

Trauma Counselling for Catholicistic Priests-Survivor Victims of Fulani Herdsmen Killer-Kidnappers in Northern Nigeria

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Abstract:- In order to change behaviour for the trauma-activating events among the catholic Priests-survivor victims and lessen the impact of the trauma, the study examined the severity of trauma among Priests-survivor victims of herdsmen killer-kidnappers in northern Nigeria and whether trauma counselling therapies are available. The study used a survey research approach and a sample of 33 priests who had survived being killed or kidnapped by herders from seven Catholic dioceses in northern Nigeria. The study used two main research questions. Data for the survey were gathered using a 21-item, four-point Likert scale research questionnaire that the researcher had created. Frequency counts and percentages were used to assess the data collected from the respondents. The findings showed that 98.7% of priest survivors experienced trauma at very high levels, and there is no trauma counselling therapy available to help priest survivors of Fulani herdsmen killer-kidnappers deal and survive their traumatic experiences. Among several trauma treatment techniques found, the Cognitive Behavioural therapy was one of them that was utilized to confront their unreasonable fears and beliefs. Based on the research, it is advised that the Government and Church authorities in the affected Dioceses hire more qualified counsellors to work with the Priests-survivor victims of Fulani herdsmen killer-kidnappers toward a wholistic coping and survival of the emotional development of victims.

Keywords:- Catholicistic, Counselling, Priests-Survivor, Trauma & Victim.

I. INTRODUCTION

The recent wave of insurgency and insecurity in Nigeria's northern states is worrying and has severely traumatized the local inhabitants. The Catholic Priests-survivor victims of herdsmen killer-kidnappers in all the Catholic Dioceses of Northern Nigeria are one of the major sections of the populations in these northern states of Nigeria who are going through this alarming and imposing trauma experiences. Kidnappings by Fulani Herdsmen are just one of the terrible manifestations of insurgency and insecurity that have had a terrible impact on populations all across Nigeria. This is a very serious problem that has led to serious psychological and mental health issues and has repercussions for counselling and psychotherapy in Nigeria as a whole today. Greek word "wound" is the root of the English word "trauma". Both physical and psychic wounds

can be discussed when discussing wounds, but the psychological undertone is the focus of this study. Trauma is a form of unpleasant or unfavourable emotion. It is an emotional reaction to a very bad occurrence that can have such severe effects that it makes it difficult for the person to lead a regular life (APA, 2019). The Diagnostic and Statistical Manual of Mental Disorder (DSM) in Tull (2019) defines exposure to real or threatened death, or significant damage, which the exposure may result from scenarios in which the person: Directly encounters the traumatic incident, somebody is present when the horrific incident occurs, discovers that a close family member or friend experienced the horrific occurrence, and exposure to the traumatic event's aversive (unpleasant) elements, whether it is firsthand, repeatedly or severely.

Trauma is a toxic situation that is characterized by a lack of control, extreme powerlessness, and high levels of anxiety (Peichl, 2007). The mental imprint of terrifying experiences may manifest as memory loss, identity loss, or unconsciousness, in which case the impact could result in lasting harm if it is not addressed. Scary encounters are greatly influenced by perception. Levine (2005) argued that how a person interprets a situation affects the type and scope of the effect it has on them. Trauma happens when a person is overcome by circumstances and reacts by feeling extreme fear and powerlessness. It is a reaction based on perception, demonstrating how two people might go through the same traumatic incident or situation and have distinct effects on them. People seem to make decisions depending on their emotional states—whether they are angry, sad, joyful, dissatisfied, or traumatized—in every aspect of their lives. As a result, the circumstances in which we find ourselves are what set off our emotional state. According to Mangal (2013), the nature, situation, and frequency of an emotion will determine whether it is beneficial or detrimental. Negative emotions, he emphasized, are detrimental to a person's growth. Traumatic occurrences include militants' violent and destructive behaviour, such as their heinous murders and abductions of innocent members of their communities, as is the case right now not just in Nigeria's north but in all of its states. According to Corsini (2002), traumatic occurrences include things like rejection, divorce, combat conditions, natural disasters, and racial or religious prejudice. Psychologists like Scaer (2005) have linked human activities to the impact of trauma on the brain and its subsequent repression. One's coping system may get overloaded if they are constantly exposed to distress or witness it. This might happen when they are overwhelmed

by traumatic experiences. As a result of the overload, troubling events may stay unprocessed or freeze in the brain. The limbic system of the brain stores these unprocessed memories and emotions in a "raw" and emotional form. Traumatic memories are kept by the limbic system in a separate memory network that is linked to emotions and physical experiences. Traumatic memories stored in the limbic system will be reactivated when the person goes through experiences similar to the ones, they have already experienced. The memories may have been forgotten, but the unpleasant emotions—such as fear, panic, wrath, or despair—keep coming up in the present, making it difficult for the person to stay in the moment and absorb new information. Sutton (2002) shows that the sensory overload that occurs during a traumatic incident can in fact cause long-term harm to brain function, confirming the impact of trauma. The evidence suggests that changes in neuronal function can cause some psychological and physical symptoms that are harmful to human development. Shock, rage, denial, mood swings, guilt, shame, worry, dread, withdrawing from others, sadness, despair, feeling numb, emotional overwhelm, and difficulties concentrating are a few of the symptoms listed. The bodily signs may include aches, pains, weariness, edginess, agitation, nightmares, racing heartbeat, and others.

