

Counselling as a Complementary Pathway to Protection and Psychosocial Recovery: Experiences of Displaced Populations in North-Central Nigeria's Middle Belt Region

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Abstract

Internal displacement remains one of the most significant humanitarian concerns in Nigeria's Middle Belt region, particularly in Plateau, Benue, and Nasarawa States where recurrent communal violence, farmer-herder conflicts, and armed attacks have uprooted families from ancestral homes. Although humanitarian interventions have focused heavily on physical security, food distribution, and temporary shelter, considerably less attention has been directed toward the psychological impact of displacement and its long-term implications for individual and communal wellbeing. Contemporary scholarship acknowledges that emotional recovery and psychosocial stability are essential components of protection in conflict-affected societies, as unresolved trauma undermines resilience, disrupts social functioning, and increases vulnerability to further harm (Inter-Agency Standing Committee, 2007; World Health Organization, 2021). This study examines counselling as a complementary protection pathway for internally displaced persons (IDPs), exploring how structured psychosocial support contributes to trauma relief, coping capacity, and restoration of dignity in displacement settings. The research adopts a qualitative approach, utilizing semi-structured interviews with 20 IDPs, six counsellors, and four humanitarian protection workers drawn from major displacement settlements in the Middle Belt. Thematic analysis revealed that counselling mitigates trauma symptoms such as persistent fear, nightmares, and intrusive memories while also strengthening social cohesion through renewed trust and supportive peer relationships. However, the study identified substantial institutional and cultural constraints including limited trained mental-health personnel, stigmatization of counselling services, absence of confidential therapeutic spaces, and the lack of a coordinated government framework for psychosocial interventions. The study concludes that counselling must be recognized as a core feature of Nigeria's national protection agenda and integrated into sustained humanitarian policy if emotional recovery and long-term stability are to be achieved among displaced populations.

Keywords: Counselling; Psychosocial Support; Protection; Internal Displacement; Middle Belt Nigeria; Trauma Recovery.

Introduction

Internal displacement remains one of the most persistent humanitarian crises confronting Nigeria, particularly in the Middle Belt region encompassing Benue, Plateau, and Nasarawa States. Violent communal clashes, predominantly between nomadic herders and sedentary agrarian communities, have driven thousands of families out of their ancestral homes, destroying livelihoods, disintegrating social systems, and creating widespread psychosocial distress. Studies have shown that those uprooted by conflict experience acute and prolonged emotional trauma, including anxiety, grief, disorientation, anger, and chronic fear (Ager et al., 2020; Oduenyi, 2021). In such conditions, national and humanitarian interventions often prioritize physical protection,

emergency relief, and temporary shelter; however, emotional and psychological needs, which are equally essential for survival, are frequently overlooked.

Nigeria's internal displacement dynamics illustrate a troubling gap between physical security and holistic protection. While displaced families may be removed from zones of direct violence, the psychological wounds inflicted by traumatic events continue to manifest long after relocation to camps or host communities. Mental health challenges, such as post-traumatic stress disorder (PTSD), depression, substance misuse, and suicidal ideation, have been documented among internally displaced persons (IDPs) in the Middle Belt (Ike, 2022). These emotional disturbances not only impair daily functioning but also heighten risks of exploitation, social withdrawal, aggression, and self-harm. Counselling, therefore, emerges as a critical intervention capable of restoring emotional resilience, strengthening social relations, and reducing vulnerability to further harm.

Despite existing policies acknowledging the importance of psychosocial support, Nigeria's displacement management system remains under-resourced in terms of mental health services. Counselling in displacement settings is often provided by religious organizations, NGOs, and volunteer practitioners rather than a coordinated state mechanism (Ojukwu & Okechukwu, 2023). As a result, access varies significantly across locations, leaving many survivors without structured emotional support. The Middle Belt situation demonstrates that without psychological recovery, displaced persons remain fragile and susceptible to renewed trauma, regardless of externally provided security. This underscores the argument that emotional safety is not secondary to physical protection but forms a complementary dimension necessary for full rehabilitation and reintegration.

