



Assessment of Narrative Exposure Therapy on the Psychological Trauma Symptoms of Victims of Violent Community Attacks

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Abstract. This study carried out an assessment of narrative exposure therapy on the psychological trauma symptoms of victims of violent community attacks. They were using a between-group pre/post-experimental design. Participants were 32 randomly selected, 16 in the control and intervention groups. The mean age of the participants ($n = 32$) was 43.2 years ($SD = 11.5$), comprising 24 males and eight females. The Trauma Symptom Checklist (TSC-40) was used as a measure of psychological trauma symptoms. Psychological trauma symptoms were assessed for study groups (Control and Intervention) at the pretest, after which the intervention group was exposed to Narrative Exposure Therapy (NET), and psychological trauma symptoms were assessed (Posttest) for both groups. The one-way Multivariate Analysis of Variance (MANOVA) was used to test the efficacy of NET on psychological trauma symptoms. Results revealed that MANOVA output indicated a significant effect of NET on the combined dimensions, Wilks' Lambda = .397, $F(6, 25) = 6.327$, $p < .001$, partial $\eta^2 = .603$. Furthermore, NET significantly reduced Dissociation ($p < .001$), Anxiety ($p < .05$), Depression ($p < .05$), and Sleep Disturbance ($p < .05$). However, no significant reduction of SATI ($p > .05$), and Sexual Problems ($p > .05$). These findings highlight the significant impact of NET in reducing Dissociation, Anxiety, Depression, and Sleep Disturbance symptoms among victims of violent attack. The study recommended the incorporation of NET into standard therapeutic protocols for trauma survivors experiencing Dissociation, Anxiety, Depression, and Sleep Disturbances following violent community attacks.

Keywords: Narrative Exposure Therapy, Trauma symptoms, Dissociation, Anxiety, Depression, Sleep Disturbance, Sexual Abuse Trauma Index, Sexual Problems

1. Introduction

Trauma symptoms among victims of violent community attacks are multifaceted and can include Dissociation, Anxiety, Depression, sleep disturbances, and issues related to sexual abuse (Coventry et al., 2020; Ishaya et al., 2020). Dissociation often manifests as a detachment from reality, while Anxiety and Depression reflect heightened emotional distress and a persistent sense of hopelessness (Sar, 2023). Sleep disturbances are common, characterized by difficulty falling or staying asleep, often linked to hyperarousal and intrusive memories (Nicholson & Pfeiffer, 2021). Additionally, victims may experience specific trauma symptoms related to sexual abuse, such as feelings of shame, guilt, and difficulties with sexual intimacy (Gewirtz-Meydan & Godbout, 2023).

Despite substantial measures implemented by governmental and non-governmental entities to combat violent extremism on the Plateau, certain regions continue to experience its pervasive influence, prompting prolonged inquiry among experts and researchers. This sustained prevalence of violent extremism raises questions about the factors contributing to its persistence, even in concerted efforts to curtail it (Okunade & Kohon, 2023; Amos, 2023; Brady et al., 2021). These concerns underline the necessity of exploring therapeutic strategies that can effectively address the psychological trauma resilience of individuals and communities affected by these cycles of violence.

With its roots in the Narrative Therapy and Exposure Therapy approaches NET holds promise in addressing the complex aftermath of violent incidents (Inyang, 2020; Orang et al., 2018; Robjant & Fazel, 2010). By systematically revisiting and processing traumatic memories within a structured therapeutic framework, NET offers the potential to alleviate the distressing

psychological symptoms that often afflict victims (Cloitre et al., 2020).

The significance of this research lies in its capacity to address a notable gap in the current understanding of resilience-building interventions for victims of community violence. Despite the extensive body of research on violent extremism and its impact, limited attention has been given to therapeutic interventions that target the psychological well-being and resilience of victims. This study aims to advance our understanding of the potential effectiveness of NET in this specific context, thereby providing valuable insights for both researchers and practitioners working to address the psychological aftermath of violent attacks within communities.

