

## PSYCHOSOCIAL SUPPORT AND NGO INTERVENTIONS AMONG DISPLACED YOUTHS IN KUKA-RETA IDP CAMPS

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**Abstract.** Internally displaced youths face significant psychosocial challenges that demand targeted, sustainable support systems. In Kuka-Reta IDP Camp, NGOs have been central in addressing these needs; however, the consistency, accessibility, and scope of such interventions remain underexplored. The objective of this study was to assess the role and limitations of NGO-provided psychosocial support as a coping mechanism for displaced youths in the camp. A qualitative descriptive approach was adopted, using semi-structured interviews with displaced youths and caregivers to gather in-depth insights. Data were thematically analyzed to identify key patterns in service delivery, utilization, and perceived outcomes. Findings revealed that beneficiaries highly valued NGO psychosocial services, citing improved coping, reduced stress, and enhanced emotional well-being. Trust in NGO providers encouraged openness, enabling youths to share personal concerns without fear of stigma. However, support was largely irregular, with follow-up services described as inconsistent. Accessibility was hindered by inadequate coverage, limited personalized counselling, and insufficient attention to caregivers' own psychosocial needs. Many caregivers expressed frustration over not being included in interventions, despite their critical role in the youths' recovery and resilience. Youths who did not receive continuous support reported persistent emotional distress, reduced trust, and lower engagement in community activities. This study recommended that NGOs strengthen the continuity of psychosocial services through scheduled follow-ups, broaden coverage to reach all at-risk youths, and integrate caregiver-focused counselling. Enhanced collaboration between NGOs and camp management could ensure more sustainable, inclusive, and impactful psychosocial interventions.

**Keywords:** *psychosocial support, displaced youths, NGOs, coping mechanisms, IDP camp, Nigeria*

### Introduction

Armed conflicts, insurgency, and natural disasters have caused widespread displacement across Nigeria, with the northeast region bearing the heaviest toll due to the Boko Haram insurgency (Imasuen, 2015). Internally displaced youths in these conflict-affected areas face profound psychosocial challenges trauma, fractured identity, disrupted education, and fragile hopes for the future (Okore, 2025). For many adolescents, displacement is not merely the loss of family or home; it represents the collapse of social infrastructure and the unraveling of developmental trajectories that once shaped their growth (Aboda et al., 2019). These disruptions to their social, economic, and psychological well-being are especially severe given that they occur during a formative stage of emotional and cognitive development (Huppert, 2009). Emotional consequences such as intrusive memories, anxiety, depression, and sleep disturbances are widespread among internally displaced adolescents (Morina et al., 2018; Sheikh et al., 2016; Huppert, 2009). In response, humanitarian agencies and non-

governmental organizations (NGOs) have assumed a central role in delivering psychosocial support (PSS) aimed at enhancing resilience, alleviating trauma, and facilitating social reintegration (Shkoliar and Vus, 2025). These interventions range from individual and group counseling, peer support networks, and safe spaces to mobile clinics, school-based programs, life-skills training, and vocational activities (UNICEF, 2018). In this context, psychosocial support is a structured approach that combines therapeutic, educational, and recreational strategies to help displaced youths cope with loss, grief, and uncertainty (Tol et al., 2011).

Kuka-Reta IDP Camp in Borno State provides a vivid case study of the complex interplay between humanitarian intervention and lived realities of displaced populations (Ibrahim et al., 2023). Located on the outskirts of Damaturu, the camp accommodates thousands of IDPs, many of whom are children and young adults uprooted from their communities. The psychosocial needs of these youths are multi-layered ranging from managing post-traumatic stress to overcoming disruptions in education, family separation, and diminished social networks (Alkali and Sharma, 2022). While NGOs have played an instrumental role in filling critical service gaps left by state actors, questions remain about the adequacy, sustainability, and cultural relevance of their interventions in promoting long-term recovery. The role of NGOs in psychosocial programming is shaped by multiple factors, including available funding, donor priorities, security constraints, and the institutional capacity of implementing agencies (Banks et al., 2015). Although short-term interventions such as trauma counseling and recreational activities have been shown to yield positive immediate outcomes, sustaining these gains in the face of protracted displacement is challenging (Gunggung and Mallum, 2024). Structural limitations such as inadequate coordination among service providers, dependency on external funding, and insufficient integration with government-led social protection systems undermine program continuity. Moreover, interventions are often implemented with limited community participation, raising concerns about cultural sensitivity and ownership (Zelege et al., 2025a).

An in-depth understanding of psychosocial support as a coping mechanism within IDP settings requires examining not only the immediate relief provided by NGOs but also the systemic barriers that hinder holistic recovery (Gudeta and Seyeneh, 2025). This perspective highlights the importance of context-specific, youth-centered, and participatory approaches that go beyond emergency aid to address the deeper socio-economic and cultural dimensions of displacement. The case of Kuka-Reta IDP Camp provides important insights into how humanitarian interventions can either empower displaced youths to rebuild their lives or inadvertently reinforce dependency and psychosocial vulnerability when not adequately adapted to the realities on the ground (Wessells, 2021). This paper is intended for scholars, humanitarian practitioners, policymakers, and development agencies engaged in displacement, mental health, and post-conflict recovery, particularly within the African context. Thus, focusing on psychosocial support as a coping mechanism among displaced youths in Kuka-Reta IDP Camp, it contributes to the academic and practical discourse by providing an evidence-based analysis of the role and limitations of NGO interventions in promoting resilience and long-term recovery. This study bridges a critical knowledge gap by integrating field-based observations with existing literature on humanitarian response, highlighting both the strengths of current approaches and the systemic barriers that hinder their effectiveness. Our findings provide practical recommendations for designing culturally

sensitive, youth-centered, and sustainable psychosocial programs that can be replicated or adapted in similar displacement contexts globally.

