INTERNATIONAL JOURNAL OF DEVELOPMENTAL ISSUES IN EDUCATION AND HUMANITIES (IJDIEH)
Online ISSN: 3135-7296
Volume 02, Issue 05 September–October 2026, pp. 217-237
DOI: https://doi.org/10.5281/zenodo.24395102
www. ubueajournals.org

AVOIDANCE COPING AND PSYCHOSOCIAL FUNCTIONING AMONG INTERNALLY DISPLACED STUDENTS IN SECONDARY SCHOOLS IN THE SOUTH WEST REGION OF CAMEROON

Agbor Mbangha Eric Tabe, Joseph Lah Lo-oh & Aloysius Ngalim
Faculty of Education, University of Buea, Cameroon.
Email: ericagbortabe@gmail.com

Abstract

This study examined the relationship between avoidance coping and psychosocial functioning among internally displaced students in secondary schools in the South West Region of Cameroon, focusing on students displaced by the ongoing socio-political crisis. Employing a sequential explanatory mixed-methods design, the study surveyed 395 students meeting the clinical threshold for probable PTSD using an adapted Brief COPE avoidance subscale and a psychosocial functioning measure. Quantitative data were analyzed using Spearman correlation and simple linear regression, followed by semi-structured interviews with 25 purposively selected students analyzed via thematic analysis. Contrary to dominant trauma literature that frames avoidance as maladaptive, the quantitative findings revealed a significant positive correlation between avoidance coping and psychosocial functioning, $r_s(393) = .16$, $p = .001$. Simple linear regression indicated that avoidance significantly predicted psychosocial functioning, $\beta = .19$, $p < .001$, explaining 4% of the variance, $R^2 = .04$, $F(1, 393) = 15.23$, $p < .001$. Avoidance coping was highly prevalent, with over 50% of students reporting medium to high use across items. Qualitative analysis revealed three themes explaining this relationship: (a) pushing memories away to maintain academic focus, (b) avoiding unsafe "Ghost Town" or lockdown days as a physical survival strategy, and (c) cultural norms of emotional restraint. Findings suggest that in contexts of active threat, avoidance functions as a contextually adaptive strategy protecting immediate psychosocial functioning; however, persistent avoidance post-crisis likely impedes long-term trauma recovery. The study challenges universalist assumptions in trauma interventions and recommends culturally grounded, phased approaches that first acknowledge the survival function of avoidance before transitioning to emotional processing.

Keywords:

Avoidance coping, psychosocial functioning, internally displaced students, conflict trauma, Cameroon, mixed methods, cultural adaptation.

Copyright: © The Author(s), 2026. Published by **Faculty of Education, University of Buea**. This is an **Open Access** article, distributed under the terms of the Creative Commons Attribution 4.0 License (http://creativecommons.org/licenses/by/4.0/), which permits unrestricted use, distribution and reproduction in any medium, provided the original work is properly cited.

Résumé

Cette étude a examiné la relation entre les stratégies d'adaptation par évitement et le fonctionnement psychosocial des élèves déplacés internes dans les établissements d'enseignement secondaire de la région du Sud-Ouest du Cameroun, en mettant particulièrement l'accent sur les élèves déplacés en raison de la crise sociopolitique en cours. S'appuyant sur une approche mixte séquentielle explicative, l'étude a porté sur 395 élèves présentant des scores atteignant le seuil clinique d'un trouble de stress post-traumatique (TSPT) probable. Les données ont été recueillies à l'aide d'une version adaptée de la sous-échelle d'évitement du questionnaire Brief COPE et d'un instrument de mesure du fonctionnement psychosocial. Les données quantitatives ont été analysées à l'aide du coefficient de corrélation de Spearman et de la régression linéaire simple. Cette phase a été suivie d'entretiens semi-directifs menés auprès de 25 élèves sélectionnés de manière raisonnée, dont les données ont fait l'objet d'une analyse thématique. Contrairement aux conclusions dominantes de la littérature scientifique sur les traumatismes, qui considèrent généralement l'évitement comme une stratégie d'adaptation dysfonctionnelle, les résultats quantitatifs ont révélé une corrélation positive et statistiquement significative entre les stratégies d'adaptation par évitement et le fonctionnement psychosocial, $r_s(393) = 0,16$, $p = 0,001$. L'analyse de régression linéaire simple a montré que l'évitement constituait un prédicteur significatif du fonctionnement psychosocial, $\beta = 0,19$, $p < 0,001$, expliquant 4 % de la variance, $R^2 = 0,04$, $F(1, 393) = 15,23$, $p < 0,001$. Le recours aux stratégies d'évitement était particulièrement répandu, plus de 50 % des élèves déclarant une utilisation modérée à élevée de ces stratégies pour les différents items évalués. L'analyse qualitative a permis de dégager trois thèmes principaux expliquant cette relation : (a) le refoulement volontaire des souvenirs traumatisants afin de préserver la concentration et l'engagement scolaires ; (b) l'évitement des déplacements pendant les journées dites « Ghost Town » (villes mortes) ou les périodes de confinement imposé, comme stratégie de survie et de protection physique ; et (c) l'influence des normes socioculturelles valorisant la retenue émotionnelle. Les résultats suggèrent que, dans des contextes caractérisés par une menace persistante, l'évitement peut constituer une stratégie d'adaptation contextuellement fonctionnelle, contribuant à préserver le fonctionnement psychosocial immédiat. Toutefois, le maintien prolongé de ces comportements après la fin de la crise pourrait compromettre le processus de rétablissement psychologique à long terme. Cette étude remet ainsi en question les postulats universalistes qui sous-tendent certaines interventions psychologiques centrées sur les traumatismes et préconise des approches progressives, culturellement adaptées et sensibles au contexte. Ces approches devraient, dans un premier temps, reconnaître la fonction protectrice et adaptative de l'évitement dans les situations de danger, avant de favoriser progressivement le traitement émotionnel des expériences traumatiques.

Mots-clés : *stratégies d'adaptation par évitement, fonctionnement psychosocial, élèves déplacés internes, traumatismes liés aux conflits, Cameroun, méthodes mixtes, adaptation culturelle.*

Introduction

The study of psychosocial functioning among internally displaced persons, historically gained global visibility in the mid-1990s following the rise in forced displacement caused by armed conflicts, civil wars, and natural disasters around the world (UNHCR, 2022).

Prior to this period, research on trauma and mental health primarily focused on war veterans, Holocaust survivors and clinical populations in Europe and North America (Herman, 1992; van der Kolk, 2014). Consequently, the specific experiences of displaced civilians, especially children and school-going individuals, were largely overlooked in early trauma literature. The increasing scale of internal displacement led the United Nations, the World Health Organization and humanitarian agencies to document how displacement creates unique psychosocial stressors. Notable psychosocial stressors were loss of home, identity crisis, breakdown of social networks, and disruption of education (Cernea, 1997; Summerfield, 1999; Hammond, 2004). While Hammond (2004) showed how displacement ruptures a person's sense of belonging and continuity, Summerfield (1999) has cautioned that applying Western trauma models and understanding to displaced populations in non-Western societies without considering specificities risks misunderstanding how they cope.

