Journal of Humanities and Social Sciences
Vol. 2 Issue No.1. December, 2020. PP 1-13. ISSN 2708-504X

# TRAUMATIC EXPERIENCES, POST TRAUMATIC STRESS DISORDER LEVELS AND MENTAL HEALTH IMPLICATIONS AMONG CHILDREN SURVIVORS OF POST- ELECTION VIOLENCE IN NAKURU COUNTY

**Jacinta Kingori[1] & Peter Muchemi[2]**

1. Cooperative University of Kenya
2. Ministry of Public Service and Gender, Kenya

**Email of corresponding author*:*** jacintakingori0@gmail.com

**Abstract**

*During 2007/2008 post-election violence in Kenya, children were exposed to and witnessed various traumatic events. These experiences may have left scars of shattered assumptions of safety and personal vulnerability. Some may have developed anxiety disorders. The study sought to establish the traumatic experiences of children during the post-election violence and Post Traumatic Stress Disorder (PTSD) levels among secondary school children in Nakuru County. It employed ex-post facto research design, where a multi-stage sampling approach was used to obtain the sample. A Sample size of 460 respondents was derived from 10 division in Nakuru County which were hard hit by post-election violence. The sample comprised of 400 children survivors of the violence; 20 deputy head teachers of the schools sampled and forty parents. Data for the study was obtained using questionnaires, interview schedules and Focused Group Discussions. A pilot study was conducted in Subukia division. Split-half method was used to determine the reliability of the research instrument and a reliability coefficient of 0.8 was established. Data from questionnaires was analyzed using descriptive and inferential statistics while that obtained from interviews and focused group discussions was analyzed for content. Independent t-test was used to test the hypotheses while correlations were carried out to determine association between variables. The hypotheses were tested at significance level of 0.05. The study found that the children had high exposure to traumatic experiences and high PTSD levels. The findings of this study provide useful information which can assist parents, teachers and policy makers put appropriate interventions for support to traumatized children.*

**Keywords**- *Traumatic experiences, post-election violence, mental implications, posttraumatic stress disorder*

## Introduction

Traumatic events such as being involved or witnessing a serious road accident, military combat, violent personal assault, terrorist attack, community violence, being diagnosed with a life-threatening illness and even hearing about an unexpected injury or violent death of a family member or close friend can cause both short term and long-term stress reactions. Many people who experience long term stress reactions continue to function at optimal levels but those who are unable to function at normal range and have difficulties in one or more areas may have Post Traumatic Stress Disorder (PTSD) (Leach, 1994). The characteristic symptoms resulting from the exposure to the extreme trauma include persistent re-experiencing of the traumatic event, intrusive recollections of the event and increased arousal (Marshall, 2002).

The official recognition of PTSD came about only in 1980 when it was recognized as an adult disorder in Diagnostic Statistical Manual – III (1987), previously it was described as bereavement syndrome, camp psychosis and traumatic war neurosis. However, in 1987, DSM-III-R added notes on variation of symptom presentation in children after studies indicated that traumatic events affect children in a much more profound way than adults since

they have not yet developed personality or psychological structures to deal with horrors and trauma. Moreover, childhood traumatization is greater than that of adult because it disturbs the child's developmental process, affects behaviour and long-term potential (Green, 1992). Children who have been traumatized see the world as a frightening and dangerous place and if the trauma is not resolved, this fundamental sense of fear and helplessness may carry over into adulthood setting stage for further trauma (Levine, 1997).

Nevertheless, children and adolescents vary in the nature of their responses to traumatic experiences. The reactions may be influenced by their developmental level, ethnicity or cultural factors, previous trauma exposure, available resources, and pre-existing child and family problems (Garrison, 1995). However, nearly all children and adolescents express some kind of distress or behaviour change in the acute phase of recovery from a traumatic event (Sue, 1990). Some of the reactions include development of new fears, separation anxiety, sleep disturbance, sadness, and loss of interest in normal activities, anger, and decline in school work, irritability and somatic complaints.

