

Types of Traumatic Events Experienced by Bereaved Adolescents Living in Children's Homes in Kajiado County, Kenya.

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Abstract

Previous studies conducted on adolescents living in care-giver institutions demonstrated that were a highly traumatized population. The adolescents had experienced multiple traumas. They had gone through the death of parents, significant others like siblings and care givers as well as other traumatic events. The purpose of this study was to identify the types of traumatic events that bereaved adolescents living in children's homes had experienced prior to being institutionalized that could develop to Post traumatic stress disorder (PTSD) and Depression. The study took place in 8 children's homes in Kajiado County, Kenya. The sample size was 154 bereaved adolescents aged 12-18 years. All the respondents provided informed consent. Respondents were administered a socio demographic questionnaire which captured the age, gender, level of education, and the status of their significant others among other details. University of California Loss Angeles (UCLA) Post Traumatic Stress Disorder Reaction Index was used to identify the types of traumatic events that the bereaved adolescents had experienced. Results of the study found that bereaved adolescents had gone through multiple traumatic events. Majority had experienced death of a close relative (92.2%), attended the funeral of a close relative (90.9%), and seen a dead body (89.6%). Some were physically abused (39.6%) and witnessed constant fights (physical abuse) (47.4%). Others had been threatened (42.9%) while some witnessed someone being killed (44.8%). In addition, a few went through painful medical procedures (31.8%) while others experienced diverse dangerous and painful experiences (26.6%) like sexual abuse (12.3%). It is therefore important that mental health workers identify the traumatic experiences that bereaved adolescents experience that make them develop PTSD and depression.

Key Words: trauma, bereaved, Adolescent, children's home, Kenya, abuse, PTSD, depression

Introduction and Background

Adolescence is a stage of newly emerging developmental capacities for children aged 11-18 years whose major task is to resolve the psychosocial crisis of identity versus role confusion (Erikson, 1968) . This is compounded by the death of one or both parents as well as exposure to other traumatic events (Worden, 2008). A 2010 report by UNICEF found that more than 56 million children below the age of 18 had been orphaned in sub- Saharan Africa due to the loss of one or both parents (Morantz, 2013). Another survey conducted in Kenya found that 33.6 million children in Kenya were orphaned and would be classified as vulnerable (Government of Kenya, 2011). The survey went further to indicate many children in Kenya experience abuse and neglect.

The grief symptoms of children bereaved by the death of a parent or sibling are determined by their understanding of death and their developmental level (Dierkhising, et al., 2013). A study conducted among 72 children found that the death of a parent was a serious life event that led to a measurable degree of symptomatic distress including developing PTSD (Parkes & Prigerson, 2013). Furthermore, the study revealed that the death of a mother was harder for a child to sustain than the death of a father, possibly because of a mother's earlier status as a nurturer.

The empathy siblings form for one another when they are young makes the death of any of them a potentially profound loss (Rostila, Berg, Saarela, Kawachi, & Hjern, 2017). This is because the quality of the pre-existing relationship with the deceased is likely to color an individual's perception and experience of the loss. An exploratory study among Rwandan children and adolescents on siblings relationships, demonstrated that shared childhood experiences and critical life events, including parental deaths, influenced their closeness (Neugerbauer, et al., 2009). The death of such close siblings would devastate the bereaved adolescent even into adult life. The study also noted that sibling death was difficult to resolve if previous identification with the deceased sibling was too close or fused, or if it was too polarized and rejecting (Li, et al., 2014). Such feelings could complicate grief reactions of adolescents.

In further examination of other groups of bereaved adolescents, it was found that one of the most prevalent and first bereavements that youngsters are confronted with the death of their grandparents (Dillen, Fontaine, & Verhofstadt-Deneve, 2009). The relationship that develops between an adolescent and a grandparent can be as varied as the individuals themselves.

