

**MENTAL HEALTH OF VICTIMS OF HERDSMEN ATTACK IN
BENUE STATE, NIGERIA**

BY

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DECLARATION

I hereby declare that this thesis has been written by me and it is a report of my research work. It has not been presented in any previous application for state diploma or degree. All quotations are indicated and sources of information specifically acknowledged by means of references.

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CERTIFICATION

The thesis “Mental Health of Victims of Herdsmen Attack in Benue State, Nigeria” meets the regulations governing the award of Master of Science Degree (M. Sc.), of the School of Postgraduate Studies, Nasarawa State University, Keffi, and is approved for its contribution to knowledge.

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DEDICATION

I dedicate this work to God Almighty, the giver of life and wisdom and to my lovely son Ezra Ngutor Cheren

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I give all honour and glory to the Almighty God who in his infinite mercies has given me strength, knowledge, wisdom, full protection on road trips, personal health, financial needs and many other commitments.

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ABSTRACT

When people are exposed to negative events in their lives, such as displacement from their usual home environment, materials loss, experience killings, deprivation of freedom of movement they find it difficult to cope or make adjustment in life. The difficulty in coping with these situations is accompanied by psychological challenges. The study assessed the prevalence of mental health disorders among victims of herdsmen attack in Benue State, Nigeria. The study adopted survey research design where a total of two hundred and sixty (260) participants male (n=138) female (n=122) were selected using convenience sampling technique. 130 respondents were drawn from Internal Displaced Persons Camp in Guma Local Government Area of Benue State and another 130 from the host community of the camp. Their age ranged from 18-60 year; mean age was 30.82 (Standard Deviation= 10.54). Three hypotheses were tested in the study. There will be a significant difference in the manifestation of mental disorder between those exposed to herdsmen attack and those not exposed to the attack. There will be significance difference in the manifestation of mental disorders between women and men exposed to herdsmen attack. Personality differences as measured by Eysenck Personality Questionnaire will determine emotional reactions as measured by Becks Anxiety Inventory. Data was collected with three instruments namely; General Health Questionnaire (GHQ-28), Short Form of Revised Eysenck Personality Questionnaire (EPQR-S) and Becks Anxiety Inventory (BAI). Independent t-test and regression analysis were used for data analysis and the result indicated a significant difference in the manifestation of mental disorders between those exposed to herdsmen attack and those not exposed to the crisis $t(258) = 24.9, P < 0.05$. The result also indicated a significant difference in the manifestation of mental disorders between women and men exposed to herdsmen attack $t(128) = 7.17, P < 0.05$. Personality differences as measured by Eysenck Personality Questionnaire also determined emotional reaction as measured by Becks Anxiety Inventory $F(4,125) = 13.538, P < 0.05$ Adjusted R. Square = .028. Only one among the categories of personality (extroversion) was a good predictor of anxiety $Beta = .514, t = (6.27), P < 0.05$. It was concluded that experiencing traumatic events lives psychological pains on victims. Victims therefore need professional intervention.

CHAPTER ONE INTRODUCTION

1.1 Background of the study

Globally violence, conflicts and crises have become predicaments to living peacefully in many parts of the world today including Africa. The continent of Africa is known with a history of inter and intra ethnic, community and states conflicts. Nations states and communities of the continent have been torn apart by violence and crises generated by group differences in ethnic, religion, sectarian and social culture. These crises in most situations gave birth to more serious armed conflicts and even war in modern history. For instance, the 1994 genocide in Rwanda fueled by ethnic rivalry between the Hutu and Tutsi, the civil war in Liberia, Sierra-Leone, Uganda, and the Burundian Civil War just to mention but a few. These armed conflicts have resulted in death of many people, displacement, loss of jobs or means of living etc.

In Nigeria however, the origin of ethno-religious and political conflicts is dated back to the colonial transgression that forcefully amalgamated the Northern and Southern province. It is widely believed that the British policy which formed the Nigerian state was autocratic and undemocratic, and thus created a nation with a multitude of religious, ethnic and political fault lines with a deep divide between the various

groups, the end result has been conflicts of different sort which are often attributed by many to ethnic rivalry, religious intolerance, land disputes, problems with the demarcation of administrative boundaries, political elections, and the tussle for power and resources

Ethno-religious and communal conflicts in Nigeria have increased tremendously since the exit of military rule in 1999; with Benue been one of the seriously affected states. Benue state has in the past been hit by ethnic clashes and attacks, examples of such crises and attacks include the following: Tiv/Jukum crisis, Tiv/Obudu people of Cross River clashes, the Zaki-Biam massacre by the Nigerian military, Idoma people of Agila and Ngwo community of Ebonyi, Agatu and Igbo communities of Enugu state just to mention but a few. Today, the issue of herdsmen attacks has become a hydra headed monster and a major threat to the living peace of many communities in Benue state, So far, thousands have been killed and many more have been expelled from their homes. Between the year 2000 to 2017 there has been several reported cases of armed attacks on communities across many local governments in Benue state. An investigation by Premium Times Newspaper 10/08/2016 shows that the attacks by these herdsmen in Benue have led to the killings of at least 1,269 persons and thousands displaced in the 2016. In renewed attacks over 500 people have been reported massacred and 300,000 displaced (VATIM, 2017). Among the 23 Local Government

Areas in Benue State 14 has been invaded by the rampaging herdsmen including the study area, these include Agatu, Ogbadibo, Apa, in Benue South Senatorial District; Katsina-Ala, Kwande, Logo, Ukum, in Benue North-west; Gwer-West, Gwer-East, Buruku, Tarka, Makurdi and Guma in North-east with attendant social, economic and psychological consequences. Similar situation have also taken place or have continued to take place in other states and regions in Nigeria. The effect of these recurring attacks includes physical injuries, emotional trauma due to loss of loved ones, homes and livelihood as well as death.

Studies have shown an upward movement in the level of mental problems among victims of war and conflict or those exposed to such situations (Srinivasa&Rashmi, 2016). Mental impairments are evident and usually common among victims. The various manifestation of psychological defects among victims includes; depression, anxiety, cognitive, emotional and behavioural problems (Srinivvasa&Rashmi, 2006).

According to World Health Organization (2005), armed conflict has disastrous impact on the health and general wellbeing of any society. The effect of war on mankind, according to World Health Organization, includes long term physical and psychological harm, as well as material and human capital (WHO, 2005). Deaths witnessed in times of war or

armed conflicts are just one among the numerous consequences, other effects apart from death are not well reported. These includes; extensive poverty, malnutrition, decline in economic activities, social and psychological illnesses etc.

World Health Organization (2001) estimated that, 10% of people all over the world who are exposed to painful events will manifest severe mental health challenges, while another 10% will develop behaviours that will hamper their capacity to contribute efficiently and effectively in the society. The common mental problems manifested are; depression, anxiety problems, somatization such as back or abdominal pains and insomnia. It is against this background that the researcher embarked on the study to examine the prevalence of psychological problems among victims of herdsmen attack who have fled their homes and are taking refuge in comparative stable communities in the study area (Guma local government area of Benue state)

Guma is one among the 23 local government areas in Benue state, Nigeria. It is situated in the Northern part of Benue State with a land mass of 2,882 square kilometers. It lies on latitude ($06^{\circ} 33$ and $07^{\circ} 03$) North and also longitude ($07^{\circ} 60$ and $08^{\circ} 12$) East. It shares boundaries with Tarka and Logo Local Government Areas in the East, Makurdi Local Government in the South and Doma Local Government Area of

Nasarawain the North. The people of Guma Local Government are predominantly Tivs who are mostly farmers cultivating different types of crops such as maize, rice, groundnut, tubers such as yams and cassava etc. other primary activities in the local government includes fishing due to the presence of rivers and flood plains along the valley of river Benue, wood carving in the production of mortar and pestle. The people here are found in isolated villages and towns. According to 2006 census figures the local government has a population of 191,599 people. Visitors in this local government include Fulanis. Jukums are also found in the local government in small size and their primary occupation is fishing.

