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Readiness For Community Re-Integration Among Victims of Community Violence: Prognostic Functions of Post-Traumatic Stress Disorder and Depression

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Abstract. Community violence remains a significant public health concern with profound psychological and social consequences for affected individuals. This study examined the prognostic functions of posttraumatic stress disorder (PTSD) and depression on readiness for community reintegration among victims of community violence. The study adopted a cross-sectional survey design and was anchored on the Conservation of Resources Theory. A total of 368 participants were selected through a multistage sampling technique. Data were collected using standardized measures of PTSD, depression, and readiness for community reintegration. Descriptive statistics, multiple linear regression, and moderation analyses were employed for data analysis. The findings revealed that PTSD significantly and positively predicted readiness for community reintegration ($\beta = .227$, $t = 4.296$, $p < .001$), whereas depression did not significantly predict readiness for community reintegration ($\beta = .079$, $t = 1.491$, $p = .137$). Furthermore, depression did not significantly moderate the relationship between PTSD and readiness for community reintegration ($\beta = -.002$, $t = -0.148$, $p = .882$). These findings suggest that PTSD may be associated with increased motivation to reconnect with community resources and social support systems following traumatic experiences, while depression appears to have limited influence on reintegration readiness. The study concludes that trauma-related experiences play a significant role in shaping readiness for community reintegration among victims of community violence. It is recommended that trauma-informed interventions be integrated into community reintegration programmes to facilitate psychosocial recovery and sustainable reintegration outcomes.

Keywords: Posttraumatic stress disorder, depression, community violence, readiness for community reintegration, psychosocial recovery, trauma survivors.

1. Introduction

Violent communal conflicts remain a major humanitarian and public health concern in Nigeria, particularly within the North-Central region where recurring violence has resulted in widespread displacement, trauma, and social instability. In parts of Plateau State, recurrent clashes between pastoralist and agrarian communities have led to substantial loss of lives, destruction of property, disruption of livelihoods, and forced displacement of residents. Recent studies indicate that these conflicts are associated with resource competition, insecurity, environmental pressures, and ethno-religious tensions, thereby contributing to persistent cycles of violence and psychosocial distress (Sihombing et al., 2026; Okoroafor, 2025). Globally, forced displacement has continued to increase significantly, with over 122 million people forcibly displaced worldwide and internally displaced persons (IDPs) accounting for a substantial proportion of the affected population (Citaristi, 2022). Internally displaced populations remain highly vulnerable to adverse mental health outcomes due to exposure to insecurity, poverty, prolonged uncertainty, and inadequate healthcare services (Mbatta, 2024).

In Nigeria, displaced populations frequently experience traumatic events such as killings, destruction of homes, sexual violence, and loss of loved ones, which significantly increase vulnerability to psychological disorders (Musa et al., 2026; David et al., 2023). Recent empirical evidence highlights high levels of post-traumatic stress disorder (PTSD) and depression among displaced and trauma-exposed populations. Studies have shown that cumulative trauma exposure significantly predicts PTSD,

depression, anxiety, and impaired psychosocial functioning (Zughbur et al., 2025; Bany-Mohammed et al., 2025; Turgoose et al., 2024). Posttraumatic stress disorder and depression have also been associated with impaired emotional regulation, cognitive dysfunction, social withdrawal, and reduced occupational functioning (Gautam & Moradikor, 2025; Jellestad et al., 2021).

Community reintegration is a critical component of post-conflict recovery and involves the restoration of social functioning, occupational stability, interpersonal relationships, and psychological well-being (Fayyaz & Chitrali, 2025; Akimova et al., 2025). However, unresolved trauma-related conditions may hinder victims' readiness to reintegrate into their communities. Individuals experiencing PTSD may exhibit intrusive memories, hypervigilance, avoidance behaviours, and emotional dysregulation, while depression may contribute to hopelessness, low motivation, and social withdrawal (Omopo, 2024). These psychological difficulties may reduce victims' capacity to rebuild trust, reconnect socially, and regain productive functioning within their communities (Burback et al., 2024).