II. STATEMENT OF PROBLEM

The recent wave of insurgency and insecurity in the northern Nigerian states is worrying and has severely traumatized the local inhabitants. The Catholic Priests and Priests-survivor victims of herdsmen kidnappers in virtually all the Catholic Dioceses in Northern Nigeria are one segment of the populations in these northern Nigerian states who are going through this worrisome and imposing trauma experiences. Kidnappings by Fulani Herdsmen are just one of the terrible manifestations of insurgency and insecurity that have had a terrible impact on populations all across Nigeria. This is a very serious problem that has had a profound impact on people's psychological and mental health, with repercussions for counselling and psychotherapy in Nigeria today. Most of the victims of herdsmen killings and kidnappings in northern Nigerian States are Christians. Recently, Catholic priests (and protestant pastors in some cases) have been prominent targets for these alleged herdsmen killer-kidnappers. Herdsmen killer-kidnappers' select killings and kidnappings have been ongoing for a long time in many regions of northern Nigerian states, including Southern Kaduna communities in Kaduna state, east-southern towns in Niger state, Kebbi, Katsina, Sokoto and other northern States. Yet, the most recent wave of militant kidnappings and deliberate assassinations of Catholic priests across Nigeria is deeply frightening. According to SB Morgen Intelligence, SBM (2023) the most recent death toll for priests killed in attacks across the nation in 2022 by so-called Fulani herdsmen killer-kidnapper terrorists was 45. According to research published by SB Morgan, at least 45 Nigerian Catholic priests were killed and 30 others were abducted in 39 terrorist assaults in 2022. The research claims that with 12 fatalities, the North Central region has the greatest death rate, followed by the Northwest with 9, the Southeast with 5,

the South with 5, the Northeast with 4, and the Southwest with 4. Further investigation indicated that of the 39 terror incidents against priests, 28 involved kidnapping, 3 involved herdsmen, 2 involved IPOB militants, 1 involved mob violence, and 1 involved banditry. The pastoral life and activities of their priestly vocation are severely hampered by the traumatic and very ill mental health conditions that plague many priests and priest survivors of kidnappings in the majority of the dioceses in northern Nigeria. Also, the local inhabitants are traumatized, and the young adolescents who will be tomorrow's leaders are negatively impacted. The news of insurgent strikes from their neighbouring areas has already overwhelmed those priests and other groups who have not yet been impacted by fear and anxiety. Those who have already been impacted and traumatized appear to have given up on life and feel abandoned and hopeless. Many priests have died as a result of insurgent attacks in the northern Nigerian Catholic dioceses of Kaduna, Kano, Sokoto, Kafanchan, Jos, Yola, Maiduguri, Minna, Kontagora, Zaria, and Bauchi. Several priests have also been kidnapped, and large ransom payments have been made to secure their release. The majority of kidnapped Priests-survivor victims are very traumatized and lack access to appropriate counselling or psychological support to help them survive. Even worse, they cannot meet the pastoral needs of their parish communities, which harms their pastoral and spiritual life. Several government and mission schools have been closed, along with some parishes, leaving many villages in ruins. These abandoned school buildings have been temporarily transformed into shelters for internally displaced people (IDPs). The disruption of their priestly responsibilities and exposure to traumatic experiences that are linked with armed warfare have a negative impact on the mental health and psychological wellbeing of Catholic priests. Post-Traumatic Stress Disorders (PTSD) such as irritability, insomnia, sleeping difficulties, terror, anger, bewilderment, and an inability to focus during their priestly duties are severely affecting these traumatized priests. Some priests who are receiving treatment have completely stopped doing their duties. For their proper rehabilitation, certain priests who escaped assassination attempts by the so-called Fulani herdsmen have been taken into hiding, especially in the dioceses of Kaduna, Kano, Kafanchan, Sokoto, Zaria, Maiduguri, and Minna. Their capacity to establish a loving relationship with their parishioners, families, and friends as well as to carry out their priestly ministry effectively is significantly impacted by this. A priest's mental health will undoubtedly have an impact on the life of the entire community that he serves because priests function as community leaders and community builders of people's consciences and characters. As a result, parishioners whose priest has been abducted or killed are experiencing despair, melancholy, and crisis fatigue. These kidnapped Priests-survivor victims are severely traumatized and are in need of expert counselling or psychiatric assistance to help them cope. Even worse, because they can no longer meet the pastoral needs of their parish communities, their pastoral and spiritual lives are destroyed. Trauma is a distressing emotional experience that occasionally results in neurosis and may have long-lasting psychic effects. The instability and insecurity that the people

