Insurgency and Posttraumatic Stress Disorder among Internally Displaced Persons in Nigeria

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Abstract

The paper examines posttraumatic stress disorder experienced by internally displaced persons (IDPs) in Nigeria owing to incessant insurgency. A number of factors such as endemic poverty, weak central state, widespread corruption, frustration, unemployment, ethnic tensions were identified as promoting the activities of insurgents in the country. It is argued that the spate of violent acts including sporadic bombing and killing of innocent citizens has contributed tremendously to internal displacement. The plight of IDPs in their various places of refuge can best be described as critically threatened since they are deprived of the most fundamental protection systems, such as community or family networks, accessibility to basic services, Means of livelihood and capital base. In addition they suffer from posttraumatic stress disorder. Some forms of PTSD experienced by IDPs are selfdestructive and impulsive behaviour, dissociative symptoms, somatic complaints, feelings of ineffectiveness, despair or hopelessness, social withdrawal, feeling constantly threatened, impaired relationships with others, or a change from individual's previous personality attributes. The paper recommended, among others, the involvement of counselors/therapists to help facilitate the validation of IDPs traumatic experience in order to foster recovery as well as the provision of social support networks.

Keywords: Insurgency, Posttraumatic Stress Disorder, Internally Displaced Persons, Boko Haram, Violence

1.0 Introduction

In recent times, Nigeria has experienced series of disasters; some natural, some man-induced. These include flooding, oil spillage and pollution, civil struggles, civil war, ethnic and religious conflicts as well as insurgency and domestic terrorism. The eruption of insurgency occasioned by the violent activities of groups such as the Jama'atuAhlissunnahlidda'awatiwal Jihad commonly known a Boko Haram is generally seen as a monster presently plaguing Nigeria (Babalola, 2014). The spate of brutal killings and the numerous threats by violent extremist groups, particularly the Boko Haram sect, have perpetually threatened enduring peace and security within the country for Nigerians and expatriates. Many Nigerians are now forced to live in fear, as they are subjected to unprecedented spate of random bombings and killings the country never envisaged.

According to Akinlabi (2015), the sect is now feared for its ability to mount both cowardly and daring attacks in Nigeria. At times, it has directed the attacks at security and law enforcement agents and at other times, at civilians, and infrastructure, including churches, mosques, schools, palaces, markets, media houses, to mention just a few. Its tactics include sporadic shootings, use of improvised explosive devices aimed at assassinating target personalities and use of suicide bombers. These attacks are estimated to have cost several lives since 2009, including deaths caused by the security forces (Eyituoyo, 2013).

It is pertinent to add at this juncture that Boko Haram insurgency has led to the displacement of huge human population in the affected States. Available information suggests that the number of persons the insurgents have displaced including those in IDPs and refugee camps is enormous. Based on a recent United Nations Humanitarian Commission on Refugee (UNHCR) report, Nigeria with 3.3 million IDPs has the highest population of persons displaced by conflict in Africa (Adebowale, 2013).

Internally Displaced Persons (IDPs) are persons or group of persons who have been forcefully removed from their homes or have fled to escape disasters armed conflicts, indiscriminate violence often culminating in abuse of human rights, and who have not gone outside the borders of their own country to seek refuge (Office of the High Commissioner for the Human Rights, OHCHR, 2007).

The plight of IDPs in their various places of refuge can best be described as critically threatened since they are deprived of the most fundamental protection systems, such as community or family networks, accessibility to basic services, means of sustenance, capital base and as such suffer from Posttraumatic Stress Disorder(PTSD) (Alkassim, 2013).

