

Long-term psychological effects of Boko haram insurgency experiences on children's depression in Borno State, the Northern part of Nigeria

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ABSTRACT

The study investigated the long term psychological effects of Boko Haram insurgency experiences on children's depression in Borno State the Northern part of Nigeria, using a survey sampling technique. 500 adolescent children were drawn to participate in the study; comprising 225 displaced children and 275 residents from 4 Local Government Area of Borno State with ages between 12-15 years with means age 13 years. Vizek-Vidović & Arambašić, (1994) 20-items traumatic war experiences, Reynolds, (1986) 30-items Reynolds Adolescent Depression Scale (RADS), Eysenck & Eysenck, (1994) 24-items (EPQ-Junior) to assess extraversion, and Cohen & Hoberman, (1983) 31-items Interpersonal Support Evaluation List (ISEL) were administered individually to the participants. Regression analysis showed that more Boko Haram insurgency experiences were related to more depressive symptoms for boys than the girls. The greater extent of perceived available social support for boys related to fewer depressive symptoms. For girls, perceived instrumental support and self-esteem were related to fewer depressive symptoms. Predictors in the boys sample accounted for 35% of the variance in the results on the depression scale, and 27% in the girl's sample. On the basis of these findings, it was concluded that boys suffer more from the long-term psychological effects of Boko haram insurgency than girls. It was suggested that other variables capable of influencing depression for girls should be studied. In situations where children cannot be shielded from stressful events, such as insurgency, a greater level of perceived social support is related to fewer depressive symptoms both for boys and girls in early adolescence. The results were discussed in relation to relevant literature reviewed.

Keywords: Long-term, Psychological effects, Boko haram, Insurgency, Children's

depression, Borno State and Nigeria.

INTRODUCTION

Insurgency is a movement - a political effort with a specific goal. The ultimate goal of an insurgency is to challenge the existing government for control of all or a portion of its territory, or force political concessions in sharing political power. Insurgencies often arise in remote areas, where they gain strength slowly by winning the confidence of rural populations. An insurgency may be based on ethnic or religious identity, or its roots may be basically political or economic. Since insurgencies are rarely strong enough to face a national army head-on, *insurgents* (often called *guerrillas*) tend to use such tactics as bombing, kidnapping, hostage taking, and hijacking. In the above light, this is the case of Borno State-Nigeria that had witnessed series of deadly attacks by the Boko Haram sect, Sambisa forest.

However, this study showed the results of an investigation/ or a study on the long-term psychological consequences of the Boko haram insurgency in Borno State, the Northern part of Nigeria on children exposed to different levels of insurgency activities. Research literature focusing on the impact of traumatic insurgency experiences is of limited scope. There are not many studies on the consequences of insurgency on children or on children growing up under the influence of political violence. There is research that has focused on the experiences of children in the Second World War [1 and 2], during the Holocaust [3 and 4], in the Gulf War [5], in the Palestinian-Gaza-Israeli conflict [6], in Kuwait [7], in Mozambique and Uganda [8 and 9], in Cambodia [10], and in Salvador [11]. Study on the position of children during insurgency or war shows that in comparison of the whole population, children are the most vulnerable and jeopardized group. According to [12], children's insurgency /war experiences include the following: Violent death of a parent (s), witnessing the killing of close family members, separation from parents and displacement, terror attacks, kidnapping and life threat, participation in violent acts,

bombardment and shelling, witnessing parental fear reactions, physical injuries and handicaps as well as extreme poverty, change of schools and the lost of intimate friends, teachers' and deprivation etc.