Moreover, the cultural context of Nigeria's conflict-affected communities presents additional barriers. Societal stigma surrounding mental health issues discourages open expression of emotional suffering and reduces willingness to seek counselling (Okolie, 2020). Many survivors internalize trauma due to fear of judgment or accusations of spiritual weakness. Counselling, therefore, does more than provide coping strategies; it creates safe relational spaces that validate emotional experiences, affirm personal dignity, and empower survivors to navigate the uncertainties of their disrupted lives. When properly delivered, counselling reconnects individuals to supportive social networks that are crucial for communal survival in displacement settings.

This study is grounded in the recognition that emotional restoration must be integrated into the protection agenda for IDPs in Nigeria's Middle Belt. Drawing from survivors' experiences, the research investigates how counselling functions as a complementary pathway to security by mitigating trauma, enhancing decision-making, stabilizing behaviors, and promoting social cohesion. Counselling is interpreted here as a protective factor one that safeguards psychological well-being and reduces exposure to risk in contexts defined by instability and loss.

Against this backdrop, this paper is guided by the following research questions:

1. How does counselling contribute to emotional protection among displaced persons in the Middle Belt region of Nigeria?

2. What psychosocial benefits do IDPs associate with counselling interventions in displacement camps and host communities?
3. How can counselling programs be strengthened to enhance protection and long-term recovery in humanitarian settings?

Literature Review

Counselling, Psychological Protection, and Displacement

Counselling within humanitarian response has become increasingly recognized as a fundamental component of protection for populations affected by conflict and internal displacement. Internal displacement produces not only material vulnerabilities such as loss of shelter, livelihoods, and security, but also a deep erosion of emotional stability, personal identity, and social belonging (Inter-Agency Standing Committee, 2007). In contexts like Nigeria's Middle Belt, survivors fleeing violent communal attacks frequently arrive in crisis, carrying unprocessed memories of killings, arson, abductions, and traumatic flight through forests and rivers. These experiences manifest in persistent symptoms of psychological distress, including intrusive memories, nightmares, anxiety, hypervigilance, and depressive withdrawal (Adejumo & Adetunji, 2020). Counselling therefore becomes a necessary intervention, restoring not only emotional health but also personal agency, decision-making capacity, and resilience qualities essential for surviving prolonged humanitarian crises (Miller & Rasmussen, 2017).

Recent studies demonstrate that where counselling services are accessible within displacement settlements, they contribute significantly to emotional stabilization and psychosocial adjustment. Ventevogel (2018) explains that counsellor-guided trauma processing helps survivors make sense of violent experiences that otherwise provoke chronic fear and loss of self-worth. For many IDPs, counselling provides the first opportunity to articulate grief over murdered relatives or lost homesteads events often too painful to express in informal conversations. In Northern Nigeria, where cultural norms encourage emotional suppression, the availability of confidential and structured counselling environments enables displaced women, widows, and youth to release psychological burdens they have carried silently since fleeing attacks (Okolie et al., 2022). Thus, counselling serves as a critical protection tool: it reduces psychosocial vulnerabilities that make IDPs more susceptible to exploitation, social aggression, and self-harm.

Counselling and Social Reintegration in Disrupted Communities

The Middle Belt displacement context is characterized not only by trauma but by the fragmentation of social structures that traditionally served as emotional protection systems. Extended families are scattered; community leadership is weakened; trust between ethnic and religious groups is fractured (Hobfoll et al., 2007). Counselling in such a setting does more than improve individual emotional functioning it plays a communal reintegration role by facilitating the reconstruction of broken social networks. Group counselling interventions particularly have shown strong outcomes by creating shared spaces where survivors can collectively process fear, insecurity,

and loss (Betancourt et al., 2019). Through these interactions, trust slowly reemerges within displaced communities, enabling collaboration among households who initially arrived in camps frightened, suspicious, and unwilling to speak with others.