1.2 **Statement of the Problem**

Ethno religious crises and communal conflicts are some of the security challenges facing the Nigerian Nation. These crises or conflicts have resulted to destruction of lives and properties and the displacement of many people. The most worrisome nowadays is the herders/Farmers crises. The issue of herdsmen attacks has been described as a serious security challenge in Nigeria after Boko Haram. The activities of these herdsmen have become more damaging following series of violent attacks in recent time. These attacks have led to destruction of properties, killings, loss of livelihood and massive displacement of persons. During these conflicts, it is commonly observed that valuables such as properties

are destroyed and several deaths recorded. However, the mental health of victims in such conflicts cannot be ascertained by mere observation as a result less attention has been paid to the psychological wellbeing of the people affected. Very often government and other relevant stakeholders are quick in providing relief materials to victims of such conflicts while, little or nothing is done to assess the mental health of victims, because of this there seem to be lack of information on the mental health of victims, a scenario which has left many victims in difficult situation as they try to make adjustment in life in terms of overcoming their painful experiences. The research therefore, seeks answers to the following questions:

1.3 **Research Questions**

- (i) Will there be a significant difference in the manifestation of mental disorders between those exposed to herdsmen attack and those not affected by the crises?
- (ii) Will there be a significant difference in the manifestation of mental defects between women and men exposed to herdsmen attack?
- (iii) Will personality differences as measured by Eysenck Personality Questionnaire determined emotional reaction as measured by Becks Anxiety Inventory?

1.4 Objectives of the Study

The main aim of this research is to assess the prevalence of mental health defects among victims of herdsmen attack in Guma Local Government Area of Benue State. Other objectives include:-

- (i) To see if mental health defects are most common in women than men in crises situations.
- (ii) To find out if personality type determines emotional reaction of victims.

1.5 Hypotheses

The following hypotheses were tested in this study:

1. There will be a significant difference in the manifestation of mental disorders between those exposed herdsmen attack and those not exposed to the attack.
2. There will be a significant difference in the manifestation of mental disorders between women and men exposed to herdsmen attack.
3. Personality differences as measured by Eysenck Personality Questionnaire will determine emotional reactions as measured by Becks Anxiety Inventory.

1.6 Significance of the Study

The research is significant in the following ways:

1. The findings of the research will help health administrators and policy formulators by providing information on the mental health state of people affected by herdsmen attack in order to evolve policies and strategies that will cater for mental as well as social needs of the victims.
2. The findings from this work will provide useful information to psychological centres, psychologists who wish to offer therapeutic services to help victims of conflicts and violence deal with the traumatic experiences.
3. Make recommendations to Government and other relevant stakeholders on the best methods of rehabilitating victims of armed conflicts.
4. It will serve as useful literature for researchers who will conduct related research in future
5. The research will also serve useful educational material in our libraries.

1.7 Scope of the Study

The study is confined to those people who have been affected by the herdsmen crises, have fled their homes and are currently seeking refuge in camps across Benue State.

The scope of the study as a matter of fact is very large. There are about eight (8) IDPs camps in Logo and Guma Local Government Area of the state. In Logo Local Government, there are three (3) IDP camps namely: Anyiincamp, Abeda camp and the camp at LGEA Primary School Ugba. While in the study area (Guma Local Government) there are five (5) IDP camps which include: LGEA Primary School and UNHCR Shelter camp all in Daudu, Tse-Ginde camp, Gbajimba camp and Abagena camp. Due to time and financial constraints, the researcher limited this research to Abagena IDP camp in Guma Local Government Area which is the largest camp in the study area. This is however acknowledged as a research weakness that needs to be improved upon by others who will intend carrying out similar research under the limitation of study.

1.8 Definition of operational Terms and acronyms

The following words used in the research are operationally defined in order to clarify the context in which they are used in the present study:

Mental Health:	Mental health is the level of psychological well-being or an absence of mental illness.
Health:	The state of being free from physical or psychological disease
Herdsmen:	These are militias who carry arms against the innocent villagers/farmers who are unarmed and usually attack when the victims are deeply asleep at night.
Victims:	These are people who have been attacked by herdsmen, loss loved ones as a result of the attack; their means of livelihood cutoff and have fled their homes, currently staying in camps
IDPs:	Internal Displaced Persons
UNCHR:	United Nations High Commission for Refugees
PSTD:	Post Traumatic Stress Disorder
TSR:	Traumatic Stress-related symptoms

CHAPTER TWO LITERATURE REVIEW

2.1 Conceptual Framework

2.1.1 Mental Health

The concept of mental health cannot be examined without first discussing health. The word health means different things to different people, depending on the situation. It can be used in both medical and non-medical context.

World Health Organization (2001) defines health as a state of complete physical, mental and social well-being and not just merely the absence of disease or infirmity. The definition incorporates psychological and social well-being under the concept of health, indicating the relevance of all these components in healthy living. This definition however, has been a subject of controversy and criticism since inception, particularly because of the problem created by the use of the word “complete” (Callahan, 1978). In his view, the requirement for complete health would amount to unhealthy state in most individuals. He opined that in our ordinary lives, we do not normally make a clear distinction between the good of our bodies and the good of ourselves. It is possible to have poor physical well-being and yet maintain degree of subjective well-being (Callahan, 1978). Despite the controversy surrounding the

definition, it still remains the famous and most widely used definition of health.

Mental health on the other hand is defined “as a level of psychological well-being or an absence of mental illness” (Wikipedia, 2017). Similarly, Medilexicon’s Medical Dictionary looks at mental health as the absence of mental or behavioural disorder, an emotional, behavioural, and social normality. The same dictionary also, defined mental health as a state of psychological wellbeing in which one has achieved a satisfactory integration of one’s instinctual drives acceptable to one’s milieu, an appropriate balance of love, work and leisure pursuits.

WHO (2004) defines health as a state of wellbeing in where each person recognizes his or her potential, can cope with normal stress of life, can work productively and fruitfully, and is able to contribute effectively to his or her community. The definition has pointed out the fact that mental health is not only the absence of disorders such as depression, anxietyetc., but also a person’s ability to function effectively in the society. When an individual is not productive and is not able to function effectively or make his or her own contribution to the society, then we can say such a person has mental health issues.

According to US Public Health Service (1999), mental health is the successful performance of mental function, resulting in productive

activities, fulfilling relationships with other people, the ability to adapt to changes and adversities. Hence, persons having mental health challenge or challenges may experience stress, depression, anxiety, relationship problems, addiction, ADHD or learning disabilities, mood disorders or other mental illness of varying magnitudes.

World Health Organization (2016) in their fact sheet on mental health outline 3 factors that determine the level of one's mental health at any point in time. These includes:-

Social Factor

Persistent socio-economic pressures are acknowledged as risks to mental health of individual as well as communities. There is a correlation between work related stress, social change, racism, stigmatization, gender inequality, social exclusion, violence, unhealthy life style, human rights violation and people's psychological wellbeing.

Psychological Factor

Particular psychological and personality factors make people prone to mental disorders. The researcher totally concurs with this view. He adds that, evidently people differ in the way they respond to events and situations in the environment. What is stressful to one person might not

be a stress to another, hence those who are more sociable tend to deal or cope with problems more than those who are not sociable.

Biological Factor

Hereditary factors and chemical imbalances in the brain are sometimes responsible for mental disorders. That, the tendency to suffer a particular mental disorder however, may only show in individuals who are faced with environmental stressors that educe the abnormality such exposure to neglect, isolation, psychoactive substances, infections, malnutrition as well as family disruption (WHO, 2016).

Psychological wellbeing is vital to our collective and individual endeavor to function effectively in the society, but very often it is threatened by violence and conflicts in many societies across the world.

