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# Returnees' Perspectives of the Adverse Impact of Forced Displacement on Children

Itunu O. Ilesanmi <sup>1,\*</sup>, Jasmine D. Haynes <sup>2</sup>  and Florence O. Ogundimu <sup>3</sup>

<sup>1</sup> Department of Social Work, College of Social and Behavioral Sciences, University of Northern Iowa, Cedar Falls, IA 50614, USA

<sup>2</sup> Department of Sociology, Anthropology, and Social Work, College of Arts and Sciences, University of North Florida, Jacksonville, FL 32224, USA

<sup>3</sup> Department of Social Work, College of Social Work, University of Kentucky, Lexington, KY 40506, USA

\* Correspondence: itunu.ilesanmi@uni.edu

**Abstract:** Conflict-related forced displacement, characterized by the experiences of witnessing violent acts, bombing, torture, separation, and the execution of family members, can severely and negatively impact a child's social determinants of health (SDOH). These experiences are both direct and indirect forms of adverse childhood experiences (ACEs), and urgent attention is needed to understand the impact of forced displacement on children, who are a vulnerable group, and to develop interventions for all systems that influence the child. This phenomenological qualitative study involved in-depth interviews based on the experiences of returnees ( $n = 20$ ), who are parents of children who experienced forced displacement. This study underscores the direct and indirect impacts of forced displacement on children, with two key themes identified from the data analysis, by concluding that forced displacement: (i) disrupts the positive SDOH of children, and (ii) children's coping mechanisms are influenced by primary and secondary exposure to trauma. The direct effects are visible through the impact of forced displacement on children's mental health as a result of exposure to traumatic material. In contrast, the indirect effects of forced displacement on children are influenced by its subsequential effect on their parents and their community. The study also illuminates systemic inequalities, with participants recommending steps that governmental and non-governmental bodies can take to address this phenomenon.

**Keywords:** adverse childhood experiences; ACEs; childhood adversity; minoritized populations; systemic inequality; social inequities; displaced person



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## 1. Introduction

Forced displacement of individuals and communities due to conflicts, violence, or the violation of human rights has numerous adverse impacts on the affected population. According to the United Nations High Commissioner for Refugees (UNHCRs) ([United Nations High Commissioner for Refugees 2024b](#)), over 117.3 million individuals, including refugees, asylum-seekers, other people in need of international protection, and internally displaced persons, have been forcibly displaced from their communities of residence and are in need of various forms of support. Among this displaced population are children, who make up over 40% of the world's refugee and internally displaced population. Reports from the United Nations International Children's Fund [UNICEF] ([United Nations International Children's Emergency Fund 2024a](#); [United Nations High Commissioner for Refugees 2024b](#)) indicate that over 47 million children have been forcibly displaced as of the end of 2023. Furthermore, in 2023, about 2 million children were born as refugees between 2018 and 2023, exemplifying the extent of children's exposure and susceptibility to the adverse effects that come with forced displacement ([United Nations High Commissioner for Refugees 2024a](#)).

### 1.1. Social Determinants of Health and Adverse Childhood Experiences in Displacement

Conflict-related forced displacement is characterized by violent acts, bombing, witnessing torture, persecution, mass destruction, and the execution of family members (Hazer and Gredebäck 2023). Almost one-third of all refugees are victims of violence or conflict-related experiences (Frounfelker et al. 2022). Exposure to these experiences can constrain a child's social determinants of health (SDOH) (Camacho and Henderson 2022). These SDOHs are significant environmental factors that affect the child's overall wellness. SDOH are the conditions in which people are born, grow, work, live, and age, as well as the systems that impact people's living conditions (Centers for Disease Control and Prevention 2024b; World Health Organization 2021). The conditions that make up an individual's or community's SDOH are disrupted when individuals and communities are exposed to conflict and violence-related forced displacement, which cause the SDOH to be negative (United Nations International Children's Emergency Fund 2024b). It is important to note that given the circumstances surrounding them, the SDOH of individuals or communities can be either negative or positive. Reports indicate that over 400 million children live in countries where there is war or other violent conflicts (United Nations International Children's Emergency Fund 2024a). The state of this environment and the impact it will have on the affected children emphasizes that the environment and individuals exposed to displacement experience negative SDOH. Therefore, for this research, community disruptions resulting from conflict and violence-related displacement will be operationalized as negative SDOH.

Furthermore, data acquired by the Office of the High Commissioner for Human Rights (OHCHR) (Office of the High Commissioner for Human Rights 2023) indicate that one in every five children resides in a war-torn area. These children very frequently, based on this environmental circumstance, are forced to flee from their homes, communities, or places of residence in search of safety (Bürgin et al. 2022). As a result, many of these children remain displaced for extended periods leading to adulthood. Some of them do not get to return to their places of origin. At the same time, some experience a loss of self and their sense of identity or witness the brutal execution of their parents, caregivers, or guardians, leaving them orphaned or separated (Bürgin et al. 2022). These disruptions not only affect the health outcomes of displaced children and their communities but also expose these children to intensified disadvantageous experiences, which in turn are adverse childhood experiences (ACEs) that can influence their later life, livelihood, and overall health outcomes (Abdelhamid et al. 2024; Adebowale et al. 2018; Hillis et al. 2016).

ACEs, such as living in conflict zones and other potentially traumatic experiences that occur during forced displacement (Bendavid et al. 2021; Centers for Disease Control and Prevention 2024a) are associated with an increased risk of a child experiencing disadvantageous developmental trajectories (Karatekin et al. 2023). ACEs form and can lead to negative changes in the child's SDOH. The risk of a disadvantageous developmental trajectory is significant, especially for children, because this period of a child's development is characterized by various physiological, cognitive, and emotional changes needed to reach their developmental milestones (Bernhardt et al. 2024; East et al. 2018). It is, therefore, imperative to indicate that as a result of forced displacement, children experience loss or separation from their parents, guardians, and caregivers during the displacement process, harming the drivers needed for these developmental changes. Children within this period are within the developmental ages 0–17. Nevertheless, disruption to their development, SDOH, and exposure to ACEs can hinder children from learning what they need to learn to reach these developmental milestones, such as learning emotional regulation, significant challenges in the child's social–emotional learning, and cognitive development, thereby potentially causing developmental delays that can have long-term implications for the child's future (Bernhardt et al. 2024).

