

EFFECT OF TRAUMA-FOCUSED COGNITIVE BEHAVIOURAL THERAPY ON KIDNAPPING ANXIETY AMONG SECONDARY SCHOOL STUDENTS IN ZARIA METROPOLIS, KADUNA STATE NIGERIA

Ahmed Y. Jibrin (Ph.D), Prof. Hadiza Adamu
Institute of Education, Ahmadu Bello University, Zaria

&

Salman A. Adisa (Ph.D)
Department of Educational Psychology and Counselling
Faculty of Education,
Ahmadu Bello University, Zaria

Abstract

The study determined the effect of Trauma-Focused Cognitive Behavioural Therapy on Kidnapping Anxiety among Secondary School Students in Zaria Metropolis, Kaduna State, Nigeria. It adopted the Quasi-experimental design in form of pre-test and post-test designs. The population of the study consisted of 254 SSI students of GSS Yakawada, Kaduna State. The researchers adopted the purposive sampling technique to select 10 students who exhibited characteristics of a high level of kidnapping anxiety. The instrument for data collection was a structured questionnaire designed by the researchers titled 'Students Kidnapping Anxiety Scale' (SKAS). The SCAS consisted of 15 items on the perception of students on the activities of bandits and their attitudes towards school; it is a four-point scale with responses ranging from Strongly Agree, Agree, Disagree and Strongly disagree. The study was conducted in three stages; pre-test, treatment and post-test stages. In the pre-test, the researchers administered the scale to all 251 SSI students in the school, from these 10 students that scored between 25 and 45 were selected for the study. The treatment was undertaken in 12 sessions, each session lasted for 1 hour. After the treatment, the subjects were post-tested and data collected compared with the pre-test to ascertain the efficacy of the treatment. Descriptive statistics of frequency, mean and standard deviation were used in answering the research question while the null hypothesis was tested using the paired sample t-test at a 0.05 level of significance. It was found that there was a significant effect of Trauma-Focus Cognitive Behavioural Therapy on kidnapping anxiety among secondary school students in Zaria Metropolis, Kaduna State, Nigeria. ($t = 10.52, p = 0.001$), based on the finding, it was deduced that Trauma-Focused Cognitive Behavioural Therapy was effective in reducing kidnapping anxiety among secondary school students. It was recommended that since Trauma-Focused Behavioural Therapy was effective in reducing kidnapping anxiety among secondary school students, counsellors should use the technique in reducing the anxiety induced by the activities of the bandits.

Keywords: Effect, trauma-focused cognitive behavioural therapy, kidnapping, anxiety, secondary school students.

Introduction

More armed organisations have resorted to mass abduction of kids in Nigeria since the well-publicised abduction of 276 schoolgirls from Chibok Secondary School in 2014 by the dreaded Islamist terrorists known as Boko Haram. More than 1,000 youngsters have been stolen from their schools, nine of them have been killed, and scores more are still missing, some as young as three years old. Bandits, a vague word for cattle rustlers, kidnappers, and other armed groups whose activities are primarily driven by monetary gain, have been blamed by Nigerian authorities for recent attacks on schools. This is a disturbing development in the country's kidnapping epidemic. In 2018, 110 schoolgirls from Dapchi in Yobe State were taken; 300 students from Kankara in Katsina State were taken in December 2020; 27 boys and their teachers from Kagara in Niger State on 17th February 2020; nearly 300 students from Government Science Secondary School Jangebe in Zamfara State on 26th February 2021; 100 students and 5 teachers from Federal Government College, Birnin Yauri in Kebbi State on 5th July 2021; and 140 students from Bethel. Armed bandits have been attacking schools and universities in Kaduna Area since March 2021, with the Bethel Baptist Church being the fourth educational institution to be attacked in the state in five months.