Posttraumatic Stress Disorder is the development of characteristic symptoms following an event that has caused excruciating pain. The characteristic symptoms of PTSD are re-experiencing the trauma, avoidance of recollection of the trauma and increased arousal (American Psychological Association (APA) 2000; World Health Organization (WHO) 1990). The most commonly referenced psychological effect of violence is Post-Traumatic Stress Disorder (PSTD). According to Vitanza, Vogal and Marshall (1995), PSTD (as experienced by victims) is characterized by flashbacks, intrusive images, amplified frightened responses, nightmares, and avoidance of triggers of memories of the event. This syndrome persists long after the victim has come out of the frightening situation.

The psychological disturbances experienced by victims of insurgency in Nigeria are quite enormous (Akanji, 2009). Research results across varied samples (i.e. clinical samples, shelters, hospitals, community agencies, etc.) by scholars show that a considerable number of IDPs exhibit PTSD symptoms. It is also obvious that suffering from PTSD results in weaker health and poor quality of life. According to Durosaro and Ajiboye (2011), IDPs may be forced into unhealthy or inhospitable environment, which endangers their lives. Most IDPs experience maladaptive behaviour as a consequence of disruption in family network. The rate of other disorders such as depression and psychotic disorders also increases. There can be an upsurge in the usage of psychoactive substance and other mental health problems among adolescents and young adults.

For instance, the kidnap and enslavement of over 234 school girls from Chibok is an act which precipitates PTSD not only to the victims but also to family members and loved ones. It is against this backdrop that the paper attempts to interrogate posttraumatic stress disorder among internally displaced persons occasioned by insurgency in Nigeria.

2.0 Conceptual Clarification

2.1Definition, Types and Causes of Insurgency

Scholars have given various definitions of insurgency. While some of these definitions are closely related, others are not so related though contain common elements and this still makes defining the term quite intricate. Gompert and Gordon (2008) defined insurgency as a group seeking to overthrow the status quo with the aim of replacing it with a new order that suits their political, economic, ideological or religious goals. In a similar vein, Kilcullen (2006) sees insurgency as a move to exert authority over a disputed political space between a state (or a group of states or occupying powers) and some spreading group or groups of non-state challengers.

The British Army Counter-Insurgency Manual, Army Field Manual (AFM) defined insurgency as: "The embattled move by a small group within a state to force political change using the combined means of subversive propaganda and military force to coax or coerce a wide mass of the people to endorse such a change. It is an organized political struggle, usually armed and often with diverse goals." This definition is in agreement with the US Army-Marine Corps Counter-Insurgency Field Manual (FM 3-24) which defined insurgency as "an organized, protracted politico-military struggle intended to undermine the legitimate authority of an established government, or any other political authority through increased hostility and violent actions" (Petraeus & Amos 2006). However it is defined, insurgency is a prolonged struggle which is planned carefully, systematically and carried out systematically to achieve desired goals with the aim of replacing the existing order.

Types of Insurgency

Various scholars put forward different criteria for the classification of insurgency. According to Gompert and Gordon (2008), this classification is based on several considerations. According to them, these include goal, tactics, size, region, duration, international significance and the character of the regime being challenged. Additionally, many insurgencies also demonstrated a blend of these elements.

Supporting this view. Mackinlay (2002) identified the types of insurgencies as lumpen, clan, popular and global. Moreover, the US government identified five basic types of insurgency:

- Revolutionary insurgencies attempt to substitute the present political order with awholly different system, often involvingalteration of the economic and social arrangements. This is the type of insurgency currently experienced in Nigeria.
- Reformist insurgencies with the objective of not modifying the existing political order but trying rather, tries tocoerce the government to adjust its policies or embark on political, economic, or social restructuring.
- Separatist insurgencies which search forself-rule for a specific region. In some cases, the area being contested extends beyond established national boundaries.
- Resistance insurgencies which attempt to force an occupying authority to pull out from a specified territory.
- Commercialist insurgencies which are induced by the achievement of richesor material resources; political power is simply a tool for seizing and controlling access to the wealth.