Against this backdrop, this study endeavors to investigate the potential of Narrative Exposure Therapy (NET) as a means to alleviate psychological trauma symptoms in victims of violent attacks within the Plateau State community. Despite the extensive attention given to countering violent extremism, there remains a significant gap in understanding how victims can enhance their resilience to psychological trauma resulting from these violent incidents. This research aims to bridge this gap by examining the impact of NET, a therapeutic intervention designed to facilitate the processing of traumatic memories, on the psychological well-being of individuals who have experienced violent attacks.

1.1 Problem Statement

Despite efforts by both government and non-government organizations to counter violent extremism, experts and researchers in the Plateau region have endeavoured to comprehend the factors influencing its persistence and escalation. Notably, population density, poverty, and ethnic segregation are recognized as significant demographic factors in shaping youth susceptibility to violent extremism. However, the literature presents differing perspectives on the nature of this relationship. While one viewpoint contends that ethnically segregated environments amplify violence due to in-group cohesion and out-group tension, contrasting opinions exist within this discourse (Madueke 2018; Krause 2017; Bunte & Vinson 2016;).

Conversely, an opposing perspective suggests that ethnically mixed regions are susceptible to violence, advocating for residential separation as a preventive measure against clashes (Waldinger & Shams, 2023). Scholars studying ethnic riots largely agree that mixed areas are more prone to collective violence than

segregated ones, drawing from research that contrasts violence levels between such localities (Varshney, 2001). However, despite addressing disparities between distinct ethnic compositions, the dynamics influencing violence distribution across mixed areas remain enigmatic.

The recurring violent attack cycle in certain Plateau State regions necessitates an examination of coping strategies explicitly targeting resilience against psychological trauma resulting from such extremism. A research void exists in this area within Nigeria, notably in Plateau State, regarding the exploration of therapeutic interventions towards reducing psychological trauma symptoms as a result of violent extremism. This study is aimed at filling these research gaps

1.2 Aim and Objectives of the Study

The study aimed to investigate the effect of Narrative Exposure Therapy (NET) in reducing psychological trauma symptoms in community attack victims in six communities of Mangu LGA that have had a history of violent attacks by extremists. The study focused on the following specific objectives:

- To determine the efficacy of NET in reducing dissociation symptoms
- To ascertain the efficacy of NET in diminishing anxiety symptoms
- To investigate the impact of NET on depression symptoms
- To evaluate the effectiveness of NET in mitigating sexual abuse trauma index (SATI) symptoms
- To examine the effect of NET in alleviating sleep disturbance symptoms
- To find out the efficacy of NET in reducing sexual problem symptoms

1.3 Hypotheses

The following hypotheses were tested in the study:

- There would be a significant effect of NET in the reduction of dissociation symptoms among victims of violent attack.
- NET would have a significant effect in the reduction of anxiety symptoms among victims of violent attack.
- There would be a significant effect of NET in the reduction of depression symptoms among victims of violent attack.
- There would be a significant effect of NET in the reduction of sexual abuse trauma index

(SATI) symptoms among victims of violent attack.

- There would be a significant effect of NET in the reduction of sleep disturbance symptoms among victims of violent attack.
- There would be a significant effect of NET in the reduction of sexual problem symptoms among victims of violent attack.

2. Literature Review

The study of resilience to psychological trauma has evolved to focus not only on vulnerabilities but also on protective processes and factors contributing to resilience. This paradigm shift underscores the enduring competence and resource access of individuals and communities exposed to violence. Consequently, it is essential to view psychological trauma resilience as a dynamic process rather than a fixed trait (Ekezie, 2022). Moreover, the study of Fitzgerald et al. (2021) indicated that a strong ethnic and cultural identity is directly linked to greater resilience. College-age women from diverse racial and ethnic backgrounds who demonstrated high psychological trauma resilience displayed a positive attitude toward their cultures.

Studies investigating the repercussions of exposure to violent attacks have revealed adverse outcomes, including self-hatred, internalization of negative group identities, and low self-esteem (Madu & Nwankwo, 2021; Okedo-Alex et al., 2021). These findings align with theories that connect the turn to violent extremism with responses to experiences of humiliation and loss of dignity (Kruglanski et al., 2014). This can be exploited by terrorist recruiters who manipulate feelings of humiliation, powerlessness, and grievance to redirect individuals toward violent actions.

