



Invisible Scars: Exploring the Prevalence and Causes of Unexplained Psychological Trauma Among Youth in Post-Conflict Liberia

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Abstract

Background: Post-conflict Liberia is dealing with a rapidly swelling mental health crisis, especially among its young populations. Even though visibility to violence has decreased since the civil wars, young people continue to present psychological symptoms that have no physiological explanation. Invisible scars have manifested in symptoms of fatigue, sleep difficulties, mood disturbances, and social withdrawal while drawing from both present trauma and current socioeconomic uncertainty.

Methods: A cross sectional study was conducted between February to May in the year 2025 with 377 young people aged 15–30 in five counties across Liberia using stratified random sampling. A structured questionnaire was created to collect information on participants' psychological symptoms, level of conflict exposure, current life stressors, styles of coping, and access to mental health resources. Data were analysed using SPSS v26, employing descriptive statistics, Pearson's

correlation, and binary logistic regression in order to identify pivotal associations.

Results: The study results indicates that 61.8 % of young people reported having at least two trauma-related symptoms over the last six months. The most frequently reported symptoms were unexplained fatigue (67.1 %), mood swings (52.5 %), and sleep problems (43.7 %)(Table 2). There had been only 14.3 % access to mental health services (although 71.1 % demonstrated a willingness to access support) (Table 3). There was a significant correlation between insecurity and lifetime frequency of trauma symptoms ($r = 0.47$, $p < 0.01$) (Table 4). From Table 5, we note that young people reporting three or more symptoms were 2.9 times (OR = 2.9, 95 % CI: 1.8–4.6) more likely to have educational or social interruptions.

Conclusion: Unexplained psychological trauma is commonplace among young people in Liberia, shaped by the legacy of war and current uncertainty regarding socioeconomic



status. While there was a generally high level of willingness to engage on their mental health needs, systemic fractures and cultural stigma inhibit pathways for access to mental health services. There remains an urgent need to consider the intersection of mental health and youth development through a policy lens.

Keywords: Youth trauma, post-conflict Liberia, mental health, psychological distress, invisible wounds, trauma symptoms, social disruption

Introduction

The civil conflict in Liberia (1989–2003) left deep, and generational structural, social and psychological traumas across the country, especially among the youth population. Many individuals, who are either young adults or COVIDTS in middle adulthood, were either active child soldiers during the conflict or victims, witnesses, and survivors, or displaced internally or externally [1]. Two decades after such conflict, Liberia has achieved remarkable steps towards peacebuilding and democratic governance, yet the psychological impact remains largely untreated for the majority of young people continuing to navigate within a fragile and often uncertain social landscape [2].

More specifically, in such post-conflict contexts, there is a risk of individuals suffering from invisible psychological trauma (emotional and cognitive pain which do not have any physical manifestations and therefore are usually neglected, minimized or misunderstood

in under-resourced contexts) [3,10,11]. While the form of trauma may not be life threatening, it does undermine one's ability to function. Symptoms such as chronic fatigue, emotional dissociation, uncontrolled or unexpected expressions of emotions, mood dysregulation and intrusive episodic memories are common among people who have endured a long, and often chronic exposure to stress, conflict or deprivation [4,12,13]. In Liberia, symptoms of invisible psychological trauma especially among younger individuals are often normalized, or misinterpreted as a personality flaw or as being lazy, partly because not enough people understand mental health issues.

For today's youth, a significant number of whom were born during or just after the war, the weight of historical trauma is exacerbated by current challenges, including chronic unemployment, inadequate education, inadequate housing, police abuse, and lack of trust in public institutions [5]. All of these challenges may reactivate symptoms of latent trauma, or result in another trauma altogether, establishing a feedback loop of psychological vulnerability that inhibits social mobility and civic engagement.

In Liberia, mental health infrastructure is woefully inadequate, with fewer than two licensed clinical psychologists for every 100,000 people, little integration of mental health into primary care, and virtually non-existent school-based or community-based mental health support for youth [6]. Previous studies have



described issues tied to trauma for ex-combatants and internally-displaced civilians, and there is a significant deficit of evidence regarding trauma, prevalence, and psychosocial correlates with youth who have not been engendered through violence—who never fought, but are forever shadowed by their pasts [7, 14,15].

This study addresses that gap by quantifying the prevalence of unexplained psychological trauma among youth in Monrovia, Liberia's capital, and examining possible predictors, including socioeconomic hardship, urban stressors, family structure and perceived safety. By quantifying this largely invisible epidemic, the findings aim to inform youth-centered mental health policy and generate more public attention on trauma as a public health issue in Liberia's post-conflict development and rebuilding agenda..