Research indicates that in community samples more than two thirds of children report experiencing a traumatic event by the age of 16 (Gist, 1989). A comparative study in urban African schools in Cape Town and Nairobi revealed that more than 80% of secondary schools children reported exposure to severe trauma either as victims or witnesses (Nyamai, Njenga, Seedat, 2004). Thus, (Clark, 2001) gave estimated rates of witnessing community violence range from 39% - 85%.

A study by Thabet (2008) in Gaza strip among children aged between 6 – 16 years revealed that 59% of the children were diagnosed with PTSD while there was no significant difference between boys and girls in reported anxiety, PTSD and depression. As far as age was concerned, there was no significant difference in reported anxiety, PTSD and depression. Children also reported to have witnessed traumatic events which included, watching mutilated bodies on TV, hearing shootings and bombardments. It also included hearing sonic sounds of Jet fighters, witnessing shooting of relative and being threatened by shooting (Thabet, 2008). Nevertheless, in Rwanda, a study carried out by Palmer (1997) after the most brutal genocide the world has ever witnessed indicates that symptoms of PTSD are widely spread around children and adolescents. About 54–62% of the children interviewed exhibit probable PTSD.

Nakuru county had experienced ethnic and political conflicts in 1992 and 1997 prior to general elections held in those years. However, in 2007 violence erupted after the announcement of results though tension had started to build up before the elections. The post-election violence of 2007/2008 adversely affected Nakuru county, there was losses in human life, property and livelihoods. Injuries were also sustained. Further, thousands of people were displaced. According to Waki Report (2008), 1564 houses were burnt and 263 lives were lost during the initial and retaliatory attacks that took place in Nakuru county. Recent advances in psychological research indicate that traumatic events can have effects on the victims, perpetrators and those who witness them. In addition, studies have indicated that traumatic events affect children in a much more profound way than adults since they have not yet developed personality or psychological structures to deal with horrors and trauma. This raises a concern; how much did the children witness? How did it impact on their mental health? Did it have a potential of causing PTSD? It is in the view of this that the researcher set out to

evaluate the traumatic experiences of children in secondary schools during the post- election violence and possibility of development of PTSD in Nakuru county.

## Objectives of the Study

i. To evaluate the traumatic experiences of the primary and secondary survivors in areas affected by post- election violence of 2007/2008 in Nakuru county.
ii. To assess the level of PTSD severity of the primary and secondary survivors in areas affected by post- election violence of 2007/2008 in Nakuru county.

## Hypotheses of the study

$H_{01}$: There is no significant difference between traumatic experiences of primary and secondary survivors in areas affected by post- election violence in Nakuru county.

$H_{02}$: There is no significant difference between primary and secondary survivors in levels of PTSD severity in areas affected by post- election violence in Nakuru county

## Literature Review

### Children Exposure to Violence

War affects every aspect of child's development. Children especially those living in low-income areas experience "Chronic community violence'' in their neighborhoods. In a study in America where 1,033children were interviewed, 30 percent reported having witnessed violence including shootings and beatings. The same study revealed that more than 65 percent of children interviewed had witnessed physical and verbal abuse and a good percentage were victims of physical abuse by their parents (Bell, 1993). A study in urban African schools, in Cape Town and Nairobi, using a sample of 2041 adolescents found that more than 80 percent reported exposure to severe trauma either as victims or witnesses with higher rates among adolescents in Nairobi which was at 69 percent (Nyamai and Njenga, 2004). A similar study carried out among students who had experienced peer victimization found that 50% of students who had experienced severe bulling scored high on PTSD scale (Leiblitman and Waxman, 2015)

Exposure to violence can have significant effects on children during development and as they form their own intimate relationships in childhood and adulthood (Ford, 1999). Estimates also indicate that as many as 3 million children are victims of physical abuse by parents (Pavuluri, Luk, Clarkson, 1995). Several studies have found that 60 to 75 percent of families in which a woman is battered, children are battered. Survey among children of $6^{th}$ $8^{th}$ and $10^{th}$ grades in New Haven, 40 percent of the children reported witnessing at least one violent incidence and almost all of them knew someone who had been killed in a violent incident (Marans and Adelman, 1997). The same study surveyed mothers of the children who reported that 32 percent of their children been victims of violence ranging from being beaten to having a gun held on their head. They also reported that 72 percent of their children had witnessed violence while interviews with the children indicated that the level of exposure may have been even higher (Osofsky *et. al.*, 1993).