Prior research has supported this, demonstrating that engagement in terrorist activities often follows a period of alienation, leading individuals to seek a sense of belonging with small, like-minded collectives (Pickering et al., 2007). Therefore, context-informed investigations of psychological trauma resilience are crucial for understanding and operationalizing it in culturally situated contexts. To prevent bias in the conceptualization of resilience to violent extremism and to design effective interventions for psychological trauma symptoms, research, policy, and program development must be participatory and culturally embedded, capturing the subtleties of culture and context (Ungar & Liebenberge, 2011).

In addition to the broader context of resilience research, it is imperative to consider specific interventions for addressing traumatic stress. Notably, Inyang (2020) conducted a study utilizing the PCL-5 tool and Narrative Exposure Therapy (NET) to address traumatic stress in young individuals. Employing a quasi-experimental design, the study comprised a treatment group receiving NET and a control group receiving standard counselling. Based on data from 104 participants at the Kakuma refugee camp, the results highlighted NET's superior effectiveness in reducing traumatic stress symptoms, including memory intrusion, avoidance of stimuli, negative alterations in cognition and mood, and arousal/reactivity. These findings offer valuable guidance to professionals working with traumatized populations, informing their training and practice.

Furthermore, Brady et al. (2021) conducted a single-masked randomized controlled trial (RCT) to assess the feasibility and acceptability of NET as a treatment for PTSD in trafficking survivors with a history of multiple traumatic events. The RCT compared NET with a waitlist control group. Participants in the NET group attended an average of 17 sessions. The study found that NET was well-tolerated and led to significant reductions in PTSD, Depression, and anxiety symptoms post-treatment. This suggests that NET holds promise as a viable treatment for trafficking survivors, although adaptations may be necessary to address their comprehensive needs within a therapeutic context.

3. Methodology

3.1 Design

The between-group pre/post-experimental design was adopted for this study. This design involved creating an experimental group and a control group to assess the impact of an intervention. Participants were randomly assigned to either group. Both groups were initially measured on psychological trauma symptoms before the Intervention (NET). The experimental group received the Intervention, while the control group did not. After the Intervention, both groups were measured again to determine changes. They compared the post-intervention scores of the experimental group to their pre-intervention scores and to the post-intervention scores of the control group to determine if the Intervention (NET) had a significant effect on psychological trauma symptoms. This design enabled the establishment of a causal relationship. The independent variable is NET, and the dependent variable is psychological trauma symptoms.

3.2 Population and Sample

The population in the study were community members in Mangu LGA who were victims of violent attacks by extremists. The sociodemographic characteristics of the study participants ($N = 106$) at baseline indicated that the mean age of the participants was 43.3 years ($SD = 13.4$). Regarding gender distribution, the majority were male (58.5%, $n = 62$) compared to female (41.5%, $n = 44$). Regarding marital status, a significant majority were married (93.4%, $n = 99$) versus single (6.6%, $n = 7$). Educationally, the sample was diverse, with 8.5% ($n = 9$) having non-formal education, 39.6% ($n = 42$) having primary education, 31.1% ($n = 33$) having secondary education, and 20.8% ($n = 22$) having tertiary education—the study sample comprised of 32 randomly selected participants, 16 each in the control and intervention group. The mean age of the participants ($n = 32$) was 43.2 years ($SD = 11.5$), comprising 24 males and eight females.

3.3 Instrument for Data Collection

The Trauma Symptom Checklist-40 (TSC-40), developed by Briere and Runtz (1989), is a self-report measure consisting of 40 items designed to assess psychological trauma symptoms in adults stemming from adulthood traumatic experiences. Respondents rate the frequency of each symptom over the past two months on a 4-point scale from 0 ("never") to 3 ("often"). The TSC-40 evaluates posttraumatic stress and other common symptoms in trauma survivors, providing valuable insights into their psychological distress. The instrument includes six subscales: Anxiety, Depression, Dissociation, Sexual Abuse Trauma Index (SATI), Sexual Problems, and Sleep Disturbances, with scores ranging from 0 to 120, where higher scores indicate greater trauma severity. The subscales demonstrate varying degrees of reliability: Sexual Problems ($\alpha = .73$), Sleep Disturbance ($\alpha = .77$), SATI ($\alpha = .62$), and the total TSC-40 score ($\alpha = .90$), reflecting the measure's overall internal consistency and precision in assessing trauma-related constructs.