## Materials and Methods

### *The study area*

The study was conducted in Kuka-Reta IDP Camp, Yobe State, Nigeria a location severely impacted by the Boko Haram insurgency. The camp served as a protective and rehabilitative centre for displaced persons, including youths exposed to trauma, loss, and social dislocation. The camp provided counseling, skills training, and psychosocial services aligned with the National Policy on IDPs. Kuka-Reta was selected due to its specific mandate to protect and rehabilitate Boko Haram-affected youths and its structured engagement with NGOs and humanitarian agencies, making it ideal for gathering relevant and in-depth data.

### *Research design*

This study employed a qualitative descriptive case study design within a phenomenological framework to capture the lived experiences of displaced youths. The phenomenological approach allowed an in-depth exploration of how participants perceived and interpreted their psychosocial realities (Wilding and Whiteford, 2005). A case study method was chosen for its strength in producing a rich, contextualized understanding of complex social issues in real-life settings (Lauckner et al., 2012). This design was particularly suited to this study as it sought to document the background, challenges, coping mechanisms, and social support structures affecting youths in Kuka-Reta IDP Camp. Data were gathered through in-depth interviews, direct observations, and document review, enabling triangulation and enhancing validity.

### *Sampling population and strategy*

The target population included youths aged 20–30 years who were residents of Kuka-Reta IDP Camp due to direct or indirect exposure to the Boko Haram crisis. Additional participants included caregivers, camp staff, and NGO representatives involved in psychosocial interventions. A purposive sampling technique was employed, consistent with phenomenological research, to select participants capable of providing rich, relevant, and meaningful narratives (Alordiah and Oji, 2024). The final sample size comprised 15 participants, determined by the principle of data saturation continuing interviews until no new insights emerged. *Table 1: Inclusion and Exclusion Criteria for Participant Selection in the Kuka-Reta IDP Camp Study .*

**Table 1.** *Inclusion and exclusion criteria for participant selection in the Kuka-Reta IDP camp study.*

Category	Criteria
Inclusion Criteria	<ul style="list-style-type: none"> <li>• Youths aged 20–30 years residing in Kuka-Reta IDP Camp.</li> <li>• Direct or indirect exposure to Boko Haram insurgency between 2009–2010.</li> <li>• Ability and willingness to recall and share lived experiences.</li> <li>• Residence in Yobe State for at least five years post-insurgency.</li> </ul>
Exclusion Criteria	<ul style="list-style-type: none"> <li>• Youths residing outside Kuka-Reta Camp.</li> <li>• Individuals below 20 years old.</li> </ul>

### *Data collection procedures*

An introductory letter from the Department of State Security Service (DSS) in Yobe State was used to gain access to the camp through the Camp Coordinator. Formal rapport-building with camp authorities and participants preceded data collection. Data collection was carried out from the month of June, 16 2025 to July, 06 2025 and involved: (1) In-depth Interviews: Conducted with affected youths, caregivers, and NGO staff to explore personal narratives, psychosocial challenges, coping strategies, and perceptions of NGO interventions. Interviews were audio-recorded and, where necessary, translated for clarity; (2) Observations: Documented camp facilities, routines, psychosocial activities, and interaction patterns; (3) Document Review: Assessed available reports, intervention records, and NGO program documentation.

### ***Data analysis***

Data were analyzed using thematic analysis, following Braun and Clarke's framework (Byrne, 2022). This involved coding, categorizing, and identifying emergent themes from interview transcripts and observational notes (Byrne, 2022). NVivo software was used for efficient data management, coding, and retrieval (Ishak and Bakar, 2012).

### ***Validity and reliability***

This researcher maintained a reflexive journal to document personal biases, assumptions, and reflections during data collection and analysis (Mantzoukas, 2005). This helped minimize subjectivity and ensure a balanced interpretation (Mantzoukas, 2005).

### ***Cultural sensitivity***

Collaboration with local stakeholders ensured that data collection respected cultural norms. Interviews were conducted in the preferred language of participants, with translators used when necessary.

## **Results and Discussion**

### ***Displacement traumas***

One of the most striking themes that emerged from the interviews with institutionalized youths in the Kuka-Reta IDP Camp was the deep trauma associated with displacement caused by the Boko Haram insurgency. The narratives reflect a collective experience of violence, sudden uprooting, and profound loss that has fundamentally shaped the youths' current emotional and psychological realities (Zelege et al., 2025b).

Most participants described being violently forced to flee their villages, often after witnessing the killing or abduction of family members and the destruction of homes and schools. For example, A-Moh recounted, "*They have killed all my family members. They first carried their operation in Damaturu. I lost everything. It happened on 9th June 2014.*" Similarly, F-madu, one of the few female respondents, recalled, "*They killed my father's brother in front of us and burnt our houses and school... it was so difficult.*" These testimonies highlight the brutality of the crisis and the sudden rupture in their childhood and community life.

A recurrent observation was the age at which displacement occurred mostly between 11 and 16 years old indicating that many spent their formative adolescent years institutionalized in the IDP camp. Ibro, displaced at age 14, shared, *“I was from Mandunari village... they killed my uncle and kidnapped my sister... since then I’ve been here. I came through SEMA.”* Such early exposure to extreme violence has resulted in a prolonged state of psychological uncertainty (Alhassan et al., 2019). Most described their initial feelings upon arrival in the camp as *“unsafe”, “very bad”, or “traumatized”,* reflecting both *emotional dislocation and persistent fear.* As Kamsee explained plainly, *“They killed our neighbors. I came here because I was displaced and felt unsafe. I feel very bad about everything.”*

For many, displacement was not a single catastrophic event but rather the start of a long-term disconnection from family, homesteads, and social networks (Eme et al., 2018). This prolonged institutionalization following traumatic flight continues to fuel emotional distress. Mmmad-A shared, *“They kidnapped our neighbors’ sister, killed my uncle, and I had to leave everything behind... It has been 11 years now.”* Even after a decade, vivid memories of the initial crisis remain, illustrating the chronic nature of their trauma and the limited progress in shifting from emergency response to long-term rehabilitation.