The protective value of these reestablished interpersonal bonds cannot be overstated. Research shows that communal solidarity improves access to information, enhances help-seeking, and promotes collective vigilance in displacement settlements where insecurity remains present (UNHCR, 2020). In the Middle Belt, counselling sessions often incorporate indigenous cultural strengths storytelling, prayer circles, proverb-based reflection, and communal caregiving thereby reaffirming identity and restoring traditional support mechanisms damaged by violence (Adejumo, 2021). As survivors regain interpersonal trust and social belonging, they become better equipped to participate in shared protection arrangements such as nighttime watch groups, childcare cooperation, or safe-walking networks for young girls at risk. Counselling thus strengthens the very social fabric that conflict sought to destroy.

Structural Barriers to Effective Counselling in Nigerian IDP Settlements

Despite its demonstrated importance, counselling remains one of the most underserved sectors in Nigeria's humanitarian response. The country suffers from an extremely limited mental-health workforce averaging fewer than one psychiatrist per one million citizens, with most located in major cities far removed from rural displacement sites (World Health Organization, 2021). Consequently, IDP camps rely heavily on volunteer religious workers or NGO staff who lack trauma-informed clinical skills, resulting in inconsistent service quality and limited capacity to manage severe psychological distress (Idowu, 2022). The shortage of private and confidential counselling spaces further restricts access, especially among women and adolescents who fear judgment, gossip, or reprisals if emotional disclosures become public.

Stigmatization remains a major limitation. In many northern communities, psychological suffering is interpreted as a spiritual weakness, divine punishment, or a sign of madness (Adejumo & Adetunji, 2020). This cultural perception discourages survivors from seeking help and leads them to internalize traumatic symptoms as personal failings. Additionally, humanitarian presence in Middle Belt settlements is irregular funding interruptions and shifting crisis priorities cause psychosocial support programs to terminate abruptly (UNHCR, 2020). Discontinuity disrupts emotional progress and contributes to relapse, especially when survivors remain surrounded by insecurity, hunger, and uncertainty. These barriers illustrate that counselling cannot achieve its intended protection outcomes unless integrated into a broader, well-resourced, culturally grounded humanitarian framework.

Conceptual Gap

Existing literature confirms the significant role of counselling in improving mental health outcomes and community resilience in conflict-affected settings across Nigeria and Africa more broadly. However, scholarly work remains disproportionately focused on Boko Haram-related displacement in the North East, leaving the

Middle Belt's communal conflict displacement under-examined (Betancourt et al., 2019; Tol et al., 2020). Yet, the Middle Belt presents a unique psychosocial landscape: displacement is cyclical rather than linear, violence reoccurs in the same communities, and survivors live in constant anticipation of renewed attacks. This cyclical trauma demands counselling models that not only restore emotional balance but strengthen ongoing protection mechanisms, including decision-making under insecurity, self-efficacy in displacement, and re-engagement with community life.

Furthermore, very few studies have conceptualized counselling as a complementary protection pathway a mechanism through which displaced persons regain social value, reduce vulnerability to harm, and build the emotional foundations necessary for long-term recovery. This study directly addresses that gap by providing empirical evidence from IDPs, counsellors, and humanitarian practitioners in Plateau, Benue, and Nasarawa States, thereby offering a contextualized perspective on how counselling simultaneously supports emotional survival and social protection in the Middle Belt displacement experience.

Empirical Review

Empirical research on counselling as a psychosocial intervention within displacement contexts in Nigeria remains limited compared to studies focusing on humanitarian logistics, food insecurity, or security concerns. However, available evidence strongly reinforces the argument that counselling contributes significantly to emotional wellbeing, social adaptation, and protective resilience among internally displaced populations. A study conducted by Olorunfemi and Adetoro (2021) in Benue and Taraba States found that displaced individuals who accessed structured psychosocial support demonstrated a notably lower prevalence of post-traumatic stress symptoms compared to those without intervention. Survivors described counselling as the first opportunity to verbalize their trauma and reclaim a sense of personal identity that violence had disrupted. These findings reveal that displaced persons are not merely dealing with physical loss but also internal fragmentation that requires therapeutic healing for full recovery.

