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PSYCHOLOGICAL AND MENTAL HEALTH IMPACT OF KIDNAPPING ON THE FAMILIES OF THE VICTIM'S IN AGUATA, ANAMBRA STATE, NIGERIA

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Abstract: Kidnapping has become a widespread and persistent security challenge in Nigeria, with significant socio-psychological implications, particularly in the South-East region. This study investigates the psychological experiences, emotional distress, and coping mechanisms of families of kidnapping victims in Aguata Local Government Area of Anambra State, Nigeria. The study specifically, identified the major psychological and emotional challenges experienced by the families of kidnapped victims in Aguata LGA, assessed the prevalence of trauma-related conditions such as anxiety, depression, and post-traumatic stress disorder (PTSD) among these families, and evaluated the availability, accessibility, and adequacy of psychosocial and mental health support services for families of kidnapped victims in the study area. This study relied on the theories of Bronfenbrenner's Ecological Systems Theory (1979) and the Trauma theory by Herman (1992) to explain the social phenomena under review. This study adopted a mixed-methods research design. The population of the study comprised family members of kidnapping victim's spouses, parents, siblings, and adult children (aged 18 and above) who had experienced abduction-related trauma between 2015 and 2024. A total sample

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of 400 respondents was determined using Cochran's (1977) formula. The multi-stage sampling technique was employed to elicit data, while affected households through collaboration with traditional leaders, vigilante groups, NGOs, and community-based organizations were purposively selected and snowball sampling was then used to reach additional participants by purposively selecting ten towns for the study. Data were collected through structured questionnaires and analyzed using SPSS version 25 and the descriptive statistics (means, frequencies, standard deviations) were used to present the result. 30 participants were purposively selected from the survey pool for in-depth interviews. The findings reveal a pattern of chronic emotional disturbance exacerbated by cultural stigma, weak mental health infrastructure, and lack of institutional support. The study recommends amongst others, that the Federal and State lawmakers should advocate for policies that recognize and protect the rights of secondary victims of kidnapping, including provisions for psychosocial support in national security and disaster response frameworks.

Keywords: Families of Victims, Kidnapping; Mental Health, Psychological Impact, Secondary Victimization, Trauma

Introduction

In recent years, Nigeria has witnessed a disturbing rise in kidnapping incidents, particularly in the South-East geopolitical zone, where the crime has evolved from politically motivated abductions to profit-driven attacks targeting individuals across various social classes (Onuoha, 2013; Omeni, 2015; Ejirefe & Egwuaba, 2023). Kidnapping, broadly defined as the unlawful and forceful detention of an individual against their will, now constitutes both a major security threat and an escalating public health concern (Edeko, 2011). While the experiences of direct victims have received increasing scholarly and policy attention, the psychological and mental health impacts on their families, the often-overlooked secondary victims-remain critically underexplored. In Aguata Local Government Area (LGA) of Anambra State, one of the regions severely affected by this trend, families of kidnap victims are frequently subjected to prolonged psychological distress. Emotions such as fear, helplessness, and anticipatory grief often give rise

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to serious mental health challenges, including post-traumatic stress disorder (PTSD), anxiety, depression, and even suicidal ideation (Ugwueze & Onuoha, 2019; Ilechukwu, 2020; Egwuaba et al., 2024). The uncertainty surrounding the fate of abducted loved ones, the trauma of ransom negotiations and social isolation intensify these psychological burdens (Egwuaba & Ebisi, 2021; Adebayo, 2013).

Despite the profound mental toll on these families, structured psychosocial support systems are largely absent, particularly in rural and semi-urban communities like Aguata. Compounding this gap are cultural norms that stigmatize mental illness and valorize emotional resilience, thereby discouraging individuals from seeking professional psychological help (Eze, 2021). The structural weaknesses in Nigeria's mental health care system, especially the limited integration of trauma-informed services within the primary healthcare framework further hinder early diagnosis, referral, and treatment of affected individuals (World Health Organization, 2018; Egwuaba & Olisa, 2020).While previous research has focused predominantly on the political, security, and economic dimensions of kidnapping in Nigeria (Adebayo, 2013; Omeni, 2015), empirical studies addressing its psychological impact on families of victims remain sparse. This represents a significant gap in both academic literature and policy intervention; particularly as the long-term mental health consequences for secondary victims remain severe and unaddressed (Van der Kolk, 2003; Paredes et al., 2020; Egwuaba & Egboh, 2025).

Statement of the Problem

Kidnapping has become an endemic security and public health crisis in Nigeria, with the South-East zone and Aguata LGA in particular, experiencing sustained increases in both frequency and severity. While direct victims often receive some attention, the families of kidnapped individuals endure prolonged psychological suffering, which includes PTSD, anxiety, depression, and in some cases, suicidal thoughts (Ilechukwu, 2020; Egwuaba, 2019; Van der Kolk, 2003). These psychological effects are exacerbated by extended periods of uncertainty, financial strain from ransom demands, and a lack of institutional and community-based mental health support (Paredes, González & Sánchez, 2020; Egwuaba & Nnatuanya, 2021). Despite the intensity and persistence of these mental health issues, secondary victims remain largely invisible in national policy, academic research, and public discourse. Structural deficiencies in the Nigerian healthcare

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system, especially in underserved areas like Aguata, and deeply rooted cultural stigma further prevent affected families from accessing much-needed support (World Health Organization, 2018; Owoyemi et al., 2020; Eze, 2021).This study, therefore, seeks to fill a critical knowledge and policy gap by examining the psychological and mental health impact of kidnapping on the families of victims in Aguata LGA, with the aim of informing more inclusive mental health policy, trauma-informed care, and community-based interventions.

