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Relationship between Traumatic Experiences of Primary and Secondary Survivors and PTSD Severity in areas affected by Post-Election Violence of 2007/2008 in Nakuru County, Kenya.

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Abstract

The 2007/2008 post-election violence in Kenya no doubt exposed children were to a myriad of traumatic events that left scars of shattered assumptions of safety and personal vulnerability. Some of them may have developed anxiety disorders. The purpose of the study was to establish the relationship between traumatic experiences and posttraumatic stress disorder (PTSD) of primary and secondary survivors during the post-election violence of 2007/2008 in Nakuru county. A sample size of 460 respondents was derived from 10 divisions in Nakuru county that was among counties in Kenya that experienced the post-election violence. The sample comprised of 400 children who included primary and secondary survivors of the violence and 20 deputy head teachers in the schools sampled as well as 40 parents. A multi-stage sampling approach was used to get the sample. Data was obtained through questionnaires, interview schedules and Focused Group Discussions. The split-half method was used to determine the reliability of the research instruments. Data from questionnaires was analyzed using descriptive and inferential statistics namely correlation computed using Pearson product moment formula.

Keywords: children survivors, Post Traumatic Stress Disorder, Post-Election Violence of 2007/2008, Traumatic Experiences.

Introduction

DSM-III-R notes 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. 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). The reactions to trauma 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 (Seedat, Nyamai, Njenga, 2004). Thus,(Clark, 2001) gave estimated rates of witnessing community violence range from 39% - 85%. A study by Thabet (2000) 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, 2000). Nevertheless in Rwanda, a study carried out by Palmer (2000) 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.

Kenya's 2007 general election was accompanied by violent conflict dubbed 'land' and 'ethnic' clashes. Violence conflicts mostly affected parts of Coast, Western, Nyanza and Rift Valley regions and Nairobi slums. In Nakuru county in the Rift Valley province, tensions started building up before elections and the announcement of the results for presidential election was preceded by a lot of anxiety and eventually the breakup of the violence. During the post-election violence, many atrocities were committed and human rights violated (Centre for Rights Education and Awareness, 2008). The violence took the form of ethnically targeted killings, forced eviction, maiming, burning of houses and business premises. Traumatic and forced circumcision, penile amputations were some of the worst forms of violence inflicted on male victims from certain communities (Commission of inquiry on Post-election Election violence; The Waki Report (2008). According to Ministry of Education Report (2008), education sector was not spared, schools were not spared, some schools were burnt, classrooms and offices destroyed; school property such as furniture and teaching materials stolen. Many children came back to school after long time while others left due to unfriendly environment (Daraja Civic Initiative Forum Report, 2008). During the violence some schools were completely burnt down. In addition, 64697 primary school pupils in the country were displaced; 32847 boys and 30652 girls from the secondary schools. The objective of the study was to analyze the relationship between traumatic experiences of the primary and secondary survivors and PTSD severity in areas affected by post-election violence of 007/2008 in Nakuru county, Kenya.

Literature Review

Trauma and its Impact on Children and Adolescents

Trauma is an overwhelming event that goes beyond one's capacity to cope and leaves the victim helpless (Hamblen, 2007) .According to Barlow (1998), acute trauma can be caused by one time event while cumulative trauma can be caused by many traumatic events over a long time without a clear beginning or the end. It can be caused by nature (hurricanes, floods, tornados, and drought) or humans (homicide, violent conflicts wars criminal acts, abuse bullying, and neglect). The way children respond to trauma depend on the degree of intensity of the traumatic event, their ability to cope with challenging situations the quality of relationships, their stress level prior to the traumatic event and the kind of support they receive after trauma. According to Dyregrov (1994), many traumatized children and youth adopt behaviour coping mechanisms that affect their ability to develop constructive relationship with peers and adults. The resultant behaviours most often recognized in traumatized youth include aggression and withdrawal, but there are a number of behaviour symptoms that may be as a result of unhealed trauma. These behaviour may either be diverted inward against self (acting-in) or outward against others.