Globally, forced displacement is recognized as a major public health and human rights concern. According to the Internal Displacement Monitoring Centre (IDMC, 2019), by the end of 2018, over 41 million people were internally displaced worldwide due to conflict and violence, with children and adolescents making up a significant proportion. The United Nations High Commission for Refugees (UNHCR, 2015) and the Inter-Agency Standing Committee (IASC, 2007) emphasized that displacement exposes individuals to multiple stressors including violence, poverty, discrimination, and loss of livelihood, all of which threaten psychosocial well-being. However, early research primarily focused on war veterans and individuals who had experienced significant traumatic events. While psychological effects of conflict were recognized, they were not specifically linked to internally displaced populations.

Growing awareness emerged as global humanitarian organizations began documenting forced displacement effects. Researchers started examining unique challenges faced by internally displaced populations. This shift proved particularly evident in conflict affected regions, where studies demonstrated how displacement shatters social identities and community ties, necessitating context specific psychosocial support systems (IASC, 2007). Africa-focused research has validated these concerns, linking disrupted social networks and identity crises to poor mental health outcomes among displaced populations (e.g., Vinck et al., 2007; Betancourt et al., 2013).

For students and school-going young people, the impact is particularly concerning. For most of them, displacement often occurs during critical periods of cognitive development, identity formation and academic progression. Research from conflict-affected countries in the Middle East, Europe and Asia shows that displaced students experience higher rates of anxiety, depression, post-traumatic stress disorder (PTSD), poor concentration, aggression and school dropout compared to their non-displaced peers (Qouta et al., 2008; Betancourt et al., 2013). In Bosnia, Kosovo, and Iraq, studies have documented that exposure to war and displacement led to intrusive memories, sleep disturbances, withdrawal, and difficulties in peer relationships among school-aged children (e.g., Derluyn et al., 2009; Kohrt et al., 2008).

Dominant trauma literature, largely derived from Western clinical populations and post-event environments, generally frames avoidance coping as a maladaptive strategy that maintains psychopathology and obstructs recovery. Interventions built on this paradigm actively encourage trauma processing and the reduction of avoidance behaviours. However, this paradigm rests on the critical assumption that the individual is operating in an environment where physical safety is guaranteed. For internally displaced students trapped in protracted active conflict zones, such as the socio-political crisis in northwest and southwest, Cameroon, this assumption is fundamentally broken. In such high-threat contexts where gunfire, abductions, and unsafe routes remain daily realities, avoidance may not signify pathological denial, but rather a rational, contextually adaptive survival mechanism.

Condemning avoidance in an active warzone risks pathologizing necessary survival behaviours and ignoring the environmental constraints that dictate choices for coping. This study argued that the efficacy of coping strategies is not absolute, but is fundamentally moderated by the persistence of environmental threat. It posited that a universalist application of post-trauma models in active conflict zones is insufficient, and sought to empirically investigate whether avoidance coping, rather than universally impairing functioning, serves a contextually protective role in preserving the psychosocial functioning of internally displaced students amidst ongoing danger.

Psychosocial functioning represents the critical interface where the destructive forces of trauma meet the protective mechanisms of coping. While traditionally conceptualized as the capacity to fulfil daily roles and maintain relationships (WHO, 2001; APA, 2013), this clinical framing darkens a vital reality in conflict settings. For internally displaced individuals like students, psychosocial functioning is not merely about the absence of psychological symptoms, but about the pragmatic, daily survival of academic and social identity under active threat. When the environment itself remains a source of trauma, functioning is inherently fragile and demands coping strategies that prioritize immediate safety and cognitive stabilization over long-term emotional processing. Consequently, understanding how avoidance relates to psychosocial outcomes in life-threatening environments is essential. If avoidance is protecting the capacity of surviving students to attend school and endure displacement, then interventions that universally target avoidance risk dismantling the very scaffolding students rely on to survive.

The American Psychiatric Association (APA, 2013) describes psychosocial functioning as covering cognitive, emotional, behavioural and social aspects of life. Sartorius (2002) simply puts it as the ability to perform expected roles within one's context. It shapes how individuals think, feel, and progress in life, and affects how they manage anxiety, depression and decision-making (WHO, 2007). For secondary school students, psychosocial functioning is the foundation for doing well in school, building identity and preparing for the future (Durlak et al., 2011).

Among the most profound threats to psychosocial functioning is trauma, especially from armed conflict and forced displacement. From a behavioral science perspective, trauma is defined as the enduring adverse impact of an event experienced as physically or emotionally harmful or life-threatening (SAMHSA, 2014). Such experiences generate

pervasive biopsychosocial sequelae, dysregulating the neurobiological stress response and trapping individuals in a perpetual state of hyperarousal that depletes cognitive and emotional resources (van der Kolk, 2014). Beyond physiological dysregulation, Ghazinour et al. (2003) posit that trauma shatters foundational cognitive schemas regarding the self, others and the world around. For displaced students, violent loss systematically defeats assumptions of personal invulnerability and environmental safety, fostering a worldview characterized by pervasive mistrust and anticipatory threat. To Herman (1992), trauma fractures an individual's relational ties to family and community, precipitating chronic fear, dysphoria and identity dissolution. Meanwhile, forced displacement physically rips adolescents from the communal anchors and peer affiliations critical for identity formation, stripping away the social buffers necessary for resilience. Consequently, the intersection of neurobiological dysregulation, shattered schemas, and fractured relational ties transforms trauma from a discrete event into an ongoing reality that profoundly impairs daily psychosocial functioning.

Global literature highlights the role of coping strategies in moderating these effects. Lazarus and Folkman (1984) established that coping involves cognitive and behavioural efforts individuals deploy to manage stressors. In trauma-induced contexts, these efforts typically manifest as cognitive strategies such as positive reframing, acceptance or self-talk that regulates internal distress. There are also behavioural strategies such as seeking social support that alter the external environment or mobilize resources. Consequently, the literature has long categorized strategies dichotomously. On the one hand, adaptive strategies involve active engagement with the stressor or reality and are associated with better psychosocial outcomes (Bonanno, 2004). On the other hand, maladaptive strategies are characterized by cognitive and behavioural disengagement, with avoidance coping serving as the prime example.

Avoidance involves cognitive efforts to suppress trauma-related thoughts and behavioural efforts to evade people, places or situations that serve as trauma reminders. Because disengagement prevents the emotional processing required for recovery, avoidance is universally linked to increased distress and poorer functioning (Pietrzak et al., 2011). However, this classification rests on the assumption that active engagement with the trauma environment is inherently safe and beneficial. This study challenged that assumption and argued that in contexts of ongoing, uncontrollable threat, where engagement may result in physical harm or psychological overwhelm, cognitive suppression and behavioural evasion may not represent a failure to cope, but rather the most contextually appropriate "effort" to preserve immediate psychosocial functioning.

Studies have generally shown that students and individuals who have experienced trauma often struggle to manage emotions and fall back on automatic survival responses like fight, flight, freeze or dissociation (e.g., de Zulueta, 2006). Fight-or-flight prepares the body to face or escape danger, freeze is a state of stillness and alertness, and dissociation is mentally disconnecting from the experience. Schauer and Elbert (2010) state that dissociation happens when fight or flight is not enough, leaving the person reactive and impulsive. van der Kolk (2014) further explains that trauma fundamentally alters the body's stress response systems. They leave the brain and body in a constant state of hyperarousal, making it difficult for individuals to regulate emotions, trust others, or feel

safe in their environment. van der Kolk (2014) also argues that because trauma is "stored in the body," survivors often react to reminders of danger as if the threat is still present, which undermines learning, relationships, and overall psychosocial functioning.

