

Impact of Traumatic Stress on Mental Health in Northern Nigeria: Helping Children, Adolescents and Adult Cope with Violence and Terrorism

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Received: April 17, 20209; **Published:** May 28, 2020

Abstract

Literature has shown that stress of high severity predisposes to psychiatric/psychological condition. Some persons in the course of experiencing traumatic stress react in a way that manifest the feature of Post-Traumatic Stress Disorder (PTSD). In the past seven to eight years and now, Northern Nigeria has been a beehive of violence hence subjugating the population to much traumatic stress. This situation/condition is reviewed in this Work. Managing/helping children, adolescents and adults with this condition and coping are enshrined in this work. Also, the role of parents and public health workers with regards to the management of PTSD was addressed.

Keywords: Coping; Mental Health; Traumatic Stress; Stress; Terrorism; Violence

Introduction

Violence is a behaviour involving physical force intended to hurt, damage or kill e.g. armed robbery, kidnapping, rape, assassination, terrorism, suicide bombing etc. Terrorism is unofficial or unauthorized use of violence and intimidation in the pursuit of political aims. Violence in its forms such as terrorism, suicide bombing etc., are anxiety provoking condition/situation/behavior capable of impinging on/or manifesting severe stress on individual, groups, and society. Stress is the tension, strain and pressure we experience when we face a demand or expectations that challenge our ability to cope or manage our life/stressful condition.

Violence in any form is stress provoking and can lead to traumatic condition, which involves a deeply distressing experience, an emotional shock following a stressed event. According to APA and Burke L [1,2], traumatic stress is an occurrence of piercing intensity that is outside the range of usual human experience and could frighten almost anyone and threaten life or one's physical (bodily) integrity. The above is not far from what is being experienced and still experiencing in the Northern part of Nigeria namely, Borno State, Yobe State and Adamawa State. Others include Benue State, Taraba State, Zamfara State and some parts of Nasarawa State etc., characterized by the activities of the insurgent's groups known as "Boko Haram" and "herdsmen", the pronouncement of state of emergency in the states by the federal government of Nigeria. These experiences, over time, results to mental health problems namely; fear, anxiety, low self-esteem, insecurity, suicidal thoughts/ideas. Others include depression, substance abuse/dependence, and anxiety disorder e.g. acute stress disorder, post-traumatic stress disorder (PTSD) and other forms of mental illnesses.

Citation: Oguizu Okechukwu J and Oguizu Ada D. "Impact of Traumatic Stress on Mental Health in Northern Nigeria: Helping Children, Adolescents and Adult Cope with Violence and Terrorism". *EC Psychology and Psychiatry* 9.6 (2020): 165-173.

Saddock BJ, *et al.* [3] identified that post-traumatic stress disorder (PTSD) is a condition marked by the development of symptoms after exposure to traumatic life events. They posit that the person reacts to this experience with fear and helplessness, persistently relives the event and tries to avoid being reminded of it.

Post-traumatic stress disorder (PTSD) is a clinical psychological disorder in which there is a profound painful emotional response to a threatening or catastrophic nature which is likely to cause pervasive distress in almost anyone. This condition is exactly the experience in the Northern part of Nigeria. The study of [4] in the Northern Nigeria precisely in federal Neuropsychiatric Hospital, Maiduguri, Borno State, indicated the prevalence of post-traumatic stress disorder (PTSD) in the Northern Nigeria.

Looking at its aetiology, the presence of a stressor is necessary for the manifestation/development of PTSD. Man-made events e.g., armed robbery, rape, kidnapping, assault, bombing, suicide bombing, ethno-religious violence etc. may predispose to it. Gelder M., *et al.* [5,6], indicates that natural disasters such as earthquakes, fires, floods, volcanoes, mud slides, road traffic accidents, hurricanes and Tsunamis have all been implicated as stressors causing PTSD.

There are risk factors to the development of PTSD. These include prior victimization e.g., childhood trauma namely; physical abuse, emotional/psychological abuse, neglect and sexual abuse. Other risk factors include personality traits e.g., (paranoid or dependent personalities, cognitive appraisal made towards such life event(s)), environment e.g., (insecurity and violent prone environment) and genetic factors.

Saddock BJ, *et al.*, Gelder M., *et al.* and Freedman SA [3,5-7] included exposure to the event, severity of the event, sustaining physical injury by the event, chronic and frightening medical conditions such as HIV/AIDS or Cancer and poor support system are other risk factors. The insecurity, violent prone environment and others that characterize the Northern part of Nigeria as a result of the activities of insurgents “Boko Haram” and “herdsmen” are risk factors. This condition has resulted to many developing psychological disorders for example, acute stress disorder, posttraumatic stress disorder and others.

