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Post-Traumatic Stress Disorder after Invasion by Unknown Gunmen

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ABSTRACT

This study determine post-traumatic stress disorder after invasion by unknown gunmen. Post-Traumatic Stress Disorder (PTSD) is a debilitating psychological condition that can arise following exposure to traumatic events, such as violent encounters with unknown gunmen. This abstract examines the onset, manifestations, and treatment challenges associated with PTSD in individuals experiencing such profound trauma. The invasion by unknown gunmen can create an environment of intense fear, loss of control, and dread for personal safety, characteristics that are integral to the development of PTSD. Survivors often grapple with debilitating symptoms, including intrusive thoughts, heightened arousal, emotional numbing, and avoidance behaviors, which can severely impair daily functioning and interpersonal relationships. The unpredictability and perceived randomness of violence contribute distinctively to the psychological burden faced by these individuals, often exacerbating feelings of helplessness and vulnerability. Recent research emphasizes the importance of early intervention and tailored therapeutic approaches for individuals affected by gun violence. Evidence-based treatments, such as Cognitive Behavioral Therapy (CBT) and Eye Movement Desensitization and Reprocessing (EMDR), have shown efficacy in alleviating symptoms. However, barriers such as stigma, lack of accessibility to mental health services, and cultural factors can hinder effective treatment. Additionally, the social context surrounding such traumatic events—community cohesion, support networks, and access to resources—plays a critical role in recovery outcomes. Community-based interventions that foster resilience and provide social support can significantly mitigate the long-term psychological effects of trauma. Enhanced awareness and understanding of PTSD in the context of violence perpetrated by unknown assailants can inform preventive measures and intervention strategies, ultimately fostering a holistic approach to healing. Continued research into the experiences of survivors, coupled with effective policy advocacy, is essential for addressing the mental health fallout from such traumatic incidents, ensuring that affected individuals receive the care they need to reclaim their lives.

Keywords: Post Traumatic Stress Disorder, Invasion, Unknown Gunmen

INTRODUCTION

Gunmen invasion of a community is almost becoming an everyday phenomenon in some communities in our present day Nigeria. This invasion leaves behind some physical and psychological effects (Institute of Medicine, 2012). According tothe Physical Effects include but not limited to Injuries and fatalities from gunshot wounds, displacement and homelessness, destruction of property, Community destabilization, Malnutrition, starvation, and disease outbreaks due to Poor sanitation, lack of clean water, and overcrowding in the internally displaced camps (IDCs). Herman, (1997).posits that the psychological Effects involve; Anxiety, fear, depression and grief, Social and emotional withdrawal, and Post-Traumatic Stress Disorder (PTSD).

Post-Traumatic Stress Disorder (PTD) is a complex and debilitating mental health condition that affects millions of people worldwide (Kessler et al., 2005). It is a natural response to a traumatic event, such

as combat, natural disasters, physical or emotional abuse, or other life-threatening situations, including invasion by unknown gunmen. According to American Psychiatric Association, (2013). The impact of PTSD can be profound, affecting not only the individual but also their families, communities, and society as a whole PTSD was first recognized as a distinct medical condition in the 1980s (Van der Kolk, 2014), and since then, there has been a growing body of research aimed at understanding its causes, consequences, and treatment options . Despite this progress, PTSD remains a significant public health concern, with many individuals struggling to access effective care and support (Institute of Medicine, 2012).

However, many people who are exposed to a traumatic event experience symptoms similar to those described above in the days following the event. For a person to be diagnosed with PTSD, symptoms must last for more than a month and must cause significant distress or problems in the individual's daily functioning , (Taylor-Desir, 2023) . Many individuals develop symptoms within three months of the trauma, but symptoms may appear later and often persist for months and sometimes years. PTSD often occurs with other related conditions, such as depression, substance use, memory problems and other physical and mental health problems. (Kessler et.al.,2005)

Statement of the Problem

The prevalence of Post-Traumatic Stress Disorder (PTSD) following traumatic events, such as invasions by unknown gunmen, presents a critical public health issue in affected communities. In regions plagued by insecurity and violence, individuals often experience severe psychological ramifications as a direct result of violent encounters, leading to significant distress, functional impairment, and an overall decline in quality of life.

Invasions by unknown gunmen not only threaten physical safety but also disrupt the psychological well-being of victims and witnesses. Survivors frequently report symptoms of PTSD, including intrusive thoughts, heightened anxiety, emotional numbness, and avoidance behaviors. These symptoms can manifest long after the traumatic incident, impacting individuals' personal relationships, occupational functioning, and community engagement.

Moreover, the stigma surrounding mental health in many cultures exacerbates the problem, leading individuals to avoid seeking the necessary psychological support. Limited access to mental health resources, coupled with societal misconceptions about PTSD, further complicates recovery efforts for those affected.

Understanding the prevalence, triggers, and psychological consequences of PTSD in the context of violent invasions is vital for developing effective intervention strategies. This study aims to address the gap in knowledge regarding the psychological impact of such traumatic experiences, providing insights that can inform community-based mental health initiatives and policies focused on trauma recovery and resilience. By centralizing the experiences of affected individuals, we can better advocate for the resources and support necessary to facilitate healing and promote psychological well-being in communities facing similar threats.

