

## **Impact of Terror-Induced Trauma on Psychological Well-Being Among Internally Displaced Persons in Kaduna, Nigeria**

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### **Abstract**

The study investigated the impact of terror-induced trauma on the psychological well-being amongst internally displaced persons (IDP's) in Kaduna Metropolis. The study adopted the cross-sectional design. Instruments used to collect data were the Ryff Psychological Well-being Scale, Beck Anxiety Scale, Beck Depression Inventory (BDI), Insomnia Screening Questionnaire (ISQ) and Post-Traumatic Stress Disorder Scale. A total of 129 participants made up of 67(51.5%) males and 61(46.9%) females with ages ranging from 12 – 52 years took part in the research. The study purpose includes examining the impacts of anxiety, depression, insomnia and post-traumatic stress disorder on the psychological well-being of IDP's in Kaduna. The one-way ANOVA was used to test the hypotheses. Results obtained revealed that anxiety, depression, insomnia and post-traumatic stress disorder all have significant impacts on psychological well-being amongst internally displaced persons (IDPs). The study concludes that anxiety, depression, insomnia and post-traumatic stress disorder all significantly impact on the psychological well-being of such persons affected by trauma. Therefore, an important key recommendation proposes that government steps up in protecting its citizens from mental assault by establishing quick and free psychological intervention trauma centers around the country to address whatever trauma internally displaced persons might be experiencing.

**Key words:** Terror-Induced Trauma, Psychological Well-being, Internally Displaced Persons

## Introduction

Psychological well-being as the concept imply, is about lives going well. It is a joint effort of good feeling and optimally functioning. There is a close relationship between psychological well-being and sustainable well-being, which does not exclude painful emotions that result from life happenings such as disappointments, failure, grief, etc., but includes all of these and the ability to manage all the feelings as is needed for long term well-being (Huppert, 2009). However, psychological well-being gets interrupted when negative emotions are extreme and last long, thereby affecting the optimal functioning ability of an individual.

According to World Health Organization (2004) it is expressed that the psychological well-being of an individual has an intrinsic value that is greater than the external responses of that individual in relation to his/her environment as well as the people in it. However, mental health issues are increasing daily which provides a good rationale for more evidence base of common mental health problems. It is in response to clarifying psychological well-being definition that (WHO, 2004) define mental health, as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community. This further gives rise to the definition of health by the WHO as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (Silvana, Andreas, Marianne, Julian, & Norman, 2015).

Therefore, well-being is seen as more than just happiness, well-being means the person is being fulfilled and making a contribution to society. But a lot of things happen when people have no choice against unforeseen manmade and natural disasters such as terrorism and its consequent outcome, which is the major thrust of this research.

Terrorism is one of such manmade disasters and in the last 15 years, its impact has been overwhelming as terrorist activities as well as mortality rates increased by 80% in 2014 to its highest level ever recorded. The death rates rising from 18,111 in 2013 to 32,685 in 2014 (Institute for Economics and Peace: Global Terrorism Index, 2015). This report further provides a detailed analysis of the changing trends in terrorism where the number of deaths increased by nine-fold since the year 2000, in which 162 countries were reported to be affected making terrorism a full global problem.

The report further reveals locations where terrorists' activities are most concentrated, and five countries accounted for 78% of deaths arising from these acts of terrorism and 57% of all attacks occurred in only five countries: Iraq, Nigeria, Afghanistan, Pakistan and Syria. In spite of the concentration in the five countries, terrorism is spreading to more countries, with the number of countries experiencing more than 500 deaths increasing from 5 to 11, a 120% increase from the previous year. The six new countries with more than 500 deaths are Somalia, Ukraine, Yemen, Central African Republic, South Sudan and Cameroon. Although majority of countries in the world did not have a death from terrorism, but a total of 67 countries in 2014, experienced at least one death increased by eight. Such countries include the Organization for Economic Cooperation and Development (OECD) countries; Austria, Australia, Belgium, Canada and France which experienced high profile terrorist attacks in recent times. The West is not exempt from terrorist attacks, although they are key targets but majority of deaths from terrorism do not occur in the West, notably, the September 11 incident in the United States of America was one of its major experiences of terrorism. The Islamic State of Iraq and the Levant, (ISIL) has continued to advocate for attacks in the United States, Canada, Australia and European countries.