Grandparents' death would affect the adolescents since grandparents are very important educators and role models for preschoolers and other pupils (Ens & BOND JR, 2005). The other bereavements involve the death of a first grade relative or another significant person like a friend, teacher, a neighbor or a care giver (Karadag & Ozcebe, 2011). In Kenya, orphaned children tend to be cared for by relatives (Atwoli, et al., 2014).

A study conducted on orphans in South Africa found that caregivers of orphans tend to experience poorer psychological health than other caregivers and research in other populations suggests a correlation between caregiver and child distress (Cluver, Gardner, & Operario, 2008). The same study reported that adolescents experience stigma and secrecy surrounding AIDS, leading to social isolation, bullying and reduced opportunity to discuss grief. Such experiences and poor communication can lead to children's ignorance of causes of parental death, hence arouse fears in the adolescent (Karadag & Ozcebe, 2011). In addition ,a previous study conducted in Western Kenya among 1565 orphaned and separated adolescents aged 10-18 years revealed that reasons why children were placed in institutions included abandonment (22%), lack of available caregiver (8%), neglect (21%), sexual and physical abuse (8%) and destitution (36%) which were related to maltreatment (Morantz, 2013).

The previous literature, demonstrates that adolescents experience multiple trauma other than the trauma associated with the death of their parents or other significant others. The impact of the loss of someone close depends to an important extent on the young persons' perception of how the loss would change their lives. Despite the fact that the majority of children are resilient in response to loss, approximately one in five can develop psychiatric disorder such as PTSD though this can be influenced by their age, sex and family factors (Dierkhising, et al., 2013). A study conducted among bereaved adolescents found out that the initial response to trauma was characterized by intense emotional, cognitive, physical and behavioral reactions associated with impaired school performance, strained peer relations, and sleep disturbances (Leenarts, Diehle, Doreleijers, Jansma, & Lindauer, 2013). The grieving process is rendered more complicated by lack of security and support, a stressful environment, and inhibition of feelings (Talitwala, 2011). Bereaved adolescents experience many types of traumas and therefore require relevant necessary intervention to protect them from any negative effects.

Methodology

The study was conducted in 8 children's homes in Kajiado County, Kenya. The study enrolled 160 boys and girls aged 12-18 years with a mean age of 14.27 (SD \pm 1.79). The respondents were also bereaved and living in the children's home. Another inclusion criterion was to have PTSD symptoms hence 6 respondents did not meet the inclusion criteria, while 154 did. Necessary approvals were sought and provided. Adolescents aged below 18 years provided assent to participate in the study while those aged 18 years provided informed consent prior to participating in the study.

The researcher used trained research assistant to administer the socio- demographic questionnaire and UCLA Post Traumatic Stress Disorder (PTSD) Reaction Index. UCLA PTSD Reaction Index has been translated into English and Kiswahili. This made it easier for the adolescents to answer the questions as they answered in the language they were most comfortable with.

The socio-demographic questionnaire asked for information of the respondents and their environment. The tool gathered information on age, gender, religion, level of education, and family background. The tool also asked about the respondents perceived academic performance, family of residence prior to going to live in the children's home, the kind of family set up the adolescents lived in prior to going to live in the home. Finally, it also asked about the family of origin economic status, how many friends the adolescents had and how often they missed school.

UCLA PTSD Reaction Index is a standardized psychological testing instrument. It is a paper and pencil test that identifies both exposure to traumatic experiences and PTSD symptoms among children and adolescents (Steinburg, Brymer, Decker, & Pynoss, 2014). The new DSM-5 version of UCLA PTSD Reaction index for DSM-IV (Adolescence Version) is a semi structured interview tool that assesses trauma history and the full range of DSM-5 PTSD diagnostic criteria among school-aged children and adolescents (Steinburg, Brymer, Decker, & Pynoss, 2014). UCLA PTSD Reaction Index was used to find out the types of trauma adolescents had experienced and the presence of symptoms of PTSD. Cut off points for symptoms of PTSD was mild symptoms of PTSD and above (\geq 20).

