

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

Volume 9 Issue 4 - 2018

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Received: February 04 2018 | **Published:** August 31, 2018

Introduction

In recent years, terrorism has become one of the most dangerous threats to world order.¹ One common problem identified in several researches concerning terrorism is that terrorism is globally becoming a household word.² Nigeria is currently faced with internal security challenges posed by Boko Haram.³ The hemorrhagic acts of Boko Haram and Niger Delta militants in Nigeria warrants an exhaustive discourse on terrorism and counter terrorism in Nigeria.⁴ 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 & Perl⁵ 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.⁶ Vinokur, Pierce, Lewandowski-Romps, Hobfall and Galea as cited in Lapierre,⁷ 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.⁸ 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.⁹ 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.⁹ 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.,⁶ 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. Gomez¹⁰ 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 study of the mental health and cognitive needs of returning service members and veterans. Unlike physical wounds, these conditions affect mood, thoughts, and behaviour and often remain invisible to other service members, family, and society. In addition, symptoms of these conditions, especially PTSD and depression, can have a delayed onset—appearing months after exposure to stress. According to Purtle¹¹ 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.¹² Okulate & Jones¹³ 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

guilt was significantly associated with avoidance of trauma-related stimuli but not duration of combat exposure. Overall, participants in a study by Osório et al.,¹⁴ reported high levels of exposure to combat and adverse physical conditions but also high levels of within-unit comradeship. The analysis also exposed that 2.7% of the participants reported symptoms compatible with PTSD and 8.8% with compatible partial PTSD. However, a binary logistic regression revealed only the higher levels of combat exposure explained the symptoms of PTSD. Koren et al.,¹⁵ found that Ten (16.7%) of the 60 injured survivors but only one (2.5%) of the 40 comparison soldiers met diagnostic criteria for PTSD at the time of the interview. Thus the authors conclude that bodily injury is a major risk factor for PTSD rather than a protective one; similarly, Shalev¹⁶ found moderate to high rates of PTSD among injured survivors of terrorism. Saleh,¹⁷ found a significant difference in PTSD scores, for soldiers that participated in peace keeping missions in Adamawa, Borno, Plateau and Yobe states respectively than those that did not participate. Although there was no significant difference in scores on PTSD scale among soldiers who participated in more than one mission than those who participated once. Older soldiers (38-58years) also did not have significant higher scores on PTSD than younger soldiers (19-37years) irrespective of missions attended.

Earlier research cited had shown that the act of terrorism had exposed military combatants to a lot of psychological impairments, to this end the problem identified in this study is to assess the silent wounds experienced among military personnel deployed in operation lafiya dole saddled with the responsibility of tackling terrorism championed by Boko Haram. Therefore, this study is aimed at assessing if fighting terrorism lead combat military personnel to come down with posttraumatic Stress Disorder (PTSD). Findings in 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 combat Nigerian military personnel.

Method

Participants

The total of 250 Nigerian military personnel deployed in operation lafiya 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)¹⁸ 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 ($\alpha=.96$) 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.¹⁸ 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 lafiya 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-administered.

Ethical consideration

Permission to conduct the study was sought and granted by the general officer commanding 8Task Force Division Nigerian

Army, Kinnasara Cantonment Barracks Mongunu. However, each participant's consent was sought individually, only those who consent to participate were included in the study. Confidentiality of the deployed military personnel responses and strict adherence to individual privacy were fully assured. A trained clinical psychologist collected data, careful interview were conducted and attention was paid to see if the process could elicit any psychological pains into the participant. At the end of the examination time was taken again to listen deeply and clinically into the problems of the participants and referrals were made to the hospital for proper management.

Result

Discussion

Findings of this study titled wounds of terrorism among combat military personnel in Nigeria revealed that there is no significant main effect of age in participation in military combat operation on the level of PTSD among combat military personnel. Similarly, Saleh et al.,¹⁷ reported that older soldiers (38–58 years) did not have significant higher scores on PTSD than younger soldiers (19–37 years). However, Recently, Gomez¹⁰ reported that Soldiers between 33–60 years of age had more cases of PTSD than younger soldiers between 18–32 years. Also result of the second hypothesis showed that duration of serving the Nigerian military did not have a significant main effect on the level of PTSD among Nigerian combat military personnel. Okulate et al.,¹³ on the other hand had earlier found that PTSD was significantly associated with long duration of stay in mission area. However, Survivor guilt was significantly associated with avoidance of trauma-related stimuli but not duration of combat exposure. Saleh et al.,¹⁷ did not find a significant difference in PTSD scores among

soldiers that participated in more than one mission and those that participated once. Result of the third hypothesis revealed that 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 than those not wounded, this finding is in line with that of Koren et al.,¹⁵ the authors reported that that bodily injury is a major risk factor for PTSD, Shalev¹⁶ found moderate to high rates of PTSD among injured survivors of terrorism. Furthermore, based on result of the fourth hypothesis only interaction effect between duration of serving the Nigerian army and currently wounded due to participation in combat operation had a significant effect on the level of PTSD; with those that served between 11–20 years and wounded 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.,⁵ 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 combat 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 I Mean Values of ANOVA

	Mean	Std. Error	95% Confidence interval	
			Lower Bound	Upper Bound
Age in participation				
Between ages 20 – 30 years	1.235 ^a	0.113	1.012	1.459
Between ages 31 – 40 years	1.345 ^a	0.07	1.207	1.483
Between ages 41 – 52 years	1.492 ^a	0.103	1.29	1.694
Duration of serving the Nigerian military				
Between 1 – 10 years	1.313 ^a	0.076	1.164	1.461
Between 11 – 20 years	1.435 ^a	0.104	1.23	1.64
Between 21 – 32 years	1.384 ^a	0.099	1.189	1.159
Are you currently wounded due to operations you attended?				
Wounded	1.606 ^a	0.089	1.432	1.781
Not wounded	1.232 ^a	0.069	1.096	1.368
Duration of serving the Nigerian military				
Are you currently wounded due to operations you attended?				
Wounded				
Between 1 – 10 years	1.432 ^a	0.085	1.265	1.599
Not Wounded				
Wounded				
Between 11 - 20 years	1.833 ^a	0.188	1.464	2.203
Not wounded				
Wounded				
Between 21 - 32 years	1.500 ^a	0.163	1.18	1.82
Not wounded				
Between 21 - 32 years	1.326 ^a	0.125	1.081	1.1571

a. Based on modified population marginal mean.

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.

Source	Type III Sum of squares	df	Mean Square	F	Sig.
Corrected model	7.215 ^a	12	0.601	2.844	0.001
Intercept	93.385	1	93.385	441.752	0
Age in participation	0.27	2	0.135	0.639	0.529
Duration of serving the Nigerian military	0.325	2	0.163	0.77	0.464
Are you wounded due to participation in combat operation?	1.139	1	1.139	5.389	0.021
Age in participation*Duration of serving the Nigerian military	1.571	3	0.524	2.477	0.062
Age in participation*Are you wounded due to participation in combat operation?	0.512	2	0.256	1.21	0.3
Duration of serving the Nigerian military*Are you wounded due to participation in combat operation?	1.792	2	0.896	4.238	0.016
Age in participation*Duration of serving the Nigerian military*Are you wounded due to participation in combat operation?	0	0	.	.	.
Error	50.101	237	0.211		
Total	517	250			
Corrected Total	57.316	249			

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.²¹

Acknowledgments

None.

Conflict of interest

The author declares that there is no conflict of interest.

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