If trauma is stored in the body and survivors react to reminders as if the threat is still present, then avoidance coping is the natural behavioural mechanism deployed to manage such survival force. For internally displaced students living amidst ongoing conflict, trauma reminders are not merely cognitive intrusions of a past event; they are active, environmental hazards, such as the sound of gunfire, unsafe streets on "ghost town" days, and military patrols. In this environment of persistent threat, avoiding these reminders is not a psychological denial of reality, but pragmatic survival behaviour. By cognitively suppressing trauma-related thoughts and behaviourally evading physical danger, avoidance temporarily down-regulates hyperarousal, preserving the limited cognitive and emotional bandwidth students require for academic focus and social engagement.

Therefore, in active conflict zones, avoidance coping may serve a critical, contextually adaptive function in protecting the immediate psychosocial functioning of displaced students, a role fundamentally overlooked by dominant clinical guidelines that prioritize trauma processing and the active reduction of avoidance, implicitly assuming a safe, post-event environment (American Psychological Association [APA], 2017; Foa et al., 2019). Consequently, the purpose of this study was to empirically investigate the relationship between avoidance coping and psychosocial functioning among internally displaced students in secondary schools in the South West Region of Cameroon. It determined whether avoidance operates as a maladaptive impediment to recovery, or a contextually adaptive protective mechanism in an environment of ongoing threat.

Literature review

Psychosocial functioning is described by the American Psychiatric Association (APA, 2013) as a multidimensional concept that encompasses various aspects of an individual's life, including cognitive, emotional, behavioural and social functioning. Sartorius (2002) defines it as the ability to perform tasks and roles that are expected of an individual in his or her context. Meanwhile, the World Health Organization (WHO, 2001) says it is the ability to perform daily activities, maintain social relationships and cope with stress. Psychosocial functioning influences how people imagine, experience, and proceed with life. It concludes how they handle anxiety, depression, and make preferences (WHO, 2007). This framing shifts psychosocial functioning from a passive clinical outcome to an active, context-dependent performance. For internally displaced students, functioning represents the practical daily capacity to attend school, focus amidst instability, and maintain relational ties. Consequently, coping strategies must be evaluated not solely by their capacity to facilitate long-term trauma processing, but by their immediate impact on preserving these operational capacities in an active conflict zone.

Psychosocial functioning is influenced by several factors such as an individual's mental health status (Andrews, 2002), social support from family, friends, and community members (Cohen, 2004), and environmental factors, such as poverty, violence, and displacement (Hobfoll, 2001). These environmental factors do not merely create

background stress; they actively dismantle the resources required for daily functioning. Poverty restricts access to educational materials and basic needs, undermining cognitive capacity; ongoing violence destroys the physical and psychological safety necessary for social engagement; and displacement severs the community ties that traditionally buffer against distress. According to the United Nations High Commission for Refugees (UNHCR, 2015), people under extreme stress over long periods may show a range of mental health and psychosocial problems. These may include regression to earlier behaviours, self-harm and suicide, depression, anxiety, aggression and withdrawal. When these conditions manifest, they directly impair psychosocial functioning. Anxiety and hyperarousal disrupt the cognitive focus required for academic engagement; withdrawal and depression erode the social connections necessary for emotional support; and aggression or regression impede a the individual's ability to navigate peer relationships and adapt to classroom expectations. These are not just psychological symptoms, but functional barriers that prevent displaced students from performing the daily tasks and roles essential for their survival and development.

Internally displaced persons affected by armed conflict experience significant disruptions to psychosocial functioning. Displacement often involves interrupted education, separation from caregivers and exposure to traumatic events, which are risk factors for impaired emotional regulation, social withdrawal, and reduced academic engagement (United Nations Children's Fund [UNICEF], 2018). Cernea's (1997) work on development-induced displacement identifies loss of access to common property and services as a core risk, with education included in this category. The loss of academic routines, peer relationships, and safe school spaces is linked to increased psychological distress. However, research also shows that education can reduce the mental health impact of displacement by offering stability and peer contact (Tyrer & Fazel, 2014).

The disruption of psychosocial functioning is fundamentally rooted in the loss of physical and psychological safety, in the case of displacement. When individuals are displaced into environments characterized by ongoing violence and instability, the stressors they face are largely uncontrollable; they cannot manage their way out of active gunfire or community destruction. In the face of such inescapable threats, individuals must find ways to regulate their immediate distress and protect their remaining psychosocial capacity. This urgent need for self-preservation naturally gives rise to avoidance coping. Rather than engaging with overwhelming trauma reminders that may psychologically destabilize them, displaced individuals often deploy cognitive and behavioural efforts to disengage from the threat.

According to Penley and Wiebe (2002), avoidance coping involves cognitive and behavioural efforts oriented toward denying, minimizing or otherwise, avoiding dealing directly with stressful demands. They also add that it is also closely linked to distress and depression. Avoidance is a coping strategy characterized by the deliberate effort to evade stressors or anxiety-provoking situations, often leading individuals to emotionally or physically disengage from distressing experiences. Avoidance-oriented coping strategies are characterized by cognitive and behavioural efforts oriented toward denying, minimizing, or otherwise avoiding dealing directly with stressful experiences (Holahan et al., 2005). This strategy can manifest in various forms, including denial, distraction, or

outright avoidance of reminders related to traumatic events. While it may provide immediate relief from discomfort, the long-term implications of avoidance can be detrimental, leading to increased anxiety and hindered emotional processing. Coping can be conceptualised as a mediator between emotional states. The flow begins with the individual appraising something as a threat. This, in turn, triggers a coping mechanism, which may cause a change in the person-environment relationship leading to an emotional response (Folkman & Lazarus, 1988).

Literature on coping has long debated the reciprocal influences between coping strategies and psychosocial functioning, and experts agree on their dynamic mutual reciprocal relations. For example, Schnurr et al. (2014) found that war veterans who used problem-focused coping strategies exhibited better psychosocial functioning and reduced PTSD symptoms. Other studies have indicated that conflict trauma victims often experience significant psychosocial distress, including anxiety, depression, and post-traumatic stress disorder (PTSD) (e.g., Hoge et al., 2004). On the other hand, maladaptive coping strategies can exacerbate psychosocial distress and hinder recovery. For example, meta-analytic and longitudinal work shows that avoidance is consistently linked to poorer outcomes. In line with this, Bonanno (2004) noted that while some avoidance can be adaptive short-term, chronic avoidance predicts worse adjustment. Pietrzak et al. (2011) found that war veterans who used avoidance coping strategies, such as avoiding reminders of the trauma, exhibited poorer psychosocial functioning and increased PTSD symptoms. This pattern is also supported in large national samples.

