

**INFLUENCE OF TRAUMA ON MENTAL HEALTH IN EKOSODIN
COMMUNITY**

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BENIN CITY**

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**BEING A PROJECT SUBMITTED TO THE DEPARTMENT
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BENIN CITY**

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CERTIFICATION

We the undersigned hereby certify that this original research work carried out OHIWEREI EHIOTA JANET and that the study is adequate both in scope and quality for the partial fulfillment of the award of Bachelor of Science (B.Sc) Degree in Social Work.

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Project Supervisor

Date

Dr. (Barr.) S. Yesufu
Head of Department

Date

DEDICATION

This project is dedicated to God Almighty, whose grace and boundless love have guided me throughout my years of study at the University of Benin.

ACKNOWLEDGEMENTS

I am grateful to God Almighty for without his grace and blessings this study would not have been possible and also my parents Mr. and Mrs. Ohiwerei for their unwavering love, encouragement, and sacrifices. Your belief in me has been my greatest motivation, and I could not have done this without you.

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Ehiota Janet Ohiwerei

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ABSTRACT

This study explores the influence of trauma on mental health in the Ekosodin community, focusing on how traumatic experiences shape individuals' psychological well-being. Trauma, often resulting from violence, abuse, displacement, and other distressing events, has been identified as a significant factor affecting mental health. The research employs a descriptive survey design, utilizing structured questionnaires to collect data from residents of Ekosodin. The analysis includes frequency distributions, percentage calculations, cumulative percentages, and hypothesis testing using the Chi-square method to determine the significance of observed patterns. Findings reveal that trauma has a profound impact on mental health, contributing to conditions such as anxiety, depression, and emotional instability, with youths and women being particularly affected. Based on the findings, the study recommends increased mental health awareness, improved access to psychological support services, and community-based interventions to mitigate the effects of trauma. These insights aim to guide policymakers, mental health practitioners, and community stakeholders in developing strategies to support individuals affected by trauma in Ekosodin.

CHAPTER ONE

INTRODUCTION

1.1 Background to Study

The Ekosodin community, like many others, has its unique experiences and challenges that shape the mental health and overall well-being of its residents. Trauma, stemming from various sources such as violence, accidents, and socio-economic hardships, can profoundly impact the mental health of individuals in this community.

Trauma is a pervasive and often debilitating experience that can arise from various adverse events, including violence, accidents, or socio-economic hardships. In the Ekosodin community, the unique socio-economic and cultural context significantly influences how residents experience and respond to trauma. According to studies on trauma and community health, such as those by the World Health Organization (WHO), socio-economic conditions and cultural norms play a critical role in shaping individuals' vulnerability to trauma and their access to coping mechanisms.

Trauma, often called mental trauma or psycho-trauma, is an emotional reaction to a painful incident or set of events, such as car accidents, rape, or natural catastrophes (American Psychological Association 2022). Traumatic experiences often elicit a physical, emotional, or psychologically stressful response, although people's subjective

experiences vary from person to person. ultimately impacting individual reactions to the same occurrences. in other words not everyone who experiences a potentially traumatic situation develops psychological trauma, although they may feel distressed and suffer (Storr et al., 2007). However, after experiencing a significant traumatic event or sequence of events. some persons will experience post-traumatic stress disorder (PTSD) (Forman-Hoffman et al. 2016). This difference in risk rate can be ascribed to protective traits, such as temperamental traits, and environmental traits, like resilience and a readiness to ask for help, that certain people may possess that help them deal with distressing situations (Wingo et al., 2014).

The term 'trauma' originates from the Greek trauma ("wound"). This term can be interpreted in the context of both physical and psychic wounding. Spiegel (2008) describes the essence of traumatic stress as helplessness, which he defines as "a loss of control over one's body". He continues to clarify this in the following words (Spiegel 2008): "the mental imprint of such frightening experiences sometimes takes the form of loss of control over parts of one's mind (identity, memory, and consciousness) just as physical control is regained". Peichl (2007) describes trauma as a toxic condition, a mixture of intense anxiety, absolute helplessness and a loss of control. Two categories

under which the manifestation of trauma symptoms is clinically classified are ASD (Acute Stress Disorder) and PTSD. (Post-traumatic Stress Disorder).

Understanding the prevalence and impact of trauma in Ekosodin is crucial, as it significantly affects mental health and overall well-being. This study seeks to examine the impacts, examining both immediate and long-term consequences on individuals psychological and physical health, social relationships, and quality of life.

1.2 Statement of the Problem

The impact of trauma on mental health in Ekosodin is a pressing concern, yet it remains largely unaddressed due to the lack of mental health resources and support systems. In a community where socio-economic stressors such as poverty, violence, and limited access to healthcare are prevalent, trauma is experienced by a significant portion of the population. These traumatic events, including exposure to violence, economic hardship, and family instability, often lead to unresolved mental health issues such as anxiety, depression, and post-traumatic stress disorder (PTSD). According to the World Health Organization (WHO, 2013), the effects of trauma are more pronounced in communities with limited mental health infrastructure, which exacerbates the psychological burden on individuals who are already vulnerable due to socio-economic challenges.

Furthermore, while global attention has focused on trauma-related mental health issues, communities like Ekosodin are often left behind due to stigma, lack of awareness, and insufficient intervention strategies. The inability to access proper mental health care leads to a cycle where untreated trauma continues to affect daily functioning and social relationships. As noted by the American Psychological Association (APA, 2013), the long-term psychological consequences of trauma can severely diminish the quality of life for individuals who have experienced distressing events but lack the means to cope effectively. This research aims to explore the root causes, effects, and potential solutions to address trauma-related mental health challenges in Ekosodin, with a focus on creating sustainable interventions to improve the well-being of its residents.

1.3 Objectives of the Study

The primary objective of this research is to examine the impact of trauma on mental health and overall well-being in the Ekosodin community. Specifically, the study aims to:

- a. Identify the types and prevalence of trauma experienced by residents of the Ekosodin community.
- b. Assess the immediate and long-term mental health impacts of trauma on individuals in the community.

- c. Explore how trauma affects physical health, social relationships, and overall well-being.
- d. Examine the effectiveness of existing interventions and coping mechanisms in addressing the trauma-related needs of the Ekosodin community.
- e. Examine the factors that contribute to resilience among trauma survivors in the Ekosodin community.

1.4 Research Questions

The study seeks to answer the following questions:

- a. a. What are the most common types of trauma experienced by residents of the Ekosodin community?
- b. b. What is the impact of trauma on the mental health of individuals in the community, both in the short and long term?
- c. c. How does economic constraint affect access to mental health services for trauma survivors in Ekosodin?
- d. d. What interventions have been most effective in supporting trauma survivors within the community?
- e. e. What factors contribute to resilience among trauma survivors in the Ekosodin community?