Additionally, ACEs can escalate to traumatic experiences during conflict-related forced displacement processes (Bendavid et al. 2021; Centers for Disease Control and Prevention 2024a) and can detrimentally impact children's mental health, posing more long-term adverse effects on the child's socioemotional, cognitive, and language development if not

adequately addressed (Bernhardt et al. 2024). Importantly, the exposure of children to these adverse experiences can be in the form of exposure as witnesses and targets, participants and protestors, and victims and survivors (Bennouna et al. 2020). Based on this knowledge, this paper describes the impact of forced displacement on children from the victims' and survivors' standpoints for participants in northeastern Nigeria.

### 1.2. Context of Forced Displacement in Nigeria

Over 3.34 million individuals are internally displaced persons (IDPs) within the borders of Nigeria due to conflict and violence-related forced displacement in the northern part of Nigeria (Internal Displacement Monitoring Center [IDMC] n.d.). The aftereffects of these violent conflicts perpetuated by the Boko Haram terrorist attack since 2009, and the inter-communal and intra-tribal clashes within the last decade, have decreased the socioeconomic development of the nation and produced an influx of persons who are forcefully removed/displaced from their homes and places of business, including children (Eweka and Olusegun 2016; Mudasiru et al. 2019). Children and their families have been exposed to these disadvantageous experiences in northeastern Nigeria and comprise a significant population of displaced persons who are in need of help.

Although the Nigerian government and other non-governmental organizations continue to seek effective solutions that will assist and protect the IDPs in Nigeria, the management of IDPs in these conflict-affected regions of Nigeria has been a difficult task for the Nigerian government and third-party agencies to achieve (Eweka and Olusegun 2016). The rates of poverty, poor education, food insecurity, acute malnutrition, and other associated healthcare challenges have heightened (Aburamadan et al. 2020; United Nations High Commissioner for Refugees 2020). There is a need to properly understand the impact of these experiences on children in this region for the development and implementation of effective and efficient services that aid children exposed to these particular adverse experiences (forced displacement).

### 1.3. Gap in the Concept of ACEs

There are existing conceptual limitations in research and practice on the impact of forced displacement on children, particularly from the ACEs perspective. The conventional ideology on ACEs based on the research of Kaiser Permanente and the CDC from 1995 to 1997 defined ACEs as "things that happen before adulthood that can cause trauma or things that make a child feel like their home is not safe or stable" in itself is a limitation based on its focus on the household and family members "such as growing up in a household with substance use problems, mental health problems, or instability due to parental separation or incarceration of a parent, sibling or other members of the household" (Centers for Disease Control and Prevention 2024a). A child's well-being can also be affected by the community and societal influences they find themselves in, thereby extending the risk factors of the conventional definition to include living in a conflict zone or facing forced displacement.

Beyond the limited data on ACEs within the African region and globally, wherein data are primarily acquired from high-income countries (Masseti et al. 2020), there are limitations in understanding the prevalence and outcomes associated with ACEs from a more global standpoint, especially from societies facing varying issues such as forced displacement (Cronholm et al. 2015). The conventional ideology surrounding ACEs emphasizes adversities within the direct environment of the child, particularly within the home (physical, emotional, mental, and sexual abuse; physical and emotional neglect; and household dysfunction) (Abdelhamid et al. 2024; Cronholm et al. 2015; Lipscomb et al. 2021). Nevertheless, this conventional ideology is limited because a child can be impacted by both their direct and indirect environment.

Major emphasis culled from Bronfenbrenner's ecological theory fully justifies the proposed addition to the risk factors for ACEs as also influenced by the child's indirect environment (Hirani and Richter 2019). Ecological theory emphasizes that the different environments and systems individuals encounter in their lives influence and impact them

and their health outcomes. Forced displacement creates different indirect impacts on the affected population's economy, society, culture, and livelihood. It is therefore important to acknowledge experiences in the child's external and internal environment because of this social problem, such as living in a conflict zone, which contributes to their quality of life (Lopez et al. 2021).

#### 1.4. Displacement and Children

Children are active members of their various communities and should be seen as the future of their communities. The various facets of their SDOH are pathways for harnessing their capabilities to make their contributions possible and beneficial to their various communities. Nevertheless, forced displacement cripples this opportunity by taking away critical systems (education, health, and health services, income and wealth, food security, and housing) that can influence their lives and health outcomes (World Health Organization 2024). The short-term and long-term effects of forced displacement span across impacts on the overall health outcomes, psychosocial well-being, and economy of this vulnerable group of the affected populations (Bürgin et al. 2022; Cuadrado et al. 2023; Dadush and Niebuhr 2016; World Bank Group 2024).

Various challenges associated with forced displacement plague displaced persons based on their vulnerability and access to resources to support their survival during displacement (Afandi 2018). Nevertheless, children within this non-homogenous population are a particularly vulnerable population that is negatively impacted because displacement impacts them differently. The levels of resilience of forcibly displaced children are incomparable to those of affected adults within the same group of displaced persons. Children tend to be more susceptible to the adverse impacts of forced displacement and face difficulty navigating society in their frail age (United Nations High Commissioner for Refugees 2021). This study is significant because the impact of these adverse experiences and their global impact has not fully been explored (Masseti et al. 2020), and (Fazel et al. 2012) the mental health of children who have been forcibly displaced is of particular concern because of their experiences of insecurity at a formative stage of child development.

