

Perceived Psychosocial and Health Effects of Herdsmen Attacks among Internally Displaced Persons in Benue State, Nigeria

Article by Se-ember Emily Oteyi¹, Musah K. Toyin²

¹Public Health, Texila American University, Guyana

²Department of Public Health, Kwara State University, Malete, Nigeria

Email: emilsbun@gmail.com¹, khadijat.musah@kwasu.edu.ng²

Abstract

This study sought to assess the psychosocial and health effects of Herdsmen attacks among Internally Displaced Persons (IDPs) in Benue State, Nigeria. Six hundred and twenty-nine (male=305; female 324) internally displaced persons were used as sample. Their age range was between 18 and 65 years respectively with a mean age of 37.5. Instrument used for data collection was the Beck Depression Inventory (BDI) which is a 21-item, self-report rating inventory that measures characteristic attitudes and symptoms of depression. The internal consistency for the BDI ranges from .73 to .92 with a mean of .86. BDI was administered to the participants to measure the psychosocial effects of herdsmen attacks on the victims. Also, standardized General Health Questionnaire (GHQ) was adopted to measure the effects of the herdsmen attacks on the health of IDPs in Benue State, Nigeria. Data analysis involved the use of Chi-square and multiple regressions. The study however revealed that victims of herdsmen attacks suffered from psychological trauma including stress, depression, mood swings and health related problems. On the basis of the findings, it was recommended that the Government should work to provide psychosocial support services to victims as well as set up treatment centers to test and treat victims' ailments and where possible, counseling sessions.

Keywords: Psychosocial, health, herdsmen, Nigeria.

Introduction

Herdsmen or Fulani Herdsmen as popularly called or Fulani pastoralists are nomadic or semi-nomadic whose primary occupation is raising livestock. The herdsmen are found in countries such as Nigeria, Niger, Senegal, Guinea, Mauritania, Mali, Burkina Faso, Ghana, Benin, Côte d'Ivoire, and Cameroon (Iro, 1994). Historically, Fulani pastoralists started migrating into northern Nigeria from the Senegambia region around the thirteenth or fourteenth century (Tonah, 2002). Tonah also documented that after the Uthman Dan Fodio jihad, the Fulani became integrated into the Hausa culture of Northern Nigeria. Thereafter, during the dry season when the tsetse fly population is reduced, Fulani pastoralists began to drive their cattle into the Middle Belt zone dominated by non-Hausa groups, returning to the north at the onset of the rainy season. But while managing the herd and driving cattle, cattle grazing on farmlands sometimes occurs, leading to destruction of crops and becoming a source of conflict.

In Nigeria, most herdsmen do not own land but graze their livestock in host communities (Awogbade, 1987). While a few have adopted the more sedentary type of animal husbandry, the increasing crises between farmers and nomadic herdsmen presupposes that grazing is a major means of animal rearing in Nigeria (Mohammed et al, 2015). The sedentary type of animal husbandry also proves to be more expensive, difficult to manage and inefficient for the rapid growing market of an ever-increasing Nigerian population. However, over the years, the presence of the nomads and their cattle has provoked violent clashes in several communities across the country (Mohammed et al). Apart from the language and cultural barriers which usually spots out the nomads as strangers, the audacity with which they shepherd their flocks to graze on available vegetation on their route has often attracted protests from the host communities. This scenario has given rise to an unhealthy rivalry between farmers and herdsmen leading to violence, loss of lives and property. In some cases, a good number of community residents,

mostly farmers are wiped out and those fortunate to escape have become refugees in other places (Imo, 2017).

