

# **EXPRESSIVE THERAPY FOR SURVIVORS OF INSURGENCY IN BORNO STATE**

**Project Report**



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# A Word From The Executive Director



The violent insurgency waged in the North-East of Nigeria by Boko Haram and ISWAP has not only led to the destruction of lives and property, but has also led to the breakdown of traditional, family, socio-political and economic structures within communities and the displacement of millions.

It has also left millions of traumatized survivors uncertain about their future, as well as how to address the conflict-induced mental health challenges they observe in themselves and others around them.

In response, Neem Foundation, a non-profit organization in Nigeria partnered with Chibok Project in the United States of America to provide expressive therapy to individuals affected by the insurgency in Borno state. The partnership aimed at helping beneficiaries work through their difficult (often-traumatic) experiences as part of the process of rebuilding themselves and improving their social and emotional well-being and resilience.

The expressive therapy activities implemented in this project not only directly address psychological trauma, the activities also helped beneficiaries reduce tendencies of violence against others, improve their level of tolerance and promote a greater sense of community and national identity.

**Dr. Fatima Akilu**  
*Executive Director of Neem  
Foundation*

# Executive Summary

The Chibok Project is a trauma healing project that uses an alternative form of therapy to support member of communities affected by the insurgency in the North-East Nigeria, specifically Jere Local Government Area in Borno State. The project used Expressive Therapy as an intervention to engage the adults, adolescents, and children in these communities in creative activities like art therapy, psychodrama, music, dance, and mindfulness activities. The aim of this project was to support the healing of these communities using creative tools easily available and accessible to them.

Simari Jere community and Wadiya community, both in Jere Local Government Area, in Borno state were beneficiaries of this project. The six-weeks was broken down into two-weeks for pre and post assessments and four-weeks of Expressive Therapy intervention. In both communities, all interventions started with community sensitization and advocacy, and a rapid needs assessment.

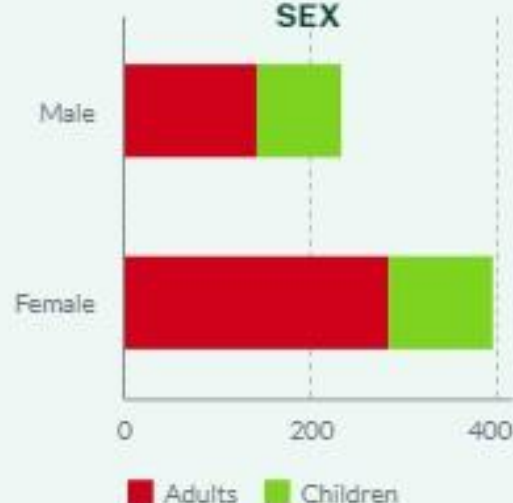
A total number of 628 beneficiaries participated in the project, with 428 adults and 200 children and adolescents. The Expressive Therapy sessions for the children and adolescents included art therapy, music, and dance therapy while the adults engaged in Focused Group Discussion (FGD), mindfulness activities, and psychodrama.

**Total Number of  
Beneficiaries Reached**  
628



■ Adult (68.15%) ■ Children (31.85%)

**SEX**



**Communities Reached**

Simari Community



Wadiya Community



# Introduction



Communities in the North-East of Nigeria has had over a decade of conflict because of the Boko Haram insurgency. The activities of Boko Haram have severely and adversely affected the socio-economic, physical and mental wellbeing of both the North-East of Nigeria and the country, with worse outcomes for both women and children especially. This experience has eventually led to severe illness such as depression, anxiety, stress and Post-Traumatic Stress Disorder (PTSD) among the survivors. Consequently, communities affected by the insurgency present a very fertile soil for the implementation of the Chibok Project.

The Chibok Project is a trauma support intervention that implored the use of Expressive Therapy as a tool to facilitate psychological healing in communities that have been affected by conflict. Unlike the conventional use of talk therapy in trauma support, this intervention used activities that enabled self-expression of emotions to resolve conflict, facilitate healing, improve problem-solving skills, and build resilience. This two-month intervention was aimed at adults, adolescents, and children in these communities. The activities included art therapy, psychodrama, music and dance, and mindfulness activities.

Simari Jere and Wadiya communities in Jere Local Government Area, were beneficiaries of this intervention, comprising of a total number of 428 adults, and 200 adolescents and children across both communities. In the adult populace, 144 were male while 284 were female, for the adolescents and children, 89 were male and 111 were female.