2.1.2 HerdsmenActivities

Nomadic herders in Nigeria are predominantly Fulanis' whose history can be traced to the FutaJolonMountains of West Africa, and whose primary occupation is raising livestock. They are mostly found in the Sahel and semi-dry parts of West Africa but because of climatic challenge many of the herdsmen moved towards the South in the Savanna and Tropical forest belt of West Africa. The herders are found in countries such as Nigeria, Senegal, Mali, Guinea, Cote'dIvoire,

Cameroon and Mauritania. Fulani herdsmen are found in countries such as Nigeria, Niger, Senegal, Guinea, Mauritania, Mali, Burkina-Faso, Benin, Cote'dIvoire and Cameroon.

The history of herdsmen in Nigeria is traced back to the 13th and 14th centuries after the Uthman Dan Fodio Jihad when they started migrating from the Senegambia region to Northern Nigeria predominantly dominated by Hausas. They moved into the middle belt with their cattle when it was dry season. Unfortunately, in the course of grazing and managing their cattle they sometimes encroach on farmlands leading to destruction of crops becoming a basis for conflict between the herders and the farmers whose farms have been destroyed. Though, it has been reported that the herders once lived in harmony with the farmers in this region (McGregor, 2014). This good relationship however, in recent times has been destroyed due to factors such as climate change, increase in size of herds, expansion of farmland due to increase in population leading to conflict between herdsmen and farmers (McGregor, 2014).

According to Ali (2003), the conflict often occur in areas where land is not enough for both grazing and farming though, the level of intensity differs from state to state depending on the ecological location and communities involved. Okeke (2014) stated that these conflicts occur when the herders move with their cattle into farmland. This act leads to

destruction of farms, thus provoking farmers to resistance resulting to physical confrontation, rustling or even poisoning of grazing. In reaction, herdsmen regroup and attack unarmed members of these communities when they least expect leading to several deaths.

Before now, clashes between herders and settled communities have been concentrated in North Central Nigeria, particularly Benue state, Plateau, Kaduna and Nasarawa. However, in recent times these crises have stretched to other states like Ekiti, Ondo, Osun, Taraba, Kogi, Ogun, Enugu, Abia, Anambara, Delta, and Edo. They fearlessly move their livestock into farmlands and threaten them with their deadly weapons at the slightest sign of protest by the farmers (Vanguard Editorial, April, 28 2016).

Many people have described the phenomenon of farmers/herders crises as an extension of the religious struggle that preceded the colonial period. However, some are of the view that the absence of such widespread bloodshed all over the country's post-independence history points to the fact that other contemporary factors are the cause of the violence. Particularly, the increase in farmers-herders crises stems from four factors namely: increase in population, climate change and the decline of traditional authority figure, and the increase in cattle rustling nowadays (Baca, 2015). Although, often the crisis is attributed to ethnic

differences, access to land is the cause of these confrontations, fuelled by attempt to protect and advance an ever shrinking ecological space, resource scarcity, population increase and climate change stimulate migration of pastoralist from the Northern to the North Central region of the country in search for grazing land, as such several deaths has been recorded from clashes between herders and local farmers (Odemwingie, 2014)

The attacks of this herders on communities in Benue, Taraba and Plateau in the Middle Belt, has been linked genocide on the natives (Odufowokan, 2014). As noted by Obi (2006), the recent activities of herdsmen in Southern Nigeria suggestive of insurgency. It is Boko Haram in disguise. According to him, the aim is to infiltrate the Southern part of the country where conventional Boko-Haram were not able to penetrate.

The deadly herders' militia has since 2011 embarked in mindless killing of defenseless women and children in the Middle Belt. Between 2011 and 2014, they took over many of communities in the four local government areas in Guma, Gwer-East, Buruku and. In 2013, the group was credited with mindless murder of about 60 women and children seeking refuge in church in Plateau state while those who went out for their funeral a few days later including serving senator,

GyangeDantongand the majority leader of the Plateau state House of Assembly were equally murdered (Oluwajuyitan, 2016)

In 2015, the people of Egba village in Agatu Local Government of Benue state claimed about 90 of their compatriots were killed by Fulani herdsmen. In May, 2015, Governor Gabriel Suswam narrowly escaped an ambush by Fulani herdsmen. The attacks in the Middle Belt have been described by Moses Ochonu (2016) as an organized systematic and repeated invasion of communities with the obvious aim of displacing them from the land.

On the 24th of January 2016, the deadly herder militants were responsible for the death of 30 people in Adamawa state, including a Divisional Police Officer. They were also responsible for the kidnapping and killing of His Royal Majesty AkaezeOfulue III of the Ubulu-Uku Kingdom in Aniocho, Delta State (Dickson et al, 2016). In all the incidents reported, especially in the first few months of 2016, it has been a case of band cowmen barreling through other people's territories and acting with certain property hubris as though the legitimate owners are imposters. A few basic incidents could help to put the violence in limelight. One of them took place in Agatu community in the Middle Belt when the herdsmen razed down the entire community, burnt down homes, and slaughter everyone in sight, old, young, children and women. They

also raped and brought the once vibrant, cohesive soul of the place to its knees. (The Nation Editorial, April 28, 2016). Similarly, Omonisa (2016) assert that more than 300 people were reported to have been killed by herdsmen who invaded and occupied the area in Benue State. The police and other military forces appeared helpless.

After the highly publicized attacks in Agatu on the 13th of May, 2016, the herdsmen once again stormed Agwabi community in Buruku local government area of Benue state killing five persons. The Cattle Breeders Association of Nigeria (MACBAN) stated that the herdsmen attacked the community because Tiv youths in the state stole 800 cows. So, instead of reporting the incident to the appropriate security authorities, the herdsmen took law into their own hands and killed Benue villagers. These attacks have continued till today, on the 11th of March, 2017 after one month of relative calm, suspected herdsmen attacked Mkgovur village a community in Benue State killing 10 people. According to an eyewitness, “it all started on a Friday when the herdsmen forcefully entered their village to graze on farmland but were resisted by their youths. They left only to mobilize and storm the village in their numbers shooting sporadically and chasing everyone from houses. When the Miyetti Allah Cattle Breeders Association was contacted, the chairman said the invaders were not indigenous Fulani, adding that they came from Taraba(This Day Newspaper, 12 March, 2017). These attacks

have continued in other communities and villages across Benue State to this day. Also, on May 20, suspected herdsmen attacked a village in IkoleEkitiState, killing two and severely injuring three others. This incident sparked an outrage across the state with the state government banning grazing and warning that the incident could lead to reprisal attacks against Fulanis in the state (Ashiru, 2016, p.18). On January 5th, 2016, Ofagbe a community in Isoko northLocal Government Area of Delta state, herdsmen reportedly killed a man and wounded another who identified himself as Thompson Ogege. The following day, suspected herders attacked Amoji in Delta and abducted no fewer than four persons according to a community leader, Emmanuel Odili. In November 2015, an armed group alleged to be Fulani herdsmen reportedly attacked nine various villages in Dekina local government of Kogi state and killed twenty two people. A month before, women from four areas local government Enugu state called on the state government to save them from Fulani herdsmen who regularly molest, maim, rape and destroy their farmland and livestock (Amzat et al, 2016).

