



TRAUMA AND STRESSOR-RELATED DISORDERS AMONG INTERNALLY DISPLACED PERSONS IN THE FEDERAL CAPITAL TERRITORY, ABUJA

¹Maria O. Eyianmanu & ²Funke T. Olofin

¹Department of Sociology Baze University, Abuja

²Department of Psychology Baze University, Abuja

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Abstract

This paper assesses stress and trauma-related disorders among the Internally Displaced Persons in the Federal Capital Territory, Abuja, Nigeria. In its methodology, the study took a descriptive approach. A convenient sample of 300 participants were drawn from each of the four officially recognized camps in the FCT making a total sample of 900 participants for this study. Face-face interview was conducted using interviewer administered structured questionnaire. Two additional research assistants and two Hausa interpreters were recruited for this study. The response rate was 100 percent. Anxiety, adjustment and attachment disorders were most prevalent in this study. Traumatic stress disorders were higher in respondents aged 37-58, and the unemployed. The interview was face-face and psychological tools like PHQ-9, PHQ-GAD, PHQ-SADS were used. Findings showed that a large proportion of the respondents are less educated, 94% of respondents were unemployed as at the time of this study. (67%) and those separated from spouses and family as a result of Boko-harm attacks. Recommendation made was that getting timely help and support may prevent normal stress reactions from getting worse and developing into PTSD.

Introduction

The global crisis of internal displacement poses an enormous challenge to the health and well-being of the displaced persons. Internally displaced persons in Nigeria, more than the developed world, suffer a lot of

stress and trauma during displacement, escape and journey for safety, and even after camping in supposed places of safety. The International Displacement Monitoring Center (IDMC 2020) disclosed the total number of global internally displaced persons to be 50. 8 million although the precise

number may be difficult as many are dead and where about of many is unknown. 45.7 million of the estimated global displacement is driven by conflicts. Simona, Varella (2020), IDMC, (2020), United Nations Internal Children's Emergency Fund (UNICEF, 2020) held that Africa has the largest number of Internally Displaced Persons in the world. and Nigeria accounts to 1.3% (26 million) of the world population of displaced persons.

The manner of displacement of the IDPs in Abuja camps was quite stressful and traumatic. Majorly displaced from the Boko-haram armed conflict areas of Guoza in Borno state and partly from Adamawa among others, the IDPs were exposed to horrible, hostile, aggressive and fearful events. Many of them watched others killed by gun shots or slaughtered like animals, relatives captured and taken away by the terrorist, many have been raped by the terrorists and even supposed security agents at the course of running for safety (Alemika, 2018; Buba, 2015; Granville 2020). This non-combatant special population was exposed to the Boko-haram' terrorists violent and dreadful activities. UNODC (2017) posited that children have been forcefully recruited and used by Boko-haram to attack public places and even their own families to enforce loyalty to the terrorist group. This is quite traumatic.

In his *Psychology of Terrorism*, Randy Borum (2003) had maintained that displaced persons need therapeutic efforts having experienced many stressful and traumatic events that have the tendency of affecting their normal daily activities and relationships. Displaced from their basic

means of livelihood, personal homes and ancestral familiar environment, majority of the displaced persons are scattered in camps across states. Having left the places of initial crises and camped in the supposed places of safety has not taken away the stress and trauma but rather heightened to disorders that require special attention. A study of IDPs in the capital city of Abuja revealed heightened traumatic stress disorders among the IDPs. Exposure to stress and traumatic events do cause individuals to develop and exhibit abnormal thoughts, reactions and behaviors referred to as traumatic-stress disorders or trauma and stressor-related disorders.