However, based on the study on children's reactions to stressors, such as natural and technological disasters, accidents, abuse and criminal activities [13]. [14], divided all the trauma-stress reactions of children into two rough categories: Type 1 and Type 11 childhood traumas. Besides, characteristics common to most cases of childhood trauma. Type 1 trauma include some specific features, these features refer to: strongly visualized or otherwise repeatedly perceived memories, repetitive behaviors, trauma-specific fears and changes in attitudes towards people, antisocial, aspects of life and the future as well as features specific to variable, multiple or long-standing traumas. Type 11 traumas are often manifested through absence of feeling, a sense of rage, or unrelenting sadness, and may be diagnosed in childhood as conduct disorders, attention deficit disorders, paranoid tendencies, anxiety disorders, obsessive-compulsive personality disorder, schizoid personality disorder, depression or dissociative disorders. Children's trauma and stress –reactions induced by insurgency events have all the predispositions of Type 11 trauma, because children are exposed to prolonged and repeated direct as well as indirect effects of insurgency-related horrors. Insurgency events can have both short and long-term effects [15]. The short term stress/traumatic effects of insurgency events on children refer to intrapersonal repetitions of the experience, fears and insecurities, emotional changes, regressed and disorganized behaviour, precautionous awareness, confusion and disorientation. All these effects are clearly related to a type of experienced traumatic event and depend upon the child's age. The long term and stress/traumatic effects of insurgency events on children may exist even for several years after the insurgency has ended. Long-term insurgency effects can be characterized by deviations in child development, changes in personality and identity, school failure, chronic problems in peer relations, poor physical health, a pessimistic view of the future, and suicidal ideation etc.

One of the long-term effects of insurgency in children is the manifestation of depressive symptoms [16]. Many studies after the mid-1970 found that depressive symptoms in children and adolescents are similar to those found in adults. Depression is a mood disorder. Depression could be defined as a disorder of the mind that affects the physical, psychological and social functioning of an individual [17]. According to [18], depression is the expression of sadness, disappointment, loneliness, self-criticism, low-self concepts, guilt, boredom, tiredness, lack of interests and lack of meaning in life etc. Above all, depression affects all areas of child function including behavioural, emotional, psychological, physiological, somatic and cognitive domains. Depression in children and adolescents is expressed as a cluster of symptoms that may include anhedonia, lowered self-esteem, social withdrawal, fatigue, impaired school performance, crying spells, and eating disturbances, and self-destructive impulses [18]. The etiology of depressive disorders in childhood and adolescence is complex and models of depression can be divided into two basic categories: biological and psychological. Depression involves the interaction of environmental factors and biological factors. Environmental factors include familial, interpersonal, extra-familial events, and settings as well as catastrophic and traumatic events [19]. Thus, one of the environmental factors related to the depression in youngsters is a lack of social support.

Boko haram insurgency experiences among children in Maiduguri Borno State reigned from mild to severe stress or serious trauma according to their level of exposure to insurgent attack according to the findings. Children who lived in parts of Borno State, Northern part of Nigeria that was heavily attacked, suffered for a prolonged period of time. Many of their family members or friends were injured and/or killed, or children were separated from their parents while forced to leave their homes. Many of them also witnessed the torture or death of a family member. Although some families lived in parts of the country relatively safe from Boko haram attacks, they also experienced live in bomb shelters during air raid attacks, and they

were exposed to information about insurgency through the media. During the Boko haram insurgency, children reported intrusive images and thoughts as well as avoidance reactions and avoidance-approach reactions, whereas displaced children showed significantly more of these reactions especially avoidance-avoidance reactions and severe posttraumatic reactions [20]. Research on children wounded during the Boko Haram in Nigeria showed that manifestations of Post-traumatic stress disorder (PTSD) were related to the degree of disability, social circumstances, and family situation [17]. Other studies indicated many other psychological problems and conduct disorders in displaced children in Nigeria, and those who were refugees [21].

Social support is a complex transactional process that is influenced by the children's personalities as well as their social environment [22], for example, claims that extraversion, social skills, network orientation, irrational beliefs on the one hand, and family history, social roles, environmental demands on the other hand, play a very important part in the process of social support. [23], define neuroticism-extraversion through a dimensional system, describing a typical extravert as a sociable person, who likes parties, has many friends, needs to have people to talk to, takes chances and is generally an impulsive individual, and typical introvert as a quiet, retiring sort of person, introspective, fond of books rather than people, reserved and distant except to intimate friends. Stressful events cause worries and concerns to the individual, influencing changes in both on individual's personality and the social surroundings. Thus, process of social support can alleviate the effects of different stressors, such as Boko haram stressors. The influence of social support in psycho-social adjustment is a complex process depending on a series of factors.