of Northern Nigeria are suffering and dealing with, particularly the Priests who were kidnapped by Fulani herdsmen and survived, are terrible. Its long-lasting effects include contributing to the Priests' psychological unbalance, insecurity, and eventual breakdown of their priestly activity. The recent wave of murders, evictions, rapes, kidnappings, and similar crimes has left a lot to be desired. Concern is needed for the issue in all of its ramifications to prevent more devastation. Therefore, the purpose of this study is to examine the severity of trauma among Priests-survivor victims of herdsmen killer-kidnappers in northern Nigeria and whether trauma counselling therapies are available to be utilised by priests-survivor victims as coping mechanisms in the context of their traumatic experiences that could aid them in coping with the growing threats posed by these killer herdsmen kidnappers in modern northern Nigeria toward a wholistic coping and survival of the emotional development of Priests-survivor victims.

III. AN EXAMINATION OF RELATED WRITING

A. *Rising insurgency and security threats in Nigeria's northern States*

A violent attempt by a nation's populace to overthrow its government is known as an insurgency. According to Hayden (2007), an organized movement that uses military combat, espionage, terrorism, and subversion to overturn or destroy a legitimate government is known as an insurgency. Catholic priests (and protestant pastors in some cases) have recently become key targets of these so-called herdsmen killer-kidnappers, who are responsible for the insurgency in the northern Nigerian states that mostly targets Christians. killer-kidnappers have been abducting and killing people in several areas of northern Nigeria for a long time, including the southern Kaduna communities in Kaduna state and the east-southern towns in Niger state (so called herdsmen militia). Yet, the most recent targeted wave of insurgent deaths and abductions of Catholic priests by armed herdsmen in virtually all of Nigeria's northern States is gravely upsetting.

The pastoral life and activities of their priestly vocation are severely impacted because many priests in the majority of the dioceses in northern Nigeria are traumatized and dealing with serious mental health concerns. Also, a large number of individuals in their communities are traumatized, and the young adolescents who will be tomorrow's leaders are negatively impacted. Also, a lot of schoolchildren are being denied their fundamental right to an education because a lot of schools and villages have been abandoned in favour of safe zones, resulting in thousands of people ending up in various IDP camps. Those who have not yet been impacted by the news of rebel attacks on their adjacent areas are already overcome with worry and anxiety. Those who have already been impacted and traumatized appear to have given up on life and feel abandoned and hopeless. Many priests have died as a result of insurgent attacks in the northern Nigerian dioceses of Kaduna, Kano, Sokoto, Kafanchan, Jos, Yola, Maiduguri, Minna, Kontagora, Zaria, and Bauchi. Several priests have also been kidnapped, and large ransom payments have been made to secure their release. The majority of the kidnapped priests'

survivors who were victims are severely traumatized and without access to appropriate counselling or psychiatric support to help them survive. Even worse, they cannot meet the pastoral needs of their parish communities, which harms their pastoral and spiritual life. Several government and mission schools have been closed, along with some parishes, leaving many villages in ruins. Worst of all, some school pupils are being abducted and hefty ransoms are being paid to the herders before they are released, and some of these abandoned school buildings have been temporarily transformed to shelters for Internally Displaced People (IDPs). Even worse, as one of the abducted priests was kept in one such abandoned village school, these herdsmen killer-kidnappers have taken over many of the abandoned schools in the inner villages for their domicile where they keep kidnapped victims who may be unwell for easy access to medications. The disruption of their priestly responsibilities and exposure to traumatic experiences that are linked with armed warfare have a negative impact on the mental health and psychological wellbeing of Catholic priests.