Nigeria is one country in Africa that has experienced major terrorist threat. The country has experienced the largest increase in terrorist deaths ever recorded by any country, increasing by over 300% to 7,512 fatalities. Boko Haram, which operates mainly in Nigeria, has according to reports become the most deadly terrorist groups in the world, and it is for this reason that Nigeria ranks third of the 162 countries that have been worst hit by terrorists attacks (GTI, 2015). Terrorism has traumatized the country and has left smothering of human flesh, broken relationships and twisted minds. Terrorism was once a foreign concept to Nigerians, but in the recent past has become a reality, the worst hit being the North Eastern parts of the country (Okoli & Iortyer, 2014).

Since the emergence of Boko Haram insurgency in 2001, in the North, its activities have claimed close to 5000 lives and destroyed private and public property worth billions of naira (The source, 2014). They also included kidnapping women and school girls since 2013, particularly the abduction of over 200 college girls from Chibok in Borno State on the 15<sup>th</sup> of May 2014 and subsequently, the use of female suicide bombers in their operations. All these have given rise to agonies of those living in camps such as the Internally Displaced Persons (IDP Camps) (Terwase, Abdul-Talib, Zengeni, and Terwase, 2015; Tonwe, and Eke, (2013). Abducted women and girls have been subjected to rape, early marriage and used as sex slaves. By inflicting collective barrier on women as a social group, these women have been traumatized and dehumanized leading to fear of violence and sexual abuse which leaves women trapped and prevented from living their lives (USAID, 2000).

The acts of terror are intentional and unsolicited, and the perpetrators being terrorists cause great destruction to lives and property as well as issuing threats that leave overwhelming fear in the minds of survivors. The recipients of terror induced acts are also innocent and defenseless group of people; women and children especially. These acts usually politically and religiously motivated, is geared towards terrorizing targets as well as innocent civilians with the aim of causing instability and feelings of fear, confusion, anxiety, nervousness and helplessness. Beyond the physical damage, terror emanating from militancy in the south to terrorist attacks in the north have sent millions to the grave and left countless slowly dying from trauma, which in turn has affected their psychological well-being and way of life. Consequently, according to (Terheggen, Stroebe, & Kleber, 2001; Smith, Perrin, Yule, and Rabe-Hesketh, 2001), individuals going through the psychological experiences of trauma could portray feelings of extreme sadness, fear, guilt, and anger. Issues arising such as depression, anxiety and substance misuse all known as psychological sequelae constitute significant distress or impaired functioning, including intrusive thoughts and emotions about the traumatic events, avoidance, emotional numbing and/or hyper-arousal.

Trauma according to the Advanced English Dictionary is an anxiety disorder associated with serious traumatic events and characterized by such symptoms as survivor guilt, relieving the trauma in dreams, numbness and lack of involvement with reality, or recurrent thoughts and images. Trauma denotes an overwhelming experience which interrupts an individual's ability to be functional and poses a threat to sanity and life in general. It is a state of being mentally stuck and the violent event keeps replaying and the victim is unable to go on with life. From the foregoing conceptual analysis, trauma is any injury which has the ability to cause prolonged disability or death. Tomasella, (2016) does an analysis of trauma and psychological traumatism which is explained as being more related to disasters such as terrorism, involving the barbarous killing of other human beings and other associated psychological issues that this research is hinged on. Trauma can result from a onetime incident as well as repeated experience

of traumatic events. The one time could be incidents such as gun-point robbery, rape, kidnapping accidents, witness of a death or loss of a loved one in a violence setting. On the other hand, repetitive experiences include child abuse, concentration camp, living in a war torn country, incessant acts of terrorism amongst others. This study focuses on terror induced trauma as a result of terrorism, other types include; sexual abuse/assault; unwanted and coercive sexual contact, exposure to sexual material or experiences as well as sexual exploitation through violence or terror based setting.

Studies have found that about 90% of surviving victims have been found to display some adverse psychological reactions in the hours and days following the traumatic event. This was revealed after a national survey was carried out on the stress reactions done after the September 11 terrorist attack (Schlenger, et al. 2002; Schuster et al, 2001). The effect of exposure to terrorism induced traumatic events on the well-being of children have been identified to include signs of depression, anxiety, aggression, activation of dissociate mechanism i.e. staring into space and “freezing-up” in reaction to certain stimuli (Fremaont, 2004; Joshi and O’Donnell, 2003). Some studies reveal some evidence suggesting that traumatic events in children may also lead to abnormal behavior such as conduct disorder and attention deficit hyperactivity disorder (ADHD), (Shaw, Eckstrand, Sharp, Blumenthal, Lerch, & Greenstein 1995). Lyons (1979) implicated unrest, fear of being alone and school refusal as signs of terror induced trauma.