# Description of Communities

## Simari Community

Simari Jere community is located to the North-Eastern part of Maiduguri opposite the popular Maiduguri Beans Market (Muna garage). This community had witnessed a mass influx of Internally Displaced People (IDPs) from Mafa Local Government and its environs because of the Boko Haram insurgency. The community has also witnessed series of killing and repeated bomb-blasts during the peak of the insurgency and was labelled as one of the red zones or *no-go* areas in Maiduguri.

As a result of these traumatic experiences, and high influx of the IDPs into the community, the Simari Jere community was subjected to rapid need assessment to ascertain its eligibility for Expressive Therapy engagement. The baseline assessment of the community indicated that it was a good fit to be engaged in the Chibok Project.

## Wadiya Community

Wadiya is an ancient community that is located few kilometers at the outskirts of Maiduguri on the Southern axis on the shore of Aloa Dam. It is a Kanuri dominated community that have settled there for hundreds of years and are known to be peasant farmers. The community has witnessed series of attacks even in recent times, perhaps because of its isolation of being a few kilometers away from Maiduguri, and its proximity to the shrubs that annexes the Sambisa Forest.

The displacements and attacks in this community has truncated all the economic activities, including the farming which was major source of livelihood in the community. The community has lost access to farmlands, compounding their problem. The rapid need assessment carried out in the community showed that the community members were traumatized, leading to the selection of the community for the Chibok Project.



# Methodology

The Chibok Project was implemented in four-weeks, with an additional two-weeks for pre and post assessments in each community. The interventions in the communities were hosted in safe spaces provided by a community member. Monday to Wednesday were designated for adults while Thursdays were for the adolescents and children, leaving Friday for psychodrama presentations.

The approaches used for adults were different from the approaches used for children. The adult beneficiaries were engaged in mindfulness activities and psychodrama while children were engaged in art, music, and dance therapy



## 1

### Community Sensitization and Advocacy

This activity is the first step to programming in any community. A sensitization and advocacy visit are organized with the community gate keepers to provide them with information on the intervention and the benefits for its members. Thus, a detailed explanation of expressive therapy, the duration of the intervention, and beneficiaries were clearly explained to the community gate keepers in both communities of implementation.

These community gate keepers were excited about the program and did not hesitate to collaborate in providing a safe space for the intervention at a minimum cost, and identifying community-based volunteers comprising of at least two females and two males who must be members of the Civilian Joint Task Force (CJTF).

## 2

### Pre-assessment

Individual assessments were carried out to assess the mental health state of the beneficiaries. Psychometric tools were used to assess relevant mental health challenges, such as depression, anxiety, stress and Post-Traumatic Stress Disorder(PTSD)

## 3

### Insight Therapy

This technique was used to help the beneficiaries gain understanding of their psychosocial distress and learn how to utilize the different types of expressive therapies to facilitate healing and to enhance their wellbeing.

## 4 Music and Dance Therapy

This activity involved the use of movement to display and enhance the emotional, cognitive, and physical states of the beneficiaries, as they moved in response to music and in patterned steps. This activity was enjoyed by the children, using their local music throughout the intervention period. The beneficiaries found this activity to be therapeutic as they noted ease in expressing themselves through dance. Furthermore, it helped to boost their mood, overcome negative emotions, create calm, develop a greater sense of connection with self and others and build self-confidence.

## 5 Mindfulness Techniques

These activities capitalized on the mind-body connection to effect positive changes. They were tailored towards helping the beneficiaries focus on the present, disconnect from the outside world, slow down, and keep negative thoughts off the mind. To facilitate these activities, the beneficiaries were given henna dyes, plastic knitting threads, knitting needles, wooden handles, and razor blades. The beneficiaries were encouraged to make fans and henna designs of their choice. They reported feelings of confidence and accomplishment when seeing the progress of their work. They also reported being in a positive meditative state of mind while carrying out the activity. The beneficiaries were given the materials for knitting and henna to use while at the safe space, as well as to take home.

## 6 Psychodrama

Selected beneficiaries were engaged in psychodrama rehearsals throughout the week in preparation for the presentation to other beneficiaries by the end of the week. Different topical narratives were used to bring to light challenges and solutions to issues that are common in the community. For example, one of the psychodrama topics that was presented in the community was depicting how the IDPs were rejected and stigmatized by the host community, and how the IDPs in the camps denied the host community members access to support from NGOs.