Causes of Insurgency in Nigeria

Several grievances have been identified as the drivers of insurgency in Nigeria. These factors according to Babalola (2014) are:

- Endemic poverty
- Widespread corruption:
- Weak state structure
- Social frustration; and
- Mismanagement of resource endowment.

2.2 Post Traumatic Stress Disorder

This is a syndrome that can develop in some individuals after they have encountered an extreme traumatic stressor (American Psychiatric Association (APA), 2000). To be considered an 'extreme traumatic stressor', the stressor or traumatic event must involve direct personal encounter with a situation that involves real death or a threat of it, serious injury or other threats to one's personal virlus; or witnessing an event that involved death, injury, or a threat to the personal virtue of another person" (APA, 2000). In addition, the person's subjective response to the traumatic situation must inviolve serious fear, despondency, or horror. However, not everyone who has encountered an extreme traumatic stressor goes on to develop PTSD (APA, 2000; Friedman, 2003; Sadock & Sadock, 2003).

Similarly, some individuals develop PTSD after being exposed to events that appear to be mundane or relatively less catastrophic (Sadock & Sadock, 2003). These symptomatic revelations have exposed the knowledge that trauma, like pain, may be subjective. Like pain, traumatic experiences must be processed through cognitive and emotional filters before they are appraised as 'extreme threats. There appears to be individual differences in this appraisal process which, in turn, means that different people seem to have differing trauma portals with some people more protected and others more susceptible to PTSD after an encounter with a traumatic event. Although, there is, at the present time, a renewed attention in the subjective dimension of traumatic encounters, Fredman (2003) suggests that unpleasant phenomena such as rape, torture, combat and genocide are experienced as traumatic situations by almost everyone.

Some researchers (Herman, 1992; Courtois, 2004) have suggested that there needs to be a distinction between simple PTSD (where trauma consists of one or more isolated episodes and complicated PTSD where individuals have been subjected to prolonged, repeated trauma.

2.3 Internally Displaced Persons

The definition of Internally Displaced Persons (IDPs) is usually got from the United Nations (UN) Guiding Principles on Internal Displacement. The Guiding Principles (1985) defines IDPs as "persons or group of persons who have been forced out of or as an obligation have to flee their homes to escape disasters, dangerous effects of armed conflict, indiscriminate violence, abuse of human rights and who have not gone outside the borders of their own country to seek refuge".

Also, an internally displaced person is someone who as an obligation flees his or her home but who does not go beyond the borders of his or her country (Wikipedia). That is to say, an internally displaced person is someone who has moved within the territorial boundaries of his or her own country.

It is obvious from the above definitions that any person who has left their residence by reason of real or imagined danger but has not left the territory of their own country is known as internally displaced person.

3.0Theoretical Framework

This paper is anchored on the Cognitive Dissonance Theory (CDT). The theory was popularized by Festinger in 1951. This theory is predicated on communication's social influences, referred to as cognitive dissonance which is one of the most vital psychological concepts that shed light on terrorist behaviour. Cunningham (2003) maintains that humans prefer a situation of constancy in respect of values, behavior and environmental situations. When differences occur between what they perceive and their desire (a situation referred to as cognitive dissonance), they seek to limit the dissonance by limiting the gap through actions, screening information or changing perceptions.

Cognitive dissonance is therefore a situation that arises from a conflict between states of preferred value and actual value. Such a situation has the tendency to produce hatred, anxiety, fearand the desire to hurt or eliminate the source. These conflicts or disagreement could occur in the economic, social, cultural, political and religious spheres and they form the micro level of analysis that could be regarded as the structural background conditions operating at individual level.