Caregivers and social workers corroborated these accounts, providing further context. Aidu, a community volunteer counsellor, described the youths upon arrival as experiencing *“mental disorder... some of them came crying or completely mute... They lost everything, and it happened so fast.”* He noted that many presented with visible trauma symptoms that were exacerbated by the camp’s limitations. Similarly, Nisan, a food distribution staff member, observed, *“Most of them came after losing their loved ones. I saw their records; they were displaced and Institutionalized around June and July 2014. Most were in shock for months.”*

### ***Psychosocial impacts of displacement and coping strategies among youths in kuka-reta IDP camp***

#### ***Profound personal losses***

Nearly all participants described devastating losses of family members, homes, and communities due to the Boko Haram insurgency. A-Moh recalled, *“They have killed all my family members. I was left alone. That day changed my life.”* F-Madu similarly shared, *“They killed my father’s brother in front of us, then burnt our houses and our school. We were helpless.”* These events left deep emotional scars, disrupted education, and destroyed their sense of identity.

#### ***Destruction of homes and communities***

Many recounted watching their villages burn and losing *“everything we owned”* (Ibro). For Kamsee, *“They killed my uncle, kidnapped my sister, and we never went back to our village.”* The loss of physical space was also the loss of heritage, safety, and stability. Even years later, safety remains elusive. Mmad-A reflected, *“Since that day, I have never felt safe again. Even here [in the camp], the fear remains in my heart.”* However, caregivers (Staff) confirmed that many arrived *“with nothing... just fear”* (Nisan) and were *“broken”* by their losses (Aidu). This highlights the need for interventions that address grief, identity reconstruction, and emotional healing alongside physical protection.

### ***Psychological insecurity despite physical safety***

While the camp provides protection, youths still report feeling unsafe and anxious. Ibro stated, *“I still feel unsafe... the camp is better than outside but it doesn’t feel like freedom.”* Rules limiting movement contribute to confinement and stress. Kamsee compared the camp to *“a prison, not a home.”* Some experience ongoing flashbacks and insomnia. F-madu admitted, *“I can’t sleep because I remember everything... the screaming, the fire, the gunshots.”* Caregivers note Volunteers’ emotional withdrawal and avoidance of close relationships, indicating unresolved trauma and mistrust.

### ***Challenges faced by the youths in kuka-reta IDP camp***

The inability to leave freely is a recurring frustration. *“No going out without permission... I feel like I have no freedom”* (Kamsee). Nightmares, anxiety, and intrusive memories remain common. A-Moh shared, *“When I close my eyes, I see what happened. I feel alone.”* Schooling ends at Junior Secondary level, leaving aspirations unfulfilled. *“I want to finish school, but there is no Senior Secondary”* (ASUS-MAN).

### ***Food and resource insecurity***

Although aid is provided, shortages and poor variety are reported. Ibro explained, *“They give food, but sometimes it’s not enough. We eat the same thing every day.”* Religious faith and consistent daily activities were repeatedly cited as central coping strategies by participants. Engagement in prayer, religious gatherings, and group activities provided meaning, hope, and emotional stability in the face of trauma and uncertainty. For many, structured routines provide a stabilizing rhythm that counteracted the mental strain of prolonged idleness.

Mma-A explained the role of recreation as emotional release:

*“Football helps me release energy. Sometimes I’m angry or thinking too much, but once we play, I feel lighter.”*

Caregivers confirmed the value of routine, with Aidu noting:

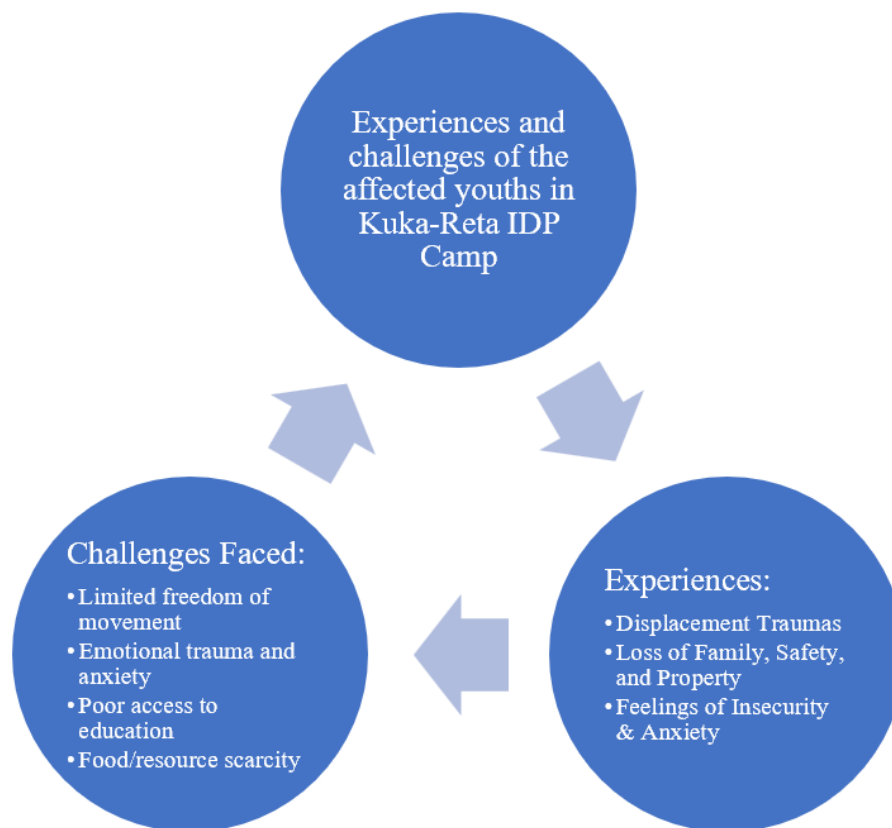
*“Prayer and training keep many of them going. Without something to do, the children become restless. Routine helps them feel in control.”*

The data suggest that spirituality not only anchored participants in a shared belief system but also promoted social cohesion through communal worship. Structured activities whether sports, group chores, or religious observances provided a predictable framework that reduced anxiety and provide a sense of control (Iornem, 2025). However, disruptions to routine due to illness, weather, or camp program changes often triggered withdrawal, irritability, and intrusive thoughts.

