EXAMINING THE RELATIONSHIP AMONG HERDSMEN ATTACK, FORGIVENESS AND POSTTRAUMATIC STRESS DISORDER AMONG IDPs IN DAUDU, GUMA LGA, BENUE STATE, NIGERIA

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Abstract

The purpose of this study was to investigate the relationship among herdsmen attack, forgiveness and posttraumatic stress disorder among IDPs of herdsmen attack in Daudu, Guma Local Government Area of Benue State. A cross sectional design was adopted for the study consisting all IDP camps in Daudu.340 participants comprised of 269 (70.1%) females and 71(20.9%) were randomly selected from the camp register of IDPs. Their age ranged between 18 and 60 years. The Heartland's Forgiveness Scale (HFS) was used to measure dispositional forgiveness and the Post-traumatic Checklist for DSM-5 (PCL-5) measured PTSD. Hypotheses were tested using correlation matrix and the multiple regression analysis. The result showed that number of herdsmen attack and forgiveness jointly and significantly related to the rate of PTSD, while there was no significant association between number of attacks and forgiveness. Forgiveness on the other hand did not significantly predict PTSD. The study recommends that policy makers should include psychological intervention and forgiveness training in emergency management services for PTSD among IDPs in Daudu and beyond.

Keywords: *Forgiveness, Post-traumatic Stress Disorder (PTSD), Internally Displaced Persons, Herdsmen Attack*

Introduction

Posttraumatic stress disorder (PTSD) is a mental health condition in which experiencing or witnessing a terrifying event brings about emotional and physical symptoms at least one month following the trauma event, with characteristic symptoms involving: re-experiencing the trauma, emotional numbness, and increased arousal(American Psychiatric Association, 2013). Hence, PTSD is a significant physical and psychological conflict related trauma although; with risk factors indicating that not everyone who is exposed to trauma develops PTSD (Grubaugh, Zinzow, Paul, Egede & Freuch, 2011).

The concept of PTSD was first admitted into the American Psychiatric Association Diagnostic and statistical Manual III in 1980, It was later redefined in the DSM IV in 1994, then DSM IV-TR in 2000, and currently the DSM V in 2013, where it is classified as a trauma and stressor related disorder that results from either directly experiencing or witnessing a traumatic event involving death, serious injury, sexual violation or threats to the physical integrity of self or others (American Psychiatric Association, 2013).With symptoms usually manifesting in a cluster of:

"recollection and intrusive flashbacks evident with: repeated unwanted memories of events, recurrent repeated dreams with content or affect related to themes of event, distressing memories, relearning events as though occurring again. Numbness / Avoidance evident with: persistent effort to avoid external or internal stimuli like places, people, and conversations associated with events that can arouse distressing memories/thoughts. Negative alteration in mood and cognition evident with: self-blame, inability to remember important aspect of trauma, persistent emotional state involving horror, guilt, shame, lack of interest in pleasurable activities. Marked alteration in arousal and reactivity evident with: irritability involving angry outburst typically expressed as verbal or physical aggression towards people or object with little or no provocation, hyper vigilance, exaggerated startled response, and poor concentration."

These symptoms according to American Psychiatric Association (2013), could occur in duration of more than one month with

clinical distress or a functional impairment in social, occupational, or other important areas of life, but are commensurate with adults, adolescents, and older children above the age of six years following terrorism, combat exposure, childhood physical abuse, sexual violence, Physical assault, accident, being threatened with weapon, natural disaster, rubbery, plane crash, torture, kidnapping, life threatening medical diagnosis.

Traumatic experience leading to PTSD is associated with life time prevalence rate ranging from 5-75%, with the general population recording the prevalence rate of 8% (Steel, Chey, Silove, Marmane, Brayt, & Ommeren, 2009). Symptoms therefore are prevalent in victims who experience waves of violence ranging from repeated exposure to mass violence with 46.1% prevalence rate (Tangurum, Chirdam, Orbindo, Bello, Afolaranmi (2015).