While people assume that children are not affected by exposure to violence, studies indicate that there are links between exposure to violence and negative behaviour in children across all ages (Bells and Jenkins, 1993). Research indicates that children who witness community violence show symptoms of anxiety, depression and aggressive behavior. Studies among school- age children between the ages of 9-12 years who had witnessed community violence in Boston indicated a significant link between witnessing of violence and symptoms of PTSD. Forty percent of the mothers in a study in New Orleans sample said that their children were worried about their safety and similar proportions of children reported feeling "Jumpy and scared (Goldestein, Wampler & Wise, 1997). In a study to investigate PTSD symptoms among targets of school bulling, high PTSD scores were found bulling at school was highly associated wit symptoms of PTSD.(Carina, Reinhard and Kaess,2019)

In another study by Thabet (2008) among children in the Gaza strip, children reported symptoms of anxiety and depression. Working with a sample of 251 children aged between 6-16 years, 21.9 percent of the children had anxiety while 0.6percent were depressed. However, there was no age difference in reporting anxiety and no gender difference in both cases.

Ina study by Clark (2001) among children several studies support a link between exposure to community violence and symptoms of depression, aggressive behavior, and sleep disturbances. In extreme cases of exposure to chronic community violence children may exhibit symptoms of posttraumatic stress disorder. A study in Rwanda four years after 1994 genocide, working with a sample of children between 8 to 18 years found that 54-62 % of the children exhibited probable PTSD. The study also established a positive relationship between the degree of exposure to traumatic events in war time violence and rates of PTSD. In another study carried out in Gaza strip among pre-school children in a war zone to investigate the relationship between exposure to war-trauma and behavioural and emotional problems among the children revealed that the number of traumatic events witnessed independently predict total behavioural and emotional problems scores (Thabet, 2000). High exposure was associated with high emotional difficulties scores. However, there was no significant difference between boys and girls in behavioural and emotional difficulties scores.

A South African survey by Ward and Flisher (2002) of 104 adolescents in four schools in Cape Town found that majority were exposed to at least one type of violent event either as a witness or victim; 60percent met the criteria for PTSD. In addition, a significant relationship was identified between the extent of exposure and development of PTSD. A relationship between PTSD scores was trauma exposure where adolescents meeting the criteria for full PTSD endorsed more traumas on the trauma check list. Community violence identifies adverse effects on children's physical, cognitive, emotional and social development. Studies on the effects of exposure to violence also indicate an increase in negative behavior (Richman and McGuire, 1986). A comparative study carried out among children living in urban areas in United States and children living in war zone areas indicated that children in inner urban cities showed symptoms of PTSD similar to those of children living in actual war zones (Peltzar, 1999). Most of the literature reviewed on effects of exposure to violence is from outside Africa. Thus, their findings may not reflect the Kenyan situation. The current study aimed at filling this gap.

## Methodology

The study employed ex-post facto research design. The study was carried out in Nakuru County in the Rift Valley region of Kenya. The county has an area size of 74905km2 and administratively divided into four sub counties namely: Nakuru North, Nakuru central, Molo and Naivasha. The study used a target population sample of 400 children survivors of the pot election violence, 20 deputy head teachers and 40 parents from 20 schools. To get the sample, multi stage sampling strategies were adopted. At the first stage, purposive sampling was used to get the 10 divisions that were hardest hit by the pot-election violence of 2007/2008 which included; Naivasha, Keringet, Njoro, Molo, Olenguruone, Mausummit, Kuresoi, Mau Narok, Rongai and Mauche. In the second stage, day schools were purposively selected. In the third stage, simple random sampling was used to get the specific schools. In the fourth stage, purposive sampling was used to get the specific children who are residents of the sampled divisions during the Post-election violence. In the final stage, simple random sampling was used to get the final sample. The deputy headteachers were selected from the 20 schools selected in the second stage. The parents were picked from two schools randomly selected in areas which were hardest hit by the violence. A questionnaire was used to collect data from the children survivors while the interview schedule was used for the deputy head teachers and focused group discussion guidelines for the parents. To establish the reliability of the research instruments, a pilot study was carried out in Subukia division which possessed same characteristics as the divisions sampled. It involved 80 children, four deputy headteachers and two focused group discussions. Split-half method was used to analyse data from the pilot study and yielded a reliability coefficient of 0.8. The result was the pilot study revealed the research instruments were reliable and possessed both content and faces validity. Descriptive analysis was used to establish the mean and standard deviation of survivors' scores on the McLeod social readjustment rating scale while independent t-test was used to test the hypothesis. Qualitative results were based on information obtained from 20 deputy head teachers in 20 schools and 40 parents who participated in focused group discussions.

