

**PSYCHOLOGICAL CONSEQUENCES OF TERRORISM, VIOLENT EXTREMISM AND  
INSURGENCY ON WOMEN AND CHILDREN IN THE NORTH EAST**

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**ABSTRACT**

*Since the beginning and escalation of terrorism, various sectors of the economy have been affected as a result of the negative peace and fatalities associated with the Boko Haram terrorism. Studies have examined the causes and impact of terrorism, violent extremism and insurgency in Nigeria. However, no known research has documented the psychological impacts of witnessing ongoing terrorist violence based on the lived experiences of women and children. The study theoretical framework combined relational vengeance theory and deprivation theory to explain the extent of the security challenge confronting Nigeria. Data for this study were collected through interviews from participants who were exposed to terrorist acts in Nigeria and a review of relevant literatures. This paper argues that timely containment of terror is the only way to preventing women and children from the horrendous experiences associated with terrorism and violent extremism.*

**Keywords:** Boko Haram, Terrorism, Violent Extremism, Insurgency, Women, Children

**INTRODUCTION**

Since 2009, women and children in northeastern Nigeria have been living under prolonged armed conflict due to the Boko Haram insurgency. Boko Haram is a Jihadist terrorist organization based in northeastern Nigeria that is also active in Chad, Niger, and northern Cameroon. Founded by Mohammed Yusuf in 2002, the group has been led by Abubakar Shekau since 2009. The objectives that Boko Haram seeks to achieve include establishing Islamic Sharia law in the northern part of Nigeria and rejecting western education (Adesoji, 2010). To achieve its political, religious, and ideological aims, Boko Haram intentionally uses indiscriminate violence to create terror (Nacos, 2016). The activities of Boko Haram have a direct impact on the development of women and children in northeastern Nigeria (Amnesty International, 2014; Human Rights Watch, 2014; Oxfam, 2015). As of 2018, the majority of Nigerian children in the northeast still face severe hardships such as family displacement, assault, kidnapping, poverty, and death.

I formulated the research topic for four reasons. First, no study had documented the psychological consequences of the Boko Haram insurgency based on the lived experience of women and children who have been victims of the Boko Haram insurgency in Nigeria. Hence, this study explored the psychological impacts of Boko Haram terrorism on Nigerian children.

Second, there was a need to understand the psychological impacts of the Boko Haram insurgency on the education of Nigerian children and contribution of women of the northeast to national development. Third, there was a need to explore the support services that help Nigerian children to cope with the trauma of the Boko Haram insurgency. Finally, it was necessary to determine the barriers to receiving mental health therapy for Nigerian children affected by Boko Haram attacks. The potential social implications of the study involve the generation of new knowledge to develop effective mental health policies and programs for children exposed to terrorism in Nigeria.

### **CONCEPTUAL AND THEORETICAL EXPLANATION TERRORISM**

In spite of the problem of definition, scholars have tried to define terrorism. According to Awoniyi (2002), there is no universally accepted definition of terrorism. This is because “terrorism is a moral problem” (Wardlaw, 1982, cited in Oshanugor, 2004:7). Stepanova (2008) maintains that terrorism is the form of violence that most closely integrates one-sided violence against civilians with asymmetrical violent confrontation against a stronger opponent, be it a state or group of states.

Imohe (2010) describes terrorism as a “transnational phenomenon which increases threat to human life, state stability and international security. Some notable acts of terror include night/day assassination at residential areas or public places (including motor parks, markets, airports), suicide bombing, hostage-taking, sabotage of economic infrastructure, like oil pipelines, attacks on religious institutions during worship among others.” The American federal bureau of investigation (FBI) defines terrorism as the unlawful use of force or violence against persons or property to intimidate or coerce a government, the civilian population or any segment thereof in furtherance of political or social objectives (Awoniyi, 2002).

According to Babanoski (2019) members of terrorist groups, tend and work to radicalize individuals, often young people, by encouraging them to leave homes and travel to the conflict zones in the middle east. Many scholars of security studies link the activities of terrorists across the world, including Africa to Middle East where they claim to have strong affiliations with those operating there.