Many studies conducted in other nations with circumstances similar to those in Nigeria show the effect of insurgent trauma on communities. In a study of 796 kids from the occupied West Bank and Gaza, a region affected by armed conflict, it was discovered that the kids had behavioural and psychological issues like depression and fears, a propensity for disobedience and fighting, as well as issues with sleep, nightmares, and low self-esteem. It was shown that PTSD affected youngsters in Sri Lanka who had experienced traumatic events during the ongoing armed conflict, and that both memory tests and academic performance revealed a severe impairment in their cognitive development. Also, it has been demonstrated that school-age children in Rwanda who were exposed to the 1994 genocide saw a decline in academic attainment (Akresh, R. & De-Walque, 2008). This is the kind of threat and propensity that the insurgency activities posed to not just the priests in the northern dioceses of Nigeria but also to the residents of such northern states, particularly as the insurgent attacks continue. To cope with and survive their terrible experiences, these Priests-survivor victims of insurgency killer-kidnappers require psychological care and other forms of help. Any traumatized priest may endure substantial psychological repercussions that have an impact on their general well-being and personal growth. Among priests who experience trauma, untreated trauma can result in destructive behaviour like as drug and alcohol addiction, mental health problems, feelings of loneliness and isolation, suicidal thoughts, etc. As is well known, the priest plays an important part in the dynamics and complexity of modern society. The priest has the duty to establish a cogent and methodical approach to resolving social issues through practical pastoral programs, social teachings of the church, and adequate observance of all societal laws or regulations. The priest is the leader of other leaders and the people who comprise every community. In carrying out his priestly responsibilities, the priest aids others in his community in gaining information and skills, learning to control their emotions and relationships, and developing traits and skills that are crucial for ensuring peace and advancement in society. Regrettably, the scenario is consistent with what

priests in all of northern Nigeria's dioceses are currently dealing with.

Throughout the researcher's interactions with priests who have experienced trauma, Trauma-affected priests struggle to deal and effectively handle their emotions. Some people might isolate themselves from their friends and families, have trouble sleeping or concentrating, deliberately breach the law, act out, or develop an addiction, among other things. Mental diseases like PTSD, sadness, and anxiety can all be brought on by trauma. The circumstance described above is normal for our priests who have survived being abducted by herdsmen in certain dioceses in northern Nigeria. Due to the ongoing insurgency and insecurity in the various communities where they are working, the priests in many dioceses in present-day northern Nigeria are directly experiencing and witnessing kidnappings, killings, and ongoing community violence (against not only the priests but also their community members), religious bigotry, instability at homes, and physical abuse of their parishioners. Since people have been driven out by armed bandits, several priests who have survived kidnapping or insurgent attacks have been forced to abandon their places of employment and are squatting in other parishes. According to Sargent (2009), either the victim witnesses or experiences communal violence directly, which can trigger trauma.

B. Post-Traumatic Stress Disorders (PTSD) Counselling

Trauma counsellors and therapists are specially trained to provide clients who are traumatized with emotional support. The goals of many trauma counselling models are to assist the traumatized person in making sense of what has happened to them and to enable them to start living in the present rather than being constantly triggered by the past.

C. Treatments Therapy for Trauma

Everyone who has experienced trauma, including priests, survivors of herdsmen killers, kidnappers, and other trauma victims, needs to be aware that healing from trauma takes time, and everyone heals at their own speed. Yet, if weeks have gone and your symptoms haven't subsided, you could want the assistance of a trauma specialist. Whenever you realize that you are experiencing trauma and those symptoms are preventing you from functioning normally at work or at home, significant fear, anxiety, or sadness; inability to establish lasting, fulfilling relationships; Having terrifying flashbacks, dreams, or memories progressively avoiding anything that triggers memories of the trauma, if you're feeling emotionally numb, estranged from people, abusing drink or drugs to feel better, etc, it's time to seek assistance from a certified trauma counsellor.. It's crucial for trauma victims to understand that dealing with their trauma can be frightening, unpleasant, and even re-traumatizing, so it's ideal to do this healing process with the assistance of a qualified trauma specialist.

D. Getting the Right Therapist

It could take some time to locate the ideal therapist. It's crucial that the therapist you select has knowledge of handling trauma. The nature of your interaction with your therapist is also crucial. Choose a trauma expert with whom

you are at ease. Choose a different therapist if you don't feel secure, respected, or understood. Going through trauma can be frightening, difficult, and even re-traumatizing, thus it is preferable to get an experienced trauma specialist's assistance when doing this healing work. But the nature of your therapeutic alliance matters just as much. Choose a trauma expert with whom you are at ease. Choose a different therapist if you don't feel secure, respected, or understood. You could find out how comfortable you are with your therapist by asking the questions below, for example: Do I feel at ease talking to the therapist about my issues? Do I believe the therapist has an understanding of what I'm saying? Are my worries or concerns acknowledged or were they downplayed or dismissed? Is the therapist showing me respect and compassion? Am I sure the therapist is trustworthy?