## 7 Post Assessment

Psychometric tools that assess depression, anxiety, stress, PTSD and vulnerability to violent extremism were re-administered to beneficiaries. Comparisons between pre and post tests enable the team to track the impact of services provided.



# Success Stories

1

An aged woman, 63-years old, living in penury, frustrations and fear of the unknown following the witnessed death of her beloved husband (bread winner), expressed her profound gratitude to Neem Foundation for the therapeutic sessions that gave her an emotional relief, feelings of joy and instilling hope in her despite her distress. Overwhelmingly, she longed to have more expressive therapy sessions to help her manage and overcome her psychosocial distress.

2

A 43-years old married man narrated how the aftermath of the Boko Haram crisis led to the loss of his source of livelihood (fish farming). This made him experience feelings of frustrations and fear of the unknown. However, the active listening and empathy shown to him during the session gave him emotional relief and a sense of belonging.

3

A young energetic 14-years old girl who reported being displaced from her beloved ancestral home, Mongonu LGA, and dropping out of school in the aftermath of her displacement was a beneficiary of the therapy sessions. She reported seeing her life as worthless but participating in the counselling session gave her insight into her problems faced. She noted experiencing emotional relief and hope for a better future.



## Findings - Rapid Needs Assessments

### Simari Community

Distribution of Respondents by Gender



Male (45%) Female (55%)

Level of Educational Qualification



Educated (Formal/Informal) (30%)  
Uneducated (70%)

Distribution of Respondents by Age



Young Adults (17.5%)  
Middle Aged Adults (57.5%) Older Adults (25%)

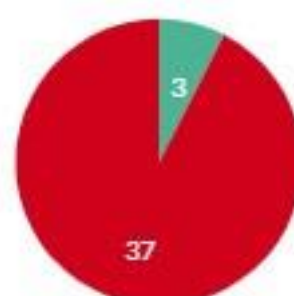
### Wadiya Community

Distribution of Respondents by Gender



Male (27.5%) Female (72.5%)

Level of Educational Qualification



Educated (Formal/Informal) (7.5%)  
Uneducated (92.5%)

Distribution of Respondents by Age



Young Adults (17.5%)  
Middle Aged Adults (57.5%) Older Adults (25%)

