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PTSD AND SELF-REGULATION AMONG INTERNALLY DISPLACED PERSONS IN BENUE STATE

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ABSTRACT*:* Self-regulation is among the resiliency factors identified by most studies as a viable mechanism for managing traumatic events to achieve optimal psychosocial functioning and wellbeing. However, despite its relevance and the reported high rates of PTSD in Internally Displaced Persons (IDPs), including those in Benue state, studies examining the empirical link between these important variables are lacking. This research examined the influence of PTSD on self-regulation and its dimensions among internally displaced persons in Benue State. A cross-sectional survey design was adopted. A total of 384 Internally Displaced Persons (IDPs) were recruited from a population of 157,854 IDPs across four (4) local government areas of Benue state. A multi-stage sampling technique was employed, and the Raosoft online sample size calculator was used to determine the sample size. A standardised questionnaire containing measures of demographic variables, PTSD and Self-Regulation was administered to eligible participants. Multiple linear regression was utilised to analyse the research objective at the .05 level of significance. Findings revealed a significant influence of PTSD on self-regulation, accounting for 36.5% variance. Further results indicate that PTSD significantly and negatively impacted all the dimensions of self-discipline, impulse control, learning from mistakes and planning, with the tune of 57.6%, 43.6%, 30.4% and 16.9% contribution. The result of this study implies that PTSD has significantly impacted IDPs' self-regulation, specifically posing difficulties in self-discipline, rational decision-making and planning. Therefore, early PTSD assessment and psychosocial support for IDPs are recommended to build resilience and achieve effective societal integration.

Keywords: Posttraumatic Stress Disorder, Self-Regulation, Internally Displaced Persons

INTRODUCTION

Globally, war conflicts are on the increase, and the impact of these conflicts on the world population, including Internally Displaced Persons (IDPs), is immense. Worldwide, over 100 million people are involuntarily displaced from their homes due to conflict or insecurity (Aregawi

et al., 2024). Among those displaced, the majority (53.2%) are IPDs from low and middle-income countries (Kalin, 2014; Henkelmann et al., 2020). A report from the United Nations High Commission for Refugees (UNHCR) in 2024 indicated that Nigeria has the largest population of IDPs in sub-Saharan Africa, with an estimated figure of 3.1 million (UNHCR, 2024). This displacement has arisen due to conflicts related to religious tensions, land disputes, and terrorism (Eweka & Olusegun, 2016), which is likely to affect psychosocial functioning (Bapolisi, 2020).

Self-regulation is defined as the capacity of an individual to delay or suppress behaviour, tendencies and desires, abide by social rules, control and regulate emotions, focus on goal-directed stimuli and maintain attention (Baumeister, 2007). According to some developmental theorists, self-regulation is the ability to activate, monitor, and inhibit behaviour, attention, emotions, or cognitive processes in a flexible and adjustable manner in response to internal or external stimuli, thereby achieving desired outcomes (Shonkoff, 2012). Indeed, exposure to violence and the corresponding displacement can produce harsh and unusual stress to IDPs. The farmers-herders' crises in Benue state have brought significant consequences, including the displacement of thousands of people, with widespread starvation, destruction of farmlands and the tragic loss of thousands of lives (Ukase & Jato, 2022; Angyo & Anyo, 2025). These harsh realities have exposed the IDPs to unimaginable levels of stress and trauma that require optimal regulatory abilities for effective adaptation. However, adaptive development depends upon the ability of the IDPs to manage their reactions and specifically, their task-related behaviours in the new environment, which underscores the importance of self-regulation.

The existing literature has shown that self-regulation is a crucial factor in building resilience and adapting to new environments (Murray et al., 2015). People who experience trauma require self-regulatory skills to filter, control and regulate negative emotions (Effeney, Carroll & Bahr, 2013). Among IDPs, these skills are essential for promoting discipline, social learning, effective goal-setting, and impulse control, thereby enhancing resilience and adaptation to a new environment. Accordingly, this study defines self-regulatory behaviours as including planning, impulse control, social learning, and goal-directed behaviours that can promote adaptation among IDPs.

