

Trauma Counselling For Adolescent Victims Of Insurgency And Insecurity In Southern Kaduna

Uchenna Eucharía Enem (Ph.D)
eucharíauchenna@yahoo.co.uk
Bahago Samaila Benedict (Ph.D)
futuk11@gmail.com

Educational Foundations, Veritas University, Abuja

Abstract

The spate of insurgency and insecurity in southern Kaduna is alarming and imposing a serious trauma on the populace especially on the adolescents. This is a topical issue that has implication for counselling and psychotherapy. The study therefore investigated the instigators of trauma; the level of trauma among the adolescents and its effect on their academics. It also tried to ameliorate the effect of the trauma using the ABC model of the Cognitive Behavioural Therapy (CBT) with the aim to gain behaviour change for the activating events of the trauma among the adolescents. A cross-section survey research design was adopted for the study with a sample of 148 adolescents from Kajuru LGA. Three research questions guided the study. A 25 item research questionnaire constructed by the researchers was employed to collect data for the survey study. The questionnaire consisted of four sections, two sections rated on the modified 4 point Likert scale. The data obtained from the respondents were analyzed with frequency counts and percentages. The Findings indicated the major trauma instigators, high level of trauma at 77.7% among the adolescents and the effect has a high percentage of more than 70%. Cognitive Behavioural therapy was delineated to challenge their irrational thoughts and fears. Based on the findings, we recommended that more trained counsellor should be employed in the area to work on the adolescents towards their emotional development.

Key words: Trauma, Adolescents, Psychotherapy (Cognitive Behavioural Therapy), Insurgency and Insecurity.

Introduction

Emotion seems to rule every human life as people make decisions based on their state of mind, whether they are angry, sad, happy, frustrated or traumatized. Our emotional state is therefore precipitated by the situation we find ourselves. Mangal (2013) stated that emotion would prove to be helpful or harmful depending on its intensity/frequency, situation and the type. He further stressed that negative emotions are harmful to an individual's development.

The term "trauma" originated from Greek word ("wound"). Wound can be discussed in the perspective of both physical and psychic wounding, this study concentrated on the psychological undertone. Trauma is a type of negative or unpleasant emotion. It is an emotional response someone has to an extremely negative event whose effect can be so severe that they interfere with an individual's ability to live a normal life (APA, 2019). The Diagnostic and Statistical Manual of Mental Disorder (DSM) in Tull

(2019) defined trauma as exposure to actual or threatened death, or serious injury which the exposure may result from situations in which the individual may:

- Directly experience the traumatic event
- Witness the traumatic event in person
- Learn that the traumatic event occurred to a close family member or friend
- Experience, first hand, repeated, or extreme exposure to aversive (unpleasant) details of the traumatic event.

Trauma is a toxic condition, a mixture of intense anxiety, absolute helplessness and a loss of control (Peichl, 2007). The mental imprint of frightening experiences may take the form of memory loss, identity loss or unconsciousness, in which case, if the impact remains unresolved, could lead to permanent damage. Perception plays an important role to frightening experiences. Levine (2005) maintained that perception of an event by an individual determines the nature and extent of the impact it has on the person. Trauma occurs when a person is overwhelmed by events and responds with intense fear and helplessness. It is a response in relation to perception, proving why two people can experience same traumatic event or circumstance and be impacted in different ways.

Corsini (2002) described traumatic events as situations such as: rejection, divorce, combat experiences, civilian catastrophes, and racial or religious discrimination.

Psychologists, for instance Scaer (2005) have traced the effect of trauma to the brain and its subsequent inhibition to human activities. When one is overwhelmed by traumatic experience, or he/she is repeatedly being subjected to or witnessed distress, his/her coping mechanism can be overloaded. The overloading may in turn

result to disturbing experiences remaining frozen or unprocessed in the brain. Such unprocessed memories and feelings are stored in the limbic system of the brain in a "raw" and emotional form. The limbic system maintains traumatic memories in an isolated memory network, associated with emotions and physical sensations. When the individual experiences events similar to the one he/she has been through, the limbic system's traumatic memories will trigger. The memory itself may be long forgotten but the painful feelings such as anxiety, panic, or anger are continually triggered in the present, inhibiting the individual's ability to live in the present and learn from new experiences; (Scar, 2005).