# Findings - Rapid Needs Assessments

## Simari Community

### Areas of Humanitarian Response

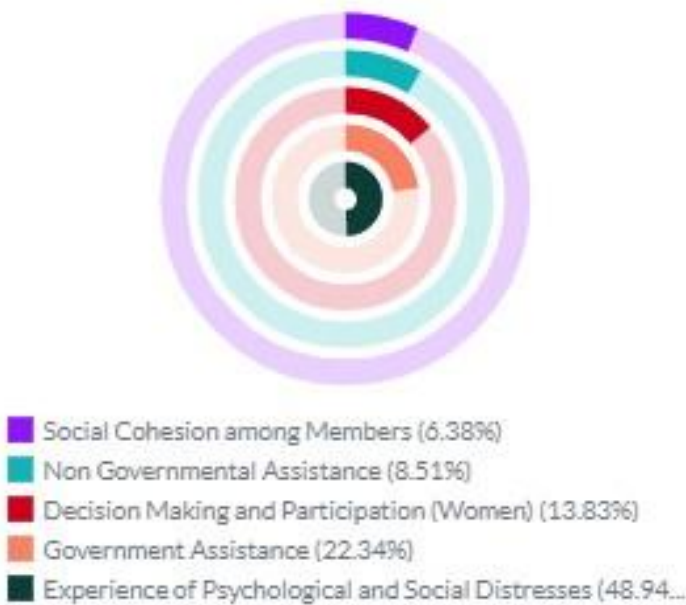


## Wadiya Community

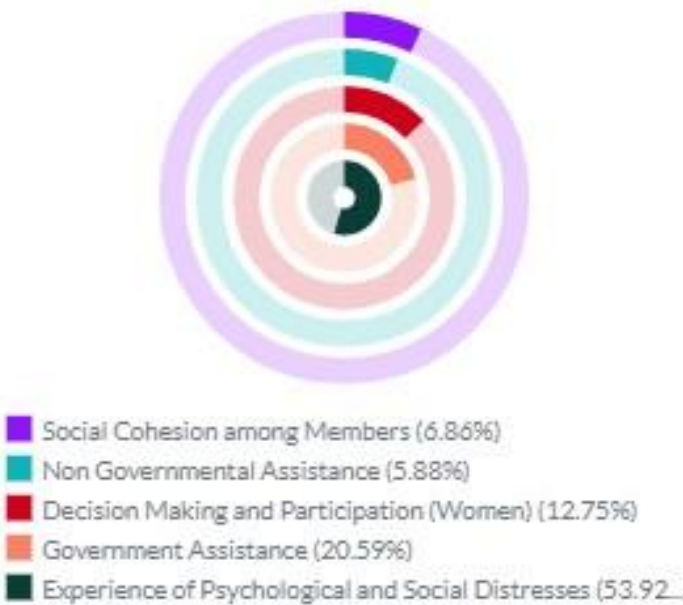
### Areas of Humanitarian Response



### Areas of Humanitarian Response



### Areas of Humanitarian Response



# Findings - Expressive Therapy

## Simari Community

Distribution of Respondents by Gender



Male (31.11%) Female (68.89%)

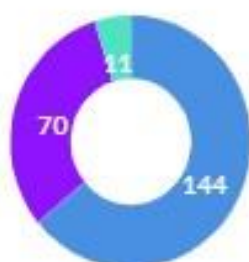
## Wadiya Community

Distribution of Respondents by Gender



Male (30.21%) Female (69.79%)

Distribution of Respondents by Age



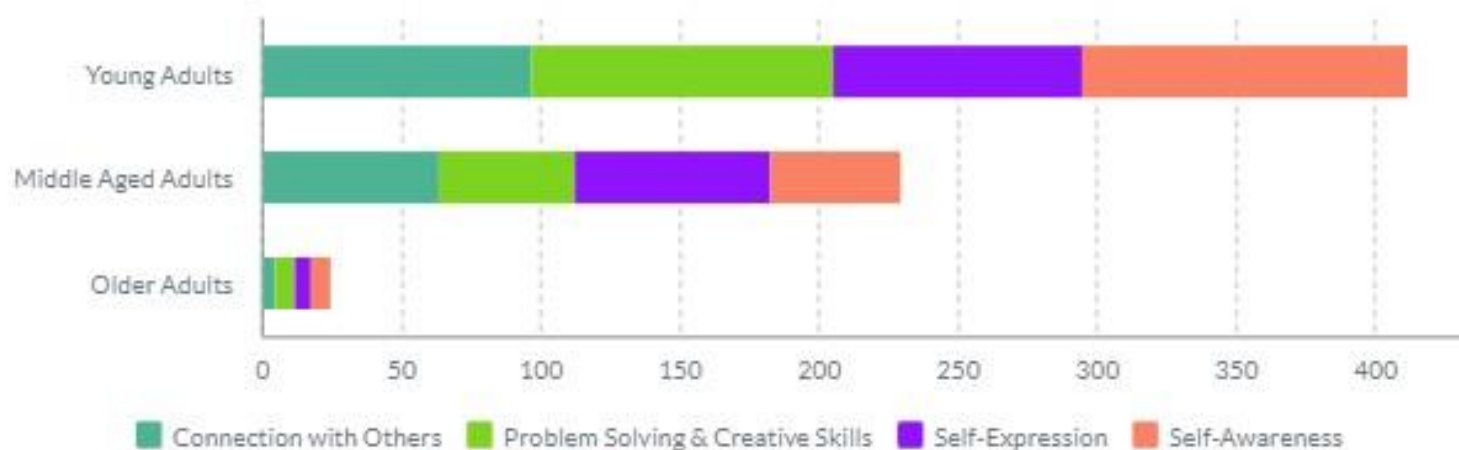
Young Adults (64%)  
Middle Aged Adults (31.11%)  
Older Adults (4.89%)

Distribution of Respondents by Age



Young Adults (63.02%)  
Middle Aged Adults (33.33%)  
Older Adults (3.65%)

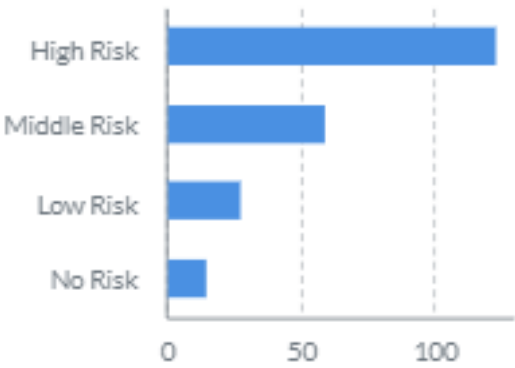
## Clients Satisfaction on Expressive Therapy Activities