The reliability of UCLA PTSD Reactive index was tested in Nigeria with two samples. In both samples it was found to be adequate with .88 and .89 reliability which was considered excellent [20]. In the same test the validity showed a positive correlation with PTSD. The relationship provided a strong construct validity evidence for UCLA PTSD Reaction Index (Milot, et al., 2013). The UCLA PTSD Reaction Index has been translated into the national language Kiswahili.

Data analysis was done using Statistical Package for Social Sciences (SPSS) software version 20. Frequencies and percentages of traumatic events experienced by adolescents were calculated to establish how many adolescents had experienced traumatic events. Further, the types of traumatic events that bereaved adolescents had experienced were identified.

Results

The study had 154 respondents who gave informed consent or assent and met the inclusion criteria. *Table 1* presents the frequency and percentage based on socio demographic characteristics of respondents at base-line. Respondents were aged 12-18 years with a mean age of 14.27 (SD \pm 1.79). Those who were aged 12-14 years were 95 (61.7%) while those who were aged 15-18 years were 59 (38.3%). This showed that there were more respondents who were aged 12-14 years as compared to those who were 15 years and above. There were 39 (25.3%) males and 115 (74.7%) females. This indicated that the study had more female than male respondents. Respondents who were protestants were 70 (45.5%), Catholics were 35 (22.7%), SDA were 18 (11.7), Muslims were 2 (1.3%) and others were 29 (18.8%). This showed that a large number of respondents were protestants.

Table 1: Socio-Demographic Characteristics of Respondents at Base-Line

Variable	Frequency N=154	Percentage %	Mean	Std. Dev
Age			14.2662	1.78974
12-14	95	61.7%		
15-18	59	38.3%		
Gender				
Male	39	25.3%		
Female	115	74.7%		
Religion				
Catholics	35	22.7%		
Protestants	70	45.5%		
SDA	18	11.7%		
Muslim	2	1.3%		
Others	29	18.8%		
Academic Performance				
Poor	10	6.5%		
Below average	35	22.7%		
Average	60	39.0%		
Above average	28	18.2%		
Excellent	18	11.7%		
Exemplary	3	1.9%		
Family Residence				
Urban	42	27.3%		
Rural	51	33.1%		
Semi-rural	61	39.6%		
Family set-up				
Parents live together	13	8.4%		
Parents separated/single	40	26.0%		
Live with guardian/ orphaned	101	65.6%		
Economic Status				
Poor	59	38.3%		
Below average	43	27.9%		
Average	40	26.0%		
Above Average	7	4.5%		
Affluent	5	3.2%		

According to Table 2, respondents who had experienced the death of a close relative were 92.2% while those who had attended the funeral service of a significant person were 90.9%. It is important to note that some adolescents may have been orphaned at an early age may not have remembered the experience of the death of their parents. This would explain why not all respondents had experienced the death of a close relative. Further, those respondents who were

taken to the home while very young may not have answered the question positively. Respondents who had witnessed someone being killed were 44.8%, those who had seen a dead body was 89.6% while 87.0% had heard about the injury or death of loved ones.

Table 2. Traumatic Events Related to Death of Significant Others

Variable	Total (N=154)	%
Death of close relatives		
Yes	142	92.2%
No	12	7.8%
Attended funeral service		
Yes	140	90.9%
No	14	9.1%
Witnessing someone being killed		
Yes	69	44.8%
No	85	55.2%
Seeing dead body		
Yes	138	89.6%
No	16	10.4%
Hearing about injury or death of loved ones		
Yes	134	87.0%
No	20	13.0%

Other traumatic events experienced by bereaved adolescents as seen in Table 2 include being in a serious accident (18.8%), physical abuse, witnessing a significant person being physically abused (47.4%), being beaten or threatened (42.9%), sexual abuse (12.3%), painful medical procedure (31.8%) or experiencing other dangerous and painful experiences (26.6%).

