



## An Analysis of Types of Traumatic Events Experienced among Children in Children's Homes in Nyeri County, Kenya

Authors: Peter Maina<sup>1</sup>, Alice Munene (Ph.D)<sup>2</sup> and Sylvia Tuikong (Ph.D)<sup>3</sup>

<sup>1</sup>Department of Clinical Psychology, Daystar University  
P.O. Box 288, Nyeri, Kenya  
Email: wachirampeter20@gmail.com

<sup>2</sup>Daystar University, P.O Box 444-00100. Nairobi, Kenya.  
Email: amunene@daystar.ac.ke

<sup>3</sup>Daystar University, P.O Box 444-00100. Nairobi, Kenya.  
Email: amunene@daystar.ac.ke

---

### Abstract

*Due to their tender age and level of maturity, children are usually vulnerable to traumatic experiences. This is compounded by the fact that their mistreatment and neglect is astounding. The degrees of exposure to traumatic events experienced by children have been presented by various studies across the globe but it seems little attention has been given to the specific types of traumatic experiences children face. The purpose of this study was to analyse the types of traumatic events experienced among children in children's homes in Nyeri County, Kenya. The study adopted a Quasi-experimental research design on a target population of two hundred and thirty five children from two selected children's homes in Nyeri County. Stratified random sampling procedure was used to arrive at the sample of one hundred and sixty children. The study used semi structured questionnaires and the Child PTSD Symptom Scale (CPSS-SR-V), a PTSD symptom measure based on DSM-5 to collect data from children. The validation of the research instrument was done by subjecting the items in the questionnaire to content validity and its reliability determined using Pearson chi-square test. The data analysis was computed with the help of Statistical Package for Social Sciences (SPSS) version 23. Findings from the study generally show that a number of children in children's homes in Nyeri are exposed to different types of traumatic life events. The research is likely to educate counselors about the types of trauma experienced by children and recommend the most suitable treatment for these traumatic experiences.*

**Keywords:** *Types of trauma, traumatic events, traumatic experiences, children traumatic experiences, children traumatic events*

---



## INTRODUCTION

As children grow up, they may be confronted with challenges to their psychological health. These challenges can hinder them from realizing their full potential in life. Some of these challenges include the experience of traumatic life events or traumas. There is increased recognition that children can develop disturbing traumatic reactions following stressful life experiences (Ombok, Obondo, Kangethe, & Atwoli, 2013). An examination of different studies indicates that the traumas mostly experienced by children include the death of a loved one, traffic accidents, physical abuse, witnessing someone injured or killed (Karsberg & Elkit, 2012; Norris & Slone, 2007). Children who undergo traumas cited in these studies are also likely to develop PTSD.

The Presidential Task Force on Posttraumatic Stress Disorder and Trauma in Children and Adolescents (2008) defines a traumatic event as an event that threatens injury, death or the physical integrity of self or others and also causes horror, terror, or helplessness at the time it occurs. Various types of traumatic life events can affect children as well as adults without discrimination. Some of the traumatizing events that children are likely to experience in the course of their growth and development are sexual abuse, crime, neglect, rape, exposure to domestic or community violence (Presidential Task Force on Posttraumatic Stress Disorder and Trauma in Children and Adolescents 2008; Moroz, 2005). Other incidents of trauma include severe natural disasters such as flood, fire and earthquake, war, abandonment, severe bullying, accidents, serious illness and death of loved ones (Moroz, 2005). It has been shown that traumatic events commonly present three characteristics which are a sudden and unexpected occurrence, an association with a threat to life, an association with a threat to physical integrity and an experience of being outside of the normal range of life experiences (Bui, Ohye, Palizt, Olliac, Goutadier and Raynaud, 2014).

Several studies have reported various types of traumas experienced by children across the world. Some studies have revealed that nearly 25% of children the world over are in some way affected by child sexual abuse, physical abuse and/or domestic violence (Graham-Bermann, Howell, Miller-Graff, Kwek and Lilly, 2009; Chen, Dunne, & Han, 2004). An examination of 2,869 young adults, indicated 16% of the research sample had more children than adults who were reportedly affected by trauma and were victims of severe maltreatment in their childhood (May-Chahal & Cawson, 2005). Graham-Bermann, Howell, Habarth, Krishnan, Loree and Bermann (2008) assessed traumatic events and stress symptoms in preschool children from low-income families in the United States. They reported death of a person, death of a pet, family violence, high conflict divorce, sudden family loss, accident or injury, as some of the traumatic events experienced by children. Javidi and Yadollahie (2012) also identified significant events as including war, violent personal assault such as sexual assault and physical attack, being taken hostage or kidnapped, confinement as a prison of war, torture, terrorist attack, severe car accidents, and natural disasters. In childhood, however, sexual abuse, witnessing serious injuries or an unexpected death of a loved one are some of the significant traumatic events (Javidi & Yadollahie, 2012).