Using network analysis with over 3000 trauma-exposed U.S. military veterans, Korem et al. (2023) found that avoidance coping was most strongly linked to PTSD negative affect and adverse long-term mental health outcomes. Similarly, Amonoo et al. (2022) and Compas et al. (2001) found avoidance predicted higher distress and internalizing problems in medical patients and youth. While these studies clearly show avoidance is harmful in clinical settings, a critical look reveals they are missing a key piece of the reality. They only look at people in safe, stable environments where trauma was already dealt with. They do not account for the lived reality of internal displacement, where the environment itself remains the active source of threat. For internally displaced persons, avoidance is not merely the suppression of past memories; it is often the physical evasion of ongoing dangers that threaten immediate survival. Consequently, the universal association between avoidance and poorer psychosocial functioning in post-event samples may not hold true in displacement contexts where conflict is active and persists. In active conflict, avoidance may temporarily preserve psychosocial functioning by shielding individuals from re-traumatization and allowing them to maintain daily roles.

This investigation was supported by a multi-theoretical basis that explained the relationship between avoidance coping and psychosocial functioning. The emotional processing theory (Foa & Kozak, 1986), the self-determination theory (SDT; Ryan & Deci, 2000), and the transactional model of stress and coping (Lazarus & Folkman, 1984) formed the theoretical basis for this study. To begin with, Foa and Kozak's (1986) emotional processing theory offers a cognitive model for understanding the onset and maintenance of trauma-related psychological disorders. The theory posits that fear is represented in memory as a fear structure. In pathological fear, the structure contains

erroneous meaning elements that overestimate danger and underestimate the ability to cope. Recovery requires activation of the fear structure and the introduction of incompatible information. Critically, this theory emphasized that avoidance interferes with both conditions; it prevents activation and prevents the person from obtaining incompatible information. Therefore, avoidance maintains the structure in its original form and sustains anxiety. The theory predicts that coping approaches based on avoidance may be associated with poorer functioning.

Ryan and Deci's (2000) self-determination theory provides a macro-level framework for understanding human motivation, emphasizing three innate psychological needs, notably autonomy, competence and relatedness. Forced displacement fundamentally threatens all three: it strips away autonomy by dictating movement against one's will, undermines competence as familiar survival skills fail in new environments, and fractures relatedness by severing community and family ties. In the face of such pervasive need frustration, avoidance coping can be understood not as a maladaptive surrender, but as a strategic effort to protect remaining psychological resources. By avoiding uncontrollable threats, individuals may preserve a sense of autonomy (by choosing what to ignore), safeguard competence (by avoiding situations that guarantee failure or harm), and protect relatedness (by staying away from dangerous social spaces that risk further loss).

The transactional model of stress and coping provides a dynamic framework, arguing that stress is a result of an individual's appraisal of a situation as taxing or exceeding their resources (Lazarus & Folkman, 1984). Coping is defined as constantly changing cognitive and behavioural efforts to manage specific demands. The model distinguishes between problem-focused coping (altering the situation) and emotion-focused coping (managing emotional responses). The model explicitly acknowledges that when something looks fixed and overwhelming, people tend to turn to emotion-focused strategies like avoidance. This model suggests that coping effectiveness depends on the match between strategy and situational demands. In an active warzone where the demands include active gunshots and unsafe roads, avoiding these threats may perfectly match the reality of the environment, thereby protecting baseline functioning.

Working together, these theories provide a multi-layered theoretical justification for re-evaluating avoidance in active conflict zones. The emotional processing theory explains why avoidance is traditionally deemed pathological. It blocks the integration of fear memories required for recovery. The transactional model of stress and coping challenges this assumption by asserting that coping effectiveness depends on the "goodness of fit" between the strategy and the situational demands; when stressors are uncontrollable and ongoing, emotion-focused strategies like avoidance are the theoretically appropriate response. Meanwhile the self-determination theory deepens this explanation by clarifying the psychological mechanism. When an active conflict environment makes engagement dangerous, avoidance serves as a defensive pivot to protect these core needs from total collapse. Therefore, in high-threat displacement contexts, avoidance is not a failure of emotional processing, but a contextually rational mechanism to safeguard fundamental psychological needs to preserve immediate psychosocial functioning.

Statement of the Problem

Ideally, internally displaced students should have positive psychosocial functioning, shown by emotional stability, academic focus, good peer relationships, and a sense of belonging in their host communities. However, the socio-political crisis in the English-speaking regions of Cameroon, which became an armed conflict in 2016, has seriously disrupted this functioning. Students are repeatedly exposed to traumatic events, including gun violence, abductions, and destruction of property, leading to high rates of anxiety, depression, and PTSD (Betancourt et al., 2010; Derluyn et al., 2009). To survive this ongoing hardship, students must use coping strategies to manage daily distress and maintain their academic and social activities.

Mainstream trauma literature and standard clinical practice generally describe avoidance coping as maladaptive. Because avoidance involves staying away from trauma reminders, it is believed to prevent emotional processing and sustain mental health problems. As a result, trauma-informed interventions and counsellors in conflict areas often design treatments to reduce avoidance and encourage students to confront traumatic memories and engage actively with their environment.

The problem is that this clinical approach assumes a post-trauma environment where physical safety is assured. In the ongoing Anglophone crisis, this assumption does not hold. The threat is current, not in the past. Trauma reminders, such as gunshots, ghost town lockdowns, and unsafe travel routes, are real daily dangers, not just memories of a past event. In this context of ongoing and uncontrollable threat, avoidance is not a failure of emotional processing; it is a practical way to stay physically safe and reduce mental overload. By avoiding dangerous places and suppressing overwhelming thoughts, students preserve the limited mental capacity they need to go to school and carry out daily life.

Therefore, there is an important gap in the literature: the general view that avoidance is always harmful does not consider the level of environmental threat. Interventions that try to remove avoidance in an active conflict zone may label necessary survival behaviors as a problem and may push students into physically dangerous and psychologically overwhelming situations. It remains unclear whether avoidance coping, when used in a context of persistent danger, is the maladaptive factor predicted by Western models or a protective factor that is adaptive to the context. This study examines the relationship between avoidance coping and psychosocial functioning among internally displaced secondary school students in the South West Region of Cameroon, to determine whether avoidance plays a protective role in maintaining functioning during ongoing threat.

Research Methodology

This study adopted a sequential explanatory mixed-methods design. In this design, quantitative data are first collected and analysed; then qualitative data are collected and analysed to help explain quantitative data. The two phases are kept separate during data collection and analysis, but they are brought together during interpretation. Quantitative methods were given priority because the primary aim was to test the influence of coping strategies on psychosocial functioning.

The population consisted of all internally displaced students in the South West Region. An estimated 289,000 individuals were internally displaced by November 2022 (UNHCR, 2022). The accessible population consisted of 1,211 internally displaced students enrolled in operational secondary schools in Mamfe Central and Kumba II Sub-Divisions. Critical to this research was a three-step verification process to isolate the target population: Firstly, administrative records were screened. Secondly, teachers cross-verified these records. Finally, a brief self-identification survey was administered asking if they were forced to move due to the Anglophone conflict. From this verified frame, all 1,211 students were screened using the PCL-5. A total of 400 students who scored 31 and above (indicating probable PTSD) constituted the eligible population.