IV. RECOVERY FROM TRAUMA

You must deal with the uncomfortable emotions and memories you've long avoided, release bottled-up "fight-or-flight" energy, learn to control intense emotions, and regain your capacity to trust other people in order to recover from psychological and emotional trauma. Your treatment may involve a number of different therapeutic modalities from a trauma specialist. These are some examples of these treatments:

- **Somatic experiencing:** puts less emphasis on thoughts and memories of the traumatic incident and more emphasis on physical sensations. You can use shaking, weeping, and other bodily releases to let go of trauma-related energy by focusing on what's happening in your body.
- **Eye Movement Desensitization and Reprocessing:** (EMDR) Eye movements or other types of rhythmic, left-right stimulation are used in Eye Movement Desensitization and Reprocessing which combines components of cognitive-behavioural therapy with the ability to "unfreeze" traumatic memories.
- **Acceptance and commitment therapy (ACT)** is a novel, empirically supported psychological intervention that combines commitment and behaviour change techniques with acceptance and mindfulness techniques to increase psychological flexibility. It was developed within a coherent theoretical and philosophical framework. Psychological adaptability is completely engaging in the present moment as a conscious human being and, depending on the opportunities presented, altering or maintaining behaviour in support of predetermined values. Acceptance and Commitment Therapy, which is based on Relational Frame Theory, sheds light on the ways that language traps people in fruitless battles with their own inner selves. Clients learn how to make healthy touch with previously feared and ignored thoughts, feelings, memories, and bodily sensations through metaphor, paradox, and experiential activities. Clients learn how to accept and recontextualize these intimate events, get better understanding about their own values, and make the

commitment to necessary behaviour change. (MN Trauma Project 2015)

- **Cognitive processing Therapy (CPT)** It involves using a planned, orderly approach to dealing with each patient's particular needs for PTSD and/or depression. In particular, CPT is a brief therapy that may be effective after just 12 sessions of facts, depending on each person's needs. Treatment may be provided for extended lengths of time. The following concerns are covered in sessions: helping patients understand how traumatic experiences have influenced their lives; educating patients about PTSD and describing the nature of their symptoms; Learning how trauma-related thoughts, feelings, and behaviours are connected; Recalling the traumatic event and feeling the emotions connected to it; Improving patients' capacity to challenge unhelpful thoughts about the trauma; Aiding patients in bettering their comprehension of unhealthy thought patterns and acquiring new, healthier thought patterns; and Enabling patients to explore how each of the five central themes has been impacted by their traumatic experience. (Musc.edu/Cognitive Processing Therapy, MN Trauma Project 2015)
- **The Comprehensive Resource Model (CRM)** is a neurobiologically based trauma therapy approach that makes it easier to target traumatic experiences by connecting the brain's most primal functions to the person's most healthy and pure self. By utilizing a variety of internal resources, such as attachment neurobiology, breathwork techniques, somatic resources, our connection to the natural world, toning and sacred geometry, as well as one's relationship with oneself, intuition, and higher consciousness, this bridge catalysis the mind and body to access all types of emotional trauma and stress. While the client is completely conscious and present in each instant, the sequencing and combination of these resources, as well as the eye positions that anchor them, offer the chance for anxiety responses to be effectively purged. By uniquely accessing and eradicating the root of those fleeting moments of intolerable affect that trigger defense mechanisms that result in life-interfering symptoms, addictions, and a disconnection from oneself and others, CRM enables people to effectively orient fully towards the most terrifying material. The possibility of removing neurobiological waste from the nervous system makes room for positive neuro-plasticity and personal expansion, whether or not it is perceived as spiritual and which is distinct from one's past experiences with pain and wounding. (2015 MN Trauma Project)
- **Cognitive Behaviour Therapy (CBT)** is one of the main psychotherapy philosophies, and according to Roth & Fonagy (2005), it is a distinct class of psychological intervention because it is based on cognitive and behavioural psychology models of human behaviour. CBT is a multidisciplinary method to treating psychological issues. Aaron Beck and Albert Ellis created it (David et al, 2018) Cognitive behavioural therapy aims to assist individuals in recognizing problematic ideas and cognitive patterns, which are frequently automatic, unfavourable, and unreasonable, and replacing them with more

constructive and beneficial ways of thinking (APA, 2015). In this regard, it is important to identify the erroneous thought patterns of the Priest-survivor victims of Fulani herdsmen killer-kidnappers in all the dioceses of northern Nigeria, question them, and replace them with constructive ones. The Albert Ellis ABC model, the central strategy in CBT, can be used to pinpoint the thought pattern. The ABC was created with the knowledge that an activating event does not directly induce behavioural effects (Oramah, 2012). Here's how the ABC model is explained.

A = Active Event

B = belief (both irrational and rational belief, abbreviated ib and rb) (rb)

C = Consequence (result of behaviour) (behaviour consequence)

The following are the respondents' traumatic experiences' activation event

(A) observed the murder of loved ones, direct involvement in an abduction, witnessed others being raped, direct involvement in community property damage, A feeling of unease. It is important to assist the priest survivors who were kidnapped by herders in identifying and rating their level of belief for each activation event

(B). Priests-survivors should identify any irrational ideas they may have, contrast them with sensible ones, and assess the strength of each.