Imo (2017) reported that between the year 2000 till date, there have been reported cases of conflicts and confrontation between the nomads and the indigenes of the areas they migrated to with their flocks. According to Imo (2017), the media is also awash with reported cases of clashes between the nomads from the North and the inhabitants of Plateau, Benue, Nassarawa, Kogi, Kastina, Kaduna, Kwara, Edo, Delta, Enugu, Abia, Taraba, Ebonyi, Ondo, Oyo, Osun and many other states. Whenever these clashes occur, the nomadic herdsmen attack and kill scores of villagers in the course of a contest for grazing fields and water, there are usually reprisal attacks. This scenario has, time without number, thrown up tribal, ethnic, regional, religious and political sentiments that threaten the corporate existence of Nigeria (Imo, 2017). These conflicts between herdsmen and farmers have exacted a heavy humanitarian toll with thousands killed and tens of thousands displaced.

In Benue, one of the hardest-hit states, Governor Samuel Ortom reports more than 1,878 people were killed between 2014 and 2016 (International Crisis Group, 2017). In the same report, the International Crisis Group noted that tens of thousands also have been displaced. From January 2015 to February 2017, at least 62,000 people were displaced in Kaduna, Benue and Plateau states; in the absence of Internally Displaced Persons (IDP) camps, most seek shelter in other poor, rural communities, straining their already scarce resources. For women and girls, the impact is frequently magnified. It is also scary to note that several communities have been ambushed, thousands killed, others injured, and one can only imagine the depth of the trauma caused by herdsmen attacks. Mass burials have been carried out in the state, thousands sent to IDP camps, children have become orphans, and people have lost their homes, identities and livelihoods. Non-Governmental Organizations have worked with Civil Society Organizations to provide relief materials and some sources of livelihoods to victims of these attacks.

Human beings have thoughts, feelings and behaviors that are expressed differently depending on their interaction with the environment they live in and the situations in which they have found or find themselves. These

social and psychological variables can be either positive or negative and an interaction of the mental or social situations that the individuals have experienced. Based on this, it is imperative to carry out this type of study in order to find out how the psycho-social and health effects of herdsmen attacks among IDPs in the study area.

Psychosocial effects

The psychosocial approach looks at individuals in the context of the combined influence that psychological factors and the surrounding social environment have on their physical and mental wellness and their ability to function. This approach is used in a broad range of helping professions in health and social care settings as well as by medical and social science researchers (Woodward, K. 2015).

Most people do not understand that the way they behave is the function of the environment in which they find themselves. The attitude or behavior of an individual is a result of the psychological factors and the social factors at play within their environment. In the event of an attack, it is possible that an individual may exhibit different behaviors based on how the event has affected them thereby bringing about a negative impact on their thoughts, feelings and interactions with others.

Hussain and Sarma (2016) noted that after a disaster occurs, the immediate focus is on rebuilding of infrastructure and lives of victims. However, psychological trauma can linger for a very long time, or even a lifetime. A large number of studies have addressed the diverse impacts of disasters. According to the American Psychiatric Association (2000), traumatic events are those that involve actual or threatened death or serious injury and responses may involve fear, helplessness, horror, anxiety, depression, sadness, guilt or anger.

Another research examined psychosocial implications of Fulani herdsmen religio-organizational terrorism in Eastern-Nigeria (Biafra). Research participants were individuals or inhabitants affected by the Fulani herdsmen attacks. Findings of the research were that Fulani Herdsmen terrorism leads to the following psychological results – mental health challenge, withdrawal tendency, life frustration, and trauma; as well as the following social results – social anxiety, tribal hatred, high insecurity/crime, and family disintegration. (Nwankwo, et al, 2019).

Health effects

Terrorism may also increase feelings of stress, with spillovers on both adult and child health (Camacho 2008; Pesko and Baum 2016). Posttraumatic stress disorder (PTSD) is common following a traumatic event. According to the Diagnostic and Statistical Manual, 4th Edition (DSM-IV), symptoms of PTSD can be grouped into three clusters: re-experiencing symptoms such as flashbacks and nightmares; avoidance symptoms such as staying away from the events or places that are associated with the traumatic experience or emotional numbing; and hyper-arousal symptoms such as startle response, difficulty sleeping and concentration.

