

AMENABILITY OF PSYCHOLOGICALLY TRAUMATISED NIGERIAN YOUTHS TO COUNSELLING

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ABSTRACT: *The study investigated the level of trauma experienced by Nigeria children and adolescents. It also examined the challenges being faced by the teeming population of youths that have been traumatized. The study identified the various traumatic situations prevailing in Nigeria. Also, it examined the availability and responsiveness of these youths to available Counselling and adequacy of Counselling. The traumatic experience of youths seems to be accountable for most of the insurgency, terrorism and restiveness pervading entire Nigeria. This is because there are occurrences such as kidnapping examination malpractices child trafficking bomb explosion, political offences, economic fraud, religious crisis, ritual killings, abduction drunkenness, armed robbery and so on. All these seem to have defiled all weapons of sanitation in Nigeria. Descriptive research design of the survey type was used for the study after consulting the entire Nigeria population. Based on the above discovery Nigeria government should consult the genealogy of harmful traumatic occurrences affecting the youths in Nigeria to be able to nip it in the bud. Curriculum planners should identify incorporate trauma provoking situations into the school curriculum to be taught. Counsellors and care givers should be trained on how to reduce and counsel traumatized youths. Trauma centres to provide hospice services should be established by State and Federal Government. The study could be of benefit to school children parents teachers examination bodies counsellors, curriculum planners, religious leaders, school administrators and law enforcement agents. They would learn, teach, counsel and ameliorate traumatic and trauma provoking situations.*

KEYWORDS: Counselling, Trauma, Children, Adolescents, Youths, Therapy.

INTRODUCTION

In Nigeria a lot of youths and adolescents seems to be subjected to trauma. These traumatic experiences have led to emotional and psychological pain. It appears as if there are countless array of misbehaviours pervading the Nigeria society. Youths both males and females in Nigeria seems to put up various forms of nefarious behaviours like self-medicating with drugs, alcohol addiction in order to reduce the pain of traumatic experience. All these are done to escape the negative emotions that results from trauma.

According to the US Department of Health and Human Services Office of Population Affairs adolescents trauma can come from experiencing abuse or violence personally or witnessing events that are violent or abusive. Though not every teen or child exposed to sexual violation, physical abuse or traffic accident, domestic violence, natural disasters, community violence or severe injury or death will be traumatized as a result some will experience long term effects of trauma, including damage to their development as young adults. Some will even develop an addiction to drugs or alcohol in an attempt to cope with the emotions they feel in relation to the trauma.

The researcher haven interviewed some cross sections of Nigeria youths observed that majority of them are being subjected to traumatic experiences. The exposure of Nigeria youths have increased the tenacity for trauma as there are reports on print and sophisticated media on hourly not even daily basis of the activities of terrorism, at home, in towns, villages and nationally. The ugly incidences of bomb explosion, killings by gunmen, kidnapping, massive abduction and destruction is sending gilters to the psyche of nationals and this has heightened the trauma experienced by all Nigerians.

The absence or inadequacy of data in Nigeria reflecting the level of trauma experienced by children and adolescents has compounded the situation. The Child Trauma Academy reported that five million American children experience a traumatic incident or some kind every year. Of these two million kids are the victims of sexual abuse or physical abuse and even more spend their lives witnessing domestic violence. It is estimated that 25% of children will have been directly affected by some form of violence by the age of 18. The precarious and ugly abduction of almost 300 secondary school girls in Chibok, Borno State is a fresh experience. There are even conflicting reports about the number abducted, whether they are actually abducted which warranted the inauguration of a committee set up by the Nigeria government to investigate the remote and glaring occurrence of the abduction of these innocent school girls. Up till now the school girls are still in the dens of their abductors despite national and international outcry to get the girls released.

Unfortunately teens are victims of trauma at twice the national average and incidentally those traumatic events are usually committed by a peer or someone the teen knows. It is estimated that 65% of physical attacks and 86% of sexual attacks on teens are not reported making it difficult to make sure that treatment is provided to adolescents who need it. According to the office of Adolescents Pregnancy Programs untreated trauma events in children and adolescents connotes that the victimized teen is more likely to engage in unsafe behaviours. The sexual promiscuity, running away behaviours, alcoholism are prevalent among teen survivors of trauma and these seems to have been accountable for hydra headed crime defiling all weapons of sanitation in Nigeria.

