Relationship Between Post Election Violence Traumatic Events and the Level of Posttraumatic Stress Disorder Among Primary school Pupils in Kibera and Kayole Settlements, Nairobi, Kenya

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Abstract
This study seeks to determine whether pupils who experienced post election violence which occurred after 2007/2008 disputed elections would have higher levels of Posttraumatic Stress Disorder than those who did not. The population includes all the standard seven pupils in six primary schools in Kibera and Kayole settlements. A random sample of 164 pupils in each location has been selected. The instruments include: personal experiences during post election violence, psychological stability scale, and post traumatic experience psychological scale. The findings show that there are tremendous differences in traumatic experiences between children in the violence ridden areas and those in areas which did not witness violence and that there is a significant difference in the level of Posttraumatic Stress Disorder between pupils who experienced communal violence and those who did not. There is a high level of PTSD (75.45 percent) among the pupils who experienced violence. It is recommended that there should be a provision for parent-teacher communication; availability of school psychologists and counselors; in school setting. The establishment of school-based programs on conflict resolution, emotional literacy, and anger management skills from early childhood is also recommended.

Key Words: Violence, Trauma, Posttraumatic Stress Disorder, Psychological Stability.

Introduction

The 2007 General Election in Kenya was a unique election due to a number of reasons. It was the first time that Kenya had a closely contested election characterized by cut throat competition. Pollsters conducted in the run up to the elections had indicated that the two leading contenders, Mwai Kibaki of Party of National Unity, and Raila Odinga of Orange Democratic Movement, had almost equal percentages. This was also the first election after the removal of Kenya African National Union regime in 2002, which was in power since independence in 1963 (Kenya Elections Report, 2007).

For a long period until then, Kenya had experienced relative peace. However, after the December 2007 General Elections, and the subsequent announcement of the disputed presidential election results, the country was plunged into ethnic conflicts that engulfed the entire nation (Buchere, Nasongo, & Wamocha, 2008). According to these authors, the conflict was characterized by

murder, looting, eviction, rape, arson, burning of food stores, destruction of homes, schools, animals and crops, harassment, and other kinds of human rights abuses. In many areas, most survivors ended up in the camps for internally displaced persons.

The United Nations Children's Fund (2008) estimates that at least 100,000 children had been forced to flee their homes due to the wave of violence that swept through Kenya following the disputed elections. The agency said that as many as 75,000 children were then residing in over 100 camps for internally displaced persons while many thousands more children were believed to be living temporarily with other family members. Almost 1300 people had lost their lives and some 255,000 others displaced during the crisis.

In Nairobi's slums and poor settlements, women and children were particularly targeted for rape on account of their ethnicity, although some men too were similarly sodomized (KNCHR, 2008). A lot of opportunistic rape happened in the camps for internally displaced persons. The report lists the crimes against humanity committed as follows: manslaughter, murder, attempted murder, conspiracy to murder, grievous bodily harm, robbery with violence, illegal oathing, illegal possession of fire arms, and sexual crimes such as rape.

Psychological trauma is the result of extraordinarily stressful events that shatter one's sense of security, making him/her feel helpless and vulnerable in a dangerous world (Akombo, 2009). According to this author in any communal violence, children are deeply affected. They often flee their homes with nothing but the clothes they are wearing; they lose their childhood friends, schools and familiar routines. They often face poverty and end up homeless. Being in a war zone is also deeply traumatic for children. They see and hear things that will forever scar their minds, and they have little resources to deal with the impact of all the horror on their lives. When traumatic events take place, they challenge their sense of safety and predictability and this may trigger strong physical and emotional reactions in them (UNICEF, 2008).

The post-electoral violence may have resulted into psychological trauma, broken social relationships, destruction of physical infrastructure and property (Akombo, 2009). Post-traumatic stress disorder is an anxiety disorder associated with the reactions that an individual has in response to a traumatic event (Foa & Riggs, 1995). The incident can be one that has directly affected the individual or one that the individual has witnessed. In children, symptoms for the disorder include flashbacks and dreams associated with the event, feelings of detachment or estrangement from others, noted diminished interests in activities that the individual once avidly participated in.

PTSD may be the most severe form of emotional and psychological trauma. It is believed that the violence affected 1.7 million pre-school children, 8 million primary school children , 1.1 million in secondary schools, 100,000 in tertiary institutions, and 112,229 in universities (Kenya News Agency ,2008). According to this report, these figures include all learners who were not able to report to their schools or colleges, those learners who reported but were not being taught because their teachers had been displaced, and those that were not being taught because schools were not opened on time for the first school term. The Minisry of Education (2008) also confirmed that learners had been displaced in the various areas affected by the violence.