Forcibly displaced children in low-income and middle-income settings have high rates of psychiatric disorders (Fazel et al. 2012; Kinge et al. 2021). This factor, which adds to the experiences of forcibly displaced children, poses a systemic inequality because access to resources that can support this population is limited and differs based on their migratory path following displacement. Forcibly displaced persons, particularly refugees, mostly relocate to better or more affluent countries, where there are amenities that may assist in addressing mental health, whereas internally displaced persons who may move from their communities to other host communities within the same country that are facing the impact of displacement are more at risk due to issues such as the absence of programs and amenities to address the mental health impact forced migration may have on them, making them more vulnerable to ACEs (Fazel et al. 2012; Vaghri et al. 2019).

Exposure to violence is the risk factor with the strongest underlying evidence for the risk of subsequent psychological disturbances (Fazel et al. 2012). Therefore, the combined weight of socioeconomic adversity and exposure to violence in a child's environment, followed by migration and finally resettlement into a new context, which exposes them to several cumulative risks to their physical, emotional, and social development, does not just place them at risk for subsequent psychological disturbances but without resilience and ability to thrive in such an environment places them on a definite probability for psychological disturbances.

Furthermore, the impacts of wars, terrorist attacks, and insurgency on the community negatively impact the SDOH of the child, thereby presenting as an overlapping factor for both direct and indirect disturbances to the affected population physically, socially, economically, environmentally, and politically (Roberts et al. 2009). These create alignment between ACEs and SDOH because forced displacement is a potentially traumatic event

that can negatively influence the health outcome of the child, and disruption to the SDOH as a result of forced displacement can also negatively influence the health outcomes of the child. Nevertheless, there is still a need for more studies to consider the holistic aspects of the subjective conditions in which conflict-affected individuals are born, grow, live, work, and age, as well as the influence of these conditions on the population's health, to add more knowledge to understand the influence of violent conflict on the SDOH of displaced persons of all groups (Owoaje et al. 2016; Roberts et al. 2009).

Therefore, the impact of exposure to violence and displacement must be understood from the lived experiences of the forcibly displaced persons. This study will weigh the overall results and add to existing knowledge on ACEs from a more ecological and violence-related standpoint. This study presents displacement as an environmental risk factor of ACEs. In this way, the systemic inequities are addressed, and the affected population is properly aided during and after exposure to forced displacement.

Using a phenomenological qualitative research approach, this study analyzed the perspective of returnee parents on the impact of displacement on their children. This paper specifically draws on data from a larger study and addresses the following research question: "How do returnee parents perceive the impact of displacement on children?"

## 2. Materials and Methodology

This study employed qualitative research methods to acquire rich data that centers on the experiences of the affected population and to properly understand returnee parents' perspectives on the impact of forced displacement on their children. The Transcendental phenomenological (TPh) research design was mainly employed to assess and understand the perspective of forcibly displaced returnees on the impact displacement had on their children. This methodology was selected because it provides the avenue to best describe the participants' subjective experiences based on how they perceive and interpret the phenomena through its various tenets: Neoma, news, the neurotic-neumatic approach, and epoche and noesis (Sheehan 2014; Moustakas 1994).

Guided by the TPh methodology and its tenants, participants' perception and interpretation of the phenomena is described as the "perfect self-evidence". It is also described as the act of perceiving, feeling, thinking, remembering, or judging or the "way in which the phenomenon is experienced" (Fazel et al. 2012). TPh methodology is emphasized because it yields the unaltered experience of the participants through the lived experiences they share and gives room for the isolation of thought of the researcher's ideology about the phenomenon that can influence the results. In other words, the participants narrate pure lived experiences, especially without the influence of the researcher or their position in the study (Moustakas 1994). The questions employed in the data collection process guided by TPh were used as guides to allow the participants to share their experiences based on how they remember or relive the experiences.

TPh allows things, events, and people to enter anew into their consciousness and memories and to look and see them again, as if for the first time (Blum 2012). When implementing epoche, there is room for flexibility in using a qualitative data collection process and analysis (Creswell 2013), allowing the affected population to express the phenomena in its undiluted state (Sheehan 2014). Employing this methodology was essential based on the sensitivity and complexity of the study population's experiences. Additionally, all ethical permissions, such as review from the Institutional Review Board (IRB) and Adamawa State Government approval, were acquired prior to the commencement of this research to ensure that the participants were well protected from any harm associated with their participation in this study.

### 2.1. Data Collection

Data were collected through semi-structured group interviews and observations from returnees ( $n = 20$ ) or parents of children who experienced forced displacement in Michika Local Government Area (LGA), Northeastern Nigeria. Participants were selected

through snowball sampling based on the nature of the phenomena and the sensitivity to the experiences of the participants. The communal culture and traditional housing setting of Michika made this sampling process very effective, as participants could invite and direct us to members of their community who they knew could provide the researchers with the necessary information for this study. Each interview was conducted by the first author at the participant's home and in the participant's native language (Hausa). Two independent interpreters translated the data into English to ensure accuracy of meaning.

The study location was the best fit for this research due to the experience of terrorism (violence and conflict) in Michika LGA caused by the Boko Haram insurgents. Adamawa hosts the second-largest population of returnees in Nigeria (857,378 returnees), according to the International Organization for Migration's Displacement Tracking Matrix [DTM] ([International Organization for Migration \(IOM\) 2023](#)). Within this community, the SDOH of displaced children has been constrained by limitations in economic stability, access to good education and educational amenities, healthcare access and quality, environment, and constraints in the socio-cultural and community aspects of the SDOH of the children. All these limitations can also be linked to areas the sustainable development goals (SDGs) seek to transform.

During this aspect of the research process, data from participants whose children were not residents of Michika and were not exposed to forced displacement were excluded. Stipulating inclusion and exclusion criteria were imperative to obtain and analyze the necessary data for this study's aim. To be included in this study, participants had to have experienced displacement and also have children between the ages of 0 and 17, residents in Michika, who also experienced displacement during the Boko Haram attack. Accurate data sources are essential to answer a research question or hypothesis efficiently, hence implementing inclusion and exclusion criteria.