(C) Behaviour effects: Irrational beliefs produce emotions such as trauma, rage, anxiety, depression, withdrawal, sorrow, and defeat, whereas rational beliefs produce emotions such as joy, usefulness, pleasure, deservingness, and worthiness.

Until Priests-survivor notice that their irrational beliefs are losing weight in terms of intensity rating while the rational beliefs are gaining weight, they should question the illogical belief by taking into account alternative views (rational). The implication is that irrational beliefs are incorrect and harmful, whereas rational beliefs are true and beneficial and won't have a detrimental impact on a person's behaviour.

The daily Record of Dysfunctional Thinking (DRDT) form could be given to them to record their daily emotions and thoughts after being exposed to an activation event in order to successfully rate their beliefs. They will have adequate time to complete their tasks and weigh the results before making a final decision.

The therapist needs to be aware of a few inferences that could alter the client's assessment of their irrational belief. Some of them were recognized by Beck (1979): Arbitrary inference: The Priest-survivor victims of the killer-kidnappers who are Fulani herders may infer some conclusions arbitrarily, which may include the idea that they may pass away, may not return to their parish for parish work, or may be attacked once more during the insurgency's revolt. The aforementioned inferences are based on hypotheses, but the opposite is also possible.

Absolutistic thinking can occur when a person interprets their experiences in an excessive manner. The priest who survived the insurgency should receive therapy advice from the therapist on how to decrease the impact of their view of the horrific events. Selective abstraction, overgeneralization, and perspective shift are some further inferences that might be made.

V. OBJECTIVES OF THE RESEARCH

The study's primary goal was to provide trauma counselling to Catholic priests who had survived acts of insurrection and instability in all Catholic dioceses in modern-day northern Nigeria who were struggling with these issues. The precise goals are to:

- To determine whether the Government or Church hierarchy provide trauma treatment therapies to ease the impact of trauma on Priests-survivor victims of insurgency and insecurity in all Catholic dioceses of northern Nigeria.
- To determine the severity of the trauma experienced by Catholic priests and priests' survivors of insurgency and insecurity in all catholic dioceses of northern Nigeria

VI. RESEARCH QUESTIONS

The study was guided by the following research questions.

- Does the Government or Catholic dioceses in the northern States of Nigeria offer trauma treatment therapies to priests who have survived acts of insurrection and

instability in order to lessen the impact of trauma on them?

- What level of trauma do diocesan priest survivors of insurgency and insecurity in northern Nigeria endure on a daily basis?

VII. METHODOLOGY

The population of this study, which used a survey research design, consisted of priests who had survived being killed or kidnapped by herders in all of the catholic dioceses in the northern states of Nigeria. Purposive random sampling was used to select 38 priests who were survivors of herdsmen killer-kidnappers from the dioceses of Kaduna, Zaria, Sokoto, Minna, Kafanchan Kano, and Kontagora. Four-point Likert scale questionnaire named "Trauma Intensity and Trauma Experiences Treatment for Priests-Survivor Victims of Insurgency and Insecurity" served as the study's instrument. The researcher created the items, and an expert from the Faculty of Education at Veritas University in Abuja assessed them to ensure the validity of the instrument. Using Cronbach's Alpha, the questionnaire's reliability was evaluated. Its reliability is determined using the acquired value of 0.75. The researcher administered the instrument with the assistance of seven study assistants. To prevent any kind of prejudice or loss on the part of the respondents, the questionnaire was immediately collected. Frequency counts and percentages were used to assess the data and present the findings that addressed the study questions.

VIII. RESULTS

The two research questions earlier raised in the study were answered descriptively.

- *Research Question 1: Does the Government or Catholic dioceses in the northern States of Nigeria offer trauma treatment therapies to priests who have survived acts of insurrection and instability in order to lessen the impact of trauma on them?*

Table 1: Percentage analysis showing availability of trauma treatments therapies to cushion the effect of trauma on Priests-survivor victims of insurgency and insecurity by the Government or catholic dioceses in northern states of Nigeria

n=38

S/N	Item	Victims' Responses			
		Yes		No	
		F	%	F	%
1	There is no dialectical behaviour therapy (DBT) counselling intervention	33	86.8	5	13.2
2	There is no problem-solving therapy for depression counselling intervention	28	73.7	10	26.3
3	There is no Cognitive Therapy (CT) for anxiety and depression prevention counselling intervention	24	63.2	14	36.8
4	There is no counselling intervention awareness	34	89.5	4	10.5
5	There is no trauma phone calls counselling intervention	26	68.4	12	31.6
6	There is no mental health counselling service	23	60.5	15	39.5
7	There is no specific trauma counselling intervention for previously kidnapped and released Priests-survivor victims of herdsmen killer-kidnappers	29	76.3	9	23.7
8	There are no available distress tolerance counselling interventions skills and trained personnel for Priests-survivor victims	28	73.7	10	26.3
9	There are no available "between session phone calls" to strengthen the client-therapist relationship to assist Priests-survivor victims	30	78.9	8	21.1
10	There are no collaborative assessment and management of counselling intervention services	31	81.6	7	18.4
11	There are no post-traumatic stress disorder counselling interventions	27	71.1	11	28.9