Other studies have shown that above one third of children exposed to community violence suffered from trauma and subsequently post-traumatic stress disorder (PTSD), (Berman, Kurtines, Silverman & Serafini, 1996). Youth exposed to traumatic events can also develop depression, anxiety disorders, substance use and abuse, psychological problems and poor functioning at home and school (Cohen, 1998; Pynoos, Steinberg & Wraith, (1995). Widespread negative psychological effects have been reported following acts of violence. Review of literature has consistently revealed a wide range of adverse outcomes following terrorist attacks (Katz, Pellegrino, Pandya, Ng, & DeLisi, 2002). Results of review of 49 research articles and books conducted by Solomon and Green (1992) revealed that most authors reported negative psychological consequence of disasters. WHO in its estimates suggests that, out of the situation of armed conflicts throughout the world, 10% of the people who experience traumatic events will have serious mental health problems that will hinder their ability to function.

According to UNESCO, Nigeria and other neighboring countries now have the world’s highest number of out-of school children due to terrorist activities. The fear of being bombed has discouraged a high number of students from going back to school. The constant threat to life and state of fear has affected their psychological well-being (Oladele, 2014; Ilechukwu, 2014).

Survivors and living victims have become internally displaced in their own country because of the terrorist activities in their town, cities and villages. Nigeria in 2015 was declared the country with the highest number of Internally Displaced Persons with an estimated figure of 2,152,000 Internal Displacement Monitoring Center (IDMC), (2015). It is irrational and unfair to assume that people who have experienced terror either first hand or on television screens would resume their lives like nothing happened. Individuals’ existential illusions that help them cope with their daily lives, shortcomings, dreams, and plans for the future with hope for a better future become shattered. It must be recognized that the foremost aim of terrorists and terrorism is to instill fear in the minds of people- the survivors (Adeniji, 2015). In as much as efforts are being made to prevent terror acts and occurrences, it is noteworthy that the battlefield is actually on the minds of survivors, about making ordinary people feel vulnerable, anxious, confused, uncertain, and helpless (Zimbardo, 2003). It affects their will to live, quality of life and psychological well-

being. Most of these victims face sexual abuse, separation from loved ones, torture, witnessing of deaths, starvation which leads to anxiety, depression, irritability, insomnia, stress and post-traumatic stress disorder, etc. Every attack is targeted at the individuals' minds and the functionality of the nation as a whole. (Sharma, 2003). The impact of crisis, bombings, religious killings and insurgency could lead to shutting down of schools, business places, relaxation centers, churches, restriction of individuals' movements and fleeing to unknown areas in search of safety of which in no small way affects social, economic and psychological areas of one's life.

In terms of research done to determine the responses of individuals that have experienced terror, not much has been done in Nigeria going by available body of knowledge especially in the northern part of Nigeria where terrorism has been intense and scars left on the minds of survivors (Omale, 2013). Agreeably, it is gathered that Nigeria currently ranks third most terrorized country in the world (Osundefender, 2013). This ranking makes Nigeria the most terrorism stricken country in Africa alongside Somalia (Institute for Economics & Peace, 2014). This is one of the key reasons why Kaduna being one of the largest States in Northern Nigeria that has experienced series of terrorist acts was systematically selected as the study area. Kaduna state has experienced its own share of terrorist acts and has been rated 6<sup>th</sup> amongst the 13 states with a number of 36,976 internally displaced persons in 2015 (Internal Displacement Monitoring Center (IDMC), 2015). The survivors have been left with only a memory of what used to be their lives, distorted realities of how to live and heightened sense of insecurity almost to the point of paranoia; therefore it is pertinent to assess the impact of terror-induced trauma on the psychological well-being amongst residents in Kaduna metropolis. In lieu of the above, this study sought to fill the research gap that appropriately represents the geographical location and its cultural factors in this part of the world, by exploring the impact of terror-induced trauma on psychological well-being amongst Internally Displaced Persons (IDPs). Also, it has highlighted the importance of trauma control in the fight against terrorism, bringing to light the gravity or the cost of ill health and how it can be addressed. This study has created an avenue where the psychologically imbalanced due to terror induced trauma, can be identified, diagnosed and properly treated. It has also laid emphasis on the importance of psychology and psychologists in the fight against terrorism. By so doing, the research has filled a gap in literature in order to add to the limited knowledge concerning the study to bring about positive healthy outcomes.

