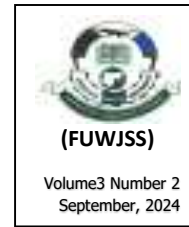


**INFLUENCE OF AGE AND GENDER ON  
POSTTRAUMATIC STRESS DISORDER  
OF PERSONS EXPOSED TO BANDITRY  
IN SOUTHERN KADUNA, KADUNA  
STATE, NIGERIA**



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**Abstract**

This study investigated the effects of age and gender on posttraumatic stress disorder (PTSD) of persons exposed to banditry in Southern Kaduna, Kaduna State, Nigeria. One hundred and sixty eight persons volunteered for the study and were drawn from Zangon Kataf Local Government Area (N=148) and Jema'a Local Government Area (N=20) and comprised of males (N=78) and females (N=90) of which 162 were Christians, 2 Muslims and other religion (N=4) with age range of 16 to 64 years, age mean of 17.8 and age standard deviation of 1.9. The PTSD Checklist for DSM-5 was used to collect data in order to test three (3) hypotheses, namely, age will have significant effect on PTSD of persons exposed to banditry, gender will have significant effect on PTSD of persons exposed to banditry and age and gender will have significant interaction effect on PTSD of persons exposed to banditry. The test results revealed that although older participants had higher mean PTSD score than younger ones, age had no significant effect on PTSD,  $F(1, 164) = 1.234, p = .268, \eta^2 = .007$  while females significantly experienced higher PTSD than males  $F(1, 164) = 20.822, p < .001, \eta^2 = .113$  but age and gender had no significant interaction effect,  $F(1, 164) = .265, p = .608, \eta^2 = .002$ . The study concludes that age and gender do not predict PTSD of persons exposed to banditry. However, older participants experienced higher PTSD than younger participants. Consequently, the study recommends that government and non-governmental organizations at the various levels, local, state and federal should initiate PTSD prevention and treatment for persons exposed to banditry in Southern Kaduna.

**Keywords:** Age, gender, posttraumatic stress disorder, banditry, Southern Kaduna

## **Introduction**

Violence and war have been present throughout human history, and there appears to be no reason to think that the future will bring many changes to this age-old proclivity and willingness to respond with violence to anger and hate-filled impulses (Marsella, 2005). Beginning from Independence in 1960, Nigeria has experienced a variety of conflicts that included a civil war, the Maitasine upheavals, the Niger Delta Militancy, several ethno-religious conflicts in the form of herder- farmer conflict or other nomenclature, particularly in the North Central and most recently, Boko Haram Insurgency which has shifted base from the initial epicenter in North Eastern Nigeria to the North West, banditry and kidnapping which appear to be more acute in North West (Dashit, Dauda & Azi, 2021; Mgbenkemdi & Eze, 2017). Banditry, according to Ishaya (2021) refers to a violent crime against persons that manifests in the prevalence of armed robbery or other violent crimes like abduction for ransom, murder, rape, the use of force or the threat to that effect, to intimidate a person with the intent to rob, rape or kill. Ishaya (2021) differentiated political kidnapping from criminal kidnapping. The former is a form of banditry in which the foremost objective is in furtherance of a political gain by the actors, while the latter for money or valuables only. Okoli and Ugwu (2019) proposed that there are four dimensions of armed banditry in Nigeria. They are village raids, highway robbery, kidnapping and cattle rustling. In village raids, the bandits invade, maraud rural communities with severe casualties on the people with mostly households, shops and markets as targets of looting. In highway robbery, motorists with travelers are intercepted along highways and robbed of the valuables while kidnapping is a crime committed for ransom. Perpetrators perceive victims to possess money with which will be paid as ransom based on individual while cattle rustling, on the other hand, is a form of organized theft driven by allied accumulation and profiteering from the livestock they stole.

