

Genealogy, Occurrences, Social and Psychological Consequences Of Violence In Nigeria

¹,Dr Falana Bernard Akinlabi, ², Fasina Bosede Oluwayemisi (Mrs.)

¹Department Of Guidance And Counselling Faculty Of Education Ekiti State University

²Department Of Guidance And Counselling Faculty Of Education

Abstract

The study investigated the genealogy, occurrence, social and psychological consequences of violence in Nigeria.' The researcher surveyed the entire population of Nigeria while he used descriptive research design. The researcher observed that the occurrence of violence in Nigeria is genealogical and that the state of social and psychological insecurity in Nigeria corroborates the state of low or delay in all spheres of life of Nigerians. Based on the observation and revelations; There should be critical incident stress management techniques, there should be outreach to affected population in form of crises counselling, distribution of materials on stress reactions. There should be moral reawakening beyond rhetoric, responsible and responsive leadership. There should be reduction in the social-economic gap between the rich and the poor. The political situation should be reorganised, the situation should not be winner takes all. There should be provision of jobs to the youths as well as reorientation programmes, provision of adequate infrastructure, repositioning and strengthening of health sector and agencies responsible for emergencies.

Keywords: Genealogy, occurrence, violence, social consequences, psychological consequences.

1. Introduction

The United Nations (UN) Secretary General said in 2004 that violence or terrorism is any act intended to cause death or serious body harm to civilians or noncombatants with the purpose of intimidating a population or compelling a government or an international organization to do or abstain from doing any act. The purpose of violence or terrorism includes destruction, seeking provocation, economic collapse, back lash, hatred, division, elimination of tolerance and chaos. There are some insignificant traces of violence in Nigeria prior independence of 1960. The emergence of severe violence in Nigeria came into limelight during the lethal or civil war that took place in the year 1967. It was known as Nigerian-Biafra war which took place between 6th of July and 15th of January 1970. The Nigeria civil war was fought to integrate and reunify the country. The colonial masters decided to keep the non-homogenous Nigeria in order to control effectively vital resources for their economic interests. For administrative convenience the Northern and southern Nigeria were amalgamated in 1914. The only thing they've been having together was the name Nigeria. Amalgamation ought to have brought the various people together and provided a firm basis for the arduous task of establishing closer cultural social, religious and linguistic ties vital for true unity among the people. There have been disunity, division, hatred, unhealthy rivalry and disparity in development. Political parties emerged and based on ethnic, rather than national interests. The battle to consolidate the legacy of political and military dominance of a section of Nigeria over the rest of the federation began with increased intensity. It is this ugly occurrence and struggle that degenerated to incessant coup; counter coup and a bloody civil war. The federal government however used political diplomatic psychological and military strategies to prosecute the war. The relics of this war still raise its ugly heads up till today. This is because people still nurture grievances resulting into violence up till today. The technology used in provision of weapons and weaponry are still in vogue in Nigeria. This has in fact inbued in Nigerians the tenacity and intensity to use the weapons that escaped to Nigeria populace. Immediately after the civil war the rate of violence subsided. The resurgence of violence that heralded distruction was the bomb blast in Nigeria traceable to 1986 during the regime of General Ibrahim Babangida when Mr.Dele Giwa the Founding Editor of Newswatch magazine was masacred by a mail bomb in his home; but because it was home based and individual Nigerians does not rip it the bud. Since then various kinds of bombing incidents has erupted Nigeria. Majority have been reported in Nigeria under the despotic rule of General SanniAbachawho was acclaimed and accused of masterminding and executing killings to intimidate opponents of his regime. There was an isolated case of accidental bombs explosion that took place at Ikeja cantonment in 2002 leading to the death of more than one thousands persons. There is no gainsaying the fact that Nigeria government should look backward in order to reduce the rate of violence in Nigeria . Violence began with military men in Nigeria