Despite increasing humanitarian interventions targeting displaced populations in Nigeria, limited empirical attention has been given to the prognostic roles of PTSD and depression in determining readiness for community reintegration among victims of community violence. Existing studies have focused largely on prevalence rates and general psychosocial outcomes, with insufficient attention to how trauma-related psychological conditions influence reintegration readiness (Ihnatovych, 2025; Killian et al., 2018). The present study therefore examined the prognostic functions of PTSD and depression on readiness for community reintegration among victims of community violence in Plateau State. The findings are expected to contribute to the growing literature on trauma, displacement, and psychosocial recovery while providing evidence to guide trauma-informed reintegration policies and mental health interventions for conflict-affected populations in Nigeria.

1.1 Problem Statement

Persistent attacks associated with the farmer-herder conflict in Nigeria's North-Central region have resulted in widespread loss of lives, destruction of property, and large-scale displacement of affected populations (Akanwa et al., 2023; Okpeh et al., 2021). In Plateau State, particularly in Bokkos and Mangu LGAs, many displaced persons continue to face significant socio-economic and psychological challenges, including loss of livelihoods, disrupted social networks, and dependence on humanitarian assistance (Danladi et al., 2025; Dalyop et al., 2024).

Despite ongoing relief and recovery efforts, sustainable community reintegration remains a major challenge. Many victims remain reluctant to return to their communities due to fears of renewed violence, inadequate infrastructure, and unresolved psychological trauma. Although studies have documented high levels of post-traumatic stress disorder (PTSD) and depression among displaced populations (Tesfaye et al., 2024; Koshe et al., 2023), little attention has been given to how these psychological factors influence readiness for community reintegration. Existing research has largely focused on displacement, humanitarian assistance, and living conditions in camps, with limited emphasis on mental health and reintegration preparedness (Nte, 2025). Against this backdrop, the present study examined the prognostic roles of PTSD and depression in predicting readiness for community reintegration among victims of community violence in Bokkos and Mangu Local Government Areas of Plateau State.

1.2 Aim and Objectives of the Study

This study aims to examine whether PTSD and depression are significant predictors of readiness for community re-integration among victims of community violence. The study addressed the following specific objectives:

- To examine whether higher levels of post-traumatic stress disorder (PTSD) predict lower readiness for community re-integration among victims of community violence.
- To determine whether higher levels of depression predict lower readiness for community re-integration among victims of community violence.
- To examine whether depression moderates the predictive relationship between PTSD and cognitive, occupational, social, and overall readiness for community re-integration among victims of community violence, such that higher levels of depression strengthen the negative predictive effect of PTSD on readiness for community re-integration.

1.3 Research Hypotheses

The following hypotheses were tested:

- Higher levels of post-traumatic stress disorder (PTSD) will significantly predict lower readiness for community re-integration among victims of community violence.
- Higher levels of depression will significantly predict lower readiness for community re-integration among victims of community violence.
- Depression will significantly moderate the relationship between PTSD and cognitive, occupational, social, and overall readiness for community re-integration among victims of community violence, such that higher levels of depression will strengthen the negative effect of PTSD on readiness for community re-integration.

1.4 Theoretical Framework

This study is anchored on the Conservation of Resources (COR) Theory (Hobfoll, 1989), which posits that individuals strive to acquire, maintain, and protect valued resources such as social support, emotional well-being, and occupational functioning. Psychological distress occurs when these resources are threatened or lost. Victims of community violence often experience displacement, insecurity, and disrupted social relationships, increasing their vulnerability to PTSD and depression (Wang et al., 2023). Symptoms of PTSD and depressive experiences may undermine the cognitive, social, and occupational capacities required for successful community reintegration (Okech et al., 2018). The theory also suggests that co-occurring PTSD and depression may intensify psychological vulnerability and reduce readiness for reintegration. Therefore, the COR theory provides a useful framework for understanding the influence of PTSD and depression on readiness for community reintegration among victims of community violence.

2. Methodology

2.1 Study Area

The study was conducted in Bokkos and Mangu Local Government Areas of Plateau State, Nigeria. These areas have experienced recurrent community violence, resulting in loss of lives, destruction of property, displacement, and psychological distress among affected populations. Four conflict-affected communities, two from each Local Government Area, were selected for the study. The areas were considered suitable due to the high concentration of victims of violence and displacement, providing an appropriate context for examining PTSD, depression, and readiness for community reintegration.

