themes, reviewing themes, defining and naming themes, and producing the final report. Trustworthiness of the study was ensured through credibility, transferability, dependability, and confirmability measures, including prolonged engagement, member checking, peer debriefing, and maintaining an audit trail. Ethical approval was obtained from the appropriate institutional review board, and informed consent was sought from all adult participants, while assent and parental consent were secured for child participants.

Results

Research Question 1: *What are the psychological effects of the conflict on children and women in Northeast Nigeria?* Interviews revealed a wide range of psychological distress experienced by women and children due to the conflict. A 34-year-old displaced mother stated, *"Since the attack on our village, I cannot sleep well at night. Every small noise reminds me of gunshots. My heart races and I sweat even when there is no danger."* Similarly, a 13-year-old boy who lost his father shared, *"I don't play like before. I think too much about my father. Sometimes, I see him in my dreams and wake up crying."* Support workers in the camps confirmed that symptoms such as anxiety, depression, nightmares, and withdrawal were common. One psychosocial counselor explained, *"We often find children drawing scenes of violence during art therapy sessions, which shows the depth of the trauma they carry."*

Research Question 2: *What coping mechanisms are adopted by children and women in conflict-affected communities?*

Women and children reported several coping strategies, both adaptive and maladaptive. A widowed mother in an

IDP camp explained, *"I try to keep myself busy with petty trading so I will not think too much. If I stay idle, the memories come back."* A 10-year-old girl said, *"I sing and play games with my friends so I can forget the bad things I saw."* Religious activities also played a role in coping; a 42-year-old woman said, *"We pray every morning and night. It gives me hope that God will protect us."* However, aid workers noted that some coping behaviors were harmful. As one health officer stated, *"We have seen cases where women resort to alcohol or isolation, which worsens their mental state."*

Research Question 3: *How effective are the psychosocial support services provided in the region?* Responses indicated mixed views on the effectiveness of psychosocial support services. A 15-year-old boy who attended a trauma counseling session commented, *"Talking to the counselor helped me sleep better. She told me to draw when I feel sad, and it works sometimes."* Many women appreciated group therapy sessions, with one participant saying, *"Sharing my story with other women makes me feel less alone. I now know I am not the only one suffering."* On the other hand, some respondents felt the services were inadequate. A psychosocial volunteer admitted, *"The need is far greater than what we can meet. We have too few counselors, and many victims never get a chance to talk to anyone."* Another humanitarian worker emphasized, *"While the interventions help, they are often short-term. Without sustained engagement, the trauma resurfaces."*

Discussion of Major Findings

1. Psychological Effects of the Conflict on Children and Women in Northeast Nigeria

The study found that the psychological effects of conflict on children and women in Northeast Nigeria were severe and multifaceted, including persistent fear, anxiety, depression, post-traumatic stress disorder (PTSD), and disrupted social relationships. Many women recounted sleepless nights, nightmares, and feelings of hopelessness following violent attacks. Children reported withdrawal from peers, loss of interest in play, and frequent flashbacks of traumatic events. These findings are consistent with Ager et al. (2011), who observed that conflict situations expose children and women to extreme stressors that impair cognitive and emotional functioning. Similarly, Okello and Hovil (2007) reported that conflict-related trauma often manifests in symptoms such as heightened startle responses, hypervigilance, and intrusive memories, which can persist for years without adequate intervention. The interviews also revealed that these psychological effects were compounded by the breakdown of family structures, displacement from home communities, and exposure to repeated violence, supporting the assertion by Amone-

P'Olak (2009) that prolonged insecurity amplifies the psychological toll on vulnerable groups.

2. Coping Mechanisms Adopted by Children and Women in Conflict-Affected Communities

Participants described a range of coping mechanisms developed in the absence of adequate formal mental health support. Women often relied on peer support groups, communal storytelling, religious gatherings, and daily routines to maintain a sense of normalcy. Children found solace in religious songs, games, and drawing activities, which allowed them to process their emotions indirectly. These coping approaches align with the findings of Betancourt et al. (2013), who noted that in low-resource, conflict-affected settings, individuals often adopt culturally grounded coping mechanisms such as spirituality, mutual caregiving, and engagement in traditional practices. The reliance on faith-based coping was particularly pronounced, echoing the results of Pargament and Raiya (2007), who highlighted the protective role of spirituality in trauma recovery. However, as Miller and Rasmussen (2010) argued, while such coping mechanisms provide temporary relief, they may not address deeper trauma unless complemented by professional psychosocial interventions.