and to eliminate violence, the Nigeria government should be made to look for way of reducing violence in Nigeria. Year 2010 marked the resurgence of bomb blast as an act of terrorism in the civilian era when some bomb blast went off in Warri during Amnesty dialogue organized by vanguard newspapers in support of the amnesty programme of the then President UmaruYaradua to arrest the cases of militancy in the Niger Delta region. There have been series of blasts in Nigeria. Nigeria capital city is supposed to be the most secured place; unfortunately it appears to be the most unsafe place to dwel. There was a bomb blast on October 1, 2010 during the Nigeria's 50th independence anniversary celebration in Abuja. It was suspected to be sponsored by the movement for the emancipation of the Niger Delta(MEND) a group of Niger Delta militants. On January 1,2011 there was a blast at the Mammy market in Abuja, on April 26,2011 in Maduguri the Borno state capital in Bauchi an army barracks was bombed on June 16, 2011, an Islamic sect popularly called Boko Haram claimed responsibilities for some of the blasts. A lot of lifes have been lost in Nigeria in fact Nigerians are engulfed in fear and are proned to all the diseases related to fear. In December 2012 American citizens are warned to desist from travelling to Nigeria and certain zones and states were particuliarised as hot zones where life are unsafe as there may be bomblasts in the zones. Americans were intimated that if they should visit, Nigeria should contact the America embassy before embarking on any travelling. According to a united states security group Clayton consultants, Nigeria is among the worlds top eight kidnapping hotspots, along side war zones and failed states such as Afghanistan, Iraq and Somalia.

2. Personalities and Characteristics Of Violent Individuals

The National Association of Resident Doctors (NARD), Neuro-Psychiatric Hospital Yaba declared in a seminar the upsurge in violence, bombings and kidnapping the psychological impact on Nigerians and the coping strategies. The seminar was organized because many Nigerians are engulfed in fear as a result of bombing and occurrence of kidnapping. They observed that major psychological impact are shock and acute stress reactions, this has culminated in today's epidemic proportion. These acts are perpetrated by antisocial personalities or by psychopath terrorists. Psychopath can be intelligent and have contact with reality. They are law breakers, deceitful, aggressive and reckless in disregarding safety. Psychopaths can not feel empathy or affection for others. Those who are present or nearly exposed to trauma of violence or in a bid to help victims, societies, communities or corporate bodies are engulfed in psychological reactions. Nwokedi (2000) reported that kidnapping and terrorism is a fall out of youth unemployment and display of stupendous inexplicable illgotten wealth by leaders. Kidnapping, according to criminal law is the taking away or transportation of a person or persons against his or her will, usually to hold the person in false imprisonment or confinement without legal authority. This may be done for a ranson or in furtherance of another crime. While terrorism means to Frighten "The terror cum bricus was a panic and state of emergency in Rome in response to the approach of warriors of the cumbri tribe in 105BC. Factors of Violent Behaviours Different or various factors accounts for Involvement in violence and terrorism. There are biological, psychological, and social factors that enhances violence:

Age: Males between the ages of 15 and 30 years tend to be the most violent subgroup irrespective of culture(Blumenrach 1993; Fareta 1981; Kroll &Mackenzic 1983; Shah Fineberg&James 1991). The elderly are disproportionately represented in the population that may become violent (Astroen, Bucht, Eisemann, Nombery&Saveman (2002) Hindley of Gorden 2000; Petrie 1984). In a study of 200 cases of assault at the Cincinnati Veterans Administration of Medical centre, Jones (1985) discovered that 58.5% of the assaults took place in the geriatric facility. The statistics is noteworthy because the institution also had a larger psychotic and substance abusing population.