# Findings - Expressive Therapy

## PRE-ASSESSMENT

### VVES

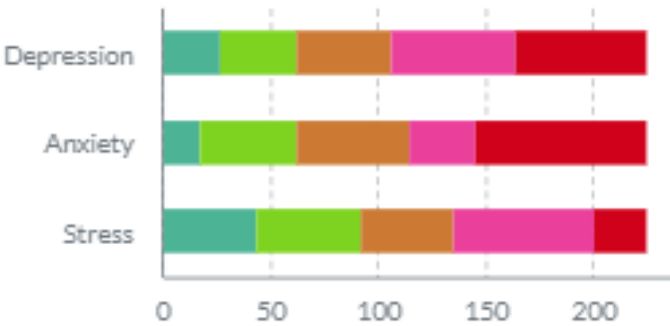


### PTSD



■ Symptomatic ■ Non-Symptomatic

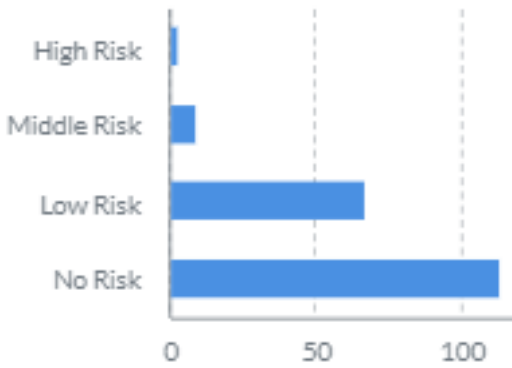
### DASS



■ Normal ■ Mild ■ Moderate ■ Severe  
■ Extremely Severe

## POST - ASSESSMENT

### VVES

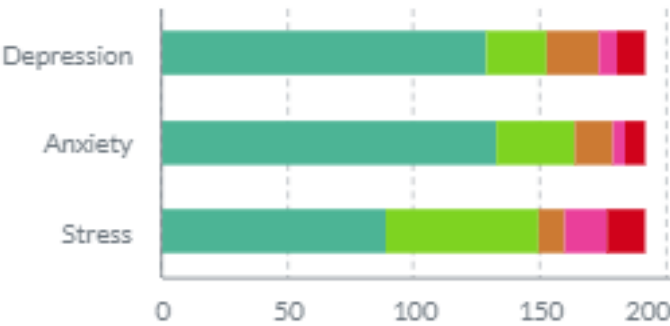


### PTSD



■ Symptomatic ■ Non-Symptomatic

### DASS



■ Normal ■ Mild ■ Moderate ■ Severe  
■ Extremely Severe

# Observation from Project Implementation

1

In both locations, the Expressive Therapy activity (psychodrama/ mindfulness activity, cap knitting and henna designs) is a great therapeutic technique that helped beneficiaries connect with one another in a meaningful and genuine manner, irrespective of their tribal, religious, or social class difference.

3

In Wadiya community, dance therapy was impractical as the community were glued to their cultural beliefs and ideology.

5

In both communities, the older adult women participated more actively in the mindfulness activities compared to the men. This helped the women learn a new coping skill and created a sense of personal strength.

2

In both locations, during the expressive therapy sessions, the children were more expressive and had better active participation with mind-body connections, than the adult beneficiaries.

4

The art therapy (drawing and painting) was an impactful technique that helped explore self-awareness, problem solving, cognitive and creative skills in most of the children and adolescents who had no formal educational background, particularly in Simari community.