According to Inyang and Abraham (2013), kidnapping is the "forcible seizure, taking away, and unlawful imprisonment of a person against his or her will." 'It is a common-law offence, and the crucial component is that it is an undesired act on the victim's behalf,' they say. Fage and Alabi (2017), on the other hand, defined it as "the forced or fraudulent abduction of an individual or a group of individuals for causes ranging from economic, political, and religious to battle for self-determination." It is defined by Uzorma and Nwanegbo-Ben (2014) as the 'act of seizing and detaining or carrying away a person by unlawful force or fraud, and often with a ransom demand.' It entails separating a person from their family without their consent with the intent of holding the person as a hostage and collecting money from the victim's family. The above implies that, while political and economic factors both contribute to kidnapping, the latter is the most common influencing factor.

Many measures have been taken to combat student kidnapping, including the construction of military posts near schools, the hiring of vigilantes armed with local weapons, and the construction of fences around schools to deter bandits, but these have proven ineffective against the heavily armed bandits. As a result of the Boko Haram insurgency, authorities in Kano and Yobe States ordered the closure of more than twenty schools, while dozens of schools in Adamawa, Borno, and Yobe States have been closed for years. Some schools have also recently been closed in Kaduna, Niger, and Zamfara States, disrupting achievements made in recent years in a region with a high rate of out-of-school children, which has been exacerbated by the 2020 restrictions implemented as a response to Covid-19 infections. This wave of attacks on schools in the area heralds a two-pronged assault on education. And the bandits are driven by money, while Boko Haram is opposed to secular education, their combined activities are having a disastrous effect on education across Northern Nigeria, and are capable of evoking anxiety disorders, particularly among secondary school students.

The most frequent psychiatric condition in children is anxiety disorders (Pine, 1997; Benjamin, Costello & Warren, 1990). Anxiety is a broad phrase that encompasses a variety of abnormal and pathological fears. Anxiety disorders are debilitating chronic illnesses that can develop at any age or develop quickly following a triggering event (Benjamin, Costello & Warren, 1990). Physiological symptoms include headaches, excessive perspiration, muscle spasms, palpitations, and

hypertension, which can lead to weariness and exhaustion in some situations. Those afflicted can also flare up during times of severe stress. Although the terms “anxiety” and “fear” are frequently used interchangeably in causal discourse, they are not interchangeable in therapeutic practice. They have different connotations. Fear is an emotional and psychological response to a recognised external threat, whereas anxiety is defined as an unpleasant emotional state for which the cause is either not clearly understood or considered to be uncontrollable and unavoidable. Anxiety disorders, on the other hand, contain both fears (phobias) and worries (Bernstein & Borchardt, 1991).

Trauma-focused Cognitive Behavioural Therapy (TF-CBT) is an evidence-based treatment strategy for children, adolescents, and their carers. It is intended to decrease negative emotional and behavioural responses in children who have experienced sexual abuse, domestic violence, catastrophic loss, or other traumatic situations. The treatment targets incorrect ideas and attributions related to the abuse and provides a safe setting in which children are encouraged to communicate about their traumatic experiences, based on learning and cognitive theories. TF-CBT employs well-proven cognitive behavioural therapy and stress management techniques that were initially created to treat fear, anxiety, and depression (Wolpe, 1969; Beck, 1976). These techniques have been employed with adult rape victims with PTSD symptoms (Foa, Rothbaum, Riggs, & Murdock, 1991), as well as youngsters with fear and anxiety issues (Beidel & Turner, 1998). TF-CBT has been shown to be effective in several studies (Weiner, Schneider & Lyons, 2009; Cohen, Mannarino & Iyenger, 2011; Deblinger, Mannarino, Cohen, Runyon & Steer, 2011). The findings showed that TF-CBT is effective in lowering PTSD symptoms, as well as depression and behavioural issues in children who have experienced sexual abuse or other traumas.