It is not unusual for young people who have experienced trauma to have learning difficulties. When they focus on protecting themselves from the real or objectively harmless threats in the environment (triggers or reminders of trauma), their ability to communicate verbally, regulate emotions, concentrate, problem-solve, analyze or effectively engage in learning is impaired (Ford, 1999). According to DSM-1V-TR (2000), the development of trauma begins with exposure to traumatic event, an event in which the victim experiences or witnesses a "threat to the physical integrity of self or others and generally responds with intense fear, helplessness or horror. Younger victims respond to traumatic events differently from adults with "diagnosed and agitated behaviour.

Children Exposure to Violence

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.

A survey among children of 6th 8th and 10th 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 Wewers, Hanns and Fick, 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 and Wise, 1997).

Traumatic Experiences of Children in Armed Conflict

The experiences of children and circumstances of children in armed conflict are diverse. Children have long been both direct and indirect victims of violence. An estimated 300,000 children in more than 80 countries are involved in armed conflict as aggressors, victims of bombardment, crossfire and massacres. They are also involved in carrying guns, fighting, as spies, porters and cooks and being used as soldiers' wives (Zahr, 1996). A study carried out in northern Uganda to assess the level of exposure to war related violence in reported that (77.8%) had their lives threatened with death, (76.4%) experienced physical injury and 44.3% had been abducted (Vinck, Pham, Storer and Weinstein, 2007).

The wounds inflicted by armed conflict on children include physical injury, gender based violence and psychosocial distress. Thousands of children are killed every year as a direct result of fighting from knife wounds, bullets, bombs and land mines. A study in Mozambique between 1981 and 1988, armed conflict was the cause underlying 454,000 deaths (Groves, 1993). In addition children are the most vulnerable to collective assaults on the health and well-being. Children survivors of armed conflict experience personal terror. They witness the physical abuse or death of loved ones. They suffer destruction of their homes and communities, loss of their traditional livelihoods and material possessions. Several studies reveal some of the traumatic experiences of children. A study in Rwanda after the genocide revealed that the children had witnessed killings, their life had been threatened, had lost immediate family members and witnessed rape or sexual mutilation (Palmer, 2000).

In a study carried out in the Gaza strip by Thabet (2000), Palestinian children reported variety of traumatic events as a result of repeated incursions of the area. The number of traumatic events raged from zero (0) to thirty one traumatic events with a mean of 13.7 events. The most common traumatic events were: hearing shelling of the area(81.5%), hearing the sonic sounds of jet fighters, hearing shootings and bombardment (78.2%) and seeing mutilated bodies on Television (76.7%) and hearing arrest or kidnapping(53.6)percent. Moreover, children also experienced deprivation of water and food, destruction of homes (73%), sometimes forced to leave home during the war (69%) witness assassination of people (54.3 %), hearing the killing of a friend (47.3%), hearing the killing of a close relative (47.3%) and hearing of disappearance of someone or a friend (42 percent). The study also showed that 50.5 percent of the participants lost someone they knew during the war.

In another study by Tolin and Foy (2006) among preschool children in a war zone, in the Gaza strip, children were exposed to a wide range of traumatic events. Majority, which is 78.5 percent of them had between 0-15 traumatic events which was high exposure, 18.8% reported low exposure, while 4.3 percent reported moderate exposure. Some of the traumatic events reported included; witnessing wounded people on television was the most traumatic event, witnessing destruction of other people's houses with airplanes and helicopters and witnessing the beating of a family member or a friend. There was no gender difference in the number of traumatic events.

Children are passive recipients of adverse effects of violence. In Burma, children were direct victims of conflict in form of forced labor and pottering, torture, rape, trafficking, as internally displaced persons and extra judicial

killings by the army and security forces. Displacement from home is believed to adversely affect children as they are most vulnerable to diseases and malnutrition due to lack of access to health care, they have no access to education, no security and are at the risk of serious human abuse if found by Burmese army troops. Girls and sometimes boys under the age of 18 are routinely raped by Burmese army soldiers. A report released in 2002 by the Shah Human rights Foundation, detailed rapes involving at least 625 girls and women by Burmese army troops (Dejong and Komproe, 2001). In Rwanda the situation was not different; a study by Palmer (1999) revealed that between April and May 1995, more than 15,700 girls and woman were raped. In the Balkans in 1992, it was estimated that more than 20,000 women and girls had been raped. Moreover, the rapes were extremely brutal with one-quarter of them resulting to death. They were carried out during relocation, at internally displaced camps, during forced labor and at military check points (Yule and Williams, 1990).