As a result of the events, children may suffer from various forms of traumatic experiences with such disorders as posttraumatic stress disorder, anxiety disorders, and phobias, among others, which may in turn result in behaviors such as withdrawal, isolation, anger, nightmares revenges, aggression and rebellion. Society is becoming increasingly aware of the psychological impacts of trauma as a result of communal violence. Some more serious consequences of the violence include children who were injured, mutilated, dismembered, killed, forced into military service, sexually abused and exploited, separated from their families, loosing opportunities to attend school or find health care, suffering from various forms of trauma and more (Women's Commission for Refugee Women and Children, 2000).

In another study, Kaminer, Stein, Mbanga and Zungu-dirwayi (2001) found that victims of the apartheid in South Africa, some of whom testified at the Truth and Reconciliation Commission, reported posttraumatic stress disorders and depression. Most data suggests that psychiatric morbidity is higher in populations exposed to war than those not exposed (Pupavac, 2001). For instance, follow-up studies of people who participated in the two world wars show chronic posttraumatic stress symptoms for decades after the war (Sutke, Allain, & Winstead, 1993). Another example is the wars in the former Yugoslavia in 1990's which were marked by ethnic cleansing, the torture and slaughter of thousands and displacement of millions of former Yugoslavians. A survey of 1,358 Kosovar Albanians by Sutke. *et al.* (1993) found that one quarter had experienced the murder of a family member or friend, two thirds had been in a combat situation during the war, and over 80 percent of these people had symptoms that met the criteria for posttraumatic stress disorder.

Research with Afghan people who experienced the bombing of their country by the United States after the attacks on the World Trade Centre and the Pentagon in the September 11, by the Alqueda attack, suggests that they suffer from high rates of posttraumatic stress disorder (Mghir & Raskin, 1999). Studies of veterans of the 1991 Persian Gulf war found that as many as 13 percent were suffering from posttraumatic stress disorder a year after the war (Wolfe, Erickson, Sharkansky, King & King, 1999). The National Vietnam Veterans Re-adjustment study found nearly half a million Vietnam veterans still suffering from posttraumatic stress disorder 15 years after their military services (Schlenger, Kulka, Fairbank, & Hough, 1992). A separate study of native American Vietnam veterans found that as many as 70 percent still today suffers symptoms of posttraumatic stress disorder (Manson, Beals, O'neil, Prasecki, Bechtold, Keane, & Jones, 1996).

Apparently, people who get forced to flee their communities or countries, never to return, are likely to suffer from posttraumatic stress disorder. Weine, Vojvoda, Becker, Mclashan, Hodzic,and Laub, (1998) found that the Bosnian refugees, just after they resettled in the United States, 65 percent suffered from posttraumatic stress disorder, with the older refugees being more vulnerable than the young ones. According to Shrestha, Sharma, Van Ommeren, Regmi, Makaju, Komproe *et al.* (1998), many refugees from Bosnia and other war torn countries were tortured before they escaped their homeland and the experience of torture significantly increased the chance that the individuals would develop posttraumatic stress disorder.

Studies of rape victims normally find that about 95 Percent of them experience posttraumatic stress symptoms, severe enough to qualify for a diagnosis of the disorder in the first two weeks following the rape (Foa & Riggs, 1995). About 50 Percent still qualify for the diagnosis three months after rape, while as many as 25 Percent still suffer from posttraumatic stress disorder four to five years after the rape. In another study by Dubner and Motta (1999) it was found that children who have been sexually or physically assaulted remain at increased risk of posttraumatic stress disorder, as well as other anxiety disorders, depression, substance abuse, and sexual dysfunction.

Peled, Jaffer, and Edleson (1995) found out that posttraumatic stress disorder in children can be displayed in a variety of emotional behaviors disturbance, including low self esteem, withdrawal, nightmares, self blame and aggression against peers and family members. They argue that chronic exposure to violence adversely affects a child's ability to learn in that children affected by the crisis may not be able to concentrate in their learning because of traumatic experiences. They have continued fear for their lives.

There are some pupils who have become too afraid to go to school because they fear for their lives or they imagine they will encounter violence from their fellow pupils or people of different ethnic groups who happen to be their teachers (Onsongo, 2008).The author continues to argue that the children in the makeshift schools established in the camps are stressed and anxious about their future and this is likely to affect their emotional and psychological stability which is very important for pupils' survival and future functioning. It is against this background that the current study attempted to investigate whether there is a relationship between post election violence traumatic events and the level of Posttraumatic Stress Disorder among primary school pupils in Kibera and Kayole settlements, Nairobi.