Field investigations by Ugwoke (2022) in Plateau State further showed that counselling interventions improved the reintegration capacity of adolescents who had been separated from family or exposed to armed attacks. His study documented increases in social participation, peer collaboration, and school engagement among children who attended expressive group therapy. Without such interventions, youths were more likely to display aggression, withdrawal, or susceptibility to negative peer influence behaviors that expose them to exploitation or recruitment by criminal actors. The research demonstrates that counselling significantly influences emotional regulation, which in turn impacts behavioral outcomes essential to long-term security and protection.

Gender-focused empirical studies have also highlighted counselling as a critical protective tool for displaced women. According to research by Musa (2021), women in Middle Belt displacement camps frequently suffer compounded traumas due to widowhood, sexual vulnerability, and sudden socio-economic responsibilities. Counselling helped them build psychological resilience, cultivate coping strategies, and form support networks

that reduced isolation. Participants who engaged in ongoing counselling were also more likely to recognize exploitation risks, avoid harmful survival strategies, and report abuse when experienced. The study concluded that counselling not only contributes to healing but enhances women's agency in high-risk settings.

Community-level impact has been shown in research by Ibrahim and Onoja (2023), who documented reduced interpersonal conflicts within camps where group counselling and mediation sessions were consistent. Their findings demonstrated that counselling reactivated cooperative social norms, increased mutual trust, and provided platforms for peaceful grievance resolution. These outcomes are essential in camps where resource scarcity, trauma-induced irritability, and historical ethnic tensions often produce violence. In such environments, emotional rehabilitation becomes a precondition for communal harmony and security stabilization.

Despite these promising results, empirical findings consistently reveal significant barriers to the delivery and sustainability of counselling services. A qualitative study by Ojukwu and Okechukwu (2023) in Nasarawa State showed that many IDPs associated emotional distress with fate, spiritual warfare, or moral failure interpretations that reduce mental health literacy and delay professional help-seeking. Participants frequently preferred religious interventions alone, reflecting a cultural tendency to privatize suffering rather than recognize trauma as a mental health concern. Furthermore, shortage of professional counsellors, absence of long-term programming, and lack of integration into national humanitarian policy frameworks were identified as key institutional challenges that weaken the effectiveness of counselling interventions (Adebayo, 2021).

Taken collectively, empirical evidence demonstrates that counselling can serve as a transformative element in displacement response by reducing trauma-related dysfunction, enhancing social reintegration, protecting vulnerable groups, and stabilizing community relations. Nevertheless, the findings also expose gaps requiring urgent attention: poor accessibility, cultural constraints, insufficient technical capacity, and weak governmental prioritization. This gap in service provision reinforces the importance of the present study, which seeks to generate context-specific insights into how counselling is experienced and perceived by displaced persons in Nigeria's Middle Belt, where displacement is ongoing and psychosocial needs remain critically high.

Theoretical Framework

Counselling as a protective and recovery-oriented intervention for internally displaced persons can be understood effectively through the lens of two relevant theoretical perspectives: the Ecological Systems Theory by Bronfenbrenner (1979) and the Trauma Recovery Model articulated by Judith Herman (1997). Together, these theories provide a comprehensive foundation for examining how displacement disrupts psychosocial wellbeing and how counselling facilitates emotional and structural restoration.

Ecological Systems Theory argues that human behavior and psychological development are shaped through constant interactions between individuals and their social environments. Displacement violently disrupts these ecological layers from the microsystem of family and peers to the macrosystem involving cultural identity, political structures, and safety networks. For IDPs in the Middle Belt, the sudden breakdown of these systems

community life, cultural belonging, livelihood routines create a vacuum that triggers emotional trauma and chronic insecurity. Counselling therefore serves as an avenue for rebuilding the weakened interactions by strengthening coping resources, restoring social support, and reconnecting individuals to functional networks that protect emotional stability (Bronfenbrenner, 1979; Hobfoll et al., 2007). This theory helps explain why displacement produces psychosocial harm not merely through exposure to violence but through the erosion of the social environments that once nurtured wellbeing.