Substance Abuse: There is probably no psycotrophic or psychoactive drug either legal or illegal that does not correlate with violence when it is abused. Whether the abuse is going on a meth high, coming off vacuum or experiencing the withdrawal or heroine, violence and drug use to have a strong relationship. (Blumenrach 1993b; Piercy1984,Rada 1981;Simonds &Kashani 1980). Alcohol has been associated with more than half of reported cases in psychiatric institutions (BachyRita,Lion&Climent 1971). The potential for violence is further increased when individuals who have a history of psychosis engage in alcohol or drug use (Klassen' Connor 1988; Yesavage&Zarcone 1983)

Predisposing History of Violence: A history of serious violence, homicide, sexual attacks, assault or threat of assault with a deadly weapon is one of the best prodictors of future violence (Califonia Occupational Safety and Health Administration 1998, Fareta 1981, Monahan 1981).

3. Psychological Disturbance

A variety of mental disorders may be predisposing to violence the anti social personality type who has a history of violent behaviours, emotional callousness, impulsity and manipulative behaviour. The borderline personality who lacks adequate ego to continue intense emotional drives and repeatedly exhibits emotional outbursts. The paranoid is on guard against and constantly anticipating external threat, the manic who has elevated moods, hyperactively and excessive involvement in activities that may have painful consequences, the explosive personality who has sudden escalating periods of anger, the schizophreme who is actively hallucinating and has a bizarre or grandose delusions, the attack victim, who is fearful dissociative and has extreme flight or fight reactions and acting out suicidal plans (Blumenriach 1993; Greenfield, McNal& Binder, 1959; Heilbrum, 1990; Heilbrum&Halmbrum, 1989; Klassan O.Connor, 1988; Murdach 1993).

Social Stressors

Blumenreich(1993) & Munoz: Joaquin, NovalMoringo, Garcia & Concha (2002) reported that loss of job, job stress, break up in a relationship, a past history of physical or sexual abuse and financial reversals are a few of the social stressors that cause acute frustration and rage in an out of control social environment that leads to violence.

Family History

A history of violence within the family is often carried into other environment. An early childhood characterized by an unstable and violent home is an excellent model for future violence (Wood &Khuri 1984). A history of social isolation or lack of family & environmental support also may heighten the potential for violence (Halbrun&Halbrun, 1989, Munoz 2000). **Bases Of Violence**

There are biological, psychological and social bases for violence. Biologically low intelligence, hormonal imbalance, organic brain disorders, neurological and systemic changes of a psychiatric nature diseases, chemicals, intense chrome pain or traumatic head injury may lead to more violence-prone behavior (Fish bain Cutler, Rosomoff, & Steele-Rosomofff (2000); Hamsfra 1986; Helbrun 1990; Heibrum&Heibrum 1989). Psychiologically specific situational problems, certain functional psychoses and character disorder are predisposing to violence (Greenfield, McNal&Buder1989), Klassen&D'Connor 1988). Socially, modeling the violent behavioural norms of family, peers & the environment within which one lives can trigger violent tendencies (Nisbelt 1993, Tardif 1984, Wood &Khuri 1984). Specific on site physical environmental stressors such as heat, crowding, noise, conflict and poor communication can trigger violence (Anderson 2001, Jensen &Absher 1984). When all these ingredient are mixed together, the result start to resemble the kinds of people and environments with which the crises worker is likely to come in contact (Tardiff 1984).

4. Symptoms In People Exhibiting Violence Behaviours

Most people react to the stress of violence with an emotional or somatic response which are normal reaction and do not constitute mental disorders in themselves. Some people seek help from their Doctors or Counsellor, some people faces sleeping problems, eating problems, head aches, increased level of arousal, cognitive confusion, poor concentration, memory difficulties, distressing dreams or nightmares, instrusive thoughts or images, behavioural withdrawal or isolation, increased compulsiveness, increased use of drugs and alcohol, hyper vigilance, reluctance to leave home, emotional fear, sadness, anger and irritability are other challenges. Adebayo(2004) reported that acute stress reaction is another psychological impact which is said to be transient response which sometimes occurs immediately following exposure to or during an exceptionally severe event but subsides within a short period of time usually hours or days. He also observed that Post Traumatic Stress Disorder (PTSD) is an intense prolonged and sometimes delayed reaction to an intensely stressful event. The core symptoms are hyper arousal, poor concentration, irritability and persistent anxiety.