Confirming the effect of trauma, Sutton (2002) explains that the sensory overload occurring during a traumatic event can indeed result in lasting damage to brain process. The indication is that alteration of neurological processes can result in certain psychological and physical symptoms which are aversive to human development.

Some of the symptoms are identified as: shock, anger denial, mood swings, guilt, shame, anxiety, fear, withdrawing from others, depression, despairing, feeling numb, emotional overwhelm, difficulty concentrating. The physical symptoms may include nightmares, racing heartbeat, fatigue, muscle tension, edginess, agitation aches, pains and others.

Insurgency in Kajuru LGA of Kaduna State

Insurgency is a violent attempt to take a government of a country by its citizens. It is a total breakdown of security where people's lives and properties are endangered. Hayden (2007) defined insurgency as an organized movement aimed at the overthrow or destruction of a constituted government through the use of subversion, espionage, terrorism and armed conflict. Insurgency in southern Kaduna is

being perpetrated by the Fulani herdsmen on the Christians who are predominantly farmers. Kajuru Local Government Area is one of the Local Government Areas of Kaduna State located in Southern Kaduna. There have been on-going insurgency and selected killings in many parts of Southern Kaduna villages for quite some time. But the spate of killings since February 26th 2019 is disturbing.

The latest death toll as at (26th of March, 2019) of this mindless carnage by insurgents had already surpassed 130, with several communities reduced to rubbles, with no fewer than 10,000 persons now living in four internally displaced camps (Abba, 2019). The education of adolescent in Kajuru is profoundly affected as attacks on entire communities have led to closure of schools, teachers running for the safety of their lives and the students left without education and in some places, such deserted school buildings have been converted to shelters temporarily for the Internally Displaced Persons (IDPs). The adolescents who were supposed to populate the schools have either sought refuge together with their families in safe neighboring villages or have completely dropped out of school system and the result is poor attendance to school. Many people in the communities are traumatized and many children and adolescents are being denied their basic rights to education. Those not yet affected are already overtaken by fear and anxiety of the news of insurgent attacks from their neighboring communities. Those already affected and traumatized seem to have lost hope in life. The attacks by the insurgents have led to death of many people including adolescents. In some schools it is just the empty classrooms as teachers and students are afraid of targeted attacks on them. According to Oladunjoye and Omemu (2013), attendance to school is dependent on the readiness of the child, encouragement from parents, the provision of school

materials, the distance to school and, very importantly, the security of the child. Insurgency has therefore impacted negatively on school attendance by the students and the staff in schools suffering insurgent attacks presently in Kajuru Local Government Area. This low attendance of school by adolescents points towards very low literacy level as the villages have high proportion of drop outs.

The adolescents being exposed to traumatic experiences and the interruption of schools associated with armed conflict have detrimental consequences for their mental health and psychological well-being. Children and adolescents are affected by Post-Traumatic Stress Disorders (PTSD) such as irritability, insomnia, sleeping disorders, fear, aggression, confusion and inability to concentrate in the school and study. Insurgency trauma is greatly affecting their ability to have a loving relationship with their family and friends and to perform well in school.

The effect of insurgency trauma is evidently noted in a study carried out in countries of similar scenarios. The study was conducted on 796 children living in the occupied West Bank and Gaza, an area affected by armed conflict, the children were found to have behavioural and psychological problems such as depression and fears, and tendency to be disobedient, engage in fighting, and suffer from sleep disturbances and nightmares, as well as low self-esteem. It was discovered that children in Sri Lanka who also experience trauma during the prevalent armed conflict suffered from PTSD. As a result, both their memory tests and their school grades demonstrated a significant impairment of their cognitive development. It has also been shown that children of school age in Rwanda exposed to the 1994 genocide experience dropped tremendously in educational achievement (Akresh, & De-Walque; 2008). This is the type of danger that the insurgency activities

posed to the children and adolescents of Kajuru as the insurgent attacks continue. The adolescents need psychotherapeutic attention and other support to survive their traumatic experiences.