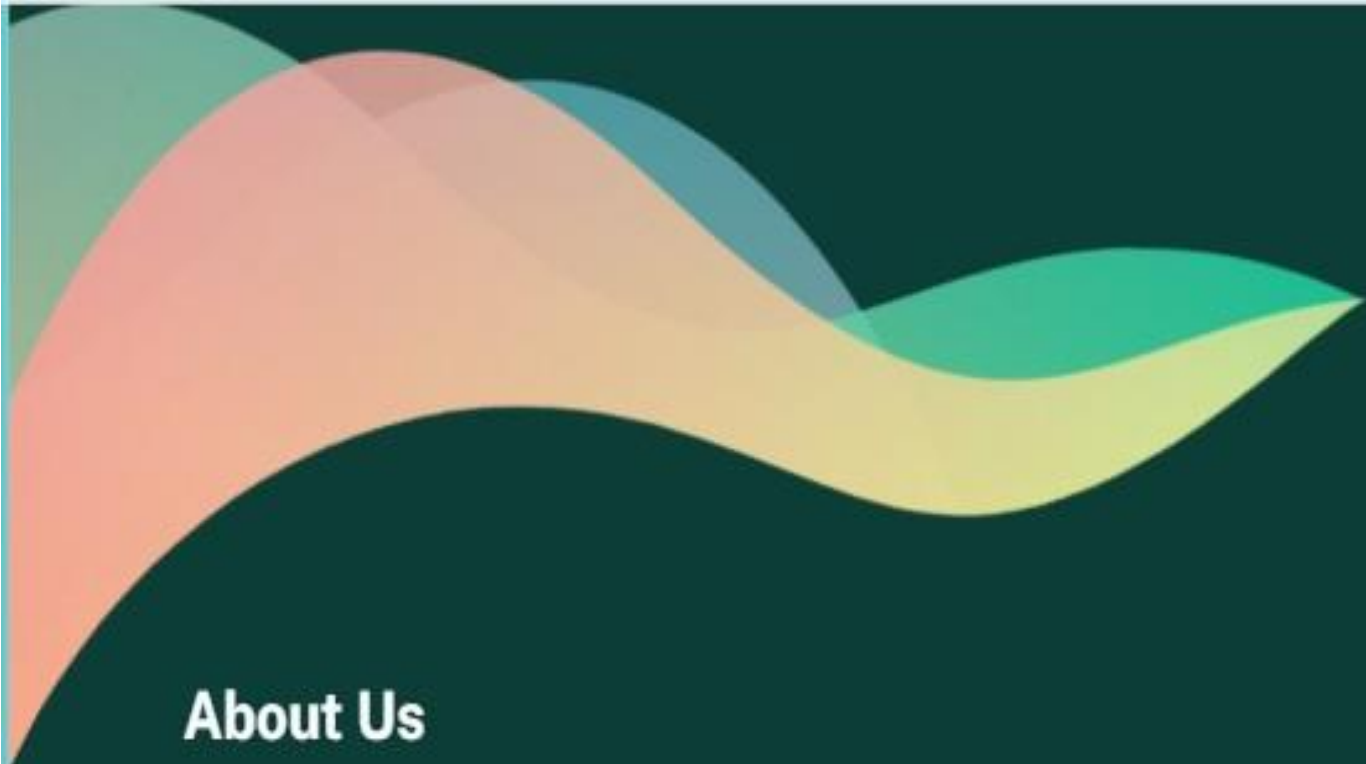


# Challenges

- Getting an ideal safe space was challenging for Expressive Therapy activities especially for psychodrama and dance activities because these activities required a spacious area. Most of the host communities were cluster settlements. However, we were able to maximize the safe spaces we got for these activities.
- Security continues to remain a challenge in Borno state, particularly in Local Government Areas outside Maiduguri Municipal Council. The liaised with security agency in the state and Civilian Joint Task Force (CJTF), the local security outfit to strengthen the security of beneficiaries and staff on the project
- Constant reports of attacks elsewhere, discrimination and stigmatization, heavy rainfalls are significant other challenges experienced in the field.

# Recommendations

- For effective service delivery, the choice of music and dance should be incorporated in the rapid need assessment in order to have a prior understanding of the cultural dynamics of the target location.
- Due to cultural sensitivity, male and female sessions should be scheduled separately for some of the expressive therapy activities during the intervention weeks.
- There should be provision of mindfulness materials appropriate for men to enhance their overall mental and psychosocial wellbeing since they are unwilling to engage in henna tattoo.
- Considering the challenge of securing an appropriate safe space for Expressive Therapy, a semi permanent or make-shift safe space can be constructed for effective service delivery.



## About Us

Neem Foundation is a non-profit, non-governmental organisation committed to supporting the healing, stabilisation and reintegration of individuals, groups and communities affected by crisis, violence or conflict in Nigeria. Our mandate is to build the resilience, wellbeing and capacity of communities across the country to adopt inclusive approaches to recovery from the effects of conflict and mitigate future crises. Our areas of expertise include psychological and psychosocial support services, peace building and social cohesion, education/education-in-emergencies, communications and advocacy, institutional capacity building, qualitative and quantitative research and reintegration. Our commitment to producing and disseminating evidence-based research has also strengthened our work in developing policies to influence conflict/crisis response and mitigation, as well as context-appropriate interventions in post-conflict/crisis situations.

### Contact

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# Annexes

## Mindfulness Technique





# Art Therapy



# Psychodrama, Music and Dance Therapy



## Assessment

