

***Counselling Needs of Women in Borno State Internally Displaced Persons (IDP) Camps, Nigeria: A perspective on Post-Traumatic Stress Disorder (PTSD)***

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**Abstract**

*The study investigated the counselling needs of women in Internally Displaced Persons (IDPs) camps in Borno state, Nigeria with focus on Post Traumatic Stress Disorder (PTSD). The study adopted the descriptive survey design. Two research questions and one hypothesis guided the study. Four hundred respondents were purposefully selected among IDP women, professional counsellors and NGO service providers in Maiduguri IDP camps of Borno State. The instrument for data collection was tagged “Perceived Post-Traumatic Stress Disorder Counselling Need for Women in Borno State Internally Displaced Persons Questionnaire” which was developed by the researchers. The data collected were analysed using mean and standard deviation for the research question and t-test analysis for hypothesis testing. The result revealed that there is need for PTSD counselling for women in IDP camps of Borno state. Based on findings, it was recommended that the Counselling Association of Nigeria should empower her members to intensify efforts toward provision of PTSD counselling to women in IDP camps. It was also recommended that Professional counsellors should be attached to IDP camps.*

**Keywords:** Post, Traumatic, Stress, Disorder, Internally, Displaced, Persons

## **Introduction**

The term Post-Traumatic Stress Disorder (PTSD) can be used to describe the psychological problems resulting from any traumatic event. It is any anxiety disorder that a person may develop after experiencing or witnessing an extremely overwhelming traumatic event (Egbochuku, 2016). Most people recover from traumatic events, but some experience severe distress, anxiety and depression for months or even years. They frequently re-experience the event through intrusive thoughts, upsetting reminders or nightmares. In such situation, relaxing, concentrating, or sleeping becomes difficult. They often feel detached or estranged from loved ones. PTSD is a serious and potentially debilitating condition that can occur in people, more especially women who have experienced or witnessed a life-threatening event, such as a natural disaster, serious accident, terrorist incident, sudden death of a loved one, war, or rape or other violent personal assault. PTSD is characterized by four main types of symptoms:

- Re-experiencing a traumatic event through intrusive distressing recollections, flashbacks, and nightmares.
- Emotional numbness and avoidance of places, people, and activities that are reminders of the trauma.
- Feeling cut off from others and other negative alterations in cognitions (ways of thinking, understanding, learning, and remembering) and mood.
- Marked changes in arousal and reactivity, including difficulty in sleeping and concentrating, feeling jumpy, easily irritated, and angered.

The Nigerian society in the recent years is bedeviled by a number of problems that called for serious counselling interventions. Many women come into IDP's camp with pregnancy after enduring months of rape from the terrorist groups, children are malnourished and traumatized; In fact there is humanitarian crisis in Borno state of Nigeria, especially in Maiduguri the state capital.

Also traumatizing are wide range of corrupt practices, poor leadership styles, poor academic performance, unemployment, breakdown of core societal values and series of psycho-social problems. Each of these problems has impacted negatively on the development and progress of the nation and has become a major source of concern to government, NGOs and other stakeholders (Kagu, 2016). The emergence of Boko Haram in the North Eastern part of Nigeria has devastating consequences. Several lives and properties have been lost, nearly two-third of the communities in Borno State have been displaced, and the abduction of over 200 Chibok school girls among others created significant psychological, social, and emotional problems. Kim, Torby and Lawry (2007) assessed the basic health, women health, and mental health among Sudanese IDP in South Dafur. They found that humanitarian aids had

relieved a significant burden of displaced population's basic needs but that women's mental health needs remained largely unmet. Also Amir and Schmeidle (2015) studied women and girls displaced to urban Afghanistan and reported that women were faced with significantly more and qualitatively different challenges in terms of access to education, health and adequate and secure shelter with lack of food leading to PTSD.

Various post-insurgency programmes are lined up by numerous organizations (governmental and non-governmental) in order to bring succour to those affected. As part of collective responsibilities, counsellors must contribute to this on-going programme by providing effective counselling to the affected individual (Kagu, 2016). Counselling is an interaction between two or more people in which one is more knowledgeable and psychologically trained to render help. Ojukwu (2010) defined counselling as a help given to the individual to understand self and environment, so as to make and carry out decision and plans that will enable achievement of satisfactory life goals. The study by Kagu, Abdullahi, and Mustapha (2015) found that group facilitation and negotiation counselling were effective counselling intervention for conflict resolution among IDP camps in Borno State. Counselling could play significant role in checking the incidence of PTSD of women in IDP Camps. Angela, Schaffner, David and Dixon (2003) found that female counselees preferred highly religious counsellors than the male counterparts. The use of Cognitive Behaviour Therapy (CBT) for the treatment of PTSD has the potentials to prevent PTSD. Bisson, Ehlers, Mathew, Pilling, Richard and Turner (2007) found Trauma-Focused treatments to include CBT approaches, particularly exposure and Cognitive therapy, and Eye Movement Desensitization and Reprocessing (EMDR).