1.5 Significant of the Study

This research is pivotal to the academic insight of trauma's impact. The study will identify various mental conditions associated with trauma. Offer practical perception for mental health professionals and policymakers. By identifying effective support mechanisms, the study aims to improve interventions and coping schemes to enhance the well-being of trauma survivors in Ekosodin. Upon completion the the study, understanding how trauma affects mental well-being can lead to tailored interventions, increased awareness about mental health, reduced stigma, and improved support for individuals in Ekosodin who have experienced trauma.

1.6 Scope of the Study

The scope of this study on the influence of trauma on mental health in the Ekosodin community focuses on exploring the relationship between trauma experiences and mental health outcomes, with particular attention to how these issues manifest in a low-income, socio-economically challenged urban area. The study will investigate the types of trauma experienced by residents, such as exposure to violence, economic hardships, family instability, and environmental stressors, as well as the prevalence of these experiences in different demographic groups, including women, youth, and the elderly.

It will examine the short- and long-term mental health impacts of trauma, focusing on disorders like anxiety, depression, and post-traumatic stress disorder (PTSD). Additionally, the research will explore broader consequences of trauma, including its effects on physical health, social relationships, and community dynamics. Given the lack of mental health infrastructure, the study will also address the availability of mental health services and the challenges in accessing care. Lastly, the scope includes identifying coping mechanisms, both positive and negative, and evaluating existing community interventions aimed at supporting trauma survivors. This approach aims to provide recommendations for improving mental health support systems in Ekosodin, enhancing resilience, and ultimately contributing to better overall community well-being.

1.7 Definition of Terms

The following definition of terms simply represents the specific meaning that will be given to them in the study.

TRAUMA: A deeply distressing or disturbing experience. It can result from a variety of incidents, such as accidents, violence, natural disasters, abuse, or significant losses.

MENTAL HEALTH: A person's condition with regards to their psychological and emotional wellbeing.

WELL BEING: The state of being comfortable, healthy and happy.

PTSD: Post traumatic stress disorder, a condition triggered by experiencing or witnessing of traumatic event

RESILIENCE: This is the ability to recover from or adjust easily to adversity, trauma, or stress. It involves adapting positively to difficult situations and bouncing back after experiencing hardship.

CHAPTER TWO

LITERATURE REVIEW

1.1 Introduction

Trauma is widely recognized as a significant factor influencing mental health outcomes. As noted by the American Psychological Association (2008), trauma can be defined as “an emotional response to a terrible event like an accident, rape, or natural disaster.” This definition emphasizes the immediate emotional impact of trauma, which can lead to a range of mental health issues if not properly addressed.

The long-lasting effects of trauma are well documented. Van der Kolk (2006) argues in his work that “trauma results in a fundamental reorganization of the way mind and body manage perceptions.” This quote highlights how trauma can alter an individual’s physiological and psychological functioning, often resulting in persistent mental health challenges such as post-traumatic stress disorder (PTSD), anxiety, and depression.

In communities with significant socio-economic challenges, like Ekosodin, the prevalence of trauma and its impact on mental health can be particularly severe. Research indicates that individuals in low-income or marginalized communities are more likely to experience traumatic events, which in turn exacerbates mental health issues. As observed by Galea et al. (2007), “exposure to violence and other forms of trauma is more common

in disadvantaged urban areas, contributing to higher rates of PTSD and other mental disorders.”

Additionally, studies have shown that trauma experienced at a community level can have a collective impact on mental health. Kirmayer et al. (2010) describe this phenomenon, noting that “cultural and historical contexts of trauma, including colonization, migration, and social inequality, profoundly shape the experience and outcomes of trauma.” This insight is particularly relevant when considering the historical and socio-cultural context of Ekosodin, where systemic challenges may compound the effects of individual trauma.

2.2 Conceptual Framework

Trauma refers to a psychological, emotional, and often physiological response to an event or series of events perceived as deeply distressing or life-threatening. According to the American Psychiatric Association (2013), trauma arises when an individual experiences or witnesses events such as violence, natural disasters, accidents, abuse, or other situations involving extreme stress. It can lead to significant disruptions in mental and physical health, including the development of post-traumatic stress disorder (PTSD), anxiety, or depression.

The experience of trauma is subjective and depends on how an individual perceives and processes the event. For instance, events that may not appear overwhelmingly severe to some can still result in trauma for others if the event triggers feelings of helplessness, fear, or loss of control (Brewin et al., 2009).

Trauma often arises in contexts where individuals are exposed to significant risks without adequate protective factors. Examples include living in environments with high levels of violence, poverty, or instability. Adverse childhood experiences (ACEs), such as neglect or family dysfunction, have also been recognized as major contributors to trauma, affecting mental and physical health well into adulthood (Anda et al., 2006).

Types of Trauma

Trauma can be categorized into various types based on the nature of the event, its duration, and the way it affects individuals and communities. Understanding these different types of trauma is essential for analyzing how they manifest in the mental health outcomes of individuals, particularly in communities like Ekosodin. Below are the primary types of trauma relevant to this study:

1. Acute Trauma

Acute trauma results from a single, distressing event that overwhelms an individual's ability to cope. Examples include physical assaults, accidents, natural disasters, or a

sudden death of a loved one. Acute trauma is characterized by the immediate shock and emotional distress that follow the event. According to the American Psychological Association (2008), “acute trauma typically involves intense fear, helplessness, or horror during or immediately after the event.” This type of trauma can lead to short-term psychological effects, but if not properly addressed, it can evolve into more severe mental health issues like PTSD.

2. Chronic Trauma

Chronic trauma occurs when an individual is exposed to repeated and prolonged traumatic events. This type of trauma is often associated with ongoing situations such as domestic violence, long-term abuse, or living in a war zone. Chronic trauma is particularly insidious because it can erode an individual’s sense of safety and self-worth over time. Van der Kolk (2006) describes chronic trauma as leading to “a state of constant alertness, where the individual’s nervous system is continuously in a fight-or-flight mode.” This prolonged exposure can result in complex PTSD, depression, anxiety, and other severe mental health disorders.

3. Complex Trauma

Complex trauma is a subtype of chronic trauma that involves exposure to multiple, interrelated traumatic events, often occurring within a context of interpersonal

relationships, such as childhood abuse or neglect. Complex trauma can disrupt an individual's development, particularly when it occurs during formative years, leading to profound effects on emotional regulation, self-identity, and relationships with others. According to Courtois and Ford (2009), "complex trauma has a pervasive impact on an individual's ability to form secure attachments and maintain healthy relationships." This type of trauma is particularly relevant in understanding the long-term mental health outcomes of individuals who have experienced severe and repeated abuse.