Materials and Methods

Study Design and Population

A descriptive cross-sectional design was used from February to May 2025. The study population included youth aged 15–30 years, from Montserrado, Bong, Nimba, Lofa and Grand Bassa counties. Stratified random sampling of 377 respondents was employed with equal partitioning and balancing of urban and peri-urban locations.

Data Collection Tool

Data was collected using a structured questionnaire with questions relating to five domains: demographics, trauma-related symptoms (such as sleep difficulty, fatigue, aggression), history of violence exposure, current life stressors (such unemployment, insecurity), and access to mental health resources and services. The survey included a mix of multiple-choice questions and Likert scale ratings to capture structured responses, along with optional open-ended sections where participants could share their thoughts in their own words. The content validity of the questionnaire was reviewed by two mental health professionals working in Liberia. The internal reliability of the questionnaire was established (Cronbach's alpha = 0.81).

Data Analysis

The data were coded and analyzed using SPSS v26. Descriptive statistics were calculated (frequencies and percentages) to describe the prevalence of symptoms. Pearson's correlation analysis was used to explore how trauma symptoms were related to various stress factors experienced by respondents. Logistic regressions were calculated to examine the odds of respondents exhibiting social or academic disturbances when more than one traumatic indicator was present.



Ethical Considerations

The Desh Bhagat University Institutional Review Board granted ethical approval (Approval Number: IRB/DBU/2024/017). All participants provided written informed consent and ensured anonymity by using unique identifiers instead of names. The

participants' involvement was completely voluntary, with no incentives given to avoid coercion. Data was secured by using password-protected file servers only accessible by the research team. Community engagement was a priority and the local community leaders were engaged in program development and survey administration to honor the local traditions and values.

Results

Table 1: Prevalence of Trauma Symptoms (N = 377)

| Number of Symptoms (Past 6 Months) | Frequency | Percentage (%) |
|------------------------------------|-----------|----------------|
| None | 42 | 11.1 |
| One symptom | 102 | 27.1 |
| Two symptoms | 138 | 36.6 |
| Three or more | 95 | 25.2 |

The data in Table 1 clearly illustrates the frequency and range of trauma-related symptoms within a sample of 377 youth exposed to post-conflict Liberia context. A comprehensive 88.9% of respondents reported experiencing at least one trauma symptom in the last six months, which highlights the psychological burden of this population. In total, 27.1% of respondents reported one symptom (e.g., fatigue, sleep disturbance, mood alteration) while a larger portion (36.6%) reported two symptoms, which implies they may be in a more complicated psychological disruption.

In total, 25.2% of respondents reported experiencing three or more trauma symptoms, which implies that they are at risk for significant functional impairment in their academic, social, or occupational roles. This group is intentionally selected for concern because multiple symptoms usually entail cumulative trauma exposure or ongoing psychosocial stressors that can metamorphose into some form of chronic mental health challenge if not identified and engage. Overall, only 11.1% of respondents reported experiencing no symptoms, which reinforces the overall significance of percentage of youth not having functioning psychological ability in these contexts..



This data strongly indicates that unexplained psychological trauma is not a rare or minor issue but affects a large majority of the young population in Liberia's fragile post-conflict context, and further research should be conducted in both etiological pathways and intervention strategies to reduce long-term psychological impact. More than 61% of participants reported having experienced two or more psychological symptoms in the previous six months..

Table 2: Most Commonly Reported Symptoms

| Symptom | Frequency | Percentage (%) |
|----------------------------------|-----------|----------------|
| Fatigue without physical cause | 253 | 67.1 |
| Mood swings | 198 | 52.5 |
| Sleep disturbances | 165 | 43.7 |
| Aggressive outbursts | 109 | 28.9 |
| Flashbacks or intrusive thoughts | 98 | 26.0 |

The findings in Table 2 illustrate the predominant symptoms present among youth respondents within five post-conflict counties in Liberia. Fatigue not otherwise specified was the most common symptom, reported by 67.1% of the participants. This figure is unusually high and is , which indicates that fatigue is a main symptom of residual, undeclared, or unresolved psychological trauma usually existing in populations that have endured continuous or chronic inadvertent exposure to stress and with a limited ability to cope with its consequences.