### ***Engagement in skills and vocational training***

Vocational training was identified as a powerful psychosocial coping mechanism, functioning as both a therapeutic activity and a pathway to economic reintegration

(Rwang et al., 2021). Youths participated in skills such as tailoring, cap making, hairdressing, soap production, knitting, carpentry, and journalism training. The structured and repetitive nature of these activities created routine, which many youths described as calming. Ibro explained: “We go for training in the morning. It gives me something to look forward to. It stops me from just sitting alone and thinking too much.” Caregivers and camp officials observed positive behavioral and emotional changes linked to skill engagement. Aidu stated: “When the boys and girls are busy with tailoring, soap making or sports, they behave better. Less fighting, more laughter. It gives them a reason to wake up in the morning.” Nisan reinforced this observation: “Some of the most troubled ones became calmer once they joined a skill group. It gives them a new focus.” However, logistical challenges sometimes undermined these benefits. Ibro remarked: “Sometimes we don’t have enough thread or cloth. When that happens, we just sit, and the sadness returns.” Similarly, Tima noted the instability of some NGO-led initiatives: “Some NGOs come and go. They teach something, then disappear. We need something stable.”



**Figure 1.** Experiences and challenges of the affected youths in Kuka-Reta IDP Camp.

### ***Psychosocial and developmental outcomes of institutionalization in kuka-reta IDP camp***

#### ***Behavioral adjustment and socialization***

One prominent theme emerging from the interviews was the youths’ behavioral adjustment and evolving patterns of socialization since becoming institutionalized in the Kuka-Reta IDP Camp. Having been displaced at formative stages of life, many

respondents described significant changes in behavior, shaped by structured routines, social limitations, and exposure to peers from diverse backgrounds. Several youths reported becoming more cooperative and socially adaptive. For example, Ibro reflected, *"I became somehow friendly... I now interact with different people from other villages. Before, I didn't like talking too much."* Similarly, F-madu shared, *"I have experienced a lot by associating with people in the camp. Now I feel different."* These accounts suggest that shared trauma promoted a sense of community and opportunities for interpersonal learning. Conversely, others described withdrawal and guardedness due to stigma and mistrust. A-Moh explained, *"Some people think we are the same as the Boko Haram. That makes it hard to talk freely."* Likewise, Mmad-A noted, *"I talk to people, but only if I have to. I don't know who to trust."* These statements illustrate the psychological residue of trauma and barriers to reintegration.

Positive behavioral growth was also noted, often linked to the camp's structured environment. Kamsee stated, *"Before the camp, I used to be aggressive. Now I follow rules and try to listen more."* ASUS-MAN added, *"The camp has made me more disciplined. We follow a routine. I know what time to wake up, do my training, and rest."* Caregiver Aidu, *"Many of them have become more disciplined over the years. They understand the importance of teamwork and order now."* However, routine and close cohabitation also led to feelings confirmed of monotony and social stagnation. Timas observed, *"We see each other every day, do the same things... sometimes it feels like nothing is changing."* Thus, behavioral adjustment was shaped by a balance between trauma recovery, imposed discipline, and social interaction highlighting the need for a deliberate psychosocial development framework.

### ***Identity reconstruction and self-perception***

The experience of long-term institutionalization profoundly affected how displaced youths perceived themselves and reconstructed their identities (Tefferi, 2007). Displacement disrupted their sense of self, community belonging, and future aspirations. For some, the camp environment facilitated skill acquisition and self-reliance. ASUS-MAN stated, *"I see myself so different now. Before I was just a boy in my village, helping my parents. Now, I've learned tailoring, I have something I can do with my hands."* Likewise, F-madu noted, *"I now see myself as someone who can make women's hair and men's caps... before, I didn't know I could do these things."* Others experienced deep identity dislocation. Ibro said, *"I feel so different now, like I've lost who I was. My village is gone, my people are gone. I don't know what I will become."* A-Moh echoed, *"Sometimes I feel like I am not part of any place... not from my village anymore, not from the camp either."* External stigma further complicated identity reconstruction. Mmad-A shared, *"Some people outside think we are Boko Haram or like them. That makes me feel ashamed and confused about myself."* Timas added, *"Even some new people in the camp look at us as if we are not normal. But we are just trying to survive."* Despite this, some youths-maintained future-oriented identities. Kamsee stated, *"Now, I am trying to see myself as someone who can help others. I have skills. I want to be a teacher one day."* Mmad-A expressed, *"I want to become a journalist. Even though I have not finished school, I still believe in myself."*

