

Reducing Post Traumatic Stress Disorder Among Internally Displaced Nigerian Adolescents

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Abstract

This study investigated the impact of internal displacement on Post Traumatic Stress Disorder (PTSD) among adolescents, with a view to reducing the incidence of PTSD among victims. 283 participants of both male and female adolescents were used for the study. Data were collected by the aid of PTSD K-scale. In-depth interview as well as focused group discussion was also adopted. Result showed a significant 3-way interaction between internal displacement, age and gender in trauma symptomatology ($F(1,275) = 3.87, P = .05$); internally displaced adolescents showed higher mean than non-displaced ones, internally displaced female adolescents exhibited more trauma than the internally displaced males; older displaced female adolescents had the highest mean trauma symptomatology of 31.35, while older displaced male adolescents had the lowest trauma symptomatology score of 27.93. Recommendation was given based on the findings.

Key words: PTSD, Adolescents, Internal Displacement, Psychotherapy

Introduction

Nigeria, Africa's most populous nation with a population of about 140million according to 2006 Census, and more than 250 ethnic groups, has witnessed varying forms of conflicts erupting from religious, ethnic and political differences of the citizens (Okpara, 1981; 1982), and more recently, from Boko Haram Insurgency. Records from Internal Displacement Monitoring Centre, (IDMC, 2010) show that the causes of internal displacement in Nigeria are multi-faceted, complex and often overlapping. They range from Inter-communal clashes fuelled by

ethnic and religious tensions to flooding, and post electoral protests, Boko Haram insurgency among others (IDMC, 2010). These conflicts have led to large scale internal population displacement. Communities in the sub-region have been truncated, families have been displaced; women and children/ adolescents have been badly affected, since they are usually the most vulnerable; emotionally, physically and psychologically. They need care and there is a great need to respect their rights (Alli, Galadima & Wabare, 1999). A recent development in the political history of

Nigeria is the agitation of ethnic minorities nationwide for the redress of oppression and marginalization. Some people get killed, many die of other means of violence as well as by famine and starvation, and others die from inadequate medical care and the shock of the fighting. Women, children, adolescents and the aged are the major victims. Even those who survive the violence often retain its physical and psychological scars (Alli, Galadima & Wabare, 1999).

Internally displaced persons (IDPs) refer to people who have fled for reason of persecution from one region or location of their country to the other. Such people might be fleeing from religious, ethnic and other persecutions. In Nigeria, the crises are often of religious and ethnic nature and consequently warrant mass movements of people to safer areas. In such cases, families leave their homes to live in makeshift tents far away from their homes. Before now, internal population displacement was limited to occasional religious conflicts in the northern part of Nigeria (Ibeanu 1998). For example, the 2001/2002 crises in Taraba, Nasarawa and Plateau areas led to a mass movement of Tiv people (a tribal group), who had to flee the troubled areas for safety in Benue State. Others who could not leave the troubled areas, moved to safer spots within the troubled areas. Data on internally displaced persons (IDPs) from conflicts in the North central states of Nigeria indicate that a total of 99, 267 IDPs from the Nasarawa and Taraba crises seeking refuge in Benue State are accommodated in recognized camps as at December 5th 2001, While IDPs living in host communities were 374, 952 (Alli & Egwu, 2003). Conflict over the distribution of rural development projects, communal boundary disputes as well as land and environmental degradation especially soil erosion in the southern states. Again, there

are also conflicts arising from crude oil production and the transition to democracy. These conflicts in Nigeria have increased the problem of population displacement in Nigeria (Ibeanu, 1998). These conflicts have taken other dimensions such as poverty, and disputes over resources. Example, in early 2010, Inter ethnic violence which erupted in Jos, plateau state resulted in the displacement of at least 5000 people. Also an estimate of about 8,000 residents of the village of Oporosa and Okerenkoko of southern Nigeria were displaced as recorded. Other causes of internal displacement include incessant bombing in Nigeria, predominantly in the Northern part. Reports of Boko-Haram killings in the North Central Nigeria are now the order of the day. There have been attacks in churches in Plateau, Borno, Kaduna, Niger, Gombe, Kano, Maiduguri State e.t.c., and many lives destroyed in the processes and many relocated, thus, the displaced members of the communities especially children and adolescent are traumatized.