Thus, using the social learning perspective, PTSD results largely from maladaptive learning occurring during and after a traumatic encounter(Pavlov, 1927). Manifesting in both associative and non

associative forms: the associative form is characterized by fear conditioning where a neutral benign conditioned stimuli (people, places and things) acquire properties by virtue of its pairing with a naturally aversive unconditioned stimuli which accounts for the maladaptive psychological reactions after the occurrence of the traumatic episode. This is thought to contribute to re-experiencing (distressing recollections) and avoidance symptoms cluster often triggered by exposure to stimuli that resembles aspect of the trauma with no indication of danger (Lissek & Meurs, 2015). This usually involves four themes viz ;

i)   Resistance to extinction which indicates a decline in fear response to conditioned stimuli where, failure to extinguish conditioned fear entails persistence of fear to a stimulus that is no longer indicative of environmental danger (Bouton, 2004). Although from the competitive theory perspective, PTSD is derived from two mechanisms: The first results from elevated level of acquisition that out powers the inhibitory level of fear, still drawing from this mechanism: Orr, Metzger, Lasko, Macklin, Peri,

and Pitman (2000), attributes PTSD to hyper-conditionability- a disposition towards forming an aversive association instantiated by an abnormally strong acquisition and a resultant resistance to extinguish. The second mechanism involves a deficit in inhibition of fear extinction which can be reflected in Jovanovic and Ressler (2010), linking PTSD to deficit in extinction and other forms of inhibitory fear learning resulting in the failure to suppress normative level of fear acquisition. This has been adopted as a core feature of PTSD through which fear during a traumatic event extends to safe conditions resembling the distressing event (APA, 2013)

ii) Associative learning deficit and sustained contextual anxiety in contrast, attributes PTSD to an impaired ability to form aversive association through classical conditioning (Grillon, 2002). In view of this, during a traumatic event, this deficit is said to prevent the individual from learning environmental cues predicting danger (Saligma & Banik, 1977). In addition the absence of treat cues leads the individual to more generally associate the unpleasant unconditioned stimuli with the environment in which the unconditioned stimuli is experienced leading to heightened contextual anxiety i.e. a form of learning that further contributes to chronic anxiety, constituting the pathologic consequences of PTSD (Grillon, 2002).

iii) Two stage learning view avoidance of the conditioned stimuli as the primary force behind extinction failure where in the first stage, classically conditioned fear is proposed to act as the drive that motivates and reinforces avoidance of the conditioned stimulus thereby, denying the individual the opportunity of using exposure to conditioned stimuli in the absence of the unconditioned stimulus (Eysenck, 1976/1979; Miller 1948; Mowrer, 1947). This therefore links PTSD to impaired mechanism of fear

inhibition resulting in the expression of fear in the presence of safety cues (Jovanovic & Ressler, 2010). From this perspective all processes dependent on fear inhibition should be compromised in PTSD. Thus avoidance prevents extinction by denying the individual further opportunities to experience the conditioned stimuli in the absence of unconditioned stimuli (Lissek & Meurs, 2015).

iv) Overgeneralization on the other hand denotes situations where conditioned response is known to transfer or generalized to stimuli resembling the original conditioned stimuli (Pavlov,1927).Evidence linking this conditioned generalized process to pathologic anxiety was featured in the generalization of conditioned fear to all things in a toddler following the acquisition of conditioned fear to a white rat. This is adopted as a core feature of PTSD through which fear during a traumatic event extends to safe conditions resembling the distressing event (APA, 2013).

In contrast, non associative form of learning involves changes in reactivity to aenvironmental stimuli that are not associatively linked to aversive outcome, thought to result in hyper arousal symptoms of PTSD as: hyper vigilance, exaggerated startle, difficulty concentrating and irritability (Lissek & Meurs, 2015). Non associative mechanisms generate increase or resistance to decreases in fear reactivity to novel, intense or fear relevant stimuli whose account centres largely on two mechanisms: habituation and sensitization (Lissek, Rabi, Heller, Luckenbaugh, Garaci, Pine & Grillion, 2010)