A study of major conflicts between Herdsmen and the Farmers indicates that land related issues, particularly over grazing fields account for the highest percentage of conflicts; in other words, struggle over the control of economically viable land causes more tension and conflict

among the Nomadic and Farmers (Ali, 2013). A study by Olayoku (2015) analyzed various incidences resulting from grazing

2.2 Empirical Review

It has been established, that those who are affected or live in conflict zone, witness various traumatic situations such as witnessing deaths, torture, gun shots, annihilations, destruction of properties and displacement (Mels, Derluyn, Brockart and Rosseel, 2009). Studies have shown a relationship between such traumatic situations and Post Traumatic Stress Disorders (PTSD), anxiety disorders, relationship problems, Major Depressive Disorders (MDD), attention and concentration difficulties. (Johnson, Scott, Bughita, Kisielewski, Asher, Ong, Lawry, 2010; Mels, Derluyn, Brockart, and Rosseel, 2010)

The Diagnostic and Statistical Manual for Mental Disorders, 4th edition, Text Revised (DSM-IV-TR) defines a traumatic event as one which involves actual or threatened or serious injury or a threat to physical integrity of self or others, provoking intense fear, helplessness or horror. The consequences of violence according to the manual can manifest in all spheres of human functioning namely mental, social, spiritual and moral (APA, 2000)

Horowitz (1986) reported that many people experience specific series of psychological reactions after a traumatic event. Traumatic events

could affect victim's emotional and physical health (Koss & Boesch, 1998). Similarly, Isichei, Okaehialam, Zamani, and Dagonan (2000) in their contribution, stress that the daily news of war, poverty, juvenile delinquency, unemployment and inflation among other things, generate in us feeling of uncertainty, helplessness, insecurity and frustration. Our desire to beat deadlines, to do much in a short possible time, failures and other tragic life experiences, also trigger psychological disturbances or stress in us, to such an extent that our physical and emotional wellbeing are threatened. They further stressed that, three psychological substrates- conflict, frustration and pressure place on the individual demands for adjustment and undue physiological reactions, which if prolonged, could be detrimental to health.

Several related studies have been conducted in this area. Ogun(2003) conducted a study on the "Mental Health Interventions for Victims of Ikeja Bomb Disaster "of 27th January, 2002. Morbidity measures like GHQ-12 and Impact of Event Scale Revised (IES-R) were used on 2,372 participants made up of 894 males and 1478 females to generate data in order to assess the impact of the disaster on the survivors of the blast. The results indicated anger and hostility in the victims towards the people they perceived as being responsible for their plight. Disaster-related stress, difficulty in sleeping and thinking were clearly shown and grief reactions also featured. Startle response and hyper

arousal due to the abnormal situation they found themselves were also recorded.

Maigari, Moses, Davou, Tungchama, & Suwa (2017) also conducted a study to assess the prevalence of and socio-demographic risk factors for post-traumatic stress disorders among conflict survivors in Dogonahawa and Zawan, communities in Jos, North-Central Nigeria four years after communal violence. The research was a cross-sectional study; a multi-stage sampling technique was used in selecting respondents. A total of 510 participants made up of 260 and 250 exposed and not exposed groups were used in the study. Mini International Neuropsychiatric Interview (MINI) and Socio-Demographic Questionnaire were used to assess for symptoms of posttraumatic stress and socio-demographic variables. The results indicated that 55.5% of respondents in the exposed group were diagnosed as having PTSD, while only 9.8% in the not exposed group were diagnosed as having current PTSD. Meaning, respondents exposed to violence were significantly more likely to experience posttraumatic stress disorders compared to the not exposed group. Also, being a female was a consistent risk factor for the disorder in both groups, while being never married and having individual monthly income below N20,000 were also predictive of posttraumatic stress disorders in the group exposed to conflict.

Karem, Howard, Karam, Ashkar, Shaaya, & Melhem (1998) conducted a study on the Impact of War and Traumatic Events in Lebanese using different locations. 658 respondents were used in the study. Two major instruments were used in obtaining data for the study: Interview Schedule (Arabic version) and War Events Questionnaire. The results obtained indicated that the prevalence of depression in the study areas were from 16.3% to 41.9% meaning exposure to war and prior history of domestic violence were significant predictors of depression these areas.

Tagurum, Chirdan, Obindo, Bello, Afolaranmi, Hassan, & Yilgwan (2015) conducted a research to assess the Prevalence of Violence and Symptoms of Post-Traumatic Stress Disorders among Victims of Ethno-Religious Conflict in Jos, Nigeria. A cross sectional survey method was used in the study. 204 respondents comprising of 98 males and 106 females were randomly selected per household in two local government areas which had experienced recurring ethno-religious crises. A semi-structured questionnaire was used, four questions were used to screen for PTSD and a positive answer indicated the presence of PTSD. The study indicated that 67.2% had witnessed some form of violence or the other during the various ethno-religious conflicts in the state. The findings also show that 46.1% had PTSD.

Also, a study conducted by Mollica, Donelena, & Tor (1993) on a sample of 993 Cambodian displaced persons' camp situated on the Thailand-Cambodian border found out that more than 80% of the sample felt depressed and had symptoms of somatization despite good medical care, 55% manifested the symptoms of PTSD. The study however found that, despite high manifestation of psychological symptoms, majority of the respondents showed positive levels of work and social functioning.

A study conducted by Bleich, Gelkopf & Solomon (2003) in Israel after four decades of conflict; found that 76.7% of the respondents exposed to the conflict in one form or the other manifested stress related symptom, 9.4% met the criteria for Acute Stress Disorder. The most used coping strategy was social support and active information search about loved ones.

In a related research carried out by Ahmad, Sofi, Sundelin-Wahlsten, & Von-Knorrning (2000) on a sample of 45 Kurdistan randomly selected from the survivors in two displacement camps. The study showed that 60% of their caregivers and 87% in children manifested PTSD.

Gorst-Unsworth and Goldberg (1998) carried out a research to ascertain psychological morbidity among 84 Iraqi male refugees. The study showed that social support was a major predictor of PTSD and depression among refugees.

Stimpson, Thomas, Weightman, Dunstan, & Lewis (2003) reviewed other studies comparing the presence of psychological disorders among veterans of Gulf war in comparison with a group not involved in the war. The result indicated an increase in the incidence of psychological disorders compared to the group that was not exposed to the war.

Elbedour, Onwuegbuzie, Ghannam, Whitecome, & Abu Hein, (2007) conducted a study to Access the Psychological Effect of Exposure to War-like Circumstance using 229 young people living in Gaza. The results of the study showed that 68.9% manifested symptoms of Post-Traumatic Stress Disorder, while 40% recorded moderate or severe levels of depression, 94.9% of the participants manifested severe levels of anxiety, and 69.9% demonstrated negative coping patterns. It is indicative therefore, that most people living in Gaza would experience psychological disorders.

A cross sectional study was performed access the prevalence of Stress and its Correlation to Captivity-Related Psychosocial Variables. Using two groups, the study found the presence of distress among 42.1% of the participants in the experimental group compared to the 27.8% in the control group

Khan, (2004) in 1999 found that about 2000 Kashmiris attempted suicide in that year alone and 10% of them were successful in their attempt. The figure kept on increasing despite Kashmir been a Muslim

and Islam forbidding suicide. This came as a result of the turmoil in 1989 that led to more than 50,000 deaths. Hospital Management Board in Kashmir estimated that almost 40% of suicide cases are often not reported because most people who live in mountainous villages opt not to pass the information to authorities. However, at least 3 to 5 cases are reported every week in the Accident and Emergency Department of the hospital. This is largely attributed to the growing incidence of depression because of the turmoil compared to the 1 or 2 cases a day reported decades ago before the turmoil.

2.3 Summary of Literature Review

The chapter critically examined the key variables of the study “mental health and herdsmen attacks”. The chapter also provided a platform on which related works of authors and researchers were reviewed. The review of related works in this study has shown that people who live in conflict zones or situation such as the attacks by herdsmen on defenseless people has psychosocial implication. Among the various psychological disturbances associated with these attacks includes: Depression, Anxiety disorder, Posttraumatic disorders, Social dysfunction such as drug addiction, concentration difficulties, hostility towards the people they perceived as responsible for their problem etc. Thus, an effective model for immediate and long-term mental health support for victims of these

attacks and conflict on a whole needs to be developed in order to reduce the incidence of mental disorders among conflict survivors.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Resign Design

The research design adopted for this study was survey method, where the researcher went to the field and sampled the opinions of respondents drawn from the population of interest.

3.2 Population, Sample and Sampling Techniques

The population of the study comprised of men and women who were affected by herdsmen attack and are taking refuge in camps and those who were not affected by the crisis and are living peacefully in host communities in Benue state.