In many situations, the health of children may be endangered through malnutrition, insufficient food intake, and a lack of access to basic health care. A 2002 report by John Hopkins University and partners found that children in the Gaza and West Bank experienced severe levels of malnutrition. Moreover, children and their families were frequently being prevented from reaching clinics and hospitals during periods of occupation by Israeli troops. A study in the war zone attributed only two percent of death to violence while the rest were caused by interaction of malnutrition and infection (Thabet, 2000).

Every conflict forces children live through some terrible experiences, indeed millions of children have been present at events far beyond the worst nightmares of adults. In Sarajevo, UNICEF, conducted a survey among 1,505 children in 1993 and found that (97%) of children had experienced shelling nearby, (29%) felt “unbearable sorrow”,(20%) had terrifying dreams while (55%) percent had been shot out by snipers and (66%) had been in a situation where they thought they would die (Zivcik, 1993). In addition, a survey in 1995 in Angola found that 66 percent of children had seen people being murdered, 91 percent had seen people being tortured, beaten or hurt. In addition, more than two thirds of the children lived through events in which they defied death.

Over the last 10 years, two million children have been killed in conflict, the Red Cross estimates that more than one million have been orphaned, over six million have been seriously injured and permanently disabled and over ten million have been left with serious psychological trauma (Green, Korol, Grace, Vary, Leonard, Glesser and Smitson-Cohen, 1991). Child wartime deaths are not always from artillery. Many countries breakdown of health and water systems, leave the children more vulnerable to basic diseases. In a study conducted in southern Sudan to determine factors associated with PTSD during armed conflict, using a sample of 1242 adolescent respondents indicated that (47.9) of the respondents with PTSD reported to have been seriously ill without medical care. One third reported lack of food and water (Robert, Ocaka, browne, Oyok and Sondorp, 2008).

Children face further threat from war of emotional and mental damage. Some 10 million of the world’s children suffer physiological trauma as a result of war experience. UNICEF found that almost 80 percent of Rwanda children witnessed massacre of one million people. Even when children do not witness violence or lose family members, they suffer the disruption of their normal lives as school close, friends disperse and their homes come under fire (Yule, 1999). While the international minimum age for children in armed conflict is fifteen years, often children are recruited or forced to serve as soldiers (Thabet, Abed and Vostanis, 2004).

Adolescents also face particular problems. They are at a time of life when they are more venerable than younger children since they recognize better the significance of the event unfolding around them. Aid workers in Herzegovina& Bosnia have been encountering adolescents who have “weeping crises” who attempt suicide, who are in state of depression, who have increased aggression and delinquency (Garbarino, 1998). Among adolescents research indicates that adolescents exposed to violence, particularly those exposed to community violence throughout their lives. Further, they tend to show high levels of aggression, acting out accompanied by anxiety, behavioural problems, school problems, truancy and revenge seeking (Seedat, Nyamai, Njenga, 2004). One study in a low income urban setting teens between ages of 9- 15 found that those who witness or were victims of violence showed symptoms of post-traumatic stress disorder similar to those of soldiers coming back from war (Laor, Wolmer and Mayes, 1996). Symptoms included distractibility, intrusive and unwanted fears and

thoughts and feelings of not belonging. The reviewed literature on this section indicates that children encounter numerous traumatic experiences during armed conflict, this underscores the present study concern: What were the traumatic experiences of the survivors of post-election violence in Nakuru county? The current study aimed at filling this gap.