### **Objectives of the study**

Objectives were formulated for the study\_ to assess the impacts of anxiety, depression, insomnia (sleeplessness), and post-traumatic stress disorder on psychological well-being of IDPs in Kaduna Metropolis.

## **Methodology**

### **Design**

The study adopted the descriptive and cross sectional designs which aided the researchers to collect responses from the internally displaced persons and to analyze the impact of terror-induced trauma on psychological well-being.

### **Setting**

The setting of the study is founded on the north-western part of Nigeria, in Kaduna state precisely. Kaduna is the state capital of Kaduna State with 23 local government areas. It is one among the 36 States of Nigeria. It is also in the North/Western part of the country. It has an area of 46,053km and a population of 6,006562, latitude 10.3333 N 7.7500E and one international airport. In the absence of Camps, this study was carried out across the host communities in

Kaduna metropolis such as, Kudenden, Tudun Wada, and Hien Damani Kaduna, Kaduna state, Nigeria. The time frame for this research spanned between 2015 to 2016.

### **Participants**

The participants for the study were drawn from the IDP host communities mentioned earlier. Purposive sampling method was used to select participants. This gave room for willingness of the participants to participate in the study; none of them were forced to participate. The sample size for the study was made up of 129 respondents who were within the age range of 12-52 years of age which comprised both male and female, children and adults respectively.

### **Sampling**

The purposive sampling technique was used to select participants from the general population of IDPs in Kaduna State, and in the various host communities. This sampling technique was used to accommodate the unique nature of the participants.

### **Instruments**

The questionnaire was used to collect data for the study and it consisted of five sub-scales which measured all the variables under investigation. The questionnaire is made up of six sections beginning with the demographics. The instruments were reviewed extensively to ensure cultural friendliness and these are as follows: The Ryff scale of Psychological Well-being, Beck Anxiety Scale, Beck Depression Inventory Scale (BDI), Insomnia Screening Questionnaire (ISQ), and Post-Traumatic Stress Disorder Scale (PCL)

1. **The Ryff Scale of Psychological Well-being:** A theoretically grounded instrument, it measures aspects of psychological well-being. It consists of 84 questions (long form), while the short form of 54 questions was adopted for this study. It consists of series of statements reflecting the six areas of psychological well-being; self-acceptance, autonomy, environmental mastery, purpose in life and personal growth. This Ryff scale was taken from Ryff and Keyes (1995), and has a Cronbach value of 0.744.
2. **Beck Anxiety Scale:** This scale was developed by Beck, Epstein, Brown, & Steer, (1988). It is a 21-item checklist developed with large clinical samples to measure anxiety symptoms associated with DSM III-R (APA, 1987) anxiety disorders. Care was taken during scale construction to eliminate items that would be confounded with depression items (Beck et al, 1988). The BAI adequately covers the major cognitive, affective, and physiological symptoms of anxiety. It has a Cronbach value of .85.
3. **Beck Depression Inventory Scale (BDI):** The BDI is a widely utilized 21-item self-report scale in both clinical and research studies (Beck et al, 1996). The scale was originally developed in 1961 as an interviewer-assisted format but has undergone several revisions over the last 35 years from the BDI-1A (1978), to the most recent version The Beck Depression Inventory-II (1996) which is a completely self-administered format. The Beck Depression Inventory-II is a depression rating scale that can be used in individuals to rate symptoms of depression in terms of severity on a scale based on the 21 specific items. Ten items were selected for this study. The scale was assessed from the Beck, A.T, steer, R.A & Garbin, M.G 1988 psychometric properties of the Beck Depression inventory. Cronbach value for the BDI is within 0.89- .93.
4. **Insomnia Screening Questionnaire (ISQ):** This is a widely used instrument in clinical and research practice. It was designed to rate the severity of insomnia amongst individuals. It has 17 items and 11 were selected for this study. The ISQ was gotten from

psychometric evaluation of the insomnia symptom questionnaire by Okun ML et al, (1995). It has a cronbach value of 0.89.