However, while violence-related trauma is associated with cognitive impairment (Shonkoff, 2012), there is evidence indicating other consequences associated with violence. Epidemiological evidences indicate that the burden of mental health is higher in conflict and post-conflict areas of the world compared to non-conflict places, especially for those who have experienced targeted ethnic violence and civil or political unrest (Mironga, 2015). According to Essizoglu (2014), posttraumatic stress disorder (PTSD) is the most common psychological problem seen in displaced individuals, with a prevalence rate varying from 14 to 37% (Stevenson et al., 2020). Many individuals experience PTSD after stress or traumatic events, which is expressed through symptoms of intrusion, avoidance, mood swings, and sleeplessness (Essizoglu,2014). This disorder is among the most common in refugees and IDPs, with prevalence rates ranging from 30 to 40% (Mironga, 2015; Kakaje et al., 2021; Ajibade et al., 2017). A systematic review and meta-analysis in sub-Saharan African countries showed an overall PTSD prevalence 22% across all studies, with a significant difference between war-exposed (30%) and war-non-exposed (8%) populations (Stevenson et al., 2020). Currently, Nigeria is ranked third among African countries

with the highest population of IDPs with PTSD (Angyo & Angyo, 2025), just behind Ethiopia and Uganda, which have 58.4% and 54% prevalence, respectively (Roberts, 2008; Bapolisi,2020).

The conflict between farmers and herders in Benue State has been a recurring situation (Ukase & Jato, 2022). However, from 2019 to date, the crises have taken a frightening dimension, resulting in the displacement of numerous people who became internally displaced persons (Abah & Albert, 2024). The significant distress of displacement and associated trauma (witnessing gruesome killings, destruction of houses and farmlands) and the unpleasant conditions in IDP camps have resulted in intense traumatisation and distress that require self-regulation skills to cope. However, previous research evidences indicate that most IDPs in Benue State exhibit poor self-regulation skills, including but not limited to inability to follow camp instructions, quarrelling at the slightest provocation, fighting, poor time management and lack of respect for camp officials (Angyo & Angyo, 2025), thereby affecting interpersonal relationships and frustrating the government's efforts towards reintegration.

Additionally, it is worth noting that the trauma from wars not only impairs competencies in cognitive functioning such as emotional regulation and interpersonal relationships, but also denies victims the environment that fosters autonomy, competence and relatedness. This properly justifies Self-Determination Theory (SDT) as a guiding theory in this paper. Self-determination embraces the view that humans are driven to develop a unified sense of self. This constructive drive is innate to all individuals. According to the theory, people need autonomy, competence and relatedness in order to achieve an integrated personality (Ryan & Deci, 2000). The theory portrays a continuum between an integrated/productive self and a highly fragmented/passive self. Where one appears on that continuum depends on one's success in meeting those basic needs. According to SDT, felt frustration in meeting one's need for autonomy, competence, and relatedness surfaces as self-protective behaviours, including motive or need substitutes, controlling regulatory styles, and rigid behaviour patterns (Deci & Ryan, 2002). That is, the inability to fulfil these basic psychological needs could result in abnormal behaviours and a decrease in adaptive behaviours. Also, the perception that one's environment can facilitate or inhibit the achievement of these needs can either foster the integration or increase the fragmentation of one's personality. Therefore, in this context, many internally displaced persons may perceive the camp environment as unfavourable, punishing and restricting, posing a restriction to their need to live an autonomous, competent and desired social life. This frustration can bring a deficiency in the ability to suppress maladaptive behavioural tendencies and desires, adhere to rules and pursue goal-directed behaviours which are needed among IDPs.