Methodology

The target population for this study included all the standard 7 pupils in six public day primary schools, three in Kibera and three in Kayole. Purposive and Proportionate stratified sampling procedures were used in selecting the required sample for this study. Purposive sampling was used in this study in selecting six schools out of the 14 and 4 from Kibera and Kayole respectively. This was done so as to ensure that all the two categories of schools were adequately involved in the study. It helped in picking cases that are typical of the population being student. This was done to ensure that all the two categories were adequately involved in the study. Proportionate stratified sampling was used in selecting the 328 pupils from the six purposively selected schools. This method requires the selection of units at random from each stratum in proportion to the actual size of the group in the total population. This ensured that the sample was proportionately and adequately distributed among the six primary schools according to the population of each school as shown in Table 1.

Table 1 Research Sample by Gender and School

Name of School	**Number of Standard 7 Pupils**		
	Boys	Girls	Total
Ayany	29	25	54
Olympic	24	29	53
Kibera	27	30	57
Matopeni	37	22	59
Soweto	34	18	52
Kiambio	29	24	53
Total	**180**	**148**	**328**

The background information of the subjects was obtained using a questionnaire with 50 closed questions. The subjects provided information about themselves and how they were affected by traumatic experiences during and after the post election communal violence. Data on PTSD were collected through administration of a structured questionnaire with the selected respondents .The questionnaire used a four-point range Likert scale to assess pupils' PTSD. The questions were in

both English and Swahili languages. This is because children, especially in urban areas, are able to understand the combined languages in a better way than when using either of the languages. The Likert scale was adopted from the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed.; *DSM-IV-TR*; American Psychiatric Association, 2000)**.** The scale sought to measure the pupils' levels of agreement or disagreement with 50 statements related to their PTSD. This questionnaire was administered to pupils in both locations. The questions asked were designed to evaluate the thoughts, emotions, attitudes, and behavioral traits that comprise the personality of an individual.

The Findings of the Study

In order to assess the traumatic experiences following the 2007 post election violence among primary school children in Kenya, the respondents were subjected to 50 statements depicting several possible traumatic consequences of conflicts. The subjects provided information about themselves and how they were affected by traumatic experiences during and after the post election communal violence. They were requested to pick those that they personally encountered. This gave the total frequency of the traumatic incidences per subject, which were coded in SPSS (Version 16.0 for windows) and subjected to statistical analyses to find the mean, standard deviation, percentages and the significance differences between subjects from violence ridden area and the one without violence using the independent sample t-test at 0.05 level of significance. First, the study sought to establish the mean score of the traumatic experiences in the two locations.

Table 2: Average Number of Traumatic Experiences Reported, by Locations

Location	Mean	Standard deviation
Kibera	36.05	14.34
Kayole	2.35	1.93

Kibera N=164
Kayole N=164

The mean traumatic score in Kibera was higher than in Kayole. This is because Kibera experienced the spate of post election violence as compared to Kayole which did not.

Each location was then analyzed independently on the magnitude and types of traumatic experiences as shown below:

Table 3: Types of Traumatic Experiences Among Pupils in Kibera and Kayole

Type of the traumatic experiences Observed	Kibera (N=164)	Kayole (N=164)
Displacement	77	12
Loss of property	79	5
Injury	81	8
Rape	78	3
Death	69	6

The major types of traumatic experiences in Kibera were injuries and loss of property. Others were rape, displacement and death. In Kayole a few children were affected by the traumatic experiences.

Probably displacement in Kayole was high because people from Kibera and other affected areas fled there. Also, since the pupils had travelled to their rural homes they were affected by the traumatic experiences to some extent.

The levels of trauma in Kibera and Kayole were analyzed and the results are shown in Table 4

Table 4: Levels of Trauma in Kibera and Kayole in Percentages

Levels of trauma	Kibera (%)	Kayole (%)
Low	26	81
Moderate	30	13
High	44	6

Table 4 suggests that there is a high level trauma in Kibera which experienced communal post election violence as compared to Kayole which did not. From the trends of distribution, it was observed that more pupils from Kibera (44 %) experienced high level of trauma compared to only 6% from Koyale. Similarly, more pupils from Kayole (81%) had low levels of trauma compared to 26% from Kibera.

This was then tested using t-test. It was used to determine if the two samples significantly differed. The results are presented in Table 5.