Displacement is another major challenge facing the adolescents in Kajuru LGA. The adolescents who were displaced are not allowed to join the school at the host community because there were lack of facilities and staff to take on more students. In few areas where they are accepted, the overstretching of scarce resources reduced the quality of education in such areas. Another educational challenge is that some schools are converted to IDPs (Internal Displacement persons) shelters, leading to closure of those schools. Also, for fears of insurgency attacks, or abduction, rape on female adolescents, some parents in IDPs refuse to allow their children to go to school and the adolescents' lack of engagement in any adequate educational activity could lead them to bad habits like, drug abuse, or addiction, prostitution and many other Juvenile delinquencies. These are serious educational challenges that need to be addressed by the Government in order to give all displaced adolescents a better future (Rerries & Winthrop, 2011).

Adolescents and Trauma

Traumatic experiences are common in adolescents and can have significant psychological effect on their wellbeing and overall development. As observed from above, trauma can lead to destructive behaviours in adolescents who suffer from untreated trauma. The adolescents as we know have vital roles to play in the dynamics and complexity of the contemporary society. The adolescents as the future leaders have the responsibility of developing coherent and methodological approach to solving societal problems through functional educational programmes and social teachings. Adolescence is a

period of life with specific health and developmental needs and rights. It is also a time to develop knowledge and skills, learn to manage emotions and relationships, and acquire attributes and abilities that is important for enjoying the adolescence years and assuming adult roles (WHO, 2016). Going by this assertion, the adolescents need explicit attention. The situation is at per with what the adolescents are facing in the Southern Kaduna. The traumatic experiences of the adolescents need to be treated to protect and preserve their right

Statement of the Problem

The situation of the adolescents in schools in Kajuru LGA of Southern Kaduna calls for concern, the students over the years have experienced insurgency and insecurity. Some of them have witnessed their loved ones being killed or died as a result of hunger and starvation. They are always on guard and startled as a result of insecurity. Some of them are physically and sexually abused. Consequently they are overwhelmed by the thoughts and feelings of the experiences. In reaction to the killings the youths from Kajuru LGA were seen on 20th march protesting with their grievances written on posters and placards on the streets of the town. One of the placards read "STOP KAJURU MASACRE NOW" (Punch, 2019). The traumatic experiences is affecting them academically, someone who is experiencing emotional disturbances cannot concentrate in academic work. Some of the populace, both students and teachers avoid being seen in groups of which school is part of crowd oriented venues. Some of the schools were shut down as we observed in the course of this research and many of the populace including the adolescents have been displaced from their homes and allocated to entirely different places. If the condition is left unattended to there will be serious damage to their mental ability and their expected responsibilities as itemized by

WHO (2016) and other authors who work on the Adolescents will be jeopardized. They are made to pay the price for a war that is not their making, hence losing out on the beauty of childhood as they grow up among families and communities torn apart by armed conflicts or even partake in the conflicts as child soldiers (Isokpan & Durojaye, (2018). Their human development and capacity building will go down the drain and they will grow into ill-fated adults, subsequently constitute doomed society.

Given this situation, this study intends to establish the major instigator of trauma on the adolescents, the intensity of the traumatic events on them, the effect of such trauma on their academics and finally to suggest and treat the traumatic experiences with the appropriate psychotherapeutic methods.

Purpose of the Study

The main purpose of the study was to provide trauma counselling to the adolescents in the Kajuru LGA, Southern Kaduna who are facing the challenges of insurgency and insecurity. The specific objectives are to:

- I. find out the major instigators of trauma among the adolescents
- II. determine the intensity of the insurgency and the insecurity trauma on the adolescents in Kajuru LGA
- III. determine the effect of the trauma on their school activities
- IV. Provide psychotherapy to cushion the effect of the trauma

Research Questions

The following research questions guided the study

- I. What are the major instigators of trauma among the adolescents in Kajuru LGA?
- II. What is intensity of the experience of the trauma among the adolescents in Kajuru LGA?

- III. What is the effect of the insurgency and security trauma on their school activities?