Treating/managing children, adolescents and adults and how to cope in such condition/environment were addressed. In addition, awareness/symptoms of this condition and the role parents and public health workers/caregivers will play in the management of PTSD were equally addressed.

Clinical features of PTSD

The clinical features of PTSD, according to APA, Saddock BJ, *et al.*, Gelder M., *et al.* [1,3,6,8] outlined that, the disorder may begin soon after the traumatic events when it's called acute stress disorder. They indicate that sometimes however, symptoms occur much later, about six months, thus the division between acute and delayed PTSD. APA [1,8,9] stipulates that diagnostic criteria for PTSD must be of at least 30 days duration and must cause clinically significant distress or impairment before a diagnosis can be made.

The symptoms are usually divided into cluster of three groups namely:

- A) Re-experiencing (intrusions)
- B) Avoiding symptoms
- C) Hyper arousal Symptoms.

Re-experiencing symptoms (intrusion)

- Flashbacks-reliving the trauma over and over, including physical symptoms like a racing heart or sweating
- Bad dreams
- Frightening thoughts.

Re-experiencing symptoms may cause problem in a person's everyday routine. They can start from the person's own thoughts and feelings. Also, words, object or situations that are reminder of the event can also trigger re-experiencing.

Avoidance symptoms

- Staying away from places, events or objects that are reminder of the experience feeling emotionally numb.
- Feeling strong guilt, depression or worry
- Losing interest in activities that were enjoyable in the past
- Having trouble remembering the dangerous events.

Things that remind person of the traumatic event can trigger avoidance symptoms. These symptoms may cause a person to change his or her personal routine for example, after experiencing a fatal accident, the person may avoid driving, travelling or riding in a car.

Hyper arousal symptoms

- Being easily startled
- Feeling tensed or "on edge"
- Having difficulty sleeping and/ or having angry outburst.

Hyper arousal symptoms are usually constant, instead of being triggered by things that remind one of the traumatic events. They can make the person feel stressed and angry. These symptoms may make it hard to do daily tasks, such as sleeping, eating or concentrating.

It's natural to have some of these symptoms after a dangerous event. Sometimes people have very serious symptoms that go away after a few weeks. This condition is called acute stress disorder (ASD). When the symptoms last more than a few weeks (namely four weeks) and become an ongoing problem, they might be PTSD. Some people don't show any symptoms for weeks or months.

Management of PTSD include antidepressant medication, anxiolytics as well as various psychotherapies including cognitive behavior therapy (CBT) and several parts to CBT which include: Exposure therapy, cognitive restructuring, and stress inoculation training. Also talk therapies are very helpful in managing PTSD.

Reason for the study

As indicated in this work, what violence and terrorism are and its negative effect on mental health, this became the major reason for this study. Violent events/terrorism- (Suicide bombing, armed killing, banditry, kidnapping etc.) occurred and still occurring in the different parts of the Northern Nigeria- namely Maiduguri in Borno State, Yobe State, Adamawa State. Others include Benue State, Taraba State, Zamfara State and some parts of Nasarawa State and state of emergency pronounced on the states by the federal government of Nigeria. This is still on in Borno State, Adamawa State and present. Others include Kano, Katina, Sokoto, Suleja, Jos, etc., have experienced violent religious conflicts, insecurity, and terrorism: namely insurgency of Boko Haram groups and herdsmen. This condition has resulted to the death of hundreds of people and destruction of properties. People woke up to find burnt residential houses, places of worship, security offices, prisons, killing of police officers and other military and paramilitary officers including civilians etc. In some cases, fierce fighting for many days followed during which people remained fearful and locked themselves up indoors for several days. The public place like market, schools, Banks, hospitals, worship places etc. remained closed. There was severe acute food and water shortage and great fear and apprehension.

This devastating experience made many mental health professionals/workers namely: Psychiatrists, Clinical Psychologists, Psychiatric Nurses, Social Workers and Occupational Therapists, disturbed about people developing/manifesting PTSD and other forms of psycho-

logical disorders. This is not farfetched from where the author works; Federal Neuropsychiatric Hospital, Barnawa, Kaduna, where prevalence of PTSD and other psychological disorders are pronounced among patients in the hospital and other sister hospitals in the region.

The objective of this work therefore is to present the impact of traumatic stress on mental health among people/individual which was a scene of much violent, social, terrorism and religious conflicts and is still is. The author made provision on how to manage children, adolescents and adults and also how to cope in such condition. Parents and public health workers were advised on how to help in a situation like this.