#### **Objectives of terrorists**

1. Terrorists wherever they operate are known for the following aims they intend to achieve:

They are interested in planting the seeds of primordialism and disunity through their nefarious activities. For instance, in 2012, Boko Haram issued an ultimatum to all Christians and southerners to leave the north or face attacks. The ultimatum was greeted with controversies and wide condemnation from various quarters both from within and Diaspora.

2. They employ massive unprecedented attacks on people, thereby inflicting very huge losses and sorrow on families

They contend with the state of control of the country in order to portray constituted authorities as weak or incapable of containing them.

3. They ensure the security forces are overwhelmed

They want to draw the attention of the mass media, enhance their publicity and boost their psychological strength in the polity.

4. Their aim is to prove that military strategy is not an antidote to terror

They are interested in spreading the network of terror and suicide in all parts of the world to win more sympathizers or recruit oppressed groups

5. Every terrorist organization creates fear and declares media war against governments,

They create unstable socio-economic and political environment

6. They want to force foreigners and believers of other faiths out of a particular region

### **PSYCHOLOGICAL IMPACT OF INSURGENCY ON CHILDREN AND WOMEN**

With this violence engendered by an Islamic sect called *Boko Haram*. The escalation of the Boko Haram insurgency in Nigeria has had increasingly harmful impacts on the mental health of Nigerian children. A United Nations Children's Fund (UNICEF, 2016) report estimated that 7 million Nigerian children have been internally displaced and exposed to frequent violence, which has implications for their mental health. Despite mental health concerns related to these children's experiences, they are rarely assessed and provided with mental health treatment. Events associated with the Boko Haram insurgency severely undermine the psychological and educational outcomes of children in northeastern Nigeria (Amnesty International, 2014; Human Rights Watch, 2014; Oxfam, 2015). A survey conducted by UNICEF (2016) showed that 7 million Nigerians have been displaced as a result of the Boko Haram insurgency, of which 57% are children (International Organization for Migration (IOM, 2015).

Reports from the International Organization for Migration (IOM, 2015) have shown that the mental health needs of Nigerian children who have been affected by terrorism remain largely unmet due to limited or nonexistent social programs, lack of qualified professionals, corruption, and ceaseless instability from terrorist attacks (Schininá et al., 2016). UNICEF (2016) estimated that 1,200 schools were destroyed, 319,000 child learners were denied access to safe learning spaces, and 952,029 school- aged children were displaced because of the Boko Haram insurgency. A similar report by Hawke (2015) revealed that an estimated 3.7 million children are in need of mental health support in Nigeria. Additionally, the report suggested that if the psychological requirements of these children are not met, an epidemic of chronic mental health illness may result. However, these reports from UNICEF, IOM, and Hawke were not based on the lived experience of children exposed to terrorism in northeastern Nigeria. In contrast, this study relied on the lived experience of children exposed to terrorism in Nigeria, in order to understand the psychological consequences of the Boko Haram insurgency on Nigerian children.

In 1991, Nigeria passed the Mental Health Act (MHA) to prevent and treat mental health and neurological disorders among the Nigerian population. The September 11, 2001 terrorist attacks introduced a new wave of terrorism that has required new methods of response to and treatment for the mental health consequences of terrorism. Given that the Nigeria MHA predates the Boko Haram insurgency, it is possible that the provisions in the Act many not cater to the mental health needs of Nigerian children impacted by Boko Haram. Indeed, Adewuya et al. (2016) revealed that Nigeria had not updated its policy on mental health to meet the emerging needs of affected children. This may, in part, account for the lack of a holistic approach to the prevention and treatment of mental health illnesses in Nigeria.

The intention behind formulating national policy and enacting MHA to support mental health for the Nigerian population was a good one. Achieving the intended result, however, is another challenge that requires following trends in mental health, diagnosis, and treatment. Equally, achieving the goals of mental health policy requires establishing greater trust and accountability between the Nigerian government and its citizens.