This paper draws from a larger dataset that examined the returnees' lived experiences during displacement and reintegration and the barriers to their reintegration, which included their children's experiences from the participants' perspectives.

## 2.2. Data Analysis

The acquired interview data were imported into Dedoose 9.0, a cloud application for analyzing and presenting qualitative research data ([Dedoose Version 9.0.17 2021](#)). The first author used the study participants' perspectives of the phenomenon to engage in thematic analysis. The analysis process included extensive data interpretation based on the English translation of the interviews collected in the Hausa language. Iterative coding of the interviews was employed, leading to the identification of themes and patterns based on the shared experiences provided by the study participants and the relevance and importance of each statement provided in the interviews. These themes and patterns were grouped based on their similarities and differences with respect to answering the research question. Participants selected pseudonyms to ensure confidentiality, which are utilized in the presentation of the results.

## 3. Results

The study sample consisted of 20 adults aged 20–72 (13 females—7 males) who experienced forced migration, have children between the ages of 0 and 17 years who experienced displacement, and now reside in Michika LGA as returnees. In examining the collected research data to explore how returnee parents perceive the impact of displacement on children, the first author identified two core themes:

### 3.1. Theme 1: Disruptions in Children's SDOH

The first theme illustrated in the analysis of participants' interviews, discussed by the participants, covered the various tenets of the SDOH, such as education, employment and housing, safe environments, health systems, and services. Participants defined the disruption to the SDOH as an adverse impact of forced displacement on systems

and sectors within their community. These impacts influence the community's health, intellectual growth, and well-being. They are described as the negative effects violence and conflict-related displacement had on different systems and sectors in the Michika community. Participants identified disruptions to the children's education, healthcare and services, employment, housing, and a safe environment. These are described via direct quotes from the participant's statements below.

### 3.1.1. Education

According to the participants, the impact of forced displacement on the children was evident in the disruption it caused to childhood education. Participants defined the disruption of forced displacement on education as the inability of children to go to school due to the fear of recurrence; the inability of parents to afford their children's education and educational materials, which, according to the government, should be free; or the removal of informal education options due to separation and loss of parents or caregivers due to the attack and absence of reunification. In the following quote, Kwaji Dlama expresses the role of fear of recurrence and lack of funds as a disruptive impact on the children's education from her perspective:

"Some of the students stop going to school because they are afraid of Boko-Haram, and some of the students don't have money to pay school fees" (Kwaji Dlama)

Participants expressed that there are policies or requirements from the government when it comes to the education of children; however, the government does not adhere to those policies, and, coupled with the financial/economic impact of displacement on caregivers and parents, taking up that responsibility is somewhat difficult for the parents to achieve. Wariya Timbado shares that from her perspective, fees have been increased, and the government stated that there will be free education; however, her experience differs.

"The government says it is free education, but schools now make Parent Teachers Association (PTA) fees expensive, which makes some students not go to school because they don't even have much to feed themselves, talk more of payment of PTA fees. However, the government is also trying because WAEC and NECO are free. However, the truth is that government schools in Michika still have a lot of issues. So, for a child to have a good education in Michika, his or her parent needs to take him or her to private school" (Wariya Timbado)

While Wariya Timbado shares her perspective, Kwarba Tari shares the financial impact of forced displacement on the parents' financial capabilities and how it affects student retention.

"Parents are finding it difficult to pay school fees. Some children had to drop out of school due to lack of money" (Kwarba Tari)

The participants' perspective of the government not playing their role is crucial to this aspect of the SDOH of the children. Disruptions to education, according to participants, should be one of the aspects that they do not have to be too concerned about since education is the responsibility of the government. Nevertheless, such disruptions have proven even more difficult to tackle. One of the participants, Kwanye Sini, who is a schoolteacher, was willing to share her perspective as a teacher within the school system:

"I am a teacher. The government has renovated almost all the schools, but the problem is teachers have not been promoted since 2006, and the furniture in the schools is not of good quality. As I am talking to you, the benches in classrooms have been spoiled. The government provides free education, but people are still paying school fees of One Hundred and Fifty Naira (150) per term. Many children are being sent home because of lack of school fees even the chalks we are using in school are not provided by the government" (Kwanye Sini)

The responsibility of sending a child to school lies with the parents. However, the government is required to make schooling available. When schools are unavailable and

parents are lost, children are left with the responsibility of fending for themselves. The absence of the parents was disclosed by participants as one of the adverse impacts of forced displacement on children's education. Participants highlight that children who are not attending school are absent because of parental loss or separation due to displacement and lack of housing. Masi Tumba shared how the loss of a parent or missing a parent and the lack of housing has disrupted the education of children:

"Some children are out of school because they don't even know the whereabouts of their parents. Some children don't have a home because their houses are destroyed, and they are just roaming about the street looking for food to survive."  
(Masi Tumba)

### 3.1.2. Employment

In the interviews with returnees about the impact of forced displacement on their children, the participants highlighted its effects on employment while focusing on the economic impact it had on the cost of healthcare, the lack of investors or businesses within their community, and limitations to their agricultural practices, which are the primary source of income for the community and are significant economic aspects of the SDOH. Participants based this perspective on the destruction to their land, businesses, and economy due to displacement. Participants highlighted this impact as having two different connections to children, both directly and indirectly. Directly, there were limited work opportunities for working-age children to support their parents, and indirectly, there has been a trickle-down effect on their children's lives, based on the economic hardships and lack of opportunities for the parents to acquire income, thereby leading to poverty. Masi Tumba expresses how things are different concerning employment and the financial effect on the people of their community.

