



Communicability of Trauma and Mental Ill-Health

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Abstract

There is a long-held assumption in theory and practice, that locates trauma and mental ill-health in the category of non-communicable diseases. The basis for such categorization is that it is viewed more as a psychological, rather than sociological phenomenon. This study critiques this conventional understanding by presenting evidence that trauma transcends individual psychological boundaries and manifests as a communicable phenomenon within social and cultural contexts. By exploring the interplay between individual experiences and collective societal impacts, the paper argues that trauma, particularly in conflict and post-conflict settings, is deeply communicative, affecting relationships, communities, and intergenerational dynamics. The findings aim to shift the discourse on trauma and mental ill-health towards a more integrated understanding of its societal transmission and impact, drawing attention to the reality that beyond the individual, the communicability of trauma manifests as a societal phenomenon.

Subject Areas

Psychology

Keywords

Mental Health, Trauma, Communicability, Community, PTSD

1. Introduction

People's relationships are woven together by echoes of trauma and mental ill-health, which makes them question whether PTSD related scars are actually communicative. Across the world, people suffer from the complicated mental health

illness known as post-traumatic stress disorder (PTSD). It arises as a reaction to going through or seeing traumatic experiences, like fighting, natural catastrophes, sexual assault, or serious accidents. Although PTSD is generally thought of as an individual condition, new studies and clinical findings have prompted concerns about how it can impact others who are close to the sufferer, giving rise to the fascinating idea of “contagious” PTSD [1]. In contrast to infectious diseases, the notion that PTSD may be transmissible is not intended to be taken literally. Rather, it alludes to the significant effects that living with or the impact that being around someone who has PTSD can have on a person’s mental health and general wellbeing. In recent years, this idea has gained popularity as academics and mental health practitioners have noticed PTSD-like patterns of suffering and symptoms in the partners, family members, and close friends of people with the disease including community members [2].

It is important to comprehend how PTSD impact communities and relationships for a number of reasons. First, it emphasizes how trauma has far-reaching effects that go beyond the person who is immediately impacted. Second, it highlights the value of support networks and the necessity of all-encompassing care that includes people who are close to persons affected by PTSD. Lastly, investigating this idea may result in improved preventative measures and treatments that take into account the wider effects of trauma on society.

1.1. The Science of PTSD Transmission

Examining a few fundamental ideas in trauma psychology is necessary to comprehend how PTSD is “transmitted” from one individual to another. One of these is secondary traumatic stress disorder (STS), which is the emotional strain that people who are exposed to the tragic experiences of others go through [3]. Family members of PTSD patients, first responders, and mental health professionals are especially vulnerable to STS. The symptoms of STS, such as intrusive thoughts, avoidance behaviors, and elevated anxiety, are very similar to those of PTSD.

Vicarious trauma, which refers to the cumulative transformational impact on a person who works with survivors of terrible life situations, is another similar idea. Vicarious trauma tends to accumulate over time as a result of recurrent exposure to other people’s trauma narratives, in contrast to STS, which might manifest abruptly. Therapists, social workers, and other professionals who frequently work with trauma survivors are most affected by this occurrence.

Another important component of the hypothesis of PTSD transmission is intergenerational trauma. The transmission of traumatic events and its consequences from one generation to the next is referred to here. For instance, research revealed that despite not having personally experienced the trauma, children of holocaust survivors may display symptoms similar to those of PTSD. According to this phenomenon, PTSD and intergenerational trauma can have lingering impacts that go beyond the person who directly experienced it [4].

Trauma is seen under the social science perspective as a phenomenon influ-

enced by social structures, cultural norms, and collective histories rather than just an individual psychological reaction. The way that trauma is perceived and processed is greatly influenced by the social context, as social injustice, discrimination, and violence are frequently intricately linked to traumatic events. In addition, there is a sense in which cultural trauma as a type of collective memory also connects painful experiences, such as slavery or genocide, to a group's identity is called cultural trauma [5]. Generations pass on cultural trauma, which shows itself as enduring mental health problems, collective practices, and narratives which thus become communicable. The way a society determines what qualifies as a traumatic experience shapes how trauma is interpreted, making it socially constructed. Large populations impacted by a catastrophic event, like a war, displacement, or institutional oppression, are said to experience social trauma. A collective sense of loss and upheaval that transcends individual psychological experiences and permeates the larger societal fabric can be produced by these occurrences.

