



Relationship between Adverse Childhood Experience and ... (Garba & Nwachukwu, 2021)

Relationship between Adverse Childhood Experience and Depression among Pupils in Internally Displaced Population Camp Schools in North East Zone, Nigeria

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Abstract

The study explored the relationship between Adverse Childhood Experience's (ACE's) and Depression among children in IDP camp schools in north east Nigeria. Three research questions and one hypothesis were answered and tested respectively. The study employed survey research design having a total population of 8427 students in 14 IDP camp schools in the study area out of which a sample of 200 participants was randomly selected (under 13yrs). Data was collected using Adverse Childhood Experience Questionnaire (ACEQ), and Prevalence of Depression Scale. Items for the instruments were derived from guidelines for humanitarian actors in emergency, review of literature and consultation with experts. Face and content validity of the instruments was undertaken by Educational Psychologists and experts from humanitarian agencies in Maiduguri. The instruments were pilot tested in Damaturu, Yobe State. Cronbach's alpha reliability of internal consistency for the instruments were .73 and .79 respectively. Data collected for the study was analysed using descriptive statistics of simple percentage to answer research questions one and two while the formulated hypothesis was tested using PPMC at 0.05 level of significance to determine the relationship between ACEs and depression. Result revealed that loss of parents, homes, sexual abuse and hunger are the most prevalent ACE's to children; there is positive relationship between ACE's and depression among pupils. The researchers concluded that Adverse Childhood Experience's has a positive relationship with depression among children in North Eastern Nigeria's IDP camp schools.

Keywords: Adverse Childhood Experiences, Depression, IDP Camp School



Introduction

Escalation of crises around the globe had resulted to increase in adverse childhood experiences and depression among school age children in conflict areas in Nigeria and north east zone in particular. For instance, UNICEF (2011) reported psychological and social needs of school children following humanitarian crises in Democratic Republic of Congo (DRC), according to the report, many children were left without parents, injured, unable to access education or had their education disrupted; an estimated 7.6 million children were out of school, with 34 per cent of the children coming from conflict-affected areas. This situation raises a great concern as such adverse experience pose great threat to healthy cognitive development and learning (Ogunbiyi, 2017). Schooling is a major activity for survival, growth and development, however well-being and mental health of children in conflict areas is engendered. There are however concern that the capacity to cater for learner's psychosocial and emotional needs arising from Adverse Childhood Experiences (ACE's) may be conspicuously absent from the school's climate, curriculum and staff.

Adverse Childhood Experiences (ACEs) refers to a range of childhood experiences which leads to stress and can result in trauma and chronic stress responses (CAHMI, 2015). Corcoran and McNulty (2018) defined adverse childhood experiences as traumatic events such as sexual abuse, physical abuse, emotional abuse or other chronic stressors such as neglect or parental separation that are uncontrollable to the child. IOWA (2018) simply defined Adverse Childhood Experiences as stressful or traumatic events experienced during childhood. In similar vein Mekonnen, Mogesie and Werkua (2020) sees ACE as a wide range of stressful or traumatic events including neglect, abuse and household dysfunction such as growing up with family members who have substance use disorders, mental health problems or intimate partner violence, extreme economic adversity bullying, school violence and community violence. These definitions all agree that ACEs are stressful that may overwhelm the child's ability to cope. Iachini (2016) added that extreme poverty, homelessness, community violence, unstable or chaotic home life, refugee experiences, illness of a loved one or friend, chronic exposure to violence, natural disasters, serious accidents all pose adverse experiences to the child.

Putting Nigeria's North East children in perspective, specifically in Adamawa, Borno and Yobe where Boko Haram insurgency have exposed children to adverse experiences and violence, many have been forced to flee their homes, several children have lost parents and source of livelihood, leaving them orphaned, separated and unaccompanied. In Borno State alone, the Presidential committee on Northeast Initiative (PCNI) have registered fifty six thousand (56,000) children orphaned by insurgency (PCNI, 2014) and studies tend to confirm that these children exposed to ACEs may experience long-lasting impact on their ability to interact with others (Crouch, 2018) some were found to experience concentration difficulty (Nwachukwu & Tinja, 2016) and some at increased risk of behaviour and learning problems (Freeman, 2014; Iachini, 2016; Dodds, 2016, & 2017), one problem hardly separable from this experience is depression.

