



Leveraging Social Support Networks in Enhancing Psychological Recovery After Conflict.

Abstract

Psychological recovery after conflict is often treated as an individual process of endurance, treatment or symptom reduction. Yet, such a view is incomplete because recovery also depends on whether survivors feel listened to, accepted, helped and emotionally protected by the people around them. This study examined the relationship between perceived social support and post-traumatic growth among 352 trauma-exposed adults in Maiduguri, Borno State. We used a quantitative cross-sectional survey design and included participants in the main analysis after they endorsed at least one conflict-related traumatic event. Perceived social support was assessed through family, friends and significant other support, while post-traumatic growth was assessed across relating to others, new possibilities, personal strength, spiritual change and appreciation of life. Results showed a strong positive relationship between perceived social support and post-traumatic growth, $r(350) = .726$, $p < .001$. Regression analysis further showed that perceived social support was a significant statistical predictor of post-traumatic growth and accounted for 52.8% of its variance. Because the study was cross-sectional, the findings are interpreted as evidence of association and prediction rather than causation. The article concludes that social support networks should be treated as recovery infrastructure, not merely as informal comfort, and that psychosocial interventions in Maiduguri and similar conflict-affected settings should strengthen family, peer, faith-based and community support systems alongside formal mental-health services.

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Introduction

Conflict does not end psychologically when violence pauses because survivors may regain shelter, return to a community or resume daily activities while still carrying fear, grief, distrust and uncertainty about the future. In Maiduguri, Borno State, prolonged

insurgency and displacement have made recovery a mental-health and social-development issue rather than only a humanitarian concern, especially as displacement reports continue to show that Borno remains affected by conflict, movement, return pressures and unmet recovery needs (Internal Displacement

Monitoring Centre [IDMC], 2025; International Organization for Migration [IOM], 2025).

This article argues that post-conflict recovery should not be reduced to individual coping because a survivor's ability to rebuild meaning, restore confidence and imagine a future is often shaped by the quality of relationships around them. Perceived social support is therefore important because it captures whether survivors believe that family, friends and significant others are available, reliable and emotionally responsive (Zimet *et al.*, 1988).

The focus of the study is post-traumatic growth (PTG), understood as perceived positive psychological change after struggling with highly stressful experiences (Tedeschi & Calhoun, 2004). PTG does not mean that trauma is good or that suffering automatically produces strength; rather, it helps researchers examine whether survivors report renewed relationships, personal strength, spiritual change, appreciation of life and new possibilities after adversity. The study therefore asks whether a stronger sense of support is associated with stronger PTG among conflict survivors in Maiduguri.

Literature Review

The major debate in trauma recovery is whether healing should be viewed mainly as an internal psychological process or as a relational process. Symptom-centred models remain necessary because internally displaced

and conflict-exposed populations in sub-Saharan Africa continue to show high levels of post-traumatic stress and related mental-health problems (Koshe *et al.*, 2023). However, a narrow focus on symptoms can miss the social conditions that make recovery possible, since survivors often process trauma through family reactions, community acceptance, practical help, religious meaning and the presence or absence of trustworthy listeners.

This is why perceived social support matters. Objective support refers to the actual presence of people or services, but perceived support refers to the survivor's belief that help is available and dependable. The distinction is critical after conflict because a survivor may be physically surrounded by relatives and still feel abandoned, blamed or unsafe, while another survivor may have fewer relationships but experience those relationships as deeply protective. In this sense, perceived support is not a minor emotional variable; it forms part of the survivor's psychological environment.

Ning *et al.* (2023), in a meta-analysis of 217 samples, found a medium positive relationship between social support and PTG, suggesting that support is not merely a comforting addition to recovery but a resource that helps trauma survivors reinterpret what has happened to them. Ma *et al.* (2022) reached a similar conclusion among breast cancer survivors, although the medical context means that their findings cannot be transferred uncritically to conflict-affected

populations. Wu (2024) strengthens the argument by showing that social support may promote PTG through meaning-related psychological pathways, which is especially relevant to conflict recovery because survivors often need to rebuild not only safety but also purpose.