Also the future of children says that three to ten million kids witness domestic violence and 30 to 60 percent of them become victims of physical abuse. The National Institute of Justice reported that four million American adolescents have been victims of a violent physical attack and nine million have been witnesses to violence. OJJDP, Juvenile Offenders Victims (1999) National report says that one in 12 high school aged teens are threatened with or hurt by a weapon every year. In one Connecticut City 59 percent of high school children reported being witnesses to a shooting in the year prior. In Miami 90% of high schooler reported being witnesses to violence in the community. The situation in Nigeria is precarious and worsened as there are daily occurrences of traumatic experiences in Nigeria. This is because children and adolescents are witnesses to kidnapping, abduction, insurgency, bombing, armed robbery and so on. Incidentally as these children and adolescents are traumatised daily Nigeria government and citizens have been toughened to the extent that it does not cause any panic. Nigeria children and adolescents in certain parts of Nigeria have been turned to orphans. Infact there are reports in sophisticated media on daily basis about the post-traumatic stress disorders experienced by children, adolescents and teens who have survived trauma.

Dimensions of Trauma

Traumatic experiences can either be acute or chronic, the two of course can be devastating. It is acute when the development is hampered and increases their development in the area of dependence upon alcohol or drugs. The National Child Traumatic Stress Network (NCTSN) trauma can be almost any disturbing event including being injured, personally witnessing a injury or death of dealing with the threat of or actual sexual violation. The feelings of helplessness, terror or horror associated with the event can be triggered over and over for a period of time even if the event was short-lived or acute in nature. The unsafe nature of Nigeria environment is precarious and this portends a bleak future for Nigeria youths. Some examples of situations that can bring about acute trauma are parental divorce, death of loved one, physical or sexual attack to self, terrorist attack, natural disaster, violence in the community like the incessant bomb blast claiming scores of life in Nigeria, school shooting and severe traffic accidents.

The NCTSN reported that repeated exposure to trauma can be devastating to children and teens. This may increase their chances of developing issues with substance abuse in an effort to draw the feelings associated with the event. Teens often feel a loss of control, intense fear of guilt, a lesser degree of personal safety and increased cause of shame surrounding the event some incidents that are categorised under chronic trauma are: ongoing sexual abuse, ongoing physical abuse, domestic violence, ongoing bullying at school, instability at home and living in a community characterised by violence. Any of these can lead to addiction as defense mechanism to alleviate the problem.

Children and Adolescents Responses to Traumatic Situations

Majority of children and youths lacks the coping mechanisms. The age is a significant factor determining how they cope. Some may be unable to cope this is evidenced in sleeping disturbances, isolation, low attention span especially hard time paying attention to school work acting out, breaking rules and regulations promulgated by constituted authority, hurting themselves and others. This may be accountable for most of the crime pervading the Nigeria society. In many cases teens develop psychiatric disorders when trauma occurs including Post Traumatic Stress Disorders (PTSD), depression behaviour disorders and or anxiety.

Physiologically, an adolescents development may actually be altered by trauma, resulting in changes in the brain and nervous system that may mean decreased ability to perform at school, increased negative interactions with peers and authority figures and increased involvement in high risk activities like unprotected sex and drug abuse. It can also mean a decreased ability to succeed in personal matters at school and at work.

How to Identify Children and Adolescents Trauma

It is unfortunate that when children and adolescents experience trauma, it is difficult to recognise it because their traumatic experience is variable.

The US Department of Health and Human Services Assessment is an important component in the treatment of adolescent trauma children and adolescent trauma can not be diagnosed because of the following reasons.

- Unwillingness to share details of personal experience.

- Trusting others
- Ongoing trauma that the teen fears will continue or worsen if they talk about it.
- Feelings of guilt that they caused the trauma.
- Feelings of insecurity, embarrassment or shame.

As difficult as assessment may be, concerned parents who fear that trauma has informed their teens drug and alcohol abuse or other dangerous behaviour. Unfortunately Nigeria government appears to lack the wherewithal to assess and treat traumatized youths. It requires the expertise of psychologically trained professional and medical personnel to remediate adolescents trauma. It requires that treatment precedes the assessment.

Consequences and Effects of Traumatized Children and Adolescents

A study conducted and published in the journal of the California “Alliance for the Mentally ill 11.1 48 – 51 (2000) children and adolescents train development can be negatively affected after trauma. Brain development is incomplete until mid-twenties. Some part of development is dependent upon environment and experiences.

When a teen is traumatized in childhood it means that certain functions are affected including the abilities to:

- Maintain and organise a schedule
- Prioritize appropriately.
- Make and follow through a decisions.
- Remember details.
- Recognise appropriate behaviours or responses.
- Control impulses.

Traumatic experiences incurred in early childhood appears to have an egregious effect upon the human conditions including the psychological, physiological, neurological, emotional, social and academic readiness and preparedness for life. One of the greatest challenges posed to professionals is that childhood trauma does not come in one single package (Brown, 2008). This makes the diagnosis treatment and prognosis is the Achilles Led of the therapeutic process. Traumatic experiences can derail the child’s readiness to learn either temporarily or for a long term, through such mechanisms as hyper vigilance, constriction of exploration, misattribution of hostile intention of others pre-emptive and self-protective aggression generalised fears and preoccupation with internal processes so that attention is deployed to the self rather than to the learning and academic environment (Osofsky, 2004)

The Connection between Trauma and Substance Abuse or Addiction

Whenever an individual is traumatized, he or she seeks coping mechanism to help them deal with the pain and emotional discomfort caused by trauma.