Past studies have shown that PTSD, along with other behavioral and health disturbances, are the most likely outcomes after the terrorist incidences (Galea, et al, 2005), and that up to two-thirds of directly affected victims of terrorist events are psychologically impaired to some degree (Beaton & Murphy, 2002). In addition to PTSD, many may develop anxiety disorders, depression and substance use (Abenhaim, et al, 1992; North, et al., 1999). Studies after the September 11 2001 terrorist attack on the World Trade Center have shown that people reported persistently high levels of psychological distress, even after many months and at long distances (Silver, et al, 2002). Therefore, it is undeniable that direct exposure to a traumatic event has a serious and adverse impact on the mental health of victims.

Hypotheses

1. Victims of Herdsmen attacks will suffer significant psychological effects in Benue State, Nigeria.
2. Herdsmen attacks will negatively affect the health of victims of these attacks in Benue State, Nigeria.

Method

Descriptive research design of ex post facto type was used for the study because the researcher is interested in knowing the influence of the independent variable on the criterion variable.

Sample

The entire internally displaced persons (IDPs) living in IDP camp in Benue State constitute the

population of the study. Stratified random sampling method was utilized to select 629 (male= 305; female= 324) from Daudu IDP camp 1, 2 and 3 in Guma Local Government Area of Benue State. This LGA is the boundary between the Benue State Capital City and Nasarawa State of Nigeria. The age range of respondents was between 18 and 65 years.

Instruments

Two standardized instruments were used to collect data:

1. The **Beck's Depression Inventory** is a 21-item, self-report rating inventory that measures characteristic attitudes and symptoms of depression (Beck, et al, 1961). Internal consistency for the BDI ranges from .73 to .92 with a mean of .86. (Beck, et al, 1988). Similar reliabilities have been found for the 13-item short form (Groth-Marnat, 1990). The BDI demonstrates high internal consistency, with alpha coefficients of .86 and .81 for psychiatric and non-psychiatric populations respectively (Beck, et al, 1988).
2. **General Health Questionnaire** the General Health Questionnaire (GHQ) developed by Goldberg and Hillier in 1972, is a psychometric screening tool to identify common psychiatric conditions. The GHQ was used by the researcher to measure the effects of the herdsmen attacks on the health of victims.

Procedure

Data was collected from participants at three different Internally Displaced Persons Camps in Benue State Nigeria using the BDI and the GHQ.

Results and Discussion

Data for this study was analyzed using simple percentages for demographic characteristics of participants and multiple regressions to analyze the objectives outcomes.

Hypothesis 1: Victims of Herdsmen attacks will suffer significant psychological effects in Benue State, Nigeria. This was tested using the Beck's depression Inventory and the scoring formula for this inventory as developed by the author. The formula for scoring and interpreting the BDI is shown below:

- 1-10 These ups and downs are considered normal
- 11-16 Mild mood disturbance
- 17-20 Borderline clinical depression
- 21-30 Moderate depression
- 31-40 Severe depression
- Over 40 Extreme depression

These results are shown in the table below:

Table 1. Levels of depressions showing the psychological effects of herdsmen attacks on the lives of victims of these attacks in Benue State, Nigeria