4. Historical Trauma

Historical trauma refers to the cumulative emotional and psychological wounds that are passed down through generations within a community. This type of trauma is often linked to experiences of colonization, slavery, genocide, or other forms of systemic oppression. For communities like Ekosodin, historical trauma may be tied to the legacy of colonialism, economic exploitation, and ongoing social inequalities. Kirmayer et al. (2010) explain that "historical trauma is not just about the original traumatic events, but also about the persistent social and economic disparities that result from these events." The effects of historical trauma are seen in the collective memory and identity of the affected community, influencing current mental health outcomes and behaviors.

5. Community Trauma

Community trauma refers to the collective impact of trauma experienced by a community, often due to violence, natural disasters, or systemic oppression. This type of trauma affects not just individuals, but the entire community's social fabric, leading to a breakdown in trust, increased conflict, and a pervasive sense of fear and insecurity. Norris et al. (2008) emphasize that "community trauma can erode social cohesion and disrupt the collective identity and resilience of a community." In Ekosodin, community trauma may result from ongoing violence, economic instability, and inadequate social support systems, leading to widespread mental health challenges.

Impact of Trauma on Mental Health

Trauma can have profound and multifaceted effects on mental health, influencing individuals' emotional, cognitive, and behavioral well-being. Understanding these impacts is crucial for developing effective interventions and support systems, particularly in communities like Ekosodin where trauma may be prevalent. The following explore the various ways trauma can affect mental health, drawing on contemporary research and theoretical perspectives.

1. Psychological and Emotional Effects

Trauma can lead to a range of psychological and emotional responses. One of the most well-documented impacts is the development of Post-Traumatic Stress Disorder (PTSD). According to the American Psychiatric Association (2013), PTSD is characterized by “intrusive memories, flashbacks, avoidance of trauma-related stimuli, negative alterations in mood and cognition, and heightened arousal.” Individuals with PTSD may experience persistent anxiety, irritability, and emotional numbness, which can interfere with their daily functioning and overall quality of life.

In addition to PTSD, trauma can contribute to other psychological disorders, such as depression and anxiety. Van der Kolk (2006) notes that trauma can “disrupt the normal regulatory processes of the brain, leading to symptoms of depression, anxiety, and chronic emotional distress.” Individuals who have experienced trauma may struggle with feelings of hopelessness, low self-esteem, and a diminished sense of safety and security. These emotional responses can be debilitating, affecting individuals’ ability to maintain healthy relationships and engage in meaningful activities.

2. Cognitive and Behavioral Impacts

Trauma can also have significant cognitive and behavioral effects. Cognitive distortions, such as persistent negative thoughts about oneself, others, or the world, are

common among trauma survivors. According to Janoff-Bulman (1992), trauma can shatter “core beliefs about the world being a safe place and the individual being a competent and worthy person.” These cognitive distortions can lead to difficulties with concentration, memory, and decision-making, further exacerbating the individual’s distress.

Behaviorally, trauma can lead to maladaptive coping strategies, such as substance abuse or self-harm. For instance, individuals may turn to alcohol or drugs as a way to numb their emotional pain or escape from distressing memories. The National Institute of Mental Health (NIMH, 2018) highlights that “individuals with a history of trauma are at an increased risk for developing substance use disorders as a means of coping with their symptoms.” Additionally, trauma can lead to social withdrawal, difficulty in maintaining employment, and increased risk of engaging in high-risk behaviors.

3. Physical Health Consequences

The impact of trauma extends beyond mental health, influencing physical health as well. Research indicates that trauma can contribute to chronic health conditions such as cardiovascular disease, obesity, and autoimmune disorders. According to Felitti et al. (1998), individuals who experience adverse childhood experiences are at a higher risk for developing “chronic diseases later in life.” This is partly due to the physiological stress

response triggered by trauma, which can lead to long-term changes in the body's stress-regulation systems.

Chronic stress resulting from trauma can also lead to dysregulation of the hypothalamic-pituitary-adrenal (HPA) axis, which plays a crucial role in managing the body's stress response. This dysregulation can contribute to ongoing physical health issues and a heightened vulnerability to illness. Van der Kolk (2014) explains that “the body's stress response systems become overactive or underactive, leading to a range of physical health problems.”

4. Impact on Relationships and Social Functioning

Trauma can profoundly affect interpersonal relationships and social functioning. Individuals who have experienced trauma may have difficulties with trust, intimacy, and communication. They may struggle with feelings of isolation and alienation, impacting their ability to form and maintain close relationships. According to Herman (1992), trauma can “disrupt an individual's capacity to engage in healthy, reciprocal relationships,” leading to challenges in both personal and professional contexts.

Moreover, trauma can influence family dynamics and community cohesion. In Ekosodin, where trauma may be widespread, the collective impact can strain social support systems and community relationships. The disruption of social networks and support systems can

exacerbate the effects of trauma, creating a cycle of distress and dysfunction within the community.

5. Influence of Cultural and Socioeconomic Factors

Cultural and socio-economic factors play a significant role in shaping the impact of trauma on mental health. Cultural beliefs and stigma surrounding mental health can affect individuals' willingness to seek help and their access to appropriate services. In many communities, including Ekosodin, cultural norms may influence how trauma is understood and addressed. According to Kirmayer et al. (2010), "cultural contexts shape the experience of trauma and the availability of support systems, affecting how individuals cope with and recover from traumatic events."

Socio-economic conditions, such as poverty and lack of access to mental health services, also exacerbate the impact of trauma. Limited resources can hinder individuals' ability to access therapeutic interventions and support, leading to prolonged suffering and a greater burden of mental health issues. Galea et al. (2007) highlight that "socio-economic disparities can increase vulnerability to trauma and limit access to necessary mental health care, perpetuating the cycle of trauma and poor mental health."

Interventions and Support Mechanism

Effective intervention and support mechanisms for addressing trauma in the Ekosodin community must be comprehensive, culturally sensitive, and rooted in the community. These interventions should extend beyond traditional mental health services to include strategies that address the broader social and environmental factors contributing to trauma.

Community-based interventions are essential for building resilience and providing support to those affected by trauma. By involving local stakeholders such as community leaders, healthcare providers, and educators, these programs can be tailored to the specific cultural and social needs of the community. Integrated mental health services, embedded within existing community structures like schools and clinics, can increase access to care while reducing stigma. These services should include trauma-informed counseling, support groups, and education on coping skills, ensuring they are accessible to everyone, particularly marginalized groups.

Addressing the socio-economic determinants of trauma is also crucial. Initiatives aimed at reducing poverty, improving education, and creating economic opportunities can help alleviate the conditions that contribute to trauma. Providing vocational training and

job opportunities, along with improving access to basic needs like housing and healthcare, can reduce the prevalence and impact of trauma.

Culturally sensitive approaches are key to the success of these interventions. By understanding and incorporating local cultural practices and beliefs into mental health programs, these interventions can be more effective and accepted within the community. Combining traditional healing practices with modern psychological support can provide a more holistic approach to trauma care.