In an attempt to self-medicate the pain, the patient will turn to substances such as alcohol or drugs. These alter the individual's state of mind in such a way that their problems are temporarily forgotten or shifted into a positive "space" as a result of the drug properties without proper treatment. This may lead to addiction. This occurs as the individual develops tolerance to the drug, meaning it will take more and more to achieve the desired effect of the drug, this creates a fertile ground for dependency.

It is commonly and erroneously assumed that children are resilient and that their reactions to disasters are fleeting (Le Grecca, Silverman, Vernberg and Roberts, 2002).

The effects of childhood traumatic stress cannot only alter the psychological conditioning of the human psyche but can have a profound effect upon the overall physiological state of the human condition. The effect of traumatic stress has been shown to cause severe psychological impairment throughout the neuroendocrine system. Unresolved traumatic stressors can play and have consequence on the psychology and physiology of the human condition including disruption of critical central nervous system integration and functioning during childhood development, deregulations of brain functioning and capability to harness the necessary basic regulatory processes.

Symptoms of Trauma

The symptoms of traumatic experiences frequently include but are not limited to the following:

- Hyperarousal anxiety an increased startle response reduction in pain tolerance. Insomnia lethargy sluggishness having a remarkable effect upon the physiological and psychological self.
- Loss of interest in social environment academic work and other normal routines.
- Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma).
- Suicidal ideation.
- Expression and feelings of social isolation and alienation.
- Difficulty concentrating and expressing thoughts and or feelings.
- Hypervigilance, and increased sensitivity, abnormally responsiveness to stimuli constant screening of personal surroundings and environment that is not otherwise diagnostically defined (Van Ren, deWeert-Van, Van Oosteren and Rutten, 2012, Fisher 2005, Peter 2005, Allen 2004, Corsine 2002, AMA 2000).

A child who has incurred a traumatic experience without proper care has a higher likelihood of developing long term psychological and physiological challenges in life. The therapeutic environment is essential for developing treating and monitoring a patients/clients.

Trauma in Nigeria/Counselling

Going through Nigeria educational curriculum, this researcher observed that there seems to be inadequate counselling for the traumatized Nigerians. This is evident in the abysmally low level or dearth of records in terms of identification of Nigerians undergoing trauma, inadequate

data or statistics of records of traumatized Nigerians. This researcher observed that there are reports on the National dailies, electronic media and sophisticated media of the ugly occurrences of disasters like road accident, industrial accident, bomb explosion, insurgency, cruel murdering, rapes, divorce, kidnapping, abduction, abortion, child trafficking, armed robbery, flooding, fire outbreaks and a host of others. Despite these occurrences, there seems to be inadequate hospice to take care of the victims of these traumatic challenges. When people are traumatized and are disenfranchised it appear to aggravate the tenacity, horrific and tendencious nature of criminality pervading Nigeria. A child whose parents is gruesomely murdered by bomb explosion or armed robber has problem managing the bereavement experienced by the everlasting trauma he is subjected to.

It is horrendous that in view of the security challenges pervading Nigeria as reported in leadership newspaper of 30, June 2014 by a United Kingdom based consultant psychiatrist and President of Reconnect Health Development initiative (Reconnect HDI) Dr Vincent Udenze that the Federal government should put in place trauma lines that can provide psychological services to Nigerians, as Nigerian are presently being traumatized as they live in deep fear heightened anxiety despair, helplessness, hopelessness, depression due to the horrors from the activities of insurgencies in the country.

The consultant psychiatrist reported that Nigeria cannot boast of one effective crisis helpline that can help to offer victims with psychological interventions despite the various degree of tragedies bedevilling the country. The tragic crisis in northern Nigeria and some part of the country are psychologically devastating. The consultant reported that the service has to be a 24 hour services: stress, trauma, depression can make one have negative thoughts to the point of being suicidal. Sometimes one need to speak to a professional to counsel you and then encourage you to seek further help. There are no data to capture the enormity of this problem. It was reported in "This Day" Newspaper of Sunday, 13 July 2014 captioned "Why we Built Ondo Trauma Centre" that establishment of Nigeria's first trauma centre in the state by Governor Olusegun Mimiko was borne out of the need to meet both the state and the country's high morbidity and mortality rates arising from all forms of trauma – related injuries. Ige (2014) in a training programme organised by the center for its medical and paramedical personnel in the wake of the commencement of the centre said "The trauma centre is an all-purpose trauma care facility and special surgery hospital the first of its kind in Nigeria. He reported that the governor's vision was borne out of the increase in the morbidity and mortality from all forms of trauma particularly road traffic accidents, he said injuries sustained from road fatalities are daily increasing in developing countries.