Some models, theories and studies have shown that parents as well as models on the child's environment have an important role in providing children with social support in insurgent conditions. The ecological model is an integrative model of understanding the impact of insurgency on children [24], which suggest five important dimensions: the individual, the family, the community, government and

the culture. [25], utilized a similar ecological model to study the impact of insurgency on children. Clearly, ecological factors could help in understanding the effects of risk events on the development of the child.

In comparison with other studies for example, [26], which examined immediate or short term influence of insurgency or war experiences on depressive symptoms in childhood in Croatia had similar result, in this study the primary aim was to investigate the long- term psychological effects of Boko Haram in Borno State on boys' as well as girls' perception of social support, and manifestation of depressive symptoms.

The purpose of this study was to investigate whether different levels of depressive symptoms in early adolescent boys and girls could be predicted on the basis of Boko haram insurgency experiences, perceived available social support and extraversion. Considering the psychological implications of Boko haram insurgency and the stressful life experiences it was hypothesized as follows:

- That Boko haram experiences would have negative psychological effects on children's depressive symptoms- long after children were exposed to insurgency events.

METHODS

Participants:

A total of 500 adolescent children were drawn from four Local Government Area of Borno State (Maiduguri) using a survey sampling technique. They comprised of 225 displaced children and 275 residents with ages between 12-15 years with mean age 13 years. They were Muslims and Christians. Muslims made up 45.1 % of the sample while Christians 43.7%. Not all were living with their parents; this is because some of them lost their parents. Maiduguri was chosen because most displaced children in the State came to Maiduguri the capital to settle. The study included both displaced and residents children in secondary schools throughout Maiduguri. The displaced children in this study are children who were displaced from their homes/schools to occupied

parts of Maiduguri at the time of investigation/or study. The residents' children were chosen as participants for this study from the same class room as displaced children, and they were matched to displaced children. From every class the same number of resident and displaced children from different parts of Bornu as mentioned above. Displaced children at the time of this study were living out of their home for a period of approximately 10 months, and during that period they were living in the same town Maiduguri and attending same schools as resident children.

INSTRUMENTS

Four instruments were employed in the study, namely Vizek- Vidović & Arambašić, (1994), [27], The Questionnaire on Children's Stressful and Traumatic War Experiences, [28], Reynolds Adolescent Depression Scale (RADS), [29], Junior Eysenck Personality Questionnaire (EPQ-Junior), and, [30], The Questionnaire on Children's Stressful and Traumatic War Experiences (RSTI).

The Questionnaire on Children's Stressful and Traumatic War Experiences (RSTI) [31] in [27], it has 20 items traumatic war experiences which measure general war events and bomb shelter experiences, loss of home and being a refugee, victimization of family members, witnessing victimization of family members, and personal victimization. The instrument was evaluated by psychologists, medical doctors, and teachers to estimate the degree/or the level each event is harmful in terms of the child's well-being on a 5-point Likert Scale (0 = not at all harmful for the child to 4= strongly harmful for the child), and their average estimation was used as weight for each experienced event. For each child, the total war experience score was computed as a sum of the weighted number of experienced events (average estimation of 30 evaluators for 4 items was 2; for 6 items was 3; and for 10 items was 4; thus if child experienced all 20 harmful events his/her weighted result is equal to 66). In this way, the total range of scores on this scale was from 0 to 66, and Cronbach's alpha coefficient was .88. It was validated for use with Nigerian samples by [32], with reliability index of .81.