## Findings

The study sought to evaluate the traumatic experiences of children during post- election violence of 2007/2008 in Nakuru county. On the overall, the study found the mean number of traumatic experiences of all the children sampled to be (13.2), with a standard deviation of (4.6). This is interpreted to mean that the overall traumatic experiences of all children who participated in the study was high. However, some differences were found between the primary and secondary survivors in number of traumatic experiences. While the mean of the primary survivors was (13.9), with a standard deviation of (5.0), the mean of secondary survivors was (12.5) with a standard deviation of (4.1).

**Table 1: Traumatic Experiences of Children**

| Category | N | Mean | Standard deviation |
|---|---|---|---|
| **Primary survivors** | 197 | 13.9 | 5.0 |
| **Secondary survivors** | 197 | 12.5 | 4.1 |
| **Overall** | 394 | 13.2 | 4.6 |

Source: Field data

The study found statistically significant difference between primary and secondary survivors in number of traumatic experiences. The primary survivors had higher number traumatic experiences than the Secondary survivors. Independent t-test was performed to establish whether the difference is significant. The study found that there was significant difference between the primary and secondary survivors. The primary survivors had m=13.9, S=5.00, t (392) =9.58, P=.000, a=0.05while the secondary survivors had m=12.5, S=4.1, t= (392) =9.58, p=.000, a=0.05. The null hypothesis was therefore rejected at significance level of 0.05 that there was no significant difference between the traumatic experiences of primary and secondary survivors during post- election violence.

An analysis of items of traumatic experience was carried out. According to the findings, the key traumatic experiences of the primary survivors during the post- election violence included; displacement from home (94%), sleeping in the cold 170 (89%), seeing people being injured 170 (86%), property being looted 168(91%), hearing people crying for help 189(97%), going without food 118 (64%), stopped going to school for some time 182(94%) and witnessing killing of people (75%). On the other hand, the secondary survivors had the following key experiences; seeing people sleeping in the cold 172 (87%), seeing people going without food 161 (82%), hearing people crying for help (93%) and seeing other people's property being destroyed (83%) as indicated on table 46. It is therefore evident from the study that both the primary and secondary survivors had encountered various traumatic experiences as illustrated on table 2.