The Boko Haram's tendency towards insurgency could therefore be seen within the context of the real or perceived conflict between the preferred way of life (to maintain the sacredness of orthodox Island) and the actual state of their existence (secular state) that influences the dissonance. The voice of the few elements that initially reacted to the perceived dissonance is what the issue at stake requires to gain popular support. In effect, the personal dissonance heightens to become group level discontent. The common belief shared by the sect and other recruited members of the larger society provides the easy platform for sensitization and mobilization of groups for political action that can lead to popular uprisings, riots and revolutions. In this specific instance, it develops to terrorism as the movement enjoys widespread overt or covert support among the disgruntled elements within the society (Astin, Lawrence and Foy, 1993). The goal of such individuals is to remove the hindrances through whichever methods that Cunningham (2003) refers to as maladaptive means. Maladaptive means could include forming a terrorist organization and carrying out terrorist acts.

4.0 Insurgency, Internally Displaced Persons & Posttraumatic Stress Disorder

Since the years after the world wars, various factors, have been responsible for the growth of large number of IDPs. These factors include simple rivalry, regional conflict, ethnic issues unfair distribution of the common resources of a country and uneven allocation of development projects. Others are racial discrimination which provokes persecution of minority groups and man-made or natural disasters such as earthquakes, landslides, volcanoes, famine and flood. All these have in one way or the other worsen the situation of IDPs in many under developed and developing countries in Asia and Africa.

In today's world internally displaced persons are among the most defenseless sections of the society. Presently, the insurgency in Northern Nigeria has resulted in several people being killed, maimed and/or driven from their homes and their properties set ablaze. It is quite easy therefore to establish a connectedness between these factors and loss of loved ones or means of livelihood as well as those issues that put survivors at the risk of psychological stress or distress of different manifestations such as post-traumatic stress disorders, acute stress disorders and depression. This result in stress which produces a psychological reaction that is much more composite than regular anxiety. According to Neira, Nandi and Galea (2007), posttraumatic stress disorder is the most lingering and complicated of all reactions to severe stress such as the one perpetrated by insurgents.

According to Idehen, Olasupo and Adebuyi(2013), the spate of violence associated with insurgency affects the psyche of the people. It robs the persons of their self-esteem, ability to think rationally, and breeds lack of selfconfidence (Muchane, 2011). The psychological trauma of living in fear is even more disturbing than the physical abuse and it takes them longer to come to terms and get over the emotional void than the violent episodes. Additionally, individuals who have been repeatedly traumatized over a long span of time are burdened with a variety of psychological problems such as depression, anxiety, self-hatred, dissociation, substance abuse, selfdestructive and risk-taking behaviour, revictimisation, problems with interpersonal and intimate relationships such as parenting issues, medical and psychosomatic concerns, and despair (Courtois, 2004).

Mishara and Gbaden (2014) identifies the posttraumatic stress disorders of IDPs as self-destructive and impulsive behaviour, dissociative symptoms, somatic complaints, feeling of ineptitude, shame, despondency or hopelessness, feeling permanently damaged, reversion of long held beliefs, hostility, social withdrawal, feeling constantly threatened, impaired relationships with others, or a deviation from the individual's known personality

According to Akinlabi (2015), the experience of abduction or kidnapping can be emotionally traumatic to the victims and parents/guardians as exemplified by the Chibokgirls' phenomenon. It is more traumatic in children who are held for a durable time span and who experience sexual and physical abuse. They could experience diverse feelings such as shock, denial, anger especially towards their relations and sometimes acceptance of the abduction state. Additionally, victims of adductions and their families could experience numerous mental health problems. In the case of the abducted Chibok girls, eleven out of the group of grieving parents have died, mainly out of heart attack and stress-related illness (Vanguard, 2015). The victims can experience an initial period of shock and intense fear. Children are the most vulnerable in this respect. Some can lose already established milestones like theloss of bladder/bowel control, and some can develop eating and sleep disturbances, aggressive behaviour and anxiety symptoms.