Internally displaced persons are people or groups of people who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of armed conflict, or to avoid the effects of armed conflict, situations of generalized violence, violations of human rights, or natural or human-made disasters and who have not crossed an international border. According to the report, there are 3.3 million IDPs in Nigeria and 470,500 individuals were displaced in 2013 alone. On a global scale, Nigeria is only ranked behind Syria with 6.5 million IDPs and Colombia with 5.7 million IDPs. The report explains the unprecedented rise in IDPs in Nigeria in year 2013 following the increase in number of Boko Haram attacks, heavy-handed counter insurgency operations, and ongoing inter-communal violence. After Boko Haram insurgents were pushed out of major towns in the north-east following the declaration of a state of emergency in Borno, Yobe, and Adamawa states in May 2013, they focused their attacks with increased brutality on towns and villages close to Nigeria's borders with Cameroon, Niger and Chad.

On May 20, 2014, about 200 people died in a double bombing in the central city of Jos. This was also blamed on Boko Haram. The increasing deadly attacks on border communities and the destruction of properties, businesses and farmlands have forced many inhabitants to flee to nearby towns and villages as well as into neighbouring Cameroon and Niger.

In 2014, the Islamist sect has killed about 2,000 people and more than half of those killed were civilians. According to the UN Office for the Coordination of Humanitarian Assistance (UNOCHA), 300,000 people in Borno, Adamawa and Yobe – 70 percent of them women and children – have fled their homes since early 2013. In March, residents of Mafa village in Borno state fled their homes after receiving letters from Boko Haram warning them of impending attacks. When the attack eventually happened there were only the aged and those too weak to flee. Besides, reprisal attacks on communities accused of sheltering Boko Haram insurgents by the Nigerian armed forces have also added to the number of displaced people in the northeast, the report notes. All these have led to experience of post-traumatic stress disorder among displaced persons in North East Nigeria.

The security challenge in the north-east, specifically Borno, Yobe and Adamawa states exerts mental stress on victims, most of whom are displaced persons (Nwachukwu, Abdullahi & Kyari, 2015). Cases of armed conflict involving non-state actors like terrorism are less likely to abide by humanitarian laws that protect young people (Sticker & Bruderlein, 2001) thus, victims are women faced with traumatic experiences, separated from their families, forced to seek shelter outside their familiar environment and subjected to psychological trauma of an asylum seeker. Most displaced women reportedly experienced sexual assault, disappearance of family members/friends, witness of parental fear and panic, famine, forcible eviction, separation and forced migration (Davies & Webb, 2000). United Nation Population Fund (UNPF, 2015) reported that the dignity and protection of affected women remain a priority for UNFPA, including reproductive health care and hygiene. Furthermore, other reported traumatic experiences of those in IDP camps include violent death of parents, injury/torture towards family members, witness of murder/massacre, bombardment and shelling, detention, beating, disability inflicted by violence etc (Burnet & Peel, 2001). Such experiences create vulnerability in the victim due to bio/psychosocial development, dependency, inability to reconcile basic fact between themselves and their environment (Kocijan-Hercigonja, 1998) and underdevelopment of coping skills (Ajdukovic & Ajdukovic, 1993).

The insurgency experienced in Borno state has impacted negatively on mental health of women. Many residents have been displaced, they lost properties, dear ones, bread winners of the family, sources of income and general peace in their place of

residence. The effects of these losses weigh heavily on their psyche leading to the display of Post-Traumatic Stress Disorder (PTSD) symptoms such as depression, anxiety, high blood pressure and other related psychological disturbances. The living condition of women with PTSD in IDP camps in Borno State is disheartening, as it has been observed and discussed with some camp managers and welfare workers by these researchers, who are living in the region during the incident of Boko Haram insurgency. The signs and symptoms of PTSD on the women is causing confrontation and threatening lives and families of victims in the IDP camps of Borno State. Women become involved in begging, prostitution; some are sexually harassed; they lose hope in future life and are isolated; these led to increased rate of social vices to the community and in the camps. These make life and progress to women very difficult and unfavorable. It is assumed that with the increasing complexities in the society, industrial and technological development all going hand in hand, the succeeding generation will find it difficult to adjust themselves both to the society, work, family and school (Egbochuku, 2008). So also women with PTSD will find it difficult; these therefore justified the study to establish the counselling needs of women with PTSD in IDP camps in Borno State.