2.2 Design

This study adopted a descriptive cross-sectional survey design, in which data were collected at a single point in time to examine whether Post-Traumatic Stress Disorder (PTSD) and depression significantly predict cognitive, occupational, social, and overall readiness for community reintegration. A quantitative research approach was employed to enable precise measurement and statistical analysis of the variables under investigation (Duckett, 2021). The decision to adopt a quantitative method was based not only on the need to collect data from a large, randomly selected sample, which enhances the generalizability of findings to the broader population, but also on the necessity to use standardized psychological assessment tools capable of objectively measuring PTSD and depression.

2.3 Population

The study population comprised adults aged 18 years and above who were direct victims of community violence in four conflict-affected communities in Bokkos and Mangu Local Government Areas of Plateau State, Nigeria. Participants included individuals who had experienced, witnessed, or were otherwise directly affected by violent attacks. They were considered suitable for the study because they had firsthand experience of the psychological and social consequences of community violence and could provide relevant information on PTSD, depression, and readiness for community reintegration.

2.4 Sample Size

The sample size for the study was determined using G*Power version 3.1.9.7 (Faul et al., 2009). A linear multiple regression analysis with two predictors (PTSD and depression) was specified using the F-test family and the "fixed model, R^2 deviation from zero" option. Assuming a small effect size ($f^2 = 0.04$), an alpha level of 0.05, and a statistical power of 0.80, the analysis yielded a minimum required sample size of 244 participants. However, to improve statistical power and the representativeness of the findings, a total of 368 participants were recruited and included in the study. This sample size exceeded the minimum requirement and was considered adequate for the analyses conducted.

2.5 Sampling Technique

A multistage sampling technique was employed to select participants for the study. In the first stage, purposive sampling was used to select conflict-affected communities in Bokkos and Mangu Local Government Areas based on their experiences of recent violence and displacement. In the second stage, lists of affected individuals and households were obtained from community leaders, camp coordinators, and relief officials. Thereafter, simple random sampling was used to select eligible adult victims (18 years and above) from the identified populations. Where official lists were unavailable, households were identified with the assistance of community leaders, and eligible participants were randomly selected. This approach ensured the inclusion of participants relevant to the study objectives while enhancing the representativeness of the sample.

2.6 Instrument for Data Collection

Three instruments were used for data collection in this study: the PTSD-8 Inventory scale, Beck Depression Inventory-II (BDI-II), and The Readiness for Community Reintegration scale.

PTSD-8 Inventory Scale: Posttraumatic stress disorder (PTSD) symptoms were assessed using the PTSD-8 Inventory developed by Hansen et al. (2010). The scale comprises 8 items measuring intrusion, avoidance, and hypervigilance symptoms, rated on a 4-point Likert scale ranging from 0 (Not at all) to 3 (Most of the time). The PTSD-8 has demonstrated satisfactory reliability and validity across trauma-exposed populations. In the present study, the scale demonstrated good internal consistency (Cronbach's $\alpha = .794$). The scale measures the severity of cognitive, affective, behavioural, and somatic symptoms of depression on a 4-point scale ranging from 0 to 3, with higher scores indicating greater depressive symptom severity. The BDI-II has demonstrated strong psychometric properties across diverse populations, including Nigerian samples (Taru et al., 2018). In the present study, the scale demonstrated excellent internal consistency (Cronbach's $\alpha = .912$).

Readiness for Community Reintegration Scale: Readiness for community reintegration was assessed using the 14-item Readiness for Community Reintegration Scale developed by Gyang (2022). The scale measures cognitive (9 items), occupational (3 items), and social readiness (2 items) for reintegration following community violence and displacement. Responses are rated on a 5-point Likert scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree), with higher scores indicating greater readiness for community reintegration. The scale demonstrated satisfactory reliability, with an overall Cronbach's alpha coefficient of .850 and subscale reliabilities of .837, .610, and .602 for cognitive, occupational, and social readiness, respectively.

2.7 Procedure for Data Collection

Ethical approval was obtained from the Institutional Review Board of Plateau State University, Bokkos, while permission to conduct the study was secured from relevant community leaders and local authorities. Participants were informed about the purpose of the study, and informed consent was obtained prior to data collection. For participants with limited literacy, study information was explained in Hausa and other local languages, and thumbprints were accepted in place of signatures where necessary.