3.4 Procedure for Data Collection

The initial baseline population comprised 106 individuals who had experienced violent attacks. These participants were screened for eligibility based on specific inclusion criteria: a diagnosis of Posttraumatic Stress Disorder (PTSD) according to DSM-5 criteria, age between 18 and 65 years, and no prior history of psychological treatment for trauma. Exclusion criteria included severe mental illness,

substance abuse, and cognitive impairment. All eligible participants underwent a comprehensive baseline assessment, which included demographic information, trauma history, and psychological trauma symptom assessments. From the eligible pool, 32 participants were randomly selected using a computerized random number generator. These participants were then randomized into the intervention group ($n = 16$) and the control group ($n = 16$). Randomization was stratified to ensure comparable baseline characteristics across groups.

The intervention group received Narrative Exposure Therapy (NET), a structured short-term psychotherapy designed to reduce symptoms of PTSD by helping individuals construct a coherent narrative of their traumatic experiences. The therapy was delivered over ten sessions, each lasting approximately 90 minutes, conducted weekly by trained therapists. Conversely, the control group was placed on a waitlist and received no therapeutic intervention during the study period. This group was provided with psychoeducation about PTSD and general mental health support but did not participate in any structured therapy sessions. Upon completing the 10-week intervention period, all participants underwent a post-intervention assessment identical to the baseline assessment.

Ethical approval for the study was obtained from the affiliated university's Institutional Review Board (IRB). Informed consent was obtained from all participants before their inclusion in the study. Participants were assured of their right to withdraw at any time without penalty. All data were anonymized to protect participant confidentiality. This rigorous procedure ensured a controlled and systematic evaluation of the efficacy of Narrative Exposure Therapy in alleviating psychological trauma symptoms among victims of violent community attacks.

3.5 Method of Data Analysis

The Multivariate Analysis of Variance (MANOVA) statistical tool was used to analyse the data. Multivariate Analysis of Variance (MANOVA) is a powerful statistical technique used to analyse the simultaneous variation of two or more dependent variables across two or more groups. The MANOVA allows researchers to assess whether multiple dependent variables change together across groups while controlling for the relationships among them. Also, MANOVA provides insights into the overall effect of categorical independent variables on continuous dependent variables, offering a more

comprehensive understanding of group differences and interactions than univariate methods alone.

4. Results

4.1 Descriptive Results

The study participants' mean and standard deviation scores at baseline, pre-, and posttest are presented in this section.

Table 1: Mean and Standard deviation Scores of Psychological Trauma symptoms at Baseline (N = 106)

Psychological Trauma Symptom	Mean (SD)
Dissociation	9.04 (3.43)
Anxiety	11.48 (4.54)
Depression	12.69 (4.87)
Sexual Abuse Trauma Index (SATI)	9.42 (3.75)
Sleep disturbance	10.21 (3.58)
Sexual problems	8.33 (4.69)

Table 1 shows the mean and SD scores of psychological trauma symptoms at baseline, indicating the mean score for Dissociation is 9.04 (SD = 3.43), indicating that, on average, participants reported moderate levels of dissociative symptoms, with some variability around the mean. Anxiety has a mean score of 11.48 (SD = 4.54), suggesting a moderate level of anxiety symptoms, with a relatively wider spread of scores. Depression shows a mean of 12.69 (SD = 4.87), indicating moderate depressive symptoms, again with considerable variability. The Sexual Abuse Trauma Index (SATI) has a mean of 9.42 (SD = 3.75), reflecting moderate trauma symptoms related to sexual abuse, with some variation. Sleep disturbance has a mean score of 10.21 (SD = 3.58), showing moderate sleep-related issues with moderate variability. Sexual problems have a mean score of 8.33 (SD = 4.69), indicating moderate sexual difficulties, with a higher degree of variability among participants. These values provide a snapshot of the psychological state and trauma impact on the participants, showing that moderate levels of symptoms are prevalent across these measures, with varying degrees of consistency within the sample at baseline.