Table 5: Differences in Traumatic Experiences Among the Subjects

Location	N	Mean	Std. Deviation
Kibera	164	36.05	14.34
Kayole	164	2.35	1.93

	t-value	Df	Sig. (2-tailed)
Equal variances assumed	29.485	326	.000

Significant at $p<0.05$

In examining Table 5, it can be seen that there was a significant difference in the number of traumatic incidences between the violence ridden areas and those areas without violence at 0.05 level of significance. In this case, there were more incidences of traumatic experiences in the violence ridden areas than nonviolence ridden ones.

Differences in Posttraumatic Stress Disorder Among Subjects

The response scores were subjected to statistical analysis as shown below.

Table 6: Posttraumatic Stress Disorder Scale Results

Levels	Kibera	Kayole
Mean	75.45	26.38
Standard deviation	7.03	10.94

The mean score in Kibera was 75.44, indicating high levels of Posttraumatic Stress Disorder in Kibera.

The PTSD Scale was subjected to percentile categories (25^{th} percentile, 50^{th} percentile and 75^{th} percentile or rather quartiles, 1^{st} quartile, 2^{nd} quartile and 3^{rd} quartile) so as to give rise to differing levels of PTSD as low for 0 to 25^{th} percentile , moderate for 25^{th} to p75th percentile and high for 75^{th} to 100^{th} percentiles . The findings are presented in Table 7 below.

Table 7: Levels of PTSD in Kibera and Kayole

Levels	Kibera (%)	Kayole (%)
Low (p0-25)	0.5	61.8
Moderate(p25-75)	34.3	32.8
High (p75-100)	65.2	5.4

After establishing the level of psychological stability, the study then sought to establish if indeed PTSD occurred in areas that experienced communal violence and those that did not. This was done using independent sample t-test and Chi square. The independent sample t-test was used to determine if psychological stability index scores between two unrelated samples (those who experienced communal violence and those who did not) differed significantly or not. For it to be used, the grouping variable; location of the schools (those who experienced communal violence and those who did not) was a nominal variable, while the test variable, that is, PTSD index scores was an interval variable measured in the actual scores. Table 8 summarizes the output of the t-test at 0.05 level of significance.

Table 8: Differences in PTSD between Kibera and Kayole Samples

Location	N	Mean	Std. Deviation
Kibera	164	75.45	7.03
Kayole	164	26.38	10.94

	t-value	Df	Sig. (2-tailed)
Equal variances assumed	18.774	326	.000

Significant at $p<0.05$

Table 8 indicates that the respondents drawn from schools in Kibera recorded a higher mean score in PTSD compared to their counterparts from schools in Koyale. Since *p* value is less than 0.05 significance level, it was concluded that there was a significant difference in the level of PTSD between those who experienced post election communal violence versus those who did not.

The results from independent sample t-test were also corroborated by chi-square test using cross tabulation. Chi-square was used to compare the frequency of cases found in one variable (levels of PTSD) in two or more unrelated samples or categories of another variable (location of the schools). It is preferred when dealing with variables that have been categorized, location of the schools (those who experienced communal violence and those who did not) and levels of PTSD (low, moderate and high). In order to calculate the Chi- square statistic, location of the schools was cross tabulated by level of PTSD. Table 9 shows how location of the schools was cross tabulated by levels of PTSD.

Table 9: PTSD by the Location of Schools

Level of psychological disorders		**Location of the schools**		**Total**
		Kibera	Kayole	
Low	Frequency	1	88	89
	%	.5%	61.8%	27.2%
Moderate	Frequency	70	68	138
	%	34.3%	32.8%	42.0%
High	Frequency	93	8	101
	%	65.2%	5.4%	30.8%
Total		164	164	328

$\chi^2 = 102.456$ df = 2 $p = 0.000$

Table 9 suggests that there is a significant difference in the level of PTSD between those areas that experienced communal post-election violence versus those that did not. From the trends of distribution, it was observed that more pupils from Kibera (65.2%) experienced high level of PTSD compared to only 5.4% from Koyale. Similarly, more pupils from Kayole (61.8%) had low levels of PTSD compared to 0.5% from Kibera. This was further supported by the chi-square value, since *p* (0.000) < 0.05 significance level indicated a significant difference in the level of PTSD between pupils who experienced post election violence and those who did not.

Discussion

It is worth noting that the children in this study were still very young (aged between 11 and 14 years), yet almost all had been exposed to a sizeable proportion of traumatic events. The findings concur with Buchere *et al.* (2008), who report that children witnessed their mothers, fathers, sisters, brothers and other little children being raped, killed, and maimed. The findings also confirm those of KNCHR (2008), which reports that sexual and gender based violence, killings and physical attacks occurred throughout the theatres of conflict. This is also in agreement with Waki (2008), who reported many cases of forced circumcision and other forms of violence.