Suffice to state that the documented body of literature has acknowledged the significance of self-regulation in helping IDPs build resilience (Murray et al., 2015) and achieve adaptation to a new environment (Shonkoff, 2012; Smith, Wadley & Webber, 2022). In a similar vein, high prevalence of PTSD among IPDs in Africa (Mironga, 2015; Kakaje et al., 2021) and Nigeria (Essizoglu,2014; Ajibade et al., 2017) is documented. However, research gaps still exist on the link between PTSD and self-regulation among IPDs in the state. Since rates of PTSD are consistently high among the IDP population (Ukase & Jato, 2022; Angyo & Angyo, 2025), it is expedient to further examine whether this can negatively impact self-regulation abilities that are needed for adaptation and

healthy functioning in IDPs. The objective of this study is, therefore, to examine the influence of PTSD on self-regulation among IDPs in Benue State.

Conceptual Framework

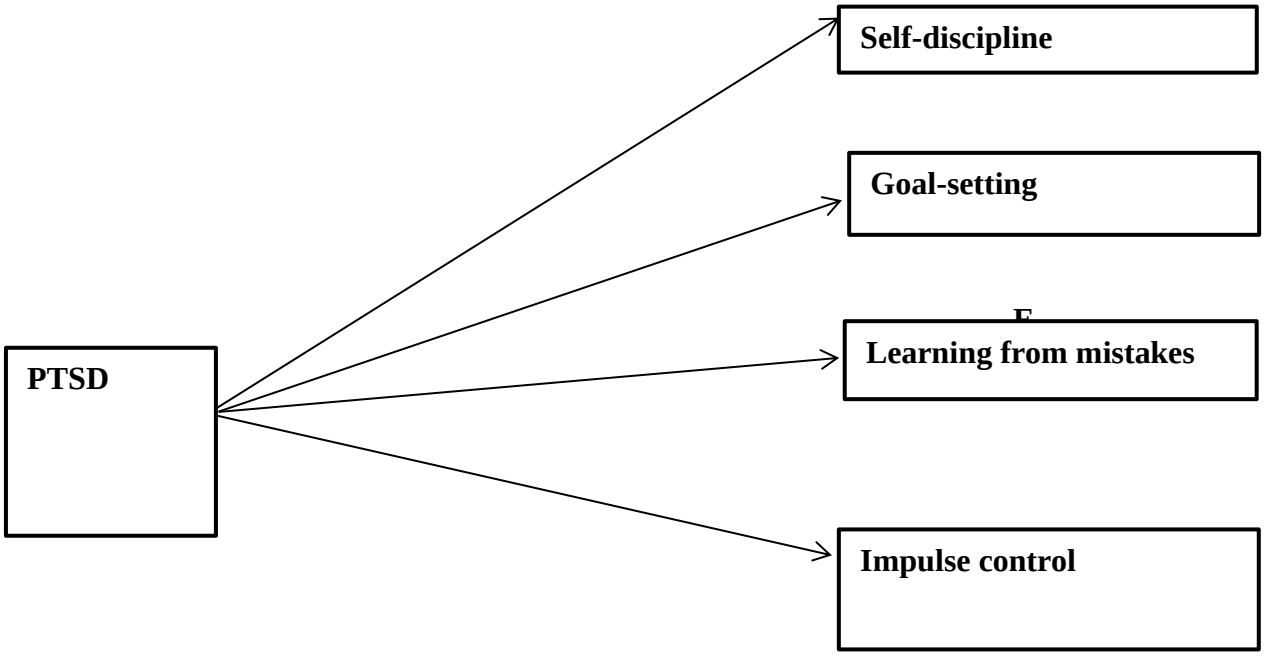

Fig 1: *Conceptual framework showing the influence of PTSD on the four dimensions of self-regulation.*

METHOD

Design and Setting

A community-based cross-sectional survey was conducted to collect data on four (4) local governments of Benue State between January and March 2022. This design was preferred because it facilitates the conduct of research in areas of armed conflict (Aregawi et al., 2024) and allows for the description of a phenomenon and the observation of relationships among variables without manipulation. All the local governments chosen for the research hosted internally displaced persons in the three zones.