Data were collected from internally displaced persons and residents of conflict-affected communities using structured questionnaires measuring PTSD, depression, and readiness for community reintegration. Trained research assistants and clinical psychologists assisted with questionnaire administration and participant support. The instruments were administered in English or Hausa based on participants' preferences. Data collection lasted approximately six weeks, after which completed questionnaires were screened, coded, and entered into a secure database for analysis.

2.8 Method of Data Analysis

Quantitative data were analysed using the Statistical Package for the Social Sciences (SPSS) version 27. Completed questionnaires were screened for completeness, coded, and cleaned prior to analysis. Descriptive statistics, including frequencies, percentages, means, and standard deviations, were used to summarise participants' demographic characteristics and study variables. Multiple regression analysis was conducted to examine the predictive influence of PTSD and depression on readiness for community reintegration. Hayes' PROCESS Macro for SPSS was used to test the moderating role of depression in the relationship between PTSD and readiness for community reintegration. All hypotheses were tested at the .05 level of significance.

3. Results

3.1 Descriptive Results

Descriptive statistics were used to summarise the demographic characteristics of the participants and the study variables. Table 1 presents participants' demographic information, while Table 2 shows the mean and standard deviation scores for PTSD, depression, and readiness for community reintegration. These statistics provide an overview of the sample and the distribution of the key variables examined in the study.

Table 1: Demographic Characteristics of the Study Participants

	Frequency	Percentage %
Age (Mean±SD) years	37.1±14.1	
Gender		
Male	118	32.1
Female	250	67.9
Marital Status		
Single	87	23.6
Married	233	63.4
Widowed	48	13.0
Level of Education		
Non-formal	14	3.8
Secondary	236	64.1
Tertiary	118	32.1

Table 1 presents the demographic characteristics of the study participants. The results show that the participants had a mean age of 37.1 years (*SD* = 14.1), indicating a relatively diverse age distribution among the respondents. In terms of gender, the majority of the participants were female (67.9%), while 32.1% were male. Regarding marital status, most participants were married (63.4%), followed by single participants (23.6%), while 13% were widowed. Concerning educational attainment, the majority of the participants had secondary education (64.1%, followed by those with tertiary education (32.1%), while only a small proportion had non-formal education (3.8%). Overall, the sample was predominantly female, married, and had attained at least a secondary level of education.

Table 2: Mean and standard deviation scores of the study variables

	Mean	Standard Deviation
Posttraumatic stress disorder (PTSD)	10.94	3.48
Depression	30.07	5.68
Readiness for Community Reintegration	40.07	4.15

Table 2 presents the mean and standard deviation scores of the study variables. The results show that participants recorded a mean score of 10.94 (*SD* = 3.48) on posttraumatic stress disorder (PTSD), indicating some variability in PTSD symptoms among the participants. For depression, the participants obtained a mean score of 30.07 (SD = 5.68), suggesting a moderate level of depressive symptoms with relatively greater variability compared to PTSD. The mean score for readiness for community reintegration was 40.07 (*SD* = 4.15), indicating that, on average, participants reported a relatively high level of readiness for community reintegration. Overall, the standard deviations suggest that while participants differed in their levels of PTSD, depression, and readiness for community reintegration, the variability in scores was moderate across the study variables.

3.2 Inferential Results

Inferential statistical analyses were conducted to examine the study hypotheses regarding the predictive power of posttraumatic stress disorder (PTSD) and depression on readiness for community reintegration, as well as the moderating role of depression in the relationship between PTSD and readiness for community reintegration. Multiple linear regression and moderation analyses were employed to determine the significance, direction, and strength of the relationships among the study variables. The results of these analyses are presented in Tables 3 to 6.

3.3 Predictive Power of Posttraumatic Stress Disorder (PTSD) and Depression on Readiness for Community Reintegration

The results of the predictive power of PTSD and depression on readiness for community reintegration, using multiple linear regression (MLR), revealed the extent to which these psychological factors significantly contributed to variations in readiness for community reintegration among participants (Tables 3 and 4). The analysis indicates the relative strength and direction of these predictors, providing insight into how PTSD and depression influence individuals' preparedness and capacity to successfully reintegrate into their communities following traumatic experiences.