"Sincerely, things have changed. Our people's life now is not like before because almost everything is hard to get due to the lack of money. There are also no available jobs to earn money. Our people are suffering too much." (Masi Tumba)

The lack of employment is likened to suffering not just for one group but, as highlighted, has brought about suffering for the people, which includes children. Participants expressed that the disruption to employment is not due to the lack of interest among residents when it comes to starting a business or regaining employment; however, the fear of recurrence limits the establishment of a business. Kwata Zira, sharing his perspective on the impact of forced displacement, highlights that individuals want to rebuild or restart their businesses. The community has attempted this before with other businesses, such as banks, but within a year, the terrorists returned and destroyed them. He further expresses how their community is seen as a target location, which could, in turn, mitigate the interest of external investors even to consider their land as a location in which to grow businesses.

"Many people want to start a business, but the fear of starting and having Boko-Haram come and destroy and burn it down makes it feel as though it will be a waste of their resources. For example, the Union Bank that you can see here when we got back after running, they came back to continue their business, people were happy, and gradually, business started to grow. In fact, salary earners used to go to Mubi (another city) to withdraw their salary but when the Union Bank returned, they were happy. However, within one year, Boko Hara came and destroyed everything. It is for this reason people don't want to start their business, knowing it will be destroyed. Another reason is that we hear that Michika is the terrorist's number one target. That is one of the reasons why people from outside don't want to invest in Michika again." (Kwata Zira)

### 3.1.3. Safe Environments

In almost all the shared perspectives of the participants regarding the impact of forced displacement on children, participants express how the fear of recurrence poses adversity



to them and their children. These disruptions, they say, disrupt their sense of safety in the environment in which they live, learn, work, play, and grow. According to the participants' experiences, disruption in public safety translates to unsafe feelings they have developed with regard to their environment. As for their community of origin or a place where they call home, participants shared that the feeling of safety during their return was replaced with fear, as they did not even feel safe sleeping in their homes. Kwasini Zira expressed her fears in her environment after returning because of the uncertainty she has about the possibility of another attack:

"It is not the same, we are still living in fear, we walk with our mats in our armpits. It is until recently that we were able to sleep with our eyes closed because, before we don't sleep, every evening we go close to the river to go and sleep there and once it is morning we come back because we do not know when the attackers will come" (Kwasini Zira)

Similarly, Sarkha Tizhe shared her experience and that of her children experiencing disruptions to their sense of safety in their environment and how their lives had changed based on their experiences with forced displacement and return.

"Yes, we felt that this was our home, but then we were still living in fear after we came back; normally, once it is evening, we leave our houses and go to other places we feel are more secure than our homes." (Sarkha Tizhe)

#### 3.1.4. Health Systems and Services

Participants pointed out the impact of forced displacement as a cause for disruption to the health systems and services in their community. The participants share the difficulties they experience with inefficient and functional health systems within the community. These disruptions have impacted child and maternal care following displacement:

"Pregnant women are finding it difficult in Michika during delivery because of poor healthcare, where at the end, because they are not attended to, sometimes either the child or the mother or both die". (Masi Tumba)

The disruption to the health systems and services extends to the returnee's experience after the destruction of hospitals. This, as shared by the participants, is limiting their help-seeking opportunities and behaviors. Masa Drambi shares that in some parts of their community where they do not have hospitals anymore, people have to cope with their illnesses, hoping not to die:

"In some parts of Michika there are no hospitals if one is sick and the person cannot walk or there are no means of movement/transportation, the sick person will have to wait it out to survive. But if they die, to God be the glory if they survive to God be the glory. In the past people do anything with their strength to help themselves but now death has become the order of the day, now even if you try to cope with your health, due to suffering you die, someone working with small inquiry one will have to wait to see if he will survive or not because he does not have money for treatment." (Masa Drambi)

For some participants who still have a hospital standing in their community, they lament how poor the facilities are. The participants express a difference between government-owned facilities and privately owned facilities, calling for some form of monitoring to ensure that even the most vulnerable groups among them receive support:

"Our hospital should be thoroughly monitored because most of the facilities are being transferred to private hospitals, which makes life unbearable for people who cannot afford private hospitals. Medicines should be given free to children and the less privileged". (Wariya Timbado)

"There are no drugs, and we are not well attended to when we go to the hospitals because of limited health workers."

Finally, the disruption to the health system and service extends to the poor services participants express receiving from the hospital service providers. These services come from hospital workers such as the doctors in those communities. Participants expressed that the health workers are deceptive in their treatment of patients, ineffective medications are being prescribed, and lack of funds limits their ability to receive treatment compared to their hospitals before the displacement. Participants share that because of these disruptions, similar to the perception of others, they have to adopt a survive-or-die mindset.

“Doctors are being deceptive to the patients because they are just looking for money. Even if you are given drugs, the drugs are not strong; they only add more sickness to you, which is why there are no good hospitals here like there were before. The hospitals before will prescribe small drugs to you, and you get well, but even with that there is no money. Just like my sister has said, if one is back to Michika, how will he treat himself or herself when one has no money? He/She will have to sit down if he/she will survive or not, one will have to think like that because if you get to the hospital, you will be told the money that you will pay for treatment if you don't have it you will have to wait to see if you will survive or die that is the life we are living”. (Sarka Tizhe)

### 3.2. Theme 2: Influence of Primary and Secondary Trauma Exposure on Children's Coping Mechanisms

The second theme, as reflected in the participants' responses, highlights the behavior and physical response of the children based on their exposure to the traumatic material acquired during conflict and violence-related displacement, resettlement, and reintegration. Participants in this second theme highlight the impact of forced displacement in two key sub-themes: primary trauma exposure, exemplified by the children witnessing the terrorist attacks, and secondary trauma response, exemplified by witnessing the aftermath of the terrorist attacks and having parents who were also negatively impacted. These direct and indirect exposures to trauma, as expressed by the participants, now present themselves in their children through the physical and psychological reactions they have to trigger situations.