Banditry in Nigeria has existed in pre-colonial times (Rosenje & Adeniyi, 2020) and in pre-civil war era, especially in Western Nigeria when government deteriorated resulting in political violence, organized crime and insurgency (Ishaya, 2021). It is an unresolved issue that is becoming an epidemic (Ajagbe, Onigbinde, Lateef, Onyemah, & Eni-

Olorunda, 2023) and a national tragedy not only because it is a serious threat to security of lives and property and national development (Ishaya, 2021) but its nexus with Al-Qoeda and Islamic States (ISIS) of late (Olawunmi & Shola, 2023). In fact, Ishaya (2021) noted that Al-Qoeda and ISIS have infiltrated into Nigeria and are actively involved in banditry while Rosenje and Adeniyi (2021) noted that banditry and abductions are pervasive in the northwestern states of Zamfara, Katsina, Kaduna, Sokoto and Kebbi; and that Niger, Nasarawa, Plateau, and Benue states in central Nigeria being hotbeds. Banditry activities in the six states, Zamfara, Katsina, Kaduna, Sokoto and Kebbi; and Niger have led to shooting and killing, cattle rustling, kidnapping, rape, torching of entire villages, and looting of valuables, and the number of displaced persons and fatalities have continued to rise. 1,100 people were killed in 2018, 2,200 in 2019, and between January and June, 2020, a number of 1,600 deaths were recorded (Council on Foreign Relations, 2020). Similarly, 160,000 people were displaced and with 41,000 refugees in 2019 (World Food Program, 2019) and 247, 000 IDPs and 60,000 refugees in 2020 (Selim, 2020).

### **Conflicts and Posttraumatic Stress Disorder in Africa**

People exposed to conflicts suffered from severe mental distress caused by traumatic experiences that make them at risk of depression, anxiety disorders, posttraumatic stress disorder (PTSD) and other forms of mental disorders (Adesina, Adesanya & Olufadewa, 2020; Oladeji, 2016). PTSD is the most frequent mental health problem following exposure to psychologically traumatic events (Taha & Sijbrandij, 2021; Madoro, Kerebih, Habtamu, Gltsadik, Mokona, Molla, Wondie & Yohannes, 2020; Dashit, Teplong & John, 2020; Kosen, Bankat, Dachalson, Dafom & Babangida, 2018; Dachalson & Zamani, 2016; Iweze, 2014; Korb, 2013) and a major public health concern that has been associated with loss of productivity, high risk for suicide attempts and considerable levels of lifetime psychiatric comorbidity of 80 percent (May & Wisco, 2015). Taha and Sijbrandij (2021) reported a prevalence of 29.1% in females and 31.9% in an Iraqi sample while Madoro et al. (2020) reported a prevalence of 58.4% to 61.9% in South Ethiopia; Ng, Stevenson, Kalapurakkal, Hanlon & Seedat (2020) reported a varied prevalence of 0-74% in Sub-Saharan Africa and Aluh, Okoro and Zimboh (2019) found a prevalence of 78% in Maiduguri. Post-traumatic stress disorder (PTSD) is a disabling psychiatric disorder that results from being exposed to real or threatened injury, death, and sexual assault;

and is associated with functional and cognitive impairment. Diagnostic and Statistical Manual of Mental Disorders 5 (DSM-5) (American Psychiatric Association, 2013) notes that the signs of PTSD include having intrusive thoughts, nightmares, flashbacks, dissociation (loss of self or reality), and an extremely unpleasant emotional (sadness, guilt) and physiological reaction when the traumatic experience is reminded of (Lok, Frijling, & van Zuiden, 2018). Other symptoms include trouble sleeping, difficulty concentrating, impatience, increased sensitivity, increased startle reaction, hypervigilance, and a tendency to avoid stressful situations. Patients with chronic PTSD are unable to recuperate from the trauma because of their maladaptive reactions (Bremner, Southwick, Johnson, Yehuda, & Charney, 1993). The percentage of people who have experienced traumatic incidents in their life ranges from 61% to 80%. (Wang et al, 2021). After the event, posttraumatic stress disorder affects 5% to 10% of the population, with women more likely than males to experience it (Yehuda, 2015). Fowler et al found that exposure to community violence correlate with anxiety and depression, and that immediacy and proximity to exposure moderate the experiences. More recent exposure was found to have stronger internalization effect and therefore the manifestation of symptoms (Fairbook, 2013 p. 14).