It was not surprising that the difference in the magnitude of PTSD was very high meaning that the post election violence had very devastating consequences on the pupils. These findings concur with

those of Onsongo (2008) who pointed out that the post election violence had psychological effects on the pupils. As a result of the events, children may suffer from various forms of traumatic experiences with such disorders as posttraumatic stress disorder, anxiety disorders, and phobias, among others, which may in turn result in behaviors such as withdrawal, isolation, anger, nightmares revenges, aggression and rebellion. The results are also consistent with those of the Women's Commission for Refugee Women and Children (2000) which points out that during the times of violence children suffer various forms of trauma.

The role of traumatic events in the development of posttraumatic stress disorder is well established in this study. A child's behavior may change after a traumatic event. Some children may return to habits or behaviors that they were thought to have outgrown, such as not wanting to sleep alone at night, may have trouble falling asleep, or may have nightmares. One may also notice personality changes—a child may become more irritable or difficult to manage, showing an increase in temper tantrums. Some children become more withdrawn from others. Young children who are unable to put their emotions into words may act out their fears or concerns in play.

Traumatic events played a big role in developing PTSD in children and this was obvious in the findings that there was a significant association between the total traumatic events and PTSD. This is supported by UN (2006) which pointed out that when children have experienced traumatic events or other events in times of war, they may suffer from increased anxiety about being separated from their families, or they may have nightmares or trouble sleeping. They may cease playing and laughing, lose their appetites and withdraw from contact. Younger children may have difficulty concentrating in school. Older children and adolescents may become anxious or depressed, feel hopeless about the future or develop aggressive behavior. This is further supported by Djeddah and Shah (1996) who pointed out that factors such as ethnic cleansing, genocide experience, family members killed or missing, and extreme violence among others contribute to psychological problems in children.

The low level of PTSD that was identified in non affected areas may be because there are other causes of PTSD such as family violence, natural calamities, accidents, child abuse, threat to traumatic events, death of loved ones among others. Secondly, some children had travelled to their rural homes where the spate of post election violence was widespread. Others might have learned about the violence through both print and electronic media or they were simply informed by their associates.

Impact of Observing Violence on Pupils

The results of this study and the literature reviewed have shown that witnessing violence is strongly related to PTSD, child distress, depression, antisocial behavior and school problems. There has been growing concern after Kenyans experienced post election violence about children and youth being exposed to increasing amounts of violence. Exposure to violence among children may take many forms. Children may be exposed to violence by being victims, hearing other people's accounts, or watching violence directly in the media. Although the most obvious impact of violence in children is manifested in the number of deaths and physical injuries among child victims, the so called silent witnesses remain an enigmatic group because the scars may not be evident physically but may be expressed emotionally. The results also confirm the importance of the stressor in predicting PTSD. Particularly, the children's immediate subjective experience of the post election communal violence

was a strong predictor for developing PTSD. It appears that the fright they got during this violence was more important for later reactions than the actual danger of the episode.

The violence observed in Kenya after the disputed elections may lead children to develop antisocial behaviors. Children in Kenya may begin expressing this violence in different ways which may interfere with their functioning in the society. Perpetrators of this violence have not yet been brought to book and this may make children feel that because of impunity they will also go unpunished for the crimes they commit. A study by Bandura, Ross and Ross (1963a) found that young children exposed to the actions of an aggressive adult model showed strong tendencies to imitate these behaviors. In contrast, those exposed to a nonaggressive adult model (the one who sat quietly in the room and did not attack the inflated doll) did not show similar actions.

Bandura and his associates reasoned that the children had learned new ways of aggressing from the program they watched, and that in a similar manner, children could also learn new ways of aggressing against others and also learn that aggression is unacceptable form of behavior from watching actual television shows and films. Watching violence can therefore have a similar effect on children in especially after the recent post election violence. This may explain why there was a wave of school riots in Kenya after the post election violence. There were also increased bullying and killings among Kenyan students which may also be attributed to watching violence.

Antisocial behavior has a result of witnessing violence may be overt, involving aggressive actions against siblings, peers, parents, teachers, or other adults, such as verbal abuse, bullying and hitting; or covert, involving aggressive actions against property, such as theft, vandalism, and fire-setting. Covert antisocial behaviors in early childhood may include noncompliance, sneaking, lying or secretly destroying another's property. Antisocial behaviors also include drug and alcohol abuse and high-risk activities involving self and others (APA, 2000). As many as half of all elementary school children who demonstrate antisocial behavior patterns continue these behaviors into adolescence, and as many as 75 percent of adolescents who demonstrate antisocial behaviors continue to do so into early adulthood.