Currently, there are internally displaced persons across the three senatorial zones of Benue State due to persistent farmer-herder crises. Accordingly, the IDPs are located in designated camps across the zones: Zone A (Kwande, Logo), Zone B (Guma, Gwer-west, Makurdi) and Zone C (Otukpo and Agatu) local governments, respectively. However, four local governments were selected across the three zones. They include Kwande (Zone A), Guma and Makurdi (Zone B) and Agatu (Zone C), with an overall number of 16 IDP camps (Benue State Emergency Management Agency, 2021). The total number of displaced people aged 18 and over in all the IDP centres is

157,854. The displaced persons have been living in the camps for over two years with varying psychosocial challenges.

Population and Participants

The study population included all displaced people residing in the 16 IDP camps across the four local governments at the time of data collection. Specifically, the total population comprised all IDPs living in Kwande (Kumakwagh Camp-N =9,206; Mbakunu Camp-N=1,825; Mbaper Camp-N=720; Jato-aka Camp-N=14,637); Guma (Daudu Camp-N=19,518; RCM Pri. Sch Camp-N=9,061; Central Pri. Sch. Gbajimba Camp-N=13,561; Umenger Camp-N=12, 071); Makurdi (Agan Camp-N=6,251; LGEA NASME Camp-N=11,055; Atson Community Camp-N=9,375; Tse-Chagu Camp-N=10,521) and Agatu (Okoloko Camp-N=8,397; Obagaji Camp-N=13,280; Udugbeho Camp-N=8,815; Oweto Camp-N=9,561) representing Zone A, B and C respectively.

From the population of 157,854, 384 IDPs who met the inclusion criteria were selected based on the sample size determination formula. All individuals living in the designated IDP centres and aged 18 and over were included in this study. Individuals who were seriously ill at the time of data collection were excluded. Their age range was from 18 to 74 years (Mean age =35.03, SD=0.48), comprising 141(36.7%) males and 243(63.3%) females. Of this number, 32(8.3%) had no formal education, 107(27.9%) had primary education, 136(35.4%) had post-primary education, while 109(28.4%) had tertiary education. Furthermore, 185(48.2%) were married, 139(36.2%) were single, 22(5.7%) were divorced, 25(6.5%) were widowed, while 13(3.4%) were separated. In terms of the Local Government Area, 66(17.2%) were drawn from camps in Kwande, 131(34.1%) from Guma, 91(23.7%) from Makurdi, and 96(25.0%) from Agatu Local Government Areas, respectively.

Sample, Sample Size Determination and Sampling Technique.

The study utilised a sample of 384 participants from 157,854 IDPs across the 16 camps in the four local governments (Benue State Emergency Management Agency, 2021). The sample was determined using the Raosoft online sample size calculator, which has been widely used to determine sample size in community research (Madoro et al., 2020). The online sample size calculator has specifications into which figures were imputed as follows: Margin of error-5%; Confidence level- 95%; Population size- 157,854; Response distribution -50%; Sample size=384.

To choose the research participants**,** a multi-stage sampling technique was used. The first stage was the stratification of Benue State into three Senatorial Zones: Zone A, Zone B and Zone C. The second stage was the random selection of local governments with IDP populations from each Senatorial Zone. In addition, Makurdi local government was added due to its status as the state capital and high IDP population. This resulted in an overall population of 157,854 IDPs in 16 camps across the four local government areas.

Participants were then selected using a purposive sampling technique. The list of all the IDPs in each camp was obtained from the camp officials to guide sample selection. In order to ensure representativeness and generalizability of results, questionnaires were distributed proportionally

to the calculated sample size for each camp. To get the proportion, the number was divided by the total population and multiplied by the sample size as follows:

Kwande:

Kumawagh District Camp - $\frac{9206}{157,854}$ x 384 = 22

Mbakun Community Camp - $\frac{1825}{157,854}$ x 384 = 4

Mbaper Community Camp - $\frac{720}{157,854}$ x 384 = 3

Jato Aka/Nyihemba - $\frac{14637}{157,854}$ x 384 = 37

Guma:

Daudu Community Camp - $\frac{19518}{157,854}$ x 384 = 47

RCM. Pri. Sch. Daudu - $\frac{9061}{157,854}$ x 384 = 22

Central Pri. Sch. Gbajimba - $\frac{13561}{157,854}$ x 384 = 33

Umenger Community Camp - $\frac{12071}{157,854}$ x 384 = 29

Makurdi:

Agan Community Camp - $\frac{6251}{157,854}$ x 384 = 15

LGEA NASME Camp - $\frac{11,055}{157,854}$ x 384 = 27

Atson Community Camp - $\frac{9375}{157,854}$ x 384 = 23

Tse-Chagu Comm. Camp - $\frac{10,521}{157,854}$ x 384 = 26

Agatu:

Okokolo Community Camp - $\frac{8397}{157,854}$ x 384 = 20

Obagaji Community Camp	-	$\frac{13280}{157,854}$ x 384	=	32
Odugbeho Comm. Camp	-	$\frac{8,815}{157,854}$ x 384	=	21
Oweto Community Camp	-	$\frac{9561}{157,854}$ x 384	=	23
Total			**=**	**384**

Data Collection Instruments

Demographic data: Demographic data were gathered to provide baseline information about participants' profiles, particularly on their demographic characteristics such as age, sex, education, marital status and local government where displaced persons were housed.

Posttraumatic Stress Disorder Checklist for DSM-5 (PCL-5). The PCL-V is a standardised self-reporting rating scale used to assess the 20 DSM-5 symptoms of PTSD (Weathers, Litz, Keane, Palmieri, Marx & Schnurr, 2013). Originally, the instrument requires participants to rate the items using a 5-point Likert scale (0= Not at all, 1 = A little bit, 2 = Moderately, 3 = Quite a bit, and 4 = Extremely), with a cut-off point of ≥33. However, during the pilot study for this research, two items: item 5 ("having strong physical reactions when something reminded you of the stressful experience" (for example, heart pounding, trouble breathing, sweating) had a score of -.126, and item 10 ("blaming yourself or someone else for the stressful experience or what happened after it") had a core of -.136, which are below the .30 cut-off point requirement for correlated total-item correlation. Based on this finding, the two items were expunged from the scale. Consequently, participants were required to respond to 18 items assessing PTSD on a 5-point rating scale. A cut-off point of ≥31 was used to determine PTSD (Robinaugh et al., 2011).

PCL-5 test scores have demonstrated strong internal consistency (α = .94 to .96), test-retest reliability (r = .74 to .85), and convergent and discriminant validity (Blevins, Weathers, Davis, Witte, & Domino, 2015). Furthermore, PCL has proven a valid measure of PTSD among IDPs in Africa (Arewagi, Asqual, Kokob, Solomon, et al.,2024) and the Nigerian population (Ajibade, Ajao, Amao, Akintola & Adeniran,2017).

Self-regulation: We assessed self-regulation using The Short Form Self-Regulation Questionnaire (Sebena, Orosava, Petkeviciene, Ferdinand, Helmer, Lukacs & Rafeal, 2018), which is a standardised 23-item instrument that measures self-regulation in four dimensions:

Self-discipline (Items: 1,2,3,4,5,6,7), Goal setting (Items: 8,9,10,11,12), Learning from mistakes (Items: 13,14,15,16), and Impulse control (Items: 17, 18, 19, 20, 21, 22, 23). Participants rated the extent to which they exhibit self-regulatory skills using a 5-point Likert format ranging from Strongly Disagree to Strongly Agree = 5. The overall Cronbach's alpha reliability coefficient for the entire scale is .73, while the following holds for the subscales: Self-discipline = .77, Goat setting = .79, Learning from mistakes = .76, and Impulse control = .75 (Sabena et al., 2018). Items

of the scale are summed to generate a total score for the overall scale and the subscales, with high scores indicating high self-regulation and low scores suggesting low self-regulation.