PTSD can be explained by social science in terms of interaction. For example, compared to people who do not develop PTSD as a result of exposure to traumatic experiences, those who develop PTSD as a result of experiencing a lack of social support and empathy from social networks are more likely to be afraid of negative interactions, such as in conflicts which includes banditry, kidnap, and terrorism. While the scientific perspective has a somewhat more limited focus on mental health, the social support theory highlights the protective function of social networks in reducing the impact of trauma [6]. This approach emphasizes behavior, thought processes, and the safeguarding function of social support.

The social scientific viewpoint on trauma and post-trauma illnesses broadens people's knowledge of trauma to include its structural, cultural, and communal aspects in addition to its individual components. By highlighting the importance of social support, community resilience, and group healing, this method provides a more thorough understanding of trauma, which is essential for creating successful therapies and promoting long-term rehabilitation.

There are several intricate and poorly understood neurobiological components underlying PTSD "transmission". However, research has indicated that long-term stress and trauma exposure can alter the structure and function of the brain. These modifications may have an impact on how people relate to one another, process emotions, and respond to stress. According to some researchers, by affecting the stress reactions of those who are close to PTSD sufferers, these neurobiological changes may be a factor in the "contagious" nature of the disorder [1].

1.2. The Impact of PTSD on Communities

PTSD has a significant and complex effect on relationships. PTSD symptoms can pose serious problems in interactions with intimate partners. Communication, trust, and emotional intimacy can be difficult for those with PTSD. Even the strongest relationships may be strained by their increased anger, emotional numbness, or erratic mood swings. As they manage the challenges of helping their loved

one while taking care of their own mental health, partners of PTSD sufferers

may express feeling powerless, angry, or overburdened. When a family member suffers from PTSD, it can seriously alter the dynamics of the household. Living with a parent who suffers from PTSD may have an adverse influence on children in particular. As they attempt to comprehend and manage their parent's symptoms, they may suffer from anxiety, depression, or behavioural issues.

Effects of PTSD on Family Dynamics: From everyday routines to enduring familial ties, the ripple effect can have a profound impact. PTSD can have an impact on social circles and friendships. People who suffer from PTSD may avoid social situations, find it difficult to keep close connections, or withdraw from social engagements. Isolation and a declining social network may result from this, which may worsen PTSD symptoms. Friends of people with PTSD may battle with feelings of irritation or powerlessness, or they may feel unprepared to offer support.

The effects of PTSD in the workplace can be profound: PTSD sufferers may have trouble focusing, remembering things, and being productive. They may find particular components of their job triggering or suffer with interpersonal connections at work. Conflicts or misunderstandings may arise because co-workers and superiors are unaware of the complexity of PTSD. This emphasizes how crucial workplace training and assistance are for PTSD sufferers.

In North-western Nigeria, armed conflicts have resulted in a crisis with serious repercussions, including property devastation, sexual violence, kidnappings, and murders. According to the World Health Organization [7], the connection between banditry and mental health conditions—more especially, post-traumatic stress disorder—highlights the complex relationship between conflict and psychological health as well as the inadequate health care system. Inadequate research for policy change, stigma, understaffing, and the lack of standardized service delivery protocols are some of the obstacles that impede progress toward universal health care, particularly in the area of mental health intervention. As a result, the sufferers go through an uncommon experience of war and conflicts that increases their exposures to the likelihood of mental health issues. Mental health is known to suffer when living conditions are poor. Exposure to adverse events during armed conflict is thought to interact with socioeconomic characteristics, present mental health issues, and unpleasant experiences from the past. In Nepal, Guatemala, and Northern Ireland, three areas with histories of internal violent conflict, a cross-sectional survey was conducted [8]. With a net sample of 3229 respondents, three nationally representative samples were selected. Post-traumatic stress disorder (PTSD) risk was found to be increased by both recent and historical unfavorable events connected to prior conflicts.

