The wounds of terrorism among combat military personnel in Nigeria

Abstract

A total of 250 (228 males and 22 females, mean age 32.84 and standard deviation 7.659) Nigerian combat military personnel that participated in this study aimed at assessing the wounds of terrorism among combat military personnel were purposively selected. Result showed that there is no significant main effect of age in participation in military combat operation on the level of PTSD, F(2, 237)=0.639, p=0.529. Duration of serving the Nigerian military did not have a significant main effect on the level of PTSD among Nigerian combat military personnel, F(2, 237)=0.770, p=0.464. Being wounded due to participation in combat operation had a significant main effect on the level of PTSD with those wounded having higher level of PTSD, F(1, 237)=5.389, p=0.021; with mean score of 1.606 for those wounded and mean score of 1.232 for those not wounded. Finally, only interaction effect between duration of serving the Nigerian army and currently wounded due to participation in combat operation had a significant interaction effect on the level of PTSD; with those that served between 11–20 years and wounded having higher level of PTSD, F (2, 237)=4.238, p=0.016; with mean score of 1.432 and 1.233 for those that served between 1–10 years, wounded and not wounded respectively, mean score of 1.833 and 1.169 for those that served between 11–20 years wounded and not wounded respectively and mean score of 1.500 and 1.326 for those that served between 21–32 years wounded and not wounded respectively. The authors conclude that PTSD is one of the wounds of terrorism among Nigerian combat military personnel. Thus, it is recommended that all military personnel returning from theatre of war should undergo psychological evaluation in order to ascertain their mental health status.

Keywords: wound, terrorism, combat, military personnel, Nigeria

Introduction

In recent years, terrorism has become one of the most dangerous threats to world order. One common problem identified in several researches concerning terrorism is that terrorism is globally becoming a household word. Nigeria is currently faced with internal security challenges posed by Boko Haram. The hemorrhagic acts of Boko Haram and Niger Delta militants in Nigeria warrants an exhaustive discourse on terrorism and counter terrorism in Nigeria. Due to security challenges facing the nation, military personnel and other security agencies are deployed to trouble areas across the country in order to ensure peace and harmony. Currently in Nigeria, the military are majorly engaged in operation lafia dole in North East Nigeria saddled with responsibility of taming and winning boko haram insurgency. Deployment to the theatre of the war according to Shively & Perl increased risk of exposure to trauma. Armed forces personnel through occupational exposure appear to have increased susceptibility to some forms of mental health disorders including PTSD. Vinokur, Pierce, Lewandowski-Romp, Hobfall and Galea as cited in Lapiere, reported that, the experience of serving in wartime and being a combatant at war or exposed to an active theatre of war is highly stressful. The central idea of the stress-diathesis model is that vulnerable individuals will be more likely to experience the onset of problems when they are confronted by stress and they will function normally in its absence. For any outcome or negative consequences of experiencing these conditions, an individual will be more at risk to the extent that the individual encounter stressful and demanding events that tasks resources and energy that are already limited by the conditions and other vulnerabilities. For example, this model suggests that for a service member returning from combat with a particular condition is most likely to experience negative consequences of that condition to the extent that the service member has other vulnerabilities and encounter stressful events and circumstances. Service members and veterans with combat blast exposure frequently express symptoms consistent with Post Traumatic Stress Disorder and other diagnosis primarily within the medical discipline of psychiatry (Sharon & Daniel, 2017).