Table 2: Pretest Mean and Standard deviation Scores of Psychological Trauma symptoms across the Study Groups

Psychological trauma symptom	Study Group		t	p-value
	Control Mean (SD)	Intervention Mean (SD)		
Dissociation	11.19 (2.46)	12.00 (2.58)	.912	.369
Anxiety	15.19 (2.54)	15.25 (2.46)	.071	.944
Depression	16.31 (4.01)	17.13 (3.07)	.643	.525
Sexual Abuse Trauma Index	11.81 (3.35)	13.13 (2.19)	1.286	.208
Sleep disturbance	13.00 (2.76)	12.88 (2.75)	-.128	.899
Sexual problems	11.38 (4.52)	11.75 (2.46)	.292	.773

Table 2 presents the pretest mean and standard deviation (SD) scores of psychological trauma symptoms across the study groups. The control group showed a mean (SD) dissociation score of 11.19 (2.46). In contrast, the intervention group had a slightly higher mean (SD) score of 12.00 (2.58), with a t-value of .912 and a p-value of .369, indicating no significant difference. Similarly, anxiety scores were nearly identical, with means (SD) of 15.19 (2.54) for the control group and 15.25 (2.46) for the intervention group (t = .071, p = .944). Depression scores were also comparable, with the control group at 16.31 (4.01) and the intervention group at 17.13 (3.07) (t = .643, p = .525). The Sexual Abuse Trauma Index (SATI) showed means (SD) of 11.81 (3.35) for the control and 13.13 (2.19) for the intervention group (t = 1.286, p = .208). For sleep disturbance, both groups had similar scores, with the control at 13.00 (2.76) and the Intervention at 12.88 (2.75) (t = -.128, p = .899). Lastly, sexual problems had means (SD) of 11.38 (4.52) for the control and 11.75 (2.46) for the intervention group (t = .292, p = .773). Overall, there were no statistically significant differences between the study groups in the pretest scores of any of the psychological trauma symptoms.

Table 3: Posttest Mean and Standard deviation Scores of Psychological Trauma symptoms across the Study Groups

Psychological trauma symptom	Study Group		t	p-value
	Control Mean (SD)	Intervention Mean (SD)		
Dissociation	12.19 (2.74)	9.25 (1.24)	-3.910	<.001
Anxiety	15.19 (2.54)	11.06 (3.49)	-3.823	.001
Depression	16.31 (4.01)	12.25 (2.97)	-3.252	.003

Sexual Abuse Trauma Index	11.81 (3.35)	12.63 (1.89)	.826	.415
Sleep disturbance	13.56 (2.78)	10.44 (2.83)	-3.152	.004
Sexual problems	11.38 (4.52)	11.75 (2.46)	.292	.773

Table 3 presents the posttest mean and standard deviation scores for psychological trauma symptoms across different study groups: Control and Intervention. The study examined various symptoms, including Dissociation, Anxiety, Depression, Sexual Abuse Trauma Index, Sleep disturbance, and Sexual problems. Statistical analysis revealed significant differences between the Control and Intervention groups for Dissociation ($t = -3.910, p < .001$), Anxiety ($t = -3.823, p = .001$), Depression ($t = -3.252, p = .003$), and Sleep disturbance ($t = -3.152, p = .004$), with lower mean scores indicating less severe symptoms in the Intervention group compared to the Control group. However, no significant differences were found for the Sexual Abuse Trauma Index ($t = .826, p = .415$) and Sexual problems ($t = .292, p = .773$) between the groups.

4.2 Inferential Results

The study hypotheses were tested with the Multivariate Analysis of Variance (MANOVA), and the results are presented below.

