CARING IN THE SHADOWS: GAPS IN INSTITUTIONAL SUPPORT FOR SPOUSES OF SOLDIERS LIVING WITH POST-TRAUMATIC STRESS DISORDER IN NIGERIA

Hajara Abubakar Isa
Prof. B. E. Mijah
Lt. Col. Dr. A. Isa
Corresponding Author: hajaraaww@gmail.com

DOI: https://doi.org/10.64633/wissj.v10i8.20

Keywords

Military Spouses; Post-Traumatic Stress Disorder; Caregiver Policy; Nigeria; Institutional Gaps; Mental-Health Services

Abstract

Research Problem: *Although Nigeria's defence sector increasingly recognises the psychological toll of prolonged counter-insurgency operations, formal policy remains overwhelmingly troop-centred. Military spouses, most of them wives, provide much of the daily care for soldiers living with post-traumatic stress disorder (PTSD), yet receive limited statutory protection, training, or respite.*
Methods/Theory: *The article adopts a qualitative, desk-based policy-analysis design. It draws on Nigerian defence regulations, government pronouncements, media coverage, civil-society reports, and peer-reviewed literature published or issued within the periods identified in the study. Documents were examined thematically, with source triangulation and peer debriefing used to strengthen trustworthiness. The discussion is informed by Family Systems Theory.*
Results: *The analysis identifies five principal policy gaps: the absence of formal caregiver status in the Harmonised Terms and Conditions of Service (HTACOS); the centralisation of services in Abuja; stigma and limited information for spouses; unstable reliance on philanthropic funding; and weak monitoring-and-evaluation arrangements.*
Conclusion: *The article argues that military spouses remain an essential but insufficiently recognised part of the support system for personnel living with PTSD. Existing policy and welfare initiatives do not yet provide a sufficiently coherent and sustainable framework for supporting spouses in their caregiving roles.*
Key Contribution to Knowledge: *The article shifts attention from soldier-centred mental-health support to the institutional conditions affecting spouses who provide everyday care. It connects caregiver support with family well-being and the operational readiness of Nigeria's armed forces.*
Recommendations: *The article proposes formal recognition of spousal caregivers, a dedicated Family Mental-Health Fund, regional family mental-health liaison officers, university-supported caregiver training, and a confidential military family mental-health registry.*

1. Introduction

Nigeria's armed forces have spent more than a decade engaged in intensive counter-insurgency operations. Repeated deployments and exposure to traumatic events have increased concern about post-traumatic stress disorder (PTSD) among military personnel, with consequences that extend beyond the affected soldiers to their families. The psychological effects of military service can place substantial demands on spouses, who often provide daily emotional and practical support.

Although senior military leadership and prominent advocates, including the Defence and Police Officers' Wives Association (DEPOWA), have increasingly acknowledged combat stress and the need for mental-health support, meaningful and sustained policy measures for spouses remain limited. Military spouses, particularly wives, frequently occupy the position of primary caregivers but may lack formal recognition, specialised training, access to services, and respite support.

International scholarship has drawn attention to caregiver burden within military families, including its association with depression, economic hardship, and marital strain. In Nigeria, however, discussion has largely focused on the mental health of serving personnel or general welfare initiatives. Less attention has been paid to the policy arrangements that shape the experiences of spouses caring for soldiers living with PTSD. This article addresses that gap by examining the adequacy of institutional support available to these spouses.

2. Research Problem

Nigeria's defence and welfare institutions have begun to acknowledge the psychological consequences of prolonged military operations. Nevertheless, the policy response remains largely centred on affected personnel, while spouses who provide much of the everyday care receive limited formal recognition and support. The absence of clearly defined caregiver rights, decentralised support services, accessible mental-health information, stable funding, and monitoring arrangements raises questions about the capacity of existing institutional frameworks to support military families.

The central problem addressed in this article is the gap between the caregiving responsibilities undertaken by spouses of soldiers living with PTSD and the level of institutional support available to them. Where spouses lack training, respite, reliable information, and accessible services, the burden of care may intensify family stress and complicate the recovery environment of affected personnel.