Habituation according to Groves and Thompson (1970), entails progressive decline in response with repeated stimulation, and in the context of a traumatic response, it is seen as a decrease in autonomic behavioural or neural responses to repeatedly presented novel intense or fear relevant (unconditioned) stimuli while failure is a central contributor to the hyper arousal cluster of PTSD symptoms (hyper vigilance, exaggerated startle and difficulty concentrating) e.g. hyper vigilance and exaggerated startle may

be maintained in the benign post traumatic context through persistence autonomic responding to recurring sensory stimuli (Lissek et al, 2010). Sensitization on the other hand, is a mechanism where responses are amplified through repeated simulation (Groves & Thompson, 1970). Although, in the context of anxiety and fear sensitization, it indicates increase in fear related responses to novel, intense or fear relevant conditioned stimuli following activation of the fear system (Mark & Tobena, 1990). Essentially, fear sensitization is thought to arise from a fear system rendered hyper excitable by previous activation (Rosen & Schulkin, 1998).

Hence, the Benue valley has been over represented in the table of flash point experiencing an age long menace from herdsmen, whom according to the Global Terrorist Index, (2014),ranked 4th deadliest terrorist group. In view, eighteen out of the twenty three LGAs in the State are ravagedby these herdsmen, whereabout four hundred and eighty three thousand, six hundred and ninety nine (483,699) IDPs aretaking refuge across the various camps

within the state, (Sahara Reporter, 2019). Whole communities, worship centers, and farmsteads are burnt down with more than ten thousands lives lost.Evidently, twenty civilians including five soldiers were killed in the massacre attack of Agatu LGA of the state (This day, 2014). While according to Africa Report, (2018) six communities (Gaambe Tiev, Ayilamu, Turan, Umenger, Tse Akor, and Tomatar) across logo and Guma were raided at night, claiming over 300 lives in an attack that lasted seven hours between 9pm of 31st December, 2017 and 4am 1st January, 2018. Seventy three of the slainned victims were laid to rest in a massive burial sponsored by the state government on the 11th of January, 2018(Kazeem, 2018). Furthermore, nineteen parishioners in a morning mass at St Ignatius Catholic Church, Aya, in Mbalom community of Gwer East LGA including two catholic priests, (Rev. Fathers: Joseph Gor and Felix Tyolaha) and the church catechist were killed in cold blood in an early morning attack at the worship centre on the 24th of April, 2018after burning a host of nearby homes. These victims were laid to rest amidst tears and whaling at the Ave Maria prayer

Pilgrimage ground, Ayati Hilltop near Ikpayongu, Gwer LGA of the state amidst thousands of sympathizers and mourners both within and the Diaspora, of which I witnessed in person.

In view, it is no longer news that in Guma Local Government Area more than half the communities are sacked from their homesteads, with the herdsmen taking over ancestral homes/land for grazing, victims are displaced into four IDP camps across the LGA (Guma) (1st Abagena camp along Makurdi-Abuja road; 2nd LGEA, primary school Daudu; and 3rd the UNCHR along Ukpiam road in Daudu; the fourth of which is unofficial tents made from trampoline situated just after Daudu town when coming from Abuja) with accompanying spill over tents in all the camps that are still not enough to provide shelter for IDPs. Some families are taking refuge in makeshift shelters; crams; open spaces; schools and uncompleted government buildings.

Victims when interacted with recounted their ordeal in lamentations stressing how they witness their loved ones killed in cold blood from their hideouts; some were macheted, others slaughtered, some locked up in houses and set ablazed, others shot, while those who escaped with gunshot wounds later died from bleeding. Others were captured alive and allowed to telecommunicate their loved ones/ relatives telling them processes involved in their killing, and in some instances, the marauders called with their victim's phones to inform relatives of the killings of their adoptees after several days of missing, and for some, there have been no trace of whether still alive or dead let alone benefit from internment as culture and or religion demands.Pregnant mothers whose relatives were not mobile and who got weary were caught up slaughtered and tummies cut open exposing their fetuses as if guilty of any crime. Children and the elderly were not speared as their strength failed due to developmental and degenerative factors. Also recounting that at intervals, some survivors were accompanied by security personals only to find bodies of missing relatives at various stages of decomposition. All of which accounts for recollections, intrusions, and night mares, giving them sleeplessness even with constant effort to repress such unwanted

thoughts.