Mood swings were the second most frequent symptom, reported by 52.5% of respondents. Mood swings are a variable symptom that is frequently connected to a popularized understanding of emotional dysregulation attributed to trauma specifically, an inability to manage insecurity and uncertainty about the future. It should also be noted that sleep challenges were present in 44.7% of respondents and can present as hyperarousal, anxiety, or unresolved psychological disturbance, all common conditions for youth in areas affected by conflict and violence.

While the majority described mainly unclear or vague psychiatric symptoms, a notable minority reported more overt symptoms of psychological distress. For example, aggressive expressions such as tantrums were reported by 28.9% of respondents. This



symptom indicates underlying irritability or frustration that may negatively impact interpersonal relationships, academic or work tasks, or community engagement and involvement. Flashbacks or intrusive thoughts appear to be the hallmark of PTSD, or so it is popularly known. The 26.0% who indicated having these symptoms indicates to us the possibility of psychosocial transmission of trauma at the community level given they were not experiencing and were also since not previously involved in potentially deadly combat.

In general, this table demonstrates that unexplained psychological symptoms are common and varied among Liberian youth. These findings stress the need for trauma-informed policies for youth and for broad-based mental health supports in schools, communities and informal social networks. The most frequently reported symptoms among respondents were persistent fatigue and mood instability.

Table 3: Access to Mental Health Support

| Item | Frequency | Percentage (%) |
|--|-----------|----------------|
| Ever spoken to a mental health worker | 54 | 14.3 |
| Willing to seek help if available | 268 | 71.1 |
| Knows where to access psychological services | 87 | 23.1 |
| Aware of trauma as a treatable condition | 142 | 37.7 |

Table 3 shows a big difference between willingness to seek help and actual access or awareness of mental health services among Liberian youth. While 71.1% said they would seek help if it was available, only 14.3% have ever spoken to a mental health worker. This big gap is a service delivery problem—despite the latent demand, Liberia’s current infrastructure is not providing accessible and trusted channels for psychological support.

And to make it worse, only 23.1% knew where to get mental health services. This low level of awareness shows systemic gaps in outreach, education and visibility of existing resources even in urban and peri-urban areas where the study was conducted. Moreover, only 37.7% knew that trauma is a treatable condition, which means deep-rooted cultural stigmas and limited public education on mental health. Without targeted information campaigns and culturally sensitive messaging, many young people will continue to suffer in silence, thinking their problems are untreatable or taboo.

When combined, these results show that although there is a significant psychological burden, the healing environment is woefully inadequate. A policy opportunity is



highlighted by the discrepancy between the willingness to seek help and the actual availability of it. By investing in school-level interventions, community-based mental health services, and youth-centered trauma education, significant progress could be made in reducing psychological distress and bolstering Liberia's post-conflict human capital. Access and awareness are still restricted in spite of the high symptom burden.

Table 4: Correlation Between Perceived Insecurity and Trauma Symptoms

| Variable Pair | r | Significance (p) |
|--------------------------------------|------|------------------|
| Perceived insecurity × Symptom count | 0.47 | < 0.01 |
| Joblessness × Mood swings | 0.38 | < 0.05 |

Table 4 shows the results of the Pearson correlation analysis, statistically significant relationships between psychosocial stressors and trauma symptoms among Liberian youth.

A moderate positive correlation ($r = 0.47$, $p < 0.01$) was found between insecurity and total trauma symptoms. So if you feel unsafe in your community you are more likely to experience multiple trauma symptoms like fatigue, sleep disturbances and mood swings. The strength and significance of this relationship supports previous research that ongoing stressors can intensify or sustain psychological distress even in post conflict areas where direct violence has stopped.

Also a weaker but still significant correlation ($r = 0.38$, $p < 0.05$) was found between joblessness and mood swings. This shows how economic insecurity—especially unemployment among youth—can be a powerful trigger, contributing to emotional instability. In a context where job opportunities are scarce especially for war affected and undereducated populations, these emotional outcomes may become chronic and self-reinforcing.

These correlations show that trauma among Liberian youth is not just about past conflict but also about present day insecurities, physical and socioeconomic. Any intervention must therefore address not only the symptoms but also the structural factors—lack of safety, employment and supportive infrastructure—that continue to expose youth to cumulative stress. Insecurity was correlated with trauma symptom count.