Although PTSD is the most frequent mental problem associated exposure to psychologically traumatic events, studies on the effects of age and gender on PTSD of persons exposed to banditry in Nigeria are not only few but have yielded mixed findings. Wesler and Singer (2004) examined the impact of exposure to violence in school on the child and adolescent mental health and behaviour and found symptoms of psychological stress disorder. The study was conducted in Cleveland and Ohio, USA had 5969 participants, comprising of males (N=2927) and females (N= 3039) who were 7 to 19 years and mean age of 14.24. Also, Standsfeld, Rotheron, Das-Munshi, Mathews, Adams, Clark and Lund (2017) investigated the influence of exposure to violence on mental health of adolescents in Cape Town, South Africa and reported that exposure to the psychologically traumatic events was associated with high scores on depression, anxiety and PTSD in both male (N= 433) and female (N=539) adolescents, implying gender played a significant role. The study had 1034 grade 8 high school students with mean age of 14.2 and age range of 13-19 years.

In another study by Rwang, Kibanja, and Mayanja (2021) in which 248 participants exposed to violence, aged 18 years and above were used to look into the prevalence of PTSD and associated demographic factors

conducted in Jos, Nigeria, the investigators found that significant effect of gender on intrusion, avoidance and hypervigilance. However, age had no significant effect on PTSD. Ojeahere, Uwakwe, Piwuna, Audu, Goar, Armiyau and Afolaranmi (2021) assessed full and subsyndromal PTSD in older adults in northern Nigeria using 200 participants exposed to violence and displaced with age mean of 69.4. The researchers found that traumatized older adults showed high prevalence of full and subsyndromal PTSD. McGinty, Fox, Ben-Ezra, Cloitre, Karatzias, Shevlin and Hyland (2021) assessed sex and age differences in PTSD following traumatic event. They assessed secondary data from a national representative sample made up of Republic of Ireland (N=1,020), the United State (N=1,839) and Israel (N= 1,003) and a community in the United Kingdom (N=1,051) and found that PTSD was higher in women than men and that it was generally lower in older age for both men and women.

Roberts, Ocaika, Browne, and Oyok (2008) investigated the factors associated with posttraumatic stress disorder and depression amongst persons exposed to and displaced by violence in Uganda in which 1210 adults participated. They found that women are twice more likely to exhibit PTSD symptoms than male while Standsfeld, Rothon, Das-Munshi, Mathews, Adams, Clark and Lund (2017) investigated the influence of exposure to violence on mental health of adolescents in Cape Town, South Africa and reported that exposure to the psychologically traumatic events was associated with high scores on depression, anxiety and PTSD in both male (N= 433) and female (N=539) adolescents, implying gender played a significant role. The study had 1034 grade 8 high school students with mean age of 14.2 and age range of 13-19 years.

Lawal, Ismail and Audu (2018) investigated the influence of gender, education and posttraumatic reactions of victims of cattle rustling in Zamfara state, Nigeria and reported that gender had no significant effect on PTSD. The study had 384 participants out of which 258 were males and 126 were females. In a systematic review and meta-analysis on national and regional prevalence of posttraumatic stress disorder in Sub-Saharan Africa, Ng, Stevenson, Kalapurakkal, Hanlon, Seedat et al. (2020) found no pooled difference prevalence of PTSD for men and women. The meta-analysis had 25 studies, 6 of which were national surveys and 19 being regional surveys, drawn from 10 out of 48 countries in Sub-Saharan Africa with a total of 58,887, mostly 18 years and older participants out of which 54% were females.

Madoro, Kerbih, Habtamu, Gltsadik, Mokona, Molla, Wondie and Yohannes (2020) in a study in South Ethiopia found that being female than male was associated with PTSD symptoms following exposure to violence. Similarly, Rasool and Mahmood (2020) found that both men and women exhibited symptoms of PTSD following traumatic events but women were more at risk of developing the disorder than men. The study which was a cross sectional survey was done in Pakistan and had 104 male and female participants with mean age of 31.2 and standard deviation of 9.32

Again, Taha and Sijbrandij (2021) looked at gender differences in traumatic experiences, PTSD and relevant symptoms among Iraqi persons displaced by violence in Dwhok. The survey had 358 females and 464 males and it was found that while PTSD prevalence in females was 29.1%, it was 31.9% in males. Also, Astitene and Barkat (2021) in a cross sectional study that involved 982 adolescents in Morocco, aged 12 to 17 years found that being a girl was associated with PTSD. In another study that assessed the extent and role of gender on PTSD of kidnapped victims and their significant others, Alokun and Atafo (2023) found that both male and female victims and their significant others experienced varying symptoms of PTSD. This implies that both direct and indirect exposure led to PTSD and gender also influenced the outcome. The study was conducted in Kaduna State, Nigeria and had 5 victims and 5 significant others. These mixed findings and the ongoing banditry in Southern Kaduna has spurred this learner to investigate the influence of age and gender on the PTSD of persons exposed to banditry and abductions in Southern Kaduna state, Nigeria.

