

Difference in Post-Traumatic Stress Disorder of Internally Displaced Persons of Fulani Herdsmen Attack and Flood Victims in Benue State

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Abstract

This study investigated the difference in post-traumatic stress disorder (PTSD) of internally displaced persons of Fulani herdsmen attack and flood victims in Benue State. Participants for the study were six hundred (600) internally displaced victims of Fulani herdsmen attack (360) and flood victims (240) of Benue State who were selected using various sampling techniques. The study employed an ex-post facto cross-sectional survey design to assess the level of post-traumatic stress disorder among the victims of Fulani herdsmen and flood disaster in Benue State. Data was collected with the aid of Posttraumatic Stress Disorder Scale (PTSD-The Civilian Mississippi Scale). All responses from the 39 items were added to obtain a total score which correctly classifies 90% of all subjects as PTSD or non-PTSD. Data for this work was analysed using SPSS, version 21.0 (SPSS Inc, Chicago, USA) at 0.05 significance level. The result of the study indicated that, there was a significant difference in PTSD of IDPs of Fulani herdsmen attack and flood victims in Benue State ($p < 0.05$) with the victims of Fulani Herdsmen attack recording higher PTSD than the victims of flood. The study also found gender differences in PTSD between males and females of Fulani herdsmen attack and flood victims in Benue State ($p < 0.05$) with the females having higher PTSD than the males. Within the limitations of the study, it was recommended that, the root causes of the problems leading to internal displacement of people should be critically looked into. Thus, government of Benue State should implement the anti-open grazing law in the state to minimize clashes between Fulani herdsmen and Benue Famers to avert the issue of internal displacement of indigenes. Government should also play an active role in managing the practical issue of flood disaster other than only calculating and proposing solution by constructing appropriate drainages and ensuring that citizens vacate flood prone areas.

Keywords: Fulani Herdsmen Attack, Flood, IDPs, PTSD

Introduction

There has been an increase in internal displacement of people in many countries, which has become a global problem. The trend has now emerged as one of the great human tragedies of the 21st century. It had been estimated that almost 50 million people had been internally displaced worldwide due to conflicts or violations of human rights by the year 2010 (World Health Organization, 2009). According to several organizations, the number of victims in a year range between one and nine million people. In addition, social, economic, political, legal, psychological, and health problems related to internal displacement still exist. Therefore, these different kinds of societal traumas are experienced by the victims of conflicts and disasters who are known as internally displaced persons (IDPs). To provide useful assessments of the IDPs, the approached most take into account the effects on the individual and social aspects.

Internally displaced persons (IDPs) are person who have been forced or obliged to flee from or to leave their homes or places of habitual residence in particular as a result of or in order to avoid the effects of armed conflict, situation or generalized violence, violation of human rights or natural or human made distress, and who have not crossed an internationally recognized state border (Office of the High Commissioner for Human Rights OHCHR, 2007). It is, therefore, necessary to distinguished between refugees and IDPs. If the displaced persons cross international border and fall under one of the relevant international legal instrument, they are considered refugees. IDPs reflect two factors: the coercive or otherwise involuntary character of movement and the fact that such movement takes

place within national border. First, some of the common causes of involuntary movements are armed conflict, violence and human right violation and disaster.

In addition to creating large numbers of immediate direct casualties in combatants and civilians, these conflicts have the potential to influence public and mental health outcomes in several ways (Breslau, Kessler, Chilcoat, Schultz, Davis, & Andreski 1998). The mental health effects of armed conflict on civilians are enormous and can last a lifetime. One major mental health effect of conflict is post-traumatic stress disorder (PTSD). PTSD is an anxiety disorder which consists of a syndrome that develops after a person sees, is involved in, or hears of an extreme traumatic stressor. The person reacts to this experience with fear and helplessness, persistently stays away from the event, and tries to avoid being reminded of it. The disorder usually develops within weeks, months or even years after the occurrence of the traumatic event. Symptoms of PTSD can include nightmares and flashbacks, insomnia, lack of concentration, and feelings of isolation, irritability and guilt (American Psychiatric Association, 1980).