Post-traumatic stress disorder (PTSD) is a serious anxiety disorder which can develop as a result of exposure to any event that may result in psychological trauma (APA, 1994; Brunet & Birmes, 2007). PTSD has a considerable morbidity rate, particularly for children. Symptoms include, numbing, hyper arousal and recollections of the event that adults experience, affected children suffer from decreased ability to participate in normal academic and social activities of childhood, therefore, a traumatic event can send a child down a new developmental path, one that is less favourable than the one the child had previously accomplished (Lubit, 2005.) Research have also shown that PTSD is more common in women than in men and that younger persons and elderly persons are most vulnerable even though it can happen to children of all ages (Lubit, 2005). Post-

traumatic stress disorder in children occur as a result of their exposure to traumatic, life threatening events in which the child or adolescent must have responded with intense fear, helplessness or horror (Lubit, 2005). Traumatic events can take many forms resulting from physical or sexual assaults, natural disasters, and emotional abuse or neglect, and traumatic death of a loved one among others. Armed conflicts, bombings and communal violence as often experienced in Nigeria in recent years serves as breeding ground for PTSD. Ivan (1999) reported that exposure of children to traumatic experiences, primarily to psycho traumatic experiences (fears) could result to aggression. Children are exposed to traumatic experiences during war and if the war continues, it could most probably lead to long-term consequences. Eth and Pynoos (1985) stated that school-age children exhibit behavioural changes after a trauma. They may have difficulties in concentrating in school work. Basic stress agents according to this researcher are sudden and dramatic disturbance of the environment; destructive surrounding for children's development; total disturbance of normal life routine (schools stopped working, bombing is going on every night, normal rhythm of sleeping is being disturbed, days and nights are spent in shelters and basements); intensive fears (numerous strong alarms that signalize danger from the air attacks are present every day; strong bomb explosions, sights of massive distractions, fearful pictures of human suffering and ruination on television, very distressed adults, separation from fathers, abandonment of one's usual surrounding, etc.). Parents, teachers, psychologists, testify that more sensitive and unstable children show serious behaviour disorders under such circumstances. Unfortunately more severe disorders and mass long-term consequences can be expected. Ivan (1999) reported that

exposure of children to traumatic experiences, primarily to psycho traumatic experiences (fears) could result to aggression. Children are exposed to traumatic experiences during war and if the war continues, it could most probably lead to long-term consequences. In the face of these, sensitive and unstable children show serious behaviour disorders under such circumstances. Development of children and adolescents are severely affected by undermining their sense of security in a safe world in which they can grow and explore as well as causing them to lose faith in the ability of their parents to protect them from harm (Lubit, 2005). Traumatized children and adolescents are frequently preoccupied with danger and vulnerability, sometimes leading to misperceptions of danger even in situations that are not threatening. According to Vanderkolk, Mcfarlane & Weisaeth, (1996), PTSD leads to neurophysiologic correlates that impact brain functioning in developing children and adolescents.

Previous studies have linked post-traumatic stress disorder to war and other forms of armed conflict. Example, according to (McMullen, 2012; Mels, 2009), Psychiatric disorders such as PTSD are found to be more prevalent amongst females; especially those conscripted or abducted by armed forces. Girls are oftentimes abducted or forced to join armed groups for sexual purposes; sexual abuse was the order of the day then, as it serves as a tool of war during rebel captivity (Amoné-P'Olak, 2005; Kohrt, 2008). Studies following this incident indicated that women with such experiences had noticeably poorer mental health than the rest of the population (Cardozo, Bilukha, Crawford, Shaikh, Wolfe, & Gerber, 2004).