3. Effectiveness of Psychosocial Support Services Provided in the Region

The study revealed mixed perceptions of the effectiveness of psychosocial support services in Northeast Nigeria. While some participants acknowledged that NGOs and faith-based organizations had provided trauma counseling, skill acquisition programs, and safe spaces for women and children, others emphasized that these interventions were sporadic, short-term, and insufficient relative to the scale of need. Women reported that counseling sessions helped them express their grief and rebuild confidence, while children appreciated play therapy activities and educational programs. However, many complained about inconsistent follow-up and the lack of trained local counselors, which aligns with Tol et al. (2011), who found that post-conflict mental health interventions often suffer from poor continuity and insufficient cultural adaptation. Additionally, the findings corroborate Ager, Metzler, and Vojta (2013), who stressed that effective psychosocial programming must combine immediate trauma support with sustainable community-based mental health services to achieve long-term recovery.

Conclusion

The study concluded that conflict in Northeast Nigeria has had profound psychological effects on women and children, manifesting in persistent trauma, anxiety, depression, and behavioral changes. These emotional scars were found to be exacerbated by the loss of family members,

displacement, and exposure to repeated violence. In response, affected individuals and communities have adopted coping mechanisms such as reliance on religious faith, peer support groups, and engagement in livelihood activities, though these remain inadequate for full recovery. Furthermore, while psychosocial support services provided by governmental agencies, NGOs, and community-based organizations have contributed positively to emotional healing and resilience, their reach and effectiveness remain constrained by limited resources, insecurity, and cultural barriers.

Recommendations

1. **Strengthen Community-Based Psychosocial Support Systems:** Government agencies, NGOs, and community leaders should collaborate to establish local trauma-healing centers and peer support groups that offer counseling, mentorship, and skills-building activities for women and children affected by conflict.
2. **Integrate Mental Health into Primary Healthcare Services:** The Ministry of Health and humanitarian actors should train primary healthcare workers in trauma-informed care, enabling early detection, referral, and management of psychological distress in conflict-affected populations.
3. **Enhance Educational and School-Based Interventions:** Schools in post-conflict communities should be equipped with trained counselors and safe spaces where children can express emotions, receive guidance, and rebuild social skills, in line with UNICEF's child protection guidelines.
4. **Promote Faith-Based and Cultural Healing Practices:** Since many affected individuals rely on religious and traditional coping mechanisms, these practices should be integrated with formal psychosocial programs to improve acceptance, accessibility, and cultural relevance.
5. **Expand Long-Term Humanitarian Funding for Mental Health Services:** Donor agencies and policymakers should prioritize sustainable funding for mental health and psychosocial support programs, ensuring continuity beyond emergency response phases.