Prevalence of PTSD is about 8% in the general population while lifetime prevalence rates range from 5-75% among high risk groups whose members experienced traumatic events (Kessler, Sonnega, Bromet, and Hughes, 1995). The Center for Disease Control (CDC, 2004) Atlanta, reported that about 30-70% of people who have lived in war zones suffer from symptoms of PTSD and depression. Studies carried out among offspring of Holocaust survivors revealed that there was a higher prevalence of mental disorders such as mood, anxiety and substance abuse disorders as well as PTSD among them than in the general population of Jews who did not experience the holocaust.

Furthermore, events that are threatening to life or bodily integrity will produce traumatic stress in its victim. This is a normal, adaptive response of the mind and body to protect the individual by preparing him to respond to the threat by fighting or fleeing. If the fight or flight is successful, the traumatic stress will usually be released or dissipated, allowing the victim to return to a normal level of functioning. PTSD develops: when fight or flight is not possible; the threat persists over a long period of time; and/or the threat is so extreme that the instinctive response of the victim is to freeze. There is a mistaken assumption that anyone experiencing a traumatic event will have PTSD. This is far from being true. Studies vary but confirm that only a fraction of those facing trauma will develop PTSD (Elliott, 1997).

There have been consistent attacks in Benue State. In recent years, there has been an increase in Hausa-Fulani Muslim herdsmen attacks against indigenous Christian communities in Benue State. The victims of armed violence in Benue State include students, politicians, farmers, women, children and the elderly. Large areas of Benue farmland have been abandoned with consequences for the local area as well as the rest of Nigeria. These attacks have traumatized many in the local population and have led to the displacement of farmers fleeing their land for safer areas.

In 2014, the Tiv Christians in Guma, Gwer, Gwer-West, Makurdi and other towns on the border with Taraba State recorded approximately 458 deaths and attacks on over 350 communities with about 175 deaths in 34 villages attacked by invading herdsmen. Additionally, the Christian Tiv in Guma, Gwer-West, Katsina-Ala, Kwande, Logo and Makurdi LGAs of Benue State were displaced by marauding Hausa-Fulani Muslim herdsmen (Benue State Emergency Management Agency Report, 2014).

Furthermore, the 2012 floods which occurred in Nigeria between July 2012 to October, 2012 was one of the most devastating in the country. Benue State was one of the states affected. The Nigerian government was alerted by the Nigerian Meteorological Agency (NIMET) that there would be above normal rainfall in the country leading to flooding in 12 strategic states in the country but the government ignored the warning. This, coupled with the release of water from the Lagdo dam in Cameroun led to the Rivers Benue and Niger overflowing their banks resulting in monumental floods. The same scenario re-occurred in 2017. The impact of the floods was disastrous. People were made homeless, farmlands were destroyed, drinking water was contaminated, and economic activities were totally grounded while casualties increased to 95 percent. Farmers all over the country suffered huge economic losses. There were challenges of food storage, processing and marketing.

As a result of the aforementioned episodes, the Benue State government responded in each of the situations by opening internally displaced peoples' camps (IDPs camps) in strategic areas of the state as a palliative measure. These camps are normally closed most times when the government cannot cope with increasing population. Some people left the camps when they perceive they are now

safe from the situation that brought them to camp. There has been researches to assess the conditions of IDPs in camps. Most of the studies always emphasize the physical implication of these disasters without taking into account the psychological implication of these imminent attacks. Little is done to assess and rehabilitate the IDPs Psychologically by the Government and other relevant bodies, there seems to be lack of comprehensive information on IDPs' psychological status, situation which left many IDPs in a difficult position as they seek to adjust in their host communities by suppressing the painful experiences. This study therefore investigated the difference in post-traumatic stress disorder of internally displaced persons by Fulani herdsmen attack and flood victims in Benue State. The study therefore assessed:

1. The difference in post-traumatic stress disorder between IDPs of Fulani herdsmen attack and flood victims of Benue State and
2. Gender differentials in post-traumatic stress disorder between IDPs of Fulani herdsmen attack and flood victims of Benue State