Statement of the Problem

According to what several rescued hostages of brutal kidnappers have disclosed about their experiences in the dens of their abductors, the practice of abduction in Nigeria has now taken on a scary and menacing dimension. These include life-threatening inhumane treatment such as torturing, maiming, rapping, and even killing innocent and defenceless victims to instil terror in their victims' thoughts and put undue pressure on their families to pay a ransom for their relatives held captive. The increasing number of abduction incidents in Nigeria is becoming a national disgrace, as scarcely a day goes by without hearing of another episode of kidnapping, with little regard for the victims' age, religion, gender, position, or ethnic origin. Students have recently become easy targets, with ramifications for individuals, schools, government, and society at large. According to the Catlin group (2012), Nigeria had over 1,000 kidnapping instances in a single year, with many more likely going unreported. The new component of kidnapping school children is concerning, because abducting hundreds of school children rather than road travellers ensures widespread exposure and, as a result, government involvement in talks that might result in millions of dollars in ransom payments.

The absence of contact for many parents with their kidnapped children throughout their term of captivity is a major effect of kidnapping; this is mainly caused by the lack of interaction for those affected. Parents are frequently unaware of their children's circumstances, and they have many traumatic experiences as a result of their children's forced separation. In addition, due to the threat of bandit assaults, the West African Examinations Council (WAEC) had to stop the WASCE in 2021. Students who were scheduled to take the WASCE in certain schools had to be moved to other schools, sometimes in towns that were thought to be safer. With the country's bleak economic state,

scant job opportunities for many young Nigerians, and security forces overburdened, the end of abduction may not be in sight anytime soon. These realisations have the potential to cause anxiety in secondary school students, prompting the researchers to conduct this study to investigate the effect of Trauma-Focused Cognitive Behavioural Therapy on Kidnapping Anxiety among Secondary School Students in Zaria, Kaduna State, Nigeria.

Research Question

1. What is the effect of Trauma-Focused Cognitive Behavioural Therapy on Kidnapping Anxiety among Secondary School Students in Zaria Metropolis, Kaduna State, Nigeria?

Hypothesis

1. There is no significant Effect of Cognitive Behavioural Therapy on Kidnapping Anxiety among Secondary School Students in Zaria Metropolis, Kaduna State, Nigeria.

Methodology

The study adopted the quasi-experimental design for pre-test and post-test design; the quasi-experimental design is employed when the researcher is interested in the independent variable that cannot be randomly assigned. The population of the study consisted of 254 SSI students of GSS Yakawada, Kaduna State; the school is located in one of the bandit prone areas of the state. The researchers adopted the purposive sampling technique to select 10 students who exhibited characteristics of moderate level of kidnapping anxiety. They scored between 25 and 45 on the Students' Kidnapping Anxiety Scale (SKAS). The instrument for data collection was a structured questionnaire designed by the researchers titled 'Students' Kidnapping Anxiety Scale' (SKAS). The SKAS consisted of 15 items on the perception of the students on the activities of the bandits and their attitudes towards school; it is a 4-point scale with responses ranging from Strongly Agree, Agree, Disagree and Strongly Disagree. Scores between 15 and 24 are categorised as low anxiety, 25 and 45 moderate anxiety while 46 and 60 were high anxiety. Hence only those that exhibited a moderate level of anxiety were selected for the study. Five experts in the Department of Educational Psychology and Counselling, Faculty of Education, Ahmadu Bello University, Zaria, determined the content validity of the instrument. The instrument yielded a reliability coefficient of 0.68; is considered reliable to be used for research.

The study was conducted in three stages; the pre-test, treatment and post-test stages. In the pre-test, the researchers administered the scale to all the 254 SSI students in the school, from these 10 students that scored between 25 and 45 were selected for the study.

Treatment Sessions

The treatment was undertaken in 6 weeks with a total of 12 sessions, each session lasted for 1 hour and the therapist spent 30 minutes with the parent, in the conjoint parent-child sessions the therapists met with the caregivers for 5 – 10 minutes, and then the child alone for 5 – 10 minutes, then both caregivers and the child together for 40-50 minutes.

The researchers adapted the following phases highlighted by Cohen and Mannario (2015) for the treatment;

Phase 1: Stabilisation**Psycho-education and Parenting Skills**

Information regarding trauma reactions and reminders is provided, normalised, and affirmed. Caregivers are also taught skills for dealing with trauma reactions.