The short-form self-regulation questionnaire has demonstrated good validity and reliability in previous studies involving IDPs, with a reported reliability coefficient of 0.78 (Carter et al., 2020). Furthermore, the results of the pilot study revealed Cronbach's alpha reliability coefficient for the four dimensions as follows: self-discipline 0.74, self-control 0.85, learning from mistakes 0.83 and impulse control 0.87.

Data Collection Procedure

This research was approved by the Executive Secretary, Benue State Emergency Management Agency (SEMA) and the Research Ethics Committee of Benue State Ministry of Humanitarian Affairs. Upon the approval, the researcher visited the various IPD camps across the four local governments to interact with eligible participants. Questionnaires were distributed proportionally to the calculated sample size for each camp across the four local government areas. The questionnaire was initially designed in English, then translated into Tiv and Idoma, and subsequently translated back to English by language experts and mental health specialists to ensure better understanding, consistency and validity of responses. Data collection was conducted by two postgraduate students, with regular supervision by both camp officials and the principal investigator. Each participant was given about 15 minutes to respond to the items. A total of 384 questionnaires were distributed and returned with usable data, representing a 100% response rate.

Ethical Consideration

The Research Ethics Committee of Benue State Ministry of Humanitarian Affairs approved the research. To ensure adherence to ethical principles in human research, particularly regarding informed consent, confidentiality, and the psychological safety of participants, we provided a consent form detailing the purpose of the research. The consent form provided an opportunity for prospective participants to evaluate their willingness to participate in the study. Participants who expressed willingness were selected. Regarding confidentiality, we ensured that each participant was assessed independently without any form of identification. As soon as each participant had completed their responses, the questionnaires were retrieved from them and arranged into an envelope to ensure privacy. Confidentiality and privacy also ensured that research participants were protected from physical and psychological risks.

Data Analyses

The data were coded, screened and analysed using SPSS version 2022. Descriptive statistics, such as means, frequencies, percentages, and standard deviations, were calculated from the data. To determine whether there was a significant correlation between PTSD and Self-regulation, Pearson Product-Moment Correlation Analysis was utilised. Multiple Linear Regression was used to test the influence of PTSD on Self-regulation and its four dimensions at a *p*-value of 0.05.

RESULTS

Table 1: Summary of Correlational Matrix among the study variables

	$\overline{X}$	SD	Sex	Age	Edu	S.Disp.	Goal.St.	Learn M.	Imp.Ct.	PTSD
Sex	1.63	.483	1							
Age	35.03	15.340	.231**	1						
Edu	1.84	.934	-.012	.172**	1					
S.Disp.	203.28	3.02	.208**	-.180	.291*	1				
Goal.St.	199.47	2.10	.167*	-.094	.184*	.912**	1			
LearnMist.	209.10	2.15	.262**	.048	-.080	.932**	.858**	1		
Imp.Ct.	212.42	3.47	.001	-.140*	.191*	.989**	-.444**	.096	1	
PTSD	208.36	4.38	.231**	-.054	.070	.-963**	.-960**	.-802**	-.528**	1

***. Correlation is significant at the 0.01 level (2-tailed).*

**. Correlation is significant at the 0.05 level (2-tailed).*

Note: S.Disp. = self-discipline; Goal. St.= Goal Setting LearnMist. = learning from mistakes; Imp.Ct. = impulse control

To determine whether there is a significant relationship among the study variables, we conducted correlational analyses using Pearson's correlation coefficient (r). The result of the correlation matrix presented in Table 1 shows that, among the demographic variables, age has a significant positive relationship with PTSD (r=.231, p>.01). This result implies that experiencing more symptoms of PTSD is associated with advanced age, implying that the older the IDPs, the more likely they are to report PTSD. However, no significant relationship exists between IDPs' sex or educational level and PTSD. Further result indicates a significant negative relationship between self-discipline and PTSD (r=.-963, p<.01), goal setting and PTSD (r=.-960, p<.01), learning from mistakes and PTSD (r=.-802, p<.01), as well as impulse control and PTSD (r=-.528, p<.01). In all, these results established a strong relationship between PTSD and all the dimensions of self-regulation, specifically showing that more experience of PTSD would reduce self-discipline, goal setting, learning from mistakes and ability of the IDPs to control impulsive behaviour.