5. **Post-Traumatic Stress Disorder Scale (PCL):** The PCL is a 17-item report measure of post-traumatic stress disorder (PTSD). The scale was got from Blanchad, et al (1996). Respondents indicate the extent to which they have been bothered by each symptom in the past months by rating their responses from strongly agree to strongly disagree on the PCL scale. Ten items were selected for the study. Its Cronbach value ranges from 0.75-0.78.

### Data Analysis

The data collected were analyzed using the descriptive statistics and One-way ANOVA which helped to ascertain the impact of each variable on the psychological well-being of the IDPs. The Statistical Package for Social Sciences (SPSS) version 20.0 was used.

## Results

### Descriptive Results

The descriptive result shows that respondents were aged ranging from 12 to 52 years, while one of the participants did not indicate the age. There were 67(51.5%) male, 61(46.9%) female while 2(1.5) of the participants did not indicate gender. 76(58.5%) of the participants were Christians, 47(36.2%) were Muslims, 1(.8%) was a traditional worshipper, 1(.8%) was from another religion while 5(3.8%) did not indicate their religious affiliation. 6(4.6%) of the participants were in the IDP camp because they lost their way, 110(84.6%) were in the IDP camp because of War/Crisis, and 8(6.2%) were in camp because of immigration, while 6(4.6%) did not indicate the reason for being in an IDP camp.

### Results of Hypotheses Tested

Four hypotheses were raised and tested and the results are here presented:

**Hypothesis One:** Anxiety will have a significant impact on psychological well-being among IDPs in Kaduna metropolis

Levels	SS	df	MS	F	Sig
Between Groups	1926.453	15	128.430	2.253	.009
Within Groups	5986.504	105	57.014		
<b>Total</b>	<b>7912.959</b>	<b>120</b>			

Table 1: Summary table of One-Way ANOVA showing the significant impact of anxiety on psychological well-being. The result in the table above shows that anxiety has a significant impact on psychological well-being  $F(15,105) = 2.253, P < .05$ . The hypothesis is therefore accepted.

**Hypothesis Two:** Depression will have a significant impact on psychological well-being amongst IDPs in Kaduna Metropolis.

Levels	SS	df	MS	F	Sig.
Between Groups	2759.753	22	125.443	2.394	.002
Within Groups	4873.557	93	52.404		
<b>Total</b>	<b>7633.310</b>	<b>115</b>			

Table 2: Summary table of One-Way ANOVA showing the significant impact of depression on psychological well-being. The table above shows that depression has a significant impact on the psychological well-being amongst IDPs.  $F(22, 93) = 2.394$ ;  $P < .05$ . The hypothesis is therefore accepted.

**Hypothesis three:** Insomnia will have a significant effect on psychological well-being amongst IDPs in Kaduna metropolis.

Levels	SS	df	MS	F	Sig
<b>Between Groups</b>	2742.380	23	119.234	2.193	.004
<b>Within Groups</b>	5055.312	93	54.358		
<b>Total</b>	<b>7797.692</b>	<b>116</b>			

Table 3: Summary table of One-Way ANOVA showing the significant impact of insomnia on psychological well-being. The table shows that insomnia has a significant effect on psychological well-being amongst IDPs  $F(23, 93) = 2.193$ ;  $P < .05$ . The hypothesis is therefore accepted.

**Hypothesis Four:** Post traumatic stress disorder will have a significant impact on psychological well-being amongst IDPs in Kaduna Metropolis.

Levels	SS	df	MS	F	Sig
Between Groups	2790.612	22	126.846	2.383	.002
Within Groups	5164.055	97	53.238		
<b>Total</b>	<b>7954.667</b>	<b>119</b>			

Table 4: Summary of One-Way ANOVA showing the significant impact of post-traumatic stress disorder on psychological well-being. The table shows that post-traumatic stress disorder has a significant effect on psychological well-being  $F(22, 97) = 2.383$ ;  $P < .05$ . Therefore, the hypothesis is accepted.