Findings of a study among personnel deployed to Darfur, Sudan for United Nations PSOs in 2010 by Ameh et al. revealed that, Four hundred and five personnel were positive for PTSD; male, young, non-commissioned military personnel were most likely to experience Post-traumatic stress disorder. Gomez found that soldiers between 33-60 years of age had more cases of PTSD than younger soldiers between 18-32 years. Post-traumatic stress disorder (PTSD), major depression, and traumatic brain injury (TBI) were the focus of a delayed onset—appearing months after exposure to stress. According to Purtle PTSD has been constructed as a problem unique to combat exposures and military populations. The prevalence of PTSD was 33% and significantly associated with combat exposure. Okulate & Jones found that, PTSD was significantly associated with long duration of stay in the mission area, current alcohol use, lifetime use of an alcohol/gunpowder mixture, and lifetime cannabis use. Survivor...
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Method
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this study will add to the existing body of knowledge and to guide in
clinical information among the Nigerian military concerning the pains
encountered by military combatants during and or after war. It was
hypothesized that;

1. Age in Participation in combat military operation will have
a significant main effect on the level of PTSD among Nigerian
combat military personnel.

2. Duration of serving the Nigerian military will have main effect
on the level of PTSD among Nigerian combat military personnel.

3. Being wounded due to participation in combat operation will have
a significant main effect on the level of PTSD among Nigerian
combat military personnel.

4. There will be a significant interaction effect between age and
duration of serving the Nigerian military, age and being wounded
due to participation in combat operation and interaction effect
between duration of serving the Nigerian military and being
wounded due to participation in combat operation and interaction
effect between age, duration of serving the Nigerian military and
being wounded due to participation in combat operation on the
level of PTSD among Nigerian military personnel.

Method
Participants

The total of 250 Nigerian military personnel deployed in operation
lafia dole in Northeast of Nigeria to fight terrorism was purposively
selected with 228 males and 22 females. The minimum age of
participants was 20 while the maximum age was 52 with mean age
of 32.84 and standard deviation of 7.659; 117 were between ages 20-
30 years, 85 were between ages 31-40 years while 48 were between
ages 41-52. Majority 162 of the combat military personnel served
the Nigerian army between 1-10 years followed by 53 who served
between 11-20 years and 35 served between 21-32 years. In terms of
rank, 76 were Lance corporal, 63 were corporal, 56 were private, 27
were sergeant, staff sergeant and warrant officers had 10 participants
each, and 8 were captain. Most of the participants 160 are of the
Christian faith with only 90 of the Islamic faith. 169 were married, 73
were single with only 8 divorcee. Only 54 of the participants indicate
that they were wounded due to fighting insurgency while 196 were
not injured.

Research design

This study, which examines the silent wounds of terrorism among
Nigerian military personnel deployed in operation Lafiya Dole,
adopted a 3 X 3 X 2 multi-factorial design. The first variable Age in
participation has 3 levels (20-30 years, 31-40 years and 41 - 52 years).
The second variable duration of serving the Nigerian military has 3
levels (1-10 years, 11-20 years and 21-32 years), the third variable
wounded has 2 levels (wounded and not wounded).

Instruments

Posttraumatic Stress Disorder Checklist-Military (PCL-M)16 is
a self-report rating scale that measures PTSD symptom severity in
military veterans. The PCL-M is a 17-item self-report questionnaire.
The scale is scored by calculating a total score. This score is derived
by adding the responses to all scale items. The total score may range
from 17 to 85, where elevated scores suggest greater severity. Ratings
are chosen according to how much the veteran has been disturbed by
a particular traumatic military-related incident. The scale has proven
useful with both male and female veteran populations.18 This scale
has been shown to be both valid and reliable (α=.96) in previous
research.19 The internal reliability for the sample used was .96. The
PCLM was scored by adding up all the items for a total severity
score. A total score of 50 was considered to be PTSD positive in
military populations.16 Blanchard et al.20 found that overall diagnostic
efficiency was improved to 0.900 when the cutoff score was lowered
to 44, yielding a sensitivity of 0.944 and specificity of 0.864 and
correctly identifying 17 of 18 participants with PTSD. Thus, in this
present study the cutoff score of 44 recommended by Blanchard et al
(1996) is adopted as the cutoff.