In addition to these physical and psychological traumas already encountered; Geofrey Torgenga, a director at the unofficial camp along the Abuja Makurdi road confirmed a death toll on camp resulting from hunger and other ailments. And in a local report, Ukwu, (2019) observed that men already are taking advantage of the hunger on camp by giving out bread and garri to parents who now marry out their under aged daughters of between 10 and 14years for food stuff. Some of these victims would sob in-between their narrations and pray for even their enemies not to encounter similar dehumanizing experiences. Hence, accounting for symptoms of recollections, intrusions, night mares, and sleeplessness, even with constant effort to repress such unwanted thoughts and memories among these IDPs. Further to it, some of these victims also held resentments against their traitors, which when associated with the trauma experience are capable of breeding PTSD because, "most people do not consider forgiveness when dealing with such cruelties of life, and such emotions

could come with a costly effect on mind, body and spirit (Luskin 2013).

Forgiveness in this context is a cognitive component that involves intra psychic struggles, itentails overcoming a negative affect and judgment towards an offender not by denying the right of such affect or judgment but by showing love, compassion, and benevolence to the offender while recognizing this right has been abandoned (North,1989). First conceptualized in a spiritual context and notably expressed by Jesus Christ during his crucifixion " Father forgive them for they know not what they do" (Luke 23:34) and from the Bhagvad Gita " If you want to know the brave go for those who can forgive" (Kornfield, 2002). Forgiveness in the view of Enright (1991) is the ability of an individual to abandon their right to negative judgment, resentment and indifferent behavior towards one who has unjustly injured them while fostering the undeserved quality of compassion, love or generosity. Other scholars revealed that forgiveness involves more than a refusal to revenge but involve an intentional change in the action of the victim towards the perpetrator, even though the victim knows

he or she has every right to hate the offender yet, they forgive by giving up the right (Finchan, 2000)

Thus, the evolutionary theory describes forgiveness as a human social decision that relies on cognitive adaptation designed by natural selection to optimize fitness outcome in the ancestral environment (McCullough 2008). Its evolvement addresses the difficult cost- benefit challenges posed by intricate social interactions (McCullough 2008; McCullough, Kurzban, & Tubak, 2013). The forgiveness system therefore regulates individual's motivation towards a transgressor by weighing the many factors that influence both potential gains of future interaction and the likelihood of future harm. Depending on the outcome of this computation, the victim may experience forgiveness as a shift in interpersonal motivation indicated by reduced retaliatory sentiments, decreased avoidance sentiments, and or increased good will towards the transgressor with a goal of realizing long term benefit of continued productive interaction that may be contingent upon improved treatment by the

transgressor (McCullough et al, 2013).

Forgiveness is also therapeutically indicated to be linked with improved mental health outcome such as reduced anxiety, depression and major psychiatric disorders, as well as with fewer health symptoms and lower mortality rate among victims and perpetrators of wrong doings, as people who have accumulated lifetime stress exhibit worse mental outcome (Jenkin, 2012). Thus, stress relief is the chief factor connecting forgiveness and well being, allowing one to let go of chronic interpersonal stressors that causes undue burden (Worthington, 2016).

In view, Cerci and Collucci (2018) found a significant correlation between forgiveness and PTSD hence, higher forgiveness correlating with lower PTSD symptom score, while forgiveness served as a buffer against stress, and age a significant moderator in forgiveness (Friedberg, Adonis, Bergen, and Suchday,2005). This indicates that as age increases, it also increases the relationship between forgiveness and consciensciouseness, forgiveness and perspective takingand

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forgiveness and self esteem but conversely, decreasing the relationship between forgiveness and depression (Riek & Mania, 2011).

Thus,Doran, Kalayjian,Tousaint & DeMucci (2011) also found traumatic exposure to be a significant correlate of traumatic stress,while traumatic stress showed a stronger relationship with forgiveness variables Hence, according to Grubaugh, Zinzow, Paul, Egede & Freuch (2011) there is a 33% likelihood of developing PTSD after exposure to one trauma, exposure to second traumatic event posed an increase risk by 7%, and a third trauma increasing risk of PTSD by an additional 6%.