In the view of Adibe (2012), internally displaced persons also develop distrust of authority figures and relatives and a fear of personal attachments. Many victims of violent conflicts and the associated outcome develop posttraumatic stress disorder which can manifest with difficulty in sleeping because of nightmares, anxiety and frightening thoughts. They may quarantine themselves in an effort to avoid reminders of the traumatic event. Other posttraumatic stress disorder experienced by IDPs includes feelings of loneliness, fear, loss of appetite or severe depression. They are usually distracted from productive activities as a consequence of the fear and uncertainties, especially in the areas where they have been attacked. These experiences could lead to a rise in the rate of psychiatric disorders like anxiety disorders especially post-traumatic stress disorder, sleep problems and the likes.

Furthermore, the girls and women who were raped are often held in shame. They lose social regard and are likely to be treated as outcasts. In the near future, they are not only stigmatized and discriminated against but also isolated into poverty and denial of opportunities which may drive many into prostitution or suicide. This is perhaps thenightmare that awaits the girls of Chibok if they are rescued. In most cases, others are not aware of their experience. They may face the risk of pregnancy, sexually transmitted diseases (STDs) and even HIV/AIDS. The prospect of a normal life is improbable. This is a great psychological trauma which the victims and their loved ones would not easily recover from.

5.0 Conclusion & Recommendations

The prevalence of posttraumatic stress disorder among internally displaced persons due to violence perpetrated by insurgents in Nigeria is high. Exposures to violence, death of a loved one, abduction, rape and sexual molestation, destruction of personal property, evacuation from one's town were common predictors of PTSD. The most prominent posttraumatic symptoms experienced by IDPs include depression, anxiety, self-hatred, dissociation, substance abuse, self-destructive and risk-taking behaviour, revictimisation, problems with interpersonal and intimate relationships.

It is therefore recommended that there is a pressing need establishment of programmes to help restore as quickly as possible, social support networks and relationship in future occurrences. The establishment of trauma centres in the affected areas to help cushion the consequences of posttraumatic stress disorder caused by insurgency is highly necessary. Also, counselors/therapists should be involved to help facilitate the validation of IDPs traumatic experience in order to foster recovery. The rehabilitation of IDPS via vocational training and job acquisition to help them adapt to life outside camp is also very important.

References

Adebowale, S (2013). "Boko Haram: Security, Humanitarian Conditions Deteriorating UNHCR", http://theeagleonline.com.ng/news/boko-haramsecurtity-humanitarian-conditions-deterioratingunhrc/(accessed April

Adibe, J. (2012). Nigeria without Nigerians? Boko Haram and the Crisis in Nigeria's Nation-Building. London: Adonis & Abbey Publishers.