Method

Population / Participants

The population of this study constituted of all the in-school adolescents in the Kajuru LGA of southern Kaduna. Four secondary schools were sampled through simple random sampling from the target population. In each of the schools, purposive sampling was employed to select fifty (50) adolescents; 25 female adolescents and 25 male adolescents. At the time of the research two of the schools were displaced and we could only get 148 adolescents instead of the planned 200 adolescents which then served as participants in the study.

Instrument

The study made use of three set of instruments; (1) a 5-item scale developed by the researcher, (2) a 10-item scale also constructed by the researcher, and (3) a 10-item scale already developed scale by Carson (2011). A 5-item questionnaire (instrument) developed by the researcher was used to collect relevant data on investigators of trauma, the other 10-item scale developed by the researcher was meant to elicit response on effect of trauma experiences on adolescents' academic, while the 10-items scale by Carson was used to collect data on symptoms of trauma. The questionnaire for the study was categorized into four sections, the first section elicited responses on the adolescents' personal data. The second section comprised of questions on the instigators of trauma. The third section contained items on the intensity of the trauma. It was rated on modified 4 point likert scale of "not at all, a little bit, a bit high and extremely". Percentages were used to quantify the responses. Finally the fourth section is of 10 items which elicited responses on the effects of the traumatic

experiences on the adolescents’ academics and was rated on the modified 4 point likert scale.

Validity and Liability Establishment of the instruments

For the two instrument developed by the researcher (that is, investigator of trauma scale, and effect of trauma experience on adolescents academic scale), a phase validity was carried out by experts in areas of clinical psychology in the College of Education, Veritas University, Abuja. At first, the questionnaire was given to three of them separately and unknown to them, and they made their comments. The various comments were then integrated and a final version was made based on their comment. With that, the item appeared to measure was it purpose to measure confirming the reliability of the items.

Procedure

At first, a letter was sent to the schools for principal approval. Having been approved, a date was fixed for the survey. Before the administration of the instrument, the researcher explained the purpose of the researcher to teachers and students. Confidentiality was assured to the participating student that their responses will be kept secret, and will only use for the purpose it was meant. With the help of the teachers, the questionnaire was distributed, and the respondents were guided where they encounter difficulty or were unclear by any item. The Field survey lasted for 8 days. One is for each school, then the follow day the researcher will examine the questionnaire and code. At the end, 144 copies of questionnaire were distributed and collected, and all were rightly filled.

Design / Statistics

The design for the study was a cross-sectional survey design, and descriptive (mean and percentage) was the appropriate statistics deployed, analysed with SPSS version 20.

Result

Research Question One: What are the major instigators of trauma among the adolescents in Kajuru LGA?

Table 1: distribution of the adolescents according to their traumatic experiences

S/N	Items	Yes	%	NO	%
1	I have witnessed killing of loved one	100	67.6	48	32.4
2	I have directly experienced rape	79	53.4	69	46.6
3	I have witnessed raping of girls	89	60.1	59	39.9
4	I have directly experienced community violence	110	74.3	38	25.7
5	I feel insecure at home	115	77.7	33	22.3

Table 1 indicates that 67% of the in-school adolescents have witnessed their relatives being killed, 53% of them have been raped while 60.1% of them have witnessed girls being raped. The table also showed that many of the students have experienced community violence and as many as 77.7% of them are currently feeling insecure.

Research Question Two: What is intensity of the experience of the trauma among the adolescents in Kajuru LGA?

Table 2: Distribution of the adolescents according to the intensity of their traumatic experience.

S/N	Items	Not at all		A little bit		A bit high		Extremely	
		N	%	N	%	N	%	N	%
6	Having bad dreams or nightmares	09	6.1	77	52.0	30	20.3	32	21.6
7	Being super alert or on guard	25	16.9	55	37.2	34	22.9	34	22.9
8	Trying not to think about the traumatic experience	31	20.9	49	33.1	37	25	31	20.9
9	Feeling as you have to watch for dangers or threats	43	29.1	39	26.4	30	20.3	36	24.3
10	Feeling unreal as if living in a dream	27	18.2	46	31.1	32	21.6	43	29.1
11	Being easily startled or jumpy	29	19.6	51	34.5	29	19.6	39	26.4
12	Having outbursts of anger or irritable behaviour	38	25.7	42	28.4	23	15.5	45	30.4
13	Feeling isolated from other people	28	18.9	55	37.2	28	18.9	37	25
14	Feeling that you are bad or something is wrong with you.	30	20.3	42	28.4	32	21.6	44	29.7
15	Trying to stay away from people, places or activities that remind you of the traumatic experience(s)	35	23.6	42	28.4	27	18.2	44	29.7