Disorders are range of conditions that affect people's moods, thoughts and behaviors and therefore, disrupt normal physical, social and mental functions. Traumatic Stress Disorders therefore, define conditions that arise from stress and traumatic experiences of people in a given area and which tend to affect their normal functioning. Traumatic-stress disorders are disorders that develop after exposure to stressful and threatening events. Traumatic-stress related disorders, it refers to reactions and some-what abnormal behaviors that are caused by exposure to traumatic, stressful, dreadful or life threatening events or experiences resulting to intense physical, social and psychological stress reactions which often have adverse effects on the individuals' normal functioning, the physical, emotional, social and economic well-being. Such disorders tend to interfere with their daily living and interaction with people and therefore, requires serious attention to avoid further effects on the society.

Trauma and stress are widespread, harmful and public health issues. Trauma and stress related disorders could occur as a result of violence, neglect, abuse, accident, loss, natural or man-made disasters such as quakes, flooding or war and do affect the individual victims and the society if left unaddressed. Camped in the federal capital city, it may be presumed that the Internally Displaced Persons (IDPs) should have better opportunities to better their lives and therefore, adjust to normal life from the trauma and stress conditions caused by Boko-haram activities. However, the findings show that the IDPs do not suffer only Post Traumatic Stress Disorder from their earliest encounter with the Boko-haram, but that they are faced with many diverse Traumatic-Stress Related Disorders even after camping in supposed places of safety for nearly two decades. These disorders, if left unaddressed, could pose further negative consequences on the population and the society by extension. This study evaluates the general traumatic-stress disorders among the internally displaced persons in the municipal area of Abuja, the Nigerian capital city.

Method of Study

Approach: This study was carried out on the internally displaced Persons in Abuja Municipal Area Council (AMAC) using a descriptive approach.

Sample: A convenient sample of 300 participants were drawn from each of the officially recognized camps in the Municipal, making a total sample of 900 participants for this study.

Instrument of study: Face-face interviews were conducted using interviewer administered structured questionnaire. The questionnaire was structured to give respondents the opportunity to express themselves freely. Main questions were therefore, open-ended to accommodate many traumatic-stress-related disorders. Although there are existing psychological tools like PHQ-9, PHQ-GAD, PHQ-SADS ETC, these existing instruments specifically measure depression and anxiety specified disorders. An interviewer structured question was therefore developed to give respondents the chance to freely express themselves without predicting or pre-empting the type of trauma and stressor related disorders that are present among the displaced persons.

Research Team: Two research assistants in addition to the two principal investigators, and two Hausa interpreters were employed for the study since the population was 100 percent from the Hausa speaking warring areas of northern Nigeria with majority having difficulty comprehending and speaking English language.

Duration of Study: The data collection took place from November, 2021-January, 2022. The longevity is attributed to the nature of interview (face-face) which consumes time and therefore, elongated the number of days to cover the sampled size.

Study Population: This study was carried out on the Internally Displaced Persons within the Abuja Municipal. There are three officially recognized IDPs camps in the

Abuja Municipal Area viz: New Kuchigoro camp, Durumi camp, and Karmajigi camp where this study was carried out.

Ethical consideration: Participants were assured of confidentiality and anonymity. Routine supervision and quality control were carried out by the principal investigators even

though the research assistants were trained before the field exercise commenced.

Findings

All respondents interviewed presented indicators of one form or some forms of traumatic-stress disorders. Table 1 below provides the socio-demographics of respondents and a summary of the findings:

Table 1: Socio-demographics of Respondents

Variables	Frequency	Percentage (%)
Gender:		
Male	307	34%
Female	593	66%
TOTAL	900	100%
Age:		
18-37	512	56.9%
38-57	282	31.3
58-77	106	11.8
78-above-	0	0.0
TOTAL	900	100
Education:		
Non-formal	669	74.3
Primary	161	17.9
Secondary	66	7.3
Tertiary	4	0.4
TOTAL	900	100%
Current Employment Status:		
Employed	51	6.0%
Not employed	849	94%
TOTAL		100%
Nature of employment before displacement		
Business	41	5.0%
Agriculture	823	91%
Civil service	36	4.0%
TOTAL	900	100%
Marital status:		
Single	75	8.0%
Married	602	67.0%
Divorced	0	0%
Separated	223	25.0%
TOTAL	900	100%