Table 4: ANOVA results for differences between study groups in Psychological Trauma symptoms after Intervention

Source	Dependent Variable	Type III Sum of Squares	df	Mean Square	F	Sig.	η^2
Corrected Model	Dissociation	69.031	1	69.031	15.291	<.001	.338
	Anxiety	136.125	1	136.125	14.617	.001	.328
	Depression	132.031	1	132.031	10.578	.003	.261
	SATI	5.281	1	5.281	.682	.415	.022
	Sleep disturbance	78.125	1	78.125	9.936	.004	.249
	Sexual problems	1.125	1	1.125	.085	.773	.003
Intercept	Dissociation	3676.531	1	3676.531	814.368	<.001	.964
	Anxiety	5512.500	1	5512.500	591.946	<.001	.952
	Depression	6526.531	1	6526.531	522.907	<.001	.946
	SATI	4777.531	1	4777.531	617.285	<.001	.954
	Sleep disturbance	4608.000	1	4608.000	586.073	<.001	.951
	Sexual problems	4278.125	1	4278.125	323.488	<.001	.915
Study Group	Dissociation	69.031	1	69.031	15.291	<.001	.338
	Anxiety	136.125	1	136.125	14.617	.001	.328
	Depression	132.031	1	132.031	10.578	.003	.261
	SATI	5.281	1	5.281	.682	.415	.022
	Sleep disturbance	78.125	1	78.125	9.936	.004	.249
	Sexual problems	1.125	1	1.125	.085	.773	.003
Error	Dissociation	135.438	30	4.515			
	Anxiety	279.375	30	9.313			
	Depression	374.438	30	12.481			
	SATI	232.188	30	7.740			
	Sleep disturbance	235.875	30	7.863			
	Sexual problems	396.750	30	13.225			
Total	Dissociation	3881.000	32				
	Anxiety	5928.000	32				
	Depression	7033.000	32				
	SATI	5015.000	32				
	Sleep disturbance	4922.000	32				
	Sexual problems	4676.000	32				
Corrected Total	Dissociation	204.469	31				
	Anxiety	415.500	31				
	Depression	506.469	31				
	SATI	237.469	31				
	Sleep disturbance	314.000	31				
	Sexual problems	397.875	31				

A MANOVA was conducted to evaluate the effect of the study group (Intervention, Control) on five dimensions of psychological trauma symptoms: Dissociation, Anxiety, SATI, Sleep Disturbance, and Sexual Problems. The MANOVA output indicated a significant effect of NET on the combined dimensions,

Wilks' Lambda = .397, $F(6, 25) = 6.327, p < .001$, partial $\eta^2 = .603$. Univariate ANOVA (Table 4) showed that NET significantly reduced Dissociation symptom, $F(1, 30) = 15.291, p < .001$, partial $\eta^2 = .338$, Anxiety symptom, $F(1, 30) = 14.617, p < .05$, partial $\eta^2 = .328$, Depression symptom, $F(1, 30) =$

10.578, $p < .05$, partial $\eta^2 = .261$, and Sleep Disturbance symptom, $F(1, 30) = 9.936$, $p < .05$, partial $\eta^2 = .249$. However, no significant reduction for SATI symptom, $F(1, 30) = 0.682$, $p > .05$, partial $\eta^2 = .022$, and Sexual Problems symptom, $F(1, 30) = 0.085$, $p > .05$, partial $\eta^2 = .003$. The large effect sizes for Dissociation, Anxiety, Depression, and sleep disturbance symptoms indicate a substantial impact of NET (Intervention) on reducing these symptoms. These findings highlight the Intervention's significant impact on reducing Dissociation, Anxiety, Depression, and sleep disturbance symptoms compared to the control group.

5. Discussion

Findings revealed that NET demonstrated significant effectiveness in reducing Dissociation, Anxiety, Depression, and sleep disturbance symptoms among victims of violent community attacks. These outcomes align with studies that revealed significant effectiveness of NET in reducing Dissociation, Anxiety, Depression, and sleep disturbance symptoms (Geng et al., 2024; Smaik et al., 2023; Elbert et al., 2022; Fan et al., 2021; Siehl et al., 2021; Raghuraman et al., 2021; Halvorsen et al., 2014; Zang et al., 2013).

The effectiveness of NET could be explained on the basis that the structured narrative approach of NET facilitates the systematic processing and integration of traumatic memories by encouraging individuals to recount their experiences in a supportive therapeutic environment sequentially (Rogalla & Hash, 2024; Elbert et al., 2022). This process helps to organize fragmented memories into a coherent narrative, thereby reducing Dissociation and alleviating symptoms of Anxiety and Depression. By providing a framework for individuals to confront and make sense of their traumatic experiences, NET promotes emotional processing and adaptive coping strategies, ultimately improving overall psychological well-being (Troy et al., 2023).