Table 2 indicates that many of the adolescents are traumatized. A few of them have not experienced trauma. On the 6th item, 6.1% of the adolescents have not experienced trauma while 93.9% of them are traumatized at different levels. In the rest items, more adolescents experience trauma than those that rated “not at all” as well. Item 14 witnessed 50% of the adolescents at

the threshold of high trauma, indicating that 50% of them are losing confidence in themselves. The intensity of the trauma being experienced by the adolescents is high

Research Question Three: What is the effect of the insurgency and security trauma on their school activities?

Table Three: Responses on the effect trauma on school activities

S/N	ITEMS	Not at all		A little bit		A bit high		Extremely	
		N	%	N	%	N	%	N	%
16	Have difficulty concentrating in the school	33	22.3	42	28.4	30	20.3	43	29.1
17	Do not go to school often	29	19.6	53	35.8	36	24.3	30	20.3
18	Have difficulty remembering what was taught	33	22.3	45	30.4	35	23.6	35	23.6
19	Lack of facilities in the school	30	20.3	45	30.4	34	22.9	36	24.3
20	Feel bad about going to school	40	27.0	39	26.4	26	17.6	43	29.1

21	Don't see any need to go to school	43	29.1	31	20.9	44	29.7	30	20.3
22	Have difficulty doing my classwork/assignments	39	26.4	38	25.7	42	28.4	29	19.6
23	Teachers do not come to school often	30	20.3	51	34.5	36	24.3	31	20.9
24	Have lost a session	38	25.7	44	29.7	27	18.2	39	26.4
25	Have lost interest in going to school	32	21.6	50	33.8	28	18.9	38	25.7

Table three shows that more than 70% of the adolescent are affected academically as a result trauma experiences from insurgency and insecurity in Kajuru LGA of southern Kaduna. A fewer than 30% of the adolescents indicated that they did not experience trauma. 50.1% of the adolescents on item 22 do not see any reason to go to school. 74.3% of the adolescents have already lost a session. The inference is that insurgency and insecurity in the LGA has affected the adolescents' school activities.

Discussion of Findings

The study revealed that the major instigators of trauma to the respondents are insecurity at home and incessant community violence at 77.7% and 74.3 % respectively. This confirms the assertion of Sargent (2009) who listed community violence as a major instigator of trauma either by direct experience or being witnessed by the adolescents. The high rating on insecurity at home may be due to the fact that many of them have been displaced and the insurgence is still on going. Other instigators from the findings include the witnessing of killing loved ones (67%) and the raping of the respondents. 53% of the adolescents have experienced rape directly while 60% of the adolescents have witnessed people being raped.

The findings also indicated that not less than 71% of the adolescents are experiencing trauma, more than 20% of them at the lower level (a little bit) and about 45%-50% at the high intensity of trauma. The proportion of the adolescents that indicated that they do not experience are few compared to those that experience trauma at the different levels. This explains that peoples' belief in response to the environmental factors around them differs. According to Sarracino *et al* (2017), two or more persons may experience the same activating event but beliefs may be rational or irrational. This is also in line with Levine (2005)'s position that perception of event determines the nature and the extent of the impact on the individual. This study seeks to challenge the adolescents' thought pattern in the course of the treatment.

On the effect of the traumatic experiences on the adolescents' academic activities, the finding indicated that 77.7% of the adolescents find it difficult to concentrate at school; the situation confirms Sutton (2002) that lack of concentration is part of the effect of trauma. On the other hand, 80.4% of the adolescents do not go to school often, some have lost interest in school while some do not see any need for going to school. In all other indices, more than 70% of the adolescents rated high on

the effect of trauma. WHO (2016) listed the expectations of the adolescents which they could achieve through education. The adolescents in Kajuru LGA of southern Kaduna are being denied their rights. They cannot acquire skills and knowledge to develop themselves and gain the necessary abilities and attributes that are capable of transferring them to successful adults.