### ***Skill development***

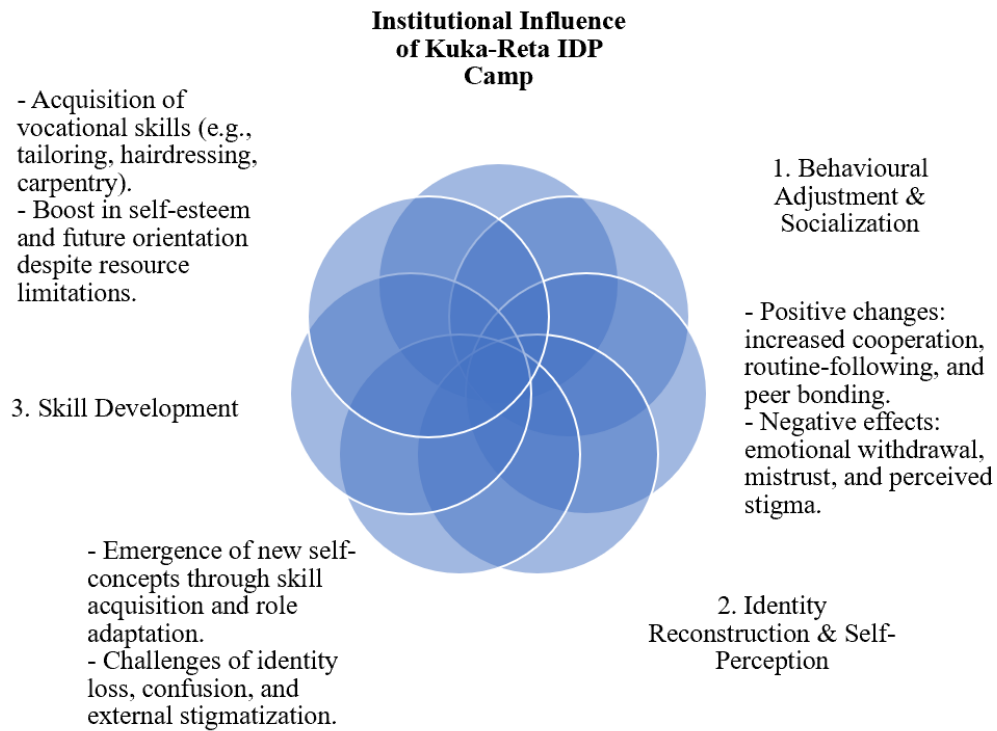
Skill acquisition was identified as a critical factor influencing personal growth, resilience, and future aspirations (Muhammed et al., 2022). Vocational training provided both economic prospects and psychological empowerment (Said, 2024). ASUS-MAN reported, *“I learned how to sew and make caps. I am now able to make some money even inside the camp.”* Similarly, F-madu said, *“I now do women’s hair and make soap. I never had that chance before the crisis.”* Skills learned ranged from tailoring, knitting, and soap-making to carpentry and agriculture, taught through both NGO programs and informal mentorship (Wuliya, 2022).

*Ibro* described, *“I learned cap making from one of the older men in the camp. It helped me forget some of my bad thoughts.”* *Kamsee* explained, *“We don’t have much to do, so these trainings help us feel busy and valuable.”* Skill development often shifted self-perception. *Mmad-A* shared, *“Before I thought I had nothing to offer. But now I can write, I can record with a phone, and I want to be a journalist.”* *Timas* envisioned, *“I didn’t finish secondary school, but now I think maybe I can open a salon one day.”*

Caregivers reinforced its importance. *Aidu* stated, *“Skill training is the most useful thing we give them after food. It makes them dream again.”* *Nisan* observed, *“When they are learning and producing something, they behave better. They talk more, they smile. It gives them purpose.”* However, shortages of materials and inconsistent programming were noted limitations. As *Ibro* pointed out, *“We don’t always have enough cloth or thread. Sometimes the training stops when the NGO people leave.”* Despite these barriers, skill development remained a crucial bridge between survival and long-term recovery.

### ***Limitations from camp rules***

Camp rules while designed for order and security were widely perceived as restrictive, especially by older youths transitioning into adulthood (Oke, 2025). The most significant restriction was limited mobility. *Kamsee* stated, *“There is no going out without permission. Even when you want to visit someone in Damaturu, you need to get approval, and sometimes they say no.”* Some described the environment as stifling. *F-madu* remarked, *“Sometimes I feel like I am living in a cage. I want to go out, see other people, do different things, but the rules don’t allow it.”* Others expressed frustration with over-supervision. *Ibro* said, *“We are not children anymore. Some of us are 25, 27 years old. But we are still treated like small boys under supervision.”* Restrictions extended to daily schedules and activities. *Asus* noted, *“They control when we eat, when we train, even when we talk to some people. Sometimes it feels like being in the army, not a camp for youth.”* *Mmad-A* added, *“I feel like I don’t have a say. Even if I want to make suggestions, nobody listens. They just say follow the rules.”* Caregivers acknowledged the tension. *Aidu* explained, *“The rules are for their protection, but yes, some of them are too strict, especially now that the youths are older.”* *Nisan* observed, *“When the youths feel like they are being controlled too much, they withdraw. Some stop participating in activities.”* Some youths called for flexibility. *Ibro* stated, *“I know the rules are to keep us safe, but we are not the same as when we first came. We are grown now. They should trust us more.”* These findings highlight that overly rigid rules hinder autonomy, self-expression, and social growth, underscoring the need for participatory, age-sensitive governance in IDP camps.



**Figure 2.** Institutional influence of Kuka-Reta IDP camp.

### ***Psychosocial and developmental outcomes of institutionalization in kuka-reta IDP camp***

#### ***Behavioral adjustment and socialization***

One prominent theme emerging from the interviews was the youths' behavioral adjustment and evolving patterns of socialization since becoming institutionalized in the Kuka-Reta IDP Camp. Having been displaced at formative stages of life, many respondents described significant changes in behavior, shaped by structured routines, social limitations, and exposure to peers from diverse backgrounds. Several youths reported becoming more cooperative and socially adaptive. For example, *Ibro* reflected, "I became somehow friendly... I now interact with different people from other villages. Before, I didn't like talking too much." Similarly, *F-Madu* shared, "I have experienced a lot by associating with people in the camp. Now I feel different." These accounts suggest that shared trauma fostered a sense of community and opportunities for interpersonal learning. Conversely, others described withdrawal and guardedness due to stigma and mistrust. *A-Moh* explained, "Some people think we are the same as the Boko Haram. That makes it hard to talk freely." Likewise, *Mmad-A* noted, "I talk to people, but only if I have to. I don't know who to trust." These statements illustrate the psychological residue of trauma and barriers to reintegration.