### **Theoretical framework**

This study adopts the cognitive model of behavior. Hayes, VanElzakker and Shin (2012) note, from a cognitive perspective, that the core symptoms of PTSD involve alterations to cognitive processes like memory, attention, planning and problem solving, therefore, cognitive models posit that too much of information processing resources are allocated toward threat detection and interpretation of innocuous stimuli as threatening, thereby narrowing experiencing person's attention/ focus at the expense of other cognitive activities. Yildirimli and Tosun (2012) also reiterated that the cognitive approach stresses that cognitions play a triggering and maintaining role for the symptoms of PTSD and that the approach tries to explain the symptoms within the framework of information processing. Yildirimli and Tosun (2012) further stated that

cognitive psychologists believe that the traumatic event that is experienced is processed differently from daily ordinary events, and that the different information processing strategy stands out in attention, dissociation, cognitive beliefs, cognitive-affect process and strategies.

### **Research Methodology**

This study was a survey design that deployed the questionnaire method. There were two independent variables, age and gender, and each has two levels. Age had adolescents, that is those between the age of 10 to 24 years, and adults, that is those above 24 years, while gender had males and females. The dependent variable is PTSD. Thus the design is a 2 x 2 factorial design.

This study targeted population of people in Southern Kaduna state, Nigeria that have been either directly or indirectly experienced any form of banditry. One hundred and sixty eight persons volunteered to participate in this study. They were drawn from Zangon Kataf LGA (N=148) and Jema'a LGA (N=20) and comprised of males (N=78) and females (N=90) of which 162 were Christians, 2 Muslims and other religion (N=4) with age range of 16 to 64, age mean of 17.8 and age standard deviation of 1.9.

The PTSD Checklist for DSM-5 (PCL-5) will be used for data collection. The PCL-5 was developed by Weathers, Keane, Palmieri, Marx and Schnurr, (2013) to assess PTSD symptoms. It is a 20-item self-report measure that assesses the presence and severity of PTSD symptoms, including hyperarousal, avoidance and negative changes in mood. It can also be used to quantify and monitor symptoms over time, screen individuals for PTSD and assist in making provisional or temporary diagnosis of PTSD. Items on the PCL-5 correspond with *DSM-5* criteria for PTSD. Respondents are asked to rate how bothered they have been (by each of 20 items) in the past month on a 5- point Likert scale ranging from 0-4, 0 = Not at all 1 = A little bit 2 = Moderately 3 = Quite a bit 4 = extremely. PCL-5 can be self-administered or by interviewer in person or by telephone, taking 5 to 10 minutes to complete in the clinic or at home. Scoring of items and arriving at a diagnosis of PTSD can be made by treating each item rated = 2 or higher using the *DSM-5* diagnostic rule which says take at least 1 criterion B item (questions 1-5), 1 criterion C item (questions 6-7), 2 criterion D items (questions 8-14) and 2 criterion E items (questions 15-20). PCL-5 total score ranges from 0-80. Therefore, severity can be determined by adding scores of each item together in order to get the total score. A score of 33

and above may require further assessment of the patient to confirm the PTSD. Higher scores indicate severity of symptoms. The PCL-5 is a psychometrically sound measure of DSM-5 PTSD as it has a reliability of .61 and validity of .91

Consent Form explaining the aim of the study, benefits and risks of participation, right to participation and withdrawal at any stage of the study was attached to the research questionnaire and presented to the various community leaders of participating communities for their blessing before data collection. After the approval by community leaders, researchers administered the questionnaires to volunteers in the community leader's compound, schools, and market places as circumstances prevailing warrant. Participants were assured about the confidentiality of their participation. In all, eight communities in two Local Government areas in southern Kaduna were covered in a period of one week. The data generated was subjected to data analysis using the Statistical Package for the Social Sciences (SPSS) version 23.