Nigerian evidence points in a similar direction but remains thin. Ojo *et al.* (2023) found that perceived social support was positively related to PTG among internally displaced persons in Benue State, making their study contextually useful for understanding displacement and recovery within Nigeria. Olufadewa *et al.* (2022) add a more human dimension by showing that young internally displaced persons in Northern Nigeria described fear, depression and unmet support needs after terrorism-related trauma. Taken together, these studies show that the Nigerian context cannot be understood only through trauma exposure and pathology, although more focused quantitative evidence is still needed on how perceived support relates to positive adjustment after conflict.

At the same time, PTG should not be celebrated uncritically. Boals (2023) warns that self-reported growth may sometimes reflect coping narratives, cultural pressure or optimistic reinterpretation rather than deep transformation, and this criticism is important because conflict survivors may feel expected to appear strong even when distress remains. For this reason, the present study treats PTG as reported positive psychological adjustment, not as proof that pain has

disappeared. The more balanced argument is that social support may be associated with stronger reported growth while distress and material hardship may still continue.

The study is guided by the stress-buffering model and the functional-descriptive model of PTG. Cohen and Wills (1985) explain that social support can protect well-being by increasing perceived resources and reducing the harmful effects of stress, while Tedeschi and Calhoun (2004) frame PTG as a meaning-making process that may follow the struggle with trauma. Together, these frameworks suggest that survivors who feel supported may be better able to talk, reflect, receive validation and rebuild life meanings after conflict.

Methodology

The study adopted a quantitative cross-sectional survey design. This design was suitable because the study examined naturally occurring relationships between perceived social support and PTG at one point in time without manipulating participants' experiences. It allowed the study to determine whether survivors with stronger perceived support also reported higher PTG, although it did not allow causal conclusions about whether social support produced growth.

The initial dataset contained 408 questionnaire records collected from adults in Maiduguri, Borno State. Ten blank or substantially incomplete records were excluded, leaving 398 complete questionnaires. Among the complete

questionnaires, 46 participants did not endorse any traumatic event on the Harvard Trauma Questionnaire and were therefore excluded from the primary analyses because trauma exposure was an inclusion criterion. The final analytic sample consisted of 352 trauma-exposed adults.

Participants were eligible for inclusion if they were adults, resided in Maiduguri or its conflict-affected surroundings, provided usable questionnaire responses and endorsed at least one conflict-related traumatic event. Participants were excluded from the main analysis if their questionnaires were blank, substantially incomplete or did not indicate exposure to any of the traumatic events assessed. This selection process ensured that the study focused on survivors with direct or indirect exposure to conflict-related adversity rather than a general low-risk population.

Trauma exposure and trauma-related symptoms were assessed with the Harvard Trauma Questionnaire, a widely used measure of exposure to violent and potentially traumatic experiences (Mollica *et al.*, 1992). Perceived social support was measured with the Multidimensional Scale of Perceived Social Support, which assesses support from family, friends and significant others (Zimet *et al.*, 1988). PTG was measured with the Post-Traumatic Growth Inventory, which assesses perceived growth in relating to others, new possibilities, personal strength,

spiritual change and appreciation of life (Tedeschi & Calhoun, 1996).

The instruments showed strong internal consistency in the present sample. Cronbach's alpha was .908 for the Harvard Trauma Questionnaire symptom items, .929 for the Multidimensional Scale of Perceived Social Support and .930 for the Post-Traumatic Growth Inventory. These values exceeded the conventional .70 threshold and supported the use of composite scores in the analyses.

Data were collected through structured questionnaires administered to conflict-affected adults. Participants were informed about the purpose of the study, the voluntary nature of participation and their right to withdraw without penalty. Ethical approval and research permission were obtained through the relevant institutional process before data collection, and informed consent, confidentiality and anonymity were maintained throughout. Because the subject matter involved conflict-related trauma, participants were also informed about available psychosocial support where distress occurred during or after participation.

Descriptive statistics were used to summarise the sample and principal variables. Pearson correlation examined the relationship between perceived social support and PTG, while simple linear regression examined the extent to which perceived social support statistically accounted for variation in PTG.