Objectives

This paper aims to provide an overview of PTSD, including its definition, prevalence, causes, symptoms, diagnosis, treatment options, and impact on individuals and communities. It will also explore the role of nurses and other healthcare professionals in assessing, diagnosing, and treating PTSD, as well as the importance of raising awareness, reducing stigma, and promoting support for affected individuals.

Literature Review

Post-traumatic stress disorder (PTSD) is a mental health condition that's caused by an extremely stressful or terrifying event — either being part of it or witnessing it (Bradley et al., 2005). It can also be defined as a psychiatric disorder that can occur in people who have experienced or witnessed a traumatic event such as terrorist attacks, serious accidents, physical or sexual abuse or invasion by gun men. (American Psychiatric Association, 2013)

Prevalence

This varies by location, population, gender and age,(National Center for PTSD., 2020)

Prevalence by location: In Nigeria, the pooled prevalence of PTSD is 62%.

Prevalence by population: It's estimated that 3.9% of the world's population has experienced PTSD at some point in their lives. In high income countries, 5% of the population has PTSD, which is double the rate of upper-middle and lower-low middle income countries.

Prevalence by gender: Women are more likely to experience PTSD than men.
In the US, women are twice as likely as men to have PTSD.

Prevalence by age: In adolescents ages 13–18, the lifetime prevalence of PTSD is 8%.

Types of PTSD

According to Gould et al., (2011), different types of PTSD abound. They are;

1. **Normal Stress Response:** A normal stress response is a common and adaptive reaction to a traumatic event. Symptoms are similar to PTSD but typically resolve within a few weeks.

2. **Acute Stress Disorder (ASD):**ASD is a short-term condition that develops within days of a traumatic event. Symptoms are similar to PTSD but last for a shorter duration (up to 1 month).

3. **Chronic PTSD:**Chronic PTSD is a long-term condition where symptoms persist for more than 3 months.

4. **Delayed Onset PTSD:**Delayed onset PTSD is when symptoms appear more than 6 months after the traumatic event.

5. **Complex PTSD (CPTSD):**CPTSD is a condition that develops in response to prolonged and repeated trauma, such as childhood abuse or domestic violence.

6. **Secondary Traumatic Stress (STS):**STS, also known as compassion fatigue, is a condition that affects individuals who are exposed to the traumatic experiences of others, such as healthcare workers or first responders

Risk/Cause

Individuals who have been exposed to a traumatic event, experienced, witnessed or were confronted with actualor threatened death or serious injury or the threat tothe physical integrity of self or other. (Gros& Street 2017).

According to DSM-IV, PTSD can be caused by:

- War, Terroristattacks, Natural disasters, Kidnapping, Sexualabuse, etc.
- Previous traumatic experiences, especially in early life.
- Family history of PTSD or depression.
- History of physical or sexual abuseadd
- History of substance abuse
- History of depression, anxiety, or another mental illness
- High level of stress in everyday life
- Lack of support after the trauma
- Lack of coping skills

Symptoms

Symptoms of PTSD according to Hobfoll et al., (2007) and Gould et al., (2011) are;

1. Re-experiencingthe traumatic event.

- Intrusive, upsetting memories of the event
- Flashbacks
- Nightmares
- Feelings of intense distress when reminded ofthe trauma
- Intense physical reactions to reminders of theevent (e.g. pounding heart, rapid breathing, nausea,muscle tension, sweating)

2. Avoidance and numbing

- Avoiding activities, places, thoughts, orfeelings that remind the trauma
- Inability to remember important aspects ofthe trauma
- Loss of interest in activities and life in general
- Feeling detached from others and emotionally numb
- Sense of a limited future (you don't expect to live a normal life span, get married, have a career)

3. Increased anxiety and emotional arousal

- Difficulty falling or staying asleep
- Irritability or outbursts of anger
- Difficulty concentrating
- Hypervigilance (on constant "redalert")
- Feeling jumpy and easily startled

Other common symptoms, as stated by Schnurr & Green, (2004), are;

- Anger and irritability
- Guilt, shame, or self-blame
- Substance abuse
- Feelings of mistrust
- Depression and hopelessness
- Suicidal thoughts and feelings
- Feeling alienated and alone
- Physical aches and pains

Symptoms of PTSD in children and adolescents, as opined by Blake et al., (1995), include;

- Fear of being separated from parent
- Losing previously-acquired skills (such as toilet training)
- Sleep problems and nightmares without recognizable content
- Compulsive play in which themes or aspects of the trauma are repeated
- New phobias and anxieties that seem unrelated to the trauma(such as a fear of monsters).
- Acting out the trauma through play, stories, or drawings.
- Aches and pains with no apparent cause
- Irritability and aggression

Diagnosis of PTSD

According to Weathers et al.,(2013), diagnosis of PTSD typically involves a comprehensive evaluation by a mental health professional, including:

1. Clinical interview; A thorough interview to assess symptoms and experiences
2. Psychological assessments: Standardized questionnaires or rating scales to evaluate PTSD symptoms.
3. Physical examination: A medical examination to rule out underlying medical conditions that may be contributing to symptoms.