Depression is considered a normal response of an individual to life stressors and challenges which however becomes abnormal when it is disproportionate to the stressful event and exceeds the point at which most people begin to recover (Obidibgo, 2007). Emily, Bernard, Charles, Justin, Scholastic, Christine, Jessica, Allen, Elizabeth, David, and Alexander (2021) opined that depression has adverse effects on quality of life and functioning and has consistently being shown to be a strong risk factor for suicide. Furthermore, depressive disorder



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which is characterized by a wide range of symptoms such as depressed mood, feelings of low self-worth, and decreased energy has been recognized globally as a leading cause of disability. Depression is a state of intense sadness, melancholia and despair that has advanced to the point of being disruptive to the individuals' social functioning and or activities of daily living. The emphasis on "disruptive to the individuals' social functioning and or activities of daily living" clearly draw a line between severe (clinical) depression and depressed feeling; the mild depressed feeling however are symptoms to check in order to forestall degeneration into clinical depression at which point suicide becomes an alternative. The present study is concerned with mild depression among school children which are diagnosable using instruments and guidelines for signs of depression (APA 2013 – Diagnostic and Statistical Manual for mental disorder DSM-V). Passer and Smith (2004) had reported that depressive state is characterized by persistent problems in other areas of life problems such as appetite change, altered sleep patterns, loss of interest or pleasure in usual activities including sex, loss of energy, hopelessness, helplessness, worthlessness and self-reproach. Others are suicidal thoughts or acts, persistent sadness and negative thoughts. Functional symptoms includes; gastrointestinal disorders (anorexia, constipation, nausea, diarrhoea and indigestion), cardio-respiratory problems (palpitations and cough), and general fatigue, tiredness, headache, stomach aches, stiff ache and heartburn.

There tend to be research indications that adverse experiences are associable to depression. For instance it was reported by UNICEF (2011) that after more than 20 years of war in Sudan, there are still high prevalence of mental disorders arising from memories on effect of the war, for example, over one third of respondents met symptom criteria for post-traumatic stress disorder PTSD, and half of respondents met symptom criteria for depression. Equally Mekonnen, Mogesie and Werkua (2020) have reported that depression was found to positively associated with negative life events, while Emily, et al (2021) associated ACE with depression. Similarly, Emily, et al (2021) posited that although depression in children may be caused by combination of genetic vulnerability and early developmental experiences, an outstanding contributor is exposure to stressors, violence to children, anxiety-evoking conditions, abuse and neglect. Others are marital dissatisfaction in the family, parents and social pressure. How children respond to different stressors in different ways depends on the child's personality and situation. Most children become silent and do not open up to the parents about what is wrong and what is bothering them. Supporting this view, Mekonnen, Mogesie and Werkua (2020), observed that traumatic experiences often lead to childhood depression by creating vulnerability in young people due to bio/psychosocial development, dependency, inability to reconcile basic fact between themselves and their environment and underdevelopment of coping skills. A major concern addressed by this study is examining the relationship between depression-related problems and adverse childhood unpleasant experiences among IDP's camp school children occasioned by insurgency in the North-Eastern Nigeria.

Objectives of the study

The study seeks to achieve the following;

1. Determine the most prevalent form of Adverse Childhood Experience (ACE) among IDP camp school children in North East Zone, Nigeria.



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2. Assess the depression symptoms prevalent among children in IDP camp schools in North East Zone, Nigeria.
3. To examine the relationship between ACEs and depression among children in IDP camp schools in North East Zone, Nigeria.

Research Questions

1. What are the most prevalent forms of ACEs among children in IDP camp schools in North East Zone, Nigeria?
2. What are the common depression symptoms prevalent among children in IDP schools in North East Zone, Nigeria?
3. Is there any relationship between ACE and depression among children in IDP camp schools in North East Zone, Nigeria?

Hypothesis

There is no relationship between ACE and depression among children in IDP camp schools in North East Zone, Nigeria

Methodology

The study employed Quantitative Survey Design. The choice of survey design is justified by Cohen, Manion & Morrison (2000) who explained that by gathering data survey may be used to describe the nature of existing conditions, or identify standard against which existing conditions can be compared or determine the relationships that exist between specific events; this study seeks to among others describe the most prevalent forms of ADC and depression symptoms as well as their possible relationship among students in Maiduguri state of north east zone Nigeria. Population of the study consisted of pupils in the IDP camp schools in Maiduguri, there are about fourteen (14) IDP's camp schools in Maiduguri. Total number of students in all the schools was 8,427 (3,372 females and 5,055 males) IDP's students. The population is heterogeneous in nature comprising of both male and female from diverse socio-economic background, of varying age and culture who have been victims of insurgency and suffering from adverse childhood experiences

A sample of 200 pupils was drawn from four (4) primary schools within the internally displaced persons (IDP's) camps (50 pupils from each school) to participate in the study. All pupils were assumed to meet the criteria for (ACE's) were allowed to participate; pupils were all below twelve (12) years of age and were drawn from primary 3 and 4. As earlier noted, the location, structure and protocols in the camps guided the execution of sampling procedure; as at the time of conducting this study, access into the camps was becoming increasingly difficult. However, the researchers were able to access four (4) camps to conduct the study. The researchers employed simple random sampling in selecting the required sample size. This method allowed each member of the population under study have an equal chance of being selected and the probability of a member of the population being selected is unaffected by the selection of other members of the population (Cohen, Manion & Morrison, 2000). Ballot method was employed,