Efforts so far made by the government to bridge the gap between the number of educated males and females, a way of

promoting gender equality, as required by the MDG, have targeted more of children and adolescents who are living a normal life uninterrupted by crisis, what then becomes the fate of millions of persons who are displaced from their homes as a result of armed conflicts with no place to lay their heads and above all, who are traumatized as a result of inhuman acts mated out on their neighbours and loved ones during armed conflicts and incessant killings by some group under the disguise of religion. The major question on the mind of the researchers is: what are the chances of achieving these goals by the year 2020 in the face of communal/ethnic, political and religious conflicts in Nigeria with its resultant migration of citizens from the places of residence to places where they often treated as strangers, a condition which often engender psychological problems like post-traumatic stress disorder.

It is in this light that the current researchers' set out to conduct a study on the impact of internal displacement on post-traumatic stress disorder among adolescents. Objectives:

- To examine whether adolescents who were internally displaced are more likely to exhibit post trauma symptomatology than those who were not;
- To establish whether male adolescents are more likely to show higher trauma symptomatology than females;
- To determine whether older adolescents are more likely to exhibit higher trauma symptomatology than younger adolescents.

To achieve these objectives, subsequent hypotheses were tested;

- Internally displaced adolescents would show higher trauma symptomatology than non-displaced ones;

- Male adolescents would show higher post conflict trauma than females;
- and younger adolescents would exhibit higher trauma than older ones.

It is hoped that answers gotten from the questions raised above would help us to identify the nature of adolescent's post-traumatic stress. This knowledge would further help those in health services especially clinical psychologist, Psychotherapist, Psychiatrist and other related professionals to come up with solutions on how to help the victims of insurgency in Nigeria from the likely problem of post-traumatic stress disorder resulting from mental torture of being internally displaced.

Method

Participants

Participants for this study comprised 283 male and female adolescents drawn from both displaced and non-displaced communities of Riyom local government area of Plateau state Nigeria. A total number of 88 male adolescents and 61 female adolescents were randomly selected from Sopp, Bei and Weren communities to represent sample for the displaced adolescents, while from Ganawuri, Bum and Rahoss communities, a total of 147 adolescents comprising 82 males and 65 female adolescents were also randomly selected as representative sample for non-displaced adolescents. All the participants were drawn from both junior and senior classes. Their age ranged from 10 to 19 years. Participants with aged that fall between 10-15 years were classified as young adolescents, while those from 16 upwards were categorised as old adolescents.

Instrument

The Post Traumatic Stress Disorder (PTSD K- scale) was the major instrument used for data collection. The (PTSD K- scale) was contains items that aid in the detection and diagnosis of posttraumatic stress disorder (PTSD). This instrument was used to screen for the presence of PTSD in large groups, and detected participants with PTSD. It was also used to gauge symptom severity in participants already identified suffering from PTSD. The test proved deep in identifying the source of a participant's pain early on, and helping to make treatment planning more effective.

In-depth interview and focused group discussion was also adopted in the study to enable the researchers get the views of the people who are the caregivers of the adolescents including the parents. Their reports provided qualitative data in the study analysis.

Design and Statistics

A cross-sectional survey design was adopted, and both descriptive analysis that give the mean and percentage of the distribution and 3-way analysis of variance (2x2x2) statistical analysis was used for data analysis using SPSS version 21.

Results

Mean Trauma Symptomatology for Adolescent Groups

Trauma_Symptomatology * Internal_Displacement

Trauma_Symptomatology- Table 1

Internal_Displacement	Mean	Std. Deviation	Minimum	Maximum	N
Non-displaced	28.4887	5.47531	12.00	40.00	133
Internally displaced	28.7600	5.18475	18.00	41.00	150
Total	28.6325	5.31550	12.00	41.00	283

Trauma_Symptomatology * Age_group

Trauma_Symptomatology- Table 2

Age_group	Mean	Std. Deviation	Minimum	Maximum	N
Younger Adolescents (10-15 year-old)	28.5473	5.19070	12.00	40.00	148
Older Adolescents (16 year-old & above)	28.7259	5.46690	16.00	41.00	135
Total	28.6325	5.31550	12.00	41.00	283