People who experience childhood trauma are more likely to be arrested for serious crimes both as youth and adults. Many of the nation’s most traumatized youth are found in the juvenile justice system, and a large percentage of adults in the criminal justice system report having experienced trauma in childhood (Holowka, King, Saheb, Pukall, & Brunet, 2003). Illegal behavior is not an inevitable consequence of childhood trauma, however based on the diverse range of traumatic exposure observed among youth in the juvenile justice system, trauma can be considered a specific risk factor for future involvement with the justice system (Shaffer & Ruback, 2002).

Recommendations

Studying the effects of disastrous events on groups of exposed individuals provides an opportunity to facilitate case detection and treatment. Identification of individuals who are at risk for posttraumatic stress disorder following violence is very useful for organizations and individuals wishing to prevent the enormous human and economic cost of this problem and would enable them to focus limited resources toward providing early treatment and morbidity prevention. Effective treatments have now been developed to help people with PTSD. Research is also helping more psychologists better understand the PTSD and how it affects both the children and adults.

Providing services and treatment programs for children who have experienced trauma is a necessary first step. Children who have experienced trauma should be referred to practitioners or agencies that provide evidence-based, trauma-informed treatment. Those with trauma-related or other mental health needs should be preferentially diverted to mental health treatment in a community setting, if necessary. The therapy with the highest rating for adolescent trauma victims is trauma-focused cognitive behavioral therapy, which has been used successfully in the treatment of PTSD and other trauma-related psychological disorders (Putman, 1996)

All children require post-violence services appropriate to their age, the scope and nature of the disaster, and their immediate circumstances. Focused intervention should be directed towards the children in the immediate aftermath. Crisis intervention workers may be recruited from a range of professionals and volunteers. Early intervention should help to enable survivors to understand events and their own reactions, to share their experiences with others, and to provide education about the normalization of typical posttraumatic reactions. The aim should be that sufferers do not become further isolated from those around them.

Disaster workers, involved in rescue and relief measures, need to be trained well in advance in the concepts of emotional first aid, basic communication skills in dealing with traumatized children and the importance of talking to children about the trauma. They need to be sensitized about prevention of abuse and neglect of children in such situations. Mental health support should be blended with other disaster relief work rather than done separately. It is most helpful to train and support health workers from the affected communities about the postdisaster mental health aspects (Austin, & Godleski, 1999).

Cultural competence is an important issue for counselling in post-war situations, which can be easily met by local volunteers than the external mental health professionals. Local volunteers, medical personnel in the primary level of health care and teachers may be trained in handling the psychological impact of the young victims of violence. The role of mental health professionals is to train the disaster workers, support them in dealing with the mental health issues of the children and help the workers whose own responses may complicate the recovery, (Pfefferbaum, 1998) besides managing the referred children with complex psychological manifestations. It is important that the mental health problems of the children are recognized as early as possible and supportive measures are put in place at home, school and in society. The family context is central to understanding and meeting the needs of traumatized children. Close mother-child, family and relative relationships are important in the healing process (Pfefferbaum, 1998) and in the immediate aftermath children should be close to their families. Relatives and foster families adopting orphaned children can be extremely helpful. School-based mental health programs can provide accessible services to children affected by disaster, reduce trauma-related psychopathology, and emphasize normalization (Pfefferbaum, Call, & Sconzo, 1999).

Sometimes children may need to be removed from a stressful environment in order to provide them with a comfortable and supportive set up for faster coping and recovery. Recovery of the children from the traumatic experience is also dependent on broad social and economic recovery of the community or country. There is a need to incorporate public mental health approaches, including systematic screening and trauma-focused interventions, within a comprehensive disaster recovery program (Austin, & Godleski, 1999).

Post-war counselling should be made available for extended periods, with shifting emphasis to meet the changing needs of high-risk groups (Hoare,1993). According to this author, supportive interventions include fostering a sense of safety and efficacy, connecting patients with communities and services, and helping parents talk about the trauma with their children. A community-based approach with trained grass-root health care workers can provide effective psychosocial support and rehabilitation services.

Play can be used both as a medium of assessment and therapy for children. A play interview is essential when examining a child less than seven years old but should be utilized for all children (Donnelly, 2003). Through play children can express verbally and non-verbally difficult painful emotions, their wishes and fears, concerns, fantasies, reenactments and traumatic experiences. Many phenomena are observed during play which cannot be elicited verbally.