It has been determined that the aftermath of crises and conflicts, especially in populations touched by violence, significantly contributes to mental health issues, in this case, PTSD. In conflict-affected communities, one in eleven people has suffered from moderate to severe mental disorders, including PTSD, in the past ten years, according to the World Health Organization [7]. When accessible, health

therapies frequently ignore psychosocial evaluations, leaving internally displaced people (IDPs) struggling with a range of mental health conditions, including depression, hopelessness, and suicidal thoughts, all of which are exacerbated by PTSD. Even though armed conflicts and related mental health problems are common, little is known about the unique experiences of survivors in obtaining mental health care.

The trauma suffered by impacted populations extends beyond the physical and economic spheres to the emotional and social spheres. This is evident in numerous cases, such as the rural banditry attack in Benue State in January 2018, which claimed the lives of 70 native farmers, and in Zamfara, where more than 500 people perished between 2011 and 2012 [9]. Similar patterns of violence have been observed in other regions across Nigeria, including the North-East, where insurgencies have devastated communities [10], and the North-Central, which has been plagued by farmer-herder conflicts [11]. In the South-West, cases of communal violence and ethnic tensions have further deepened social fractures [12].

The psychological suffering endured by these crisis-affected populations often remains unresolved despite relief efforts from various organizations. This contributes to a wide range of mental health conditions, including post-traumatic stress disorder (PTSD) [13]. The emotional and social (psychosocial) requirements of communities devastated by violence are frequently neglected, leaving entire communities at risk of PTSD even as urgent material needs are addressed.

Globally, countries with legacies of deadly conflicts, such as Rwanda, Sierra Leone, and Liberia [14], provide sobering examples of the long-term impact of such trauma. Families and communities continue to bear the brunt of losing loved ones or managing the care of individuals with permanent disabilities, such as amputations or blindness. These experiences highlight the intersection of mental health and physical injuries in post-conflict settings, where the scars of violence persist for decades [15]. The stress experienced and the resources available to manage it shape the vulnerability of these populations to mental illnesses. A researcher characterizes the situation as “transmogrified”, emphasizing the complex manifestations of mental illness symptoms and risk factors among those affected by war and systemic violence [9].

The social fabric of Rwandan society was destroyed by the 1994 genocide against the Tutsi.

Between 175,000 - 200,000 and 600,000 - 800,000 persons were reported to have actively participated in the bloodshed [16]. Decades of cyclical conflict, marginalization, and violence had stretched already fragile relationships, which were further strained by the interpersonal character of the violence. Despite the fact that victims and offenders coexist, Rwanda has successfully navigated its post-conflict phase since the Genocide without experiencing a resurgence of mass violence. According to a 2012 survey, 26.1% of people had PTSD 14 years after the genocide [17]. Nonetheless, there is still societal mistrust, suspicion, and anxiety brought on by scars that are both directly and indirectly connected to the genocide.

Even though Rwanda has seen tremendous progress and stability since the genocide, efforts to bring about a lasting, sustainable peace must take into account the trauma that exists in Rwandan society and work to address it. Long-term exposure to violent conflict causes societies to undergo profound changes that affect people, communities, and the state for a long time. It is commonly known that civic trust declines in post-conflict environments on both a horizontal level, between people and communities, and a vertical level, between the state and its citizens [18]. Furthermore, although opinions on how trauma is passed down through generations vary, in societies where ethnic conflict has caused trauma, younger generations are frequently asked—consciously or unconsciously—to uphold large-group ethnic markers and to perpetuate a particular mental image of the historical event [19]. Therefore, trauma can impact both people who have personally experienced violence and those who have not, including those who have committed acts of violence or are passive bystanders, in societies that have seen widespread violence thus the communicability of trauma.

Since the start of the civil conflict in Sierra Leone in 1991, no area was immune. Freetown's citizens were not the only ones who had experienced trauma; towns and villages around the nation were the targets of war, forced to flee their homes, and endured dreadful and protracted suffering [20]. A significant amount of psychological stress is imposed by actually seeing horrifying situations. Whether intentional or not, experiencing at least one of the following events—torture (54%), execution (41%), (attempted) amputations (32%), people being burned in their homes (28%), or public rape (14%), inflicts traumatic stress disorder or even PTSD [20]. At least 90% of respondents said they have seen someone who was injured at least once. The effects of conflict on citizens' psychological and mental health are far too frequently overlooked. People may think about the battle for years, decades, or even generations after the fighting has stopped. Ignoring the broken fundamental presumptions of human trust and kindness, ignoring the shattered moral and spiritual ramifications of war, and focusing solely on the population's material restoration and physical requirements ignores the shattered emotional worlds.