In response to the ongoing Boko Haram insurgency in Nigeria, the Nigerian government has developed counterterrorism and post conflict recovery policies. A 2017, a report from the World Bank on northeastern Nigeria that focused on recovery and peacebuilding covering the period 2015-2016 showed that Nigeria had recorded significant successes in the fight against Boko Haram (Quick & Demetriou, 2017). The World Bank report also revealed that the military campaign had been stronger and better coordinated. Boko Haram is now a less potent military threat compared to a few years ago, when the terrorist organization killed tens of thousands of people, uprooted millions, damaged local economies, destroyed cross-border trade, and spread to the Lake Chad states of Cameroon, Chad, and Niger. The Boko Haram group has in recent months carried out fewer attacks and has chosen softer targets such as remote villages, churches, and markets

(Onapajo, 2017). This is a dramatic departure from December 2013, when hundreds of Boko Haram fighters overran a Nigerian air force base in the Borno state capital, Maiduguri.

Notwithstanding these remarkable military and economic achievements on the part of the Nigerian government, in 2018 Boko Haram abducted 110 students from the Government Girls' Science Technical College in Yobe State. Moreover, a UNICEF (2016) report concluded that the psychological consequences of terrorism for Nigerian children are overlooked due to lack of implementation of MHA. Ineffective psychosocial support for Nigerian children following the trauma of terrorism has long and short-term implications for all (James & Gilliland, 2013).

An assessment of Nigerian government counterterrorism and post conflict recovery policies showed that these policies did not reflect any provisions for the mental health of children affected by terrorism in Nigeria. This lack of support stems from inadequate preparedness by the Nigerian government to deal with terrorism, and there is no policy framework to cater to the mental health needs of children affected by violence. The limited services offered—which are reactive, rather than proactive—are rarely accessible to children due to corruption (World Health Organization, 2015). A peace building effort that does not cater to the mental health needs of people affected by the trauma of terrorist attacks may be counterproductive in relation to achieving sustainable peace. The traditional cultural system does not support the mental health needs of children due to stigma. Consequently, in the face of neglect and ineffective mental health treatment provided to children exposed to terrorism, parents resort to traditional methods of caring for their children. Traditional methods of care involve the sum of all knowledge and practices, in that parents rely on various forms of medicine and therapy such as herbal medicines, mind and spirit therapies, self-exercise therapies, radiation and vibration, aromatherapy, and preventive medicine for the treatment of mental disorders in Nigeria (Ebigbo, Elekwachi, & Nweze, 2017). Olagunju et al., (2017) argued that when the burden of treating children's mental health illnesses is placed on parents, it becomes an added stress for parents and may lead to posttraumatic stress disorder (PTSD) in children (Da Paz & Wallander, 2017).

The effects of mental health stressors on children arising from violence such as that perpetrated by Boko Haram include the exhibition of strange behaviors, numbing, malnutrition, fear, avoidance, and recurring flashbacks (Halevi, Djalovski, Vengrober, & Feldman, 2016; Rosshandler, Hall & Canetti, 2016). Harris et al. (2016) and Rosshandler et al. (2016) claimed that violence could have a profound long-term psychological effect on children, often resulting in the development of permanent mental health problems (Sharma, Fine, Brennan, & Betancourt, 2017). Luthar and Eisenberg (2017) revealed that in some cases, children relied on community and familial support to develop adaptive coping mechanisms after exposure to traumatic events. The impact of violence on children's educational attainment is profound because it may impair students' learning and exam performance, in addition to having a lasting effect on human capital accumulation (Shany, 2017). Bloom and Matfess (2016) found a relationship between exposure to terrorism and poor academic performance among children exposed to violence. Qouta et al., (2007) also claimed that exposure to terrorism causes poor concentration problems and low cognitive capacity in children. Children who have experienced severe trauma from violence have weaker school performance (Miller et al., 2000a).

Understanding how terrorism has impacted the education of Nigerian children is important. It is necessary to understand how Nigerian children's experiences with Boko Haram have affected their attitudes toward schooling as well as their school performance in relation to assimilation, accommodation, and effective communication before and after being exposed to the Boko Haram insurgency. According to Piaget's cognitive development theory, when children are exposed to violence between the ages of 11 to 15 years, their assimilation and adjustment process may be impaired, and they may find it difficult to process new information (McLeod, 2015). Although children in northeastern Nigeria receive some mental health services, the mental health needs of children who have experienced the Boko Haram insurgency are not being adequately addressed, particularly through school-based mental health services. In addition, the lived experiences of children affected by the heinous crimes of Boko Haram have not been documented. Sanchez

et al., (2017) revealed that, if properly diagnosed and provided effective treatment, children may do well in their education despite exposure to terrorism.