**Table 2: Traumatic Experiences of the Children during the Post-election Violence**

| **Traumatic experience** | **Primary Survivors(N=197)** | | **Secondary Survivors(N=197)** | |
|---|---|---|---|---|
| | **frequency** | **%** | **Frequency** | **%** |
| Seeing killing of people | 143 | 75.3 | 87 | 44.8 |
| Physically injured | 29 | 15.9 | - | - |
| Their houses torched | 117 | 61.6 | - | - |
| Parent lost property or livelihood. | 151 | 78.6 | - | - |
| Saw people property being destroyed | 182 | 94.8 | 163 | 83.2 |
| Saw armed gang | 129 | 79.9 | 138 | 70.8 |
| Heard people crying for help | 189 | 96.9 | 184 | 93.4 |
| Saw dead bodies or body parts | 122 | 67.4 | 118 | 60.8 |
| Witnessed rape or sexually harassed | 31 | 17.1 | 27 | 13.9 |
| Parent killed | 16 | 8.2 | - | - |
| Brother or sister killed | 1 | 0.5 | - | - |
| Other relative killed | 37 | 19.0 | - | - |
| Relative injured | 80 | 41.0 | - | - |
| Brother or sister injured | 4 | 2.1 | - | - |
| Saw someone know to you being injured | 106 | 54.4 | 154 | 78.2 |
| Friend killed | 57 | 29.2 | - | - |
| Know someone who disappeared | 57 | 29.2 | 165 | 84.6 |
| Parent disappeared | 77 | 45.3 | - | - |
| Know a relative who disappeared | 8 | 4.1 | - | - |
| Friend who disappeared | 22 | 11.3 | 26 | 13.2 |
| Someone they know disappeared | 32 | 16.4 | 26 | 13.2 |
| Displaced from home | 165 | 84.6 | - | - |
| Stayed in IDP camp | 172 | 94.0 | - | - |
| Went without food for long hours | 72 | 38.5 | - | - |
| Slept in the cold | 118 | 63.8 | - | - |
| Stopped going to school for some time | 171 | 89.1 | - | - |
| Someone you know to them was killed | 182 | 94 | 94 | 48.2 |
| Saw property being looted | 168 | 90.8 | 152 | 78.4 |
| Detected smell of dead bodies | 52 | 32.7 | 23 | 11.9 |
| Saw people being beaten mercilessly | 97 | 53.0 | 132 | 68.8 |
| Saw people sleep in the cold | 171 | 89.1 | 172 | 89.1 |
| Heard yells of gangs as they attacked | 189 | 96.9 | 138 | 70.8 |

Source: Field data

Further analysis was performed to determine the number of traumatic experiences of all children during the post-election violence. The mean number of traumatic experiences of the children was 13.2with zero as the lowest and 31 as the highest. Analysis for the primary and secondary survivors indicated that the primary survivors had a higher mean of 13.93 while that of the secondary survivors was 12.47. The difference was found to be significant.

The level of exposure of the children during the post-election violence was also analyzed. A scale adopted from Summerfield (1993) was used where the numbers of traumatic experiences of children was categorized into three as follows, 0-5 low exposure; 6-10-moderate exposure while above 11 traumatic experiences was high exposure. The study

found that majority of the children sampled had high exposure to traumatic experiences. This is interpreted to mean that on average, both the primary and secondary survivors had experienced more than eleven traumatic experiences as indicated on table 4.5. This finding is consistent with those of a study by Thabet (2002) in Gaza Strip which found that majority of the children had high exposure to traumatic experiences which raged between 0-15. Ovuga and Oyok (2008) in two studies carried out in Northern Uganda and Juba in Southern Sudan among former child soldiers found that majority registered more than 10 and eight traumatic experiences respectively.

**Table 3: Level of Exposure to Traumatic Experiences during the Post-election Violence**

| | **Primary survivors** | | **Secondary survivors** | |
|---|---|---|---|---|
| **Category** | **F** | **%** | **F** | **%** |
| **Low exposure** | 5 | 2.5 | 5 | 2.5 |
| **Moderate exposure** | 4 | 2.0 | 8 | 4.1 |
| **High exposure** | 188 | 95.4 | 184 | 93.4 |
| **Total** | 197 | 100.0 | 197 | 100.0 |

Source: Field data

**Level of Post-Traumatic Stress Disorder Severity**

To assess the level of PTSD severity, the Impact of Event Scale was utilized. It had twenty-two items adopted from Weiss Impact of Event Scale. The scale considered the three categories of PTSD symptoms namely; re-experiencing, avoidance and hyper arousal. The Impact of Events Scale tool was used to determine the level of PTSD severity among the children. The tool is constructed on a 5-point likert scale with scores ranging from Zero (0) to four (4). The scoring range is from 0 – 88. A score of 0-23 indicates absence of PTSD while a score of 24 – 32 is of clinical concern with partial PTSD. A score between 33 and above means confirmed PTSD.

Descriptive analysis found mean score of all sampled children to be (38.4) and a standard deviation of (18.3) on the Impact of Event Scale. This was interpreted to mean that on the overall, the scores of all children who participated in the study were high and, on the average, and majority of the children had confirmed PTSD. Presence of PTSD symptoms among the children studied was supported by results from focused group discussions and interviews from deputy head teachers. Results from focused group discussions further pointed out that parents had noted change in their children's behaviour. They identified excessive irritability, sleep disturbances, immature behaviour and fear of being alone among children who had been exposed to post-election violence. The study through focused group discussions also reported that children had developed fear of going beyond the immediate environment. Some members reported that there are certain paths children fear using especially those that used by gangs and prefer using alternative longer routes instead. Avoidance of any conversation about post- election violence is common among the children. In addition, deputy head teachers reported learning difficulties among children, higher levels of aggression, truancy, poor

concentration and revenge seeking behaviours among children involved in the post -election violence.