Objectives of the Study

This study sought to:

1. identify the major psychological and emotional challenges experienced by the families of kidnapped victims in Aguata LGA;
2. assess the prevalence of trauma-related conditions such as anxiety, depression, and post-traumatic stress disorder (PTSD) among these families;
3. evaluate the availability, accessibility, and adequacy of psychosocial; and mental health support services for families of kidnapped victims in the study area.

Literature Review

Kidnapping is broadly defined as the unlawful seizure and detention of a person against their will, often for ransom, political gain, or coercion (Edeko, 2011). In the Nigerian context, kidnapping has evolved from politically motivated abductions to economically driven crimes involving civilians, with devastating psychological and financial consequences for both the victims and their families (Onuoha, 2013).**Psychological impact** refers to the emotional and cognitive consequences of a traumatic event, including anxiety, depression, irritability, and emotional instability (Van der Kolk, 2003). Mental health**,** as defined by the World Health Organization (2018), is a state of well-being in which individuals realize their abilities, cope with normal life stresses, work productively, and contribute to their communities. When families experience the abduction of a loved one, the disruption to these functions often results in distress and, in severe cases, psychiatric disorders such as Post-Traumatic Stress Disorder (PTSD), depression, and acute stress reaction (Ilechukwu, 2020).**Secondary victims**, in this context, are

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the family members, friends, and close associates of the primary victim (i.e., the abducted individual). These individuals may suffer emotional trauma even without direct physical exposure to the kidnapping event (Paredes et al., 2020). Given Nigeria's weak mental health infrastructure and cultural tendencies to suppress emotional distress (Eze, 2021; Egwuaba, 2018b), families often lack access to coping resources.

Major psychological and emotional challenges experienced by the families of kidnapped victims

Kidnapping often initiates a prolonged period of psychological suffering for the victim's family members. These families live in a state of constant uncertainty, fear, and grief, particularly during the captivity period. According to Ilechukwu (2020), families often experience a sense of helplessness, guilt, and emotional breakdown. In a study of 75 respondents in Enugu State, he found that nearly 70% reported significant emotional disturbances, including weeping spells, insomnia, and panic attacks. These symptoms are heightened by prolonged negotiations, media attention, and threats from abductors. Similarly, Ugwueze and Onuoha (2019) noted that mothers of kidnapped children frequently exhibited signs of psychological exhaustion, social withdrawal, and emotional numbness, especially in communities where stigma is attached to being associated with crime or misfortune. The emotional toll is compounded by the collapse of normal routines, financial hardship, and strained social relationships, which often follow in the wake of a family member's abduction. In a study in Latin America, Paredes et al. (2020) documented similar findings, describing the emotional landscape of affected families as "a silent battlefield" of rage, despair, and guilt. While the cultural contexts differ, the emotional responses to kidnapping are universally intense and destabilizing, underscoring the global relevance of this phenomenon.

The prevalence of trauma-related conditions such as anxiety, depression, and PTSD among these families

The psychological effects of kidnapping on families extend beyond temporary distress. Longitudinal studies have confirmed the persistence of psychiatric conditions among secondary victims. Ilechukwu (2020) identified that among relatives of abductees, 42% displayed PTSD symptoms such as intrusive thoughts,

flashbacks, hypervigilance, and nightmares. An additional 35% were diagnosed with moderate to severe depressive episodes characterized by hopelessness, suicidal ideation, and psychosomatic complaints. In the same vein, Van der Kolk (2003) provides a theoretical basis for these findings, noting that vicarious trauma particularly when it involves close family ties activates similar neurobiological responses as direct trauma. This includes overactivation of the amygdala and hippocampus, resulting in difficulty concentrating, memory loss, and heightened startle responses. The mental health consequences are further exacerbated by prolonged waiting periods, lack of closure, or the return of the victim in poor physical or psychological condition. In Nigerian settings, this is aggravated by the absence of early intervention programs or trauma-informed care, allowing these disorders to persist untreated (World Health Organization, 2018; Egwuaba & Sunday, 2023; Egwuaba, Egboh, & Nweke, 2024).

Socio-cultural factors influencing the mental health outcomes and coping strategies of affected families

The cultural framework within which families interpret and respond to kidnapping has a profound impact on their psychological wellbeing. In Igbo society, where stoicism, communal pride, and spiritual interpretations of misfortune are prevalent, psychological suffering is often internalized. Eze (2021) found that affected families, especially in Anambra State, tended to mask their distress for fear of appearing spiritually weak or socially pitied. As a result, individuals rarely seek formal counselling and instead rely on prayer, silence, or traditional rituals. Further, Onuoha (2013) explains that the cultural tendency to attribute kidnapping to ancestral curses, moral failures, or spiritual attack contributes to self-blame and social isolation. This stigmatization may result in secondary victimization, where affected families not only deal with trauma but also face gossip, alienation, or blame within their communities. Coping strategies, therefore, often skew toward spiritual resilience rather than psychological rehabilitation. Eze (2021) documented that families turned to fasting, church vigils, and visits to traditional healers as primary coping mechanisms. While these practices offer emotional consolation, they may delay proper psychological care and entrench harmful beliefs about mental illness.