Both descriptive and inferential statistics were used for data analyses. Descriptive statistics, particularly measures of central tendency the mean, and frequency tables were used and so were measures of dispersion, namely the range and standard deviation. Descriptive statistics are easy to understand. The hypotheses were tested using inferential statistics, particularly the two-way analysis of variance (ANOVA) was used to compare the mean of males and females. More so it has the capacity to simultaneously yield the between groups and within groups difference.

## **Results and Discussions**

### **Descriptive results**

This section presents the socio-demographic characteristics of the study participants, including information on their age, gender, religious affiliation, and local government area.



**Table 1** Demographic Characteristics of Study Participants

	Frequency	Percentage %
<b>Age (Mean±SD)</b>	17.8±1.9	
<b>Gender</b>		
Male	78	46.4
Female	90	53.6
<b>Religion</b>		
Islam	2	1.2
Christianity	162	96.4
Others	4	2.4
<b>Local Government Area</b>		
Zangon Kataf	148	88.1
Jema'a	20	11.9

Table 1 shows that the mean age of participants is 17.8 years, with a slight age variation of 1.9 years, 46.4% males and 53.6% females while Christian 96.4%, Islam 1.2% and other religions 2.4%). Most participants (88.1%) were in Zangon Kataf LGA with a minority (11.9%) hailing from the Jema'a Local Government Area.

**Table 2** Mean, Standard Error, Lower and Upper Bound Scores of Posttraumatic Stress Disorder across Participants Age

Age	Mean PTSD	Standard Error	95% Confidence Interval	
			Lower Bound	Upper Bound
Younger aged	40.52	1.36	37.83	43.21
Older aged	42.93	1.70	39.59	46.28

Table 2 shows the mean scores, standard error, and the upper and lower bound scores of PTSD across age of participants. For the younger age group, the mean PTSD score is 40.52 ( $SE = 1.36$ ), and the 95% confidence interval spans from 37.83 to 43.21. In contrast, the older age group exhibits a mean PTSD score of 42.93 ( $SE = 1.70$ ), with a confidence interval of 39.59 to 46.28. These findings suggest a slightly higher average PTSD score among older participants, as denoted by the wider confidence interval, which provides a plausible range for the actual population values.

**Table 3 Mean, Standard Error, Lower and Upper Bound Scores of Posttraumatic Stress Disorder across Participants' Gender**

Gender	Mean PTSD	Standard Error	95% Confidence Interval	
			Lower Bound	Upper Bound
Male	36.77	1.60	33.62	39.92
Female	46.69	1.48	43.77	49.60

The results of Table 3 show the mean scores, standard error, and the upper and lower bound scores of PTSD across participants' gender. Among male participants, the mean PTSD score is 36.77 ( $SE = 1.60$ ), and the 95% confidence interval ranges from 33.62 to 39.92. Conversely, female participants display a higher mean PTSD score of 46.69 ( $SE = 1.48$ ), with a confidence interval spanning from 43.77 to 49.60. These results underscore a noticeable disparity in average PTSD scores between genders, with female participants exhibiting a notably higher average as reflected by the associated confidence intervals.

**Table 4 Mean, Standard Error, Lower and Upper Bound Scores of Posttraumatic Stress Disorder across Participants' Age and Gender Interactions**

Age*Gender (Interaction)	Mean PTSD	Std. Error	95% Confidence Interval	
			Lower	Upper
Younger aged*Male	35.00	1.98	31.09	38.91
Younger aged *Female	46.04	1.87	42.35	49.72
Older aged*Male	38.53	2.50	33.59	43.48
Older aged*Female	47.33	2.29	42.82	51.85

Table 4 shows the mean score, standard error score, and the lower and upper bound scores of PTSD across age and gender interactions. For participants categorized as younger and male, the mean PTSD score stands at 35.00 ( $SE = 1.98$ ), with a confidence interval spanning from 31.09 to 38.91. Conversely, younger female participants exhibit a higher mean PTSD score of 46.04 ( $SE = 1.87$ ), with a confidence interval ranging from 42.35 to 49.72. In the older age group, male participants show a mean PTSD score of 38.53 ( $SE = 2.50$ ), with a confidence interval of 33.59 to 43.48, while their female counterparts present a mean PTSD score of 47.33 ( $SE = 2.29$ ), with a confidence interval spanning from 42.82 to 51.85. These findings underscore the intricate interaction between age and gender concerning PTSD scores, highlighting diverse patterns among different subgroups as indicated by the respective confidence intervals.