Two (2) instruments were developed by the researchers and used for data collection in the study; namely, Adverse Childhood Experience Questionnaire (ACEQ) and Depression prevalence scale. ACEQ is a sixteen-item questionnaire with three response scale (My Most Painful Experience, My Painful Experience and Not My Experience). Items for the instrument



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were derived from review of literature and World Health Organization's guidelines for ACE's, LA SIERRA University; Impact of ACEs on School Performance and Trauma Informed School websites. The instrument was pilot tested using 50 pupils in order to establish its reliability of internal consistency and data collected was analysed using Cronbach's alpha upon which reliability coefficient of $\alpha = .73$ was obtained.. The instrument was Face and content validated by educational Psychologists and specialists from an international humanitarian agency in Maiduguri. In similar direction Depression Prevalence scale (DPS) is a seventeen (17) items instrument measuring prevalence of simple depression among students on a 3-point likert scale 'MUCH LIKE ME', 'RARELY' and 'UNLIKE ME' 3, 2, 1 points respectively. Its items were derived from Diagnostic Statistical Manual DSM-V-. The instrument was pilot tested using 120 students from Yobe State. Its reliability of internal consistency was also obtained using Cronbach's alpha reliability having alpha index of .79.

Results

Research Question 1

What forms of ACEs are most prevalent among children in IDP camp schools in North East Zone, Nigeria?

Table 1: Forms of ACEs most prevalent among children in IDP camp schools children?

SN	Item	My most painful experience	My painful experience	Not my experience
1	Loss of family member(s)	77.1%	22.9%	0%
2	Loss of home(s)	74.8%	10.2%	15.0%
3	Loss of source(s) of livelihood	67.6%	12.4%	20.0%
4	Suffered Physical Neglect	30.3%	50.7%	19.0%
5	Witnessing family member being abused	37.2%	10%	52.8%
6	Abuse Substances	46.5%	3.5%	50%
7	Suffered Mild injury	19.9%	74.1%	6.0%
8	Suffered Amputation	45%	2.9%	52.1%
9	Suffered Physical abuse	64.8%	20.2%	15.0%
10	Suffered Sexual abuse	52.4%	17.6%	20.0%
11	Suffered Emotional neglect	29.3%	51.7%	19.0%
12	Suffered Hunger	42.2%	59.8%	8%
13	Experienced Parental separation	46.5%	53.5%	0%
14	Experienced Kidnap of family member	69.1%	24.9%	6.0%
15	Experienced Teen pregnancy	5%	32.9%	62.1%
16	Was Recruited into fighting groups	4%	6.2%	89.8%

Table 1 revealed forms of adverse childhood experiences faced by children in IDPs camps in Maiduguri. Items 1, 2, 3, 9, 10 and 14 were "Most painful experience" of respondents. Items 4, 6, 7, 11, 12 and 13 were painful experiences to many of the respondents while only items 5, 8, 15 and 16 were not experienced by most of the respondents.

Research Question 2

What symptoms of depression are prevalent among children in IDP camp schools?



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Table Two: Symptoms of Depression prevalent among Children in IDP Camp Schools?

S/n	Items	Much like me	Rarely	Unlike me
1	Persistent sadness and negative thoughts	35.2%	50.5%	14.3%
2	loss of interest in usual activities	52.2%	32.5%	15.3%
3	Worthlessness	38.3%	52%	9.7%
4	Gloom	59.8%	18.5%	21.7%
5	recurrent thoughts of death	21%	64.3%	24.7%
6	Low mood	32%	41.5%	28.5%
7	Poor appetite or weight loss	32.1%	17.8%	50.1%
8	Despondency	31.5%	37.5%	31%
9	Hopelessness	18.2%	61.8%	20%
10	Irritability	79%	19%	20%
11	Worry	51.2%	32.5%	16.3%
12	Discouragement	21.3%	58%	20.7%
13	Dejection	61.8%	30.5%	7.7%
14	Sleep difficulty	57%	23.3%	19.7%
15	Fatigue	30%	42.5%	27.5%
16	Guilt	31.1%	30.8%	37.1%

Table 2: indicated symptoms of depression prevalent most among Children in IDP Camp Schools reported by the majority was; irritability (79%), dejection (61.8%) feeling of gloom (59.8%), sleeping difficulty (57%). Loss of interest in usual activities (52.2%) and worry (51.2%), and Items 1 and 12 (persistent sadness and negative thoughts & Discouragement) were rarely felt by majority of the respondents. Item 7 (Poor appetite or weight loss) was the least reported.