A total of two hundred and sixty (n=260) participants were drawn from the population using convenience sampling technique, one hundred and thirty (n=130) participants in the exposed group and another one hundred and thirty (n=130) in the not exposed group (control group). Their overall age ranged from 18 – 60 years; mean age was 30.82 (Standard Deviation= 10.54).

In the exposed group, participants were victims of herdsmen attack selected from Internal Displaced Persons Camp at AbagenaGuma Local Government comprising of 65 (50%) males and 65 (50%) female adults

within the age of 18-60 years with no debilitating medical or surgical conditions. Their mean age was 29.22 (Standard Deviation= 9.75)

In the not exposed group, participants were men and women drawn from the host community of the camp. Their mean age was 32.48 (Standard Deviation= 11.12)

3.3 Methods of Data Collection

Data was collected for the research using three (3) psychological instruments namely: General Health Questionnaire (GHQ-28) Goldberg, (1970), Short Form of the revised Eysenck Personality Questionnaire (EPQR-S) Eysenck (1985) and Beck's Anxiety Inventory (Beck, Beck, Estein, Brown & Steer, 1998)

General Health Questionnaire

The General Health Questionnaire (GHQ) is a screening device for identifying minor psychiatric disorders in the general population and within community or non-psychiatric clinical settings. The instrument is designed for use in adolescent and adults; it assesses the respondent's recent state and asks if that differs from his/her usual state. The questionnaire was developed in 1970s by Goldberg originally as a 60 item questionnaire but at present it has a range of shortened version including the GHQ-28, GHQ-30, and GHQ-12. The GHQ-28 was used in

this study. GHQ-28 (Appendix A) was developed by Goldberg (1978). It has 4 subscales; somatic subscale, anxiety/insomnia subscale, social dysfunction subscale and severe depression subscale. The instrument is scored on a scale of 4; not at all, no more than usual, rather more than usual and much more than usual. It has two scoring methods, the binary (0-0-1-1) and the Likert scoring method. The binary method was used in the study. GHQ-28 has been used in over 38 countries including Nigeria and has been validated. The instrument has demonstrated high sensitivity and specificity. In most Nigeria studies, the cut off points has been put at 4, a level at which the instrument has optimal sensitivity and specificity, while a score of 3 or below shows absence of distress. A cut off point of 4 was therefore used in the study. A reliability coefficient Alpha of .8894 has been reported on a Nigerian sample.

A pilot study was conducted to establish the reliability of this instrument for use in this present study. Seventy two victims of herdsmen attack from Internal Displaced Persons Camp at Abagena, Guma Local Government Area of Benue State (n=72) males (n=39) females (n=33) were administered the instrument. Data generated from the pilot study was subjected to a reliability test using SPSS package and it yielded a Cronbach's alpha of 0.77 on somatization, anxiety had 0.49, social dysfunction had 0.81, depression had 0.92 and general alpha of 0.68 (Appendix F).

Eysenck Personality Questionnaire (EPQR-S)

The EPQR-S developed by Eysenck & Barrett (1985) (Appendix B) is a self-reported questionnaire, an instrument designed to measure four aspects of personality coded as PENL. P= Psychoticism, the extent of an individual's tough mindedness. E= Extraversion-Introversion, the extent of an individual's social interaction with other people. N= Neuroticism, the extent of an individual's emotionality. L= Lies, is a measure of the extent to which a respondent has responded truthfully to the other EPQ items. There are other EPQ versions like EPQ 90 which contain 90 items, EPQR which has 100 items. EPQR-S was however used in this study. EPQR-S has 48 items, 12 for each of the traits of neuroticism, extroversion, psychoticism and lie scale. They have a "yes" or "No" answer. Each individual item is scored 1 for a yes or 0 for a no. Each scale has a maximum possible score of 12 and minimum of zero. Alpha coefficients of 0.84 for neuroticism, 0.77 for psychoticism, 0.84 and 0.88 for introversion/extraversion has been reported (Alexio and Norris, 2000)

A pilot study was also conducted to validate the instrument for the present study. Seventy two victims of herdsmen attack were selected from Internal Displaced Persons Camp at Abagena, Guma Local Government Area of Benue State (n=72) males (n=39) females (n=33). Data gathered was subjected to a reliability test using SPSS package and

the instrument yielded an alpha coefficients of 0.82 on extraversion, 0.84 on neuroticism, 0.69 on psychoticism, 0.77 on lie scale and a general coefficient of 0.77 (Appendix F).

Becks Anxiety Inventory (BAI)

Becks Anxiety Inventory (BAI) (Appendix C) is an instrument designed by Aaron T. Beck, it is a twenty one question multiple choice self-report instrument designed to measure the severity or degree of anxiety in both adolescents and adults. The items in this instrument ask about common symptoms of anxiety that an individual experience during the past week (including the day the test is administered). The test is scored on a scale of 0 to 3. 0 indicates not at all while 3 indicate severe symptoms. High reliability has been reported. Coefficient alpha of 0.92 has been reported (Beck, Epstein, Brown, & Steer, 1988)

A pilot study was conducted to validate the instrument for this study using seventy two (n=72) males (n=39) females (n=33) victims of herdsmen attack drawn from Internal Displaced Persons Camp at Abagena, Guma Local Government Area of Benue State). SPSS package version 20 was used in the analysis and it yielded an alpha coefficient of 0.84 (Appendix F).

The researcher hired the services of two (2) research assistants who were Masters Students of Clinical Psychology Benue State University,

Makurdi. The two research assistants were individuals who understood and were fluent in Tiv language. In group they studied the items of the three instruments that were used in the study before they proceeded to the IDP camp to obtain data from the exposed group. A letter of introduction (Appendix E) was obtained from the Department of Psychology, Nasarawa State University, Keffi by the researcher and presented to Benue State Emergency Management Agency (SEMA) officials who were in the camp, afterwards permission was granted. The officials of SEMA and officers of Nigerian Security and Civil Defense Corp assisted the researcher in coordinating participants. The nature and aim of the study was explained to the respondents. The consent of each participant was sought for and only those who volunteered to participate were selected for the study (Appendix D). Confidentiality was also assured, and then a set of questionnaire was administered to the participants by the researcher and his assistants on individual and face-to-face basis.

A week after, the researcher with his assistants surveyed the opinions of respondents from households in the host community of the camp after familiarization and informed consent was obtained, only those who agreed to participate were given the questionnaire. The questionnaires were filled and returned with aid of the research assistants. The researcher appreciated the participants for being part of the work and

left. The instruments were later scored by the researcher and his assistants and the data were subjected to statistical analysis.

3.4 **Technique for Data Analysis**

Data generated from the study were analyzed with Computer Statistical Package for Social Science (SPSS) using descriptive statistics and inferential statistics such as linear regression/Analysis of Variance (ANOVA), and Independent t-test.

3.5 **Justification of Methods**

The decision to use the methods employed in this research was based on the following reasons:

It is much easier to use survey method in collecting and analyzing data especially when you have a large population.

To get accurate data, you need your respondents to be honest with their responses. Survey method provides that platform for honesty than any other research method, especially if it is clear that the answers will remain confidential.

Convenience sampling technique was used in selecting participants from the population. This was majorly due to the difficulty in applying random sampling technique to select participants due to non-availability or

the unwillingness of people to participate in the study. The researcher therefore, made use of only those who were available and agreed to participate in the study.

CHARTER FOUR

DATA PRESENTATION AND ANALYSIS

4.1 Data Presentation

Data derived from analysis were presented in tables and discussed accordingly.