Trauma_Symptomatology * Gender

Trauma_Symptomatology- Table 3

Gender	Mean	Std. Deviation	Minimum	Maximum	N
Female	29.0541	5.07192	16.00	41.00	111
Male	28.3605	5.46421	12.00	40.00	172
Total	28.6325	5.31550	12.00	41.00	283

3-way Analysis of Variance on Internal Displacement, Age and Gender on Trauma Symptomatology

Tests of Between-Subjects Effects

Dependent Variable: Trauma_Symptomatology- Table 4

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Internal Displacement	16.051	1	16.051	.570	.451	.002
Age group	10.896	1	10.896	.387	.534	.001
Gender	51.088	1	51.088	1.815	.179	.007
Internal Displacement * Age group	39.663	1	39.663	1.409	.236	.005
Internal Displacement * Gender	9.020	1	9.020	.321	.572	.001
Age group * Gender	50.171	1	50.171	1.783	.183	.006
Internal Displacement * Age group * Gender	108.781	1	108.781	3.865	.050	.014
Error	7739.003	275	28.142			
Total	7967.781	282				

Post hoc test for Significant 3-way interaction of Internal Displacement, Age and Gender on Trauma Symptomatology

Mean Trauma Symptomatology based on Significant 3-way Interaction

Dependent Variable: Trauma_Symptomatology- Table -5

Internal_Displacement	Age_group	Gender	Mean	Std. Deviation	N
Non-displaced	Younger Adolescents (10-15 year-old)	Female	29.2000	4.01040	25
		Male	28.2750	6.37297	40
	Older Adolescents (16 year-old & above)	Female	28.4167	5.73257	24
		Male	28.3182	5.31681	44
Internally displaced	Younger Adolescents (10-15 year-old)	Female	28.0000	5.18094	39
		Male	28.9091	4.67461	44
	Older Adolescents (16 year-old & above)	Female	31.3478	4.73487	23
		Male	27.9318	5.59234	44