A sample of 395 participants was selected using proportional stratified random sampling. The sample size was determined a priori using G*Power software (Faul et al., 2007) for multiple linear regression (alpha = .05, power = .80, medium effect size = .20), yielding a minimum of 138, increased to 395 to account for non-response and subgroup analyses. Among the 395 participants, 56.5% (223) were female and 43.5% (172) were male. The mean age was 19.8 years, with ages ranging from 14 to 24 years. In terms of class, 39.2% were in Lower Sixth, 22.8% in Upper Sixth, and 38.0% in Form 4. Regarding duration of displacement, 22.5% had been displaced for 1–3 years, 32.9% for 4 - 5 years, and a majority 44.6% for 6 years or more, reflecting the protracted nature of the crisis.

Four instruments were used across the two phases of data collection. Firstly, the PTSD Checklist for DSM-5 (PCL-5; Weathers et al., = Weathers et al., 2013) was administered as a screening tool to identify participants meeting the clinical) meeting the clinical threshold for probable PTSD. The PCL-5 is a 20-item self-report measure assessing DSM-5 PTSD symptoms over the past month. Items are rated on a 5-point scale (0 = Not at all to 4 = extremely). Following the validated cut-off established by Bovin et al. (2016), a total score of 31 or higher was used to indicate probable PTSD and determine study eligibility.

Secondly, the avoidance coping measure was adapted from the avoidance-related subscales of the Brief COPE (Carver, 1997). The measure was restructured into 8 context-specific items reflecting cognitive suppression and behavioural evasion in the conflict setting (e.g., “I try to push thoughts of horrible incidents out of my mind”). Responses were recorded on a 4-point frequency scale ranging from 1 (Haven’t been doing this at all) to 4 (A lot).

Thirdly, the psychosocial functioning measure was adapted from the World Health Organization Disability Assessment Schedule 2.0 (WHODAS 2.0; WHO, 2010). From this broader instrument, 8 items were selected to specifically capture the academic, social and emotional functioning domains most relevant to displaced students (e.g., “I have been able to concentrate on my studies”). Responses were recorded on a 5-point difficulty scale ranging from 1 (None) to 5 (Extreme/Cannot do).

Finally, a semi-structured interview guide was developed for the qualitative phase to explore and explain the quantitative findings. The guide consisted of open-ended questions prompting students to describe their experiences with avoidance coping, the specific situations in which they avoided threats or memories, and how these behaviours

affected their ability to focus in school and maintain relationships. The guide was iteratively refined based on the quantitative results; for instance, interview questions specifically targeted the high-prevalence avoidance items identified in Phase 1 (e.g., pushing thoughts away, avoiding unsafe days) to understand the contextual and cultural rationale behind these behaviours. To confirm the internal consistency of the instrument, reliability check was conducted.

Table 1

Reliability Analysis Using Cronbach's Alpha (Final sample, n=395)

Construct	Subscale	No. of Items	α	CI for α	Judgment
Coping Strategies	Avoidance	8	0.76	[0.72, 0.80]	Good

As shown in Table 1, the avoidance coping scale maintained strong internal consistency. The Cronbach's alpha coefficient for avoidance coping was 0.76, with a 95% confidence interval of [0.72, 0.80]. This coefficient is well above the 0.70 threshold for acceptable reliability, affirming that the scale was highly consistent and stable. The high reliability ensured that any variance in psychosocial functioning scores could be confidently attributed to the actual coping behaviours of internally displaced students, rather than measurement error. Therefore, the instrument was deemed reliable and valid for measuring avoidance coping among internally displaced students in secondary schools in the South West Region of Cameroon.

Findings

Table 2

Internally Displaced Students' Exposure to Conflict-Related Experiences

Conflict exposure	Never	Once or twice	Several times	Very often or Always
Saw property being destroyed	11 (2.8%)	59 (14.9%)	104(26.3%)	221 (55.9%)
Heard people crying for help	31 (7.8%)	62 (15.7%)	89 (22.5%)	213 (53.9%)
Witnessed someone being tortured	15 (3.8%)	59 (14.9%)	112 (28.4%)	209 (52.9%)
Heard gunshots	0 (0.0%)	0 (0.0%)	120 (30.4%)	275 (69.6%)
A family member was killed	27 (6.8%)	51 (12.9%)	105 (26.6%)	212 (53.7%)
A friend was killed	59(14.9%)	74 (18.7%)	214 (54.2%)	48 (12.2%)
A family member was abducted	24 (6.1%)	58 (14.7%)	101 (25.6%)	212 (53.7%)
I was threatened by armed men	72 (18.2%)	85 (21.5%)	103 (26.1%)	135 (34.2%)
Stayed out of the home for several days	51 (12.9%)	63 (15.9%)	93 (23.5%)	188 (47.6%)
I was harassed	62 (15.7%)	74 (18.7%)	98 (24.8%)	161 (40.8%)
A friend went missing	315(79.7%)	42 (10.6%)	28 (7.1%)	10 (2.5%)
Watched a mutilated body on TV/social media	25 (6.3%)	48 (12.2%)	104 (26.3%)	218 (55.2%)

As shown in Table 2, participants reported exceptionally high levels of trauma exposure. Notably, 100% of participants reported exposure to gunfire, with 69.6% hearing gunshots 'very often or always.' Other prevalent experiences included witnessing property

destruction (55.9%), having a family member killed (53.7%), and witnessing someone being tortured (52.9%). Despite this, baseline psychosocial functioning was predominantly positive. A significant majority reported high functional capacity (combining 'Mostly' and 'Completely'), with 64.6% reporting high ability to concentrate, and 68.9% reporting high ability to maintain friendships. Only 8.4% of responses indicated absolute inability to function.

Table 3

Self-Reported Psychosocial Functioning among Internally Displaced Students

Psychosocial functioning	**Cannot do at all n (%)**	**A little n (%)**	**Moderately n (%)**	**Mostly n (%)**	**Completely n (%)**
I can concentrate on my school work	5 (1.3%)	32(8.1%)	103 (26.1%)	143(36.2%)	112 (28.4%)
I complete assignments on time	2 (0.5)	25 (6.3%)	100 (25.3%)	155(39.2%)	113 (28.6%)
I take part in classroom activities	3(0.8%)	25 (6.3%)	108 (27.3%)	139(35.2%)	120 (30.4%)
I maintain friendship with other students	1(0.3%)	28 (7.1%)	94 (23.8%)	163(41.3%)	109 (27.6%)
I make friends in my new community	5(1.3%)	30 (7.6%)	96 (24.3%)	153(38.7%)	111 (28.1%)
I feel I belong at my school	3(0.8%)	25 (6.3%)	113 (28.6%)	140(35.4%)	114 (28.9%)
I can manage my worries	4 (1.0%)	36 (9.1%)	92 (23.3%)	146(37.0%)	117 (29.6%)
I enjoy activities I used to like	2 (0.5%)	35 (8.9%)	94 (23.8%)	148(37.5%)	116 (29.4%)
Aggregate	**25 (0.8%)**	**236 (7.5%)**	**800 (25.3%)**	**1187 (37.6%)**	**913 (28.9%)**

Source: Authors' computation (2025)

Note. Percentages are valid percent based on N = 395. Response options ranged from 1 = cannot do at all to 5 = completely

Table 3 presents the self-reported psychosocial functioning indicators of the sampled internally displaced students across five response options, ranging from "Cannot do at all" to "Completely," assessing key domains of psychosocial well-being including academic engagement, social relationships, emotional state, and adaptive capacity. On aggregate, across all eight indicators, only 25 responses (0.8%) indicated an absolute inability to function ("Cannot do at all"), while 236 (7.5%) reported low functioning ("A little"). The majority of responses fell into the higher functioning categories, with 800 (25.3%) reporting "Moderate" ability, 1,187 (37.6%) reporting "Mostly," and 912 (28.9%) reporting "Completely."