Herman's Trauma Recovery Model provides an additional dimension by outlining the psychological stages required for healing after traumatic events: safety, remembrance and mourning, and reconnection. These stages strongly align with the lived realities of displaced persons in Plateau, Benue, and Nasarawa States. After surviving attacks, IDPs first require perceived safety, which counselling helps rebuild by reducing fear, clarifying threats, and strengthening emotional grounding. The second stage involves processing memories of violence an area where counselling supports survivors to narrate, externalize, and gradually reinterpret traumatic experiences so they no longer dominate daily functioning. Finally, reconnection emphasizes restoring relationships, building hope, and re-engaging with purposeful community roles outcomes repeatedly observed where group therapy and family counselling are implemented (Herman, 1997; Miller & Rasmussen, 2017). This model captures counselling not as a luxury, but as a necessary progression toward emotional recovery, psychosocial integration, and protection.

These two frameworks are strongly complementary. Ecological Systems Theory clarifies why displacement causes deep psychosocial disruption, while the Trauma Recovery Model explains how counselling facilitates structured recovery from those disruptions. Together, they provide a robust foundation for this study, supporting the argument that counselling should be a core protection strategy for IDPs essential to restoring internal resilience, strengthening community bonds, and preventing the escalation of trauma-related vulnerabilities in displacement settings.

Methodology

This study employed a qualitative descriptive research design to explore how counselling functions as a complementary pathway to emotional protection and psychosocial recovery among internally displaced persons (IDPs) in Nigeria's Middle Belt region. This design was considered appropriate because it allows for in-depth understanding of lived experiences, emotional narratives, and the contextual meaning IDPs attach to counselling within displacement settings.

The research was conducted across three conflict-affected states: Benue, Plateau, and Nasarawa. Within these states, four displacement settlements were purposively selected due to their high concentration of long-term IDPs and the existence of psychosocial support activities facilitated by humanitarian and faith-based actors. These included Daudu and Abagena camps in Benue State, Heipang camp and Bukuru host community settlements in Plateau State, and a temporary settlement in Lafia, Nasarawa State. The camps reflect different stages of

displacement, from emergency shelter to protracted settlement, thereby enriching the contextual relevance of findings.

The study population consisted of adult IDPs, volunteer counsellors, and humanitarian workers responsible for protection and wellbeing services in the camps. A purposive sampling approach was used to select individuals who had either received counselling or provided psychosocial support services. Snowball referral was further applied to identify survivors who were initially reluctant to participate due to cultural stigma associated with discussing personal trauma. A total of 30 participants were interviewed, comprising 20 IDPs (12 women, 5 men, and 3 adolescents aged 15–19), six counsellors from non-governmental and religious support groups, and four humanitarian workers including camp-based protection officers and social welfare personnel. This mix of respondents allowed for triangulation of perspectives regarding counselling access, motivation, benefits, and operational challenges.

Data were generated through semi-structured interviews guided by open-ended questions that explored emotional challenges during displacement, motivations for seeking counselling, perceived outcomes, and barriers to psychosocial support. Interviews were conducted in English, Hausa, and Tiv, depending on participant linguistic preference, and were audio-recorded with consent. Field notes and direct observations of counselling spaces, camp organization, and community interactions were used to complement interview narratives and provide interpretive depth.

All interview recordings were transcribed verbatim and analyzed using thematic analysis procedures outlined by Braun and Clarke (2019). Familiarization with the narratives informed inductive coding, followed by constant comparison across participant groups to develop recurring themes that captured shared and divergent psychosocial experiences. Credibility of the data was strengthened through member-checking, in which select participants reviewed preliminary interpretations for accuracy, while peer debriefing with academic colleagues helped minimize researcher bias.

Ethical approval and access permission were granted by community authorities and humanitarian coordinators in each settlement. Participants were fully informed of the study purpose, assured of confidentiality, and allowed to withdraw at any point. Pseudonyms were assigned in reporting to prevent identification, and sensitive questions were handled carefully to avoid re-traumatization. These procedures align with World Health Organization ethical recommendations for conducting mental health research in humanitarian contexts.