Assumptions relevant to the analyses were checked before interpretation. The distributions of the main variables did not show severe univariate non-normality, scatterplots indicated a generally linear relationship, Cook's distance values did not suggest excessive influence, the Durbin-Watson values did not indicate serious residual autocorrelation, and sensitivity checks did not change the substantive conclusions. Age, gender, education, relationship status, employment status and trauma-event count were treated as important demographic and contextual variables for interpreting the findings.

Results

The results are presented to show whether a stronger sense of perceived support was associated with higher PTG among conflict survivors. Because the study was cross-sectional, all findings are interpreted as relationships observed within the sample, not as evidence that social support directly caused recovery.

Table 1

Screening stage	N	%
Records initially received	408	100.0
Blank or substantially incomplete records	10	2.5
Complete questionnaires	398	97.5
Complete cases without traumatic event	46	11.3
Final trauma-exposed analytic sample	352	86.3

Data Screening and Final Analytic Sample

Note. Only participants who endorsed at least one traumatic event were included in the primary analyses.

The final analytic sample contained 352 trauma-exposed adults. Participants reported cumulative trauma exposure, with the number of traumatic events ranging from 1 to 40, confirming that the study examined adjustment among survivors with substantial conflict-related exposure rather than a low-risk general population.

Table 2

Characteristic	Category	N	%
Age group	20s	30	8.5
	30s	89	25.3
	40s	117	33.2
	50s	105	29.8
	60s	11	3.1
Gender	Female	200	56.8
	Male	152	43.2
Relationship status	Married	213	60.5
	Not married/widowed/separated/divorced	139	39.5
Employment status	Unemployed	342	97.2
	Employed	10	2.8

Demographic Characteristics of Participants

Note. Percentages may not total exactly 100 because of rounding. Demographic variables were treated as contextual factors when interpreting the findings.

The demographic pattern is important because recovery did not occur in a socially neutral setting. Most participants were unemployed, and the sample included more women than men, meaning that the interpretation of social support and PTG must be located within wider conditions of economic vulnerability, gendered experience and prolonged exposure to conflict.

Table 3

Variable	N	M	SD	Median	Range
Number of traumatic events	352	17.30	12.15	13.50	0-40
Trauma symptom mean	352	2.51	0.49	2.50	1-4
Perceived social support	352	4.18	1.25	4.42	1-7
Post-traumatic growth	352	67.72	17.49	65.00	0-105

Descriptive Statistics for Principal Variables

Note. M = mean; SD = standard deviation.

The mean perceived social-support score was 4.18 on a 1-to-7 scale, while the mean PTG score was 67.72 on a possible range of 0 to 105. The trauma-symptom mean showed that participants continued to report trauma-related psychological experiences, indicating that growth existed alongside distress rather than replacing it.

Table 4

Scale and dimension	Items	Item mean	SD
Family support	4	4.23	1.29
Friends' support	4	4.15	1.39
Significant-other support	4	4.14	1.36
Relating to others	7	3.21	0.91
New possibilities	5	3.28	0.86
Personal strength	4	3.23	0.97
Spiritual change	2	3.28	1.12
Appreciation of life	3	3.13	1.00

Support and Growth Domain Scores

Note. MSPSS item means range from 1 to 7; PTGI item means range from 0 to 5.

Family support had the highest mean among the support domains, although support from friends and significant others was close. For PTG, new possibilities and spiritual change recorded the highest item means, suggesting that survivors' reported growth was expressed through future imagination and spiritual meaning as well as through interpersonal change.

Table 5

Variables	r	df	p	Interpretation
Perceived social support and PTG	.726	350	< .001	Strong positive relationship
Number of traumatic events and perceived social support	-.751	350	< .001	Strong negative relationship
Number of traumatic events and PTG	-.646	350	< .001	Strong negative relationship

Correlation between Perceived Social Support and PTG

Note. PTG = post-traumatic growth.

Perceived social support was strongly and positively related to PTG, $r(350) = .726$, $p < .001$. This means that survivors who felt more supported also reported higher growth after trauma. Trauma-event count was negatively related to perceived support and PTG, showing that heavier trauma exposure was associated with weaker support and lower growth within the sample.