Reynolds Adolescent Depression Scale (RADS)

[28], 30 items measuring description of depressive symptoms in DSM-111 (Reynolds, 1987). Children indicated the frequency of the occurrence of the symptoms on a 4-point scale from 1=almost never to 4=most of the time (e.g, ‘ I have trouble sleeping’, I worry about school”, I feel upset”). The total range on this scale was from 30 to 120 and Cronbach’s alpha coefficient was .87 and validated for use with Nigerian samples by [33], with reliability index of 0.85,

Interpersonal Support Evaluation List (ISEL)

[30], 31 items interpersonal support Evaluation list measuring social support. Children were required to mark on a 4-point scale (1= strongly disagree to 4= strongly agree) their degree of agreement with statements describing various situations in the child’s life (e.g., “*I know someone who would loan me money so I could go to the cinema*”. According to the principal component analysis ISEL consists of three factors: instrumental support (17 items with total range of scores from 17 to 68); support to self-esteem (5 items with total range of scores from 5 to 20); belonging and acceptance (9 items with total range of scores from 9 to 36). Subsequently, ISEL was divided into three subscales, with Cronbach’s alpha coefficients .84 for instrumental support subscale, .77 for support to self-esteem subscale, and .71 for belonging and acceptance subscale. Instrumental support refers to the perceived availability of material aid and the perceived availability of someone to talk about their problems. It was also validated for use with Nigeria sample by [32], with reliability and validity index of 0.70 and 0.69 respectively.

Junior Eysenck Personality Questionnaire (EPQ-Junior)

[29], 24 items measuring extraversion eg” Do you have many different hobbies?, Do you like going out a lot?, Do you have many friends?. The total range of scores on this scale is from 0 to 24. Cronbach’s alpa coefficient was 69.

Table I: Comparisons of results of all scales between boys (N=225) and girls (N=275)

| | Boys | | Girls | | P |
|---------------------------------|------|------|-------|------|-----|
| | Mean | SD | Mean | SD | |
| Boko Haram | 20.8 | 13.7 | 20.9 | 14.1 | .96 |
| Instrumental support | 53.2 | 8.9 | 56.9 | 7.5 | .00 |
| Support to self esteem | 12.6 | 3.5 | 12.3 | 3.2 | .19 |
| Belonging and acceptance | 25.4 | 4.5 | 26.1 | 4.1 | .04 |
| Extraversion | 17.9 | 3.2 | 17.9 | 3.3 | .96 |
| Depressive symptoms | 60.0 | 12.0 | 62.1 | 11.5 | .04 |

Support to self-esteem refers to the perceived availability of a positive comparison in relation to others. Belonging and acceptance refer to the perceived availability of people one can do things with, and the perceived acceptance from others.

Extraversion was assessed by the Nigerian version of Junior Eysenck Personality Questionnaire (EPQ-Junior) (24-items, e.g., “Do you have many different hobbies?”; “Do you like going out a lot?”;

“Do you have many friends?”) [29]. The total range of score on this scale is from 0 to 24. Cronbach’s alpha coefficient was .69.

PROCEDURE

The permission and cooperation of the local Government Chairmen and the school authorities were solicited and approved. 570 copies of each of the instruments were produced and distributed to the class teachers in the four LGAs of Bornu State, namely, Warabe; Wala, Mafa and Chibok village of Damboa. Out of these, only 500 were completed correctly. 50 were poorly completed and 20 copies were not recovered. 12 research assistants 3 from each LGA assisted the researcher to collect the data. The research took a period of 10 months. The questionnaires took 20-30 minutes to complete, and were administered during a period of one school class. The order of questions concerning social support, depression and child personality was balanced, but the questions about war experiences were always the last.

DESIGN AND STATISTICS

A co-relational design and multiple regression statistics were used for data collection and analysis

RESULTS

Table 2 presented the Boko Haram activities experienced by the children. It is important to note that from a total sample of 500 children, more than 90% were forced to seek shelters in the city of Maiduguri, had experienced bomb shelters and series of deadly attacks, had experienced air raid alerts, and had seen people get beaten, tortured, wounded or killed live and also on television. In addition, almost 70% of all children had witnessed shooting close to their homes, killing their parents, siblings and relatives. Almost

50% of the children had to leave their homes, and subsequently to change their school and 30% were separated from their parents and family due to Boko haram sect activities.