Findings

The results of the field investigation reveal that counselling has become a vital pathway through which internally displaced persons (IDPs) in Nigeria's Middle Belt navigate emotional distress, rebuild personal stability, and regain social functionality within displacement environments. Across all sites studied in Benue, Plateau, and Nasarawa States, displaced individuals consistently described a heavy psychological burden resulting from direct exposure to violence, loss of family members, property destruction, and abrupt separation from support networks.

Within these contexts, counselling was repeatedly identified not as a luxury or an optional service, but as an essential component of survival. Participants explained that while food, water, and shelter sustain the body, counselling sustains the mind, enabling them to cope with recurring fear, grief, and trauma-induced functional impairment.

The study found that the most immediate gains of counselling manifest in emotional stabilization. Survivors recounted how nightmares, panic attacks, and sudden episodes of intense fear eased gradually after engaging in therapeutic conversations. A widow in Daudu camp, who witnessed the killing of her husband during a nighttime raid, explained:

“Before the counsellor came, sleep was my enemy. I would wake shouting the name of my husband. But when I talk, I feel my heart reducing the pain small. I now sleep without shouting.”

Such narratives reflect how interventions help regulate the overwhelming physiological symptoms of trauma, granting individuals enough internal calmness to resume daily functioning. This observation reinforces the view in trauma psychology that emotional stabilization is the foundational step toward psychosocial recovery (Miller & Rasmussen, 2017).

Counselling also restored clarity of thought and decision-making capacity. Many participants reported that trauma initially distorted their reasoning and pushed them toward impulsive choices that increased their vulnerability. In Abagena camp, a young mother explained that she once contemplated returning to her unsafe village simply due to desperation and loneliness:

“Sometimes I say let me just go back home. Even if I die, let me die in my house. The counsellor helped me think well. She showed me that my children need me alive.”

Through structured reflection and supportive guidance, counselling empowered displaced persons to distinguish between danger and desire, reducing the likelihood of re-victimization and high-risk coping behaviors. These findings demonstrate that counselling contributes directly to personal safety, functioning as a protective tool within conflict-exposed environments.

A further emerging theme was the restoration of social connection and communal belonging. Displacement fractures long-standing support systems, leaving survivors emotionally isolated. In Plateau, adolescents described arriving “like strangers among strangers,” avoiding social interaction and carrying their grief silently. Over time, however, group counselling helped them rebuild trust and meaningful peer relationships. One participant expressed:

“We started sitting together because we all suffered. When you talk and another person understands, the fear becomes less.”

This confirms existing evidence that collective healing mechanisms foster social resilience and reduce intra-camp hostility (Hobfoll et al., 2007), a critical requirement in overcrowded humanitarian settings.

Counselling also enhanced self-worth and identity reconstruction. Men who once served as family protectors reported deep shame after losing homes and livelihoods. Women who became heads of households described struggling to manage responsibilities previously shared with their spouses. Counselling offered emotional validation, helping survivors reinterpret their experiences not as personal failure but as consequences of a violent external force. Widows in Lafia settlement emphasized that counselling provided the first space where they were treated with dignity. As one put it:

“They listen to us as if we are still human beings. People forget we are human since we lost everything.”

This insight reflects the transformative role counselling plays in restoring dignity — a core humanitarian protection outcome.

Across all states, children demonstrated the most visible behavioral progress through expressive therapies. Counsellors shared those children who previously avoided play, displayed aggression, or remained silent gradually began interacting positively with peers. Teachers observed improvements in classroom participation and reduced disciplinary concerns. Such progress suggests that counselling not only alleviates trauma but also facilitates healthy development trajectories interrupted by violent conflict.

Despite these gains, access to counselling remains highly inconsistent and uneven. Participants in Benue-affected settlements reported interruptions whenever humanitarian funding decreased, resulting in emotional relapse. Some expressed reluctance to seek help due to stigma associated with discussing psychological pain, especially among men and those guided by strict cultural norms. Additionally, the scarcity of trained trauma counsellors meant that volunteers often filled professional gaps, limiting therapeutic depth.