Displacement from conflict, war, violence, and natural disasters to the safe zone is expected in areas where these events are regularly recorded. A person or group of people is said to have experienced displacement if they have been compelled to leave their homes or places of habitual residence, especially because the majority of internally displaced people are accounted for by human-made causes like wars, violence, and ethnic conflicts. For a temporary stay, displaced people in Nigeria are housed in IDP camps in shift constructions. Most forced and extended displacements occur in resource-poor environments where social vulnerability, inadequate infrastructure, and a lack of hope for the future can all work to increase the risks that have already been raised. Those who were internally displaced suffered from a range of mental health issues, especially despair and PTSD, when relocation occurred. More significantly, a longer duration of displacement will re-

sult in more behavioural issues and a more noticeable manifestation of PTSD.

There is mental health crisis in Nigeria as a result of the concurrent stressors and traumas that Nigerians are experiencing. Stressors and traumas have been shown to cause mental and physical health issues, lower quality of life, lower earning potential, and a diminished capacity to carry out everyday tasks. These stressors and traumas can have significant long-term effects and change the health trajectory of a significant section of the population. Based on evidence from similar contexts and personal experiences of working in such context a significant portion of affected populations do experience some form of mental illness, some of which can last for years in the future which includes PTSD, even though data on mental health indicators during periods of acute and rapidly accumulating stressors and traumas are relatively sparse because mental health is usually not considered.

1.3. Relationship between PTSD and Trauma with the Society

It is impossible to overstate how trauma and post-trauma disorders impact society. Trauma and post-trauma disorders indeed have a significant negative impact on the values that encourage intergroup and individual cooperation and collaboration in society. For instance, in northern Nigeria, the collaboration and partnership bridging social capital between members of various political, cultural, and spiritual groups has largely vanished, leaving behind pervasive, deeply ingrained animosity. This is so, despite the communities in northern Nigeria that are affected having values that foster social cohesion and human connection [21]. The social environment has a significant impact on how trauma manifests itself both immediately and over time. Traumatic reactions are not just biological or psychological phenomena; they are also greatly impacted by social support, community resilience, and collective identity, among other things. Social exclusions, marginalization, and discrimination, for example, have been found to worsen the psychological effects of trauma and result in more severe and long-lasting post-traumatic disorders [22]. If PTSD or related disorders develop at the individual level, assessments of social trauma, such as extreme rejection, humiliation, or exclusion, can be crucial. Social reactions to trauma, like stigmatization, discrimination, or limited access to mental health care, can make PTSD worse [23].

PTSD may become chronic in communities that do not offer sufficient social support or resources for trauma recovery, particularly for vulnerable groups like refugees, abuse survivors, or residents of conflict-affected areas. The mental health effects of trauma in humanitarian contexts have been demonstrated to be considerably mitigated by social policies and interventions that support social cohesion, inclusivity, and community-based mental health care [24]. How successfully communities are able to organize social support systems typically shapes their responses to collective trauma, such as that caused by natural catastrophes, political violence, or forced migration. The capacity of a community to band together, support one another, and develop shared coping strategies can greatly lessen the effects of trauma and stop chronic PTSD from developing, even when the disease is

medically diagnosed [24]. On the other hand, people are much more likely to experience long-term mental health problems, such as PTSD, when they are disregarded by their communities or lack social support. When entire populations suffer from persistent oppression or violence that fundamentally alters their shared identity, cultural trauma results.

People in northern Nigeria are dealing with this type of trauma. Long-lasting effects of cultural trauma on the collective psyche frequently lead to persistent inequities in mental health among the impacted populations. Because trauma is passed down through generations, marginalized populations often have higher rates of PTSD and related mental health issues, making cultural trauma a major contributor to health inequalities with communicable trauma among populace. In the social science perspective on trauma, collective healing is a fundamental idea. Addressing the social and cultural effects of trauma is a necessary part of the community process of recovery, which is not only an individual one. In order to restore the social fabric that has been torn apart by traumatic events, this can involve reparative justice initiatives, public recognition of historical wrongs, and communal rituals of mourning [5].