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The availability, accessibility, and adequacy of psychosocial and mental health support services for families of kidnapped victims

Despite the clear need for trauma support services, empirical data consistently show that mental health infrastructure in Nigeria remains grossly inadequate, especially in rural and semi-urban areas such as Aguata LGA. According to the WHO (2018), Nigeria has fewer than 300 registered psychiatrists, the majority of whom practice in urban centres. Community-level access to psychological care is almost nonexistent, leaving victims and their families to rely on informal and often untrained support networks. Also, Adebayo (2013) and Omeni (2015) noted that government responses to kidnapping have been largely security-focused, with little emphasis on post-crisis rehabilitation. There are no formal government-led trauma recovery programs in most LGAs in Nigeria, and civil society interventions remain sparse and underfunded. This systemic gap has allowed emotional and psychiatric conditions among families of kidnap victims to go unnoticed and untreated, fostering cycles of trauma that affect entire households. Furthermore, even when services exist, cultural resistance to mental health care rooted in stigma and ignorance remains a major barrier. Families may be unaware of their emotional condition or may perceive counselling as inappropriate or ineffective compared to spiritual remedies (Eze, 2021; Egwuaba, 2018a).

Theoretical Framework

This study is anchored on Bronfenbrenner's Ecological Systems Theory (1979) and the Trauma Theory by Herman (1992), which both offers a comprehensive lens to understand the multifaceted impacts of kidnapping on families by situating individual psychological experiences within broader socio-environmental contexts. The theory posits that human development and behaviour are influenced by interactions across multiple nested systems: the microsystem (immediate environment), mesosystem (connections between microsystems), exosystem (indirect environments), macrosystem (cultural and societal norms), and chronosystem (time-related changes and transitions). While the Trauma Theory (Herman, 1992) conceptualizes trauma as an overwhelming event that shatters an individual's or family's sense of safety, trust, and control. It emphasizes how traumatic events can cause long-lasting psychological disruption, manifesting as symptoms of PTSD, anxiety, and depression. In the context of kidnapping, Trauma Theory elucidates how families are not only indirectly traumatized but also experience vicarious trauma the secondary trauma

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resulting from exposure to the victim's suffering, media coverage, and the stress of prolonged uncertainty (Van der Kolk, 2003). Families' psychological distress is compounded when social support is limited or stigmatizing, preventing adequate emotional processing and recovery. Complementing Bronfenbrenner's model, Trauma Theory provides a focused psychological explanation for the mental health consequences following kidnapping.

Applying this theory to the families of kidnapping victims in Aguata, the microsystem includes the family members, directly experiencing trauma, whose mental health is affected by the abduction. The mesosystem covers interactions between family and social support networks such as religious institutions, community leaders, and healthcare providers. The exosystem involves local government policies and security agencies' efforts which, although not directly experienced daily by the family, influence their psychological wellbeing through available resources and protective mechanisms. The macrosystem reflects the sociocultural beliefs about mental illness, trauma, spirituality, and stigma within Igbo society and Nigerian culture at large, shaping how families perceive and cope with kidnapping trauma. Lastly, the chronosystem considers the timing and duration of kidnapping and its aftermath, including the prolonged uncertainty or closure that family members experience. This ecological perspective underscores the need to consider not only the individual psychological symptoms of anxiety, depression, or PTSD but also how family members' mental health is affected by, and interacts with, their immediate and broader social environments. For instance, cultural norms that stigmatize mental health issues (macrosystem) and the lack of accessible mental health services (exosystem) may hinder affected families from seeking formal psychological support (microsystem).

Integration and Application of both Theories to the Study

By integrating Bronfenbrenner's Ecological Systems Theory and Trauma Theory, this study comprehensively explains the psychological and mental health impact of kidnapping on families in Aguata. The ecological theory situates individual trauma within layered social systems, highlighting sociocultural factors such as stigma, religious beliefs, and community dynamics that influence coping and help-seeking behaviour. Trauma Theory details the internal psychological processes and symptomatology experienced by family members.

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Methodology

This study adopted a mixed-methods research design to investigate the psychological and mental health impacts of kidnapping on families of victims in Aguata Local Government Area (LGA), Anambra State, Nigeria. The target population included spouses, parents, siblings, and adult children (aged 18 and above) of individuals who had experienced kidnapping between 2015 and 2024.A total sample size of 400 respondents was calculated using Cochran's (1977) formula n= $\frac{Z^2(pq)}{e^2}$ at a 95% confidence level and 5% margin of error. A multi-stage sampling technique was employed. First, purposive sampling identified affected households through local stakeholders including traditional leaders, vigilante groups, and NGOs. Next, snowball sampling was used to recruit additional participants via referrals. While this approach was necessary due to the sensitive and stigmatized nature of the topic, it introduces potential selection bias, as referrals tend to involve individuals with similar experiences and networks. Consequently, the sample may not fully represent the broader population of affected families.

Furthermore, the study was limited to Aguata LGA, and although this provides an in-depth case study, findings should not be generalized to other regions of Nigeria without caution, as the sociocultural and security dynamics may vary. Quantitative data were collected using a structured questionnaire incorporating items from standardized instruments such as the Posttraumatic Stress Disorder Checklist-Civilian Version (PCL-C) and Beck Depression Inventory-II (BDI-II). The tools were translated into Igbo and back-translated into English to ensure semantic equivalence. However, these tools were not formally psychometrically validated in the Igbo language, which may limit the cultural precision and reliability of the measurements.