According to the Chief Medical Director (CMD) the system consists of both pre-hospital and hospital components. The pre-hospital includes a toll-free assisted numbers with a call centre, first aid response unit. He said the ambulance services system has well trained paramedics with capacity for both basic and advanced life support, rescue team with trained extrication and modern extrication equipment and aso resource base for development.

The hospital aspect comprises the trauma system and upgraded accidents and emergency departments of state specialist hospitals. The centre has a state-of-the-art functional intensive care unit a burn care centre an endoscopy suite and all range of modern surgical equipment that can be compared to the best centres in the world. The facilitator of the training programme Dr. Sigismund Wilkey, a United Kingdom (UK)-based emergency medicine physician stressed the need to train younger generation of medical practitioners in trauma-related illness sustained in one form of accident or the other. He said he was in the country to contribute his own quota

towards filling the missing gap in trauma medicine. He noted with dismay that there is a wide gap between Nigeria and the developed countries in trauma medicine. It is unfortunate that as laudable as the inauguration of this centre is in Ondo State, it will only ameliorate a little problem in Nigeria.

Grief counselling becomes necessary when a person is so disabled by an occurrence especially when a person is overwhelmed by loss to the extent that their normal coping processes are disabled or shut down (Neimeyer, 1998, Winchester, 1988) reported that when support is lacking counselling may provide an avenue for healthy resolution.

Neimeyer (1998) observed that grief counselling facilitates expression of emotion and thought about the loss including sadness, anxiety anger loneliness, guilt, isolation, confusion or numbness.

Carolyn and Prigerson (2000) also believes in the use of clinical tools for traumatic or complicated grief reactions. This could occur where the grief reaction is prolonged or manifests itself through some bodily or behavioural symptoms or by grief response outside the range of cultural or psychiatrically defined normally (Worden, 1991) Jacobs, Shelby, Carolyn and Prigerson (2000) asserted that grief therapy is a kind of psychotherapy used to treat severe or complicated traumatic grief reactions.

It is unfortunate that it appears Nigeria government has been paying lip service to counselling of the traumatized instead of putting some counselling in place, they have been paying lip service to counselling. Instead they pretend to give palliative by distributing relief materials to emergency cases and the distribution of emergency cases is a mere palliative which will not bring adequate succour.

Research Rationale

There are awful and ugly reports on daily basis in the print and other sophisticated electronic media about the tendentious occurrences of violence directed to Nigerians especially children and adolescents Nigerians appears to be engulfed in apprehension due to the daily occurrences of terror, tension and envisaged problems. Nigerians and Diasporans are engulfed in fear of terrific news. The news heard on daily basis is even abundant to cause trauma.

A lot of Nigerians, especially children and adolescents appears to be predisposed to trauma even right from childhood and the carry over effect lingers till adulthood. Traumatic experiences such as lost of loved ones, trafficking, parental separation, physical abuse, natural disaster, insurgency, unemployment, severe injury, natural accidents and a host of other terrifying and terrorising experiences. All these seems to be accountable for the horrendous ferocious, hydraheaded upsurge of tenacity for terrorism and insurgency ravaging the entire Nigeria. Studies revealed that children and adolescents that are exposed to trauma have problems having good identity at adulthood.

It is also disheartening that majority of Nigerians that are traumatized seems to lack access to specialised help like counselling and hospice services. This seems to have been accountable for suicidal ideation, criminality, insurgency and terrorism pervading Nigeria.

Significance of the Study

The study could benefit children, adolescents, students, teacher, curriculum planners, counsellors, health care practitioners, law enforcement agents, religious organisations, Nigeria government and so on. Students, children and adolescents could learn about trauma provoking situations. Curriculum planners could investigate and incorporate trauma education into the Nigeria educational curriculum. Teachers and counsellors will be able to teach and counsel traumatized Nigerians. Health care practitioners would be able to handle and treat their traumatized patients. The Law enforcement agents could learn and handle their traumatized clients with reduced challenges. Religious leaders could preach to their congregations ways to handle traumatic situations. It could assist the Nigeria government in alleviating some of the provocative situations accountable for criminality and trauma in Nigeria.

Recommendations

Based on the above discovery, teaching of trauma consequences and remediation should be done in all levels of education in Nigeria. The state government should as a matter of urgency establish trauma centers in all the states of Nigeria and there should be trauma administrative center in the capital of Nigeria. Also the state government should start collating data of the traumatized Nigerians and special budgetary allocation should be instituted for the traumatized Nigerians. The Law enforcement agencies should monitor and collate regular and adequate data of traumatized Nigerians. The local government, state government and federal government should desist from paying lip service to trauma provoking situations.

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