In conclusion, reports from the children, observations by the parents in the focused group discussions and report by deputy head teachers support the presence of PTSD symptoms in the children sampled. This finding supports findings of other studies on PTSD among children survivors of community violence. A study by Ahamed (2000) among children after military operation in Iraq found that PTSD was reported in 87% of the children sampled. Further a study by Kizilhan and Noll-Hussong (2018) to investigate PTSD among former Islamic state soldiers in Northern Iraq found significantly high on the Child PTSD Reaction Index

A similar study by Allwood (2002) to examine relationship between violent and non- violent war experiences found 41% of the children sampled had clinically significant PTSD symptoms. In a study in Southern Darfur among displaced children reported 75% of the children studied met the criteria of PTSD. Thabet and Vostanis (2004) further agree with the findings of the current study as reported in a study among Palestinian children during war conflict reported high levels of PTSD in the sampled children. However, although the highest score on Impact of Event Scale was 83 out of 88 which is the highest score, the lowest score was zero (0) meaning absence of PTSD symptoms in the survivor. This finding is interpreted to mean that after witnessing the traumatic events there are some children who did not exhibit PTSD symptoms. This finding corroborates the study by Foy (1994), Clark (2001), and Norris (2001) who found that 15-30 percent of Vietnam War prisoners endured long term deprivation and torture without developing PTSD. This therefore means that not everyone who experiences traumatic event develops PTSD.

Further analysis was performed to determine the scores of primary survivors and secondary survivors separately. The secondary survivors had lower mean score on the Impact of Event Scale. The mean score of the primary survivors was (43.3), with a standard deviation of (17.7), while that of the secondary survivors was (33.5) and a standard deviation of (17.6). An independent t-test revealed statistically significant difference between the mean of primary and secondary survivor on the Impact of Event Scale with primary survivors with higher scores. The primary survivors had ($m=43.3$, $s= 17.7$), $t (392) = 5.54$, $P = 0.000$, $a = .05$ and that of the secondary survivors was ($m =33.5$, $s = 17.6$), $t (392) = 5.54$, $P = 0.000$, $a = .05$. Therefore, the null hypothesis that states that there is no significant difference in level of PTSD severity between the primary and secondary survivors is rejected and the alternative is adopted that states that there is significant difference between primary and secondary survivors in level of PTSD se-verity as shown on the table 4.

**Table 4: Relationship between Primary and Secondary Level of PTSD Severity Independent Samples Test**

| | | Levene's Test for Equality of Variances | | t-test for Equality of Means | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | F | Sig. | t | df | Sig. (2-tailed) | Mean Difference | Std. Error Difference | 95% Confidence Interval of the Difference | |
| | | | | | | | | | Lower | Upper |
| impact of event scores | Equal variances assumed | .000 | .986 | 5.540 | 392 | .000 | 9.843 | 1.777 | 6.349 | 13.336 |
| | Equal variances not assumed | | | 5.540 | 391.996 | .000 | 9.843 | 1.777 | 6.349 | 13.336 |

Source: Field data

This finding collaborates those of other studies. Phebe and Tucker (2007) in a comparative study among children survivors of Oklahoma City bombing found that those children who re-ported death of a friend or neighbor had more PTSD symptoms than those who watched the events on television coverage. Pfefferbaum (1999) in a study to establish the prevalence of PTSD reactions in New York City following the September11, 2001, terrorist attack found that post- traumatic stress was significantly prevalent in the primary survivor group than in the com-parison group.