### Inferential results

Three hypotheses were tested with the 2-way Analysis of Variance (ANOVA) at the 0.05 significance level. The results are presented from a 2-way analysis of variance in table 5.

**Table 5 ANOVA Source Table for Age and Gender on Posttraumatic Stress Disorder**

Source	Type III Sum of Squares	df	Mean Square	F-ratio	Sig.	$\eta^2$
Corrected Model	4611.250	3	1537.083	8.171	<.001	.130
Intercept	277284.737	1	277284.737	1473.992	<.001	.900
Age	232.178	1	232.178	1.234	.268	.007
Gender	3916.946	1	3916.946	20.822	<.001	.113
Age * Gender	49.813	1	49.813	.265	.608	.002
Error	30851.393	164	188.118			
Total	329300.000	168				
Corrected Total	35462.643	167				

The results of hypothesis one (Table 5) reveals that there is a significant effect of age on posttraumatic stress disorder among persons exposed to banditry, means; 40.52 ( $SE = 1.36$ ), 42.93 ( $SE = 1.70$ ),  $F(1, 164) = 1.234$ ,  $p = .268$ ,  $\eta^2 = .007$ . The eta squared value of .007 indicates that age accounted for 0.7% of the variance in posttraumatic stress disorder among persons exposed to banditry. Hypothesis one is not supported.

Results of hypothesis two (Table 5) indicate that there is a significant effect of gender on posttraumatic stress disorder among persons exposed to banditry, means; 36.77 ( $SE = 1.60$ ), 46.69 ( $SE = 1.48$ ),  $F(1, 164) = 20.822$ ,  $p < .001$ ,  $\eta^2 = .113$ . The eta squared value of .113 indicates that gender accounted for 11.3% of the variance in posttraumatic stress disorder among persons exposed to banditry. Hypothesis two is supported. This implies that being female predisposes and individual exposed to banditry to exhibit PTSD compared with being male.

Results of hypothesis three (Table 5) indicate that there is no significant interaction effect of age and gender on posttraumatic stress disorder among persons exposed to banditry, means; 35.00 ( $SE = 1.98$ ), 46.04 ( $SE = 1.87$ ), 38.53 ( $SE = 2.50$ ), 47.33 ( $SE = 2.29$ ),  $F(1, 164) = .265$ ,  $p = .608$ ,  $\eta^2 = .002$ . The eta squared value of .002 indicates that age and gender interaction accounted for 0.2% of the variance in posttraumatic stress disorder among persons exposed to banditry. Hypothesis three is not supported.

Generally, it was found that for the younger age group, the mean PTSD score is 40.52 ( $SE = 1.36$ ), and the 95% confidence interval spans

from 37.83 to 43.21. In contrast, the older age group exhibits a mean PTSD score of 42.93 ( $SE = 1.70$ ), with a confidence interval of 39.59 to 46.28, suggesting a slightly higher average PTSD score among older participants, as denoted by the wider confidence interval, which provides a plausible range for the actual population values. Similarly, among male participants, the mean PTSD score is 36.77 ( $SE = 1.60$ ), and the 95% confidence interval ranges from 33.62 to 39.92 while female participants displayed a higher mean PTSD score of 46.69 ( $SE = 1.48$ ), with a confidence interval spanning from 43.77 to 49.60, implying a noticeable disparity in average PTSD scores between genders, with female participants exhibiting a notably higher average as reflected by the associated confidence intervals. Again, for participants categorized as younger and male, the mean PTSD score stands at 35.00 ( $SE = 1.98$ ), with a confidence interval spanning from 31.09 to 38.91 while younger female participants exhibit a higher mean PTSD score of 46.04 ( $SE = 1.87$ ), with a confidence interval ranging from 42.35 to 49.72. In the older age group, male participants show a mean PTSD score of 38.53 ( $SE = 2.50$ ), with a confidence interval of 33.59 to 43.48, while their female counterparts present a mean PTSD score of 47.33 ( $SE = 2.29$ ), with a confidence interval spanning from 42.82 to 51.85 to underscore the intricate interaction between age and gender concerning PTSD scores, highlighting diverse patterns among different subgroups as indicated by the respective confidence intervals.