Table 2: Traumatic-stress disorders experienced by IDPs

S/N	Traumatic-stress disorders experienced by IDPs	Frequency	Percentage
1	Traumatic Grief/Flashbacks	98	10.9
	Fear of not having what to eat	95	10.6
3	Fear of displacement	218	24.2
4	Physical reaction to sounds	120	13.3
5	Memory problem/trouble concentrating	102	11.3
6	Hypervigilance	48	5.3
7	Aggressive behavior	19	2.1
8	Drug/Alcohol abuse	51	5.7
9	Social detachment	61	6.8
10	High blood pressure	37	4.1
11	Frequent thought of death witnessed	51	5.7
	Total	900	100%

Discussion

As shown in the table above, stress and trauma related disorders are common among internally displaced persons particularly in camps. All respondents presented one form or some forms of trauma and stressor-related disorders. The most prevalent disorders found in this study were constant fear of what to eat (24%), fear of re-displacement (13%) physical reactions to events that gives reminder of earlier traumatic events(sounds). Others traumatic and stressor-related disorders found among the internally displaced persons include aggression, hyper vigilance, drug abuse, flash-backs, and withdrawal syndrome. All these are issues of concern that if not attended to, may present further negative consequences on the society.

Age-wise, respondents within the age category of 38-57 were mostly affected (approximately 57%). By gender, women were most affected either because they from the majority of the respondents found in camps as the time of interview, or because

they largely constitute the unemployed who rarely go out in search of work and so, worry about survival. Educationally, majority of the internally displaced persons have no formal education (74%). A large proportion of the respondents are less educated. Distribution by employment indicates that 94% of respondents were unemployed as at the time of this study. By implication, the IDPs have lower chances of being employed in the formal sector coupled with their inability to access land for farming (their primary job before displacement). This could affect their wellbeing as they may continually worry about means of survival. Consequently, there is a high tendency that they may experience trauma and stress-related disorders and engage in illegitimate and abnormal behaviors such as drug deal, smoking, aggression etc. which may further affect their health. By marital status, the affected respondents were dominated by the married (67%) and those separated from spouses and family as a result of Boko-harm attacks and the subsequent displacement (25%). As found by Cetinkya and Ercin (2015) and US

department of Health and Human Services (2014), incomplete family (separation) poses the risk of stress and trauma disorders. More so, those who are often worried (anxiety disorder) about how to survive the family having been displaced from their homes and primary means of livelihood.

Major areas of attention

The study indicates a dominance of anxieties about stable means of survival and fear of displacement. The internally displaced persons are normal human beings who have rights. Being displaced does not take away their fundamental human rights. Besides, by the national policy on internal displacement and the UN Guiding Principle on Internal Displacement, the government has the primary responsibility to care for, provide, protect and resettle the displaced persons. The absence of formal intervention in these areas of needs will only create more stress and trauma for the displaced persons and that may bear negatively on not just the image, but the stability of the Nigerian society as there are tendencies of heightened violent behaviors, drug abuse among other criminal tendencies.

Recommendations

The traumatic stress disorders presented by respondents in this study are dominated by adjustment and attachment disorders which can easily be overcome with the right interventions. The following recommendations could averse the conditions

- i. Government by principle and law, owes the responsibility of the internally displaced persons.

Findings however indicate that government is completely absent in the affairs of the displaced persons in the capital city of Abuja.

- ii. There is need for government genuine e-affirmation, commitment, care and resentment plan that will not only provide a friendly accommodation but also, provide farm lands that will enable the IDPs return to their normal and familiar profession that will improve the living conditions and adjustment to normal life.
- iii. Getting timely help and support may prevent normal stress reactions from getting worse and developing into PTSD. This may mean, in addition to the government intervention above, turning to family and friends who will listen and offer comfort. It may mean seeking out a mental health professional for therapy. / prevent you from turning to unhealthy coping methods, such as misuse of alcohol or drugs.

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