Method

Participants for the study were six hundred internally displaced victims by Fulani herdsmen attack and flood victims of Benue State who were selected using various sampling techniques. The study employed an ex-post facto and cross-sectional survey designs to assess the level of post-traumatic stress disorder among the victims of Fulani herdsmen and flood disaster in Benue State. Data were collected with the aid of Posttraumatic Stress Disorder Scale (PTSD-The Civilian Mississippi Scale). This consisted of 39 questions on life-time exposure to traumatic events with a five-point response of not sure (1), slightly true (2), somewhat true (3), very true (4) and extremely true (5). Each item receives a score of 1-5, with items 2, 6, 11, 17, 19, 22, 24, 27, 30, and 34 scored in reverse order. All responses from the 39 items were added to obtain a total score which correctly classifies 90% of all subjects as PTSD or non-PTSD.

Since this data was collected after the IDP camps were closed, the researchers personally visited the areas that were prone to these attacks and collected the data in their various meeting points such as Churches, village squares, markets amongst others to administer the questionnaire. Only participants who agreed and willing to participate in the study were given the questionnaire to complete. The copies of the questionnaire were completed by the researcher for those who were not literate. Confidentiality of the responses and strict adherence to individual privacy were fully assured.

Data were analysed using SPSS, version 21.0 (SPSS Inc, Chicago, USA). Each questionnaire was cross-checked by the researchers and analysis conducted of the dataset to check for inconsistent data entries. Simple percentages were used to describe the demographic characteristics of the participants. Independent t-test was used to test if differences between IDPs of Fulani herdsmen and flood victims in PTSD. Based upon the cut off levels given in the instrument guidelines, the outcome of PTSD was dichotomised into respondents exhibiting or not exhibiting signs of PTSD. All hypotheses were tested at 0.05 level of significance.

Results

Table 1
Descriptive characteristics of Internally Displaced Persons (IDPs) n=600

Gender	Fulani Attack	%	Flood Attack	%	Total (N)	%
Male	134	22.3	106	17.7	240	40.0
Female	199	33.2	161	26.8	360	60.0
Total	333	55.5	267	44.5	600	100

Table 1 shows that, 40% of the IDPs were males while 60% were females. The table also shows that, 55.5% of the sample were victims of Fulani herdsmen attack of which 22.3% were males and 33.2% were females. While 44.5% of the sample were victims of flood disaster of which 17.7% were males while 26.8% were females respectively.

Table 2

t-Test Analysis of PTSD of Fulani Herdsmen Attack and Flood Victims in Benue State.

IDP Category	N	Mean	SD	DF	t-value	Sig (2-tailed)
Fulani Attacks	333	167.04	38.33	598	4.99	0.001
Flood Victims	267	148.13	54.19			

Table 2 shows that, there is a significant difference between PTSD of Fulani herdsmen attack and flood victims ($p < 0.05$). The victims of Fulani herdsmen had higher mean PTSD (167.04 ± 38.33) than the victims of flood (148.13 ± 54.19) in Benue State.

Table 3

t-Test analysis of gender difference in PTSD of Fulani herdsmen attack and flood victims in Benue State

Gender	N	Mean	SD	DF	t-value	Sig (2-tailed)
Male	240	148.82	52.15	598	4.23	0.001
Female	360	165.16	41.99			

Table 3 shows that, there is a significant difference between male and female IDPs in PTSD of Fulani herdsmen attack and flood victims in Benue State ($p < 0.05$). The table indicated that, females had higher mean PTSD (165.16 ± 41.99) than their male counterparts (148.82 ± 52.15).