Relaxation

To cope with their stress responses, the youngster is taught relaxation practices. After that, the carers are taught about the child's techniques.

Affective Expression and Regulation

This component helps the child become more comfortable expressing his or her feelings and thoughts so that they can practice and build skills to manage their stress reaction. These skills are taught to the carers.

Cognitive Coping

This component assists both the child and the caregiver in recognising and replacing maladaptive thoughts, feelings, and behaviours with more accurate reactions.

Phase 2: Trauma Narration and Processing**Trauma Narrative Development and Processing**

This is an interactive approach that allows the child to talk about specifics of his traumatic experience. A written summary is created using a creative medium as a means of processing these reactions. This information is then shared with the caregiver, who is allowed to process these thoughts as well.

Phase 3: Integration and Consolidation**In Vivo Gradual Exposure**

Within Trauma-Focused Cognitive Behavioural Therapy (TF-CBT), this is an optional component. The caregiver and the kid create a fear hierarchy and solutions for dealing with each fear. In this session, the caregiver is critical because they must provide continual support and persistence for the kid to practice their relaxation and TF-CBT abilities.

Conjoint Parent-Child Sessions

Before treatment ends, direct conversation between the kid and caregiver is recommended to keep the lines of communication open regarding the trauma experience and other critical topics.

Enhancing Safety and Failure Development

Practical solutions for improving the child's sense of safety and trust are established.

After the treatment, the subjects were post-tested and the data collected was compared with the pre-test scores to ascertain the efficacy of the treatment.

Results

Frequency count and percentage were used in answering the research question while the paired t-test was used in testing the null hypothesis at a 0.05 level of significance.

Research Question:

What is the effect of Trauma-Focused Cognitive Behavioural Therapy on Kidnapping Anxiety among Secondary School Students in Zaria Metropolis, Kaduna State, Nigeria?

Table 1: Descriptive Statistics on Effect of Trauma-Focus Behavioural Therapy on Kidnapping Anxiety

Variable	Test Group	N	\bar{X}	SD
Mean Kidnaping Anxiety	Pre-test	10	30.100	1.663
	Post-test	10	22.100	2.183

Table 1 above showed the computed mean kidnapping anxiety of 30.100 and 22.100 in their pre-test and post-test respectively indicating a reduction of kidnapping anxiety at the post-test level as a result of Trauma-Focused Behavioural Therapy.

Hypothesis:

1. There is no significant effect of Trauma-Focused Cognitive Behavioural Therapy on Kidnaping Anxiety among Secondary School Students in Zaria Metropolis. Kaduna, Nigeria

Table 2: Paired t-test computation on Effect of Trauma-Focused Behavioural Therapy on Kidnapping Anxiety

Variable	Test Group	N	\bar{X}	SD	Mean Difference	df	t-cal	p
Mean Kidnaping Anxiety	Pre-test	10	30.100	1.663	8.000	9	10.52	0.001
	Post-test	10	22.100	2.183				

Calculated $p < 0.05$, $t > 1.96$ at $df\ 9$

Results of the paired t-test statistics in Table 2 above showed that their computed mean kidnapping anxiety were 30.100 and 22.100 in their pre-test and post-test respectively, the calculated p-value of 0.001 was lower than 0.05 alpha while the computed t-value of 10.52 was higher than the 1.96 t-critical value at $df\ 9$. This indicated that there was a significant effect of Trauma-Focused Behavioural Therapy on kidnapping anxiety hence the null hypothesis is rejected.

Discussion

It was found that there was a significant effect of (Trauma-Focused Cognitive Behavioural Therapy) on Kidnapping Anxiety among Secondary School Students in Zaria Metropolis, Kaduna State, Nigeria. The findings are consistent with other studies that have demonstrated the effectiveness of TF-CBT (Weiner, Shneider & Lyons 2009; Cohen, Mannarino & Iyengar, 2011, Deblinger, Mannario, Cohen, Runyon & Steer, 2011). The data consistently showed that TF-CBT is effective in treating PTSD, depression, and behavioural issues in sexually abused children and other trauma victims.