So, whether you suffer minor, slight or major grievances, learning to forgive can significantly improve both physical and psychological wellbeing. Luskin (2013) states that "most people do not consider forgiveness when dealing with the cruelties of life" however, such emotions could come with a costly effect on mind, body and spirit.

In as much as forgiveness is significantly related to stress relief and decrease PTSD symptoms; there have been no clear research record of note indicating whether IDPs of herdsmen attack who are ready to forgive still bottle up pains, and manifest PTSD symptoms hence, establishing the research gap filled in the study. The study therefore aimed at the following:

To examine the relationship among number of herdsmen attack, forgiveness and the rate of PTSD; and also, assess if the number of herdsmen attack and forgiveness will significantly predict PTSD among IDPs in Daudu, Guma LGA of Benue State, Nigeria.

The following research questions were raised:

I. What is the relationship among herdsmen attack, forgiveness and the rate of Post traumatic Stress Disorder among IDPs in Daudu, Guma LGA of Benue State, Nigeria?

II. Will the number of herdsmen attack and forgiveness significantly predict the rate of PTSD among IDPs of Daudu in Guma LGA of Benue State,

Nigeria?

The study hypothesized that:

I.   There will be a significant relationship among number of herdsmen attack, forgiveness and the rate of PTSD among IDPs in Daudu, Guma LGA of Benue State, Nigeria.

II.   Number of attacks experienced and forgiveness will significantly predict the rate of PTSD among IDPs in Daudu, Guma LGA of Benue State, Nigeria.

Method

Design
The study adopted a cross sectional design due to the fact that responses were obtained from a sample across all the selected camps for the study.

Participants
The study comprised 340 (100%) participant consisting of 71(20.9%) male and 269(79.1) female within an age range of 18 and 55 ranging from: 18-24 years (N=58, 17.1%), 25-31 years (N= 91,

26.8%), 32-38 years (N= 40, 11.8%), 39-45 years (N= 64, 18.8%), 46-52 years (N= 63, 18.5%) and 53-60 years (N= 24, 7.1%).Marital status: married (N= 225, 66.2%), single (N= 22, 6.5%), widowed (N= 87, 25.6%) and separated (N= 6, 1.8%).Occupation: farming (N= 297, 87.4%), civil servant (N= 3, 0.9%),applicant (N= 20, 5.9%) and business (N= 20, 5.9%).

Sampling technique
Participant were randomly selected from the camp register of IDPs in all the camps by selecting one after every three count Instruments

Heartland Forgiveness Scale: This is an 18 item self report questionnaire used to measure forgiveness disposition: It ranges from always almost false of me to almost always true of me on 1-7 likert format. The scale was first developed by Thompson Hoffman, and Synder (1988) with its current version finalized in 1999. It demonstrates high consistency reliability mean of .75, .76, .79, and 80 for the subscales and total respectively (Thompson & Synder, 2003; Thompson,Snyder,

Hoffman, Michael, Rasmussen, Billings, Heinze, Neufeld, Shorey, Roberts, & Roberts, 2005)

In addition, forgiveness was said to correlate positively on the subscales with scores of .41, .35, 50 for (cognitive flexibility); .35, .23, .35 for (positive affect); and .27, .25, and .26 for distraction (Thompson et al, 2005). This study established the chronbach alpha reliability coefficient index of 0.564, (x =73.90, Sd=11.491, S^2=132.041).

Scoring of the HFS is both direct and indirect : items 1,3,5,8,10,12,14, 16, and 18 are scored directly where as items 2,4,6,6,7,9,11,13,15, and 17 are scored on the reverse . Four scores are calculated for the HFS i.e. scores for each of the subscales (self, others, situations) and the total HFS.

Score for total forgiveness range from 18-126 and is obtained by summing up totals for each subscale, which in turn is obtained by summing up values for the items that comprised the subscales which ranged from 6-42.

A total score on the HFS indicated how forgiving a victim tend to be: A score of 18-54 on the total indicated the individual was usually unforgiving; A score of 55-89 indicated the victim is likely to forgive; while a score of 90-120 indicated the victim is usually forgiving.