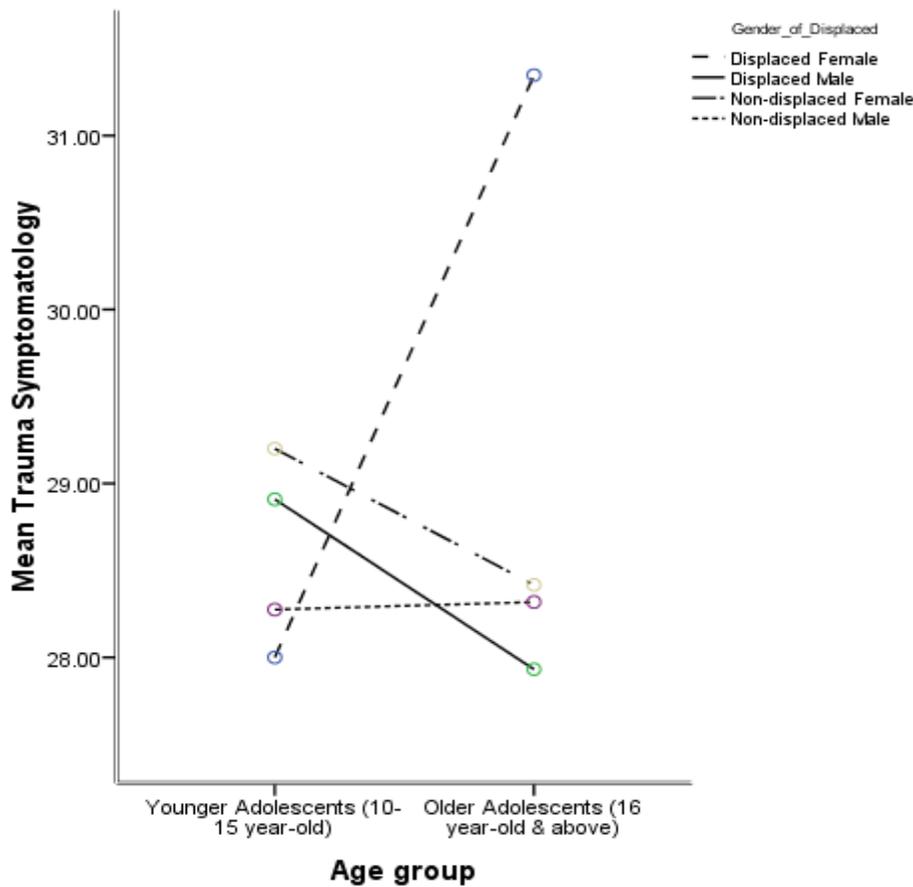


Table 1 showed that the mean score for non displaced adolescents is 28.49, while the mean score for the displaced adolescents is 28.76. These scores signify that displaced persons slightly exhibited more trauma than non displaced adolescents. However, 3-way interaction (see table4) shows that the difference is not significant. In terms of age, younger adolescents have mean score of 28.55 while older ones have mean score of 28.73. The score show that older adolescents experienced slightly more trauma than younger ones. (See table 2). Mean score of female adolescents is 29.05 while that of male adolescents is 28.36; this shows that females exhibited more trauma than males (Table 3). There was a significant 3- way

interaction between internal displacement, age and gender in trauma symptomatology; $F(1,275) = 3.87, P = .05$. Older displaced female adolescents had the highest mean trauma symptomatology of 31.35 which was higher than that of any other group whereas older male displaced adolescents had the lowest trauma symptomatology score of 27.93 (table 5). From the graph we can see that whereas traumatic Symptomatology for males reduced or was almost stable with age, it increased with age for females.

Discussion

Results of this study have demonstrated that internally displaced adolescents exhibited more post conflict trauma than non

displaced adolescents. Looking at the nature of the crisis, one would not be very surprised at the result. This is because the internally displaced participants who were used for this study are the indigenes of Plateau who had a first class encounter with the crisis, from the in depth interview conducted, we gathered that most of them were at home when their homes were attacked, they watched their parents and siblings slaughtered in cold blood. Some who were away to tend to one business or the other came back to discover that they had no more homes.

The study also established that females exhibited more trauma than males. This finding is supported by the work of Cardozo, Bilukha, Crawford, Shaikh, Wolfe, & Gerber, (2004) that women had noticeably poorer mental health than the rest of the population. Men and women also show differences in the biological aspects of brain development. These neurobiological developmental changes could account for the differences in their response to trauma. During armed conflict, girls, especially the older ones are often victims of sexual exploitation. Oftentimes, they are forcefully subjected to get into sexual acts by soldiers. So the thought of war could even send cold chills, fears and various degree of trauma to the girls, even when they have not actually witnessed it. The adolescents interviewed asserted that the fear of the unknown constituted trauma in them. It is possible in line with the findings of Mel, (2009) that female participants scored higher than males in post trauma symptomatology because girls are prone to internalising problems while boys are more predisposed to externalise problems. Again culturally, women are expected to be more vulnerable and over report events while men under report. It is possible that the high prevalence of PTSD found in girls could be as a result

of the fact that they over-reported the symptoms while the male folk didn't because they are expected to be strong and more resilient to trauma (Tolin & Foa, 2006). Again females in Africa have some expectation and responsibilities imposed on them by culture like taking care of sick members of the family, making sure that family members are well fed. They are also generally expected to take care of their family. These culture bound expectations create stressors for the females during armed conflict especially when the men are out fighting and more when they suffer internal displacement with its accompanying problems of limited food, access to health care resources, to mention but a few. These stressors may lead to further accumulation of internalised problems.

Result of the study also demonstrated that older adolescents experienced more trauma than younger ones. This result is consistent with previous research in the, for example, Kessler, Sonnega, Bromet, Hughes & Nelson, (1999) found an increased risk of PTSD among females in their late adolescents compared to those in their early adolescents. Creamer and Parslow, (2008) also found that older adolescents exhibited high level of PTSD compared to younger ones.