Further analysis was carried out to determine the level of PTSD among the children based on the following scale; A score between 0-23 means no PTSD; 24-32 means partial PTSD and a score of 33 and above means confirmed PTSD. The study found that majority of the survivors had confirmed PTSD (251) which constitutes (64%) of all the respondents. This therefore means that there was presence of PTSD in both the primary and secondary survivors. This finding is consistent with findings of a study by Nyamai and Njenga (2004) among adolescents in urban African schools which found that experiencing a traumatic event either as a victim or witness produces traumatic effects. The study found that 69 percent of children in Nairobi and 59 per-cent of children in Cape Town who had witnessed or experienced sexual related trauma exhibit-ed high rates of PTSD. However, some differences were found between the primary and the secondary survivors. The primary survivors had a higher number of those confirmed than secondary survivors. However, there were also some children who had minimal PTSD symptoms among the primary survivors as well as the secondary survivors as illustrated in table 4 below.

**Table 5: PTSD level of Severity of Children**

| Category | N | Confirmed PTSD | | Partial PTSD | | NO PTSD | |
|---|---|---|---|---|---|---|---|
| | | F | % | F | % | F | % |
| **Primary survivors** | 197 | 150 | 76.1 | 19 | 9.6 | 28 | 14.2 |
| **Secondary survivors** | 197 | 101 | 51.3 | 34 | 17.3 | 52 | 31.5 |
| **Overall** | 394 | 251 | 63.7 | 53 | 13.5 | 90 | 22.8 |

Source: Field data

On the overall, the study found that majority of the children had confirmed PTSD. This was further confirmed by reports from parents who participated in focused group discussions supported the fact that there was change in their children's behavior after post-election violence. The identified changes in sleeping habits, relationships and some had regressed to immature behavior. Reports from deputy head teachers interviewed reported learning difficulties poor concentration and truancy among children affected by post-election violence. All these reports suggest the presence of PTSD among the children sampled. The study found a significant difference between primary and secondary survivors on the Impact of Event Scale (level of PTSD) with primary survivors recording higher scores.

## Conclusion

The study confirmed that children affected by of the post- election of 2007/2008 had high exposure to traumatic experiences. Majority of the survivors had experienced more than ten traumatic experiences. However, there was significant difference between the primary and secondary survivors with the primary survivors reporting more traumatic experiences. The study confirmed presence of PTSD symptoms among children exposed to post-election violence. There was significance difference between primary and secondary survivors in PTSD severity. The primary survivors exhibited higher levels of PTSD than secondary survivors.

## Mental Implications

On the overall the study found that children had high exposure to traumatic experiences. This means majority of the children had witnessed more than ten traumatic experiences. Such high exposure to traumatic experiences may have implications on child's development; in their ability to build meaningful relationships and their overall mental well-being. It may also lead to long term stress reactions in the survivor.

PTSD was confirmed in 76% of the primary survivors and 51% of the secondary survivors. On the overall, 64% of the respondents had confirmed PTSD symptoms. PTSD impacts negatively on children who may have experienced trauma. They may have learning difficulties; interfere with their ability to communicate verbally, regulations of emotions, concentration and problem-solving. Implication of this is that studies have established a correlation between childhood PTSD and psychological disorders in adulthood. If childhood PTSD is not addressed, in adult-hood the disorder may manifest in substance abuse,

separation anxiety, attention deficit disorder and sexual dysfunctions. They may also go to adulthood to act out their dissociated distress by perpetrating atrocities on others in communities and on those perceived as enemies.

It is our hope that this and future research can raise awareness among governments and the international community of the importance of investing in effective and sustainable responses to support the mental health needs of children particularly those who manifest consistent or worsening patterns of post-traumatic stress symptoms, impairment and few protective resources.