Table 1 showed the availability of psychotherapy to cushion the effect of trauma on Priests-survivor victims of insurgency and insecurity in all catholic dioceses in northern states of Nigeria. From the Table, item 1 revealed that 86.8% of the Priests-survivor victims agreed that there was no dialectical behaviour therapy (DBT) counselling intervention while 13.2% of them disagreed. Item 2 revealed that 73.7% of the Priests-survivor victims agreed that there was no problem-solving therapy for depression counselling intervention while 26.3% of them disagreed. Item 3 revealed that 63.2% of the Priests-survivor victims agreed that there was no Cognitive Therapy (CT) for anxiety and depression prevention counselling intervention while 36.8% of them disagreed. Item 4 revealed that 89.5% of the Priests-survivor victims agreed that there was no counselling intervention awareness while 10.5% of them disagreed. Item 5 revealed that 68.4% of the Priests-survivor victims agreed that there was no trauma phone calls counselling intervention while 31.6% of them disagreed. Item 6 revealed that 60.5% of the Priests-survivor victims agreed that there was no mental health counselling service while 39.5% of them disagreed. Item 7 revealed that 76.3% of the Priests-survivor victims

agreed that there was no specific trauma counselling intervention for previously kidnapped and released Priests-survivor victims of herdsmen killer-kidnappers while 23.7% of them disagreed. Item 8 revealed that 73.7% of the Priests-survivor victims agreed that there were no available distress tolerance counselling interventions skills and trained personnel for Priests-survivor victims while 26.3% of them disagreed. Item 9 revealed that 78.9% of the Priests-survivor victims agreed that there was no available “between session phone calls” to strengthen the client-therapist relationship to assist Priests-survivor victims while 21.1% of them disagreed. Item 10 revealed that 81.6% of the Priests-survivor victims agreed that there were no collaborative assessment and management of counselling intervention services while 18.4% of them disagreed. Item 11 revealed that 71.1% of the Priests-survivor victims agreed that there were no post-traumatic stress disorder counselling interventions while 28.9% of them disagreed. Thus, the availability of psychotherapy to cushion the effect of trauma on Priests-survivor victims of insurgency and insecurity in all catholic dioceses in northern states of Nigeria was infinitesimal.

➤ *Research Question 2: What level of trauma intensity do diocesan priest survivors of insurgency and insecurity in northern Nigeria endure on a daily basis?*

Table 2: Percentage analysis showing intensity of the experience of trauma among Priests-survivor victims of insurgency and insecurity in all catholic dioceses in northern states of Nigeria

S/N	Item	n=38			
		Victims' Responses		No	
		F	%	F	%
12	Having horrible bad dreams or nightmares	34	89.5	4	10.5
13	Being super alert or on guard always	30	78.9	8	21.1
14	Trying not to think about my traumatic experiences	5	13.2	33	86.8
15	Feeling as if I must watch out for dangers or threats	32	84.2	6	15.8
16	Feeling unreal as if I am living in a dream all day long	28	73.7	10	26.3
17	Being easily startled or jumpy	29	76.3	9	23.7
18	Having outbursts of anger or irritable behaviour	27	71.1	11	28.9
19	Feeling isolated from other people	31	81.6	7	18.4
20	Feeling that I am bad, or something is wrong with me	11	28.9	27	71.1
21	Trying to stay away from people, places or activities that remind me of the traumatic experience	25	65.8	13	34.2

Table 2 showed the intensity of the experience of trauma among Priests-survivor victims of insurgency and insecurity in all Catholic dioceses in northern states of Nigeria. From the Table, item 12 revealed that 89.5% of the Priests-survivor victims agreed that they had horrible bad dreams or nightmares while 10.5% of them disagreed. Item 13 revealed that 78.9% of the Priests-survivor victims agreed that they were being super alert or on guard always while 21.1% of them disagreed. Item 14 revealed that 13.2% of the Priests-survivor victims said that they were trying not to think about my traumatic experiences while 86.8% of them said no. Item 15 revealed that 84.2% of the Priests-survivor victims said that they were feeling as if they must watch out for dangers or threats while 15.8% of them said no. Item 16 revealed that 73.7% of the Priests-survivor victims said that they were feeling unreal as if they were living in a dream all day long while 26.3% of them said no. Item 17 revealed that 76.3% of the Priests-survivor victims