However, the findings of the study also revealed that NET did not significantly reduce symptoms related to the Sexual Abuse Trauma Index (SATI) and sexual problems. This outcome contrasts with the findings, which found a significant impact of NET on SATI and sexual problems among internally displaced persons (Ishaya et al., 2020; Ishaya et al., 2019). The study's finding underscores the complex nature of sexual trauma and suggests that NET, while effective for addressing general trauma symptoms, may not adequately address the specific psychological challenges associated with sexual abuse experiences. Sexual trauma often involves distinct psychological

mechanisms such as betrayal, shame, and altered beliefs about relationships and intimacy, which may require specialized therapeutic interventions beyond the scope of standard NET protocols (Dawson, 2023).

The findings underscore the importance of integrating evidence-based therapies like NET into clinical practice for trauma survivors while also emphasizing the need for continued research and development of therapeutic strategies that can effectively address the diverse and nuanced psychological effects of traumatic experiences, including sexual trauma. By expanding understanding and refining treatment approaches, clinicians and policymakers can better support individuals affected by trauma and promote long-term recovery and resilience.

6. Limitations of the Study

Limitations of the study include the following: The duration of follow-up assessments post-treatment could be considered a limitation, as longer-term effects of Narrative Exposure Therapy (NET) beyond the immediate post-treatment period were not evaluated. Also, the reliance on self-reported measures for assessing psychological trauma symptoms may introduce response biases or inaccuracies, influencing the robustness of the reported findings. Addressing these limitations could enhance the reliability and broader applicability of future research on NET and similar therapeutic interventions for trauma.

7. Policy Implication

The research study's findings have several implications for practice, policy, and theory. In practice, NET demonstrates apparent efficacy in reducing Dissociation, Anxiety, Depression, and sleep disturbance symptoms associated with trauma, suggesting its adoption as a recommended therapeutic intervention for similar populations. Clinicians and mental health practitioners should consider integrating NET into treatment protocols for trauma survivors to alleviate these common symptoms effectively. From a policy perspective, these findings advocate for the inclusion of NET in mental health service frameworks aimed at supporting victims of violent community attacks, potentially influencing policy decisions regarding funding and resource allocation for trauma-focused therapies. The study's results contribute to trauma theory by affirming the effectiveness of narrative-based approaches in addressing specific trauma symptoms while highlighting areas, such as SATI symptoms and sexual problems, where additional therapeutic strategies may be warranted.

8. Conclusion

Based on the findings of the research, Narrative Exposure Therapy (NET) demonstrates significant efficacy in reducing Dissociation, Anxiety, Depression, and sleep disturbance symptoms among victims of violent community attacks. These results underscore NET as a beneficial therapeutic approach for addressing a range of psychological trauma symptoms commonly experienced in this population. However, the therapy did not show significant effectiveness in reducing symptoms related to the Sexual Abuse Trauma Index (SATI) or sexual problems. These findings suggest that while NET is effective for specific trauma symptoms, additional or alternative interventions may be needed to address sexual trauma-related symptoms in this context effectively. Overall, NET emerges as a valuable therapeutic tool in the treatment arsenal for alleviating specific psychological trauma symptoms associated with violent community attacks.

9. Recommendations

Based on the findings of the study, the following recommendations are made:

Clinical Practice: Incorporate NET into standard therapeutic protocols for trauma survivors experiencing Dissociation, Anxiety, Depression, and sleep disturbances following violent community attacks. Provide training and support for mental health professionals to ensure effective implementation.

Further Research: Conduct larger-scale studies with diverse populations to validate the findings across different contexts and types of traumas. Longitudinal studies are needed to explore the sustainability of NET effects over time and their impact on broader mental health outcomes.

Treatment Refinement: Develop and evaluate adjunctive interventions or modifications to NET specifically targeting Sexual Abuse Trauma Index (SATI) symptoms and sexual problems, which were not significantly impacted by standard NET protocols in this study.

Policy and Funding: Advocate for policies that support the integration of evidence-based trauma therapies like NET into mental health services for victims of violent community attacks. Allocate resources for training, implementing, and evaluating trauma-focused interventions in clinical settings.

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