Helping children and adolescents cope with violence and terrorism: What parents can do

Young people and adults experience violence of any kind including terrorism and most times becomes traumatized. Trauma is nothing but hurt or harm; it can be hurt to person's body. It can be harm to a person's mind and over time predisposes to psychological problems (e.g., acute stress disorder, PTSD etc).

Helping young trauma survivors

Helping children begins at the scene of the event. It may need to continue for weeks or months. Most children/teens recover within a few weeks. Some need helps longer. Grief (a deep emotional response to loss) may take months to resolve. Grief may be re-experienced or worsened by news reports or the events anniversary.

Identify children who need most support. Identify children who:

- Refuse to go places that remind of the event.
- Seem numb emotionally.
- Show little reaction to the event.
- Behave dangerously.

In general, adult helper should:

- Attend to children, listen to them, accept/do not argue about their feelings, help them cope with the reality of their experience.
- Reduce effects of her sources of stress including: frequent moving or changes in place of residence, long period away from family and friends, fighting within the family and being hungry.
- Monitor healing: It takes time, do not ignore severe reactions, and attend to sudden danger in behaviours, speech, and language use or in emotional/feeling states.
- Remind children that adult: love them, support them and will be with them when possible.

How parents can help

After violence, parents and family should:

- Identify and address their own feelings, this will allow them to help others explain to children what happened.
- Let children know: you love them, the event was not their fault, and you will take care of them but only if you can, be honest and it's okay for them to feel upset.
- Do: Allow children to cry, allow sadness, let children talk about feelings, let them write about feelings and let them draw pictures.
- Don't: Expect children to be brave or tough, make children discuss the events before they are ready, get angry if children show strong emotions, get upset if they begin; bed wetting, acting out and thumb-sucking.

Other tips include:

- If children have trouble sleeping: Give them extra attention, let them sleep with a light on, let them sleep in your room (for short time).
- Try to keep normal routine (that may not be normal for some children): Bed-time stories, eating dinner together, watching TV together, reading books, exercising and playing games.
- Help children feel in control: Let them choose meal, if possible, let them pick out cloths, if possible and let them make some decisions for themselves, when possible.

Helping children and adolescents cope with violence and terrorism: What rescue workers can do

After violence or terrorism rescue workers should:

- Protect Children: From further harm, from traumatic sights and sounds, from onlookers and media.
- Be kind, but firm in directing children: Away from the events site, away from injured survivors.
- Keep children together with family and friends.
- Identify Children in acute distress: Stay with them until they are calm, they may tremble, they may become mute and they may exhibit erratic behavior (loud crying, rage and may sit completely still or frozen). 0 Be tolerant of difficult behavior.
- Be tolerant of strong emotions.
- Supportive acts help children feel safe: A quick hug and reassuring word.

Treatment for PTSD

Psychological problems developed/manifested as a result of trauma from violence and terrorism can be treated/managed. For example, the main treatment for people with PTSD is Psychotherapy, medications or both. Everyone is different, so a treatment that works for one person may not work for another. It is important for anyone with PTSD to be treated by a mental health professional who is experienced with PTSD.

Psychotherapy

Psychotherapy is “talk therapy”. It involves talking with a mental health professional to treat mental illness. It can occur one-on-one or in group. The talk therapy treatment for PTSD usually last 6 to 12 weeks, but can take more time. Research shows that support from family and friends can be an important part of therapy.

Many types of psychotherapy can help people with PTSD. Some types target the symptoms of PTSD directly. Other therapies focus on social family, or job-related problems. The therapist may combine different therapies depending on each person’s needs. A therapy known as cognitive behavioural therapy (CBT) is very helpful in this regard. They include:

- **Exposure therapy:** This therapy helps people face and control fear. It exposes them to the trauma they experienced in a safe way. It uses mental images, writing, and computer to visits to place where the events happened. The goal is to use the tools help people with PTSD cope with their feelings.
- **Cognitive restructuring:** This therapy helps people make sense of the bad memories/thoughts, beliefs, assumptions etc. sometimes people remember or perceive the event differently or wrongly than how it happened. The therapist helps people with PTSD look at what happened in a realistic way.
- **Stress inoculation training:** This therapy reduces PTSD symptoms by teaching a person how to reduce anxiety or relax in the mist of anxiety provoking situation. Like cognitive restructuring, this treatment helps people look at their memories in a healthy way.

Further on CBT which are suitable in dealing with trauma and also applicable in African culture includes: combination of cognitive and behavioral therapies. This include bringing in the concept of events and thought with interpretation as it relates to feeling and behavior.