## Discussion

The results arising from hypothesis one found that anxiety affected the psychological well-being of the IDPs in Kaduna metropolis. This means that these internally displaced persons have been found to be anxious as they experience loss of pleasure in hobbies and other activities, decreased energy, presence of fatigue and being slow, restlessness, low appetite and hopelessness. All these affect an individual's ability to make sound decisions regarding self and those around. The result implies that, the IDPs because of their confinement to the initial camps, before they were taken to the host communities, they lacked the comfort of home and had to cope with the reality of being refugees in their own country. The results again imply that the refugees would lack the drive to pursue goals and achieve meaning in life. The impact of this terror-induced trauma has also been indicated in increased disability especially amongst older persons. This can be related to the findings in *Cambridge Journal of Psychological Medicine*, as



anxiety was associated with increased disability and diminished mental functioning and well-being amongst older persons (de Beurs, Beekman, van Balkom, Deeq, van Dyck, & van Tilburg, 1999).

The result arising from the second hypothesis reveals that depression negatively affected the psychological well-being of the IDP's, as exposure to a great deal of terror induced trauma is revealed. A greater number of these persons experienced positive response to feelings of guilt, having no purpose in life, blaming self and having nothing to look forward to. All these will heighten their inability to be self-accepting and prompt further internal distress, all causing more depression. A cross-sectional survey in 2007 in Juba, South Sudan, supports these findings as over 50% of respondents who were victims of wide-spread conflict met the symptom criteria for depression signifying high levels of distress (Roberts, Damundu, Lomoro, & Sondorp, 2009), and another study in Uganda revealed 67% of its respondents being exposed to trauma, also met the symptoms of depression which signified poor mental health and distress in their psychological well-being (Robert, 2008).

The third hypothesis revealed that insomnia was found among these IDPs, thereby further lowering their psychological well-being. This was found to be true as the results indicated a significant impact of terror-induced insomnia on psychological well-being amongst the Internally Displaced Persons (IDPs). This finding indicated that victims of terror who indicated problems with sleep had their well-being significantly affected. The impact of insomnia range from grogginess to irritability, short attention span and slow processing speed of the cognitive processes, all of which affects one's ability to achieve personal growth and attain environmental mastery. These are all components of psychological well-being. A study indicated that insomnia status especially severe insomnia predicted poor psychological well-being even after controlling for other socio-demographic factors (Kao, Huang, Wang & Tsai, 2008).

The result arising from the fourth hypothesis confirmed that PTSD had significant effect on psychological well-being of the IDPs. PTSD has been found to be equally disabling in populations that have witnessed trauma with majority of them reporting mental disorder Silove, Steel, Bauman, & Mcfarlane, (2007). This supports the findings of this project as post-traumatic stress disorder affects one's perception of purpose in life and personal growth. The prevalence of PTSD amongst IDPS suggests restlessness, hyper arousal, flashbacks, mid-day tremors, numbness, avoidance of people suggesting socially defective behaviour, attention deficit and intense and prolonged psychological distress (Roberts, Ocaka, Browne, Oyok, and Sondorp, 2008).

### **Conclusion**

The findings of this research have indicated the significant effects of terror induced trauma on psychological well-being of the internally displaced persons. The results revealed that anxiety, insomnia, depression and post-traumatic stress disorder are significantly affecting the psychological well-being of the IDPs. This finding is empirically supported by the previous research carried out on the variables. The entire results have implication for psychosocial interventions by all related mental health care professionals in order to help these people.

The state of the IDPS well-being especially their psychological well-being is threatened. The result from the study is only a small percentage of the real mental dangers the IDPs are in and so measures could be taken to treat the minds of the survivors. Living in fear, anxiety, depression, insomnia, and post traumatic disorder will soon take an irrevocable toll on the victims except quick appropriate and adequate help is given.

### **Recommendations**

It is recommended that the government could protect the affected citizens from mental assault from the terrorists by establishing trauma centers in parts of the country where terrorists' activities have taken place or is still on-going. This will aid in the smooth administration of treatment on the wounded psyche of the IDPs through programmes and interventions by trained professionals in the relevant fields. Second, through proper monitoring of global trends of the countries on the global terrorism index (GTI), new strategies could be adopted towards providing lasting solutions to the battered psychological well-being of the IDPs. Finally, it is again recommended that emerging resources and references should be sought to support professionals undertake their work of developing new and workable interventions for the effective treatment of psychological wounds of the IDPs towards total recovery from depression, anxiety, insomnia and PTSD arising from terror induced traumas.