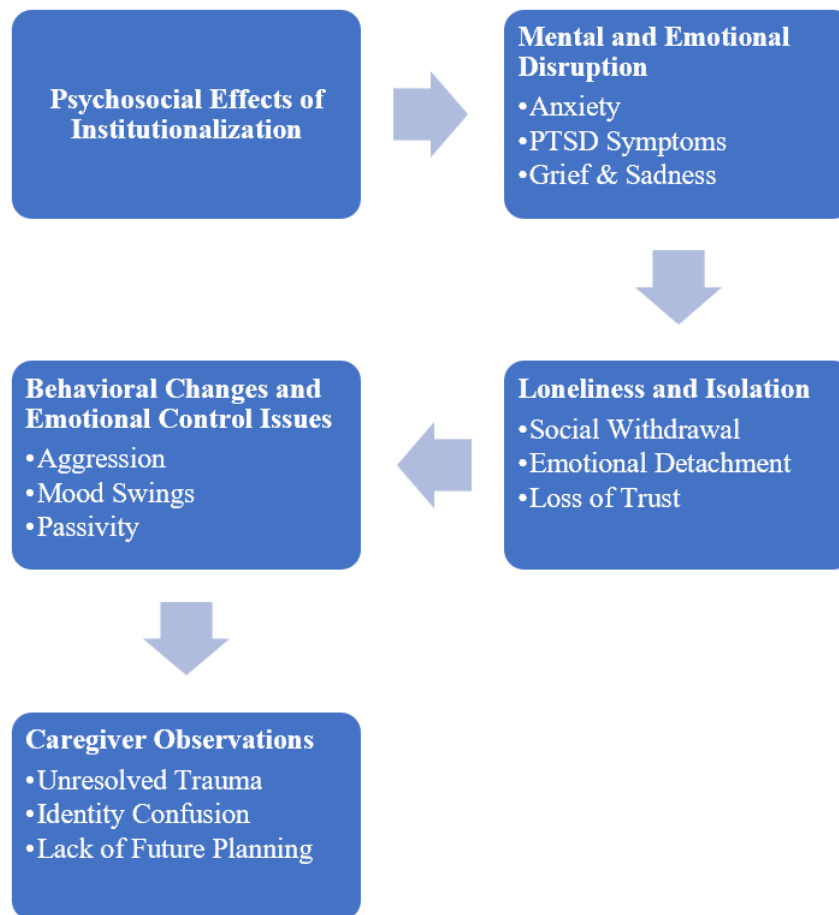
Positive behavioral growth was also noted, often linked to the camp's structured environment. *Kamsee* stated, "Before the camp, I used to be aggressive. Now I follow rules and try to listen more." *ASUS-MAN* added, "The camp has made me more disciplined. We follow a routine. I know what time to wake up, do my training, and rest." *Caregiver Aidu* confirmed, "Many of them have become more disciplined over

*the years. They understand the importance of teamwork and order now.*” However, routine and close cohabitation also led to feelings of monotony and social stagnation. *Timas* observed, *“We see each other every day, do the same things... sometimes it feels like nothing is changing.”* Overall, behavioral adjustment was shaped by a balance between trauma recovery, imposed discipline, and social interaction highlighting the need for a deliberate psychosocial development framework.

### ***Identity reconstruction and self-perception***

The experience of long-term institutionalization profoundly affected how displaced youths perceived themselves and reconstructed their identities (Zetter, 2011). Displacement disrupted their sense of self, community belonging, and future aspirations. For some, the camp environment facilitated skill acquisition and self-reliance. *ASUS-MAN* stated, *“I see myself so different now. Before I was just a boy in my village, helping my parents. Now, I’ve learned tailoring, I have something I can do with my hands.”* Likewise, *F-Madu* noted, *“I now see myself as someone who can make women’s hair and men’s caps... before, I didn’t know I could do these things.”* Others experienced deep identity dislocation. *Ibro* said, *“I feel so different now, like I’ve lost who I was. My village is gone, my people are gone. I don’t know what I will become.”* *A-Moh* echoed, *“Sometimes I feel like I am not part of any place... not from my village anymore, not from the camp either.”*

External stigma further complicated identity reconstruction. *Mmad-A* shared, *“Some people outside think we are Boko Haram or like them. That makes me feel ashamed and confused about myself.”* *Tima* added, *“Even some new people in the camp look at us as if we are not normal. But we are just trying to survive.”* Despite this, some youths-maintained future-oriented identities. *Kamsee* stated, *“Now, I am trying to see myself as someone who can help others. I have skills. I want to be a teacher one day.”* *Mmad-A* expressed, *“I want to become a journalist. Even though I have not finished school, I still believe in myself.”* These findings show identity reconstruction as an active process, shaped by both internal resilience and external influences. Supportive interventions are essential to promote positive identity outcomes.



*Figure 3. Psychosocial effects of institutionalization.*

### ***Coping mechanisms among institutionalized youths in kuka-reta IDP camp***

#### ***Spirituality and routine activities***

In the face of profound psychosocial challenges including trauma, loss, isolation, and emotional disruption many youths in the Kuka-Reta IDP Camp have developed coping strategies to sustain mental and emotional well-being. Among the most prominent are spiritual practices and structured daily routines, which provide comfort, a sense of purpose, and psychological stability in an unpredictable environment. Several participants identified spirituality especially Islamic faith and daily prayers as their most consistent source of emotional strength. For many, faith acts as both a moral anchor and a framework for understanding suffering. *A-Moh* reflected: “*It is only Allah that gives me peace. When I pray five times a day, I feel calm inside. I don’t forget what happened, but I have hope.*” Similarly, *F-Madu* shared: “*Sometimes I cry during prayer. I ask Allah to forgive those who died and to give me a better life. That’s when I feel strong.*” Religious gatherings also emerged as important for promoting social connection. *Mmad-A* explained: “*When we go to the mosque together, I feel we are united. It reminds me of my village, and I feel less lonely.*” Even during periods of anger or hopelessness, spiritual rituals such as ablution and prayer were reported as calming influences. *Ibro* described: “*When I feel angry or lost, I do ablution and pray. It calms my mind. It’s like I am talking to someone who understands.*”