The manner in which the child plays is as significant as the content of the play. During the play, active attempts should be made to elicit accompanying thought process. This process can involve drawing figures, drawing a person, making up a story, drawing family, "if you could change one thing what would it be", and checking three wishes, among others (Donnelly, 2003). Donnelly further points out that children can be supported emotionally through the engagement processes, explained about difficult situations, bereavement and suggested coping methods through the play content. Interaction with an empathic, objective, neither judgmental nor over-indulgent therapist enables the child to reintegrate, reorganize and proceed with recovery. Potentially the child may internalize and identify with those qualities in the therapist.

Music greatly reduces stress among victims of trauma (Harris, 2007). The significance of music as a healing agent permeates across the cultural spectrum. People of different cultures incorporate music in transforming those unhealthy individuals into healthy ones. Kenyan musicians embraced the therapeutic qualities inherent in the cultural music of the Kenyan people to help the violence victims who developed post-traumatic stress disorder following the disputed elections. This is a clear indication that musicians are still an invaluable therapeutic resource albeit their lack of professional training. Throughout the world, traditional and modern non-western music healers, trained music therapists, have used music to heal people - especially during political turmoil and bloodshed that erupted in many parts of the world, leading to death and destruction. The mental health of war victims has long been considered one of the classic themes of trans-cultural psychiatry (Hart *et al*. 2008). The importance of music as a healer has been connected to the encounter between cultures and to the meaning, diagnosis, and interpretation of trauma among cultures. For example, in the Kenyan tribe of the Taita, trauma of any kind, whether war related or otherwise, would be viewed as being caused by a malevolent spirit, thereby requiring certain kinds of music to appease the gods (Akombo, 2006).

REFERENCES

Akombo, D. O. (2009). Music and Healing During Post-Election Violence in Kenya. *Voices: A World Forum for Music Therapy*. Retrieved June 3, 2010, from http://www.voices.no/mainissues/mi40009000267.php

Akombo, D. O. (2006). *Music and healing across cultures.* Ames: Culicidae Press

American psychological Association (APA). (2000). Guide lines for Psychotherapy with Lesbian, Gay, and Bi sexual Clients *American Psychologist*, 55, 1440-1451

Austin, L.S., & Godleski, L.S .(1999). Therapeutic approaches for survivors of disaster. *Psychiatr Clin North Am* , 22:897-910.

Bandura, A., Ross, D., & Ross, S. (1963a). Vicarisous reinforcement and imitative learning.*Journal of Abnormal and Social Psychology*, 67,601-607.

Buchere, P.B., Nasongo, J.W., & Wamocha, L.M. (2008). *Philosophical Reflections and curricula Development: addressing the challenge of ethnicity and development in the post election Violence in Kenya*. A paper presented during Kenya Association of Educational Administration and Management on June 15th -18th, 2008, at Bishop Stam Pastoral Center, Kakamega Kenya.

Djeddah, C., & Shah, P.M. (1996). *The Impact of Armed Conflict on Children: A threat to public Health*. Geneva: World Health Organizations, Family and reproductive Health and Division of Emergency and Humanitarian Action.

Donnelly, C.L .(2003). Pharmacologic treatment approaches for children and adolescents with posttraumatic stress disorder. *Child Adolesc Psychiatr Clin N Am,*12, 251-269.

Dubner, A.E., & Motta, R.W. (1999). Sexually and physically abused foster Care children and posttraumatic Stress Disorder. *Journal of consulting & Clinical psychology*, 67, 367-373.

Foa, E.D., & Riggs, D.S. (1995). Posttraumatic Stress Disorder following assault: Theoretical Considerations and Empirical Findings. *Current Directions in Psychological Science*, 4, 61-65.

Harris, D. (2007). Dance/movement Therapy Approaches to Fostering Resilience and Recovery Among African Adolescent Torture Survivors. *Torture 17*(2), 134-55.

Harris, D. (2007). Dance/movement Therapy Approaches to Fostering Resilience and Recovery Among African Adolescent Torture Survivors. *Torture 17*(2), 134-55.

Hoare, P (1993). *Essential child psychiatry*. Edinburgh: Churchill Livingstone.

Holowka, D .W., King S., Saheb D., Pukall M., & Brunet A (2003) Childhood abuse and dissociative symptoms in adult schizophrenia. *Schizophrenia Research*; 60(1): 87-90

Kaminer, D., Stein, D.J., Mbanga, I., & Zungu-dirwayi, N. (2001). The Truth and Reconciliation Commission in South Africa: Relation to Psychiatric Status and Forgiveness Among Survivors of Human Rights Abuses. *British Journal of Psychiatry*, 178, 373-377.

Kenya Elections Report (2007). *Report on 2007 General Elections.* Nairobi: Legal Resource Foundation Trust.