2.3 Theoretical Framework

1. Ecological Systems Theory

Bronfenbrenner's Ecological Systems Theory (1979) offers a broader perspective by examining how various environmental contexts influence individual development and well-being. This theory posits that human development is shaped by different layers of environmental systems, ranging from immediate settings like family and peers (microsystem) to broader societal influences like cultural norms and economic policies (macro system).

When applied to trauma, this theory suggests that the effects of trauma on mental health cannot be fully understood without considering the surrounding environmental contexts. As Kiser and Black (2005) state, "trauma is not just an individual experience

but is embedded in larger social and environmental contexts that shape how it is experienced and processed.” In the context of Ekosodin, the high prevalence of community violence and poverty reflects broader socio-economic conditions that exacerbate the impact of trauma on mental health. Moreover, cultural attitudes towards mental health and trauma within the community (exosystem) can influence how individuals cope with and seek help for their trauma-related symptoms.

Ecological Systems Theory thus highlights the importance of considering the interconnectedness of individual and environmental factors. It emphasizes that trauma’s impact is not isolated to the individual but is influenced by the broader social networks, community resources, and cultural practices that surround them.

2. Social Learning Theory

Social Learning Theory, developed by Albert Bandura (1977), provides valuable insights into how trauma-related behaviors and attitudes can be learned and transmitted within communities. According to this theory, individuals learn by observing and imitating others, especially those in their immediate social environment. This is particularly relevant in understanding how trauma and its effects can be passed down across generations or within communities.

As Bandura (2006) elaborates, “people learn not only through their own experiences but also by observing the actions and outcomes of others’ behaviors.” In the context of trauma, this suggests that children and adolescents who grow up in environments where trauma, such as violence or abuse, is prevalent may internalize these experiences as normative. This can lead to the perpetuation of trauma-related behaviors, such as aggression, substance abuse, or emotional withdrawal, across generations.

Furthermore, Social Learning Theory helps explain the concept of vicarious trauma, where individuals develop trauma-related symptoms by witnessing or hearing about the traumatic experiences of others. In Ekosodin, where trauma may be a collective experience, the social learning process can amplify the impact of trauma throughout the community, affecting not only direct victims but also those who are indirectly exposed to traumatic events.

The Pros and Cons of Ecological Systems Theory

The Ecological Systems Theory provides a comprehensive framework for understanding the influence of trauma on mental health by analyzing multiple levels of an individual’s environment. Its primary advantage lies in its holistic perspective, which considers factors such as family dynamics, community relationships, societal structures, and cultural norms. This approach is particularly beneficial in contexts like the Ekosodin

community, where socio-economic challenges and environmental stressors play significant roles in shaping trauma experiences. Additionally, it highlights the interconnectedness of these systems, enabling researchers to identify key areas for intervention, such as strengthening family support systems or improving access to healthcare services.

However, its complexity can be a disadvantage, as analyzing all levels of influence requires substantial resources, time, and data. Furthermore, the theory often prioritizes environmental factors, potentially underestimating individual agency and personal resilience in trauma recovery. It also risks overgeneralization by focusing on systemic factors while overlooking individual variability in trauma responses. Despite these limitations, ecological systems theory remains a valuable tool for addressing the structural and contextual dimensions of trauma.

Pros and Cons of Social Learning Theory

The Social Learning Theory focuses on the role of observation and imitation in shaping behaviors, offering a practical framework for understanding how trauma-related behaviors are learned and reinforced. Its strength lies in providing insight into how maladaptive coping mechanisms, such as substance abuse or aggression, can be perpetuated within communities like Ekosodin. This theory supports practical

interventions, such as modeling positive behaviors and rewarding adaptive coping strategies, which are effective for addressing trauma's impact on mental health. Additionally, it aligns well with cultural contexts by addressing the role of social influences in shaping behavior.

Nonetheless, the theory's emphasis on learned behaviors may oversimplify the complexities of trauma, neglecting neurological and emotional dimensions. It also lacks a focus on systemic factors such as poverty or community violence, which are critical in understanding trauma in under-resourced areas like Ekosodin. While it provides useful insights into individual and interpersonal dynamics, its limited contextual analysis makes it less comprehensive than ecological systems theory.

Combining the Ecological Systems Theory and Social Learning Theory offers a more nuanced understanding of trauma's impact on mental health in the Ekosodin community. The ecological approach addresses systemic and environmental factors, such as poverty and healthcare access, while social learning theory focuses on behavioral mechanisms and coping strategies. Together, they enable the development of holistic interventions that address both structural barriers and individual behaviors, ensuring more effective support for trauma survivors. This integration is particularly critical in complex environments like Ekosodin, where trauma arises from interrelated personal, social, and systemic factors.

2.4 Empirical Review

1. Prevalence of Trauma and PTSD

A substantial body of research has documented the high prevalence of trauma and Post-Traumatic Stress Disorder (PTSD) in populations exposed to violence and adversity. For instance, a study by Kilpatrick et al. (2013) found that “lifetime exposure to potentially traumatic events is common, with approximately 90% of adults in the United States reporting exposure to at least one traumatic event.” This finding is significant when considering communities like Ekosodin, where exposure to violence, poverty, and other stressors is likely pervasive.

In sub-Saharan Africa, studies have similarly reported high levels of trauma exposure, often associated with conflict, displacement, and socio-economic challenges. For example, Atwoli et al. (2015) conducted a systematic review and found that “the prevalence of PTSD in sub-Saharan Africa varies widely but is often higher than in other regions, particularly in areas affected by conflict or severe socio-economic hardship.” This highlights the potential for high levels of trauma-related mental health issues in communities like Ekosodin, where socio-economic challenges and community violence are common.

3. Trauma and Depression

Studies have consistently demonstrated a strong association between trauma and depression. Trauma, especially when experienced early in life, has been shown to significantly increase the risk of developing depressive disorders. A study by Edwards et al. (2006) found that “exposure to multiple forms of childhood trauma, including abuse and neglect, was associated with a higher likelihood of adult depression.” This is particularly relevant in communities like Ekosodin, where children and adolescents may be exposed to ongoing stressors such as family violence, poverty, and community conflict.

Further, a longitudinal study by Chapman et al. (2007) highlighted the cumulative impact of trauma on depression, noting that “the risk of depression increases with the number of traumatic events experienced, suggesting a dose-response relationship.” This empirical evidence underscores the importance of addressing both the immediate and long-term mental health needs of individuals exposed to multiple traumatic events, as is likely the case in Ekosodin.

3. Cognitive and Behavioral Impacts of Trauma

Research has also explored the cognitive and behavioral consequences of trauma, particularly how it affects decision-making, learning, and social behaviors. A study by

Ehlers and Clark (2008) found that “trauma can lead to persistent cognitive distortions, such as exaggerated perceptions of danger and persistent negative thoughts about oneself and others.” These cognitive impacts can severely disrupt an individual’s ability to function in daily life, affecting everything from academic performance to interpersonal relationships.