In addition to faith-based practices, participants highlighted the value of maintaining structured daily routines ranging from vocational training and domestic chores to sports. Kamsee stated: “When I wake up, I know what to do—clean, eat, then go to training. It keeps my mind busy. If I stay idle, I start thinking too much and feel sad.” Vocational activities, in particular, were described as therapeutic outlets that provided focus and restored self-worth. ASUS-MAN observed: “*Cap making is like medicine to me. When I sit and start sewing, I forget my problems for a while.*” Caregivers confirmed the protective role of these practices. Aidu remarked: “*Prayer and training keep many of them going. When someone is very disturbed, we encourage them to join group activities or stay close to people of faith.*” Routine disruption, according to Nisan, often led to withdrawal or restlessness. The spirituality and structured daily activities form a dual coping system providing both internal resilience through faith and external stability through routine crucial to the mental health of displaced youths. Another key coping mechanism is active participation in skills acquisition and vocational training, which many youths described as instrumental for *emotional recovery, identity reconstruction, and personal empowerment*. ASUS-MAN explained: “*When I am sewing, I forget about the past. I don’t think about how I lost my parents. I just focus on the cloth and how to do it well.*” F-madu shared: “*Hair plaiting and soap making help me feel useful. I don’t just sit and cry. I now know I can do something with my life.*”

These activities not only distracted from painful memories but also helped rebuild self-worth and future aspirations. Mmad-A expressed: “*I never thought I could have a skill. But now, I can design, write stories, and even record with a phone. I want to be someone, not just a refugee.*” The structured nature of vocational training also created stabilizing routines. Ibro commented: “*We go for training in the morning. It gives me something to look forward to. It stops me from just sitting alone and thinking too much.*” Caregivers noted behavioral improvements linked to skill engagement. Aidu observed: “*When the boys and girls are busy with tailoring, soap making or sports, they behave better. Less fighting, more laughter.*” However, participants voiced concerns about inconsistent training materials and the irregular presence of NGOs. Ibro noted: “*Sometimes we don’t have enough thread or cloth. When that happens, we just sit, and the sadness returns.*”

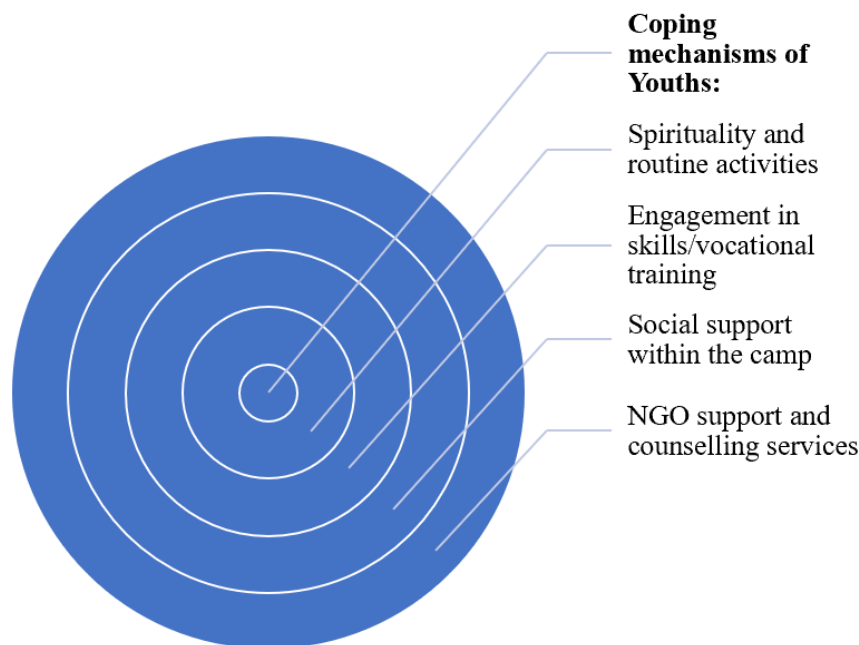
### ***Social support within the camp***

Social support emerged as a critical protective factor, encompassing relationships with *peers, caregivers, and supportive NGO staff*. Friendships provided mutual understanding and validation. ASUS-MAN said: “*There is one friend I talk to when I feel down. He understands me because we passed through the same thing. When we talk, I feel lighter.*” Similarly, F-madu recalled: “*Sometimes I cry, and my friend holds me. She doesn’t say much, but I know she understands. That helps more than words.*” Group activities including vocational classes, religious gatherings, and games, helped recreate a sense of family. Kamsee remarked: “*We don’t have family, but here we form our own small family. We play, we work together, and that makes me feel I am not alone.*” Supportive adult figures also played a mentorship role. Mmad-A described: “*Sometimes, when I am worried, I go to talk to Malam Aidu. He tells me to be patient and prays for me. I feel better after that.*” However, trust in these networks was selective; some participants feared judgment or mockery, limiting their willingness to seek help. Caregivers emphasized the healing power of social connection. Aidu noted: “*When they play together or work together, they talk more and fight less. We encourage group*

*activities because that's when they heal without knowing.*" Social support, while not universally available, remains an essential coping mechanism that fosters *belonging, emotional expression, and psychological resilience.*

### **NGO support and counselling services**

Access to NGO-led support and counselling was highlighted as a meaningful though irregular coping mechanism (Engwari and Njiei, 2021). For many, these sessions provided the first structured opportunity to speak openly about trauma. *Ibro* recalled: "One NGO woman used to come and ask how we are feeling. She said we should not keep pain inside. I talked to her about how I lost my mother. I cried, and after that, I felt lighter." Some NGOs integrated emotional support into skills programs. *Kamsee* explained: "There was a training by an NGO. They didn't just teach skills—they also talked to us about stress and how to deal with sadness." Participants valued the dignity and personal recognition shown by certain staff members. *Mmad-A* noted: "Some of them call us by name, not just 'boy' or 'girl.' That small thing makes you feel human again." However, irregular engagement limited the long-term benefits. *ASUS-MAN* stressed: "Some NGOs come for one week and go. We never see them again. But the ones who come back... those are the ones we trust." Group sessions often excluded personalized attention, leaving many without the opportunity for one-on-one counselling. Caregivers acknowledged both the benefits and shortcomings. *ASUS-MAN* stated: "The NGOs are helping, but they can't reach everyone. We need more people doing counselling, not just training."