- Akanji, O. (2009). The Politics of Combating Domestic Terrorism in Nigeria. In: W. Okumu, & A. Botha, (Eds.) Domestic Terrorism in Africa: Defining, Addressing and Understanding its Impact on Human Security, (55). Pretoria: Institute for Security Studies.
- Akinlabi, F.B. (2015). Amenability of Psychologically Traumatized Nigerian Youths to Counseling. Sci-Afric Journal of Educational Research and Learning Techniques, 1(3):110-114
- Alkassim, B. (2013). "NEMA: 16, 470 Nigerians in Displaced Persons Camps". Daily Trust, December 17, p.10
- American Psychiatric Association. (2000). Diagnostic and Statistical Manual of Mental Disorders (4th edition). Washington. DC: Macmillan Publishers.
- American Psychological Association & Presidential Task Force on Violence and the Family. (2000). Violence and the family: Report of the American
- Astin, M. C., Lawrence, K. J., & Foy, D. W. (1993). Posttraumatic stress disorder among battered women: Risk and resiliency factors. Violence and Victims, 8(1), 17-28.
- Babalola, O. (2014). Combating Violent Extremism and Insurgency in Nigeria: A Case Study of the Boko Haram Scourge. Centre for Global and International Studies, pp.1-37
- Courtois, C. (2004). Complex trauma, complex reactions: Assessment and treatment. Psychotherapy, 41(4), 412-425.
- Cunningham, Jr. W.G (2003). "Terrorism Definitions and Typologies" in Terrorism: Concepts, Causes, and Conflict Resolution. [Online] Available: http://terrorism.about.com/od/causes/a/causes terror.htm.
- Durosaro, I.A. and Ajiboye, S.K. (2011). Problems and Coping Strategies of Internally Displaced Adolescents in Jos Metropolis, Nigeria. International Journal of Humanities and Social Sciences, 1(20):256-262
- Eyituoyo, S.L. (2013). Rethinking Counterinsurgency: A Case Study of Boko Haram in Nigeria. Unpublished Thesis submitted to European Peace University (EPU) Private Universität, Stadtschlaining, Austria, pp.1-114
- Festinger, L. (1957). A Theory of Cognitive Dissonance. Stanford, CA: Stanford University Press
- Friedman, M.J. (2003). Posttraumatic Stress Disorder: An Overview. Retrieved 28th January, 2004, from http://www.ncptsd.org/facts/general/fs overview.html
- Guiding Principles on Internal Displacement (1985). Internally Displaced Persons and International Humanitarian Law. New York: United Nations
- Gompert, D.C. and Gordon, J. (2008). War by Other Means: Building complete and balanced Capabilities for Counterinsurgency," Rand Corporation, California. http://www.rand.org/content/dam/rand/pubs/monographs/2008/RAND_MG595.2.
- Gurr, T. (1970). Why Men Rebel. Princeton, NJ: Princeton University Press.
- Herman, J. L. (1992). Complex PTSD: A syndrome in survivors of prolonged and repeated trauma. Journal of Traumatic Stress, 5(3), 377-391.
- Idehen, E.E., Olasupo, M.O. and Adebuyi, A.S. (2013). Posttraumatic Stress Syndromes among Victims of the Ife/Modakeke Crisis.Research on Humanities and Social Sciences, 3(5):104-108
- International Crisis Group (2014). Curbing Violence in Nigeria (II): The Boko Haram Insurgency. Africa Report, pp.1-62
- Kilcullen, D. (2006). Three Pillars of Counterinsurgency, US Government Counterinsurgency Conference: Washington D.C., retrieved from
 - http://www.au.af.mil/au/awc/awcgate/uscoin/3pillars of counterinsurgency.pdf
- Mackinlay, J. (2002). "Globalization and Insurgency," Adelphi Papers, No. 352. London: International Institute for Strategic Studies.
- Mishara, W.L. and Gbaden, E.A. (2014). The Prevalence of Depression among the Youths as an Aftermath of the Internal Insurgency Attacks in Maiduguri, Nigeria. IOSR Journal of Humanities and Social Sciences, 19(10):32-3
- Muchane, G. (2011). Experiences of Women Victimized by Domestic Violence in Kenya. In: Saltzman, U. (Eds.) Domestic Violence Fact
- Neira, Y. Nandi, A. and Galea, S. (2007). Posttraumatic Stress Disorder following Disasters: A Systematic Review. Psychological Medicine, doi: 10.1017/S0033291707001353
- Office of the High Commissioner for Human right (2007). Internally Displaced People. Retrieved from http://:www.unhcr.org on 20/04/2015
- Oxford English Dictionary (1989), Second Edition
- Petraeus, D.H. and Amos, T. (2006). Counterinsurgency," Marine Corps War fighting Publication No. 3-33.5, Department
- Sadock, B. J., &Sadock, V. A. (2003). Kaplan &Sadock's Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry (9th ed.). Philadelphia: Lippincott Williams & Wilkins.
- Vitanza, S; Vogal, L.C. and Marshall, L.L (1995). Distress and symptoms of posttraumatic stress disorder in abused women. Violence and Victim. 10 (1) 23-34
- World Health Organization. Working with street children. Module 1 a profile of street children. Retrieved 21 April 2015 from whglibdox.who.int/hg/2000/WHO- MSD MDP 00 14 Module 1.