Discussion

The result of the study indicated that, a significant difference in the PTSD of Fulani herdsmen attack and flood victims in Benue State with the victims of Fulani herdsmen having higher PTSD than the victims of flood. The result of the study was in line with that of Neria, Nandi, and Galea (2007) in a study on post-traumatic stress disorder following disasters: a systematic review found that, observations of studies of natural disasters confirm key observations from human-made and technological disasters. They summarize key findings of PTSD after natural disasters while highlighting the main differences between types of disasters. Out of 116 studies from 40 natural disasters starting with the 1963 Vajont landslide and tidal wave flood disaster in Northeast Italy and ending with Hurricane Katrina in August of 2005 indicated that, natural disasters such as flood had less PTSD than human made disasters. The findings were consistent with the observations of Norris *et al.* (2002) and Galea *et al.* (2005) that the prevalence of PTSD documented in the aftermath of natural disasters such as flood is often lower than the rates documented after human-made and technological disasters such as bombings, wars and other forms of insurgency of which the Fulani herdsmen considered in this study is part of. The relatively low prevalence of PTSD among populations studied after natural disasters compared to human-made or technological disasters may stem from a lower average dosage of exposure among people exposed to the disaster. The postulation is based on the fact that, Fulani herdsmen attack in Benue had lived many people death, wounded and many properties lost. Conversely, many floods in the state had only damaged properties with minimal death rates. This is supported by a study of the Turkey earthquakes that showed a higher prevalence of PTSD closer to the epicenter compared to 100 km away (Basoglu *et al.* 2004). Overall studies of natural disasters report PTSD prevalence ranging from 3.7% (Canino *et al.* 1990) to 60% (Madakasira & O'Brien, 1987) in the first 1–2 years after the disaster, with most studies reporting prevalence estimates in the lower half of this range (Norris *et al.* 2004; Liu *et al.* 2006; Parslow *et al.* 2006). However, higher prevalence estimates of PTSD have been reported in specific groups such as clinical samples (Livanou *et al.* 2002; Soldatos *et al.* 2006) and populations in areas heavily affected by the disaster (Najarian *et al.* 2001; Finnsdottir & Elklit, 2002). Moreover, a study based on a community sample following the Turkey earthquakes estimated the prevalence of PTSD to be 11.7% even 3 years after the disaster (Onder *et al.* 2006).

The result of the study indicated gender differential in the PTSD of females and males with the females having higher PTSD than the males. The result of the study was similar with that of Ditlarsen and Elklit (2010) who examined the combined effect of gender and age on post-traumatic stress disorder (PTSD) in order to describe a possible gender difference in the lifespan distribution of PTSD and reported a 2:1 female/male PTSD for both the total sample and the trauma sample, which is consistent with the well-established finding of an approximately twofold higher PTSD prevalence among women compared to men (Kessler, Sonnega, Bromet, Hughes and Nelson 1999; Breslan, Kessler, Chilcoat, Schultz, Davis & Andreski, 1998). These findings are consistent with previous findings which also pointed out gender differences (Elklit & Petersen, 2008). Tolin and Foa (2006) stated that, some arguments have been made that the increased PTSD prevalence among women is due to a report bias because men tend to under-report and women tend to over-report symptoms of PTSD. Some of the variances have also been suggested to be due to the social expectancy related to the male and female gender role. Where women are expected to be vulnerable, men are expected to be tough and more resilient to trauma. In relation to the lifespan distribution of PTSD it is possible that some of the noticeable features in the prevalence of PTSD are caused by gender roles, life course expectations, or neurobiological developmental changes as well as by variations in trauma exposure.

Recommendations

The study recommended that,

1. The root causes of the problems leading to internal displacement of people should be critically examined. Thus, government of Benue State should implement the anti-open grazing law in the state to minimize clashes between Fulani herdsmen and Benue Farmers to avert the issue of internal displacement of indigenes.
2. Government should play an active role in managing the practical issue of flood disaster other than only calculating and proposing solution by constructing appropriate drainages and ensuring that citizens vacate flood prone areas. Mental health issues such as stress reaction among flood victims and maintain proper monitoring system on the aid sent to the flood affected areas should be kept as a priority.
3. There should be an awareness creation through seminars or workshops on appropriate coping skills to deal with aftermaths of disaster i.e. both physiological and psychological should be done with the individuals. These coping skills will help flood victims to cope with their stress reaction and trauma related issues and there will be less probability of developing stress reaction and post-traumatic stress disorder among flood victims in Benue State where floods are common especially those living close to the bank of River Benue and its tributaries.

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