Hypothesis one was the idea that age will have a significant effect on PTSD of persons exposed to banditry in Southern Kaduna, Kaduna State of Nigeria. The test results support this assumption per table 5. On the effect of age on PTSD of persons traumatized the findings are also varied. This study supports earlier finding by Rwang, Kibanja and Mayanja (2021) who reported that age has no effect on PTSD but fails supports findings by Flannery et al. (2004) that age influences PTSD experience, Ojeahere et al. (2021) that reported that older people experience high PTSD, and that of McGinty et al. (2021) that reported that old people experience low PTSD. These discrepancies in findings call for further research in order to enrich our understanding of how age impacts on the PTSD of people exposed to banditry.

Hypothesis two claims that gender will have a significant effect on PTSD of persons exposed to banditry in Southern Kaduna, Kaduna State of Nigeria. The test results also support this assumption per table 5 as females had a higher mean score than males. While some studies show that both men and women suffer PTSD post exposure to violence (Aloku

& Atafu, 2023; Standsfeld et al., 2017; Fannery et al., 2004), some indicate that women experience more PTSD than men (McGinty et al., 2021; Astitene & Barkat, 2021; Madoro et al., 2020; Roberts et al., 2008). Still, others found that gender has no effect on PTSD (Ng et al., 2020; Lawal et al., 2018). However, Taha and Sijdrandij (2021) found that men and not women experienced more PTSD. Thus, the current study supports earlier findings by McGinty et al. (2021), Astitene and Barkat (2021), Madoro et al. (2020), and Roberts et al. (2008) but disagrees with those of Taha and Sijdrandij (2021) who found that men and not women experience PTSD, and Ng et al. (2020). Lawal et al. (2018) who found that gender had no effect on PTSD of persons exposed to violence hence the need for further studies in order to deepen our comprehension of the matter. Finally, hypothesis three holds that age and gender will have a significant interaction effect on PTSD of persons exposed to banditry in Southern Kaduna, Kaduna State of Nigeria. The test results fail to support this assumption per table 5. This hypothesis was a novel idea as all the empirical studies reviewed in this work did not look at the question of whether age and gender will interact to impact PTSD experience of persons exposed to banditry. Again, more studies need to be carried out to test the validity of this idea.

### **Conclusion and Recommendations**

The current study investigated the influence of age and gender on PTSD experiences of persons exposed to banditry in Southern Kaduna, Kaduna State. There were three specific objects. One, to establish if age influences the PTSD experiences of persons affected by banditry in Southern Kaduna, Kaduna State. Two, find out whether gender affects the PTSD symptoms of persons exposed to banditry in Southern Kaduna, Kaduna State. Three, ascertain if age and gender will interact to influence the PTSD symptoms of persons exposed to banditry in Southern Kaduna, Kaduna State. We established that older participants experienced higher PTSD than younger ones but the test result yielded no significant effect of age on PTSD. We found too that female participants experienced higher PTSD than their male counterparts and test results revealed significant effect of gender on PTSD. However, age and gender had no significant interaction effect on PTSD of the participants. Our conclusions, therefore, are that age does influence but gender predicted PTSD of persons exposed to banditry and that jointly, and that age and gender do not predict PTSD of persons exposed to banditry. Based on the

findings of this study it is recommended that further research be conducted on the influence of age and gender on PTSD of people exposed to banditry in order to deepen our understanding of demographic variations in PTSD experience of individuals affected directly or indirectly by banditry. Government and non-governmental organizations at the local, state and federal levels should create and implement PTSD prevention and treatment programmes for communities where banditry activities are active and in Southern Kaduna in particular. Clinical Psychologists and other mental health workers should bear in mind the likelihood of PTSD in persons exposed to banditry while planning their intervention programmes.

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