Hypothesis

There is no significant relationship between ACEs and depression among children in IDP camp schools?

Table 3: Pearson Product Moment Correlation between ACEs and Depression

Variables	N	Mean	Std. Dev.	r.	p.-value	Remark
ACEs	200	29.83	6.11			
Depression	200	27.07	5.82	.739	.000	Sig

Table three reported the output of correlation analysis (PPMC) revealing relationship between Adverse Childhood Experiences and symptoms of Depression among school children in IDPs camp schools in Maiduguri, Borno State. This result indicates a strong positive relationship between ACEs and depression ($r=.739$ & $p\text{-value}=.000$). In this case, the null hypothesis is rejected.

Discussion of Findings

This study revealed experiences that constitute ACEs for school children in IDPs camps in north east Nigeria. It threw light on mental health of children which may exclude them from educational benefits in school. Loss of family member(s), Loss of home(s) and loss of source of livelihood, mild injuries, Suffered Physical abuse, sexual abuse and Experienced Kidnap of family member created mental health concern. Without meeting these psychological needs, affected children may continue to be excluded from benefits of learning. This result aligned to



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UNICEF (2011) report which documented psychosocial needs of children following the 2011 crises in DRC. This report just like the result of this study noted that many children were left without parents, injured and unable to access education or had their education disrupted; an estimated 7.6 million children were out of schools in conflict-affected areas. Also in agreement with this result is Iachini (2016) which reported that extreme poverty, homelessness, community violence, unstable or chaotic home life, refugee experiences, illness of a loved one or friend, chronic exposure to violence, natural disasters, serious accidents all pose adverse experiences to the child. Again, the presidential committee on Northeast Initiative (PCNI) upheld this stance, noting that in Borno State alone, have registered fifty six thousand (56,000) children orphaned by insurgency (PCNI, 2014). This situation raises a great concern because schooling is a major activity for engendering well-being and mental health of children in conflict areas, for learning to take place, the school must appreciate the psychological needs of the learner, and in-view of their antecedents develop programs that includes their needs

The study again revealed that many children in IDPs camp schools indicated signs of depression including loss of interest in usual activities, gloom, irritability, worry, dejection and sleep difficulty. Smith (2018) had reported that depressive state is characterized by persistent problems in other areas of life problems such as appetite change, altered sleep patterns, loss of interest or pleasure in usual activities including sex, loss of energy, hopelessness, helplessness, worthlessness and self-reproach. Others are suicidal thoughts or acts, persistent sadness and negative thoughts. Functional symptoms includes; gastrointestinal disorders (anorexia, constipation, nausea, diarrhoea and indigestion), cardiorespiratory problems (palpitations and cough), and general fatigue, tiredness, headache, stomach aches, stiff ache and heartburn. Diagnostic Statistical Manual-V-TR outlined major symptoms to look out for in depressed individuals, these are; depressed mood and anhedonia.

The second finding also revealed certain symptoms which very few participants had but which also raises concern concerning prevalence of depression. Symptom number one (1) persistent sadness and negative thoughts is experienced by 32.2% of children, these children may need to be examined for further signs of clinical depression or more serious mental health concern. Similarly, Items number 3, 7 and 15 (Worthlessness, Poor appetite/weight loss & Fatigue) may require further investigation self-esteem, nutrition and health-related issues. The study further reported a strong positive correlation between Adverse Childhood Experiences and symptoms of Depression among school children in IDPs camp schools in Maiduguri, Borno State. Emily et'al (2021) and Mekonneu, Mogesie & Werkua (2020) works all agree with this study findings as they reported prevalence of depression and other mental health concerns as well as exposure to stressors, violence to children, anxiety-evoking conditions, abuse and neglect are found to be strongly related with depression.

Conclusion

The study indicated that most prevalent adverse childhood experience of the children in IDP camps in the study area among others are loss of family members, homes, livelihood, sufferings from neglect as well as physical and sexual abuses. While major and most prevalent symptoms of depression among children in IDP camps in the study area were found to be dejection, feeling of gloom, sleeping difficulty, loss of interest in usual activities and worry which have constituted a major threat to their well-being as well as equally a great challenge to learning and need to be addressed if learning is to thrive. ACE was found to be correlated with depressions and efforts need to be made towards including psychological needs of the child in school programs.



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Recommendations

Based on the result of obtained in this study, it is recommended that;

1. Activities of physical and health education in schools be revamped and structured to assume therapeutic stance through emphasis on games and other activities that promote mental wellbeing
2. Special training need to be arranged to prepare care-givers in the school on task of understanding and addressing learners psychological needs
3. School climate should be designed to meet trauma-sensitivity basic standard depending on needs of learners

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