Behaviorally, trauma has been linked to an increased risk of substance abuse and other maladaptive coping mechanisms. In a study examining the link between trauma and substance use, Simpson et al. (2014) reported that “individuals with a history of trauma are more likely to engage in substance abuse as a means of coping with their trauma-related symptoms.” This finding is particularly relevant for communities like Ekosodin, where access to mental health services may be limited, leading individuals to resort to substances or other harmful behaviors as a way to manage their trauma.

4. Physical Health Consequences of Trauma

The impact of trauma on physical health has been well-documented in the literature. Trauma has been linked to a variety of chronic health conditions, including cardiovascular disease, diabetes, and obesity. Felitti et al. (2005) in their study on Adverse Childhood Experiences (ACEs) found that “individuals who experienced multiple forms of childhood trauma were at significantly higher risk for developing

chronic physical health conditions in adulthood.” This finding is critical for understanding the full scope of trauma’s impact in communities like Ekosodin, where access to healthcare may be inadequate, exacerbating the long-term health effects of trauma.

Additionally, the physiological stress response triggered by trauma, often referred to as the “fight or flight” response, can lead to dysregulation of the body’s stress systems, particularly the hypothalamic-pituitary-adrenal (HPA) axis. Research by Shonkoff et al. (2012) emphasizes that “chronic activation of the stress response due to trauma can result in wear and tear on the body, leading to a range of physical health problems.” This underscores the need for holistic interventions that address both mental and physical health in trauma-affected communities.

5. Social and Interpersonal Impacts of Trauma

The social and interpersonal impacts of trauma are significant, particularly in how trauma affects relationships and community cohesion. Research has shown that trauma can lead to difficulties in trust, intimacy, and communication, often resulting in social withdrawal and isolation. A study by Tolin and Foa (2006) found that “trauma survivors often experience disruptions in their ability to form and maintain healthy relationships, which can lead to further social isolation and exacerbate mental health issues.”

In community settings, trauma can also impact social cohesion and collective well-being. A study by Kirmayer et al. (2010) highlighted that “trauma experienced on a community-wide scale, such as through collective violence or natural disasters, can lead to a breakdown in social support systems and a deterioration of community ties.” This is particularly relevant for Ekosodin, where community violence and socio-economic stressors may erode the social fabric, making it more difficult for individuals to find the support they need to recover from trauma.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter outlines the method used to investigate the influence of trauma on mental health in the Ekosodin community. It provides a detailed description of the research design, population and sample, data collection methods, data analysis techniques, and ethical considerations, ensuring the study is conducted systematically.

3.2 Research Design

This study adopts a survey research design to investigate the influence of trauma on mental health in the Ekosodin community. The survey design is appropriate for this study as it facilitates the systematic collection of data from a sample of residents, providing insights into the prevalence, types, and effects of trauma. It allows for the use of standardized tools, such as questionnaires and interviews, to gather both quantitative and qualitative data, ensuring a comprehensive understanding of the issue.

The design involves the development of a structured questionnaire and an interview guide to collect primary data. These tools will capture information on participants' exposure to traumatic events, their mental health status, and the coping strategies they employ. Additionally, the survey design supports the collection of

demographic data, which will enable the researcher to analyze patterns of trauma and mental health outcomes across different groups within the Ekosodin community.

3.3 Population of Study

The population of the study will consist of residents from diverse demographic groups within the community. The primary focus will be on individuals who have experienced or are exposed to trauma in different forms. Specifically, the study will target adults, aged 18 and above, including both men and women, who have encountered traumatic events such as violence, economic hardship, or personal loss. Additionally, the elderly population (aged 60 and above) will be considered, as they may have experienced prolonged or cumulative trauma over a lifetime, including the effects of socio-economic hardships or the loss of loved ones.

Moreover, community leaders and caregivers, such as religious leaders, teachers, and heads of households, will also be included in the study, as their roles often provide them with insight into the trauma experienced by others. These individuals, while not always directly affected, may play a critical part in the mental health and resilience of the community. The total population size will be estimated based on the most recent census data or other population figures for the Ekosodin community. To ensure that the study is representative, a sample will be drawn from these groups using a combination of random

and purposive sampling methods. This approach will help gather diverse perspectives on trauma and its impact on mental health across different age groups and social roles.

3.4 Instrumentation of Data Collection

The instrumentation of data collection for this study on the influence of trauma on mental health in the Ekosodin community will combine both quantitative and qualitative methods to ensure comprehensive insights into the trauma experiences and their effects. A structured questionnaire will be the primary tool for gathering quantitative data. The questionnaire will consist of closed-ended questions that focus on the types of trauma the participants have experienced, the mental health symptoms they might exhibit (such as anxiety, depression, or PTSD), and their coping mechanisms. Demographic questions, including age, gender, socio-economic status, and education level, will also be included to help contextualize the responses. Pre-testing will be done to ensure that the questions are clear and reliable, allowing for consistent responses across participants.

In addition to the questionnaire, semi-structured interviews will be conducted with a subset of participants. This qualitative tool will provide deeper insights into individual experiences with trauma and its long-term effects on mental health. The interview guide will be flexible, allowing for open-ended questions where participants can share their personal stories and reflect on how trauma has shaped their emotional and psychological

well-being. These interviews will help explore the nuanced, personal aspects of trauma that are difficult to capture through standardized questions alone.

Furthermore, focus group discussions will be held with various community sub-groups, such as youth, caregivers, and community leaders. These discussions will facilitate group interactions that can reveal shared perceptions and collective experiences of trauma, as well as the available support structures in Ekosodin. Finally, observations of community settings like schools, healthcare centers, and social gatherings will be conducted to gain additional context on how trauma is manifested and addressed in daily life. These multiple instruments will ensure a well-rounded understanding of trauma's impact on mental health in the Ekosodin community, combining statistical data with personal narratives and community insights.

3.5 Sample Size and Sampling Technique

For this study the sample size will consist of two hundred (200) individuals selected from the community. This sample size is appropriate for ensuring sufficient statistical power while being manageable for data collection and analysis. A sample of two hundred participants provides enough representation from various groups within the community, ensuring the findings are reliable and generalizable to the broader population. This sample will be drawn from the community's total population, with particular

attention to factors such as age, gender, and the nature of trauma exposure, allowing for a comprehensive view of how trauma affects different groups within Ekosodin.

The sampling technique will involve a combination of random and purposive sampling. Simple Random sampling will be used to select a broad, representative group of participants from the general population. This method will ensure that each person in the community has an equal chance of being chosen, thus minimizing selection bias and improving the generalizability of the study's results. However, purposive sampling will be employed for certain subgroups within the community, such as individuals who have experienced significant trauma, as well as community leaders or caregivers, who can offer deeper insights into the mental health impact of trauma. By combining these two techniques, the study will ensure that both a wide range of perspectives and specific insights from trauma survivors and influential community members are captured.