Items		Frequency	Percentage
1	I do not feel sad.	2	0.3
	I feel sad	387	61.5
	I am sad all the time and I can't snap out of it.	229	36.4
	I am so sad and unhappy that I can't stand it.	11	1.7
2	I am not particularly discouraged about the future.	37	5.9
	I feel discouraged about the future.	423	67.2
	I feel I have nothing to look forward to.	158	25.1
	I feel the future is hopeless and that things cannot improve.	11	1.7
3	I do not feel like a failure.	38	6.0
	I feel I have failed more than the average person.	315	50.2
	As I look back on my life, all I can see is a lot of failures.	231	36.7
	I feel I am a complete failure as a person.	45	7.1
4	I get as much satisfaction out of things as I used to.	4	0.6
	I don't enjoy things the way I used to.	455	72.3
	I don't get real satisfaction out of anything anymore.	124	19.7
	I am dissatisfied or bored with everything.	46	7.3
5	I don't feel particularly guilty	89	14.1
	I feel guilty a good part of the time.	439	69.8
	I feel quite guilty most of the time.	98	15.6
	I feel guilty all of the time	3	0.5
6	I don't feel I am being punished.	147	23.4
	I feel I may be punished.	387	61.5
	I expect to be punished.	84	13.4
	I feel I am being punished.	11	1.7
7	I don't feel disappointed in myself.	213	33.9
	I am disappointed in myself.	311	49.4
	I am disgusted with myself.	70	11.1
	I hate myself.	35	5.6
8	I don't feel I am any worse than anybody else.	339	53.9
	I am critical of myself for my weaknesses or mistakes	222	35.3
	I blame myself all the time for my faults.	56	8.9
	I blame myself for everything bad that happens	12	1.9
9	I don't have any thoughts of killing myself	396	63.0
	I have thoughts of killing myself, but I would not carry them out.	133	21.1
	I would like to kill myself.	91	14.5
	I would kill myself if I had the chance.	9	1.4
10	I don't cry any more than usual.	117	18.6
	I cry more now than I used to	411	65.3
	I cry all the time now.	59	9.4

	I used to be able to cry, but now I can't cry even though I want to.	42	6.7
11	I am no more irritated by things than I ever was.	220	35.0
	I am slightly more irritated now than usual.	276	43.9
	I am quite annoyed or irritated a good deal of the time.	100	15.9
	I feel irritated all the time.	33	5.2
12	I have not lost interest in other people.	174	27.7
	I am less interested in other people than I used to be.	373	59.3
	I have lost most of my interest in other people.	78	12.4
	I have lost all of my interest in other people.	4	0.6
13	I make decisions about as well as I ever could.	118	18.8
	I put off making decisions more than I used to.	410	65.2
	I have greater difficulty in making decisions more than I used to.	96	15.3
	I can't make decisions at all anymore.	5	0.8
14	I can work about as well as before.	265	42.1
	It takes an extra effort to get started at doing something.	217	34.5
	I have to push myself very hard to do anything.	139	22.1
	I can't do any work at all.	8	1.3
15	I can sleep as well as usual.	78	12.4
	I don't sleep as well as I used to.	486	77.3
	I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.	15	2.4
	I wake up several hours earlier than I used to and cannot get back to sleep.	50	7.9
16	I don't get more tired than usual.	31	4.9
	I get tired more easily than I used to.	435	69.2
	I get tired from doing almost anything.	154	24.5
	I am too tired to do anything.	9	1.4
17	My appetite is no worse than usual.	97	15.4
	My appetite is not as good as it used to be.	411	65.3
	My appetite is much worse now.	90	14.3
	I have no appetite at all anymore.	31	4.9
18	I haven't lost much weight, if any, lately.	222	35.3
	I have lost more than 2 pounds.	243	38.6
	I have lost more than 4 pounds.	151	24.0
	I have lost more than 6 pounds.	13	2.1
19	I am no more worried about my health than usual.	239	38.0
	I am worried about physical problems like aches, pains, upset stomach, or constipation.	317	50.4
	I am very worried about physical problems and it's hard to think of much else.	71	11.3
	I am so worried about my physical problems that I cannot think of anything else.	2	0.3
20	I have not noticed any recent change in my interest in sex.	252	40.1
	I am less interested in sex than I used to be.	235	37.4
	I have almost no interest in sex.	111	17.6
	I have lost interest in sex completely.	31	4.9