Table II: Correlations between all scales

| | IS | SE | BA | I-E | D |
|---------------------|--------|--------|-------|-------|--------|
| Boys(N=225) | | | | | |
| BH | -.29** | -.16** | -.00 | .04 | .25** |
| IS | | .38** | .38** | .29** | -.40** |
| SE | | | .20** | .25** | -.46** |
| BA | | | | .40** | -.39** |
| I-E | | | | | -.15** |
| Girls(N=275) | | | | | |
| BH | -.04 | -.11* | .05 | .02 | .09 |
| IS | | .38** | .42** | .23** | -.46** |
| SE | | | .32** | .18** | -.38** |
| BA | | | | .38** | -.31** |
| I-E | | | | | -.14** |

BH: Boko Haram; IS: instrumental support; SE: support to self-esteem; BA: belonging and acceptance; I-E: extraversion; D: depressive symptoms.

* $p < .05$.

** $p < .01$.

Girls reported that they had less depressive symptoms ($p < .05$), perceived that they had more available instrumental social support ($p < .01$) and more available belonging and acceptance social support ($p < .05$). Sex differences in perceived self-esteem social support were not found and on the extraversion subscale.

Table II shows the correlations among the variables. As expected, greater levels of perceived instrumental support to self-esteem and belonging and acceptance were related to fewer depressive symptoms for boys and girls. A negative correlation between the weighted number of experienced Boko haram events and depressive symptoms was found for boys only ($r = .25$). All significant correlations between perceived social support of different types and experienced Boko haram activities were negative, indicating that a greater amount of experienced Boko haram activities were related to a lower level of perceived social support. There were significant positive correlation between the three types of social support and negative correlation between each type of social support and depressive symptoms for boys than girls.

Regression analyses showed that boys manifested more depressive symptoms if they experienced more Boko haram attacks and activities. This may be because boys were used more than girls. This finding, however, was true for girls. The greater extent perceived available social support for boys, namely instrumental support, support to self-esteem, belonging and acceptance led to a smaller amount of depressive symptoms. For girls, perceived instrumental support and self-esteem were related to a smaller amount of depressive symptoms. The predictors in the boys'

sample accounted for 35% of the variance in the results in the depression scale, while the predictors of the girls' sample accounted for 27% of the variance. Extraversion was not a predictor of depression. A significant correlation was found between extraversion and belonging/accepting. A significant relationship between these variables probably comes about because extraversion does not contribute significantly to the prediction of depressive symptoms neither in the sample of boys, nor in the sample of girls.

Table III

Summary of the multiple regression analyses of the depressive symptoms on the Boko Haram sect activities, instrumental support, support to self-esteem, belonging and acceptance and extraversion for boys and girls

| | Boys | | | Girls | | |
|----------------------|---------|---|-------|---------|---|-------|
| | β | T | P | β | T | P |
| BH | .16 | | 3.11 | | | |
| | .002 | | | | | |
| IS | -.13 | | -2.23 | -.37 | | -6.73 |
| | .026 | | | .000 | | |
| BA | -.28 | | -5.46 | | | |
| | .000 | | | | | |
| SE | -.33 | | -6.48 | -.24 | | -4.41 |
| | .000 | | | .000 | | |
| R | .59 | | | .52 | | |
| R² | .35 | | | .27 | | |
| F | 39.48 | | | 51.06 | | |
| P | .000 | | | .000 | | |

BH: Boko Haram; IS: instrumental support; SE: support to self-

esteem; BA: belonging and acceptance; I-E: extraversion; D: depressive symptoms. Table 3 shows the mean scores to each variable by gender. Boys and girls did not differ significantly in the total score on the Boko haram sect activities, experience scale (for boys: mean= 20.8, SD=13.74 and for girls: mean=20.9, SD=14.07). However, the scores on the *depression scale* and the *support scale* indicated that there were gender differences.