Kenya National Commission on Human Rights. (2008). *On the Brink of the Precipice A Human Rights Account of Kenya's Post-2007 Election Violence.* Nairobi: KNCHR.

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Manson, S., Beals, J., O'neil, J., Prasecki, J., Bechtold D., Keane, E., & Jones, M. (1996). Wounded Spirits, Ailing Hearts: PTSD and Realted Disorders Among American Indians. In a A.J. Marsella, M.J. Friendman, E.T. Gernity and R.M. Scurfield. (Eds). *Ethnocultural Aspects of Posttraumatic Stress Disorder*, (pp. 255-283) Washington D.C: American Psychiatric Press.

Mghir, R., &Raskin, A. (1999). The Psychological effects of the war in Afghanistan on young Afghan refugees from different ethnic background. *International Journal of Social Psychology*, 45, 29-36.

Ministry of Education (2008). *Report on post-Election Violence* . Nairobi: Government Printer.

Onsongo, J.K. (2008). *Effects of post Election Violence Crisis on Education:* A paper presented at the education stakeholders' symposium organized by Daraja Civic Initiative Forum in

Collaboration with African Network Campaign on Education forum (ANCEEFA) Eastern and Southern Africa Regional Office held on 20th February, 2008 at the Kenya Institute of Education, Nairobi, Kenya.

Peled, E., Jaffe, P.G., & Edleson, J.L (Eds) . (1995). *Ending the cycle of violence*: *Community response to children of battered women*. Thousand Oaks CA: Sage publications.

Pfefferbaum, B . (1998). Caring for Children Affected by Disaster. *Child Adolesc Psychiatr Clin N Am* ,7:579-597.

Pfefferbaum, B., Call, J.A.,& Sconzo, G.M. (1999). Mental health services for children in the first two years after the 1995 Oklahoma City terrorist bombing. *Psychiatr Serv*, 50, 956-958.

Pupavac, V. (2001). Therapeutic Governance: Psychological Intervention and Trauma Risk Management. *Disasters*, 25: 358-72.

Putman, F.W. (1996). Posttraumatic Stress Disorder in Children and Adolescents. In L.J.Dickstein, M.B. Riba, and J.M. Oldham (Eds.), *Review of Psychiatry* (vol. 15. pp. 447 - 467) .Washington DC: American Psychiatric press.

Schlenger, W.E., Kulka, R.A., Fairblank, J.A, & Hough, R.L. (1992). The prevalence of Posttraumatic Stress Disorder in the Vietnam generation: A Multi-method, Multi source assessment of psychiatric disorder. *Journal of Traumatic Stress*, 5, 333-363.

Shaffe, J.N,. Ruback, R.B. (2002). Violent victimization as a risk factor for violent offending among juveniles. Juvenile Justice Bulletin, December, 2002. Washington, DC: US Department of Justice, Office of Juvenile Justice and Delinquency Prevention. www.ncjrs.gov/pdffiles1/ojjdp/195737.pdf

Shrestha, N.M., Sharma, B., Van Ommeren, M., Regmi, S., Makaju, R., Komproe, I., *et al.* (1998). Impact of torture on refugees displaced within the developing World. *Journal of the American Medical Association*, 280, 443-448.

Sutke, P.B., Allain, A.N, &Winstead, P.K. (1993). psychopathology and psychiatric diagnoses of World War II pacific Theater Prisoners of War and Combat Veterans. *American Journal of Psychiatry*, 150, 240-245.

United Nations Children's Fund (2008). Kenyan Post-election Violence Displaces Over 100,000 Children.Nairobi: UNICEF.

United Nations (2006). *The Impact of Armed Conflict on Children. Special Representative of the Secretary-General for Children and Armed Conflict.* Retrieved 18/02/2008, from www.un.org/ special-rep/ children-armed-conflict/ index.html.

Weine, S.M., Vojvoda, D., Becker, D.F, Mclashan, J.H., Hodzic, E.,& Laub, D. (1998). PTSD symptoms in Bosnian refugees, year after resettlement in the United States. *American journal of psychiatry*, 155, 562-564.

Wolfe, J., Erickson, D.J., Sharkansky, R.J., King, D.W., & King, L.A. (1999). Course and Predictors of Posttraumatic Stress Disorder Among Gulf War Veterans; A Perspective Analysis. *Journal of Consulting and Clinical Psychology*, 67, 520-528.

Women's Commission for Refugee Women and Children (2000). *Untapped Potential: Adolescents Affected by Armed Conflict. A Review of Programs and Policies.* New York: Women Commission for Refugee Women and Children