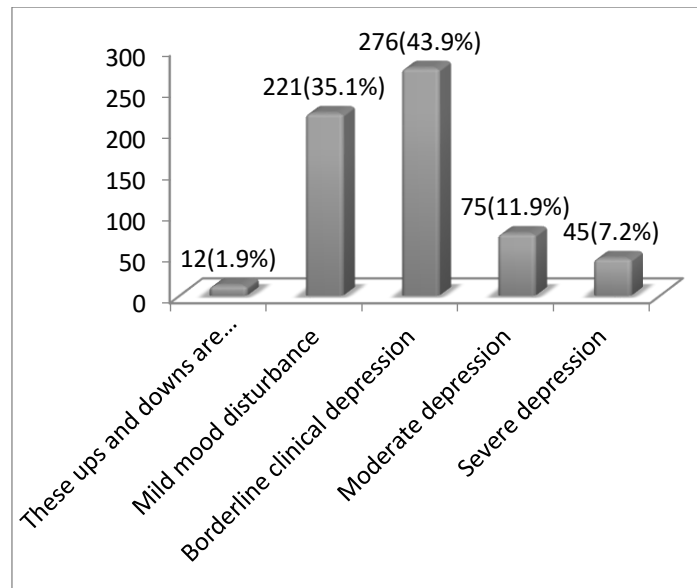


Figure 1. Levels of depression of victims of herdsmen attacks

The results presented in table 1 revealed the various levels of depression experienced by the victims of herdsmen attacks in Benue State. Using the scoring formula for the BDI, the responses of victims indicate that 12 (1.9) victims had normal mood swings, 221 (35.1%) victims had mild mood disturbance, 276 (43.9) victims were experiencing borderline depression while 75 (11.9) victims had moderate depression and 45 (7.2%) victims had severe depression. Based on the results, the hypothesis has been accepted.

Results from the findings have shown that most of the participants experienced borderline clinical depression, others, mild mood disturbance while others were experiencing moderate depressions, fewer numbers of the victims had severe depression and less had normal mood swings. Herdsmen attacks has brought a lot of trauma for its victims making them less social. The study has shown that victims of such attacks experience sadness most of the time and do not feel as if they have a future to look up to while others had feelings of hopelessness and failure. When someone has a feeling of guilt and disappointment about the way their lives have been, it is unlikely to find them in social relationships or even gatherings. It is evident that attacks such as these make people emotionally down, making them lose interest in others, worry more about their physical problems leaving little time to think of

anything else and most people generally lose interest in sex.

The study shows that the victims of these attacks were depressed most of the time. Beaton and Murphy's (2002) review of responses to terrorist events suggest that up to two-third of those directly affected either as a victim or as a relative are psychologically impaired to some degree. They may experience a wide range of emotional and behavioural consequences that include post-traumatic stress disorder, a psychological disorder characterized by persistent flashbacks or nightmares, extreme irritability or jumpiness, and emotional numbing or avoidance of reminders of the trauma. Others may develop other anxiety disorders, depression, and problems with substance use.

Table 2 shows a display of chi square values showing the significant relationships between different levels of depression and the participants' socio-demographic characteristics with age, marital status and their levels of education having P values of <0.001 while there was no relationship found between the gender of participants and their levels of depression.

Hypothesis 2: The second hypothesis states that: Herdsmen attacks will negatively affect the health of victims of these attacks in Benue State, Nigeria. This was tested using the GHQ and results are presented below.

Table 2. Relationship between level of depression and socio-demographic characteristics of respondents