said that they were being easily startled or jumpy while 23.7% of them said no. Item 18 revealed that 71.1% of the Priests-survivor victims said that they had outbursts of anger or irritable behaviour while 28.9% of them said no. Item 19 revealed that 81.6% of the Priests-survivor victims said that they felt isolation from other people while 18.4% of them said no. Item 20 revealed that 28.9% of the Priests-survivor victims said that they felt that they were bad, or something was wrong with them while 71.1% of them said no. Item 21 revealed that 65.8% of the Priests-survivor victims said that they tried to stay away from people, places or activities that remind them of the traumatic experience while 34.2% of them said no. Therefore, the intensity of the experience of trauma among Priests-survivor victims of insurgency and insecurity in all Catholic dioceses in northern states of Nigeria was very high.

IX. DISCUSSION OF THE FINDINGS

The findings of research question one revealed that 86.8% of the Priests-survivor victims agreed that there was no dialectical behaviour therapy (DBT) counselling intervention, 73.7% of the Priests-survivor victims agreed that there was no problem-solving therapy for depression counselling intervention, 63.2% of the Priests-survivor victims agreed that there was no Cognitive Therapy (CT) for anxiety and depression prevention counselling intervention, 89.5% of the Priests-survivor victims agreed that there was no counselling intervention awareness, 68.4% of the Priests-survivor victims agreed that there was no trauma phone calls counselling intervention, 60.5% of the Priests-survivor victims agreed that there was no mental health counselling service, 76.3% of the Priests-survivor victims agreed that there was no specific trauma counselling intervention for previously kidnapped and released Priests-survivor victims of herdsmen killer-kidnappers, 73.7% of the Priests-survivor victims agreed that there were no available distress tolerance counselling interventions skills and trained personnel for Priests-survivor victims, 78.9% of the Priests-survivor victims agreed that there was no available “between session phone calls” to strengthen the client-therapist relationship to assist Priests-survivor victims, 81.6% of the Priests-survivor victims agreed that there were no collaborative assessment and management of counselling intervention services and 71.1% of the Priests-survivor victims agreed that there were no post-traumatic stress disorder counselling interventions. Thus, the availability of psychotherapy to cushion the effect of trauma on Priests-survivor victims of insurgency and insecurity by Government and in all catholic dioceses in northern states of Nigeria was infinitesimal.

The findings of research question two on the level and intensity of trauma experienced by priest survivor victims on a daily basis revealed that 89.5% of the Priests-survivor victims agreed that they had horrible bad dreams or nightmares, 78.9% of the Priests-survivor victims agreed that they were being super alert or on guard always, 13.2% of the Priests-survivor victims said that they were trying not to think about my traumatic experiences, 84.2% of the Priests-survivor victims said that they were feeling as if they must watch out for dangers or threats, 73.7% of the Priests-survivor victims said that they were feeling unreal as if they were living in a dream all day long, 76.3% of the Priests-survivor victims said that they were being easily startled or jumpy, 71.1% of the Priests-survivor victims said that they had outbursts of anger or irritable behaviour, 81.6% of the Priests-survivor victims said that they felt isolated from other people, 28.9% of the Priests-survivor victims said that they felt that they were bad, or something was wrong with them and 65.8% of the Priests-survivor victims said that they tried to stay away from people, places or activities that remind them of the traumatic experience. This agrees with the findings of Sutton (2002) on the different types of symptoms of trauma on victims of trauma and how they manifest on their victims. Therefore, the intensity of the experience of trauma among Priests-survivor victims of insurgency and insecurity in all Catholic dioceses in northern states of Nigeria was very high.

X. CONCLUSION

From the findings of this research work, the researcher concludes that there are no available trauma therapy treatments by either the Government or the Church authorities to help cushion the effects of trauma on priest's survivor victims of herdsmen killer-kidnappers, and there is high intensity level of trauma experiences by the priests' victims of insurgency.

XI. RECOMMENDATIONS

- Government and Church authorities in the affected Dioceses to hire more qualified counsellors to work with the Priests-survivor victims of Fulani herdsmen killer-kidnappers toward a wholistic coping and survival of the emotional development of victims.
- The need for a framework for community counselling treatments for all Nigerians who are struggling with insecurity and trauma crisis experiences and not just for Catholic Priests survivor victims of insecurity and insurgency.
- The government to work hard towards ending the root causes of insecurity and insurgency across the nation.
- The State governments of the northern Nigerian states and church hierarchies in those northern States to establish community counselling centres to help victims of insecurity and insurgency trauma get adequate trauma counselling and coping measures.

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