Conclusion

Based on the findings, it was deduced that Trauma-Focused Cognitive Behavioural Therapy was effective in reducing kidnapping anxiety among secondary school students.

Recommendations

The following recommendations are made;

1. Since Trauma-Focused Cognitive Behavioural Therapy was effective in reducing kidnapping anxiety, counsellors should use the technique in reducing the anxiety induced by the activities of the bandits.
2. Self-help groups should be formed in the secondary schools to offer peer counselling on how to avoid being kidnapped or to offer therapeutic lessons for primary and secondary victims of kidnapping.

References

- Beck, A. T. (1976). *Cognitive Therapy and Emotional Disorders*. Oxford, England: International Universities Press.
- Beidel, D. C. & Turner, S. M. (1998). *Shy Children, Phobic Adults: Nature and Treatment of Social Phobia*. Washington DC: American Psychological Association.
- Benjamin, R. S., Costello, A. J. & Warren, M. (1990). Anxiety Disorders in Paediatric Sample. *Journal of Anxiety Disorders*. 2(4). 293-316
- Bernstein, G. A. & Borchardt, C. M. (1991). Anxiety Disorders of Childhood and Adolescence: A Critical Review. *Journal of American Academy of Child and Adolescent Psychiatry*. 30: 519-532.
- Catlin Group (2012). *Kidnap and Ransom Today*. A report by Catlin Group Ltd. London, UK
- Cohen, J. A., Mannarino, A. P. & Iyengar, S. (2011). Community Treatment of Posttraumatic Stress Disorder for Children Exposed to Intimate Partner Violence. *Archives of Paediatrics and Adolescent Medicine*. 165 (1). 16-21.
- Cohen, J. A. & Mannarino, A. P. (2015). Trauma-Focused Cognitive Behaviour Therapy for Traumatic. ed Children and Families. *Child and Adolescent Psychiatric Clinics of North America*. 24(3): 557-570.
- Deblinger, E., Mannarino, A. P., Cohen, J. A., Runyon, M. K. & Steer, R. A. (2011). Trauma-Focused Cognitive Behavioural Therapy for Children: Impact of the Trauma Narrative and Treatment Length. *Depression and Anxiety*. 28: 67-75.
- Fage, K. S & Alabi, D. O. (2017). *Nigerian Government and Politics*. Abuja: Basfa Global Concept Ltd.
- Foa, E., Rothbaum, B. O., Riggs, D. S. & Murdock, T. B. (1991). Treatment of Posttraumatic Stress Disorders in Rape Victims: A Comparison between Cognitive- Behavioural Procedures and Counselling. *Journal of Consulting and Clinical Psychology*. 59(5). 715-723.
- Inyang, D. J. & Abraham, U. E. (2013). The Social Problem of Kidnapping and its Implications on Socio-economic Development of Nigeria: A Study of Uyo Metropolis. *Mediterranean Journal of Social Sciences*. 4(6): 513-544.
- Lambert, N. (2009). *Practical Research Method in Education: An Early Researcher's Critical Guide*. Abingdon: Routledge Publication.
- Pine, D. S. (1997). Childhood Anxiety Disorders. *Current Opinion Paediatrics*. 9: 329-338.
- Weiner, D. A., Schneider, A. & Lyons, J. S. (2009). Evidence-Based Treatment for Trauma among Culturally Diverse Foster Care Youth: Treatment Retention and Outcomes. *Children and Youth*

- Services Review*. 31(11): 1199-1205.
- Wolpe, J. (1969). Basic Principles and Practices of Behaviour Therapy of Neuroses. *American Journal of Psychiatry*. 125(9):1242-1247.
- Uzorma, P. N. & Nwanegbo-Ben, J. (2014). Challenges of Hostage Taking and Kidnaping in the South Eastern Nigeria. *International Journal of Research in Humanities, Arts and Literature*. 2(6):131-142.