The PCL-5 on the other hand is a 20 item self-report scale with 5 point response options ranging from 0- not at all to 4-extremely, was used to measure the presence of PTSD symptoms among victims. The scale was developed by (Weathers, Litz, Keane, Palmieri, Marx, and Schnurr, 2013).It assesses the presence and severity of PTSD symptoms and its items corresponds with the DSM-5 criteria for PTSD. The scale demonstrated strong internal consistency of (α= 94), test retest reliability (r-.82), convergent validity (rs=.74 to.85), and discriminate validity (rs=.31to .60). In addition, the confirmatory factor analysis indicated adequate fit with the DSM-5 4factor model, $\times(2)(164) = 455.83$, P< .001, standardized root mean score residual (SRMR) = .07, root mean squared error of approximation (RMSEA) =.80, comparative fit index (CFI) = .86, and

Tucker- Lewis index (TLI) = .84, and superior fit with recently proposed 6factor , $\times$ (2) (164) = 318.37, P< .001, SRMR= .05, RMSEA =.06, CFI .92, & TLI .90. And 7factor, $\times$ (2) (164) =291.32, P< .001, SRMR= .05, RMSEA = .60, CFI= .93, & TLI=.91.

For this study, a chronbach alpha reliability coefficient index of 0.682,($\times$=46.68, Sd=14.17, S^2=200.82) was established.

Items of the checklist are summed up to provide a total score i.e.0= not at all, 1= a little bit, 2= moderately, 3= quite a bit, 4= extremely.

Diagnosis was determined by adding scores of each item together to obtain a total score with a range of 0-80. A PCL-5 cut off score of 33 and above was the empirical value for provisional PTSD diagnosis.

Procedure

The researcher identified camps of internally displaced persons in Daudu, Guma-LGA of Benue State and the managers in each of the camps. In each of the camps, self- introduction of researcher was done while also, the purpose of research and the method of sample selection were explained to the camp managers.

Permission was then sought from managers in each of the camps in Daudu that was visited so as to enable access to camp register which was used for the selection of participants who in turn were used for the collection of data.

Participants for the study were then drawn from the camp register Researcher established rapport with selected participants chosen from the camp register; explained the purpose of the research to these participants and then, secured their consent after assuring them of the confidentiality of their responses.

Heartland Forgiveness Scale and, the Post traumatic Checklist for DSM-5 (PCL-5) were administered simultaneously to males and female participants of the selected sample, with the aid of four research assistants whom were briefed beforehand. Participants were allowed time to complete and return questionnaires.

Though, participants with language barrier (i.e. for those who did not understand English Language) had the transcribed question items and responses read in Tiv for easy comprehension, and were allowed to choose response that best described how they felt

Questionnaires were thereafter retrieved from the educated participants after completion and participants appreciated with a token.

Data Analysis

The correlation matrix was used to examine for associations between the studied variables (number of attacks, forgiveness and PTSD); while the multiple regression analysis was used to ascertain if number of attack and forgiveness will predict the rate of PTSD among IDPs of Daudu in Guma LGA of Benue State

RESULTS

Hypothesis 1

Hypothesis 1 stated that there will be a significant relationship between herdsmen attack, forgiveness and the rate of postruaumatic stress disorder among IDPs of Daudu.

Table 1: Summary of Correlation Matrix of Number of Attacks, Forgiveness and PTSD

VARIABLES	PTSD	NO. of Attacks	Forgiveness
PTSD	1		
No. of Attacks	0.110*	1	
Forgiveness	0.100*	0.017	1

Sig. Level: *$P < .05$

Table 1shows the correlation matrix of number of herdsmen attacks, forgiveness and PTSD. The summary results of the correlation matrix revealed that number of attacks was significantly correlated with PTSD (r= 0.110; *$P < .05$) as well as forgiveness (r= 0.100; *$P < .05$). This means that, number of attacks and forgiveness related to PTSD in the study. Further interpretation of the inter-co relational

analysis revealed that there is no significant relationship between the number of attacks and forgiveness but that they are significantly related to PTSD and are capable of predicting posttraumatic stress among IDPs

Hypothesis 2

Hypothesis 2 stated that the number of attacks experienced andforgiveness will significantly predict PTSD among IDPs of Daudu in Guma LGA of Benue State.