2.1 Objectives of the Study

The broad objective of this article is to assess the adequacy of current Nigerian defence policies and institutional arrangements in supporting spouses who serve as primary caregivers for soldiers living with PTSD. Specifically, it seeks to:

1. Identify: the principal policy and institutional gaps affecting spouses who care for soldiers living with PTSD in Nigeria.

2. Examine: how service access, mental-health information, funding, and monitoring arrangements shape the support available to these spouses.

3. Propose: institutional reforms that can strengthen caregiver support, family well-being, and military operational readiness.

2.2 Research Question

How adequately do current Nigerian defence policies and institutional arrangements support spouses who serve as primary caregivers for soldiers living with PTSD?

3. Conceptual and Theoretical Framework

3.1 Post-Traumatic Stress Disorder and Caregiving

Post-traumatic stress disorder is the central condition examined in this article. The study is concerned not only with the experience of affected military personnel but also with the demands placed on family members who provide day-to-day care. In this context, caregiver support includes formal recognition, access to reliable information, relevant training, respite, and appropriate mental-health services.

3.2 Military Spouses as Caregivers

Military spouses, most of them wives in the context described by the article, provide a substantial share of everyday support to personnel living with PTSD. Their responsibilities may involve emotional support and practical assistance within the household. However, the article identifies limited statutory protection, insufficient training, and restricted access to support services as significant constraints on this caregiving role.

3.3 Theoretical Framework: Family Systems Theory

The article is informed by Family Systems Theory, which views family members as interconnected and recognises that a change affecting one member can influence the wider family system. Applied to this study, the psychological well-being of a soldier living with PTSD cannot be considered separately from the well-being and caregiving capacity of the spouse. Inadequate support for the spouse may therefore affect family relationships, the recovery environment, and the wider welfare of the military household.

4. Methodology

The article adopts a qualitative policy-analysis design based on documentary sources. These include Nigerian defence regulations, including the 2024 draft of the Harmonised Terms and Conditions of Service (HTACOS), official speeches and communiqués covering 2012–2025, media reports, civil-society and non-governmental organisation reports, and relevant peer-reviewed literature. The abstract identifies the documentary review as covering materials published between 2022 and 2025.

The documents were examined through thematic coding, with attention to statutory recognition of caregivers, the location and accessibility of services, mental-health education and stigma, funding arrangements, and performance monitoring. The original study reports the use of NVivo 14 for thematic coding. Source triangulation and peer debriefing were used to enhance trustworthiness.

5. Thrust of the Study

The central argument of this article is that support for military personnel living with PTSD should not be designed exclusively around the individual soldier. Since spouses often provide essential daily care, their welfare and capacity to provide support should form part of the institutional response to military-related mental-health challenges. A policy framework that recognises the caregiver role, provides accessible services, and sustains training and funding can strengthen the well-being of military families.

The article therefore treats spousal caregiver support as both a family-welfare concern and an institutional issue relevant to the effectiveness of the armed forces. This position is consistent with the Family Systems Theory perspective that the well-being of soldiers and spouses is interdependent.

6. Findings and Discussion

The documentary analysis identifies five core gaps in institutional support for spouses of soldiers living with PTSD. These are discussed below.

6.1 Absence of Formal Caregiver Recognition

The analysis identifies statutory silence in the Harmonised Terms and Conditions of Service (HTACOS) regarding spouses who provide care to personnel living with PTSD. The article reports that the framework does not provide clearly defined caregiver status, caregiver leave, or related support. This omission leaves spouses undertaking significant responsibilities without a corresponding formal position within the military welfare framework.

6.2 Centralisation and Limited Access to Services

The study identifies the concentration of relevant services in Abuja as a major access challenge. Where support pathways are geographically centralised, spouses living outside the capital may face additional practical barriers to obtaining information, guidance, and mental-health assistance. The article consequently identifies decentralised support arrangements as an important institutional need.

6.3 Stigma and Information Deficits

The findings also point to inadequate mental-health education and limited access to reliable information for spouses. Stigma surrounding mental-health conditions may make it more difficult for families to discuss PTSD and seek assistance. Without appropriate guidance and caregiver training, spouses may be expected to manage complex caregiving demands without sufficient preparation.

6.4 Funding Instability and Reliance on Philanthropy

The article identifies volatile funding and overreliance on philanthropic support as constraints on the sustainability of family mental-health initiatives. Programmes that depend heavily on irregular charitable contributions may not provide predictable, long-term assistance. A dedicated and clearly funded mechanism is therefore presented as necessary for sustained caregiver support.