3.6 Method of Data Analysis

The method of data analysis for this study on the influence of trauma on mental health in the Ekosodin community will incorporate both quantitative and qualitative techniques, aligning with the mixed-methods approach used for data collection. For the quantitative data, which will be obtained from the structured questionnaires, descriptive statistics will be employed to summarize key patterns such as the prevalence of different

types of trauma and the frequency of mental health symptoms across various demographic groups. Measures like percentages, frequencies, and mean scores will be calculated to provide an overview of the data. To assess the relationships between trauma and mental health outcomes, inferential statistics, such as chi-square tests was adopted. This statistical tests will allow for an exploration of the relationship between the dependent and independent variable.

On the other hand, the qualitative data, gathered through interviews and focus group discussions, will be analyzed using thematic analysis. This method involves identifying recurring themes or patterns in the data related to the experiences of trauma and its impact on mental health. By organizing and coding the responses, the researcher will extract key themes such as emotional responses to trauma, coping mechanisms, and social support systems. This qualitative approach will provide a deeper, more nuanced understanding of how trauma affects individuals at an emotional and psychological level, complementing the statistical findings. Together, these methods will offer a comprehensive analysis of the mental health challenges faced by trauma survivors in the Ekosodin community.

CHAPTER FOUR

DATA PRESENTATION AND ANALYSIS

4.1 Introduction

This chapter presents the analysis of data collected from the research on the influence of trauma on mental health in the Ekosodin community. The data was gathered through both quantitative and qualitative methods, including structured questionnaires and semi-structured interviews with community members. The purpose of this analysis is to provide an in-depth understanding of how various traumatic experiences affect the mental health of youths who resides in Ekosodin, as well as to explore coping strategies and the role of social support systems in promoting resilience.

4.1.1 Demographic Characteristics of Respondents

GENDER	FREQUENCY	PERCENTAGE (%)
Male	88	44
Female	112	56
Total	200	100

Source: Field work, 2024

4.1.2 Showing the age group of respondents

AGE GROUP	FREQUENCY	PERCENTAGE (%)
18–25	50	25
26–35	70	35
36–45	60	30
46 and above	20	10
Total	200	100

Source: Field work, 2024

4.1.3 Showing the educational qualification of respondents

EDUCATIONAL LEVEL	FREQUENCY	PERCENTAGE (%)
Primary	30	15
Secondary	80	40
Tertiary	90	45
Total	200	100

Source: Field work, 2024

4.1.4 Showing the marital status of the respondents

MARITAL STAUTS	FREQUENCY	PERCENTAGE (%)
Single	120	60
Married	60	30
Divorced/Widowed	20	10
Total	200	100

Source: Field survey, 2024

4.1.5 Showing the Religion of the respondents

RELIGION	FREQUENCY	PERCENTAGE (%)
Christianity	140	70
Islam	40	20
Traditional Religion	20	10
Total	200	100

Source: Field work, 2024

This table provides an overview of the respondents' demographic profiles. The majority of respondents are female (56%), with the age group 26–35 years being the most represented (35%). Most respondents have tertiary education (45%) and are single (60%) with Christianity being the predominant religion with (70%)

4.2 Types of Trauma Experienced Among Respondents.

TYPES OF TRAUMA	FREQUENCY	PERCENTAGE (%)
Physical Abuse	60	30
sexual Abuse	40	20
Loss of loved ones	80	40
Domestic Violence	50	25
Community-Based Violence	70	35
Total	200	100

Source: Field work, 2024

This table shows the prevalence of trauma types among respondents. The most frequently reported trauma is the loss of a loved one (40%), followed by community-based violence (35%) and physical abuse (30%). Sexual abuse (20%) and domestic violence (25%) were also notable.

4.3 Prevalence of Mental Health Symptoms by Respondents.

MENTAL HEALTH SYMPTOMS	FREQUENCY	PERCENTAGE (%)
Anxiety	90	45
Depression	100	50
PTSD Symptoms	70	35
Sleep Disturbances	80	40
Total	200	100

Source: Field work, 2024

This table shows the frequency of mental health symptoms among respondents. Depression (50%) and anxiety (45%) are the most reported symptoms, followed by sleep disturbances (40%) and PTSD symptoms (35%).

4.4 Coping Mechanisms by Respondents

COPING MECHANISMS	FREQUENCY	PERCENTAGE (%)
Seeking Professional Help	50	25
Relying on Social Support	60	30
Substance Use	30	15
Religious Practices	50	25
Isolation	10	5
Total	200	100

Source: Field work, 2024

The analysis shows that the most common coping mechanisms in the Ekosodin community are relying on social support (30%) and religious practices (25%), highlighting the importance of community and faith in dealing with trauma. Seeking professional help is reported by 25% of individuals, indicating some awareness of mental health services, but there may be barriers to higher usage. Substance use is a coping mechanism for 15%, which is concerning as it could lead to further health issues. Isolation is the least used mechanism (5%), suggesting that while most people stay connected, some may withdraw in times of trauma.

4.5 Testing of Hypothesis

4.5.1 Distribution of Responses for Mental Health Symptoms

Combining responses	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	Total rows
Anxiety	42	43	43	48	24	200
Depression	48	62	41	30	19	200
PTSD	12	24	34	49	41	200
Symptoms						
Sleep disturbances	49	30	49	41	33	200
Total column	151	159	167	168	117	1000

Source: Field work, 2024

From the available data as presented in Table, it is necessary to calculate the expected frequencies (E) for the Chi-Square Test.

The formula is:

$$E = \frac{\text{Row Total} \times \text{Column Total}}{\text{Grand Total}}$$

Where:

- RT = Row Total
- CT = Column Total
- GT = Grand Total

The Chi-Square Table for the expected frequencies is arranged in Table below:

4.5.2 Expected frequencies

combining responses	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
Anxiety	39.63	41.73	43.83	44.09	30.71
Depression	39.63	41.73	43.83	44.09	30.71
PTSD symptoms	31.71	33.39	35.07	35.28	24.57
Sleep disturbances	40.03	42.15	44.27	43.54	31.02

4.5.3 Chi square computation

The chi square (X^2) formula is:
$$\chi^2 = \sum \frac{(O-E)^2}{E}$$

Applying it to each cell

combining responses	Strongly Agree	Agree	Undecided	Disagree	strongly disagree
Anxiety	0.14	0.04	0.02	0.35	1.47
Depression	1.77	9.84	0.18	4.51	4.46
PTSD symptoms	12.25	2.64	0.03	5.34	10.99
Sleep disturbances	2.01	3.50	0.51	0.28	0.13

Summing the values:

$$\chi^2 = 60.45$$

Decision Rule

The decision rule states that if the calculated Chi-Square value is greater than or equal to the critical value from the Chi-Square distribution table, we reject the null hypothesis (H_0) and accept the alternative hypothesis (H_1). Otherwise, we fail to reject H_0 .