2. Understanding the Communicability of PTSD

Although there is merit to the idea of “contagious” PTSD, it is important to dispel myths and define the term in relation to mental health. Though PTSD may not spread from person to person like a virus or bacterial infection may, the notion that it is contagious, refers to the possibility that people who are in close proximity to PTSD sufferers may experience stress and symptoms associated with the disorder. In this process, empathy and mirror neurons (MN) play a crucial role. Being able to sense and react to the emotions of others is a natural human trait. The “mirror effect of PTSD can explain why some emotions and actions are “contagious”, due to the workings of the mirror neurons in people’s brains. The mirror neurons system (MNS) refers to the brain mirror mechanism that allows one to understand the meaning of actions and emotions of others by internally simulating and replicating them [25]. According to a meta-analysis, in addition to well-established mirror neuron regions, structures related to auditory processing, emotional regulation, and somatosensory processing can support the established mirror neuron regions in performing various mirroring functions. The meta-analysis carried out by Molenberghs *et al.* (2012) has implications for the emerging social cognitive element of PTSD and its role in interpersonal and relationship disruption, as mirror neuron systems may interact with a broader range of neural structures and networks than previously understood [26]. Specifically, trauma affects sections of the brain inhabited by mirror neurons, which several studies indicated that the avoidance and hyperarousal symptom clusters of the Diagnostic and Statistical Manual of Mental Disorders’ (DSM-5) criteria for PTSD diagnosis could be implicated in relational dysfunction.

Close contact with someone who is suffering from PTSD may cause us to inter-

nalize part of their misery and possibly experience comparable symptoms due to our empathy and mirror neurons. The idea of “contagion” from PTSD and shared experiences should be distinguished. A shared traumatic experience may often be the cause of what seems to be the transmission of PTSD. When family members survive a natural disaster together, for instance, they may all experience the same terrible incident, which is why they may all develop PTSD symptoms—not because one person’s PTSD was contagious.

Defining sharing within the framework of traumatic occurrences and determining the frequency with which individuals disclose trauma in various manners is a crucial initial step in comprehending if, and if so, how, the sharing of traumatic experiences influences individuals’ perceptions and recollections of the event. Presently, evidence indicates that disclosing traumatic experiences to others results in both beneficial and detrimental repercussions for individuals. For example, disseminating information about adverse events (e.g., terrorist attacks) can result in posttraumatic growth (i.e., beneficial psychological transformation stemming from difficult life experiences [27], enhanced positive affect, increased social support, collaboration, and social cohesion [28], strengthened social and collective resilience [29], and a reduced likelihood of depression [27]). However, disclosing adverse events may also result in heightened rumination [29], negative affect [29], posttraumatic stress symptoms [27], memory distortion [27], and memory amplification (i.e., recalling the event as increasingly negative over time [27]).

The majority of mental health specialists concur that although PTSD is not directly transmissible, living with or being near to someone who has PTSD can have major psychological effects. However, expert opinions on the subject vary. One of the foremost authorities on traumatic stress studies, who studied intergenerational trauma and the biochemical indicators of PTSD in many depths reported that although PTSD is not communicable in the conventional sense, their research indicates that there are intricate biological and psychological processes at work that can cause trauma survivors’ loved ones to experience PTSD-like symptoms [4].

3. Mitigating the Communicability of PTSD

Mitigating the communicability of PTSD would involve reducing its spread and impact in the community. In this sense, it become imperative to identify, harness and optimise key frameworks and practices that would help address both the short term and long term impact of PTSD, using the approaches discussed below.

3.1 Stop the Transmission of Stress Associated with Trauma

Since PTSD can impact individuals who are close to those who suffer from it, it is essential to put procedures in place to stop trauma-related stress from spreading. Those who live with or work closely with people who suffer from PTSD must prioritize taking care of themselves. This involves leading a healthy lifestyle, working out frequently, meditating or practicing mindfulness, and getting help when you need it. It is critical to acknowledge a person’s emotional boundaries and take precautions for mental wellness. In PTSD-affected relationships, setting and up-

holding healthy boundaries is essential. This could entail learning to distinguish between taking on a loved one's trauma and supporting them, establishing boundaries for emotional labour, and making room for personal hobbies and interests. Although wanting to assist is normal, it is important to know when to seek professional assistance. People with PTSD should not be the only ones to receive assistance from professional, their loved ones should be included. Individual counseling, family therapy, and couples' therapy can all be helpful in overcoming the difficulties of cohabitating with or helping someone who has PTSD. These therapy approaches can offer coping mechanisms, communication tools, and strategies for preserving one's own mental health while helping a loved one.