### **Purpose of the Study**

The purpose of this study was to investigate the perceived counselling needs of women with PTSD in Borno state IDP camps, Nigeria. Specifically, this study sought to:

1. Identify the counselling needs of women with PTSD in Borno state IDP camps, Nigeria.
2. Determine the perception of service providers on the counselling needs of women with PTSD in Borno state IDP camps, Nigeria.

### **Research questions**

1. What are the counselling needs of women with PTSD in Borno state IDP camps, Nigeria?
2. What is the perception of service providers on the counselling needs of women with PTSD in Borno state IDP camps, Nigeria?

### **Hypothesis**

**Ho1:** There is no significant difference between service providers on their perception of counselling needs of women with PTSD in Borno state IDP camps, Nigeria.

### **Methodology**

The research design adopted for this study was the descriptive survey method. According to Ojo (2001) descriptive survey method generally involves collections of data, from a defined population, to describe the present condition of the population using the variables under survey. Based on this, the researchers considered the method as being appropriate to use for the present study. Furthermore, the survey method also facilitates making inference from the data collected. The target population of this study was women in the IDP camps in Borno state, 230 counsellors and 185 personnel of NGOs who provide services and support to the IDPs in Borno state, Nigeria. A sample size of 400 respondents using purposive sampling was selected. The participants were 60 counsellors (male and female), 140 NGO personnel and 200 women in the IDP camps in Borno state.

The instrument for this study was subjected to face validation by three experts from Guidance and Counselling and Measurement and Evaluation from University of Maiduguri. Suggestions and criticisms from these experts formed the basis for the final draft of the questionnaire. The instrument has three sections: A, B and C. Section A sought information on the personal data of the respondents; section B and C were four points response grid ranging from Strongly Agree, Agree, Disagree and Strongly Disagree with scores 4, 3, 2, and 1 respectively. Whereas section B had fifteen (15) structured questions regarding women in IDP camps need for PTSD counselling and section C contained seven (7) items to assess perceived counselling needs of women with PTSD in IDP camps. The instrument was administered to 60 counsellors and 140 NGO workers in Borno state IDP camps who responded to Sections A and C of the instrument; and 200 women in the IDP camps who responded to Sections A and B of the instrument. The reliability of the instrument was established through test-retest on a population different from the target population. Pearson Product Moment Correlation Coefficient of 0.79 was established after two weeks interval attesting to the suitability of the questionnaire for the study. The data collected from the questionnaire were subjected to both descriptive and inferential statistics. The research questions were answered using mean and standard deviation, while the hypothesis was tested at .05 level of significance using t-test statistics. In the analysis a cut-off point of 2.50 was an acceptance of an item while less than the cut-off point indicated rejection.

## Presentation of results

**Research Question 1:** What are the counselling needs of women with PTSD in Borno state IDP camps, Nigeria?

**Table 1:** Counselling needs of women with PTSD in Borno state IDP camps, Nigeria

S/N	Items	Mean	STD	Decision
1	Irritability, anger outbursts	3.09	1.16	Accept
2	My personality has changed for the worse	3.55	0.50	Accept
3	I lost my children	3.32	0.66	Accept
4	I can't trust myself with my own children	3.18	0.94	Accept
5	Emotional numbing "I'm dead inside"	3.45	0.78	Accept
6	I'll never be able to relate to people again	3.59	0.44	Accept
7	Flashbacks, intrusive recollections and nightmares	3.09	0.78	Accept
8	I'm going mad", "I'll never get over this"	2.91	0.98	Accept
9	Difficulty concentrating	2.98	0.87	Accept
10	My brain has been damaged", "I'll lose my job"	2.92	0.79	Accept
11	I am unable to feel close to anyone	3.02	0.76	Accept
12	Nobody is there for me	2.98	0.75	Accept
13	I cannot rely on other people	2.56	0.84	Accept
14	My body is ruined	3.25	0.87	Accept
15	I will never be able to lead a normal life again	3.03	0.75	Accept

The data in Table 1 indicated that the respondents agreed on virtually all the items on counselling needs of women with PTSD in IDP camps in Borno state. All the items have their mean values ranging from 2.56 to 3.59, which are above cut off point of 2.50, indicating that all the women in IDPs camps of Borno state are in need of PTSD counselling. Similarly, the standard deviation also ranges from 0.05 to 0.98, indicating that the respondents were not far from the mean and from one another in their opinion.

**Research Question 2:** What is the perception of service providers on the counselling needs of women with PTSD in Borno state IDP camps, Nigeria?