CBT approach

- Focus on identifying factors that initiate and maintain behavior
- Focus on the adaptive and maladaptive behaviors that lead to client discomfort and problems
- Focus on observable and measurable behaviors
- The “how” question relates to building skills- How does he change?
- The “what” question addresses the things that reinforce patterns of thought, affect, and behaviour.
 - What keeps a person doing what he’s doing?
- Teaching clients skills that help them recognize and learn strategies to:
 - Reduce risks of relapse
 - Maintain abstinence
 - Solve problems
 - Enhance self-efficacy
- Asking questions-and teaching clients to ask themselves questions-to explore the relationship of their thinking to their emotional responses to events. For example:
 - How do I really know those people are laughing at me?
 - Are there any other possible explanations?
 - Could they be laughing about something else?
- Explore positive and negative consequences
- Teach self-monitoring
- Help clients develop strategies for avoiding or coping with high-risk situations
- Help clients develop effective coping strategies for general life challenges
- Teach problem-solving skills.

Cognitive-behavioral coping skills therapy

- A structured CBT approaches
- Each session includes:
 - Discussion of the rationale
 - Specific skill guidelines
 - Behavioural rehearsal (skill role-plays)
 - Practice exercises for a particular topic area
- Topic areas:
 - Managing thoughts about internal and external triggers
 - Solving problems

- Developing refusal skills to triggers
- Planning for emergencies and coping with a lapse
- Dealing with seemingly irrelevant decisions

The above CBT skills are suitable for African culture when properly conducted.

How talk therapies help people overcome PTSD

Talk therapies teach people helpful ways to react to frightening events that trigger their PTSD symptoms. Based on this general goal, different types of therapy may:

- Teach about trauma and its effects.
- Use relaxation and anger control skills.
- Provide tips for better sleep, diet and exercise habits.
- Helps people identify and deal with guilt, shame and other feelings about the event.
- Focus on changing how people react to their PTSD symptoms. For example, therapy helps people visit places and people that are reminders of the trauma.

Author has used these psychotherapies on PTSD patients in where he works and response was impressive.

Medication

Two medications for treating adults with PTSD:

- a) Sertraline (Zoloft)
- b) Paroxetine (Paxil).

The above medications are antidepressants, which are also used to treat depression. They may help control PTSD symptoms such as sadness, anger, worry and feeling numb inside. Taking these medications may make it easier to go through psychotherapy. Sometimes people taking these medications have side effects. The effects can be annoying, but they usually go away. However, medications affect everyone differently. Any side effects or unusual reactions should be reported to a doctor immediately.

The most common side effects of antidepressants like sertraline and paroxetine are:

- Headache, which usually goes away within a few days
- Nausea (feeling sick to your stomach) which usually goes away within a few days
- Sleeplessness or drowsiness, which may occur during the first few weeks but then, goes away. Sometimes the medication dose needs to be reduced or the time of day it is taken needs to be adjusted to help lessen these side effects
- Agitation (feeling jittery)
- Sexual problem, which can affect both men and women, including reduced sex drive and problems having and enjoying sex.

Other medications

Types of medications listed below can be prescribed:

- 1) Benzodiazepines: These medications may be given to help people to relax and sleep. People who take benzodiazepines may have memory problem or become dependent on the medication.

- 2) Antipsychotics: These medications are usually given to people with other mental disorders like schizophrenia. People who take antipsychotics may gain weight and have higher chance of getting heart disease and diabetes.
- 3) Other antidepressants like sertraline and paroxetine, the fluoxetine (Prozac) and citalopram (celaxa) can help people with PTSD feel less tense or sad. For people with PTSD who also have other anxiety disorder or depression, anti-depressants may be useful in reducing symptoms of these co-occurring illnesses.

Conclusion

Post-Traumatic Stress Disorder (PTSD) is common in Northern Nigeria, the scene of much ethno-religious conflict/violence, insecurity and insurgency of Boko Haram and terrorism are on alarming proportion. This condition is capable of developing psychiatric/psychological disorder and have developed among people living in the region. This is sequel to prevalence of PTSD and other psychiatric conditions being observed in psychiatric hospital namely Federal Neuro-psychiatric Hospital, Bamawa, Kaduna- (Author's place of work), Federal Neuropsychiatric Hospital, Maiduguri, Borno State, and that of Sokoto and other sister hospitals in the region and other parts of the country. This call for setting up more mental health services and involvement of more Clinical Psychologists and other mental health professionals to address trauma in every post conflict district in Nigeria and other continents of the world.

Conflict of Interest

There is no financial or any conflict of interest.

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Volume 9 Issue 6 June 2020

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