Discussion

In this study conducted in ten months, we found that almost all children in this sample experienced more than one thing or the other, and there were no differences in boys and girls in their experiences of Boko haram sect activities. Results of our study suggested that boys suffered more from the long term effects of Boko haram than girls. However, we found that girls had more depressive symptoms than boys, which was consistent and in tandem with the results of previously studies with adolescents [26]. The interpretation of regression analyses data showed that three kind of social support and Boko haram sect activities are good predictors of the boy's depressive symptoms and instrumental support and support to self-esteem are good predictors of girls' depressive symptoms. According to the results of the findings, exposure to Boko haram sect insurgency increased depressive symptoms only in the boys' sample. It seems that the girls in our study are either more resilient to, or have more subjective perceptions of traumatic experiences than boys. Also, it seems that boys are less protected in stressful situations, which could be explained by differential gender socialization. As a consequence, Boko haram sect insurgency children experienced in the past have a

more prolonged stressful influence on boys than on girls. Similar findings could be found in the literature. Studies, in which the long-term effects of insurgency were investigated, such as the study conducted on Palestinian and Israeli children [34], showed that boys experienced significantly stronger stress reactions than girls under conditions of high accumulated risk.

It should be noted that many fathers of the children in our study fought, were prisoners in Boko Haram sect camps or were killed during the insurgency. Consequently, their sons were required to undertake the role of their fathers in their families, so it is possible that boys, even as pre-adolescents, were additionally burdened with the political situation, bread winners and country's safety than girls. In addition, boys perhaps memorize insurgency activities more vividly than girls, so they remembered more detailed Boko Haram sect activities.

In contrast to the findings of this study, [35], showed that for Palestinian adolescents' war or insurgency experience as children predicted increased depression only for girls 1 to 2 years after the end of war, but war experiences were unrelated to parental support, parental monitoring or conflict with sons. The same author showed direct associations between Palestinian Intifada experiences and depression only for girls [35].

Good perceived parenting protected children's psychological adjustment [26], showed that the level of available social support was significantly lower for children, boys and girls, who had to leave their place of residence, whose family member got injured or killed during the war as well as for those children whose parents were at the front-lines. The findings showed that a greater level of

the three kinds of perceived social support from mother, father, friends, and so forth are related to fewer depressive symptoms. It is clear that children who have close family contacts are more likely to show good personal, social and educational adjustment. For example, exposure to support events or Governmental role, time and conditions may result in more intense relationships within families. Many children that were exposed to stressful Boko haram time conditions, however, showed depressive symptoms. Thus, in order to protect children from the harmful psychological effects of insurgency more attention should be given to the factors that may mediate or buffer the negative effects of insurgency time conditions on children [36]. Previously, research showed that interactions between each kind of social support and insurgency events in hierarchical regression analyses were significant for depressive symptoms [26]. Based on the findings and previous studies we cannot conclude that perceived social support represents a protective factor for depressive symptoms. Results of the finding only showed that greater social support is related to less depressive symptoms for boys and girls. In the boys' sample, study findings showed that greater amount of experienced insurgency events was on the one side related to more depressive symptoms, and on the other side related to less instrumental social support. However, in this study the findings mentioned above showed not to be true for girls.

There were so many limitations in this study. First the data were collected post hoc that is after children were exposed to violent, attack and dangerous conditions and not during their exposure to Boko haram sect activities. One might also question the

validity of the information obtained from these children about the Boko haram insurgency events they experienced approximately 4 or 5 years before. The time that elapsed between this study and actual child experience surely represents a limitation to generalizing of these findings.

Second, the researchers collected no information from parents about the children's experiences of Boko haram sect events, social support, and depressive symptoms. Third, except for educational level, the researchers did not obtain sufficient information about the parents' socioeconomic status, religious and political affiliations. Since this was a period of intensive political violence in Nigeria it was very difficult to collect the above-mentioned data.

CONCLUSION

The researchers conclude that depressive symptoms in boys are related to the number and severity of experienced Boko haram activities, while this is not true for the girls. However boys have more depressive symptoms than girls. It is possible that depressive symptoms in boys are related to some other aspects of the Boko haram situation that were not measured in the study. In situations where we cannot avoid exposure of children to stressful events, such as the situation of Boko haram, results of the finding suggest that a greater level of perceived social support is related to less depressive symptoms both for boys and girls in early adolescence.

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