Findings indicate a predominantly positive psychosocial profile among most participants. A significant majority of students reported high functional capacity (combining the "Mostly" and "Completely" responses). For instance, 64.6% reported high ability to concentrate on their schoolwork, and 67.8% reported high ability to complete assignments on time. Indicators of social functioning revealed strong adaptive capacities,

with 68.9% reporting high ability to maintain friendships with other students and 66.8% reporting they had made friends in their new community.

Furthermore, a substantial proportion of students demonstrated positive emotional well-being, with 66.9% reporting they still enjoy activities they used to like, and 66.6% indicating they can manage their worries at a high level. This overall pattern strongly supports the conclusion that the majority of internally displaced students in secondary schools in this sample exhibit adaptive psychosocial functioning across multiple domains. However, the persistent 8.4% of responses in the low functioning categories highlights that a significant minority experiences challenges.

Table 4

Avoidance Coping Among Internally Displaced Students

Avoidance coping	Not at all n (%)	A little bit n (%)	Medium n (%)	A lot n (%)
I distract myself with activities	51 (12.9%)	127 (32.2%)	62 (15.7%)	155 (39.2%)
I avoid talking about experiences	51 (12.9%)	136 (34.4%)	69 (17.5%)	139 (35.2%)
I do not go to painful places	59 (14.9%)	126 (31.9%)	65 (16.5%)	145 (36.7%)
I push horrible thoughts out	50 (12.7%)	127 (32.2%)	66 (16.7%)	152 (38.5%)
I don't talk about conflict things	47 (11.9%)	143 (36.2%)	68 (17.2%)	137 (34.7%)
I stay away from harm situations	44 (11.1%)	146 (37.0%)	68 (17.2%)	137 (34.7%)
I avoid people who remind me	41 (10.4%)	145 (36.7%)	60 (15.2%)	149 (37.7%)
I stay busy to avoid thinking	49 (12.4%)	143 (36.2%)	70 (17.7%)	133 (33.7%)
Aggregate	392 (12.4%)	1093 (34.6%)	528 (16.7%)	1147 (36.3%)

Avoidance coping was highly prevalent. On aggregate, 36.3% reported “a lot” of avoidance, 34.6% “a little bit”, 16.7% “medium amount”, and only 12.4% “haven't been doing this at all.” The highest reported avoidance was pushing horrible thoughts out of mind (38.5% “a lot”). Over half of internally displaced students reported medium to high levels of avoidance across all items.

Table 4

Themes and Exemplary Quotations on Avoidance Coping

Theme	Quotations
Pushing memories away	'If I start to think about the day we ran into the bush, I cannot concentrate. So, I push it away.' (Student 03) In class, I force my mind to stay on the board. If bad memories come, the I push them out” (Student 12)
Avoiding unsafe days	'Some days are not safe at all, especially Mondays... It is better to be safe and alive than to go and not come back' (Student 05)

	"Monday is the worst day. We always hear bad news on Monday. Some students stay home on that day" (Student 21)
Keeping quiet	'In our culture, strong people do not talk too much about their problems. We keep quiet and endure' (Student 07) "Talking about the crisis brings shame. People will pity you. So it is better to keep quiet and move on" (Student 25)

From the interviews, thematic analysis revealed that in the context of an ongoing, active conflict, avoidance functioned not as a maladaptive denial of reality, but as a necessary, adaptive survival strategy. Three themes explained this relationship: (1) Pushing memories away to maintain academic concentration, (2) Avoiding unsafe days to ensure physical safety, and (3) Keeping quiet in line with cultural norms of emotional restraint. Students deliberately described pushing traumatic thoughts aside during class to focus on learning, staying home on unsafe "Ghost Town" days to avoid crossfire, and maintaining silence about their experiences to preserve family dignity and conform to expectations of strength. Some students also noted limitations to prolonged avoidance, including increased distress when used excessively.

To examine the relationship between avoidance coping and psychosocial functioning, Spearman's correlation was conducted.

Table 5

Avoidance Coping and Psychosocial Functioning

Variable	N	M	SD	1	2
1. Avoidance	395	2.43	0.74	-	
2. Psychosocial Functioning	395	3.86	0.79	.16**	-

*Note. **p =.001.*

To test the relationship between avoidance coping and psychosocial functioning, spearman's rank-order correlation was conducted. Assumption of monotonicity were met. As shown in Table 5, results indicated a statistically significant, small positive correlation between avoidance coping and psychosocial functioning *rs (*393) = .16, p = .001. The coefficient determination (R^2 = .026) indicated that avoidance coping accounts for approximately 2.6% of the variance in psychosocial functioning. While the effect size is small, the positive direction suggests that higher levels of avoidance are associated with slightly better psychosocial functioning in the context of ongoing threat. To determine the extent to which avoidance predicted psychosocial functioning, a simple linear regression was conducted with avoidance as the predictor and psychosocial functioning as the outcome variable.

Table 5

Simple Linear Regression Predicting Psychosocial Functioning

Variable	B	SE	B	T	p
Constant	3.36	0.13	—	25.26	< .001
Avoidance coping	0.21	0.05	.19	3.90	< .001

Note. N = 395. R^2 = .04, Adjusted R2 = .04.

Simple linear regression showed that the model was statistically significant, F (1, 395) = 15.23, p < .001, explaining 3.7% of the variance in psychosocial functioning $R^2 = .04$. The positive beta showed that higher levels of avoidance predicted better psychosocial functioning β = .19, p < .001.

Discussion

The significant positive association between avoidance coping and psychosocial functioning (*rs*=.16, β=.19, p =.001), with avoidance explaining 4% of the variance in functioning (R^2=.04), fundamentally challenges conventional trauma literature, which predominantly categorizes avoidance as inherently maladaptive (Foa & Kozak, 1986; Folkman & Lazarus, 1988). This finding establishes a critical boundary condition for existing trauma theories: avoidance is not universally pathological, but rather contextually adaptive when environmental threats are ongoing and uncontrollable. It aligns with Bonanno's (2004) theoretical shift toward recognizing heterogeneity in trauma responses, but pushes it further by demonstrating how cultural values and structural constraints dictate coping efficacy in low-resource conflict zones.

Theoretically, the finding forces a re-evaluation of Foa and Kozak's (1986) emotional processing theory which posits that avoidance prevents the emotional processing necessary for fear extinction, predicting poorer outcomes. However, the emotional processing theory's core mechanism presupposes a post-event environment where physical safety is guaranteed, a prerequisite that is violently absent in the active Anglophone crisis. As Student 06 articulated, re-exposure to trauma reminders (e.g., traveling on unsafe roads) poses a risk of real bodily harm, not just emotional distress. Therefore, avoidance in this context is not a failure of cognitive processing; it is a rational survival mechanism that prevents re-traumatization. When the environment precludes safety, avoidance serves as a necessary substitute for the "safe base" required by the emotional processing theory, temporarily preserving psychosocial functioning until true safety is established.