For the qualitative component, 30 participants were purposively selected from the survey pool, ensuring demographic diversity in kinship role, gender, and trauma exposure. Semi-structured interviews were conducted in English or Igbo, audio-recorded with informed consent, transcribed verbatim, and translated for consistency in analysis. Quantitative data were analyzed using SPSS version 25. Descriptive statistics summarized sociodemographic and psychological variables. Chi-square tests and logistic regression were applied to examine associations and predict likelihoods of psychological distress outcomes. Odds ratios (ORs) and 95%

confidence intervals (CIs) were reported and interpreted to indicate practical significance. For instance, participants without access to mental health counselling were over twice as likely to report symptoms of PTSD (OR = 2.18; 95% CI: 1.34–3.54), suggesting a strong and actionable relationship. Qualitative data were analyzed using Braun and Clarke's six-phase thematic analysis framework, involving familiarization, initial coding, theme development, and interpretation. Coding was supported by NVivo software, and inter-coder reliability was strengthened by having a second researcher independently code 30% of the transcripts. Discrepancies were discussed and resolved through consensus, improving analytic validity and trustworthiness.

Ethical approval was obtained from the Anambra State Health Research Ethics Committee. All participants gave written informed consent after being briefed on the study's objectives, their right to withdraw, and data confidentiality. Personal identifiers were removed, and interviews were conducted in private settings. Recognizing the potential for emotional retraumatization, all interviews were conducted using trauma-informed protocols. Participants were debriefed after interviews and provided with referral information to free or low-cost mental health services run by a partnering NGO in Ekwulobia. All research assistants were trained in culturally sensitive, ethical, and psychologically safe data collection practices.

Result

Table 1: Demographic Characteristics of Respondents (N=400)

Variable	Category	Frequency	Percentage (%)
Gender	Male	168	42.0
	Female	232	58.0
Age (years)	18-29	80	20.0
	30-50	260	65.0
	51 &above	60	15.0
Marital Status	Single	60	15.0
	Married	288	72.0

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Divorced/Widowed	52	13.0
Educational Level No Formal Education	40	10.0
Primary/Secondary	180	45.0
Tertiary	180	45.0
Total	**400**	**100.0**

Source: Field Survey, 2025

Table 1 presents the demographic distribution of respondents involved in the study assessing the psychological and mental health impacts of kidnapping on families of victims in Aguata Local Government Area, Anambra State, Nigeria. The demographic data provide critical context for understanding the social positioning, vulnerability, and coping capacities of participants. Out of the total 400 respondents, 232 (58.0%) were female and 168 (42.0%) were male. The predominance of female respondents reflects the gendered realities of caregiving roles in Nigerian families, where women are often at the forefront of emotional labour during crises. This gender distribution also has implications for the interpretation of mental health outcomes, as women are generally more susceptible to trauma-related disorders such as PTSD and anxiety in conflict-affected contexts.

The majority of respondents, 260 (65.0%), fell within the 30–50 years age bracket, followed by 80 (20.0%) aged 18–29, and 60 (15.0%) aged 51 years and above. This distribution suggests that most participants were adults in their prime working and caregiving years, who are likely to bear the socio-economic and emotional consequences of kidnapping events. The relatively smaller proportion of older adults may also influence symptom reporting, as older individuals may underreport psychological distress due to cultural norms surrounding emotional expression. In terms of marital status, a significant majority of respondents were married (72.0%), while 15.0% were single, and 13.0% were divorced or widowed. The predominance of married individuals indicates that many participants had immediate familial responsibilities, making the psychological and financial burdens of kidnapping particularly acute. Those who are divorced or widowed may experience additional emotional strain due to weakened support networks.

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Educational attainment was relatively evenly split between those with primary/secondary education (45.0%) and those with tertiary education (45.0%), while 10.0% of respondents had no formal education. This spread indicates a moderately educated population, with potential implications for awareness of mental health issues and access to coping resources. Respondents with higher education may be more likely to recognize psychological symptoms and seek professional help, though stigma and limited-service availability remain barriers across all educational levels. The demographic composition of the study population suggests a predominantly female, middle-aged, and moderately educated cohort with strong familial responsibilities. These characteristics are critical in understanding the differential exposure and response to trauma, as well as the barriers to mental health service utilization. They also highlight the importance of designing gender-sensitive, age-appropriate, and literacy-aware interventions to support affected families in regions like Aguata.