## References

- Beck, A. T., Steer, R. A., & Garbin, M. G. (1988). Psychometric properties of the Beck Depression Inventory: Twenty-five years of evaluation. *Clinical Psychology Review*, 8(1), 77-100.
- Berman, S. L., Kurtines, W. M., Silverman, W. K., & Serafini, L. T. (1996). The impact of exposure to crime and violence on urban youth. *American Journal of Orthopsychiatry*, 66, 329-336.
- Blanchard, E. B. (1996). Psychometric properties of the PTSD Checklist (PCL). *Behaviour Research and Therapy*, 34(8), 669-73.
- Cohen J. A. (1998). Practice parameters for the assessment and treatment of children and adolescents with posttraumatic stress disorder. *Journal of the American Academy of Child and Adolescent Psychiatry*, 37(10), 4-26.
- De Beurs, E., Beekman, A.T, Van Balkom, A. J, Deeg, D. J, Van Dyck, R, & Van Tilburg, W. (1999). Consequences of anxiety in older persons: its effect on disability, well-being and use of health services. *Psychol Med.* 29(3),583-93.
- Fremont, W. P. (2004). Childhood reactions to terrorism-induced trauma: a review of the past 10 years. *Journal of the American Academy of Child and Adolescent Psychiatry*, 43(4), 381-392.
- Global Terrorism Index. (2015). A publication of institute for economics and peace. Retrieved from [peace.org](http://peace.org)
- Huppert, F. A. (2009). Psychological well-being: Evidence regarding its causes and consequences. *Applied Psychology: Health and Well-being*, 1(2), 137-164.
- Ilechukwu, L. C. (2014). Religious terrorism (Boko Haram) and the future of education in Nigeria. *Research on Humanities and Social Sciences*, 4, 24.
- Institute for Economics & Peace: "Global Terrorism Index 2015" )? 2015 IEP Report 3
- Institute for Economics & Peace: "Global Terrorism Index 2014. [www.economicsandpeace.org](http://www.economicsandpeace.org)
- Internal Displacement Monitoring Center (IDMC). (2013). Norwegian Refugee Council: [www.internal-displacement.org](http://www.internal-displacement.org)
- Joshi, P. T., & O'Donnell, D. A. (2003). Consequences of child exposure to war and terrorism. *Clinical Child and Family Psychology Review*, 6(4), 275-292.
- Kao, C. C., Huang, C. J., Wang, M. Y., & Tsai, P. S. (2008). Insomnia: prevalence and its impact on excessive daytime sleepiness and psychological well-being in the adult Taiwanese population.
- Katz, C. L., Pellegrino, L., Pandya, A., & DeLisi, L. E. (2002). Research on psychiatric outcomes and interventions subsequent to disasters: a review of the literature. *Psychiatry Research*, 110(3), 201-17.
- Lateef, S. T. L., Muhammed, A., Agunbiade., I. J., Ebiti., W. N. & Adekeye, O. (2014). Psycho-trauma, psychosocial adjustment, and symptomatic post-traumatic stress disorder among internally displaced persons in Kaduna, Northwestern Nigeria. *Front Psychiatry*, 5, 127.
- Lombardi, D. (2015). Terrorism keeps millions of students out of school worldwide. *The Deseret News*. Retrieved from <http://www.deseretnews.com/article/865644326/Terrorism-keeps-millions-of-students-out-of-school-worldwide.html>
- Lyons, H. (1979). Civil violence of the psychological aspects. *J Psychosom Res.* 23: 373-393.
- Okoli, A.I.C. & Lortyer, P. (2014). Terrorism and humanitarian crisis in Nigeria: Insights from Boko Haram insurgency. *Global Journal of Human-Social Science: F Political Science* 14(1), 39-49
- Okun, M. L. (1995). Psychometric evaluation of the insomnia symptom questionnaire; a self-report measure to identify chronic insomnia. *Journal of Clinical Sleep Medicine*, 5(1), 41-51.
- Oladele, H.F. (2014, April 30). Bring back our girls protest in Lagos. *Vanguard Newspaper*.
- Omale, D. J. (2013). Terrorism and counter terrorism in Nigeria: Theoretical paradigms and lessons for public policy. *Canadian Social Science*, 9(3), 96-103.
- Osundefender, (2013). Nigeria; 7th most terrorized country in the world GTI. Retrieved from <http://www.osundefender.org/p=77579>