Variables	Level of depression					
	Normal (%)	Mild mood (%)	Borderline depression (%)	Moderate depression (%)	Severe depression (%)	Extreme depression (%)
Age groups (Years)						
< 20	0 (0.00)	9 (69.2)	4 (30.80)	0 (0.0)	0 (0.0)	0 (0.0)
20 – 29	7 (4.7)	58 (38.9)	57 (28.3)	21 (14.1)	6 (4.0)	0 (0.0)
30 – 39	2 (0.9)	82 (35.0)	110 (47.00)	34 (14.5)	6 (2.6)	0 (0.0)
40 – 49	1 (0.9)	44 (37.6)	43 (36.8)	10 (8.50)	19 (16.2)	0 (0.0)
50 – 59	2 (1.9)	28 926.70	52 (49.5)	10 (9.50)	13 (12.4)	0 (0.0)
≥ 60	0 (0.0)	0 (0.0)	10 (90.9)	0 (0.0)	1 (9.1)	0 (0.0)
χ^2/p	63.302 / < 0.001					
Gender						
Male	4 (1.3)	113 (37.00)	131 (43.00)	38 (12.50)	19 (6.2)	0 (0.0)
Female	8 (2.5)	108 (33.3)	145 (44.8)	37 (11.4)	26 (8.0)	0 (0.0)
χ^2/p	2.687/ 0.611					
Marital status						
Single	6 (4.9)	56 (45.9)	43 (35.2)	13 (10.70)	4 (3.3)	0 (0.0)
Married	5 (1.3)	154 (38.9)	164 (41.4)	45 (11.4)	28 (7.1)	0 (0.0)
Divorced	0 (0.0)	1 (16.7)	2 (33.3)	3 (50.0)	0 (0.0)	0 (0.0)
Separated	1 (4.0)	2 (8.0)	21 (84.0)	1 (4.0)	0 (0.0)	0 (0.0)
Widowed	0 (0.0)	8 (10.0)	46 (57.50)	13 (16.3)	13 (16.3)	0 (0.0)
χ^2/p	74.190 / < 0.001					
Level of education						
No formal education	2 (1.2)	42 (25.5)	80 (48.5)	20 (12.1)	21 (12.70)	0 (0.0)
Primary/ Secondary	6 (1.4)	162 (38.7)	182 (43.4)	45 (10.7)	24 (5.7)	0 (0.0)
Tertiary	4 (8.9)	17 (37.8)	14 (31.1)	10 (22.2)	0 (0.0)	0 (0.0)
χ^2/p	36.949 / < 0.001					

Table 3. Multiple Regression Analysis Showing Results of the Health Effects of Herdsmen Attacks on Victims in Benue State, Nigeria

Variables	Not at all (%)	Not more than usual (%)	Rather more than usual (%)	Much more than usual (%)
Been feeling perfectly well and in good health	451 (71.7)	171 (27.2)	7 (1.1)	0 (0.0)
Been feeling in need of energy drinks	53 (8.4)	22 (3.5)	554 (88.1)	0 (0.0)
Been feeling run down and out of sorts	11 (1.7)	607 (96.5)	11 (1.7)	0 (0.0)
Felt that you are ill	2 (0.3)	3 (0.5)	435 (69.2)	189 (30.0)
Been getting any pains in your head	0 (0.0)	41 (6.5)	264 (42.0)	324 (51.5)
Been getting a feeling of tightness or pressure in your head	0 (0.0)	10 (1.6)	353 (56.1)	266 (42.3)
Been having hot or cold spells	2 (0.3)	3 (0.5)	424 (67.4)	200 (31.8)
Lost much sleep over worry	0 (0.0)	8 (1.3)	287 (45.6)	334 (53.1)
Had difficulty in staying asleep once I am off	0 (0.0)	11 (1.7)	393 (62.5)	225 (35.8)
Felt constantly under strain	0 (0.0)	8 (1.3)	327 (52.0)	294 (46.7)
Been getting edgy and bad-tempered	0 (0.0)	11 (1.7)	410 (65.2)	208 (33.1)
Been getting scared or panicky for no good reason	0 (0.0)	14 (2.2)	494 (78.5)	121 (19.2)
Found everything getting on top of me	3 (0.5)	7 (1.1)	299 (47.5)	320 (50.9)
Been feeling nervous and strung-up all the time	3 (0.5)	2 (0.3)	440 (70.0)	184 (29.2)
Been managing to keep myself busy and occupied	0 (0.0)	39 (6.2)	375 (59.6)	215 (34.2)
Been taking longer over the things I do	18 (2.9)	50 (7.9)	387 (61.5)	174 (27.7)
Felt on the whole I am doing things well	137 (21.8)	208 (33.1)	173 (27.5)	111 (17.6)
Been satisfied with the way I've carried out my task	156 (24.8)	258 (41.0)	176 (28.0)	39 96.2)
Felt that I am are playing a useful part in things	113 (18.0)	343 (54.5)	168 926.7)	5 (0.8)
Felt capable of making decisions about things	147 (23.4)	330 (52.4)	113 (18.0)	39 (6.2)