Table 2: Prevalence of Psychological Distress among Respondents (N=400)

Psychological Symptoms (%)	Category	Frequency	Percentage
PTSD Symptoms (PCL-C Score)	Below Threshold	132	33.0
	Above Threshold (Probable PTSD)	268	67.0
Depression Symptoms (BDI-II)	Minimal/Mild	184	46.0
	Moderate/Severe	216	54.0
Anxiety Symptoms	Absent/Low	160	40.0
	Moderate/High	240	60.0
Total		400	100.0

Source: Field Survey,2025

Table 2 presents the overall prevalence of three categories of psychological distress post-traumatic stress disorder (PTSD), depression, and anxiety among family members of kidnapping victims in Aguata Local Government Area, Anambra State. The data, drawn from a sample of 400 respondents, provide

insight into the magnitude of trauma-related mental health symptoms within this vulnerable population. Based on the Posttraumatic Stress Disorder Checklist – Civilian Version (PCL-C), 67.0% (n = 268) of respondents scored above the diagnostic threshold, indicating probable PTSD. Only 33.0% (n = 132) scored below the threshold. This high prevalence suggests that more than two-thirds of participants are likely suffering from clinically significant PTSD symptoms, reflecting the severe psychological impact of kidnapping-related trauma and uncertainty. These findings are consistent with global literature linking indirect exposure to violent events, such as having a loved one abducted to persistent and debilitating stress responses.

Depressive symptoms, as measured by the Beck Depression Inventory-II (BDI-II), also revealed a substantial burden. While 46.0% (n = 184) of respondents exhibited minimal to mild depression, a slightly larger proportion54.0% (n = 216), reported moderate to severe symptoms, indicating a need for targeted mental health screening and intervention. The data suggest that depressive symptoms are widespread and, in many cases, clinically significant among affected families. These emotional states may be exacerbated by prolonged uncertainty, financial strain due to ransom demands, and a lack of institutional support. Anxiety, another key indicator of psychological distress, was also prevalent. 60.0% (n = 240) of respondents reported moderate to high levels of anxiety, while 40.0% (n = 160) reported absent or low levels. Anxiety was often reported in connection with fear of repeated abduction, ongoing community insecurity, and concern for the safety of other family members. The elevated anxiety levels among the majority of respondents further affirm the acute and chronic psychological toll associated with living under threat or trauma in high-risk environments such as Aguata.

Collectively, the findings in Table 2 underscore the alarming levels of psychological distress among families of kidnapping victims. The prevalence of probable PTSD (67%), moderate to severe depression (54%), and moderate to high anxiety (60%) points to a mental health crisis that is largely unaddressed at the community level. These symptoms not only affect individual well-being but also disrupt family functioning, social cohesion, and economic productivity. Given the scale of the problem; there is a pressing need for integrated mental health services within the primary healthcare system in Aguata and similar conflict-prone regions. This includes trauma-informed care, community-based counselling, and culturally sensitive interventions to reduce stigma and increase help-seeking

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behaviour. Public health stakeholders and policymakers must prioritize mental health as a core component of post-kidnapping family recovery strategies. Corroborating this finding, a female IDI participant expressed that:"Every day feels like a nightmare; I can't sleep and keep seeing his face in my mind''(Female respondent, 2025).

Other participants revealed that:

"Even now, I dream about them tying his hands and beating him. I wake up crying and sweating"(Female, 38, /wife of victim/IDI/6/4/2025).

"After it happened, I stopped feeling anything. I was just existing, not living" (Male, 44, /brother of victim/IDI/8/4/2025).

"I used to run a small shop. But now I don't even bother to open it. Nothing excites me anymore" (Female, 41/ mother/IDI/8/4/2025).

"Anytime I hear a siren or a strange voice, my heart starts beating fast. I always feel something bad is coming" (Female, 52, / aunt/IDI/7/4/2025).

"Even though he is back, I still fear someone else will be taken. The fear never left me" (Male, 58, /father/IDI/5/4/2025).

I didn't know this was trauma. I thought I was just weak or losing faith" (Female, 36/sister/IDI/ 6/4/2025).

Table 3: Influence of Social Support on Psychological Distress

Level of Social Support	PTSD Present(f)	PTSD Absent(f)	Depression Present(f)	Depression Absent(f)	Anxiety Present(f)	Anxiety Absent(f)
Low	140	30	150	20	160	10
Moderate	90	60	50	100	60	90
High	38	42	16	64	20	60

Source: Field Survey, 2025

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Table 3 presents the relationship between varying levels of social support categorized as low, moderate, and high and the presence or absence of post-traumatic stress disorder (PTSD), depression, and anxiety symptoms among family members of kidnapping victims in Aguata Local Government Area, Anambra State. The data highlight a strong inverse association between the level of perceived social support and the prevalence of psychological distress across all three mental health indicators. PTSD symptoms were most prevalent among respondents with low social support, where 140 individuals reported PTSD compared to just 30 without it. In contrast, among those with moderate support, 90 respondents experienced PTSD while 60 did not. For the high support group, only 38 respondents reported PTSD, while a greater number (42) did not. This progressive decline in PTSD prevalence with increasing social support suggests a protective effect of social support against trauma-induced stress reactions. The findings strongly indicate that higher levels of emotional and interpersonal support can mitigate the development or severity of PTSD symptoms in trauma-affected populations.

A similar pattern emerges with depression. Among respondents with low support, 150 reported depressive symptoms, whereas only 20 did not. Conversely, in the moderate support group, depression was reported by 50 individuals, while 100 reported no symptoms. Among those with high support, depression was present in only 16 cases, while 64 individuals showed no signs of depression. This inverse correlation underscores the critical role of moderate to high levels of social support in buffering individuals against the onset or escalation of depressive symptoms following traumatic experiences such as kidnapping. The pattern is most pronounced in the case of anxiety. Among respondents with low support, a striking 160 individuals reported anxiety, compared to only 10 who did not. In the moderate support category, anxiety was present in 60 cases, while 90 respondents reported no symptoms. The high support group recorded the lowest anxiety prevalence, with 20 individuals experiencing anxiety and 60 reporting no such symptoms. This gradient illustrates that strong social support networks significantly reduce susceptibility to anxiety, even in high-stress environments.