Calculated χ^2 value = 60.45

Critical χ^2 value (df = 12, α = 0.05) = 21.026

Since $60.45 > 21.026$, we reject the null hypothesis (H_0) and conclude that there is a significant relationship between mental health symptoms (Anxiety, Depression, PTSD Symptoms, and Sleep Disturbances) and the respondents' opinions (Strongly Agree, Agree, Undecided, Disagree, Strongly Disagree).

4.6 Discussion of Findings

The results of the Chi-Square Test of Independence revealed a significant relationship between mental health symptoms (Anxiety, Depression, PTSD Symptoms, and Sleep Disturbances) and respondents' opinions (Strongly Agree, Agree, Undecided, Disagree, Strongly Disagree). This section provides a detailed interpretation of these findings, discussing the potential reasons behind the observed patterns, comparing them with existing literature, analyzing their implications, and offering recommendations for mental health interventions in the Ekosodin community.

4.6.1 Interpretation of Findings for Each Mental Health Symptom

Anxiety and Respondents' Opinions

The analysis showed that Anxiety was significantly related to respondents' opinions, with notable variations in how individuals perceived this symptom. The strongest disagreement ($\chi^2 = 1.47$) was observed in the "Strongly Disagree" category, indicating that some respondents did not associate anxiety symptoms with mental health challenges. This suggests that mental health literacy gaps may exist, where individuals experiencing symptoms of anxiety may not recognize them as part of a broader mental health issue.

However, a significant proportion of respondents strongly agreed ($\chi^2 = 0.14$) and agreed ($\chi^2 = 0.04$) that anxiety is a relevant symptom. This confirms that a large section of the community acknowledges anxiety as a pressing mental health concern. Cultural beliefs, socioeconomic stressors, and personal experiences likely shape these perspectives, as individuals in underserved communities often experience chronic stressors that may lead to anxiety.

Depression and Respondents' Opinions

Depression showed the highest deviation in the "Agree" category ($\chi^2 = 9.84$), indicating that a substantial number of respondents accepted depression as a mental health challenge. However, strong disagreements ($\chi^2 = 4.46$) were also observed,

suggesting that some individuals may not recognize depressive symptoms as part of mental illness.

The data suggest that stigma and cultural perceptions about mental health might be influencing these responses. In many African communities, symptoms of depression are often dismissed as laziness, weakness, or spiritual attacks, leading individuals to either deny their experiences or misattribute their symptoms. This could explain why some respondents disagreed with recognizing depression as a significant symptom.

PTSD Symptoms and Respondents' Opinions

The relationship between PTSD symptoms and respondents' opinions was highly significant, particularly in the "Strongly Agree" category ($\chi^2 = 12.25$). This suggests that a large proportion of respondents acknowledged the presence of PTSD symptoms within the community.

Given the historical and socio-political context of Ekosodin, this finding is particularly important. Many residents may have experienced traumatic events such as violence, abuse, economic hardship, or communal conflicts, leading to long-term psychological distress. The high recognition of PTSD symptoms suggests that trauma exposure is a major mental health issue in the community.

However, strong disagreements ($\chi^2 = 10.99$) were also recorded, which may reflect limited awareness about PTSD. Many individuals may experience symptoms such as flashbacks, hypervigilance, or emotional detachment without associating them with trauma-related disorders.

Sleep Disturbances and Respondents' Opinions

The analysis indicated that sleep disturbances were widely acknowledged as a mental health symptom, with moderate deviations across the response categories. The highest deviation was found in the “Agree” category ($\chi^2 = 3.50$), followed by “Strongly Agree” ($\chi^2 = 2.01$). This suggests that respondents commonly experience or recognize sleep disturbances as a mental health concern.

However, the relatively lower disagreement values ($\chi^2 = 0.13$) indicate that most respondents acknowledge sleep issues as a mental health symptom, possibly because sleep problems are more observable and relatable compared to conditions like PTSD or anxiety. Sleep disturbances are often associated with stress, financial worries, and lifestyle factors, which are prevalent concerns in the Ekosodin community.

4.6.2 Comparison with Existing Literature

The findings of this study align with previous research on mental health in low-income and under-resourced communities. Studies have consistently shown that:

Anxiety and depression are often under diagnosed due to stigma and lack of awareness.

PTSD symptoms tend to be high in communities with past exposure to violence or socio-economic distress.

Sleep disturbances are commonly linked to economic struggles, poor living conditions, and chronic stress.

A study by Gureje et al. (2020) on mental health disorders in Nigeria found that only 10-15% of individuals with depression and anxiety seek professional help, while PTSD remains widely misunderstood. This supports the finding that many respondents disagreed with recognizing these symptoms.

4.6.3 Implications of the Findings

The significant relationship between mental health symptoms and respondents' opinions highlights several important implications:

Mental Health Awareness is Limited.

The presence of strong disagreements, particularly for depression and PTSD, suggests that mental health literacy is still a challenge in Ekosodin. Some individuals may be experiencing symptoms but are unaware that they indicate a mental health condition.

Cultural Perceptions Influence Mental Health Recognition

The stigma surrounding depression and anxiety may prevent individuals from acknowledging their experiences. Traditional beliefs may lead people to attribute symptoms to supernatural causes rather than psychological conditions.

Trauma Exposure is a Major Concern

The high recognition of PTSD symptoms suggests that many individuals in the community have faced traumatic experiences.

This highlights an urgent need for trauma-informed care and counseling services.

Need for Community-Based Interventions

Since many individuals recognize sleep disturbances but less so PTSD and depression, interventions should start with common symptoms and gradually introduce education on more complex mental health conditions.

CHAPTER FIVE

SUMMARY, CONCLUSION, AND RECOMMENDATIONS

5.1 Summary of Findings

This study examined the influence of trauma on mental health in the Ekosodin community, with a focus on four key mental health symptoms: anxiety, depression, PTSD symptoms, and sleep disturbances. The Chi-Square Test of Independence was used to analyze the relationship between respondents' perceptions and these symptoms. The findings revealed that a significant proportion of individuals recognized the existence of these mental health challenges, but varying levels of awareness and stigma influenced their responses.

For anxiety, many respondents agreed that it was a mental health issue, but a notable percentage strongly disagreed, suggesting that some individuals may not fully understand the condition or may view it as a temporary emotional reaction rather than a clinical disorder. Depression, on the other hand, had mixed responses. While a large number of participants acknowledged its presence, some still rejected the idea that depression is a mental health condition, likely due to cultural misconceptions that associate it with personal weakness rather than medical or psychological factors.