Table 6

Predictor	B	SE B	β	t	p	95% CI
Constant	25.415	2.234	--	11.38	< .001	[21.023, 29.808]
Perceived social support	10.132	0.512	.726	19.77	< .001	[9.124, 11.140]

Regression of Perceived Social Support on PTG

Note. $R = .726$; $R^2 = .528$; adjusted $R^2 = .526$; $F(1, 350) = 390.99$, $p < .001$.

Regression analysis showed that perceived social support was a significant statistical predictor of PTG and accounted for 52.8% of the variance. Each one-unit increase in perceived support was associated with an estimated 10.13-point increase in PTG. This provides strong empirical support for the article's argument that social support networks are central to recovery, while the cross-sectional design means that the result should be read as prediction and association rather than proof of cause and effect.

Discussion

The findings show that perceived social support is strongly associated with post-traumatic growth among conflict survivors in Maiduguri. This supports the argument that psychological recovery after conflict is relational because survivors who felt supported by family, friends and significant others were more likely to report growth in relationships, personal strength, spiritual life and new possibilities.

This finding is consistent with Ning *et al.* (2023), who found a positive support-growth relationship across trauma populations. Ojo *et al.* (2023) reported a similar pattern among internally displaced persons in Nigeria, making the present Maiduguri evidence important because it comes from a large conflict-exposed sample and shows that perceived support accounted for more than half of the variance in PTG.

The result also challenges the assumption that recovery is mainly achieved through individual strength or formal treatment. Clinical services are important, but many survivors in conflict-affected settings rely first on relatives, friends, religious communities and trusted community members. These networks may provide emotional validation, practical assistance and a sense of belonging, especially in low-resource environments where formal mental-health services may be limited or difficult to access.

The negative relationship between trauma-event count and perceived support is equally important because it suggests that severe trauma exposure may damage the very support systems survivors need for recovery. Conflict separates families, destroys homes, weakens trust and disrupts community routines, so recovery programmes should not only treat individual distress; they should also rebuild social connection.

The cross-sectional nature of the study requires careful interpretation. The results do not prove that perceived social

support caused PTG, and it is also possible that survivors who report higher PTG are more able to recognise, seek or maintain supportive relationships. Nevertheless, the strength of the association and the size of the regression effect justify social-support-centred interventions in conflict recovery programming, provided that such interventions are presented as evidence-informed rather than causally proven by this design.

Implications for Practice

The findings suggest that psychosocial interventions should deliberately strengthen support networks. Family psychoeducation can help relatives provide non-judgemental support, while peer groups can reduce isolation and allow survivors to share coping experiences. Faith and community leaders should also be trained in trauma-sensitive communication because many survivors seek help through religious and community channels. Humanitarian agencies should include social-support mapping in needs assessments so that isolated survivors can be identified early and linked to appropriate support.

Limitations and Future Research

The study has some limitations that should guide interpretation. First, the cross-sectional design means that the findings show prediction and association, not causation. Although perceived social support strongly predicted post-traumatic growth, the study cannot prove that support directly caused growth.

Second, the study relied on self-report measures, which may be influenced by memory, social desirability or participants' current emotional state. Third, PTG was measured as perceived growth; therefore, the results should be understood as survivors' reported positive adjustment rather than externally verified transformation.

Future research should use longitudinal designs to examine whether perceived social support continues to predict growth over time. Qualitative studies could also explore the specific forms of support that survivors consider most helpful, such as listening, practical help, prayer, financial assistance, safety information or community acceptance. Intervention studies are especially needed to test whether strengthening family, peer and faith-based support systems can improve psychological recovery among conflict survivors in Maiduguri and other affected settings.

Conclusion

This study examined whether perceived social support is associated with post-traumatic growth among conflict survivors in Maiduguri, Borno State. The findings showed a strong positive relationship between perceived social support and PTG, with support accounting for 52.8% of the variance in growth. The study concludes that social support networks are not secondary to psychological recovery; rather, they form part of the recovery process itself. For Maiduguri and similar conflict-affected

settings, strengthening family, peer, faith-based and community support systems may be one of the most practical ways to enhance psychological recovery after conflict, although causal claims require longitudinal or intervention-based evidence.

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Leveraging Social Support Networks in Enhancing Psychological Recovery After Conflict.

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