Research Rationale

There are reports on the national daily bases and sophisticated media about the occurrences, tenacity and waves of violence. There appears to be increment in the rate of ailments and diseases associated with fear. Economically, investors desert Nigeria because of the fear of mishap and dangers that may erupt their business as a result of violence occurring in daily basis in Nigeria. The reports of disasters in print and visual media about violence throws Nigerians into social and psychological problems. The researcher therefore traces the genealogy, occurrences and reported that it appears to be one of the tendencious problems ravaging Nigeria. One continue to languish that Nigerians image is dented nationally and internationally, Nigeria is rated as one of the 8 hot zones or war zones in the world where violence of bombing and kidnapping is very high.

5. Conclusion

Based on the aforementioned it can be concluded that majority of Nigerians are susceptible to social and psychological stress resulting to violence. The bases of Nigerians violent behaviors are historical looking at the antecedents. The violent behavior in Nigeria has historical background. Majority of Nigerians experience somatic and psychosomatic ailments that are not alien to violence.

6. Significance Of The Study

The study could be of benefit to the students, teachers, counsellors, curriculum planners, religious organizations, health care Practioners, law enforcement agents, parents and guardians. Student could learn about the occurrence effects and remedies for involvement in violence. Teachers would be able to teach courses that would stem the tides of violence. Curriculum planners would be able to incorporate into the national curriculum areas to be taught and reduce the wave of violence, counsellors would counsel the students and Nigerians about the causes, symptoms and consequences of violence. Religious leaders; Pastors and Imams could preach to the congregation the evil effects of violence. The health care practioners could diagnose and do prognoses to the clients manifesting violence related ailments, the law enforcement agents could be able to mount surveillance and handle cases involving violence with reduced problems. Parents and guardians could be able to understand children showing violent behaviours and handle their wards manifesting behaviour problems resulting to violence.

7. Recommendations

There should be critical stress management techniques such as debriefing. It should be incorporated into the national curriculum education inbued in stress management. There should be outreach to affected population, provision should be made in form of crisis counselling, bereavement counselling and distribution of materials on stress reactions. There should be moral reawakening beyond persuasive insincere language or rhetoric. Nigeria leaders should be responsible and responsive, there should be reduction in the gap between the rich and the poor. Election of political leaders should go beyond winners takes all. There should be reconsideration and reconciliation after election. The rigging and fraud that permeates all the political system of Nigeria should be eschewed. Above all Nigerians should be trained and taught to be job creators and not seekers. Reorientation programmes should be timely provided for Nigeria youths. Also adequate infrastructure and facilities should be provided. There should be repositioning and strengthening of the health sector and agencies responsible and responsive for emergences should be in place.