## References

1) American Psychiatric Association (1994). Diagnostic and statistical manual of mental disor-ders: DSM-IV. Washington, DC: American Psychiatric Association.
2) Carina,O.,Reinhard,P.Kaess,M.(2019). Symptoms of Post truamatic Stress Disorder among Targets of School Bulling:Child Adolescent Psychiatry;13:43
3) Commission of inquiry on Post-election Election violence (2008). The Waki Report; Postelec-tion in Kenya
4) Daraja Civic Initiative Need Assessment Forum Report. (2008) .The effects of Kenya's Post-election violence crisis on Education: A baseline survey Report.
5) De jong, J. & Komproe, I. (2001). Life time Covent and posttraumatic stress disorder in 4 post conflict settings. Journal of American medical association, 2(86), 55-562.
6) Garrison, C. (1995). Post traumatic disorder in adolescents. Journal of the American Academy of child and adolescents psychiatry, 34(4), 1193 – 1201.
7) Gist, R. (1989).Psychological Aspects of Disaster. New York: John Wiley and Sons.
8) Green, B. (1992). Chronic Post traumatic stress disorder and diagnostic Co morbidity in a disas-ter sample. Journal of Nervous and mental disease, (18), 760 – 766.
9) Green, B., Korol, M., Grace, M., Vary, M., Leonard, A.C., Glesser, G.C., & Smitson-Cohen, S. (1991). Children and disaster: age, gender, and parental effects on PTSD symptoms. Jour-nal of the American Academy of child and adolescent Psychiatry, 30,945-951.
10) Laor, N., Wolmer. & Mayes, L. (1997). Israel preschool children under Scuds: a 30-month fol-low-up. Journal of the American Academy of child and Adolescent Psychiatry, 36,349-365.
11) Laor, N., Wolmer. & Mayes, L. (1997). Israel preschool children under Scuds: a 30-month fol-low-up. Journal of the American Academy of child and Adolescent Psychiatry, 36,349-365.
12) Leach, J. (1994). Survival psychology. Macmillan Press LTD: London.
13) Leiblitman, G.&Waxman,R.(2015).Relationship between Peer Victimazation and Post Traumatic Stress Disorder: Journal of Trauma Stress,28(4):348-354
14) Levine, P. (1997). Waking the tiger: Healing trauma. Berkley, C. A., North Atlantic Books.
15) Kizilhan,J., Noll-Hussong,M.(2018).Post Traumatic stres Disorder among former Islamic State Soldiers in Northern Iraq:British Journal of Psychiatry :213(1),425-429
16) Ovuga, E. & Oyok. T. (2008). Post- traumatic stress disorder among child soldiers attending a rehabilitative service in Northern Uganda. African Health Sciences, 8, (3), 136-141
17) Palmer, I. (2002). Psychosocial costs of war in Rwanda. Advances in Psychiatric Treatment, 8, 17 – 25.

18) Pfefferbaum, B. (1997). Posttraumatic stress disorder in children: A review of the past 10 years. Journals of the American academy of Child and Adolescent psychiatry, 36, 1503-1511.
19) Seedat, S., Nyamai, C., Njenga, B. (2004). Trauma Exposure and Post-traumatic stress symp-toms in urban African school: Survey in Cape Town and Nairobi. British Journal of psy-chiatry, 18, 169-175.
20) Sue, D. (1990). Counseling the culturally Different: Theory & Practice Wiley, New York.
21) Summerfield, D. (1993). Health and Human Rights in Gaza.BMJ, 306, 1416.
22) Thabet A.(2000). Emotional Problems in Palestinian children living in a war Zone: Across Sec-tional Study. Lancet, 359, 1801-1804.
23) Thabet, A., Abed, Y. & Vostanis, P. (2002).Emotional problems in Palestinian Children Living in a War Zone: A cross sectional study. Lancet, 359, 1801-1804
24) Thabet, A., Abed, Y. &Vostanis, P. (2004).Co morbidity of PTSD & depression among refugee children during war conflict among Palestinian children. Journal of Child Psychology And Psy-chiatry, 45, (3),533-542
25) Tolin, D. & Foy, E. (2006). Sex difference in Trauma and post- traumatic stress disorder: A quantitative review of 25 years of research. Psychological bulletin, 132 (6), 956-992.
26) Vinck, P., Pham, P., Storer, E. & Weinstein, H. (2007.) Assessment of level of exposure to war related violence and prevalence of PTSD and depression symptoms in Northern Uganda: JAMA; 298 (5) 543 -554.
27) Zahr, L. (1996). Effects of war on the behaviour of Lebanese pre-school children: the influ-ence of home environment and family functioning. American journal of orthopsychiatry, 66, 401-408.
28) Zivcik, I. (1993).Emotional reactions of children to war stress in Croatia. Journal of orthopsy-chiatry, 66, 401-408.