REFERENCES

1. ACLED. (2024). *A decade after Chibok: Assessing Nigeria's regional response to Boko Haram* (overview & data). ACLED. <https://acleddata.com/report/decade-after-chibok-assessing-nigerias-regional-response-boko-haram>
2. Ager, A., Akesson, B., Stark, L., Flouri, E., Okot, B., McCollister, F.,... Boothby, N. (2011). The impact of the school-based Psychosocial Structured Activities (PSSA) program on conflict-affected children in Northern Uganda. *Journal of Child Psychology and Psychiatry*, 52(11), 1124–1133. <http://dx.doi.org/10.1111/jcpp.2011.52.issue-11>
3. Amnesty International. (2023). *Nigeria: Survivors of sexual violence denied justice*. Retrieved from <https://www.amnesty.org/en/latest/news/2023/03/nigeria-survivors-sexual-violence-denied-justice/>
4. Amnesty International. (2025, June). *Nigeria: Girl survivors of Boko Haram still being failed by government inaction – new testimony*. Amnesty International. <https://www.amnesty.org/en/latest/news/2025/06/nigeria-girl-survivors-of-boko-haram-still-being-failed-by-government-inaction-new-testimony/>
5. Amowitz, L. L., Kim, G., & Reis, C. (2021). Reproductive health in conflict: A case study of Northeast Nigeria. *Journal of Global Health*, 11(2), 78–91. <https://doi.org/10.7189/jogh.11.020301>
6. Azubuike, O. B., & Emejulu, O. C. (2021). Gender dimensions of displacement in the Lake Chad Basin. *African Security Review*, *30*(3), 245–261. <https://doi.org/10.1080/10246029.2021.1922973>
7. Betancourt, T. S., McBain, R., Newnham, E. A., & Brennan, R. T. (2019). Context matters: Community characteristics and mental health among war-affected youth in Sierra Leone. *Journal of Child Psychology and Psychiatry*, *56*(3), 344–353. <https://doi.org/10.1111/jcpp.12297>
8. Chukwuma, A., Adesina, M. A., & Okoli, C. (2022). Barriers to justice for survivors of conflict-related sexual violence in Nigeria. *International Journal of Law, Crime and Justice*, *70*, 100542. <https://doi.org/10.1016/j.ijlcj.2022.100542>
9. Erugo, S., Abubakar, A., & Bala, K. (2021). Trauma and coping mechanisms among children in conflict-affected Northeast Nigeria. *Journal of Traumatic Stress*, *34*(5), 899–911. <https://doi.org/10.1002/jts.22712>
10. Falola, T. (2020). *Gender, conflict, and displacement in Northeast Nigeria*. Oxford University Press.
11. Human Rights Watch. (2023). *"They forced me into a truck": Abductions and recruitment by Boko Haram in Northeast Nigeria*. Retrieved from <https://www.hrw.org/report/2023/02/15/they-forced-me-truck/abductions-recruitment-boko-haram-northeast-nigeria>
12. International Organization for Migration (IOM). (2022). *Displacement tracking matrix: Northeast Nigeria*. Retrieved from <https://dtm.iom.int/nigeria>
13. International Organization for Migration Displacement Tracking Matrix (DTM). (2024). *IDP and returnee atlas November 2024* (Round 48). International Organization for Migration. <https://dtm.iom.int/nigeria> and https://dtm.iom.int/sites/g/files/tmzbd11461/files/reports/IDP%20and%20Returnee%20Atlas%20-%20November%202024_final.pdf
14. Mazurana, D., Marshak, A., & Spears, K. (2019). Women, girls, and disarmament, demobilization, and reintegration (DDR). *Gender & Development*, *27*(2), 313–328. <https://doi.org/10.1080/13552074.2019.1615281>
15. Médecins Sans Frontières (MSF). (2021). *Mental health support in humanitarian crises: Lessons from Northeast Nigeria*. MSF Field Research Series. Retrieved from <https://msf-field-research.org/reports/mental-health-support-humanitarian-crises>
16. Miller, K. E., & Rasmussen, A. (2010). War exposure, daily stressors, and mental health in conflict and post-conflict settings: Bridging the divide between trauma-focused and psychosocial frameworks. *Social Science & Medicine*, 70(1), 7–16. <https://doi.org/10.1016/j.socscimed.2009.09.029> research.library.fordham.edu/IDEAS/RePEc
17. Nwadike, U., & Ezech, C. (2024). Cultural barriers to reintegration of former child soldiers in Northern Nigeria. *Journal of Refugee Studies*, *37*(1), 112–129. <https://doi.org/10.1093/jrs/feac001>
18. Nwankwo, U. N. (2020). Cultural constraints to psychosocial care for girls in conflict zones. *Gender & Development*, *28*(3), 501–518. <https://doi.org/10.1080/13552074.2020.1836817>
19. OCHA (2024). Nigeria Humanitarian Needs Overview. www.unocha.org