Table 3: Regression model summary for predictive power of PTSD and depression on readiness for community reintegration

R^2	Adjusted R^2	Std. Error of the Estimates	R Square change	F-change	df1	df2	p-value
.069	.064	4.013	.069	13.456	2	365	<.001

Table 3 presents the regression model summary examining the predictive power of PTSD and depression on readiness for community reintegration. The results showed that R^2 = .069, F(2, 365) = 13.456, p < .001, demonstrating that PTSD and depression jointly and significantly predict readiness for community reintegration, and jointly accounted for 6.9% of the variance in readiness for community reintegration, suggesting that the model explains a modest proportion of the variation in readiness for community reintegration among the participants. The findings suggest that these psychological factors contribute significantly to the prediction of readiness for community reintegration, although a substantial proportion of the variance remains explained by other factors not included in the model.

Table 4: Regression coefficients for predictive power of PTSD and depression on readiness for community reintegration

	Unstandardised Coefficients		Standardised Coefficients	t	p-value
	Beta	Std. Error	β		
(Constant)	35.370	1.179		29.991	<.001
PTSD	.271	.063	.227	4.296	<.001
Depression	.058	.039	.079	1.491	.137

Dependent Variable: Readiness for Community Reintegration

Table 4 presents the regression coefficients for the predictive power of PTSD and depression on readiness for community reintegration. The results indicate that PTSD significantly predicted readiness for community reintegration (β = .227, t = 4.296, p < .001), suggesting that PTSD made a significant contribution to the prediction of readiness for community reintegration among the participants. This finding implies that variations in PTSD levels were associated with variations in participants' readiness for community reintegration. In contrast, depression was not a significant predictor of readiness for community reintegration (β = .079, t = 1.491, p = .137), indicating that depression did not make a statistically significant independent contribution to the prediction of readiness for community reintegration. The findings demonstrate that while PTSD significantly contributes to the prediction of readiness for community reintegration, depression does not independently predict readiness for community reintegration in the present study. Furthermore, PTSD exhibited a stronger predictive influence on readiness for community reintegration than depression.

3.4 Moderation Analysis for the Role of Depression on the Relationship Between PTSD and Readiness for Community Reintegration

Moderation analysis was used to determine whether depression significantly moderate the existent relationship between PTSD and readiness for community reintegration. The summary, and coefficients of the regression moderation analysis are indicated in Tables 5 – 6.

Table 5: Summary of the moderation analysis for readiness for community reintegration: PTSD X Depression

R	R-sq	MSE	F	df1	df2	p
.262	.069	16.147	8.954	3	364	<.001

The result of Table 5 shows the summary of the moderation analysis for readiness for community reintegration with PTSD, depression, and their interaction (PTSD × Depression) as predictors. The result showed that the coefficient of determination (R^2 = .069), F(3, 364) = 8.954, p < .001, indicating that the model significantly predicted readiness for community reintegration. The model accounted for 6.9% of the variance in readiness for community reintegration among the participants. This implies that PTSD, depression, and their interaction jointly contributed significantly to explaining variations in participants' readiness for community reintegration. The significant F-ratio further suggests that the overall moderation model provided a better prediction of readiness for community reintegration than would be expected by chance.

Table 6: Coefficients of the moderation analysis for readiness for community reintegration: PTSD X Depression

	Coefficient (β)	*SE*	*t*	*p*	*LLCI*	*ULCI*
Constant	40.082	0.230	174.310	<.001	39.63	40.53
PTSD	0.268	0.067	4.001	<.001	0.14	0.40
Depression	0.059	0.040	1.467	.143	-0.02	0.14
PTSD X Depression	-0.002	0.016	-0.148	.882	-0.03	0.03

DV = Readiness for community reintegration

The result of Table 6 shows the coefficients of the moderation analysis for readiness for community reintegration. The result revealed that PTSD had a significant positive relationship with readiness for community reintegration (β = 0.268, t = 4.001, p < .001). This indicates that PTSD significantly predicted readiness for community reintegration among the participants. Depression did not produce a significant relationship with readiness for community reintegration (β = 0.059, t = 1.467, p = .143). Furthermore, the interaction term (PTSD × Depression) did not significantly moderate the relationship between PTSD and readiness for community reintegration (β = -0.002, t = -0.148, p = .882). This suggests that the effect of PTSD on readiness for community reintegration did not vary as a function of participants' levels of depression. Therefore, depression was not a significant moderator of the relationship between PTSD and readiness for community reintegration.