**Figure 4.** Coping mechanisms of youths.

Our findings reveal that youths endured grievous losses of family members killed, homes burned, and communities erased leaving enduring emotional scars and a fractured sense of identity. These experiences mirror broader epidemiological patterns;

in Kaduna State, child and adolescent IDPs had high exposure to traumatic events, with women showing elevated intrusion and hyper arousal symptoms (Sheikh et al., 2016). In northeastern Nigeria, approximately 2.2 million Nigerians are internally displaced to the Boko Haram insurgency, closely linking displacement and trauma for young people (IMO, 2022). Many adolescents feel emotionally unsafe in the camp, despite its relative physical protection, experiencing flashbacks, insomnia, and a sense of confinement. This is consistent with findings in similar contexts: internally displaced adolescents in northeastern Nigeria exhibit high levels of PTSD, anxiety, and depression, correlated with trauma exposure (Ibrahim et al., 2023). Cognitively, the persistence of intrusive memories regardless of physical safety reinforces the importance of psychosocial interventions beyond protection (McNally et al., 2003). Participants likened camp life to imprisonment, citing rigid movement constraints and over-supervision, particularly for older youths. While national policy affirms IDPs' freedom of movement, Human Rights Watch and other reporting indicate that de facto restrictions, camp closures, and forced relocations often undermine this right creating a psychological burden even when physical security is nominally ensured (Njoku, 2025). These dynamics stress that governance approaches in camps need to be age-sensitive and rights-compliant to avoid undermining dignity and psychosocial health.

Camp-based schooling stopping at the junior secondary level was a significant demoralizing factor. UN and education-in-emergencies assessments corroborate that educational access beyond primary level is severely constrained in northeast Nigeria, where limited classrooms, teachers, and resources prevent continuity in learning and hinder adolescents' aspirations (Terlau, 2021). Disrupted education exacerbates emotional instability by removing structured developmental opportunities. Further, camp residents' complaints about poor food variety and shortages reflect findings in humanitarian monitoring (Uzobo and Akhuetie, 2018). In protracted crises like northeast Nigeria, funding shortfalls and logistics issues often result in reduced rations and nutritional monotony, which contribute to frustration and mood disturbances (Ifatimehin and Paul, 2024). Religious practices including daily prayers, mosque attendance and predictable routines serve as emotional stabilizers and social anchors. This aligns with broader psychological literature on religious coping, especially positive formats (collaborative or meaning-making styles), correlates with better adjustment after trauma (Rutledge, 2022). Furthermore, routine and structure through vocational training, chores, or sports are recognized protective tools in humanitarian mental health programs (Tol et al., 2011). Vocational activities like cap making, tailoring, soap production not only as time-fills but as identity-building mechanisms and sources of hope. This is corroborated by emerging programming in Nigeria (e.g., RESETTLE-IDPs life skills education trial), which frames livelihoods training as psychosocial support that can reduce depression and enhance resilience (RESETTLE-IDPs, 2024) (Eboreime et al., 2024).

Adolescents valued peer companionship, mentorship, and NGO interactions, even when intermittent. Onyekachi et al. (2019) highlight that emotion-focused, problem-focused, and avoidance-focused coping especially when combined with social support are inversely related to mental health symptoms like insomnia, anxiety, and depression in IDAs. These points to the importance of facilitating regular, community-based psychosocial support and peer engagement. Youth expressed identity confusion ("not from my village, not from the camp") but also nurtured aspirational visions hoping to become teachers or journalists. Research on displaced adolescents often notes stigma,

belonging struggles, and identity negotiation; our findings add grounded, voice-rich nuance to these dynamics, emphasizing both vulnerability and resilience.

## **Conclusion**

The findings from Kuka-Reta IDP Camp clearly demonstrate that NGOs play an essential role in delivering psychosocial support services to internally displaced youths, providing a safe space for emotional expression, stress reduction, and improved coping capacity. The trust and rapport established between NGO staff and beneficiaries emerged as a critical enabler of engagement, allowing youths to openly share experiences that might otherwise remain unspoken due to stigma or fear of judgment. Such trust-based relationships are instrumental in promoting emotional resilience within displacement settings. However, this study also reveals substantial gaps that limit the full potential of these interventions. Psychosocial services were often delivered irregularly, with follow-up activities lacking consistency. This discontinuity undermined the benefits of earlier sessions, leaving some youths vulnerable to recurring distress and reduced social participation. Additionally, the limited coverage of services excluded a portion of the population, particularly caregivers, whose psychological well-being is directly linked to the resilience and recovery of the youths under their care. Neglecting caregiver needs risks perpetuating a cycle of stress that can negatively affect family and community stability in the camp. This highlights the need for NGOs to adopt a more structured, inclusive, and sustainable approach. This should include regular follow-up sessions, expansion of coverage to ensure equitable access, and deliberate integration of caregiver-focused interventions. Strengthened partnerships between NGOs, camp authorities, and other stakeholders will be essential for addressing systemic barriers and ensuring that psychosocial support becomes a consistent, accessible, and impactful coping mechanism for all displaced youths.

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## **Conflict of interest**

There was no conflict of interest in this study. It was carried out solely through the authors' personal efforts and resources, without any commercial or financial support from external parties, thereby, ensuring the absence of conflicts of interest.

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