Table 1: Demographic Characteristics of Respondents

Variable	Response	Frequency	Percentage (%)
Age	18-30	107	41.2
	31-42	105	40.4
	43-54	43	16.5
	55 and above	5	1.9
Gender	Male	138	46.9
	Female	122	53.1
Marital Status	Single	81	31.2
	Married	129	49.6
	Widow	22	8.5
	Widower	17	6.5
	Divorced	11	4.2
Education	Formal	74	71.5
	Informal	186	28.5
Occupation	Farming	199	76.5
	Artisan	30	11.5
	Public service	2	.8
	Others	29	11.2

Source: Field Survey, 2018

Table 1 above show that 107 respondents representing 41.2% were between the age of 18-30 years, 105 (40.4%) respondents were between 31-42 years of age, 43 (16.5%) were within the age of 43-54 years, while 5 (1.9%) respondents were between 55 years and above. 138 (46.9%) were males while 122 (53.1%) were females. In terms of marital status, 81 (31.2%) participants were single, while 129 (49.6%) were married, 22 (8.5%) were widows, 17 (6.5%) were widowers and 11(4.2%) participants divorced respectively. Educationally, 186 (71.5%) participants had no formal education, while 74 (28.5%) had formal education. Majority of the respondents were farmers representing 199 (76.5%). 30 (11.5%) were artisans, and 2 (.8%) were public servants, while 29 (11.2%) participants had other occupations.

Table 2: Incidence and prevalence of mental disorders among exposed and not exposed group

Disorders of GHQ-28	Exposed Group (%)	Not Exposed Group (%)
Somatic symptoms	34 (26.2%)	12 (9.2%)
Anxiety	28 (21.5%)	9 (6.9%)
Social Dysfunction	3 (2.3%)	-
Depression	2 (1.5%)	-
Somatic/Anxiety	46 (35.4%)	-
Somatic/Anxiety/Social Dysfunction	17 (13.1%)	-
Not Affected	-	109 (83.8%)
Total	130 (100%)	130 (100%)

Source: Field Survey, 2018

The results in the table above show a discrepancy in the manifestation of mental disorders between victims (exposed) and not exposed group. The results indicated that in the exposed group 34 (26.2) manifested symptoms of somatization, 28 (21.5) had anxiety disorder, 2 (1.5%) suffered from anxiety alone, while 46 (35.4%) reported symptoms of somatization and anxiety and 17 (13.1%) manifested the symptoms of both somatic, anxiety and social malfunctioning. In the not exposed group, 12 (9.2%) reported the symptoms of somatization, 9 (6.9%) manifested the symptoms of anxiety, while 109 (83.8%) did not suffer any form of mental disorders.

Table 3: Incidence and prevalence of mental disorders among women and men

Disorders of GHQ-28	Women	Men
Somatic symptoms	-	34(52.3%)
Anxiety	21(32.3%)	7(10.8%)
Social Dysfunction	-	3(4.6%)
Depression	2(3.1)	-
Somatic/Anxiety	31(47.7%)	15(23.1%)
Somatic/Anxiety/Social Dysfunction	11(16.9%)	6(9.2%)
Total	65(100%)	65(100%)

Source: Field Survey, 2018

Table 3 indicates differences in the prevalence of mental disorders among women and men. The results shows that 21(32.3%) of the women manifested symptoms of anxiety, 2 (3.1%) manifested symptoms of

anxiety, 31(47.7%) suffered symptoms of both somatization and anxiety and 11 (16.9%) had both the symptoms of somatization, anxiety and social dysfunction. 34 (52.3%) of the men suffered from somatization, 7 (10.8%) had anxiety disorder, 15 (23.1%) had symptoms of somatization and anxiety, 6 (9.2%) reported symptoms of both somatization, anxiety and social dysfunction.

4.2 Data Analysis and Results

Hypothesis One (1)

Table 4: t-test table showing the mean difference of mental health defects between exposed and not exposed group

Group	n	Mean	SDF	t	df	p
Exposed	130	14.06	6.24	170.9	24.9	258
Not Exposed	130	.90	1.57			.000

The result of hypothesis one above indicates a statistical difference in the manifestation of mental disorders between victims (exposed) and those not exposed to the crisis. Exposed group (M=14.06, SD=6.24) Not exposed group (M=.90, SD=1.57) $t(258) = 24.9, P < 0.05$

The result supports hypothesis one which states that there will be a significant difference in the manifestation of mental disorders between those exposed to herdsmen attack and those not affected by the crisis.

Hypothesis Two (2)

Table 5: t-test table showing the mean difference of mental disorders between women and men exposed to herdsmen attack

Groupn	Mean	SD	F	t	df	P	
Women	65	17.43	5.23	.672	7.17	128	.000
Men	65	10.98	5.02				

The results of t-test in table 5 above demonstrate a statistical difference in the manifestation of mental health disorders between women and men exposed to herdsmen attack, confirming hypothesis two which stated that there will be a significant difference in the manifestation of mental disorders between women and men affected by herdsmen attack. Women (M=17.43, SD=5.23) Men (M=10.98, SD=5.020). $t(128) = 7.17, P < 0.05$

Hypothesis Three (3)

Personality differences as measured by Eysenck Personality Questionnaire will determine emotional reactions as measured by Becks Anxiety Inventory.

Table 6: Model Summary of Regression for the role of personality differences as measured by EPQ in determining emotional reaction as measured by BAI

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.550 ^a	.302	.280	9.21043

Predictor: (Constant) Extroversion, Neuroticism, Psychoticism, Lie

The model summary result in above table shows that extroversion, neuroticism, psychoticism, lie scale contributed 30% to the explanation of the variance in emotional reaction (anxiety) of respondents. R^2 was .30

Table 7: ANOVA Table showing personality differences as measured by EPQ on BAI

Model	Sum of squares	Df	Mean square	F	Sig.
Regression	4593.710	4	1148.428	13.538	.000 ^b
Residual	10604.013	125	84.832		
Total	15197.723	129			

a. Dependent Variable: Anxiety (Becks Anxiety Inventory)

b. Predictors (Constant): Extroversion, Neuroticism, Psychoticism, Lie

Table 8: Coefficient indicating EPQ categories and predictors

Model	Unstandardized Coefficient		Standardized Coefficient	T	Sig.
	B	Std. Error	Beta		
Constant	11.309	5.917		1.911	.058
Extroversion	1.793	.286	5.14	6.270	.000
Neuroticism	-.379	.349	-.086	-1.086	.280
Psychoticism	-.423	.229	-.147	-1.848	.067
Lie	.372	.291	.105	1.276	.064

a. Dependent Variable: Anxiety (BAI)

On the assumption that personality differences as measured by Eysenck Personality Questionnaire would determine emotional reaction on Becks Anxiety Inventory, the results in table 8 indicates that the overall model is statistically significant $F(4,125) = 13.538$, $P < 0.05$. Adjusted R. Square = .028. Only one predictor variable emerged significant (Beta=

5.14, $P<0.05$). The other variables were not good predictors of emotional reaction (*Ref.*Table8)

4.3 **Discussion of Findings**

The findings in this study were discussed in conformity with the three hypotheses that were postulated, tested and analyzed. The results of the present study confirm hypothesis one which stated that there will be a significant difference in the manifestation of mental disorders between those exposed to herdsmen attack and the not exposed group. The finding is consistent with previous studies (Cardozo, Bilukha, Gotway, 2004; Boehnlein, Kinzie, Sekiya, 2004; Maigari, Moses, Davou, Tungcha, & Suwa, 2017) which found a sharp increase in the occurrence and prevalence of mental defects among victims of armed conflict. This is because armed conflict amount to threat to life, death of loved ones, and loss of properties among other ills. It is therefore, convincing to agree that this ugly trend leaves indelible psychological pain and trauma on lives of victims.

The result of this study also supports the assumption that there will be a significant difference in the manifestation of mental disorders between women and men exposed to herdsmen attack. The result of the present study conforms to the findings of Breslau, Chicoat, Kessler, Peterson, & Lucia (1999). This may be due to the fact that women

expressed concern on the safety of their husbands who are in the battle field and their children who are dying of hunger and their worries manifest in loss of appetite, lack of sleep, nightmares, tiredness and irritability. In support of this Maigari, Moses, Davou, Tungcha, & Suwa (2017) in their work stated that women use dissociative defense mechanism more than men and also have more negative self-schemas and world schemas than men following exposure to traumatic events. These factors according to them have been found to be consistent with mental disorders.