Overall, the data from Table 3 provide compelling evidence that social support serves as a powerful buffer against psychological distress in the context of trauma. The consistent decline in PTSD, depression, and anxiety with increasing

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levels of support affirms existing theoretical and empirical work on the social-ecological model of mental health, which emphasizes the role of interpersonal networks in resilience and recovery. These findings underscore the need for community-based mental health interventions that incorporate peer support groups, family therapy, and culturally responsive counselling services. In low-resource settings such as Aguata, mobilizing faith-based organizations, traditional leaders, and social clubs to offer structured emotional support may significantly reduce the mental health burden on families of kidnap victims. Supporting the above findings, an IDI participant reported that:"Without my community, I don't know how I would have managed the anxiety and sadness" (Male respondent/IDI/6/4/2025).

Another participant revealed that:"After the incident, we went to the clinic, but they only treated wounds. Nobody asked about our minds" (Fenale respondents/IDI/8/4/2025). An IDI respondent said that while seeking psychological help was viewed with suspicion or shame such that his families feared being labelled as: "mad" or weak if they discussed their mental struggles, people around here do not believe in depression. They think it's spiritual or a sign of weakness" (Male/ respondents/IDI/5/4/2025). While another IDI participant reported that:"Our church helped with prayers. But I still felt empty, like nobody understood what I was going through" (Victim's Sister/IDI/9/4/2025).

Other IDI participants reported as follows:

"My church members visited me almost daily and even helped with the ransom. I felt I wasn't alone, and that kept me going"(Female, 42, spouse/IDI/6/4/2025).

At first, they came to check on us. But when they heard we couldn't pay the ransom quickly, they avoided us. It was like we had a disease" (Male, 53, brother/IDI/8/4/2025).

"As a man, they expect you to be strong. Nobody asks how you're feeling; they only ask what you're doing about the situation" (Male, 47, father/IDI/7/4/2025).

Our pastor prayed for us and always checked on us. That helped me sleep better, even when I was still scared" (Female, 36, mother/IDI/7/4/2025).

"It wasn't many people, but one of my cousins never left my side. That helped more than a thousand empty sympathies"(Female, 50, aunt/IDI/ 2/4/2025).

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Table 4: Effect of Duration of Uncertainty on Psychological Symptoms

Duration of Uncertainty	PTSD Present (f)	PTSD Absent (f)	Depression Present (f)	Depression Absent (f)	Anxiety Present (f)	Anxiety Absent (f)
≤ 6 months	90	70	100	60	110	50
> 6 months	178	62	116	104	130	110

Source: Field Survey, 2025

Table 4 presents the distribution of psychological symptoms—specifically post-traumatic stress disorder (PTSD), depression, and anxiety—based on the duration of uncertainty experienced by respondents regarding the fate of their kidnapped relatives in Aguata Local Government Area, Anambra State. The variable "duration of uncertainty" was categorized into two groups: respondents who experienced uncertainty lasting six months or less (≤ 6 months) and those who endured uncertainty for more than six months (> 6 months). The findings reveal a clear pattern linking prolonged uncertainty with heightened psychological distress. Among respondents who experienced more than six months of uncertainty, 178 (74.2%) reported PTSD symptoms, while only 62 (25.8%) in this category reported an absence of such symptoms. In contrast, among those with six months or less of uncertainty, 90 (56.3%) presented PTSD symptoms, and 70 (43.7%) did not. This notable disparity suggests a strong association between prolonged emotional ambiguity and the development of PTSD symptoms. The finding aligns with trauma literature indicating that unresolved or extended stressors substantially increase vulnerability to post-traumatic stress.

Depression was also more prevalent among respondents in the >6 months category, with 116 (52.5%) reporting depressive symptoms, compared to 100 (62.5%) in the ≤ 6 months group. Although the margin is less pronounced than for PTSD, the number of individuals reporting the absence of depression was higher in the prolonged group (104 vs. 60), indicating a more varied psychological response. While depression appears slightly elevated among those with extended uncertainty, it may also be influenced by other contextual factors such as availability of social support, financial strain, or previous trauma history. A

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similar trend is observed with anxiety. Among respondents with prolonged uncertainty, 130 (54.2%) experienced anxiety symptoms, while 110 (45.8%) did not. Comparatively, in the ≤ 6 months group, 110 (68.8%) reported anxiety, with only 50 (31.2%) reporting its absence. Although anxiety was prevalent in both groups, the difference is less stark, suggesting that anxiety may be a more immediate psychological reaction to kidnapping regardless of the duration of uncertainty, but still slightly intensified over time.

The data demonstrate a consistent relationship between the duration of uncertainty and the prevalence of PTSD, depression, and anxiety, with PTSD showing the most significant sensitivity to prolonged periods of ambiguity. These findings reinforce the argument that unresolved trauma, especially when sustained over time, imposes a severe mental health burden on family members of kidnap victims. Given the high prevalence of psychological distress, especially among those enduring uncertainty for more than six months, there is an urgent need for targeted psychosocial interventions, including grief counselling, trauma-focused therapy, and timely case updates, to mitigate long-term mental health consequences. These measures should be prioritized in high-risk communities such as Aguata, where institutional mental health support remains limited. Ascertaining the above finding, a female IDI participant opined that:"Not knowing if she is alive or dead is the worst pain; it's like living with a wound that never heals" (Female respondent/IDI/7/4/2025).