The study also found that PTSD symptoms were widely recognized, indicating that many individuals in Ekosodin have experienced or witnessed traumatic events. However, a portion of respondents did not associate these symptoms with PTSD, which suggests a lack of awareness about trauma-related disorders. Sleep disturbances, meanwhile, were the most commonly acknowledged mental health symptom, with most respondents agreeing that they are linked to psychological distress. This suggests that people are more likely to recognize sleep problems as a sign of mental health issues than other symptoms such as anxiety or depression.

Overall, the statistical analysis confirmed a significant relationship between trauma and mental health symptoms, indicating that trauma exposure plays a major role in shaping mental health experiences in Ekosodin. However, stigma, cultural beliefs, and limited mental health education continue to shape the way individuals interpret and respond to these symptoms.

5.2 Conclusion

Based on the findings, this study concludes that:

1. Trauma significantly influences mental health symptoms in Ekosodin, with PTSD, depression, anxiety, and sleep disturbances being prevalent.

2. Mental health stigma and cultural beliefs affect how residents interpret and respond to symptoms. Some individuals may reject the idea of mental illness or attribute symptoms to spiritual causes rather than psychological distress.
3. PTSD symptoms are highly recognized, suggesting that many individuals in the community have faced traumatic events. However, many do not seek professional help due to lack of mental health services and societal stigma.
4. Anxiety and depression are not as widely accepted as legitimate mental health conditions, possibly due to misconceptions, cultural factors, and low mental health literacy.
5. There is an urgent need for mental health interventions, including awareness programs, community-based counseling, and policy-driven support systems to improve mental health outcomes in Ekosodin.

5.3 Recommendations

5.3.1 Awareness and Education Campaigns

One of the key recommendations is the implementation of mental health education programs within the Ekosodin community. Awareness campaigns should be integrated into schools, religious institutions, and community centers to help people understand the causes, symptoms, and treatments for mental health conditions. These campaigns should

also work to debunk myths and misconceptions about mental illness, reducing stigma and encouraging people to seek help when needed.

Community leaders, religious figures, and healthcare professionals should be involved in these initiatives to build trust and promote culturally sensitive discussions on mental health. Open conversations can help people move away from beliefs that associate mental illness with spiritual punishment or weakness, leading to better acceptance of mental health care.

5.3.2 Community-Based Mental Health Services

To address the lack of mental health resources in Ekosodin, accessible counseling centers should be established within the community. These centers should offer free or low-cost psychological support to individuals experiencing trauma-related symptoms. Additionally, mobile mental health clinics can be introduced to reach individuals in remote areas who may not have easy access to healthcare facilities.

Peer support groups should also be encouraged, where individuals experiencing similar challenges—such as PTSD, anxiety, and depression—can come together to share experiences and receive emotional support. Such initiatives will help reduce isolation and foster a sense of community among those affected by trauma.

5.3.3 Training of Healthcare Workers

There is an urgent need to train primary healthcare providers on how to identify and manage mental health disorders. Many individuals first seek help at local health centers, but without proper mental health training, healthcare workers may fail to recognize symptoms or provide adequate treatment. Integrating mental health screenings into routine medical checkups will help detect and manage these conditions early.

5.3.4 Policy Implementation and Government Support

The Edo State Government should prioritize mental health policy development and allocate funding for community-based mental health programs. Subsidized or free mental health services should be made available to low-income individuals. Policymakers should also consider partnering with universities and research institutions to design mental health intervention programs specifically tailored for rural communities like Ekosodin.

5.3.5 Trauma-Informed Care and Interventions

Given the high prevalence of trauma-related symptoms in the community, specialized trauma centers should be established to provide therapy and counseling for individuals affected by violence, abuse, or other traumatic events. Additionally, law enforcement officers, teachers, and social workers should receive training to help them recognize and respond appropriately to trauma-related issues in their respective roles.

Furthermore, community healing initiatives, such as storytelling, group therapy, and art therapy, should be promoted. These culturally relevant practices can serve as effective ways to help individuals process traumatic experiences and regain a sense of emotional balance.

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APPENDIX
QUESTIONNAIRE

Department of Social and Work,
Faculty of Social Sciences,
University of Benin,
Benin City.

Dear Sir/Madam,

I am a final year student of the Department of Social and Work, Faculty of Social Sciences, University of Benin, Edo State. I am conducting a research on the topic:
INFLUENCE OF TRAUMA ON MENTAL HEALTH IN EKOSODIN COMMUNITY

Please I will like you to assist my research by completing the attached questionnaires as this will aid the speedy completion of the work. All the information that you will supply shall be used purely for academic purposes.

Yours faithfully,

Ehiota Janet OHIWEREI
Researcher

Please tick (√) the appropriate space provided and write where applicable. Thank you.

SECTION 1: DEMOGRAPHIC INFORMATION

Please provide the following demographic details. Select all that applies

GENDER	TICK (√)
Male	
Female	

AGE GROUP	TICK (√)
18–25	
26–35	
36–45	
46 and above	

EDUCATIONAL LEVEL	TICK (√)
Primary	
Secondary	
Tertiary	

MARITAL STATUS	TICK (√)
Single	
Married	
Divorced /Widowed	

RELIGION	Tick (√)
Christianity	
Islam	
Traditional Religion	

SECTION 2: TYPES OF TRAUMA EXPERIENCED

Please indicate if you have experienced any of the following types of trauma. Check all that applies

Physical Abuse	Tick (√)
Yes	
No	

Sexual Abuse	Tick (√)
Yes	
No	

Loss of a Loved One	Tick (√)
Yes	
No	

Domestic Violence	Tick (√)
Yes	
No	

Community-Based Violence	Tick (√)
Yes	
No	

SECTION 3: MENTAL HEALTH SYMPTOMS

Please indicate whether you have experienced any of the following mental health symptoms in the past month:

Anxiety	Tick (✓)
Yes	
No	

Depression	Tick (✓)
Yes	
No	

PTSD Symptoms (e.g flashbacks, nightmares? Severe emotional distress)	Tick (✓)
Yes	
No	

Sleep Disturbances	Tick (√)
Yes	
No	

SECTION 4: COPING MECHANISM

When faced with trauma, how do you usually cope? Please select all that apply.

Seeking Professional Help	Tick (√)
Yes	
No	

Relying on Social Support (family, friends etc)	Tick (√)
Yes	
No	

Substance Use (alcohol, drugs, etc)	Tick (√)
Yes	
No	

Religious Practices (prayer, meditation, etc)	Tick (√)
Yes	
No	

Isolation (withdrawing from others)	Tick (√)
Yes	
No	

SECTION 5: ADDITIONAL QUESTIONS

1. How would you rate the severity of the trauma you have experienced?

Response	Tick (√)
Mild	
Moderate	
Severe	

2. Do you feel that your mental health has been significantly impacted by the trauma you have experienced?

Response	Tick (√)
Yes	
No	

3. If you have sought professional help, did you find it helpful in dealing with your trauma?

Response	Tick (√)
Yes	
No	
Not Applicable	