Been able to enjoy my normal day-to-day activities	357 (56.8)	257 (40.9)	6 (1.0)	9 (1.4)
Been thinking of myself as a worthless person	212 (33.7)	340 (54.1)	77 (12.2)	0 (0.0)
Felt that life is entirely hopeless	135 (21.5)	318 (50.6)	162 (25.8)	14 (2.2)
Felt that life isn't worth living	200 (31.8)	293 (46.60)	136 (21.6)	0 (0.0)
Thought of the possibility that I might make away with myself	175 (27.8)	353 (56.1)	89 (14.1)	12 (1.9)
Found at times I couldn't do anything because my nerves were too bad	259 (41.2)	288 (45.8)	82 (13.0)	0 (0.0)
Found myself wishing I were dead and away from it all	124 (19.7)	457 (72.7)	48 (7.6)	0 (0.0)
Found that the idea of taking my own life kept coming into my mind	443 (70.40)	145 (23.1)	41 (6.5)	0 (0.0)

GHQ	Frequency	Percentage
Non-psychiatric (score <74)	353	56.1
Psychiatric (score \geq 74)	276	43.9
Total	629	100.0

The responses from the victims as show in the table above indicate that about 353 (56.1%) of the respondents were within the non-psychiatric category with the remaining 276 (43.9) falling within the psychiatric category using an average of 74%. This analysis suggests that the victims of the herdsmen attacks have suffered psychologically due to these attacks. Hence, the null hypothesis has been confirmed.

These findings suggested that while most victims were in good health and under the psychiatric average score of 74%, about 43.9% of victims were above the psychiatric score indicating that some of the victims of attacks were ill at certain times, felt headaches, had less sleep and bad tempered. While some of the victims were neither scared nor panicky, some of the victims had spells, pressure in their heads and felt constantly under strain. The feeling of hopelessness, worthlessness, edginess and fear adds to the psychological trauma that the herdsmen attacks have brought on its victims. More so, people feel out of sorts, panicky for no reasons due to reminders of these attacks and a constant feeling of nervousness.

As Galea, et al (2005) found in their study, PTSD, along with other behavioral and health disturbances, are the most likely outcomes after the terrorist incidences which is similar to the finding above.

Conclusion

The study has revealed that the menace posed by Fulani herdsmen in Benue State, Nigeria has had various effects on the lives of its victims. The study shows that attacks such as these are likely to bring about depression for victims bringing about psychological trauma, stress, anxiety while also affecting their health and social lives.

Recommendation

The study recommends that the State Government should tighten border security between and within states while improving the strength of the security organizations to combat terrorism. It is also important to provide psychosocial support services and clinical services to the victims of these attacks for testing, treatment and counseling.

References

[1]. Abenhaim, L., Dab, W., & Salmi, L. R. (1992). Study of civilian victims of terrorist attacks

(France1982^1987). *Journal of Clinical Epidemiology*, 45,103-109.

<http://dx.doi.org/10.5901/mjss.2014.v5n16p480>

[2]. Awogbade, M. O. (1987). *Grazing reserves in Nigeria. Nomadic Peoples*, 23:18-30.

[3]. American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed.).

[4]. Beaton, R. & Murphy, S. (2002). Psychosocial responses to biological and chemical terrorist threats and events: implications for the workplace. *Journal of the American Association of Occupational Health Nurses*, 50,182-189.