- Pynoos, R. S., Steinberg, A. M., & Wraith, R. (1995). A developmental model of childhood traumatic stress. In Cicchetti, D., and Cohen, D. J. (Eds), *Developmental psychopathology, risk, disorder, and adaptation 1995* (pp. 72-95). New York: John Wiley and Sons.
- Roberts, B., Ocaka, K., Browne, J. Oyok, T. & Sondorp, E. (2008). Factors associated with post-traumatic stress disorder and depression amongst internally displaced persons in northern Uganda. *BMC Psychiatry*, 8(38), 10.
- Roberts, B., Damundu, E.Y., Lomoro, O. & Sondorp, E. (2009). Post-conflict mental health needs: a cross-sectional survey of trauma, depression and associated factors in Juba, Southern Sudan. *BMC Psychiatry*. 4(9), 7.
- Roberts, G., Dorkins, E., Wooldridge, J., et al. (2008). Detained – what’s my choice? Part 1: Discussion. *Advances in Psychiatric Treatment*, 14, 172–180.
- Ryff, C., & Keyes, C. (1995). The structure of psychological well-being revisited. *Journal of Personality and Social Psychology*, 69, 719–727.
- Schlenger, W.E., Caddell, J., Ebert, L., Jordan, B.K., Rourke, K. M. & Wilson, D. (2002). Psychological reactions to terrorist attacks: Findings from the national study of Americans’ reactions to September 11. *JAMA*. 288, 581–588.
- Schuster, M. A., Stein, B. D. & Jaycox, L. H. (2001). A national survey of stress reactions after the September 11, 2001, terrorist attacks. *New England Journal of Medicine*, 345, 1507– 1512.
- Shaw, P., Eckstrand, K., Sharp, W., Blumentha, I. J., Lerch, J. P. & Greenstein, D. (2007). Attention-deficit/hyperactivity disorder is characterized by a delay in cortical maturation. *Proc. Natl. Acad. Sci. U.S.A.* 104, 19649–19654.
- Silove, D., Steel, Z., Bauman, A. & Mcfarlane, A. (2007). Trauma, PTSD and the longer-term mental health burden amongst Vietnamese refugees. *Social Psychiatry and Psychiatric Epidemiology* 42(6), 467-76.
- Silvana, G., Andreas, H., Marianne, K., Julian, B. & Norman, S. (2015). Towards a new definition of mental health. *World Psychiatry*. 14(2),231-233.
- Smith, P., Perrin, S., Yule, W. & Rabe-Hesketh, S. (2001). War exposure and maternal reactions in the psychological adjustment of children from Bosnia-Herzegovina. *Journal of Child Psychology and Psychiatry*, 42(3), 395-404.
- Solomon, S.D. & Green, B.L. (1992). Mental health effects of natural and human-made disasters. *PTSD Research Quarterly*, 3(1), 1- 8.
- Terheggen, M. A., Stroebe, M. S. & Kleber, R. J. (2001). Western Conceptualizations and Eastern Experience: A Cross-Cultural Study of Traumatic Stress Reactions among Tibetan Refugees in India. *Journal of Traumatic Stress*, 14(2), 391-403.
- Terwase, I.T., Abdul-Talib, A.Z., Zengeni, K.T. & Terwase, J.M. (2015). The Psychological Trauma on Boko Haram Victims in Nigeria: *Conflict Resolution Perspective. Mediterranean Journal of Social Sciences*, 6(6), 519-525.
- The Source, (2014, June 9). A forward by the editor titled “*Chibok Girls: you took our wives, we took your daughters*.” 35(6), 4.
- Tomasella, S. (2016). Trauma, Grief and Integrity Principle: A Short Commentary. *Trauma and Acute Care* 1, 28.
- Tonwe, D.A & Eke, S.J. 2013. State fragility and violent uprisings in Nigeria. *Africa Security Review*. 22(4), 232-24.
- United States Agency for International Development (USAID) (2000). Office of women in development, interstate conflict and gender. *Information Bulletin* 9, 26
- World Health Organization (2004). Promoting mental health: concepts, emerging evidence, practice (*Summary Report*) Geneva
- Zimbardo, P.G. (2003). The political psychology of terrorist alarms: Psychologists for social responsibility. Retrieved from <http://www.zimbardo.com>