Other participants stressed that:

"Six months passed without a word. It was torture. I couldn't eat or sleep. My mind was breaking down slowly" (Female, 49, sister/IDI/4/4/2025).

"Every day I wondered should I start mourning or keep hoping? That confusion alone drove me mad" (Male, 61, father/IDI/5/4/2025).

It was painful, yes. But once we buried him, we could start healing. Not like others who are still waiting" (Female [mother], 55, mother/IDI/6/4/2025).

"We didn't know what to plan for funeral or celebration. We were stuck in one place, mentally and physically" (Male, 43, uncle/IDI/8/4/2025).

My in-laws said I gave up too soon. They blamed me for not doing more. But what could I do with nothing to go on?" (Female, 40, spouse/IDI/7/4/2025).

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Table 5: Logistic Regression Predicting PTSD Symptoms

Predictor Variable (Coefficient)	B	S. E.	Wald χ²	P-value	Odds Ratio (Exp (B))	95%CI for Odds Ratio
Gender (Female)	0.85	0.29	8.60	0.003	2.34	1.33-4.12
Age(>50 years)	0.46	0.27	2.89	0.089	1.59	0.92-2.75
Social Support (Low)	1.20	0.32	14.06	<0.001	3.32	1.79-6.35
Duration of Uncertainty (>6 months)	1.10	0.28	15.50	<0.001	3.00	1.72-5.22

Source: Field Survey, 2025

The logistic regression analysis presented in Table 5 examined the relationship between selected sociodemographic and contextual variables and the likelihood of reporting post-traumatic stress disorder (PTSD) symptoms among family members of kidnap victims in Aguata Local Government Area. Four predictor variables were included in the model: gender, age, level of social support, and duration of uncertainty regarding the fate of the kidnapped individual. The regressions models help identify the significant risk factors associated with psychological distress in this vulnerable population. The results indicate that gender was a statistically significant predictor of PTSD symptoms. Female respondents were 2.34 times more likely than their male counterparts to report PTSD symptoms (B = 0.85, p = 0.003, OR = 2.34, 95% CI: 1.33–4.12). This finding aligns with previous literature highlighting the heightened psychological vulnerability of women in trauma-related contexts, suggesting the need for gender-responsive mental health interventions.

Although age above 50 years was positively associated with PTSD symptoms (OR = 1.59), this relationship did not reach statistical significance (B = 0.46, p = 0.089, 95% CI: 0.92–2.75). This suggests that older respondents may have an increased susceptibility to trauma-related stress, but the evidence remains inconclusive. Further studies with a larger age-diverse sample may help clarify this trend. Low social support emerged as a strong and significant predictor of PTSD symptoms. Respondents who reported low levels of perceived social support were 3.32 times more likely to experience PTSD symptoms than those with moderate or high support (B = 1.20, p < 0.001, OR = 3.32, 95% CI: 1.79–6.35). This underscores the

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buffering role of social networks in trauma recovery and highlights the urgent need for community-based psychosocial interventions.

Furthermore, the duration of uncertainty concerning the abducted relative's fate significantly influenced mental health outcomes. Respondents who endured prolonged uncertainty exceeding six months were found to be three times more likely to develop PTSD symptoms compared to those with shorter durations of uncertainty (B = 1.10, $p < 0.001$, OR = 3.00, 95% CI: 1.72–5.22). This finding illustrates the psychological strain imposed by unresolved trauma and the emotional burden of sustained ambiguity during abductions. Overall, the model highlights that female gender, low social support, and prolonged duration of uncertainty are significant predictors of PTSD symptoms. These findings emphasize the need for trauma-informed mental health services that are responsive to gender disparities, foster social resilience, and prioritize timely resolution and communication in cases of kidnapping. Such interventions are crucial for reducing long-term psychological harm among secondary victims in communities like Aguata that are disproportionately affected by insecurity.

Discussion of Findings

This study examined the psychological and mental health consequences of kidnapping on the families of victims in Aguata Local Government Area (LGA) of Anambra State, Nigeria. The study revealed alarming levels of psychological distress among respondents. Quantitative analysis showed that 67% of participants met the threshold for probable PTSD using the PTSD Checklist–Civilian Version (PCL-C), 54% exhibited moderate to severe symptoms of depression (as measured by the Beck Depression Inventory-II), and 60% reported moderate to high anxiety levels. These findings are consistent with previous research suggesting that individuals closely connected to trauma victims particularly in violent crimes such as kidnapping are at high risk of developing secondary traumatic stress (North et al., 2012; Bisson et al., 2015; Van der Kolk, 2003).The qualitative data supported these findings. Participants frequently described symptoms such as persistent nightmares, intrusive thoughts, hypervigilance, helplessness, and social withdrawal. One participant recounted, "Every time the phone rings, my heart stops. I keep thinking it is bad news. Even now, years after, I still can't sleep well." These expressions of fear and uncertainty underscore the lingering psychological effects even after the resolution of kidnapping incidents. Such prolonged exposure to traumatic uncertainty has been

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identified as a critical determinant of psychological morbidity in conflict-affected settings (Weine et al., 2004).