Influence of PTSD on Self-regulation

The main objective of this research was to examine whether PTSD would significantly influence the self-regulation of IDPs in Benue State. To test this, we used a multiple linear regression analysis, as shown in Table 2.

Table 2: Summary of Multiple Linear Regression Showing Influence of Posttraumatic Stress Disorder on Self-regulation among IDPs.

DV	Predictors	R	R^2	df	F	P	β	t	p
Self-Regulation	Constant	-.604	.365	1,383	11.101	.000	-.25	99.600	.000
Self-Discipline	Constant	-.759	.576	1,383	139.177	.000	-.23	22.581	.000
Goal Setting	Constant	-.404	.163	1,383	4.436	.000	-.16	19.084	.000
Learn from Mistakes	Constant	-.552	.304	1,383	5.854	.001	-.31	11.231	.001
Impulse Control	Constant	-.660	.436	1,383	10.869	.000	-.35	1.874	.000

*** p is significant at the 0.01 level (One-tailed), * p is significant at the 0.05 level (One-tailed)*

The results in Table 2 indicate that PTSD has a significant negative influence on overall self-regulatory behaviours of IDPs in Benue State [R = -.604, R^2=.365, F(1, 383)=11.101, p<.01], accounting for 36.5% variance. This result means the ability of IDPs to be self-regulators is negatively affected by PTSD. Therefore, those with more symptoms would find it increasingly difficult to control their impulses, engage in meaningful planning, learn from mistakes, and enforce self-discipline. More specifically, the magnitude of negative influence of PTSD on the four dimensions of self-regulation revealed progressively that the greatest impact is on self-discipline [R = -.759, R^2=.576, F (1,383) =139.177, p<.01], impulse control [R = -.660, R^2=.436, F(1, 383)=10.869, p<.01], learning from mistakes[R=-.552, R^2=.304, F(1, 383)=5.854, p<.05] and goal-setting [R = -.411, R^2=.169, F(1, 383)=4.436, p<.01], with significant contribution in explaining their variance to the tune of 57.6%, 43.6%, 30.4% and 16.9% respectively. This implies, therefore, that greater experience of PTSD would diminish self-discipline, rational thinking, ability to learn from their mistakes and set goals that may facilitate their personal and social development during camping and societal reintegration.

DISCUSSION

The significance of self-regulation among individuals experiencing traumatic events is well-documented in trauma research. Similarly, evidences abound that posttraumatic stress disorder is the most common psychological problem seen in displaced individuals, with a prevalence rate varying from 14 to 37% (Stevenson et al., 2020). In spite of this, there is a paucity of empirical literature on the nexus between these important variables among IDPs, and to the best of our knowledge, little or none exists in Benue state, where perennial farmer-herder crises have devastated thousands, forcing many to find shelter in internally displaced camps. The purpose of this research was to examine the influence of PTSD on self-regulation among three hundred and eighty-four (384) internally displaced persons across sixteen (16) IDP camps in four (4) local governments of Benue state.

The result revealed a 34% prevalence of PTSD among IDPs in Benue State. It was found that PTSD has a significant influence on self-regulation among IDPs, negatively affecting all the dimensions of self-discipline, learning from mistakes, goal-setting and impulse control. This result is consistent with the research findings of Boyd et al. (2020), Koch et al. (2020) and Carter et al. (2020, which linked PTSD to poor self-regulation among IDPs. According to Carter et al. (2020), traumatised populations with PTSD are likely to experience an impaired sense of judgment, self-discipline and planning, which may subsequently affect their goal-setting efforts. Similarly, Liu et al. (2022) and Manousiadou (2022) observed that their experience of trauma-related PTSD significantly impaired the emotional regulation of children and adolescents. Thus, the impact of PTSD on emotional regulation is potent because PTSD itself is characterised by diminished emotional regulation and control (Brickman et al.,2021), and poor emotional regulation can impair discipline, affect planning and ability to have control over one's impulses. This may have explained the high reported and observed rate of stealing, disobedience to camp instructions, physical and verbal altercation and lack of respect for camp officials among IDPs in Benue State (Abah & Albert, 2024).