These challenges do not diminish the significance of the interventions but highlight the need for sustained structural support to ensure continuity, confidentiality, and cultural compatibility. Survivors repeatedly stressed that counselling must not be temporary. As one father in Plateau stated:

“Food will finish, houses can be rebuilt, but this fear does not finish quickly.”

Taken together, the findings confirm that counselling functions as an essential mechanism for emotional protection, psychosocial stabilization, and long-term resilience among displaced populations in Nigeria’s Middle Belt. Its impact extends far beyond symptom relief it reduces vulnerability to harm, encourages constructive social behavior, and restores the personal agency required to rebuild lives in displacement.

Discussion

The findings of this study demonstrate that counselling plays a decisive role in strengthening protection and promoting psychosocial recovery among internally displaced persons (IDPs) in Nigeria’s Middle Belt. The experiences shared by participants across Benue, Plateau, and Nasarawa States reveal that displaced individuals not only suffer physical losses but also experience long-lasting emotional ruptures that place them at risk of retraumatization, exploitation, and social disintegration. Counselling therefore emerges as both a rehabilitative

and preventive intervention that supports individuals, families, and camp-based communities in navigating the complex realities of displacement.

A key insight is that counselling enhances internal protection by restoring psychological clarity and strengthening adaptive decision-making. Trauma often impairs judgment, heightens fear responses, and increases susceptibility to manipulation or harmful coping mechanisms. As indicated in Table 1, improved emotional regulation and reduced anxiety were among the most frequently reported counselling outcomes. Participants described counselling as essential in helping them avoid premature returns to insecure communities, engagement in exploitative relationships, and involvement in camp-based disputes. These findings align with Miller and Rasmussen's (2017) claim that trauma-focused counselling improves cognitive functioning and reduces vulnerability in unstable settings.

Counselling also facilitated the rebuilding of social trust and belonging a protective factor critical for survival in communal displacement settings. Respondents explained that sharing traumatic experiences during group counselling promoted solidarity and social watchfulness, especially among widows and adolescents. This supports Ager et al. (2020), who argue that group counselling restores communal protection systems weakened by forced migration. Conversely, where counselling access was limited, survivors frequently reported social withdrawal and isolation, conditions that heighten vulnerability to abuse, particularly for women and unaccompanied children.

The findings further show that the gendered risks experienced in displacement including sexual violence, harassment, and survival-based exploitation are moderated by counselling interventions focused on women's empowerment, assertive communication, and safe-space education. Women who participated in counselling groups were more likely to report threats, resist coercive sexual advances, and seek formal protection. This is consistent with Oduenyi (2021) who emphasizes that counselling strengthens female agency in conflict-affected environments.

Counselling proved equally influential in supporting the psychosocial wellbeing of displaced children. Many children displayed trauma-induced behaviors such as aggression or hypervigilance, which exposed them to stigmatization and physical punishment. Through expressive techniques such as drawing, storytelling, and play, counsellors helped children externalize distress and rebuild emotional stability. These observations reflect the recommendations of Tol et al. (2020) on trauma-informed mental health support for displaced children.

At a community level, counselling promoted conflict-sensitive communication which helped prevent escalation of tensions around resources such as food, water, and crowded shelter conditions. These interventions align with the assertion of psychological protection frameworks that emotional stabilization contributes to broader security outcomes (World Health Organization, 2019). The integrated nature of counselling's benefits underscores its dual role: stabilizing internal psychological systems and strengthening social resilience.

However, three major gaps remain:

- (1) limited access to professional counsellors in rural settlements;
- (2) scarce funding for structured psychosocial programs; and
- (3) weaker coverage in informal host communities compared to formal camps.

These limitations risk widening disparities in psychosocial outcomes and leaving the most vulnerable unprotected. Sustained intervention and system integration are therefore essential.

Collectively, the findings reinforce that psychosocial support should be viewed not as a peripheral humanitarian add-on but as a fundamental protection strategy central to safeguarding dignity, agency, and long-term recovery among displaced populations.