Prevention and Early Intervention

These are critical in reducing the risk of PTSD after an invasion by unknown gunmen. Strategies as averred by Bryant et al., (2015) include;

1. Providing immediate support; Offering emotional support, shelter, and basic needs to affected individuals.
2. Providing early psychological intervention, such as CBT or exposure therapy, to help individuals to process traumatic experiences.
3. Implementing community-based initiatives, such as support groups or community events, to promote social support and connection (Saul, 2014).
4. Raising awareness: Educating the community about PTSD, its symptoms, and treatment options to reduce stigma and promote help-seeking behavior.

Treatment

Resick et al., (2012), Foa et al., (2007), and Stein et al., (2006), agreed that the treatment for PTSD typically involves a single and / or combination of medications such as;

Antidepressants:

1. Selective Serotonin Reuptake Inhibitors (SSRIs): Fluoxetine (Prozac), Sertraline (Zoloft), Paroxetine (Paxil)
2. Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs):Venlafaxine (Effexor), Duloxetine (Cymbalta)

Anti-Anxiety Medications:

1. Benzodiazepines: Alprazolam (Xanax), Clonazepam (Klonopin), Diazepam (Valium).
2. Non-Benzodiazepines: Buspirone (Buspar)

Mood Stabilizers:

1. Lithium (Lithobid): Used to treat bipolar disorder, but also sometimes used for PTSD.

2. Valproate (Depakote): Used to treat bipolar disorder, epilepsy, and sometimes PTSD

Antipsychotics:

1. Risperidone (Risperdal): Used to treat schizophrenia, bipolar disorder, and sometimes PTSD.
2. Quetiapine (Seroquel): Used to treat schizophrenia, bipolar disorder, and sometimes PTSD

Other Medications are:

1. Prazosin (Minipress): Used to treat nightmares and sleep disturbances associated with PTSD.
2. Gabapentin (Neurontin): Used to treat anxiety, insomnia, and sometimes PTSD

Nursing Intervention and Care

A. Assessment and planning:

- ❖ Conduct a thorough assessment: Evaluate the patient's physical, emotional, and psychological status.
- ❖ Identify triggers: Determine what triggers the patient's PTSD symptoms.
- ❖ Develop a personalized care plan: Tailor interventions to the patient's specific needs and goals

B. Safety and Support

- ❖ Provide a safe environment: Ensure the patient's physical and emotional safety.
- ❖ Establish trust: Build a therapeutic relationship based on trust, empathy, and understanding.
- ❖ Encourage social support: Facilitate connections with family, friends, and support groups.

Symptom Management

1. Teach relaxation techniques: Educate the patient on relaxation methods, such as deep breathing, progressive muscle relaxation, and visualization.

2. Manage anxiety and agitation: Use non-pharmacological interventions, such as grounding techniques, and pharmacological interventions, as prescribed.
3. Promote sleep hygiene: Encourage a consistent sleep schedule, a relaxing bedtime routine, and a sleep-conducive environment.

Cognitive and Emotional Processing

1. Encourage emotional expression: Provide a safe and supportive environment for the patient to express their emotions.

2. Foster cognitive restructuring: Help the patient reframe negative thoughts and beliefs associated with the traumatic event.

3. Promote self-awareness: Encourage the patient to recognize and understand their thoughts, feelings, and behaviors.

Trauma-Focused Interventions

1. Eye movement desensitization and reprocessing (EMDR): Use EMDR therapy to help the patient process traumatic memories.

2. Cognitive-behavioral therapy (CBT): Implement CBT techniques to help the patient manage symptoms and reframe negative thoughts.

3. Trauma-focused cognitive-behavioral therapy (TF-CBT): Use TF-CBT to help the patient process traumatic experiences and manage symptoms.

Summary

This seminar provided an in-depth examination of Post-Traumatic Stress Disorder (PTSD), its causes, symptoms, diagnosis, and treatment options. The seminar aimed to equip community residents, healthcare professionals, caregivers, and individuals with the knowledge and skills necessary to manage the condition effectively. Dome recommendations were made too.

CONCLUSION

PTSD is a serious mental health condition that affects not only individuals but also their families and communities. Raising awareness about PTSD is crucial in reducing stigma and promoting help-seeking behavior. As healthcare professionals, it is our responsibility to educate ourselves and others about PTSD, and to advocate for policies and programs that support affected individuals. We must also work collaboratively with other healthcare professionals, social workers, and community organizations to provide comprehensive care to individuals affected by PTSD. By doing so, we can improve health outcomes, enhance quality of life, and promote resilience in the face of trauma.

RECOMMENDATION

Future research should focus on developing more effective assessment, diagnosis, treatment options and exploring the impact of PTSD on diverse populations. This will continue to advance our knowledge and skills to provide the best possible care for individuals affected by PTSD. The outcome of such research may also be used to advocate for policy changes that support affected individuals, including increased funding for mental health services, improved access to care, and reduced stigma around mental illness.

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