Preventing the spread of stress connected to trauma also requires communities to be more resilient. This can include mental health awareness campaigns, neighbourhood support groups, and PTSD education programs. Communities may lessen the stigma attached to PTSD and establish a network of support for individuals impacted by trauma by cultivating a compassionate and encouraging atmosphere.

3.2 PTSD Support and Therapy

Focusing on appropriate therapies and support for individuals with PTSD is just as vital as comprehending how PTSD may impact relationships and communities. PTSD evidence-based treatments have demonstrated notable efficacy in assisting patients in controlling their symptoms and enhancing their quality of life. Two of the most studied and successful therapies for PTSD are Cognitive Processing Therapy (CPT) and Prolonged Exposure Therapy (PE). These treatments assist patients in processing traumatic experiences and creating coping mechanisms to control their symptoms.

Another evidence-based therapy that has demonstrated promise in the treatment of PTSD is Eye Movement Desensitization and Reprocessing (EMDR). In order to help the brain, absorb traumatic memories more efficiently, this therapy incorporates guided eye movements during memory recall. Many people have experienced notable improvements in their PTSD symptoms after receiving EMDR, even though the precise mechanisms underlying this treatment are still being investigated [30].

Treatment for PTSD may also involve medication. Selective Serotonin Reuptake Inhibitors (SSRIs) are frequently recommended to treat PTSD-related anxiety and depression symptoms. Some effects, such hyper-arousal or nightmares, may be treated with other drugs. It is crucial to note that psychotherapy and drugs usually work best when they are used together.

Transitioning from laboratory efficacy to real-world effectiveness necessitates the identification of culturally pertinent adjustments to treatment regimens, which may enhance engagement and outcomes. Research on culturally tailored treatments for PTSD has generally altered established evidence-based therapies, such as Cognitive Behavioral Therapy (CBT) or Prolonged Exposure (PE), to address concerns pertinent to certain racial or ethnic minority groups [31]. Modified

therapies may enhance acceptability and retention in PTSD therapy; however, further systematic research is required to substantiate this concept. Additional study is necessary to enhance tailored treatments and ascertain which outcomes are superior to those of conventional therapies.

3.3 Invest and Strengthen Existing Support Groups on PTSD

For those suffering from PTSD, peer counseling and support groups can be quite helpful. These groups offer a secure setting for exchanging stories, picking up coping mechanisms, and connecting with people who share the difficulties of having PTSD. Peer support can be especially beneficial in overcoming the stigma and feelings of loneliness that frequently accompany PTSD.

The benefits of holistic healing methods as supplements to conventional PTSD therapies are becoming more widely acknowledged. Yoga, art therapy, mindfulness exercises, and nature-based therapies are a few examples. Although evidence-based treatments should not be replaced by these methods, they can offer more resources for symptom management and general wellbeing enhancement.

3.4 Breaking the Silence and Promoting Understanding

The PTSD stigma is a crucial step in breaking the silence and promoting its understanding. It is critical to address this subject with compassion and respect, acknowledging the difficulties that PTSD patients and those who care about them encounter. Mental health professionals should establish a network of care that lessens the “contagious” characteristics of PTSD and encourages healing for everyone impacted by it by cultivating supportive groups and connections. Lastly, it is critical to support people who are experiencing PTSD or its after effects in getting treatment. Getting professional help can have a big impact, whether in dealing with PTSD or helping someone affected by it. The trauma cycle can be ended by creating more resilient communities and relationships by addressing PTSD and its effects.

4. Conclusion

PTSD has a significant impact on communities and relationships, even if the disorder may not be physically transmissible. The idea that PTSD is “contagious” emphasizes how intertwined human lives are, and how trauma has a profound effect. People affected with PTSD and their loved ones can be helped more effectively by being aware of these dynamics, which will be a force multiplier for people to be more resilient. Addressing this complicated issue requires raising awareness and educating people about PTSD and its associated impact. The stigma can be addressed as a basis for fostering more encouraging situations for trauma survivors (victims and members of the communities).

Conflicts of Interest

The author declares no conflicts of interest.

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