General Observations

Because of the incessant crisis in the communities under study, the inhabitants reported feelings of intense fear, sadness, anxiety and a huge disconnect with the world. They feel very strongly that memories of their experiences will never fade. They reported that they feel very unsafe and helpless. They go to sleep at night not knowing what the next morning will bring or whether they will sleep through the night without a major hit. These feelings make room for nightmares, flashbacks,

feelings of intense distress. Most of them are shattered and live in psychological shock. As they narrate their ordeal during the indepth interview, we observed rapid breathing, pounding of the heart and sweating. These are strong indicators of posttraumatic stress disorder.

Implications of the findings

The implication of this research finding is that with incessant armed conflicts in most parts of the country, there is a tendency that the victims especially adolescents who are still battling with hormonal changes and the storm, stress and uncertainties that are associated with this stage of development would be thrown further into the crisis of PTSD which would further compound their problems. They cannot think straight and exercise their fast increasing formal operational thoughts. If the trend of crisis is not checked, they will live perpetually in fear, sleeping with one eye open in anticipation of imminent crisis instead channelling their thoughts and youthful energies to productive things. The multiplier effect is that at the end of the day, achieving the millennium development goal 2 which has to do with achieving primary education by the year 2020 may be an uphill task for people living in these areas and by extension, a minus for the country.

Recommendations on management of Post-traumatic stress disorder

Having established that internally displaced persons used for this study suffered post-traumatic stress disorder, the question before the researchers is how to manage the post conflict trauma in victims, so that they can lead a normal life after the experience. For effective management of PTSD, mechanisms should be put in place by the government and other humanitarian organisations to encourage victims to seek

help and confront the disorder as soon as it is diagnosed. This involves the expertise of Psychologist, sociologist and other social scientists who are trauma therapist. The victims should be encouraged to reach out to one another for support, and from other people who had witnessed similar traumatic experience and survived so as not to withdraw from social activities. This support group can make them feel less isolated and alone. The support group also provides advice on how to cope with symptoms and work towards recovery.

Most victims of PTSD tend to do their possible best to avoid anything that will remind them of the traumatic experience. In managing PTSD, it is important to let the victims know the danger in pushing the memories and feelings away, because such an action will make the disorder to get worse. The danger in escaping ones emotions is that they emerge under stress. This will in turn harm the person's relationship or ability to function and the person's quality of life. Again, when the feelings and memories of the disaster are avoided, they will return and become more uncontrollable. Thus, PTSD should be treated as soon as possible in order to prevent them from getting worse in the future. Treatment relieves the symptoms by helping victims to deal with the trauma instead of avoiding it. Again treatment encourages victims to recall and process the emotions and sensations felt during the traumatic event. In addition to offering an outlet to emotions bottled up, treatment of PTSD will go a long way in restoring victim's sense of control and reduce the powerful hold which the memory of the trauma has on their lives.

Therapists should strive to promote an environment of safety, calm connectedness and empowerment immediately after a

disaster. This need for safety is very essential for a healthy recovery from PTSD.

To achieve a more lasting solution to the issue of PTSD resulting from conflicts and internal displacement, government should do whatever is humanly possible to nip impending conflicts in the bud. This could be done by averting future occurrences by developing all parts of the country and practicing justice and equity in the land as well as other governmental policies that will make the use of ethnic and religious sentiments to cause division and conflicts among citizens to lose its appeal on the masses, by so doing, citizens will be happy. There may not be any need for conflicts and insurgencies. Consequently, the rate of PTSD resulting from conflicts and internal displacements will be drastically reduced if not totally eradicated.

Conclusion

This study basically investigated the impact of internal displacement on post-traumatic stress disorder among adolescents, with a view to reducing the incidence of PTSD among victims. Results demonstrated that internally displaced adolescents exhibited more post conflict trauma than non-displaced adolescents; female exhibited more trauma than males; older adolescents experienced more trauma than younger ones and non-displaced adolescents performed better academically than displaced ones.

Author contributions

All authors contributed immensely to the success of this research. The authors declared that they had no conflicts of interest with respect to their authorship.

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