Trauma Counselling

Trauma counselling is the emotional support given by the counsellors/therapists to clients who suffer from trauma. There are many trauma counselling models whose objectives are to help a traumatized individual make sense of what has happened to him/her and make him/her to begin to live in the present rather than constantly being re-triggered by the past.

This study concentrated on Cognitive Behaviour Therapy (CBT). According to Roth & Fonay (2005), CBT is one of the major orientations of psychotherapy and it represents a unique category of psychological intervention because it derives from cognitive and behavioural psychological models of human behaviour. CBT is an eclectic approach to the treatment of psychological problems. It is developed by Aaron Beck and Albert Ellis (David et al, 2018). The aim of Cognitive Behavioural Therapy is to help people identify unhelpful beliefs and thought patterns which are often automatic, negative and irrational, and replace them with more positive and helpful ways of thinking (APS, 2015).

In this respect, the respondents of this study were shared and treated in groups. The first group comprised of 40 adolescents. Their thought were identified and the irrational ones been challenged and replaced with positive thought patterns. Their thought patterns were identified through the ABC model of Albert Ellis which is the basic

approach in CBT. The ABC is developed on the basis of the understanding that activating event is not the cause of behavioural consequences rather the belief (Oramah, 2012). The ABC model is explained thus

A= Activating Event

B= belief (irrational belief (ib) and rational belief (rb)

C= Consequence (behaviour consequence)

The activating event (A) of the respondents' traumatic experiences are:

- Witnessed killing of the loved ones
- Directly experienced raping
- Witnessed raping
- Directly experienced domestic violence
- Experiencing insecurity

They were guided to identify their belief (B) for each of the activating event and rate the intensity of such belief. They were also guided to detect their irrational beliefs and compare them with rational beliefs and also rate the intensity of each.

The most recurring automatic, negative and irrational beliefs recorded are:

I will die

My family is worthless

There is no sense in going to school

I will experience rape

The above Four dysfunctional thoughts had the highest intensity rating

(C) Behaviour consequences: The respondents got the explanation that irrational belief will lead to trauma, anger, anxiety, depression, withdrawal, sorrow, defeat while rational belief will earn behaviours such as joy, constructiveness, happiness, pleasure, worthiness etc.

They were guided to challenge the irrational belief by considering alternative beliefs (rational) until they see that their irrational beliefs are losing weight in terms of intensity rating while the rational beliefs

are gaining weight. The implication is that the irrational beliefs are false and destructive while rational ones are true/helpful and will not have any negative consequences on the behaviour.

For a successful rating of their beliefs, the Daily Record of Dysfunctional Thought (DRDT) form was given to each of them to record their daily feelings and thoughts following the exposure to an activating event. They were given enough time to do so as to make realistic decisions from the responses.

The therapists paid attention to some inferences which may help change the clients' perception of irrational belief. Beck (1979) identified some of them: overgeneralization, selective abstractions, absolutistic thinking, arbitrary inference, changing perspective etc.

Arbitrary Inference: The students under study drew some conclusion arbitrarily, which included a thought that they may die, may not go to school again or may be raped at the uprising of the insurgency. The listed inferences are based on hypotheses and the reverse could be the case. The therapists are counselling them against such inference.

Absolutistic thinking: absolutistic thinking was also identified among the respondents. This resulted when the respondents interpreted their experiences in extreme way. The therapist are also counseling the adolescents (respondents) to lessen the effect of their perception of the traumatic experiences.

Conclusion

Trauma is a painful emotional experience that may produce a lasting psychic effect and, sometimes, a neurosis. The insurgency and the insecurity being experienced by the citizens of Kajuru LGA especially the adolescents are traumatizing. Its effects are

far reaching, it is constituting to the adolescents' insecurity and psychological imbalance, as well culminating to academic derailment. The spate of killings, displacement, rape, abduction and the like has left much to be desired, and the situation in its ramification calls for psychotherapeutic intervention to avert more devastating effect.