Primary trauma exposure focuses on the direct adverse impact of forced displacement from the range of destructive activities, such as bombing, running in search of safety, separation from parents, witnessing loved ones/community members be killed, and the hardships experienced during the displacement of the children. The second theme focuses on the children's responses to the traumatic material they were exposed to during their experience with violence and conflict. Participants share what they have observed as the aftermath in terms of the physical reactions they now notice from their children based on triggers associated with forced displacement.

#### 3.2.1. Primary and Secondary Trauma Exposure

Participants shared their experience of exposure to the attacks of the Boko Haram terrorists and how this exposed their children to potentially traumatic events such as violence, fear, insecurity, hunger, and loss. Given the highland landscape structure of Michika, some of the participants who lived on the mountaintop shared what they witnessed when the terrorists attacked their community and shared some of their experiences serving as hosts to those who ran from the terrorists from the valley.

Masa Drambi shares their experience when the terrorist first attacked their community and what was witnessed by them and the children:

“We were in the church when we saw some children without shoes, women without shirts, and men running from the town of Michika to our side, which is on the mountain. We asked them what had happened, and they said Boko-Haram was chasing them. That was around September 2014. The Boko-Haram were not able to climb the mountains, so they were a little safe here. We were the ones feeding them, and we hosted them in our schools while some stayed in their relative's houses. During that period, food was barely enough for them.

They will even fight because of food. For about two- weeks, we were totally dependent on God for safety because we thought Boko Haram could climb the mountain and kill us. During that time, we faced serious hardship. Many people started running to neighboring countries like Cameroon and the nearest local government, Mubi, where some people died on the way” (Masa Drambi)

The journey to the mountaintop in search for safety, according to Tumba Zira, was one filled with suffering, health challenges, new experiences, and even death, all of which children were exposed to:

“Sincerely, at that time the people suffered, some were running at the back without shoes, without complete cloth. By merely seeing them, you will have pity on them because so many of them were not in good health. Even some had never climbed the mountain but as a result of the attack, they had to go up the mountain running for their lives, some couldn’t make it to the mountain they died on the way.” (Tumba Zira)

Kwanji Vandi, who was one of those who resided in the valley area, shares her own experience of what happened and the separation her children were exposed to:

“We ran to the mountain called Dlimi. From there, we passed through Betso and finally arrived at Mubi. For five days, I could not see all my children. After meeting them, we moved to Yola, where we faced so many challenges, but thank God, He was there for us”. (Kwanji Vandi)

Participants like Kwasini Zira also faced some hardships and separation from her children due to their search for safety; Kwasini Zira shared her experience even after reuniting with her children, after which she had to relocate them to another location:

“For three months I did not meet with my children because they were on the mountains while I was in Song local government of Adamawa State. We later met in Yola at my sister’s house. The hardship was so much there we had to leave their house and look for another house. Life was so hard.” (Kwasini Zira)

### 3.2.2. Influence on Coping Mechanism and Secondary Trauma Response

Based on the experiences of the attacks, the separation, loss, and hardships participants experienced during displacement, when asked about their perspective on the impact of such exposure, almost all the participants shared examples of their children’s reaction to hearing sounds of gunshots. Wariya Timbado, a mother, shared the reactions of her children on hearing gunshot sounds or loud sounds likened to gunshots:

“The children usually get confused whenever they hear the sound of a gunshot. Sometimes, you see older children backing their younger ones in order to run because of fear without knowing where to go. At the end of the day, you hear parents looking for their children. Sometimes, when somebody bangs the door very hard, children get scared and start to look for a hiding place; even thunder and lightning, when it’s about to rain, can confuse children, leading them to look for a hiding place. Children are not finding it easy whenever they hear not only gunshot but any sound that sounds like the sound of a gunshot.” (Wariya Timabado)

Similarly, Kwata Zira shared her perspective on her children’s experiences and reactions to the sound of gunshots as triggers during military routine training, as military personnel are resident in their community and in the neighboring forest beside their community (Sambisa Forest, the hideout of the terrorists). Kwata expressed that now, they have developed an awareness of the difference between the sound of the army gunshot and that of the terrorist.

“Whenever the children hear the sound of gunshots, they become terrified because of the trauma; their body begins to shake. You know that the sound of the Boko-Haram weapon is different from the Nigerian Army. Boko-Haram is no

stop, once they start shooting, so whenever we hear a sound like that even we ourselves will be able to differentiate some time. Whenever the soldiers want to test their equipment, they use to tell us beforehand, so that we don't get afraid" (Kwata Zira)

Sarka Tizhe shared how she supports her children when they respond to sounds that seem frightening or make them panic.

"Whenever I see them panicking or trying to run to a hiding place, I call them back and tell them that the sound is not here in Michika but from a very far place; I then make sure that we all stay in the same room" (Sarka Tizhe)

Finally, during the interview, Kwasini Zira shared the secondary trauma responses of one of the children playing beside us in her compound and the physical responses of others when encountered with triggers like the sound of a gunshot. This child was born after the terrorist attack to parents who were displaced but was still showing a similar secondary trauma response similar to that exhibited by children who were born during the time of displacement and the terrorist attack.

"This little girl here, whenever she hears a sound of a gunshot she will run and jump into her mother's arms, she will not want to come out because of that, even though we had returned before they give birth to her but whenever she hears that sound she is always afraid, even though she did not see anything that happened during the attack. There are some people who, whenever they hear gunshots, will run to the hill and will not return till the next morning, even when it is somewhere else. In fact, my children, whenever they hear gunshots, will run to me, their mother, and hold my hand and say, Mummy, let's run. Sometimes when these children hear gunshots, they will start pooping in their body." (Kwasini Zira)

#### 4. Discussion

This article has explored the perspective of returnees on the impact of forced displacement on their children, particularly the perspective of parents whose children were displaced due to conflict and violence. The perspectives shared by the study participants encompass their experiences during and after the terrorist attacks, their time spent in the camps, camp-like settlements, and host communities, and their current experiences of resettling and reintegration following displacement. The perspectives of the participants are all woven within two themes that answer the research question "How do returnee parents perceive the impact of displacement on children?" Participants indicate that displacement is a disruption to their children's SDOH, and displacement negatively influences the children's coping mechanisms through primary and secondary exposure to trauma.