[5]. Beck, A.T., Ward, C. H., Mendelson, M., Mock, J., & Erbaugh, J. (1961). An inventory for measuring depression. *Archives of General Psychiatry*, 4, 561-571.

[6]. Beck, A. T., Steer, R.A., & Garbin, M.G. (1988) Psychometric properties of the Beck Depression Inventory: Twenty-five years of evaluation. *Clinical Psychology Review*, 8(1), 77-100.

[7]. Camacho, A. (2008). "Stress and Birth Weight: Evidence from Terrorist Attacks." *American Economic Review*, 98 (2): 511-15.

[8]. Galea, S., Nandi, A., & Vlahov, D. (2005). The epidemiology of Post-Traumatic Stress Disorder after disasters. *Epidemiologic Review*, 27, 78-91. <https://doi.org/10.1093/epirev/mxi003>.

[9]. Goldberg, D. P. & Hillier, V. F. (1979). "A scaled version of the General Health Questionnaire". *Psychological Medicine*. Cambridge Univ Press. 9 (1): 139-145.

<https://doi.org/10.1017/s0033291700021644>.

[10]. Groth-Marnat G. (1990). *The handbook of psychological assessment* (2nd ed.). New York.

[11]. Hussain, D., & Sarma, R. P. (2016). Socio-economic and psychological effects of terrorist bomb blasts on the lives of survivors: An exploratory study on affected individuals. *Intervention: Journal of Mental Health and Psychosocial Support in Conflict Affected Areas*, 14(3), 189-199.

<https://doi.org/10.1097/WTF.0000000000000121>

[12]. Imo, C. K. (2017). The demographic implications of nomadic herdsmen and farmers clashes in Nigeria. *International journal of development and management review* Volume 12, No. 1.

[13]. International Crisis Group (2017). *Herders against Farmers: Nigeria's Expanding Deadly Conflict*. Report No. 252.

[14]. Iro, I. (1994). *The Fulani Herding System*, Washington, African Development Foundation. :6-12.

- [15]. Mohammed, I., Ismaila, A. & Bibi, U. (2015). An assessment of farmer-pastoralist conflict in Nigeria using GIS. *International Journal of Engineering Science Invention*. ISSN (Online): 2319 – 6734. Volume 4 (7). PP 23 – 33.
- [16]. North, C. S., Nixon, S. J., Shariat, S., Mallonee, S., McMillen, J. C., Spitznagel, E. L., & Smith, E. M. (1999). Psychiatric disorders among survivors of the Oklahoma City bombing. *Journal of the American Medical Association*, 282,755-762
<https://doi.org/10.1001/jama.282.8.755>.
- [17]. Nwankwo, O. D., Ike, P. R., Officha, R, K., Obi, Y. V. & Peters, A. E. (2019). Psychosocial implications of Fulani herdsmen religio-organizational terrorism in eastern Nigeria (Biafra). *British Journal of Psychology Research*, Volume 7, No. 3, PP 14 – 27.
- [18]. Pesko, M.F. & Baum, C. F. (2016). The Self-Medication Hypothesis: Evidence from Terrorism and Cigarette Accessibility. *Economics and Human Biology*, Volume 22, PP 94 – 102.
<https://doi.org/10.1016/j.ehb.2016.03.007>
- [19]. Silver, R. C., Holman, E. A., McIntosh, D. N., Poulin, M. & Gil-Rivas, V. (2002). Nationwide longitudinal study of psychological responses to September11. *Journal of the American Medical Association*, 288, 1235-1244.
<https://doi.org/10.1001/jama.288.10.1235>
- [20]. Tonah, S. (2002). Fulani pastoralists, indigenous farmers and the contest for land in Northern Ghana.
- [21]. Woodward, K. (2015), *Psychosocial Studies: An Introduction*, New York.