Table 2: Summary of Multiple Regression Analysis on PTSD

VARIABLES	?	T	R	R^2	F
Number of attacks	0.109	2.015*	.147	.022	3.740*
Forgiveness	0.098	1.815			

Sig. Level: *$P< .05$, (df=2, 337)

Table 2 shows the summary of multiple regression analysis where it revealed that, number of herdsmen attacks and forgiveness jointly and significantly predicted PTSD ($R= .147$; $F= 3.740$, $P < .05$) and indicated about 2.2% variance for PTSD among IDPs in Benue State. Independently, number of herdsmen attack ($\beta= 0.109$; t= 2.015,$P < .05$) significantly predicted PTSD while forgiveness ($\beta= 0.098$; t= 1.815, $P > .05$) do not predict PTS Damong IDPs of Daudu, Guma LGA of Benue State. This impliedthat; number of herdsmen attacks experienced by the IDPs is the major significant predictor of PTSD among IDPs in Benue State.

Discussion

The result from this study has confirmed the first hypothesis due to the fact that the number of herdsmen attack experienced by IDPs significantly correlated PTSD independently and jointly with forgiveness. However, the numbers of attacks experienced by IDPs had no relationship with forgiveness. This shows forgiveness is an intra-psychic struggle that is not as easy as could be professed thus, even though these victims were likely to forgive after losing their means of livelihood and loved ones from attacks and displacement, they still held iota of pains for manifesting PTSD symptoms. This finding therefore disagree

with previous finding based on empirical literature which indicated that forgiveness is associated with improved health and lower stress, where forgiveness served a buffer against stress (Friedberg, Adonis, Bergen,& Suchday,2005).However in consonance, the finding agreed with Cerci and Collucci (2018), who found forgiveness to be significantly correlated with PTSD, and Doran, Kalayjian, Toussaint, and Demucci (2011) who indicated that trauma exposure and posttraumatic stress are significantly correlated where traumatic stress shows stronger relationship to forgiveness variables.

Hypothesis 2also, was confirmed in the study based on the result of the finding thus, the number of attacks experienced by these IDPs independently and jointly with forgiveness predicted PTSD, while forgiveness on the other hand could not predict PTSD independently. This indicated that: herdsmen attack has turned a continued event in Benue state because attacks have been recurrent in nature; however, victims had learnedto forgive, yet still exhibit symptoms making

theirrecurrent encounter a major predictor of PTSD as manifested in their fear of the unknown, symptoms ofrepeated efforts to repress unpleasant memoriesfrom loss of loved ones and the means of livelihood self-blame (feeling they are responsible for their repeated attacks), persistent emotional state (involving horror, guilt, shame, lack of interest in pleasurable activities), irritability involving angry outburst (expressed as verbal aggression towards spouses / children with little or no provocation), hyper vigilance (overly alert at every provocation), exaggerated startled response, and poor concentration on a task. However, forgiveness alone served an impotent predictor of PTSD because It was initiated from the religious belief held by these IDPs which served as their social support systems, and emphasizing forgiveness as divine and notably expressed by Jesus during his crucifixion" Father forgive them for they know not what they do" (Luke, 23:34).This findingagree with Grubaugh et al, (2011), with the assertion that there is a 33% likelihood of developing PTSD after exposure to one trauma, and an increase prevalence of 7%, and 6% following a second and third traumatic

exposure.

Conclusion

Based on the findings of this study, it was concluded that the number of herdsmen attacks experienced is the major and significant predictor of PTSD among IDPs of Daudu in Guma LGA of Benue State. This implied that PTSD among the IDPs is contingent to the recurrent herdsmen attacks experienced by these IDPsand not their state of forgiveness. Also, these herdsmen attacks has become a continued event in Benue State which has heighten the IDPs PTSD status.

Recommendation(s)

Based on the findings in the study, it was recommended that;

Psychological care should be included in the emergency management of IDPs so that at the face of any catastrophic event victims would benefit from prompt emotional support in order to prevent the manifestation of PTSD symptoms, and provide for its treatment. Hence, herdsmen attack has turned a continued event in the State even though efforts are made to curtail the menace

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