Evidence from the data and the literature indicates that forced displacement impacts children both directly and indirectly. The results emphasize the direct and indirect impacts of forced displacement on children from the perspectives of their parents. Systemic inequalities were identified, and recommendations were provided regarding steps governmental and non-governmental bodies can take to address the extension of these effects precisely because systemic inequalities amplify these impacts and constrain SDOH. This section integrates the study's results in alignment with the literature to discuss the study's implications.

##### 4.1. Disruption to SDOH

Disruptions to the SDOH based on the perspective of returnee parents were identified as one of the significant impacts of forced displacement on children. Significantly, these disruptions to the SDOH impacted children directly in areas such as their education, healthcare systems and services, as well as indirectly through the lack of available employment for their parents. The indirect impact caused poverty and economic limitations among the returnees' access to necessary resources that make up the SDOH of the child. Disruptions in education, employment, environmental safety, health systems, and services were the aspects of the SDOH that participants noted to be impacted by forced displacement.

Providing high-quality education is paramount as a crisis response system for an affected community (Gardi 2021). However, good-quality education becomes difficult to access following displacement. Although good-quality education has been recognized as an intervention to address the impact of displacement, as it is the right of internally displaced persons as citizens, accessibility to good-quality education is difficult due to the various challenges returnees experience during displacement (Adeshola and Idogbe 2021). Participants in this study highlight those damages, the lack of infrastructural amenities, the fear of recurrence, poor compensation for teachers, and socioeconomic incapacities that cost the educational system of the children in their community.

The government is responsible for instituting primary and secondary education in states and communities in Nigeria. It is also the right of a child to receive free education according to the Nigerian constitution; however, socioeconomic disruptions due to economic issues in the participants' community and systemic inequalities due to governmental irresponsibility have hindered children from benefiting from proper formal education. This right is made evident in (Sections §17–§18 of the [Constitution of the Federal Republic of Nigeria \(Promulgation\) Act \(1999\)](#)):

“Section §17(3)f of the Constitution of the Federal Republic of Nigeria states, “The state shall direct its policy towards ensuring that children, young persons and the aged are protected against any exploitation whatsoever and against moral and material neglect” while Section §17(3)g states, “provision is made for public assistance in deserving cases or other conditions of need” ([Constitution of the Federal Republic of Nigeria \(Promulgation\) Act \(1999\)](#), *ibid*). As per Section §18(1), “Government shall direct its policy towards ensuring that there are equal and adequate educational opportunities at all levels” and Section 18(3), “Government shall strive to eradicate illiteracy and to this end government shall as and when practicable provide (a) free compulsory and universal primary education; (b) free secondary education; (c) free university education and (d) free adult literacy program”” (Magbadelo 2019; Sections §17–§18 of the [Constitution of the Federal Republic of Nigeria \(Promulgation\) Act \(1999\)](#))

The constitution highlights the implementation of this right as the government's responsibility. However, participants indicated that although this is a right for children, the government fails to fulfill its responsibility to provide free or affordable education for children. Participants lament the increased cost of education, poor infrastructure of amenities, and lack of beneficial compensation to teachers. These issues, in turn, showcase the systemic inequality present in this aspect of the impact of displacement on forcibly displaced individuals. Furthermore, this systemic inequality abuses the purpose of the policy and diminishes the work in place to attain SDG goal 4, which seeks to ensure inclusive and quality education that promotes lifelong learning and opportunities that can yield economic and all-around benefits for children and their communities ([United Nations Department of Economic and Social Affairs n.d.](#)).

Displacement occurs concurrently with destruction and other adverse experiences, affecting the employment or socioeconomic aspects of the affected individuals and their communities. This disruption to employment and the socioeconomic state of forcibly displaced persons has an overlapping impact on other aspects of their lives and livelihood, including their children and their well-being. The authors of ([Schuettler and Caron 2020](#)) expand on the impact of forced displacement on the economic well-being of those affected and its impact on employment, highlighting that forced displacement negatively impacts the employment outcomes of the affected population. Returning parents in this study express that their employment opportunities and resources were greatly disrupted in their community, leading to a lack of jobs and investors or businesses to gain funds. Additionally, corruption and deception increased as a ripple effect of the disruption to employment.

Further research highlights that the disruption to employment and other systems, such as the health system and services, as expressed by the participants, is collateral damage to the community due to displacement ([Bennouna et al. 2020](#)). These can have a range

of secondary effects on public services and local economies. The impact of displacement extended to the lack of investors willing to invest in their community due to the fear of recurrence. Speculatively, the community had had experience trying to rebuild, but those businesses that attempted to redevelop were destroyed again, which created more negative impacts on the socioeconomic stance of the population reintegrating into their community. This has caused an increase in the poverty level of the community and a lack of opportunities for skilled workers to utilize their skills, specifically children, who have obtained skills they may not be able to use based on this disruption.

Disruptions to the health systems and services, as well as the security and sense of safety of the returnee's community, were also identified as impacts of forced displacement on children. Regarding the health system and services, participants identified negative disruptions in maternal and child health. They expressed how there were rarely enough doctors to see patients, and the medicine they were administered was ineffective. Participants shared that due to these disruptions, they awaited death upon encountering sickness. In cases of forced displacement, the health of people and the health systems can also be affected, with repercussions on the broader society (Cazabat 2022). Similarly, in a recent study (Chowdury 2019), affected groups faced difficulties accessing healthcare facilities and information and fair to minimal access to medical practitioners. This aspect calls for interventions because a disruption causing a lack of health services can significantly contribute to increased mortality among the affected population and their SDOH (Keely 2001).