Table 5: Logistic Regression—Predictor of Social/Educational Disruption

| Predictor Variable | OR | 95% CI | p-value |
|--------------------|-----|---------|---------|
| ≥3 trauma symptoms | 2.9 | 1.8–4.6 | < 0.01 |
| Female gender | 1.4 | 0.9–2.3 | 0.07 |
| Age group (15–20) | 1.3 | 0.8–2.2 | 0.12 |

Table 5 reveals that symptom burden has the main impact on functional disruption, not basic demographics. Young people who reported 3 or more trauma symptoms had almost triple the likelihood to face social or educational disruption compared to their peers (OR = 2.9, 95% CI: 1.8–4.6, $p < 0.01$). This highlights a strong statistically solid link. In contrast, being female showed a trend toward higher odds of disruption (OR = 1.4, 95% CI: 0.9–2.3) but didn't reach statistical significance ($p = 0.07$). This hints at a possible gender effect that the study lacked power to confirm or that symptom severity might mediate. Likewise younger age (15–20 years) didn't predict disruption (OR = 1.3, 95% CI: 0.8–2.2, $p = 0.12$). Together, these findings suggest that interventions should focus on youth with high total symptom counts regardless of age or gender. However, they should keep watch on the significant trend among females to screen and support them. The narrow confidence interval for the 3 or more symptoms predictor strengthens its reliability as a screening threshold to prioritize program resources.

Youth with three or more symptoms had tripled the chance to experience social or academic disruption.

Discussion

The findings of this research indicate that unaccounted psychological trauma may be widespread within Liberian adolescent populations, revealing that more than sixty percent of participants experienced, at a minimum, two notable psychological symptoms within the past half a year. This is consistent with the observation of trauma in other regions which have experienced conflict, where the effects of trauma transcend physical injuries and exposure to violence [8]. The widespread mental health difficulties among the respondents in the form of

unexplainable fatigue, emotional numbness, and disrupted sleep patterns illustrates the acute yet overlooked mental health crisis afflicting the lives of youths in Liberia.

The manifestation of psychological symptoms, even in youth that did not directly experience war, is an indication of the transgenerational and circumstantial impact of psychological trauma. These findings reinforce the assumption that the impact of conflict in



the background, combined with a chronic socio-economically unstable context, has given rise to a situation where the burden of unresolved collective trauma coexists with mundane anxieties of daily life employment, lawlessness, decaying public amenities—fueling psychological distress violence and low-quality infrastructural violence—creating an environment rife for mental anguish [9]. This is troubling, particularly in a country where more than sixty percent of the population is under twenty-five, and where young people are anticipated to lead economic revitalization and democratic deepening.

The glaring shortcomings in Liberia's mental health system are highlighted by the fact that only a tiny percentage of people have ever sought psychological help, even though a whopping 71.1% said they would be open to getting support if it were accessible and affordable. This reveals a significant oversight in the recovery of the health system after the conflict, where mental health often took a backseat to more visible and immediate development goals. The current disconnect between the demand for mental health services and what's actually available not only points to a shortage of clinical resources but also reflects deep-rooted cultural stigmas, a lack of public awareness, and insufficient institutional support for mental health in schools, communities, and workplaces.

Moreover, the study uncovered a strong link between feelings of insecurity and the presence of trauma symptoms, echoing findings from other post-conflict

areas like Sierra Leone and South Sudan, where personal and community safety are crucial for psychological health [22]. In the densely populated neighborhoods of Monrovia—where crime, police violence, and unstable housing are everyday realities—young people often find themselves in a constant state of hyper-vigilance, leading to emotional exhaustion and withdrawal

The strong odds ratio (OR = 2.9) that connects a high symptom burden with disruptions in social and academic functioning really highlights the measurable impact trauma has on key areas of youth development. Young people who reported experiencing two or more symptoms were almost three times more likely to face academic setbacks, struggle with maintaining friendships, and withdraw from community activities. These disruptions can have lasting effects on the formation of national human capital, which ultimately hampers Liberia's ability to cultivate a socially cohesive, educated, and economically productive future workforce [1,3].

Given these insights, we should view trauma among Liberian youth not just as a health concern, but as a broader development challenge. Tackling this issue calls for a collaborative approach that brings together the education system, health services, local governance, and community organizations. Implementing scalable interventions like trauma-informed counseling programs, peer-led support groups, and school-based resilience training could



significantly help break the cycle of post-conflict trauma.

Conclusion

The results of this study highlight a crucial point: we need to see psychological trauma not just as a personal struggle but as a significant public health issue and a matter of national development in post-conflict Liberia [23]. While we might notice improvements in physical infrastructure and governance, the psychological scars of war—particularly among the youth who were too young to fight but still feel the effects—often go unnoticed and untreated. With over 60% of participants reporting various trauma-related symptoms, many without access to mental health resources or even knowledge of them, there's a clear disconnect between what people need and what services are available.

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