This contextual fit is further elucidated by the transactional model of stress and coping (Lazarus & Folkman, 1984), which asserts that coping efficacy depends on the alignment between the strategy and the appraised demands of the situation. In safe environments where the trauma has passed, avoidance is a misfit because the individual is escaping phantom threats. However, for internally displaced students navigating active gunshots and abduction risks, avoiding high-threat areas perfectly matches the objective reality. This "goodness of fit" protects baseline functioning by conserving resources that would otherwise be depleted by hyperarousal and acute fear. Consequently, avoidance indirectly supports the basic psychological needs outlined in Ryan and Deci's (2000) self-determination theory. By avoiding dangerous routes or distressing news, students remain alive to fulfil family obligations (relatedness) and maintain the physical presence required to attend school (competence).

There is contrast with studies such as Korem et al.'s (2023), which found that avoidance coping was associated with greater PTSD symptoms among trauma-exposed U.S. military veterans where the average time since trauma was 30.9 years. It also differs from Amonoo et al. (2022), who reported avoidant coping predicted worse quality of life in patients with

newly diagnosed acute myeloid leukemia (a life-threatening blood cancer). However, those studies were conducted in safe, post-event settings where the trauma was retrospective (30 years in the past) or confined to a clinical environment. The distinction between contexts where trauma has ended and those where threat persists is crucial. In active conflict areas, avoidance is not a failure to process a past event; it is a necessary response to a present danger. Consequently, the divergence between these findings and the current study is not contradictory; it is contextual. It highlights the critical distinction between emotional avoidance (avoiding the memory of a past threat, which is maladaptive) and behavioural/environmental avoidance (avoiding a present, lethal threat, which is adaptive). By failing to disaggregate these forms of avoidance, Western-centric literature has pathologized a strategy that, in active conflict zones, is essential for survival.

Finally, the modest effect size (R^2=.04) may not be interpreted as a weakness of the finding, but rather as a precise reflection of avoidance's functional role in high-threat environments. Avoidance does not propel students toward optimal thriving or academic excellence; rather, it acts as a "psychological floor" that prevents complete functional collapse. It keeps students physically safe, but it does not resolve the underlying structural constraints (poverty, displacement) that cap their psychosocial functioning. Therefore, a small positive effect is theoretically appropriate, that is, avoidance is sufficient for survival, but insufficient for flourishing.

These findings demand a paradigm shift in how psychosocial interventions are designed for active conflict zones. Interventions imported from safe, post-event contexts that mandate exposure therapy or condemn avoidance risk iatrogenic effects by encouraging students to engage with environments that are objectively dangerous. Future frameworks must distinguish between the functional avoidance required for immediate survival and the maladaptive avoidance that impedes long-term recovery, prioritizing the establishment of physical safety before demanding cognitive exposure.

Conclusion

This study challenges the common view in trauma literature that avoidance coping is always harmful. Findings showed a significant positive relationship between avoidance and psychosocial functioning in an active conflict zone. This suggests an important limit to the emotional processing theory and other Western models by which we argue that avoidance is not always maladaptive; its effect depends on the context. When physical safety is not guaranteed, avoidance may not reflect poor emotional processing, but a rational strategy for survival and conserving resources.

Qualitative findings confirm that this is not a statistical anomaly, but a reflection of lived reality in the socio-political conflict in the North West and South West Regions of Cameroon. Here, avoidance is not psychological denial, but environmental navigation such as avoiding gunfire, suppressing emotions to avoid attention from armed groups, and coping with the lack of mental health services. It is therefore a collective and culturally grounded survival strategy, not an individual pathology. As a result, the simple classification of avoidance as "maladaptive" and engagement as "adaptive" does not hold in contexts of ongoing and uncontrollable threat.

For psychology and guidance and counselling, this finding is a caution. Interventions developed in safe, post-trauma contexts, especially those that require exposure or seek to eliminate avoidance completely, may not only be ineffective in active conflict zones but may also cause harm by asking students to engage with environments that remain dangerous. This study therefore calls for a shift from universal models of recovery to context-sensitive approaches. Counsellors should first acknowledge and build on avoidance as a necessary survival mechanism, prioritize physical safety and structural support, and only then gradually expand coping strategies for long-term well-being. Effective trauma support in active conflict should not begin by pathologizing how people survive, but by working toward conditions where they no longer need to survive in this way.

References

Amonoo, H. L., Bodd, M. H., Reynolds, M. J., Nelson, A. M., Newcomb, R., Johnson, P. C., Dhawale, T. M., Plotke, R., Heuer, L., Gillani, S., Yang, D., Deary, E. C., Daskalakis, E., Goldschen, L., Brunner, A., Fathi, A. T., LeBlanc, T. W., & El-Jawahri, A. (2022). Coping strategies in patients with acute myeloid leukemia. *Blood Advances*, *6*(7), 2435–2442. https://doi.org/10.1182/bloodadvances.2021005845

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). American Psychiatric Publishing.

American Psychological Association. (2017). *Clinical practice guideline for the treatment of PTSD*. American Psychological Association.

Andrews, G., Slade, D., & Lusted, N. (2002). Mental health and work: WHO perspective. *Epidemiologia e Psichiatria Sociale*, *11*(2), 83–86.

Betancourt, T. S., Brennan, R. T., Rubin-Smith, J., Fitzmaurice, G. M., & Gilman, S. E. (2010). Sierra Leone's former child soldiers: A longitudinal study of risk, protective factors, and mental health. *Journal of the American Academy of Child and Adolescent Psychiatry*, *49*(6), 606–615. https://doi.org/10.1016/j.jaac.2010.03.008

Betancourt, T. S., Meyers-Ohki, S. E., Charrow, A. P., & Tol, W. A. (2013). Interventions for children affected by war: An ecological perspective on psychosocial support and mental health care. *Harvard Review of Psychiatry*, *21*(2), 70–91. https://doi.org/10.1097/HRP.0b013e318283bf8f

Bonanno, G. A. (2004). Loss, trauma, and human resilience: Have we underestimated the human capacity to thrive after extremely aversive events? *American Psychologist*, *59*(1), 20–28. https://doi.org/10.1037/0003-066X.59.1.20

Bovin, M. J., Marx, B. P., Weathers, F. W., Gallagher, M. W., Rodriguez, P., Schnurr, P. P., & Keane, T. M. (2016). Psychometric properties of the PTSD Checklist for Diagnostic and Statistical Manual of Mental Disorders-Fifth Edition (PCL-5) in veterans. *Psychological Assessment*, *28*(11), 1379–1391. https://doi.org/10.1037/pas0000254

Carver, C. S. (1997). You want to measure coping but your protocol's too long: Consider the brief COPE. *International Journal of Behavioral Medicine*, *4*(1), 92–100. https://doi.org/10.1207/s15327558ijbm0401_6

Cernea, M. M. (1997). The risks and reconstruction model for resettling displaced populations. *World Development*, *25*(10), 1569–1587. https://doi.org/10.1016/S0305-750X(97)00054-5

Cohen, S. (2004). Social relationships and health. *American Psychologist*, *59*(8), 676–684.