6.5 Weak Monitoring and Evaluation

The fifth gap concerns the absence of adequate performance-monitoring and evaluation arrangements. Without a clear system for tracking the availability, reach, and effectiveness of family mental-health services, institutions may find it difficult to assess whether spouses are receiving meaningful support or to identify areas requiring improvement.

6.6 Discussion: Family Well-being and Operational Readiness

The findings are consistent with the Family Systems Theory perspective adopted in this article: the welfare of soldiers and their spouses is interdependent. Neglecting caregiver needs may increase family strain, contribute to domestic conflict, and weaken the support environment required for recovery. The article further argues that institutionalising caregiver programmes can contribute to improved family well-being and operational readiness. The five identified gaps show that the challenge is not simply the absence of isolated initiatives, but the lack of a coherent, accessible, adequately funded, and measurable support framework.

7. Conclusion

This article examined gaps in institutional support for spouses of soldiers living with post-traumatic stress disorder in Nigeria. It

found that military spouses perform an important caregiving role but remain insufficiently recognised within existing support arrangements. The principal gaps identified are the absence of formal caregiver status in HTACOS, the centralisation of services in Abuja, stigma and information deficits, unstable funding, and weak monitoring-and-evaluation systems.

The article concludes that the mental-health response to military operations should take account of the wider military family. Recognising and supporting spouses is important not only for their own well-being but also for the recovery environment of affected personnel and the operational effectiveness of the armed forces. A more sustainable response requires clear policy recognition, accessible services, reliable funding, training, and systematic evaluation.

8. Recommendations

1. Amendment of HTACOS: Relevant provisions should be reviewed to recognise spousal caregivers and define appropriate support, including caregiver-related rights and leave arrangements.

2. Establishment of a Family Mental-Health Fund: A dedicated funding mechanism should be created to support sustained mental-health services and assistance for military families.

3. Deployment of Regional Family Mental-Health Liaison Officers: Regional liaison officers should be appointed to improve access to information, referrals, and support for spouses outside Abuja.

4. University-Led Caregiver Training: Partnerships with universities and relevant professional institutions should provide spouses with appropriate education and practical caregiver training.

5. Establishment of a Confidential Family Mental-Health Registry: A confidential registry should be developed to support service planning and monitoring while protecting the privacy of military families.

References

Adewusi, T. O. (2020). Stigma and psychological distress among Nigerian soldiers. Journal of Military Psychology, 12(2), 55–71.

Blais, R., & Boisvert, R. (2021). Caregiver burden in military families: A systematic review. Military Behavioral Health, 9(3), 214–226.

Daily Trust. (2024, May 7). Military officers' wives trained on mental health. Daily Trust.

Defence & Police Officers' Wives Association. (2022, October 6). Ground-breaking of PTSD Centre, Abuja. The Guardian.

Federal Republic of Nigeria. (2024). Harmonised Terms and Conditions of Service (HTACOS) for Officers and Soldiers. Abuja: Ministry of Defence.

Prince Harry & Meghan mental-health summit highlights need for open conversation. (2024, May 10). Reuters.

PRNigeria. (2022, November 25). Making a case for DEPOWA's PTSD Centre.

Editorial Checks Before Journal Submission

The following items were not supplied in the original manuscript and should be verified or completed by the authors before submission:

1. Author affiliations: The source manuscript gives the authors' names but does not provide their departmental or institutional affiliations. Add the correct affiliations for all authors.

2. HTACOS reference: The abstract refers to the HTACOS 2024 draft, while the reference list describes the 2024 document as the Harmonised Terms and Conditions of Service for Officers and Soldiers. Confirm the exact document title and status.

3. Reference completeness: The Reuters and PRNigeria entries are incomplete. Add the full article titles, publication details, and stable URLs or other retrievable details where available.

4. Evidence and citations: The original manuscript makes claims about international caregiver programmes and military outcomes but does not provide complete supporting references for all of them. Add verifiable sources if these claims are retained in a final submission.

5. Theory reference: Add the specific source used for Family Systems Theory to the reference list if the authors relied on a particular theorist or publication.