#### *4.2. Primary and Secondary Trauma Response and Exposure*

Forced displacement exposes children to a high amount of traumatic material that impacts the child's development and health outcomes. These exposures can be in the form of exposure as witnesses and targets, participants and protestors, and victims and survivors (Bennouna et al. 2020). The experiences of children who were forcibly displaced and born to forcibly displaced persons, although unique in their various forms of exposure to traumatic material (directly and indirectly), entail various adversities that still pose negative impacts on their psychosocial, physical, and socioeconomic lives (Bager et al. 2022; Iraklis 2020).

Exposure to potentially traumatic events, such as experiencing an attack or torture, as seen during conflict-related forced displacement, can cause significant psychological distress in children and affected groups (Bronstein and Montgomery 2011). This exposure can also ultimately contribute to the development of post-traumatic stress disorder (PTSD), depression, anxiety, and other adverse emotional and behavioral outcomes (Bürgin et al. 2022). Participants in this study shared details of the exposure children encountered during the attack by the Boko Haram insurgents. From the perspective of participants, children were exposed to horrid experiences encompassing bombings, gunshots, death, and separation from parents and caregivers in search of safety and persecution during their search for refuge. This exposure to traumatic material can be acknowledged as a vital contributor to the traumatic response children in the study location exhibit when exposed to triggers that mimic their experience in times of crisis. These experiences, according to the participants, have influenced the coping mechanisms of the children.

The emotional and mental effects of displacement on children and their families influence their psychological functioning as members of the family system (Iraklis 2020). The two levels of exposure to traumatic material are direct (the child experiencing or witnessing the adverse experience) and indirect (the child witnessing the aftermath of displacement from their parent's experiences or community).

Parents who are displaced persons affected by trauma and have mental or physical health issues might be less able to provide emotional or material support for their children (Bager et al. 2022). Research emphasizes the issue of intergenerational trauma, thereby indicating that children are likely to be exposed to the experiences of their parents. This experience of the parent, in return, has the capability to affect the child (Rizkalla et al. 2020). While this study explored the perspective of returnee parents on the impact of displacement on their children, they also shared how the impact displacement had on them still extends

to their children based on their choices and their security-seeking behaviors. In addition to the mental health burden of trauma-affected refugee populations, post-migration stressors can also be a driver of ACEs (Dalgaard et al. 2015; Jannesari et al. 2020).

It is important to note that these stressors, such as living in a conflict zone, having a parent who experienced displacement, or directly experiencing displacement, can have a constant presence among children and influence their health outcomes. The coping mechanisms and resilience of children based on these exposures are compromised, thereby leaving a long-lasting effect and rendering the children even more vulnerable to the effects of post-traumatic stress later in life (Bennouna et al. 2020).

#### 4.3. Implication and Limitation

Forced displacement is a form of adversity. This concept is more justified given the above-highlighted impact it has on children, families, and communities. It instigates other adversities like insecurity, disruptions to the SDOH (education, employment, health systems, and services) of the child, and exposure to trauma-related materials that make forced displacement an environmental potentially traumatic event. The environmental factor should be considered when exploring the issue of ACEs among forcibly displaced children (Fazel et al. 2012). Most studies do not show the prevalence of mental health issues in the local population, but there is room for more longitudinal studies that will take into consideration the long-term effect of forced displacement of individuals who were displaced as children.

This study adds to our knowledge of the phenomenon's current impact on children to close the literature gap in this area. It addressed the conceptual limitation or gap in the conventional understanding of ACEs that does not fully consider environmental exposure to adverse experiences such as forced displacement as an ACE (Masseti et al. 2020; Solberg and Peters 2020), thereby adding to the current knowledge on ACEs to expand the understanding of ACEs from the lived experiences of affected individuals.

Therefore, this study will serve as an additional reference point for understanding additional environmental forms of ACEs based on a social issue that is negatively impacting millions of children globally (47 million). This study has highlighted the exact avenues through which government and non-governmental organizations serving this population can provide effective services. These aspects include the educational sector, health systems, security services, and employment sectors. Indeed, the adverse effect of displacement as an environmental event that is recognized as an ACE, if not properly addressed, can influence the health outcomes of individuals. This, in turn, points out that the future of forcibly displaced children needs to be considered when aiding them based on their exposure to these disadvantaged experiences.

A limitation of this work was that the perspective of the impact of this phenomenon was recorded from the parents' viewpoint. Future research will showcase stronger data if the perception of the impact of displacement on children is acquired from the children to determine how they feel based on their own exposure to forced displacement. Therefore, further research should be carried out directly with children exposed to forced displacement to identify the best intervention and appropriate services and resources to assist them.

## 5. Conclusions and Recommendation

Forced displacement has a significant direct and indirect impact on the lives of forcibly displaced children during and after displacement. Becoming a displaced person because of conflict or violence often encompasses a series of experiences (witnessing violence, horrific destruction, separation, the killing of loved ones, or the fear of recurrence) that can, on their own, increase the risk for ACEs among children as well as lead to exposure to other stressors and adverse effects (Frounfelker et al. 2022). These impacts of forced displacement may have long-lasting physical and psychological consequences (Vaghri et al. 2019), including a higher prevalence of post-traumatic stress disorder (PTSD), anxiety, depression, and conduct disorders (Frounfelker et al. 2022), and disruptions to the child's SDOH.

Importantly, this study showcases that systemic inequalities amplify the impacts and disrupt the SDOH of the affected child. Therefore, this study identified systemic inequalities in the role of government in assisting this population. This study recognizes that forced displacement is an environmental form of ACE and has a long-term impact on the health outcomes of the affected population. The study recommends that information acquired from this study can be utilized to debunk the conceptual limitation on the conventional definition of ACEs, consider a more global outlook to other social problems exposing children to adverse experiences, and aid governmental and non-governmental organizations in providing participant-guided services needed to aid forcibly displaced persons, especially children who are directly or indirectly exposed to forced displacement.

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