Poppen et al. (2016) identified the incorporation of child mental health promotion and intervention into the school curriculum, particularly in poor resource settings such as Nigeria, as a well-recognized, effective strategy for child mental health treatment.

However, a study conducted by Ola and Atilola (2017) showed that school-based mental health services are nonexistent in Nigeria, particularly in communities affected by Boko Haram violence. In this study, I sought to determine the educational experience of children exposed to the Boko Haram insurgency by relying on Piaget's cognitive development theory.

Halevi et al. (2016) revealed that children exposed to terrorism may develop the symptoms of PTSD. Halevi et al. investigated the effects of terrorism on 232 children exposed to terrorism in Sedat, Israel. The results showed that the children suffered anxiety disorder, hyperactivity disorder, oppositional defiant disorder, and PTSD. Studies (e.g., Bleich & Solomon, 2013; Lowe & Galea, 2015; Scrimin et al., 2006) have shown that sleeping phobia, fear, lack of appetite, depression, emotional numbing, mourning, grief, avoidance, and insecurity are common among children exposed to terrorism.

Atilola et al. (2015) and Tunde-Ayinmode et al. (2012) evaluated the effects of terrorism in Nigeria; however, no known study has documented the lived experiences of children exposed to terrorism in northeastern Nigeria in terms of the psychological effects of terrorism, the impact of terrorism on children's educational experience, and how children cope with the trauma of terrorism. The effects of terrorism on children in Nigeria may not be the same as in other parts of the world because of differing political wills, cultural practices, and norms.

Resilience programs that include diagnosis and treatment are essential for the recovery of children exposed to terrorism in Nigeria. However, the mental health facilities and policy framework that should enhance recovery efforts for Nigerian children are not up to date (Babalola & Fatusi, 2009; Omigbodun & Bella, 2004; WHO, 2005). A report by the WHO (2014) concluded that Nigerian mental health policy remains substantially unimplemented and has not been updated to reflect the psychological health needs of people exposed to terrorism in Nigeria (Lora, Hanna, & Chisholm, 2017). The WHO (2014) also reported that public psychiatric centers for children have no admission beds and there is no extant law to regulate traditional community-based voluntary mental health hospitals to protect patients' rights. There is a shortage of mental health personnel across related professions. Further, nongovernmental organizations have paid little attention to the mental health issues of Nigerian children, and there has been no formal support for family caregivers or for the educational needs of children with mental health illnesses (Kranke, Schmitz, Der-Martirosian & Dobalin, 2016).

On the other hand, some studies (e.g., Bonnanno et al., 2005; Cicchetti, 2010; Garbarino et al. 2015; Masten & Osofsky, 2010) have demonstrated that strong social support from families, functional parenting, community attachment, and economic status are factors for adjustment for children affected by terrorism. Dobson and Dobson (2009) argued that school-based intervention programs with 10-12 sessions per week and cognitive-behavioral therapy (CBT) provide protective and adaptive factors for the treatment of PTSD in children exposed to terrorism (Ager et al., 2010; Foa et al., 2009). At the same time, Harris et al. (2008) identified religion as one of the best means for children to achieve desirable emotional and social functioning when exposed to violence.

As stated earlier, although there have been studies (e.g., Atilola et al., 2015) related to the effects of terrorism on people exposed to it in Nigeria, no studies have documented the psychological consequences of terrorism for children's mental health and educational needs from the perspective of Nigerian children exposed to the Boko Haram insurgency. This study filled this gap by examining the psychological effects of terrorism on

Nigerian children based on their lived experiences. The study (a) assessed the impacts of terrorism on the educational experience of Nigerian children, (b) examined whether programs and services available to children affected by terrorism were helpful, (c) identified programs and services that may help promote coping and adjustment for Nigerian children affected by terrorism, and (e) determined the barriers that exist to improving the mental health of Nigerian children. This study also determined what public policies are available or need to be developed to help this population to cope with mental health problems. Punctuated equilibrium theory was used to evaluate the Nigerian government policies and programs available to provide mental health support to children exposed to the Boko Haram insurgency. The study supported the development of recommendations on how to improve the mental health of Nigerian children.

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