Similarly, in light of contextual and theoretical considerations, the research finding can be explained within the theoretical framework of the Self-Determination Theory (Deci & Ryan, 2000). According to the theory, inability to satisfy basic psychological needs of autonomy, competence and relatedness may result in frustration and adjustment problems. Relatedly, the traumatic experiences and frustrations associated with displacement and camping are likely to affect actualisation of these needs, owing to imminent deprivations and restrictions. This situation is likely to amplify PTSD symptoms, negatively diminishing the capacity to plan, adhere to instructions and relate healthily in the social environment. In addition, the complex social realities within IDP camps could provide an alternative explanation for the present result. According to Aregawi et al. (2024), while not everyone who experiences a traumatic event develops PTSD, the risks are higher when multiple events occur simultaneously. It is worth noting that many of the IDPs sampled in this research comprise people who have experienced multiple traumatic events, such as frequent killings, loss of contact with family members and prolonged neglect (Abah & Albert, 2024). This, coupled with an unpalatable environment with no access to good water, shelter, food and internet services, could increase frustration and subsequently impair emotional regulation and impulse control in the IDPs.

The findings, therefore, present robust practical and policy significance that can enhance the psychological well-being and management of IDPs in Benue State. The result can assist relevant stakeholders in designing timely and trauma-focused interventions for IDPs that enhance coping skills and resilience to trauma. Similarly, findings of the study can guide government policies that support social welfare and security of Benue indigenes, who are often vulnerable to herders' attacks, to attenuate the prevalence and impact of PTSD on their psychological functioning.

Conclusion and Recommendations

The present research found a significant influence of PTSD on self-regulation among IDPs in Benue State. From the findings, it is revealing that the perennial farmer-herder crises in the state have significantly increased PTSD rates among IDPs. This has resulted in a tremendous depletion of self-regulation abilities. As a result, many of them lack the necessary capacity to adhere to rules, properly plan for their lives, and engage retrospectively to learn from past mistakes, ultimately impacting their adaptation and adjustment to the camp environment. This may further impact governments' and non-governmental organisations' efforts to facilitate timely and effective community reintegration.

Accordingly, early assessment and management of PTSD among IDPs is recommended. This will help reduce prevalence, thereby increasing their capacity for self-regulation and management of future trauma. Furthermore, there is a need to strengthen and support institutions, such as Non-governmental organisations, religious institutions, and civil society organisations, to enhance their capacity for providing psychosocial support to IDPs in the state. With high support and a conducive environment, IDPs can achieve their basic psychological needs of autonomy, relatedness and competence, which will subsequently reduce psychological tension and distress. Finally, future research should adopt a broad-based, carefully-designed research methodology that examines multiple factors over an extended period to understand the long-term influence of PTSD on self-

regulation among IDPs. This will help determine whether the impact of PTSD on self-regulation could be extended beyond the camp environment.

In conclusion, it is pertinent to admit the limitations of the present research. Every research, especially one conducted in challenging contexts like IDP camps, faces constraints such as potential response bias, logistical difficulties, or contextual variability. Accordingly, the cross-sectional survey design and data collection procedure in this research have the potential to encourage biased responses, as many participants may have responded dishonestly to the questionnaires. A mixed design would have provided more insight into some peculiar issues and the reasons for their occurrence in the population. Thus, there is a lack of comprehensiveness and a possibility of invalid and unreliable results. Finally, we encountered several logistical challenges, including financial constraints, strict camp policies, and a tense environment, that have the potential to affect the validity of the data and the eventual results. Nevertheless, the study has established that PTSD has a significant negative influence on self-regulation and, therefore, should be properly addressed to build resilience and enhance psychosocial well-being and integration of IDPs back into their ancestral communities.

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