**Table 2:** Perception of service providers on the counselling needs of women with PTSD in Borno state IDP camps, Nigeria

S/N	Items	Mean	STD	Decision
1	Cognitive and behavior therapies	3.55	0.65	Accept
2	Eye movement desensitization and reprocessing (EMDR)	3.45	0.63	Accept
3	Psychodynamic psychotherapy	3.36	0.48	Accept
4	Psychological debriefing	3.48	0.71	Accept
5	Psychoeducation and support	3.00	1.02	Accept
6	Stress inoculation, imagery rehearsal, and prolonged exposure	3.25	0.76	Accept
7	Trauma-focused group therapies	3.43	0.83	Accept

From the data in table 2, it is observed that all the items have their mean values from 3.00 to 3.55 and standard deviation ranges from 0.48 to 1.02 indicating that the respondents were not far from the mean and from one another in their opinion.

**Ho1:** There is no significant difference between service providers on their perception of counselling needs of women with PTSD in Borno state IDP camps, Nigeria.

**Table 3:** t-test of significance of difference between service providers on their perception of counselling needs of women with PTSD in Borno state IDP camps, Nigeria

Respondents	N	Mean	ST D	t-cal	t-val	Decision
NGOs	160	2.95	0.77			
Counsellors	40	2.93	0.96	0.08	1.96	Accept

The result on table 3 showed that t-calculated (0.08) is less than the critical t-value of 1.96 at 0.05 level of significance. By implication, the null hypothesis of no significant difference between service providers on their perception of counselling strategies for women with PTSD in Borno state IDP camps, Nigeria was accepted.

### **Discussion of findings**

The study revealed that internally displaced women in Maiduguri camps actually needed counselling on PTSD. This is indicated by the finding of research question

one in which the respondents agreed on virtually all the items which indicated symptoms of PTSD. Women's need for counselling may be underpinned by their vulnerability and extent of violence meted on them by insurgents who often kidnap and use them as sex slaves after killing their husbands and children. This finding is in agreement with Kim, Torby and Lawry (2007) who assessed basic health, women health, and mental health among Sudanese IDP in South Darfur and reported that humanitarian aids has relieved a significant burden of displaced population's basic need but women's mental health needs remain largely unmet. The finding also agrees with Amir and Schmeidle (2015), who studied women and girls displaced to urban Afghanistan and found that women were faced with significantly more and qualitatively different challenges in terms of access to education, health and adequate and secure shelter with lack of food leading to PTSD.

The study also revealed, from the finding of research question two, that counselling needs of these women, specifically by nature of cases or trauma experienced, include special counselling using cognitive and behavior therapies, eye movement desensitization and reprocessing (EMDR), psychodynamic psychotherapy, psychological debriefing, psycho-education and support, stress inoculation, imagery rehearsal, and prolonged exposure and trauma-focused group therapies. This finding is supported by Angela, Schaffner, David and Dixon (2003) who found that female counsellees preferred highly religious counsellors than the male counterparts. Also, Bisson, Ehlers, Mathew, Pilling, Richard and Turner (2007) found that Trauma-Focused treatments including CBT approaches, exposure and cognitive therapy, and Eye Movement Desensitization and Reprocessing (EMDR) are effective in PTSD counselling.

The third finding from hypothesis one revealed that there is no significant difference between the service providers (NGOs and professional counsellors) on their perception of counselling needs of women with PTSD in Borno state IDP camps, Nigeria. Both the humanitarian service providers and professional counsellors are quite conversant with the plight, conditions and needs of the displaced women. This is so considering that they are the primary care givers of persons in IDP camps. Their position on issues concerning IDPs is therefore authoritative and factual. From the researchers' position, the alignment of their position may be attributed to the long years of experience in humanitarian services. The counsellors are humanitarian as their profession enables them to help persons to overcome challenges through person to person relationship.

### **Conclusion**

The study concluded that the IDP women in Maiduguri camps actually need PTSD counselling. Specifically, by nature of cases or trauma experienced, special

counselling using Cognitive and behavior therapies, Eye movement desensitization and reprocessing (EMDR), Psychodynamic psychotherapy, Psychological debriefing, Psycho-education and support, Stress inoculation, imagery rehearsal, and prolonged exposure and Trauma-focused group therapies are needed by the women with PTSD in Borno state IDP camps, Nigeria.

### **Recommendations**

1. The Counselling Association of Nigeria should empower her members to intensify efforts toward provision of PTSD counselling to women in IDP camps. Professional counsellors should be attached to IDP camps.
2. Training programmes on PTSD counselling should be organized for serving counsellors and NGOs to update their knowledge and skills and such training programme should incorporate the special needs of women in IDP camps.
3. There should be a synergy between the counselling professionals and NGO service providers working in IDP camps, so as to make for a seamless help rendered to the victims of PTSD.

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