Later empirical literature in different parts of the world have provided more or less similar important traumatic life stressors in the child's life which included domestic violence, sexual abuse, physical abuse, car accident, death of a relative and exposure to violence. For example, a study on young people in the United States and the world at large shows that a good number of young people have fallen victims of



traumatic events such as physical abuse, sexual abuse, psychological abuse, emotional abuse, crime, neglect, rape, domestic or community violence, natural disasters and sudden death of loved ones (Child Welfare Information Gateway, CWIG, 2012). In another study by Bruce (2007) in US, the findings indicated that more than 5 million children undergo some forms of extreme traumatic event in their life such as natural disasters (tornadoes, floods, hurricanes), motor vehicle accidents, life threatening illness, painful medical procedures like severe burns, physical abuse, sexual assault, witnessing domestic or community violence, kidnapping and sudden death of a parent. More specifically, Bruce (2007) noted that cases of sexual abuse among children were high and affected 49% of the respondents.

A study conducted in Europe by IPSCAN (2012) on world perspectives on child abuse, in twenty countries, revealed that physical abuse (beatings, burnings), failure to provide adequate food, clothing or shelter (neglect), sexual abuse (incest, sexual touching and commercial sexual exploitation) were some of the behaviors reported as child abuse by 100% of the respondents from each European country. In this study, 90% reported abandonment and emotional abuse as the forms of child abuse in their European countries while 85% was endorsed as behaviors related to parental substance abuse affecting children or neglect. Furthermore, injury was documented as the leading cause of death and disability for children in every member state of European Union.

In the African context, child traumas are immense. In a research review on children in Africa with experience of massive trauma, Kaplan (2005) found that the impact of wars and AIDS on children in Africa is great. Specifically, torture and deaths arising from armed conflicts involving child soldiers affects them and many children are also orphaned due to the AIDS pandemic. In the Democratic Republic of Congo, for example, 1 in 3 combatants in the armed conflict is under the age of 18 years (Rakisitis, 2017). This appears to suggest that the negative effects that arise from armed conflicts do not stay in war areas nor do they diminish when the battle is over. On the contrary, they are often experienced by individuals in the aftermath of armed conflicts. Essentially, patterns and types of traumatic symptoms vary according to each gender. Kaminer, Hardy, Heath, Mosdell and Bawa (2013) looked into the gender patterns in the contribution of different types of violence to post traumatic stress symptoms among South African urban youth. This study established that community violence was the most common form of violence exposure while for the sample as a whole, sexual abuse and community violence, along with gender, had each added to the severity of post traumatic stress symptoms among the young population of youth. Jani, Sharain, Lindi, Candice, and Soraya, (2016) considered the differences in abuse, neglect, and exposure to community violence in adolescents with and without Post traumatic stress disorder and depression among South African Adolescents. The study discovered that this population was exposed to high levels of violence and trauma, including community violence, abuse, and neglect. It further found that violence and trauma were associated with negative mental health outcomes, including post traumatic stress disorder (PTSD) and depression. These findings provide good evidence to support various forms of traumatic events that children are exposed to in some parts of Africa.

In the Kenyan context, studies that have examined various types of traumatic events children experience are limited. The few studies available suggest that Kenyan children are not unfamiliar with incidences of traumatic life events. Lukoye, Joseph, Christine, Samuel, & Paula (2014) investigated the impact of domestic care environment in Western Kenya on the prevalence of potentially traumatic events (PTEs)



and PTSD among the orphaned and separated children. The study targeted adolescents aged 10–18 years with a population of 1565 (55.5% male). The adolescents were either orphaned or separated from their parents. The results suggest that bullying is the most common type of traumatic event in all domestic care environments, followed by physical and sexual abuse. The study, however, indicated that sexual abuse was more prominent in households than in established charitable children's institutions. This may be due to bullying, which can be a common form of traumatic event among these children. Bullying was associated with higher posttraumatic stress symptoms (PTSS) scores and PTSD odds than either sexual or physical abuse (Lukoye et al., 2014). Most recently, a study was done by Hyojin & Aidan. (2016) that sought to examine the link among trauma, gang activities, victimization, and perpetration of violence among Somali refugee children and youth in Kenya. This study identified loss of a family member, to discrimination and police brutality, and to chronic impoverishment as some of the traumatizing events that force Somali youth to result to various forms of violence to a means of survival. A careful look at this study appears to suggest that there is a close connection between traumatizing events and engagement in violent activities among the youth.

Put together, the studies on various types of traumatic events seem to suggest that children experience a wide array of traumatic experiences, including multiple traumas. Further, these findings seem to indicate that children who are exposed to numerous types of traumatic events in their life may be negatively impacted in their normal functioning and development. Traumatic life events may provide a fertile ground for mental disorder to take root and thrive in children thereby denying them a chance to realize and enjoy fulfilled lives. If arrested and addressed early enough, it may be possible to avert the possibility a full blown PTSD.

## **METHODOLOGY**

The study adopted a mixed research approach to establish the prevalence and severity of PTSD among children in children's homes in Nyeri County, Kenya. A quasi experimental research design was utilized for this study with the various methods of collecting information from a sample of children to establish the prevalence and severity of PTSD.