Recommendations

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

1. Therapists/counsellors should avail themselves for this conflicts and violence thorn communities. The adolescents and others require socio-personal counselling, group guidance and psychotherapy more than people in safe places.
2. Government should deploy security personnel and resources to man southern Kaduna especially the communities where the insurgency is mostly experienced.
3. The IDP camps should be provided with foods and other facilities that could improve the wellbeing of the citizens that are displaced at the moment.
4. Since some schools are demolished, Government should make arrangement to rehabilitate the in-school adolescents and arrange on transferring them to schools nearby pending the renovation of the schools.

References

- Akresh, R. & De-Walque, D. (2008). Armed conflict and Schooling: Evidence from the 1994 Rwandan genocide. Retrieved in February, 2019 from <http://ssrn.com/abstract=1149109>
- American Psychiatrists Association (2019). Mental Health disorder treatment

- guidelines and consumer guides. Retrieved in March, 2019 from <http://www.psychguides.com>
- Carlson, E.B., Smith, S.R., Palmieri, P.A., Dalenberg, C.J., Ruzek, J.I., Kimerling, R., Burling, T.A., & Spain, D.A. (2011). Developing and validating of a brief self-report measure of trauma exposure: The Trauma History Screen. *Psychological Assessment*. 23, 463-477
- Corsini, R. J. (2002). *The dictionary of psychology*. New York, NY: Brunner-Routledge.
- David, D., Cristea, I.A. & Hofmann, S.G. (2018). Why Cognitive Behavioral Therapy is the current gold standard of Psychotherapy. Retrieved in 2019 from <http://www.semanticscholar.org>.
- Hayden, T.H. (2007). What is the difference between insurgency and terrorism? Retrieved in March, 2019 from <http://www.usir.procon.org/vie.answer.s.php>.
- Isokpan, A.J. & Durojaye, E. (2016). Impact of Boko Haram insurgency on the child's right to education in Nigeria. Retrieved in March from <http://dx.doi.org>.
- Levine, P.A. (2005). *Healing Trauma: A pioneering program for restoring the wisdom of the body*, Boulder, CO: Sounds True.
- Mangal, S.K. (2013). *Essentials of educational psychology*. New Delhi: PHI learning Private Limited.
- Oladunjoye, P. & Omemu, F. (2013). Effect of Boko Haram on school attendance in Northern Nigeria. *Basic Journal of Education*. 1(2), 1-9
- Oramah, E.U. (2012). Strategies in Counselling and psychotherapy: A basic text for undergraduate and graduate students. Benin City. Mindex Publishing Co. Ltd.
- Peichl, J. (2007b). *Innere kinder, tater, helfe&co: Ego-state-Therapie des traumatisierten selbst*. Stuttgart: Klett-Cotta
- Punch News (2019). Kajuru indigenes protest against killings, March 20th, page 25
- Rerries, E. & Winthrop, R. (2010). Education and displacement: assessing conditions for refugees and internally displaced persons affected by conflict. Background Paper prepared for the Education for All Global Monitoring Report (UNESCO Paris 2010)
- Roth, A. & Fonagy, P. (2005). *What works for whom: a critical review of psychotherapy research*. (2nd ed). London. The Guildford Press.
- Sarracino, D., Dimaggio, G., Ibrahim, R. & Popolo, R. (2017). When REBT goes difficult: Applying ABC-DEF to personality disorder. *Journal of Rational- Emotive and Cognitive Behaviour Therapy*. 35(3), 1-18
- Sargent, J. (2009). Traumatic stress in children and adolescents eight steps to treatment. *Psychiatric Times*. 26(3)
- Scaer, R.C. (2005). *The trauma spectrum: Hidden wounds and human resiliency*. London. WW Norton.
- Sutton, J.P. (2002). "Trauma" in music, music therapy and trauma: International Perspectives. London: Jessica Kingsley Publishers.
- Tull, M. (2019). Causes of and risks factors of PTSD. Retrieved in March, 2019 from <http://www.verywellmind.com/ptsd-causes-and-risk-factors-2797397>.