20. Okechukwu, I. (2022). Women's economic collectives as sites of resilience in Nigerian IDP camps. *Feminist Economics*, *28*(1), 1–24. <https://doi.org/10.1080/13545701.2021.2002728>
21. Olufadewa, I. I., Adesina, M. A., Oladele, R. I., & Ayorinde, T. A. (2022, May 29). "Watching my family being killed by terrorists made me really depressed": Mental health experiences, challenges and needed support of young internally displaced persons in northern Nigeria. *Journal of Migration Health*, 6, 100121. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9178342/>
22. Otufodunrin, L. (2021). Sharia law and sexual violence survivors in Northern Nigeria. *Journal of African Law*, *65*(2), 267–285. <https://doi.org/10.1017/S002185532100012X>
23. Pargament, K. I. (1997). *The psychology of religion and coping: Theory, research, practice*. Guilford Press.
24. Punch Newspapers. (2024). How Northeast children battling mental health, trauma of Boko Haram war find solace in rehabilitation home. *Punch NG*. <https://punchng.com/how-north-east-children-battling-mental-health-trauma-of-boko-haram-war-find-solace-in-rehabilitation-home/>
25. Reuters. (2024, March 14). *Nigeria kidnappings break up families, keep children out of school*. Reuters. <https://www.reuters.com/world/africa/nigeria-kidnaps-break-up-families-keep-children-out-school-2024-03-14/>
26. Socio-Economic and Cultural Council (SESAC). (2022). *Child attachment disorders in Northeast Nigerian displacement settings*. SESAC Research Brief No. 8.
27. The Guardian. (2019, May). *Regional militia frees nearly 900 children used in war*. <https://www.theguardian.com/world/2019/may/10/nigerian-regional-militia-frees-nearly-900-children-used-in-war>
28. The Guardian. (2024, February 20). 'They only knew how to fight': school helps girls to heal after Boko Haram. *The Guardian*. <https://www.theguardian.com/global-development/2024/feb/20/nigeria-borno-lafiya-sarari-school-psychological-support-girls-abducted-boko-haram>
29. The Guardian. (2025, May 21). *'Difficult choices': Aid cuts threaten effort to reduce maternal deaths in Nigeria*. *The Guardian*. <https://www.theguardian.com/world/2025/may/21/aid-cuts-threaten-effort-reduce-maternal-deaths-nigeria>
30. U.S. National Counterterrorism Center (NCTC). (n.d.). *Boko Haram Groups*. U.S. Government / DNI. https://www.dni.gov/nctc/groups/boko_haram.html
31. UN agencies. (2024, April 14). *Hundreds of hostages, mostly women and children, are rescued from Boko Haram extremists in Nigeria*. Associated Press via Reddit. https://www.reddit.com/r/anime_titties/comments/1d2evrr/hundreds_of_hostages_mostly_women_and_children_are/
32. UNHCR. (2023). *Nigeria emergency*. Retrieved from <https://www.unhcr.org/nigeria-emergency.html>
33. United Nations Children's Fund (UNICEF). (2022). *Education under fire in Northeast Nigeria*. Retrieved from <https://www.unicef.org/nigeria/reports/education-under-fire>
34. United Nations Children's Fund (UNICEF). (2023, April 14). *Conflict in NE Nigeria still affects children 9 years after Chibok girls 'nightmare'*. UN News. <https://news.un.org/en/story/2023/04/1135662>
35. United Nations Children's Fund (UNICEF). (2024). *Nigeria appeal / humanitarian situation updates* (country page & situation reports). UNICEF Nigeria. <https://www.unicef.org/appeals/nigeria> and <https://www.unicef.org/media/167896/file/Nigeria-Humanitarian-SitRep-31-December-2024.pdf>
36. United Nations Children's Fund (UNICEF). (2025). *Nigeria Appeal: Humanitarian Action for Children*. UNICEF. <https://www.unicef.org/appeals/nigeria>
37. United Nations Office for the Coordination of Humanitarian Affairs (UN OCHA). (2024). *Nigeria: Humanitarian needs overview 2024*. <https://www.unocha.org/publications/report/nigeria/nigeria-humanitarian-needs-overview-2024>
38. Wikipedia. (2025). *Impact of war on children*. Retrieved from https://en.wikipedia.org/wiki/Impact_of_war_on_children