Perspectives of PTSD

Santrock (2003) defines PTSD as an anxiety disorder that develops in response to an extreme psychological or physical trauma which lasts more than thirty days. According to Santrock (2003), PTSD is characterized by intrusive memories of the traumatic event, emotional withdrawal and heightened automatic arousal. Some of the traumas that may induce PTSD range from extra ordinary events such as terrorist attack to common events such as a traffic accident (Nolen Hoesksema, 2004). Symptoms of PTSD according to Nolen-Hoesksema (2004) can be mild to moderate but for others the symptoms can be immobilizing causing deterioration in the work and social lives. It is approximated that on the overall, 8 percent of men and 20 percent of women who experience trauma go on to develop PTSD and 30 percent of these individuals develop chronic form that persist through their lives (Ford, 1999).

Clark (2001) and Mitchel (1990) conceptualizes PTSD as a psychological disorder that developers through exposure to a traumatic event, such as war, severe oppressive situations, severe abuse, and natural and natural disasters. However they indicate that not every individual exposed to the same event develops PTSD which overloads the individuals coping abilities. A study carried out among Vietnam War veterans revealed that only 15 to 20 percent of soldiers who experienced war traumas developed PTSD. Preparation for a trauma makes a difference in whether an individual will develop the disorder or not (Koss and Boeschen, 1998).

Barlow (1998) defines PTSD as a long lasting emotional disorder that occurs after variety of traumatic events. Barlow identifies war as the most impressive traumatic event in development of PTSD. He however concurs with Clark (2001) and Norris (2001) that PTSD does not develop in all people who experience trauma. He attributes the development of PTSD to biological, psychological and social factors. Foy (1992) concluded that the intensity of combat exposure contributed to the etiology of PTSD in a group of Vietnam War veterans. Social and cultural factors are said to play an important role in development of PTSD (Foy and Rueger, 1997). Results from a number of studies are consistent in showing that having a strong and supportive group around helps in militating against development of PTSD. Individual factors such as tendency to be anxious as well as factors such as minimal education and ethnic group membership predict development of PTSD (Bre slau, David, Andreskin, 1997). The literature indicates that PTSD develops after exposure to traumatic events such as war. However, not every individual exposed to the same event develop PTSD .The current study aimed at establishing whether children who involved in the post- election violence of 2007/2008 developed PTSD Nakuru county, Kenya.

Objective of the Study

The study was guided by the following objective:

i). To analyze the relationship between traumatic experiences of primary and secondary survivors and PTSD severity in areas affected by post- election violence of 2007/2008 in Nakuru county

Hypothesis of the study

$H_0$1: There is no significant relationship between traumatic experiences of primary and secondary survivors and PTSD severity in areas affected by post- election violence in Nakuru county.

Methodology

Ex-post facto and correlational research designs were used in the study. It suited the study since it aimed at finding out the prevalence of a phenomenon by taking a cross-section of the population. Correlational research design was chosen since it enables the researcher to assess and analyze the degree of relationship between traumatic experiences and PTSD. The location of the study was Nakuru county in the Rift valley region. The

sample size of the study consisted of 400 children, 20 deputy head teachers and 40 parents from 10 that were hit by the post-election violence. Data collection instruments included questionnaires for the children, interview schedule for the deputy head teachers and Focused Group Discussion (FGDs) for the parents. In examining the relationship, correlation was computed using Pearson product moment formula.

Results and Discussion

Relationships between Traumatic Experiences and Level of PTSD Severity before Post-election Violence

The study sought to establish the relationship between traumatic experiences and PTSD among children survivors of post- election violence of 2007/2008 in Nakuru County. An analysis of items of traumatic experiences was carried out. According to the findings as shown on table 1, 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 sometime 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%).

Table 1:
Traumatic Experiences of the Children during the Post-election Violence

Traumatic experience	**Primary Survivors(N=197)**		**Secondary Survivors(N=197)**	
	frequency	**%**	**Frequency**	**%**
Witnessing 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

In examining the relationship, correlation was computed to measure linear relationship between traumatic experiences and level of PTSD severity. A Pearson product moment formula was utilized. A correlation

coefficient has a value ranging from -1 to 1. Values that are closer to the absolute value of 1 indicate that there is a strong relationship between the variables being correlated whereas values closer to 0 indicate that there is little or no linear relationship.