Conclusion

This study set out to examine the role of counselling as a complementary pathway to protection and psychosocial recovery among internally displaced persons in Nigeria's Middle Belt region. Through the lived experiences of IDPs, counsellors, and camp-based protection personnel across Benue, Plateau, and Nasarawa States, the findings reveal that displacement extends beyond the loss of physical security producing persistent psychological and social instabilities that heighten vulnerability to further harm. Counselling therefore emerges as a critical component of humanitarian response efforts, not merely for emotional relief, but as a functional mechanism for preventing exploitation, enhancing decision-making, rebuilding community trust, and reducing the likelihood of retraumatization.

The evidence presented shows that individuals who engaged in counselling demonstrated improved emotional regulation, strengthened social integration, reduced anxiety, and a heightened capacity to identify and avoid danger. These improvements translated into stronger protective behaviors at both the individual and community levels, reinforcing the argument that counselling must be integrated into national and regional protection systems rather than delivered as short-term relief. Counselling also played an essential role in mitigating gender-specific vulnerabilities and supporting the recovery of children whose trauma manifests in socially disruptive behaviors.

Despite these proven benefits, psychosocial support services remain unevenly distributed across displacement environments, with many informal host communities lacking structured access to counselling. Further constraints include limited professional staffing, inadequate funding, and the absence of long-term psychosocial program planning within humanitarian coordination structures. Addressing these gaps is essential to strengthening the protective capacity of displaced populations and ensuring sustainable recovery.

Ultimately, the findings affirm that counselling is not secondary to security it is security. It helps preserve the emotional stability, personal agency, and community cohesion that violence seeks to destroy. For regions like Nigeria's Middle Belt, where displacement is recurrent and risks remain dynamic, counselling offers displaced persons the internal safety necessary to rebuild lives in environments where external safety cannot always be guaranteed.

Recommendations

The findings of this study underscore the urgency of strengthening psychosocial support systems as a core component of protection strategies for internally displaced persons in Nigeria's Middle Belt. Therefore, the following recommendations are proposed to government authorities at federal and state levels, humanitarian agencies, and other relevant stakeholders:

1. The Federal Ministry of Humanitarian Affairs and Social Development should integrate counselling as a mandatory component of humanitarian assistance in all displacement settlements. This should include the deployment of trained guidance counsellors and mental health specialists to IDP camps, as well as regular monitoring to ensure that psychosocial services are accessible, inclusive, and responsive to the needs of vulnerable groups such as women, children, and survivors of trauma.
2. State governments in Benue, Nasarawa, and Plateau should establish community-based psychosocial support units that operate in collaboration with traditional rulers, religious institutions, and youth organizations. These units would function as the first point of emotional support for displaced families, enabling early detection of trauma-related issues and strengthening communal coping mechanisms.
3. The National Universities Commission (NUC), in partnership with professional counselling bodies, should encourage tertiary institutions particularly departments of psychology, guidance and counselling, and social work to incorporate trauma-focused and community-based counselling into their training curricula. This will expand the national pool of skilled counsellors and facilitate internship programs within displacement camps.
4. Non-governmental organizations and international humanitarian partners should invest in structured capacity-building initiatives for local volunteers already providing informal emotional support in camps. Through professional supervision, skill-based training, and resource provision, these volunteers can transition into paraprofessional counsellors who complement the limited number of mental health workers in the region.
5. Relevant government agencies should design and implement specialized counselling programs for groups with heightened vulnerabilities including widows, children who have witnessed violence, and young men at risk of negative coping behaviors. These programs should incorporate awareness on gender-based violence, trauma-responsive parenting, child protection strategies, and alternative pathways to livelihood recovery.
6. The Federal Government should allocate sustainable funding for long-term psychosocial recovery initiatives that extend beyond emergency relief phases. Counselling should accompany IDPs throughout reintegration and resettlement processes, ensuring that emotional stability is maintained as families rebuild their lives and gradual community reintegration occurs.
7. Humanitarian coordination bodies should strengthen multi-sector collaboration between counsellors, protection officers, health workers, and livelihood agencies. This will facilitate timely referrals, improve

survivor safety, and ensure that emotional recovery occurs alongside economic empowerment and social restoration.

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