Procedure

The instrument of data collection was administered to military
personnel deployed in operation lafia dole with combat operational
experience in North- East Nigeria fighting insurgency. Only 250
instrument of data collection were found valid for use in the study.
Participants were drawn from different units in Headquarters 8Task
Force Division Nigerian Army, Kinnasara Cantonment Barracks
Mongunu, 8 Task Force Division Hospital, 7 Brigade Baga, and 5
Brigade Gubio. Only participants who consent and were willing to
participate in the study were given the instrument of data collection to
respond to. All instruments used for data collection were self-
dermined.

Ethical consideration

Permission to conduct the study was sought and granted by the
general officer commanding 8Task Force Division Nigerian
Armed Forces personnel has increased having higher level of PTSD. Ameh et al., 6 had earlier reported that through occupational exposure armed forces personnel has increased susceptibility to PTSD. Shively et al., 7 reported that deployment to the theatre of war increased risk of exposure to trauma. However, interaction effect between age and duration of serving the Nigerian military, age and being wounded due to participation in combat operation and interaction effect between age, duration of serving the Nigerian military and being wounded due to participation in combat operation on the level of PTSD among Nigerian military personnel were not significant. Findings of this study are generally in line with the stress-diathesis model which states that vulnerable individuals will be more likely to experience the onset of problems when they are confronted by stress. An individual will be more at risk to the extent that the individual encounter stressful and demanding events and a service member returning from combat with a particular condition is most likely to experience negative consequences of that condition to the extent that the service member has other vulnerabilities and encounter stressful events and circumstances. 8, 9

Table 1 Mean Values of ANOVA

<table>
<thead>
<tr>
<th>Age in participation</th>
<th>Mean</th>
<th>Std. Error</th>
<th>95% Confidence interval Lower Bound</th>
<th>Upper Bound</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between ages 20 – 30 years</td>
<td>1.235a</td>
<td>0.113</td>
<td>1.012</td>
<td>1.459</td>
</tr>
<tr>
<td>Between ages 31 – 40 years</td>
<td>1.345a</td>
<td>0.07</td>
<td>1.207</td>
<td>1.483</td>
</tr>
<tr>
<td>Between ages 41 – 52 years</td>
<td>1.492a</td>
<td>0.103</td>
<td>1.29</td>
<td>1.694</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Duration of serving the Nigerian military</th>
<th>Mean</th>
<th>Std. Error</th>
<th>95% Confidence interval Lower Bound</th>
<th>Upper Bound</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between 1 – 10 years</td>
<td>1.313a</td>
<td>0.076</td>
<td>1.164</td>
<td>1.461</td>
</tr>
<tr>
<td>Between 11 – 20 years</td>
<td>1.435a</td>
<td>0.104</td>
<td>1.23</td>
<td>1.64</td>
</tr>
<tr>
<td>Between 21 – 32 years</td>
<td>1.384a</td>
<td>0.099</td>
<td>1.189</td>
<td>1.519</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Are you currently wounded due to operations you attended?</th>
<th>Mean</th>
<th>Std. Error</th>
<th>95% Confidence interval Lower Bound</th>
<th>Upper Bound</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wounded</td>
<td>1.606a</td>
<td>0.089</td>
<td>1.432</td>
<td>1.781</td>
</tr>
<tr>
<td>Not wounded</td>
<td>1.232a</td>
<td>0.069</td>
<td>1.096</td>
<td>1.368</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Duration of serving the Nigerian military</th>
<th>Are you currently wounded due to operations you attended?</th>
<th>Mean</th>
<th>Std. Error</th>
<th>95% Confidence interval Lower Bound</th>
<th>Upper Bound</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between 1 – 10 years</td>
<td>Wounded</td>
<td>1.432a</td>
<td>0.085</td>
<td>1.265</td>
<td>1.599</td>
</tr>
<tr>
<td>Not Wounded</td>
<td>1.233</td>
<td>0.113</td>
<td>1.011</td>
<td>1.455</td>
<td></td>
</tr>
<tr>
<td>Wounded</td>
<td>1.833a</td>
<td>0.188</td>
<td>1.464</td>
<td>2.203</td>
<td></td>
</tr>
<tr>
<td>Between 11 – 20 years</td>
<td>Not wounded</td>
<td>1.169</td>
<td>0.12</td>
<td>0.933</td>
<td>1.405</td>
</tr>
<tr>
<td>Wounded</td>
<td>1.500a</td>
<td>0.163</td>
<td>1.18</td>
<td>1.82</td>
<td></td>
</tr>
<tr>
<td>Not wounded</td>
<td>1.326a</td>
<td>0.125</td>
<td>1.081</td>
<td>1.571</td>
<td></td>
</tr>
</tbody>
</table>

a. Based on modified population marginal mean.