Table 2. Other Traumatic Events Experience by Bereaved Adolescents

Variable	Total (N=154)	%
%		
Being in an accident		
Yes	29	18.8%
No	125	81.2%
Physical Abuse		
Yes	61	39.6%
No	93	60.4%
Witnessing Physical abuse		
Yes	73	47.4%
No	81	52.6%
Beaten Threatened		
Yes	66	42.9%
No	88	57.1%
Sexual abuse		
Yes	19	12.3%
No	135	87.7%
Painful medical procedure		
Yes	49	31.8%
No	105	68.2%
Other dangerous and painful experience		
Yes	41	26.6%
No	113	73.4%

These findings indicated that adolescents living in children’s homes had experienced multiple traumatic events.

Discussion

These study findings showed that 92.2% of adolescents living in children’s homes had experienced the death of a close relative. Similarly, a survey conducted in Kenya found that 3.6 million children were orphans with 646,887 of them being double orphans due to HIV and AIDS while the rest were orphaned due to other reasons (Government of Kenya, 2011). Findings of a study conducted among adolescents living in institutions found that they represented a highly traumatized population because they had experienced multiple traumas through the death of both parents, significant others, siblings or care givers (Salazar, Keller, Gowen, & Courtney, 2013).

Another study conducted among 72 children similarly found that the death of a parent was a serious life event that led to a measurable degree of symptomatic distress including PTSD (Parkes & Prigerson, 2013). Other studies found that the death of other significant people like siblings, grandparents, friends and teachers also affected adolescents (Rostila, Berg, Saarela, Kawachi, & Hjern, 2017; Neugerbauer, et al., 2009; Dillen, Fontaine, & Verhofstadt-Deneve, 2009; Ens & BOND JR, 2005). However, this study did not establish how many significant people the adolescents had lost other than their parents but just that they had lost other significant people. This study contradicted a previous review in sub Saharan Africa orphans that brought out that orphans were not more vulnerable to sexual abuse ($OR = 1.25$, 95% CI [0.88, 1.78]) and physical abuse combined ($OR = 0.96$, 95% CI [0.79, 1.16]) than non orphans. However, the authors recommended that the findings be interpreted with caution due to methodological issues such as variations in definitions of abuse and sample populations for sexual abuse (Nichols, 2004).

Other than hearing about the death of a loved one, other traumatic events that bereaved adolescents had experienced included being in an accident (18.8%), attending the funeral of a close relative (90.9%), physical abuse (39.6%), witnessing a close person being physically abused (47.4%) and being threatened (42.9%). Similarly, a meta-analysis conducted in Africa on children and youth living in extended families in sub Saharan Africa found that orphans in sub-Saharan Africa were very vulnerable to sexual, psychological and physical abuse, intra-household discrimination, child labor, material and educational neglect (Morantz, 2013). These findings are similar to findings of a study conducted in Western Kenya among 1565 orphaned and separated adolescents aged 10-18 years that found that such adolescents experienced bullying, sexual abuse and physical abuse (Morantz, 2013). A study conducted in institutions where bereaved adolescents stay found that such institutions focused more on physical needs than psychological which led the adolescents to develop psychological disorders like PTSD and its comorbidities (Salazar, Keller, Gowen, & Courtney, 2013).

Conclusion

The findings of this study indicated that adolescents living in children's homes had been bereaved. Further that they had experienced multiple traumatic events like being in an accident,

being physically and sexually abused, being threatened, witnessing significant others being physically abused, being in a painful medical procedure, seeing a dead body and attending a funeral of a significant other. These events significantly traumatized the adolescents

The study was approved by the National Council for Science and Technology (NACOSTI), Daystar University, Daystar University Ethics and Review Board, Children's Department, and the Directors of the 8 Children's Homes where the study was conducted. Adolescents below 18 years provided assent while those aged 18 years provided informed consent. The researcher ensured that no information obtained from the participants was revealed without their assent.

The study did not identify the number of adolescents who had experienced multiple bereavements and did not establish who exactly had died. The study only identified that the adolescents had been bereaved and consequently experienced trauma. The bereavement had led to the adolescents being placed in a children's home.

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