The findings of the present study also supported the third hypothesis which was postulated that personality differences as measured by Eysenck Personality Questionnaire will determine emotional reaction as measured by Becks Anxiety Inventory. The four personality categories were entered into regression equation, namely extroversion, neuroticism, psychoticism, lie scale, only extroversion was a significant predictor of anxiety, although, the entire model was significant. The findings are in conformity with that of Akwash (2015) who found a significant relationship between personality differences and emotional reaction with only extroversion emerging as a significant predictor of anxiety.

CHAPTER FIVE

5.1 Summary

The study carried out a comparative analysis between those exposed to herdsmen attack and those not affected by the crisis in order to assess prevalence of mental disorders among victims and the results obtained indicate a significant difference in the manifestation of mental disorders between those affected by the crisis and those not affected. There was also a difference between women and men in the manifestation of mental disorders among those exposed to the attack. The study also found that personality type determines emotional reaction of victims.

In chapter summary, chapter one dealt with the background of the study, statement of the problem, research questions, objectives of the study, statement of hypotheses, significance of the study, scope of the study as well as operational definition of terms and Acronyms

Chapter two looked at conceptual framework, empirical review and the summary of literature reviewed.

Chapter three comprises of the research design, population, sampling and sampling techniques, methods of data collection, technique for data analysis, and justification of methods used in the study. And

chapter four which is dedicated for data presentation and analysis contains data presentation, data analysis and results and discussion of findings.

5.2 **Conclusion**

Studies has shown and documented high level prevalence of mental health symptoms among victims in conflict situations. The results of the present study also provide evidence of psychological symptoms among victims of herdsmen attack. Mental health care is no doubt needed by these people as part of the rehabilitation process with special attention given to female victims who are more vulnerable when exposed to such traumatic events. The study also found a relationship between extroversion/introversion and anxiety so therefore, a special attention should also be paid to introverts who are usually not sociable and as such more prone to psychological problems.

5.3 **Recommendations**

Based on the findings of the research, the researcher made the following recommendations:

- i. Health services rendered to victims of herdsmen attack who are in camps should be holistic including both chemotherapy and psychotherapy in order to keep body and mind together thereby reducing the incidence of mental disorders.

- ii. Governments at all levels, non-governmental organizations, civil society groups and religious bodies as well as well-meaning Nigerians should step out campaigns against this ugly menace, peace should be preached among citizens and the need to live together in harmony as sure way of enhancing good mental health.
- iii. Adequate compensation should be given to victims of herdsmen attack to at least provide relief; this will go a long way in reducing psychological burden inflicted by loss of properties, means of livelihood that may gradually develop into severe mental problems.
- iv. Government through the security agencies should intensify efforts towards bringing to book perpetrators of this deadly act and make them to pay for their crime to serve as deterrent to others.

5.4 **Limitations of the Study**

The research has limitation as a typical characteristic of student research-oriented work in Nigeria. For instance, due to financial and time constraint, the scope has not been broad enough to cover several IDP camps in the study area. Participants were drawn from only one IDP camp and zone in Benue State which is likely to affect generalizing the findings among victims of herdsmen attack in Benue and even beyond.

The sample size used in the study is not very large which could also have impact ingeneralizing the findings.

5.5 **Suggestions for Further Studies**

Researchers intending to carry out similar studies should broaden the scope of the study to cover more IDP camps and the number of participants in order to make findings of the study generalized.

A more effective sampling technique such as randomization should be employed by researchers carrying similar studies in order to do away with bias that might have a negative impact on the results.

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APPENDIX A

GENERAL HEALTH QUESTIONNAIRE (GHQ-28)

Please read this carefully.

We would like to know if you had any medical complaints, and how your health has been in general, over the past few weeks. Please answer ALL the questions on this page simply by underlining which criteria best suits your situation. Remember that we want to know about present and recent complaints, not those that you had in the past. It is important that you try to answer ALL the questions. Thank you very much for your co-operation.

HAVE YOU RECENTLY:

S1-	-been feeling perfectly well and in good health?	Better than usual	Same as usual	Worse than usual	Much worse than usual
S2-	-been feeling in need of a good tonic?	Not at all	No more than usual	Rather more than usual	Much more than usual
S3	-been feeling exhausted and without strength at all?	Not at all	No more than usual	Rather more than usual	Much more than usual
S4	-felt that you are ill?	Not at all	No more than usual	Rather more than usual	Much more than usual
S5	-been getting any pains in your head?	Not at all	No more than usual	Rather more than usual	Much more than usual
S6	-been getting a feeling of Tightness or pressure in your head?	Not at all	No more than usual	Rather more than usual	Much more than usual
S7	-been having hot or cold spells?	Not at all	No more than usual	Rather more than usual	Much more than usual
A1	-lost much sleep over worry?	Not at all	No more than usual	Rather more than usual	Much more than usual
A2	-had difficulty in staying asleep once you are off?	Not at all	No more than	Rather more than usual	Much more than

			usual		usual
A3	-felt constantly under strain?	Not at all	No more than usual	Rather more than usual	Much more than usual
A4	-been getting edgy and bad-tempered?	Not at all	No more than usual	Rather more than usual	Much more than usual
A5	-been getting scared or panicky for no good reason?	Not at all	No more than usual	Rather more than usual	Much more than usual
A6	-found everything getting on top of you?	Not at all	No more than usual	Rather more than usual	Much more than usual
A7	-been feeling nervous and strung-up all the time?	Not at all	No more than usual	Rather more than usual	Much more than usual
SD1	-been managing to keep yourself busy and occupied?	More so than usual	Same as usual	Rather less than usual	Much less than usual
SD2	-been taking longer over the things you do?	Quicker than usual	Same as usual	Longer than usual	Much longer than usual
SD3	-felt on the whole you were doing thing swell?	Better than usual	About the same	Less well than usual	Much less well
SD4	-been satisfied with the way you've carried out your task?	More satisfied	About same	Less satisfied	Much less satisfied
SD5	-felt that you are playing a useful part in things?	More so than usual	Same as usual	Less useful than usual	Much less useful
SD6	-felt capable of making decisions about things?	More so than usual	Same as usual	Less so than usual	Much less capable
SD7	-been able to enjoy your normal day-to-day activities?	More so than usual	Same as usual	Less so than usual	Much more than usual
D1	-been thinking of yourself as a worthless person?	Not at all	No more than usual	Rather more than usual	Much more than usual
D2	-felt that life is entirely hopeless?	Not at all	No more than usual	Rather more than usual	Much more than usual
D3	-felt that life isn't worth living?	Not at all	No more than usual	Rather more than usual	Much more than usual
D4	-thought of the possibility	Definitely	I don't	Has crossed	Definitely

	that you might make away with yourself?	not	think so	my mind	have
D5	-found at times you couldn't do anything because your nerves were too bad?	Not at all	No more than usual	Rather more than usual	Much more than usual
D6	-found yourself wishing you were dead and away from it all?	Not at all	No more than usual	Rather more than usual	Much more than usual
D7	-found that the ideas of taking your own life kept coming into your mind?	Definitely not	I don't think so	Has crossed my mind	Definitely have

S **A** **SD** **D** **TOTAL**

APPENDIX B

SHORT FORM OF REVISED EYSENCK PERSONALITY QUESTIONNAIRE (EPQR-S)

Here are some questions regarding the way you behave, feel and act. After each question is a space for answering YES or No. Try to decide whether YES or NO represent your usual way of acting or feeling then put a tick in the box under the column headed YES or NO. We want your first reaction, not a long drawn-out thought process. The questionnaire shouldn't take more than a few minutes. Be sure not to omit any question. There are no right or wrong answers, and this isn't a test of intelligence or ability, but simply a measure of the way you behave.