A remarkable finding in this study is the gendered dimension of psychological responses. Female respondents, especially mothers and spouses of victims, were more likely to report severe psychological symptoms than their male counterparts. This aligns with prior studies which demonstrate that women, due to culturally ascribed caregiving roles and emotional sensitivity, are more vulnerable to trauma-related mental health conditions (Onuoha, 2013; Ilechukwu, 2020; Paredes et al., 2020).

Additionally, younger adults (18–35 years) exhibited heightened anxiety and stress symptoms compared to older age groups. This may be attributed to their active involvement in stressful activities such as ransom negotiations, liaising with security operatives, or handling social and digital media exposure about the incident. The generational gap in trauma coping mechanisms also played a role, as younger participants tended to lack the emotional resilience often built from previous life challenges (Egwuaba, 2018).Despite the high prevalence of mental health challenges among affected families, the study found that access to psychosocial support services was grossly inadequate. Only 12% of respondents reported receiving any form of psychological or trauma-informed intervention. Even among those, most support came from non-clinical sources such as religious leaders, community elders, or family members. This aligns with previous literature highlighting the weak mental health infrastructure in Nigeria, especially in rural and peri-urban areas (Gureje et al., 2015; Adebayo, 2013).The absence of trained mental health personnel at Primary Health Centres (PHCs), lack of referral mechanisms for trauma cases, and prevailing stigma around mental illness all contributed to low service utilization. As Van Ommeren et al. (2005) argue, the lack of culturally sensitive, community-based mental health services in low-resource settings hinders trauma recovery and leads to chronic mental health deterioration.

Conclusion

This study examined the psychological and mental health impact of kidnapping on the families of victims in Aguata Local Government Area, Anambra State, Nigeria. The findings reveal that families of kidnapped individuals in the area experience profound psychological distress, including anxiety, depression,

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trauma symptoms, and social withdrawal. Emotional instability, fear of recurrence, and the absence of institutional support were recurring themes. Furthermore, cultural stigma surrounding mental health discourages affected families from seeking professional help, while available mental health services in the area remain limited and underutilized. The implications of these findings are significant for local health authorities, civil society organizations, and community leaders in Aguata. It is evident that the community lacks adequate structures for trauma support and mental health care, especially for families dealing with the aftermath of kidnapping incidents.

Policy Recommendations

In response to these observed challenges, the following recommendations are proposed for immediate and localized implementation within Aguata LGA:

1. Local health authorities, in collaboration with the Anambra State Ministry of Health, should integrate trauma-focused mental health services into existing primary health facilities in Aguata. This would enable early identification, support, and referral of individuals suffering from kidnapping-related trauma. A pilot intervention can be launched in selected PHCs across the area to assess feasibility.

2. The Aguata Local Government Council should work with local churches, traditional institutions, and NGOs to set up trauma support centres. These centres can offer culturally sensitive counselling, group therapy sessions, and peer support tailored to families of kidnap victims.

3. There is a need for increased deployment of mental health personnel, such as psychiatric nurses and clinical psychologists to the area. Recruitment and short-term training on trauma-informed care can be organized in partnership with local NGOs or state health departments to bridge the immediate service gap.

4. Targeted community-based campaigns should be launched to educate residents on the importance of mental health and the availability of services. Utilizing local media, town union meetings, and religious gatherings will enhance community acceptance and help reduce stigma among affected families.

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5. Local security committees, traditional rulers, and community leaders should be trained to identify signs of psychological distress among families of kidnap victims and refer them to appropriate local support services. This approach would promote early intervention and community resilience.

Recommendations

Based on the study's findings, the following targeted and evidence-informed recommendations are proposed:

1. The Anambra State Ministry of Health, in collaboration with local government health departments, should integrate trauma-focused mental health services into the existing Primary Health Care (PHC) infrastructure in Aguata. This should include the deployment of trained personnel, establishment of referral pathways, and creation of mobile outreach teams to reach rural and hard-to-reach communities. A pilot program within Aguata PHCs can serve as a model for potential scale-up across similar high-risk LGAs.

2. The Aguata Local Government Council should partner with NGOs, religious institutions, and community-based organizations to set up community trauma support hubs. These centres would provide culturally adapted interventions such as individual counselling, group therapy, and community healing circles. A public-private initiative could pilot one or two centres in high-incidence towns like Ekwulobia or Umuchu, evaluating effectiveness and community response.

3. To address the documented shortage of qualified mental health personnel, state-level partnerships with universities and health training institutions should prioritize the recruitment and community-based training of psychologists, psychiatric nurses, and social workers. A localized "Community Mental Health Corps" program could be piloted in Aguata, focused on trauma-informed care and culturally competent service delivery.

4. Widespread stigma and misinformation around mental health were found to discourage help-seeking among affected families. The State Ministry of Information, in conjunction with local media outlets and religious leaders, should implement targeted awareness campaigns. These should be broadcast in English and Igbo, using radio, social media, and town hall

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meetings to normalize mental health discussions and promote service utilization. Impact should be measured through follow-up surveys.

5. There is a need for legislative advocacy to formally recognize families of kidnap victims as secondary victims entitled to psychosocial support. Anambra State lawmakers should consider sponsoring a state-level bill that mandates mental health and social support as part of post-kidnapping interventions. This would ensure sustained institutional attention and facilitate future policy modelling at the national level.

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