Compas, B. E., Connor-Smith, J. K., Saltzman, H., Thomsen, A. H., & Wadsworth, M. E. (2001). Coping with stress during childhood and adolescence: Problems, progress, and potential in theory and research. *Psychological Bulletin*, *127*(1), 87–127.

de Zulueta, F. (2006). Terror breeds terrorists. *Medicine, Conflict, and Survival*, *22*(1), 13–25. https://doi.org/10.1080/13623690500490022

Derluyn, I., Broekaert, E., & Schuyten, G. (2008). Emotional and behavioural problems in migrant adolescents in Belgium. *European Child & Adolescent Psychiatry*, *17*(1),)54–62. https://doi.org/10.1007/s00787-007-0636-x

Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B. (2011). The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions. *Child Development*, *82*(1), 405–432. https://doi.org/10.1111/j.1467-8624.2010.01564.x

Faul, F., Erdfelder, E., Lang, A. G., & Buchner, A. (2007). G*Power 3: A flexible statistical power analysis program for the social, behavioral, and biomedical sciences. *Behavior Research Methods*, *39*(2), 175–191. https://doi.org/10.3758/bf03193146

Foa, E. B., & Kozak, M. J. (1986). Emotional processing of fear: Exposure to corrective information. *Psychological Bulletin*, *99*(1), 20–35.

Folkman, S., & Lazarus, R. S. (1988). Coping as a mediator of emotion. *Journal of Personality and Social Psychology*, *54*(3), 466–475.

Ghazinour, M., Richter, J., & Eisemann, M. (2003). Personality related to coping and social support among Iranian refugees in Sweden. *The Journal of Nervous and Mental Disease*, *191*(9), 595–603. https://doi.org/10.1097/01.nmd.0000087186.03513.38

Herman, J. L. (1992). *Trauma and recovery: The aftermath of violence—From domestic abuse to political terror*. Basic Books.

Hobfoll, S. E. (2001). The influence of culture, community, and the nested-self in the stress process: Advancing conservation of resources theory. *Applied Psychology: An International Review*, *50*(3), 337–370. https://doi.org/10.1111/1464-0597.00062

Hoge, C. W., Castro, C. A., Messer, S. C., McGurk, D., Cotting, D. I., & Koffman, R. L. (2004). Combat duty in Iraq and Afghanistan, mental health problems, and barriers to care. *New England Journal of Medicine*, *351*(1), 13–22.

Holahan, C. J., Moos, R. H., Holahan, C. K., Brennan, P. L., & Schutte, K. K. (2005). Stress generation, avoidance coping, and depressive symptoms: A 10-year model. *Journal of Consulting and Clinical Psychology*, *73*(4), 658–666. https://doi.org/10.1037/0022-006X.73.4.658

Inter-Agency Standing Committee. (2007). *IASC guidelines on mental health and psychosocial support in emergency settings*. IASC.

Internal Displacement Monitoring Centre. (2019). *Global report on internal displacement 2019*. IDMC.

Kohrt, B. A., Jordans, M. J., Tol, W. A., Speckman, R. A., Maharjan, S. M., Worthman, C. M., & Komproe, I. H. (2008). Comparison of mental health between former child soldiers and children never conscripted by armed groups in Nepal. *JAMA*, *300*(6), 691–702. https://doi.org/10.1001/jama.300.6.691

Korem, N., Ben-Zion, Z., Spiller, T. R., Duek, O. A., Harpaz-Rotem, I., & Pietrzak, R. H. (2023). Correlates of avoidance coping in trauma-exposed U.S. military veterans: Results from the National Health and Resilience in Veterans Study. *Journal of Affective Disorders*, *339*, 89–97. https://doi.org/10.1016/j.jad.2023.07.036

Kuhn, T. S. (1962). *The structure of scientific revolutions*. University of Chicago Press.

Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. Springer Publishing Company.

McLean, C. P., & Foa, E. B. (2024). State of the science: Prolonged exposure therapy for the treatment of posttraumatic stress disorder. *Journal of Traumatic Stress*, *37*(4), 535–550. https://doi.org/10.1002/jts.23046

Penley, J. A., Tomaka, J., & Wiebe, J. S. (2002). The association of coping to physical and psychological health outcomes: A meta-analytic review. *Journal of Behavioral Medicine*, *25*(6), 551–603. https://doi.org/10.1023/a:1020641400589

Pietrzak, R. H., Goldstein, R. B., Southwick, S. M., & Grant, B. F. (2011). Prevalence and Axis I comorbidity of full and partial posttraumatic stress disorder in the United States: Results from Wave 2 of the National Epidemiologic Survey on Alcohol and Related Conditions. *Journal of Anxiety Disorders*, *25*(3), 456–465.

Qouta, S., Punamäki, R.-L., & El Sarraj, E. (2008). Child development and family mental health in war and military violence: The Palestinian experience. *International Journal of Behavioral Development*, *32*(4), 310–321.

Ryan, R. M., & Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American Psychologist*, *55*(1), 68–78.

Sartorius, N. (2002). ICD-10 and mental health: A global perspective. *World Psychiatry*, *1*(1), 11–14.

Schauer, M., & Elbert, T. (2010). Dissociation following traumatic stress: Etiology and treatment. *Zeitschrift für Psychologie/Journal of Psychology*, *218*(2), 109–127. https://doi.org/10.1027/0044-3409/a000018

Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach* (HHS Publication No. (SMA) 14-4884). SAMHSA.

Summerfield, D. (1999). A critique of seven assumptions behind psychological trauma programmes in war-affected areas. *Social Science & Medicine*, *48*(10), 1449–1462.

Tyrer, R. A., & Fazel, M. (2014). School and community-based interventions for refugee and asylum seeking children: A systematic review. *PLOS ONE*, *9*(2), e89359.

United Nations Children's Fund. (2018). *Education under fire: How attacks on education are harming children and society*. UNICEF.

United Nations High Commissioner for Refugees. (2015). *Global trends: Forced displacement in 2015*. UNHCR.

United Nations High Commissioner for Refugees. (2022). *Cameroon situation: UNHCR operational update*. UNHCR.

van der Kolk, B. A. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Viking.

Vinck, P., Pham, P. N., Stover, E., & Weinstein, H. M. (2007). Exposure to war crimes and implications for peace building in Sierra Leone. *Journal of the American Medical Association*, *298*(5), 553–562.

Weathers, F. W., Litz, B. T., Keane, T. M., Palmieri, P. A., Marx, B. P., & Schnurr, P. P. (2013). *The PTSD Checklist for DSM-5 (PCL-5)*. National Center for PTSD.

World Health Organization. (2001). *International classification of functioning, disability and health: ICF*. WHO.

World Health Organization. (2007). *Atlas of child and adolescent mental health resources: Global concerns, shared solutions*. WHO.

World Health Organization. (2010). *Measuring health and disability: Manual for WHO Disability Assessment Schedule (WHODAS 2.0)*. WHO.