S/N	E	YES	NO
3	Are you a talkative person?		
7	Are you rather lively?		
11	Do you enjoy meeting new people?		
15	Can you usually let yourself go and enjoy yourself at a lively party?		
19	Do you usually take the initiative in making new friends?		
23	Can you easily get some life into a rather dull party?		
27	Do you tend to keep in the background on social occasions?		
32	Do you like mixing with people?		
36	Do you like plenty of bustle and excitement around you?		
41	Are you mostly quiet when you are with other people?		
44	Do other people think of you as being very lively?		
48	Can you get a party going?		
	N		
1	Does your mood often go up and down?		
5	Do you ever feel 'just miserable' for no reason?		
9	Are you an irritable person?		
13	Are your feelings easily hurt?		
17	Do you often feel 'fed-up'?		
21	Would you call yourself a nervous person?		
25	Are you a worrier?		
30	Would you call yourself tense or 'highly strung'?		
34	Do you worry too long after an embarrassing experience?		
38	Do you suffer from 'nerves'?		
42	Do you often feel lonely?		
46	Are you often troubled about feelings of guilt?		
	L		

4	If you say you will do something, do you always keep your promise no matter how inconvenient it might be?		
8	Were you ever greedy by helping yourself to more than your share of anything?		
12	Have you every blamed someone for doing something you knew was really your fault?		
16	Are all your habits good and desirable ones?		
20	Have you ever taken anything (even a pin or button) that belonged to someone else?		
24	Have you ever broken or lost something belonging to someone else?		
29	Have you ever said anything bad or nasty about anyone?		
33	As a child were you every cheeky to your parents?		
37	Have you ever cheated at a game?		
40	Have you ever taken advantage of someone?		
45	Do you always practice what you preach?		
47	Do you sometimes put off until tomorrow what you ought to do today?		
	P		
2	Do you take much notice of what people think?		
6	Would being in debt worry you?		
10	Would you take drugs which may have strange or dangerous effects?		
14	Do you prefer to go your own way rather than act by the rules?		
18	Do good manners and cleanliness matter much to you?		
22	Do you think marriage is old-fashioned and should be done away with?		
26	Do you enjoy co-operating with others?		
28	Does it worry you if you know there are mistakes in your work?		
31	Do you think people spend too much time safeguarding their future with savings and insurance?		
35	Do you try not to be rude to people?		
39	Would you like other people to be afraid of you?		
43	Is it better to follow society's rules than go your own way?		

E

N

I

P

APPENDIX C

BECK ANXIETY INVENTORY

Below is a list of common symptoms of anxiety. Please carefully read each item in the list. Indicate how much you have been bothered by that symptom during the past month, including today, by circling the number in the corresponding space in the column next to each symptom.

	Not At All	Mildly but it didn't bother me much	Moderately-it wasn't pleasant at times	Severely – it bothered me a lot
Numbness or tingling	0	1	2	3
Feeling hot	0	1	2	3
Wobbliness in legs	0	1	2	3
Unable to relax	0	1	2	3
Fear of worst happening	0	1	2	3
Dizzy or lightheaded	0	1	2	3
Heart pounding/racing	0	1	2	3
Unsteady	0	1	2	3
Terrified or afraid	0	1	2	3
Nervous	0	1	2	3
Feeling of choking	0	1	2	3
Hands trembling	0	1	2	3
Shaky / unsteady	0	1	2	3
Fear of losing control	0	1	2	3
Difficulty in breathing	0	1	2	3
Fear of dying	0	1	2	3
Scared	0	1	2	3
Indigestion	0	1	2	3
Faint / lightheaded	0	1	2	3
Face flushed	0	1	2	3
Hot/cold sweats	0	1	2	3
Column Sum				

GRAND TOTAL.....

APPENDIX D

INFORMED CONSENT

Nasarawa State University, Keffi
Department of Psychology, Faculty of Social Sciences

Dear Respondents,

I am a post graduate student of the above named university conducting a research on the topic “Mental Health of Victims of Herdsmen attack in Guma Local Government Area of Benue State”.

I will be great full if you could take some of your precious time to assist me in this research, by completing the following questionnaires. Please note that your contribution is of high importance to this research. Kindly respond with all honesty and seriousness so as to ensure the credibility of the study. Your cooperation will be highly appreciated.

This research is academic and the information obtained from you will be used only for this purpose and treated as confidential.

Thank you.

Yours faithfully

CherenTerungwa

BIO-DATA

Gender: M () F ()

Age: 18-30 () 31-42 () 43-54 () 55 & above

Education: Formal Education () No Formal Education ()

Marital Status: Single () Married () Widow () Widower () Divorce ()

Occupation: Civil servant () Farming () Artisan () others ()

APPENDIX E

LETTER OF INTRODUCTION

DEPARTMENT OF PSYCHOLOGY

Faculty Of Social Sciences
NASARAWA STATE UNIVERSITY, KEFFI
HOD: Dr. Lawrence L. Orkuugh
Tel: +2348(0)65595581 E-Mail: lawrenceorkuugh@yahoo.com

P.M.B 1022 Keffi,
Nasarawa State
Nigeria.

Office of the HOD

14th February, 2018

The Secretary,
Benue State Emergency Management Agency
Ahmadu Bello Way
Ankpa Ward
Benue State

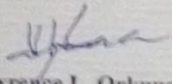
Dear Sir,

LETTER OF INTRODUCTION

I write to introduce the bearer, Cheren Terungwa to your Organization to collect data for his M.Sc Dissertation. Cheren Terungwa is a master student (NSU/SS/MSC/PSY/016/15/16) in Forensic and Correctional Psychology, Department of Psychology, Nasarawa State University Keffi. The title of his Dissertation is "mental health of victims of herdsman attack in Guma Local Government Area of Benue State".

Kindly give him the necessary assistance to enable him achieve the objectives.

Thank you.


Dr. Lawrence L. Orkuugh, mnpa, fcim, maspon
Ag. HOD

Vice-Chancellor: Prof M. A Mainoma, Ph.D. FCAN, FCTE
Registrar: Bala I. Ahmed II, mnim, fca, fcim

APPENDIX F

Scale: GENERAL HEALTH QUESTIONNAIRE (GHQ)

Case processing Summary	N	%
Cases Valid	72	100.0
Excluded	0	.0
Total		100.0

Sub Scale: Somatization

Cronbach's Alpha	N of item
.774	7

Sub Scale: Anxiety

Case processing Summary	N	%
Cases Valid	72	100.0
Excluded	0	.0
Total		100.0

Cronbach's Alpha	N of item
.491	7

Sub scale: Social Dysfunction

Case processing Summary	N	%
--------------------------------	----------	----------

Cases Valid	72	100.0
Excluded	0	.0
Total		100.0

Cronbach's Alpha	N of item
.819	7

Sub scale: Depression

Case processing Summary	N	%
Cases Valid	72	100.0
Excluded	0	.0
Total		100.0

Cronbach's Alpha	N of item
.924	7

General

Cronbach's Alpha	N of item
.682	28

EYSENCK PERSONALITY QUESTIONNAIRE (EPQ)

Sub scale: Extroversion

Case processing Summary	N	%
Cases Valid	72	100.0
Excluded	0	.0
Total		100.0

Cronbach's Alpha	N of item
.821	12

Sub Scale: Neuroticism

Case processing Summary	N	%
Cases Valid	72	100.0
Excluded	0	.0
Total		100.0

Cronbach's Alpha	N of item
.848	12

Sub scale: Lie

Case processing Summary	N	%
--------------------------------	----------	----------

Cases Valid	72	100.0
Excluded	0	.0
Total		100.0

Cronbach's Alpha	N of item
.773	12

Sub scale: Psychoticism

Case processing Summary	N	%
Cases Valid	72	100.0
Excluded	0	.0
Total		100.0

Cronbach's Alpha	N of item
.691	12

General

Cronbach's Alpha	N of item
.777	48

BECK ANXIETY INVENTROY (BAI)

Case processing Summary	N	%
Cases Valid	72	100.0
Excluded	0	.0
Total		100.0

Cronbach's Alpha	N of item
.845	21