4. Discussion of Findings

The study found that PTSD significantly and positively predicted readiness for community reintegration, indicating that victims of community violence with higher PTSD symptoms reported greater readiness to reintegrate into their communities. This finding is consistent with studies showing that trauma survivors often seek social support, community engagement, and recovery opportunities following traumatic experiences (Sippel et al., 2024; Stinner et al., 2022). Consistent with the Conservation of Resources (COR) Theory (Hobfoll, 1989), heightened PTSD symptoms may increase survivors' motivation to restore resources lost through violence, including social relationships, security, and community belonging. However, this finding differs from studies linking PTSD to poorer reintegration outcomes (Purnell et al., 2021; Piper & Berle, 2019; Okech et al., 2018). This discrepancy may stem from the fact that the present study assessed readiness for reintegration rather than actual reintegration outcomes.

The study also revealed that depression did not significantly predict readiness for community reintegration. This finding aligns with evidence suggesting that depressive symptoms do not necessarily reduce reintegration intentions when broader social and contextual factors are considered (Jackl,2025; Bunn et al., 2024). A possible explanation is that survivors' readiness for reintegration may be driven more by the need to rebuild livelihoods, reconnect with family members, and restore normal life functioning than by depressive symptoms alone. Furthermore, social support, family cohesion, and community acceptance may help sustain readiness despite emotional distress (Gao et al., 2024).

Finally, depression did not significantly moderate the relationship between PTSD and readiness for community reintegration, indicating that the influence of PTSD on reintegration readiness remained stable across varying levels of depressive symptoms. This finding is consistent with studies showing that co-occurring depression does not always alter the relationship between trauma-related symptoms and recovery outcomes (Witcraft et al., 2026; Liebman et al., 2025). PTSD may exert a direct influence on reintegration readiness through trauma-related experiences such as hypervigilance and intrusive memories, while supportive social and community resources may reduce the impact of depression on this relationship. Overall, the findings suggest that PTSD and depression operate as related but distinct psychological processes in shaping readiness for community reintegration.

5. Implications of the Study

The findings suggest that trauma-related symptoms do not necessarily impede readiness for community reintegration and may reflect survivors' efforts to restore social connectedness, security, and stability following violence. Practically, the results highlight the need for trauma-informed interventions that address PTSD while promoting social participation, community engagement, and livelihood restoration. The non-significant role of depression suggests that readiness for reintegration may be influenced more by social and contextual factors, such as family support, community acceptance, and economic opportunities, than by depressive symptoms alone. Overall, the findings underscore the importance of integrating mental health services with community-based support systems to facilitate sustainable recovery and reintegration among victims of community violence.

6. Limitations of the Study

Several limitations should be acknowledged. The cross-sectional design limits causal interpretations of the relationships among PTSD, depression, and readiness for community reintegration. The use of self-report measures may also have introduced response biases, including social desirability and recall bias. The assessment of readiness for community reintegration reflects perceived preparedness rather than actual reintegration outcomes. Future studies should employ longitudinal designs and incorporate broader psychosocial variables to provide a more comprehensive understanding of community reintegration following violence exposure.

7. Conclusion

This study examined the prognostic roles of PTSD and depression in readiness for community reintegration among victims of community violence. The findings showed that PTSD significantly predicted readiness for community reintegration, whereas depression was neither a significant predictor nor a significant moderator of the relationship between PTSD and readiness for community reintegration. The results highlight the importance of trauma-related experiences in shaping reintegration readiness and underscore the need for integrated psychosocial and community-based interventions to support the recovery and reintegration of victims of community violence.

8. Recommendations

Trauma-informed reintegration programmes should prioritize the early identification and management of PTSD symptoms while promoting social support, community participation, and livelihood restoration. Reintegration interventions should adopt a broader psychosocial approach that emphasizes family support, community acceptance, social connectedness, and economic opportunities.

Policymakers and community stakeholders should strengthen support systems that facilitate sustainable reintegration among victims of community violence. Future research should employ longitudinal designs and examine additional factors such as resilience, perceived social support, community cohesion, and economic stability to enhance understanding of community reintegration processes.

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