The wounds of terrorism among combat military personnel in Nigeria. 0.021


### Table 2 ANOVA Source table for Age range, duration of serving the Nigerian military, currently wounded due to participation in combat operation and interaction effect.

<table>
<thead>
<tr>
<th>Source</th>
<th>Type III Sum of squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intercept</td>
<td>93.385</td>
<td>1</td>
<td>93.385</td>
<td>441.752</td>
<td>0</td>
</tr>
<tr>
<td>Age in participation</td>
<td>0.27</td>
<td>2</td>
<td>0.135</td>
<td>0.639</td>
<td>0.529</td>
</tr>
<tr>
<td>Duration of serving the Nigerian military</td>
<td>0.325</td>
<td>2</td>
<td>0.163</td>
<td>0.77</td>
<td>0.464</td>
</tr>
<tr>
<td>Are you wounded due to participation in combat operation?</td>
<td>1.139</td>
<td>1</td>
<td>1.139</td>
<td>5.389</td>
<td>0.021</td>
</tr>
<tr>
<td>Age in participation*Duration of serving the Nigerian military</td>
<td>1.571</td>
<td>3</td>
<td>0.524</td>
<td>2.477</td>
<td>0.062</td>
</tr>
<tr>
<td>Age in participation*Are you wounded due to participation in combat operation?</td>
<td>0.512</td>
<td>2</td>
<td>0.256</td>
<td>1.21</td>
<td>0.3</td>
</tr>
<tr>
<td>Duration of serving the Nigerian military* Are you wounded due to participation in combat operation?</td>
<td>1.792</td>
<td>2</td>
<td>0.896</td>
<td>4.238</td>
<td>0.016</td>
</tr>
<tr>
<td>Age in participation<em>Duration of serving the Nigerian military</em> Are you wounded due to participation in combat operation?</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>.</td>
<td>.</td>
</tr>
<tr>
<td>Error</td>
<td>50.101</td>
<td>237</td>
<td>0.211</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>517</td>
<td>250</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corrected Total</td>
<td>57.316</td>
<td>249</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a. R Squared=.126 (Adjusted R Squared .082)

### Conclusion
The authors in this study conclude that being wounded due to participation in combat operation had a significant main effect on the level of PTSD. Also there is a significant interaction effect between duration of serving the Nigerian military and currently wounded due to participation in combat operation on level of PTSD. This implies that PTSD is one of the wounds of terrorism among Nigerian military personnel in operation lafia dole fighting insurgency in North East Nigeria. Thus, it is recommended that all military personnel returning from theatre of war should undergo psychological evaluation in order to ascertain their mental health status before they finally return to their respective families.

### Acknowledgments
None.

### Conflict of interest
The author declares that there is no conflict of interest.

### References
soldiers experiencing the same combat events. *Am J Psychiatry.*

16. Shalev AY. Posttraumatic stress disorder among injured survivors of
a terrorist attack: predictive value of early intrusion and avoidance

17. Saleh DA, James A, Shadrach M. The wounds of religious violence and
Journal of Humanities & Social Studies.* 2016;4(1).

18. Weathers FW, Huska JA, Keane TM. PCL-C for DSM-IV Boston:
National Centre for PTSD- Behavioural Science Division; 1991.

mind training as early interventions with soldiers returning from Iraq:

properties of the PTSD checklist (PCL). *Behav Res Ther.*

barriers to mental health care utilization among OEF-OIF veterans.