References

- [1]. Anderson C.A. (2001) Heat and Violence Current Directions in psychological science 10 (1), 33-38
- [2]. Astrolm S, Bucht G, Fisengmn M, Norberg A. &Saveman B (2002). Incidence of violence towards staff caring for the elderly.Scan-dinavian Journal of caring services 16 (1) 66-72.
- [3]. Bach y Rita G, Lion J.R &Climent C.E (1971) Episodicdyscontrol: A Study of 630 violent patients, *American journal of Psychiatry* 128, 1473-1478.
- [4]. Blumenrach P.E (1993) Assessment: In P.E. Blumereich& S Lewis (Eds), managing the violent patient. *A clinician's guide* (pp. 35-40) New York: Brunner/Mazel.
- [5]. Califonia Occupational Safety and Health Administration (1998) Guidance of Security and Safety of health Care and community service workers. Sacramento, CA: Author
- [6]. Fareta G (1981) A profile of aggression from adolescence to adulthood: An 18 year follow up of psychiatrically disturbed and violent adolescents, *American Journal of Orthopsychiatry* 51, 439-453.
- [7]. Fishbain D.A, Cutler, R.B Rosomoff H.L & Steele Rosomoff R. (2000) Risk for violent behavior in patients with chronic pain: Evaluation and management in the pain facility setting. *Pain Medicine* 1 (2), 140-155.
- [8]. GrassiL, Peron L. MaFangoni C, Zanchi P &Vanni A (2001) Characteristics of violent behavior in acute psychiatric in patients: A 5 year Itahan Study, *ActaPsychatricaScandinavica* 104(4), 273-279
- [9]. Greenfield T.K, McNeil D.E& Binder R.L (1989) Violent behavior and Length of psychiatry hospitalization Hospital and community psychiatry 40, 809-814.
- [10]. Hamstra B (1986) Neurobiological substrates of violence: An overview for forensic clinicians. *Journal of psychiatry and Law* 14, 349-374.
- [11]. Heibrun A.B & Heilbrun M.R (1989) Dangerousness and legal insanity. *Journal of psychiatry and Law* 17, 39-53.
- [12]. Hindley N & Gordon H (2000). The elderly, dementia aggression and risk management. *International journal of Geriatrics* 15 (3) 254-259.
- [13]. Jensen, D & Absher, J. (1994) Associative behavior, the crisis is over: Preventing another crisis Paper presented at the Eighteenth Annual Convening of crisis intervention personnel, Chicago.
- [14]. Jones M.K (1985) Patient Violence: Report of 200 incidents, *Journal of Psychosocial Nursing and Mental Health* 23, 12-17.

15

- [15]. Klassen, D & O' Connor W.A. (1988) A prospective study of predictors of violence in adult male mental health admissions. *Law and Human Behaviour* 12, 143-158.
- [16]. Kroll J & Mackenzie T.B (1983) when psychiatrists are liable: Risk management and violent patience *Hospital and Community Psychiatry*, 34, 29-37.
- [17]. Monahan J (1981) The clinical prediction of violent behaviors Rockville, MD! National Institute of Mental Health.
- [18]. Munoz, M Joaqun C, Noval D Moringo A & Garcia de la Concha J.A (2000) Factorespredictores de agresividad en esquizofrenicoshospitalizados. Actas Espanolas de Psiquiatria, 28 (3) 151-155.
- [19]. Nisbett R.E. (1993) Violence and U.S regional culture American Psychologist 48, 441-449.
- [20]. Petrie W.M (1984) Violence. The geriatric patient. In J.T Turner (Ed) Violence in the medical care setting. *A survival guide* (PP.107-122). Rock Ville M.D Aspen systems.
- [21]. Piercy D. (1984) Violence the drug and alcohol patient.In J.T. Turner (Ed) Violence in the medical care setting. *A survival guide* (pp. 107-122) Rock Ville M.D. Aspen Systems.
- [22]. Rada R.T. (1981) the violent patient: Rapid assessment and management. Psychosomatics 22, 101-109
- [23]. Shah A.K., Fineberg N.A. & James D.V. (1991) Violence among psychiatric in patients, *Actapsychiatrica*, *Scandinavica*, 84, 305-309
- [24]. Simonds J.F &Kashani J (1980) Specific drug use and Violence in delinquent boys. American Journal of Drug and Alcohol Abuse 7, 305-309
- [25]. Tardiff K. (1940) Violence: The Psychiatric patient in J.T. Turner Ed Violence in the medical care setting: *A Survival Guide* (pp. 33-55). Rockville MD. Aspen Systems.
- [26]. Wood K.A. F Khuri R. (1984) Violence: The emergency room patient in J.T. Turner (Ed) Violence in the medical care setting: *A Survival Guide* (pp.57-84) Rockville, M.D: Aspen systems.
- [27]. Yesavage J.A &Zarcone, V (1983) History of drug abuse and dangerous behavior in inpatient Schizophrenics, Journal of Clinical Psychiatry, 44, 259-261