A correlation value of (0.419) was found between the scores for traumatic experiences and level of PTSD severity during the post-election violence. This finding is interpreted to mean that there is strong positive correlation between traumatic experiences and level of PTSD severity which was found to be significant. This finding supports findings of other studies that there is a relationship between traumatic experiences and level of PTSD severity. A study by Thabet (2000) in the Gaza war region found those children who reported high number of traumatic experiences scored high on PTSD. Seedat, Nyamai and Njenga (2004) in a comparative study among adolescents in Cape Town and Nairobi found a significant relationship between exposure to traumatic events and PTSD symptoms. Further, study by Roth (2002) among children between 9-12 years who had experienced community violence indicated that there is significant link between witnessing traumatic events and symptoms of PTSD. Children who had witnessed very traumatic events had high rates of PTSD. Susanne and Thomas (2011) in a study among orphans of Rwanda genocide reported that PTSD severity was predicted by the cumulative exposure of traumatic stressors. A study by Durakoric, Belko, and Dapic (2003) to establish the determinants of PTSD in adolescents in Sarajevo who had experienced war found trauma experiences to predict PTSD reactions in the survivors.

However, study by Thabet, Abed and Vostanis (2004) among Palestinian refugee children reported no association between trauma exposure and PTSD which is inconsistent with the findings of the current study. Perhaps the difference in findings was due to method of data collection while the current study used the questionnaire as the main tool, study by Thabet, Abed and Vonstanis (2004) used face to face interview.

Table 2 shows correlation between scores on traumatic experiences and level of PTSD severity during post-election violence among secondary and primary survivors. The primary survivors had a correlation value of (0.493), while that of secondary survivors was (0.308). The study found a significant relationship between traumatic experiences and level of PTSD severity for both the primary survivors and secondary survivors. However, the relationship was stronger among the primary survivors.

Table 2

Relationship between Traumatic Experiences and Level of PTSD Severity Correlations

Correlations

Category			**Traumatic experiences**	**Level of PTSD**
Primary Survivors	Traumatic experiences.	Pearson Correlation	1	.493**
		Sig. (2-tailed)		.000
		N	197	197
	impact of event scores	Pearson Correlation	.493	1
		Sig. (2-tailed)	.000	
		N	197	197
Secondary Survivors	Traumatic experiences	Pearson Correlation	1	.308*
		Sig. (2-tailed)		.000
		N	197	197
	impact of event scores	Pearson Correlation	.308	1
		Sig. (2-tailed)	.000	
		N	197	197

**. Correlation is significant at the 0.01 level (2-tailed).

Further analysis was carried out to establish the relationship between specific traumatic experiences and level of PTSD severity. The study established that some of the traumatic experiences that had a strong relationship with the level of PTSD severity included; seeing dead bodies (p=0.000), staying in a internally displaced camp (p=0.001), and seeing a friend being injured (p=0.002).This is interpreted to mean that some traumatic experiences were found to impact more severely on survivors than others. This finding is consistent with findings of Maghir and Raskin (1999) that identified some traumatic experiences to cause more psychological effects than others. They identified displacement and sexual abuse to disportionately affect children and put them at a risk of developing PTSD. A study by Durkoric, Belkoe and Dapic (2003) among adolescents in Sarajevo who had been exposed to war traumas reported that the traumatic experiences that strongly predicted PTSD was in the category of loss. Further the current study supports findings of a study by Breslau and Davis (2007) among children aged between 9-13 years which reported that violent and sexual trauma were associates with highest rates of PTSD symptoms.

Conclusion

The study found a significant relationship between traumatic experiences and levels of PTSD severity among children. Children who reported high number of traumatic experiences had higher levels of PTSD than those with few traumatic experiences. Further the study found that some specific traumatic experiences had stronger association with PTSD than others. They included; seeing property being looted, seeing a friend being injured, displacement from home, seeing dead bodies and living in an internally displacement camps. The implication of this is that traumatic experiences in the category of loss impacted more on the survivors. In addition, the study found the relationship between traumatic experiences and levels of PTSD severity was stronger among primary survivors than secondary survivors. This was due to the fact that the primary survivors had higher number of traumatic experiences than the secondary survivor especially in the category of loss.

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