The target population comprised of 235 children from two selected children's homes in Nyeri County of Kenya, namely, Karatina and Mahiga respectively. These children were between the ages of 10 to 16 years.

The sample size for this study was calculated based on the registered children who had experienced a traumatic life stressor and who met the criteria for PTSD according to Diagnostic and Statistical Manual of Mental Disorders (DSM 5) criteria as measured by the testing instrument used. The sample size was calculated using the formula by Chow, Shaw and Wang (2003). The sample size consisted of 80 participants whereby; there were two groups hence, a total of 160 participants were recruited for this research study. An attrition rate (loss of assigned participants) of 20% was added to the calculated sample size, to avoid bias to validity. To arrive at the sample of children who participated in this study, purposive random sampling was adopted to target respondents with particular demographic characteristics such as age, gender and presence of PTSD symptoms.



In regards to the research instruments of study, semi structured questionnaires were administered to the selected children as well as well as the Child PTSD Symptom Scale (CPSS-SR-V), which was a PTSD symptom measure based on DSM-5. The reliability of the questionnaire used was determined using Pearson chi-square test to determine the pre-treatment equivalence variables by drawing up comparison between the study groups while t-tests were used to compare distribution of continuous variables.

After the data had been collected and thoroughly screened for any missing information, it was entered into SPSS version 23 where it was subjected to analysis. Upon entry, the participants' identity was coded using a combination of alphabetical letters and Arabic numbers for each group. The statistical analysis of data was done by subjecting continuous and categorical constructs/variables to descriptive statistics. During the data analysis, distribution of social demographic characteristics of participants were examined besides the research variables by use of bivariate and univariate statistical procedures.

## RESULTS

### Demographic characteristics

The social demographic characteristics of participants were sought with the aim of establishing the distribution of children by gender, age, school level, parent's occupation and income, number of siblings and upbringing. Slightly more than half (52.6%) of the respondents who participated in this study were male as compared to the female respondents who were 47.4%. This implies that there are more male children who experience traumatic events in comparison to female children. 53.9% of the children were between the ages of 10-13 years, while 46.1% were between 14-16 years of age. An overwhelming majority (92.7%) of the respondents were in primary school level while 5.2% were in secondary school level. The smallest numbers of respondents (0.7%) were in college level. In relation to their parents' occupation, the highest number of respondents (53.3%) did not know their parent's occupation. 22.2% had parents who are skilled while 12.6% had parents who are professional. The lowest number of the respondents (11.9%) had unskilled parents. The participants were requested to state their parent's income with a majority (80.5%) indicating that their parents earn above Ksh. 100. 12.7% had parents who earn Ksh. 100 while 6.8% had parents who earn less than Ksh. 100. From the respondents, 72.2% had more than 3 siblings while 27.8% had less than 3 siblings. 52.7% of the respondents were brought up by both parents and 29.1% were brought up by mothers. Another 4.1% were brought up by their fathers.

### Types of traumatic events experienced among children in children's homes in Nyeri County, Kenya

This study sought to establish some of the types of traumatic events experienced among children in children's homes in Nyeri County. In order to determine some of the traumatic events experienced, the study covered the following areas: death of parents and loved relatives, stressful medical procedures, rape and indecent touch, parental divorce or separation, accident related events, robbery incidents and attacks, abuses (physical, emotional or verbal), parent sickness or injury, false accusation, staying out of school or school related traumas, absent parents or abandonment and war related traumas.



Table 1

*Types of traumatic events experienced among children in children's homes in Nyeri County*

Type of Traumatic event		Frequency	Percent
Death of parents	Yes	35	25.9
	No	100	74.1
Death of loved relatives	Yes	31	23.0
	No	104	77.0
Stressful medical procedures	Yes	3	2.2
	No	132	97.8
Rape and indecent touch	Yes	14	10.4
	No	121	89.6
Parental divorce or separation	Yes	5	3.7
	No	130	96.3
Accident related events	Yes	23	17.0
	No	112	83.0
Robbery incidents and attacks	Yes	12	8.9
	No	123	91.1
Abuses (physical, emotional or verbal)	Yes	48	35.6
	No	87	64.4
Witnessing domestic violence	Yes	4	3.0
	No	131	97.0
Parent sickness or injury	Yes	9	6.7
	No	126	93.3
False accusation	Yes	3	2.2
	No	132	97.8
Staying out of school or school related traumas	Yes	3	2.2
	No	132	97.8
Self-injury and sickness	Yes	8	5.9
	No	127	94.1
Absent parents or abandonment	Yes	9	6.7
	No	126	93.3
War related traumas	Yes	6	4.4
	No	129	95.6

Table 1 illustrates that most (74.1%) children did not experience the death of their parents as a traumatic event while 25.9% did experience it. Similarly, the death of lost relatives was not experienced by most (77.0%) of the children but 23.0% of them did experience it. Stressful medical procedures, rape and indecent touch are traumatic events that most children (97.8% and 89.6% respectively) in children's homes in Nyeri County did not experience while (2.2% and 10.4% respectively) reported that they did experience the traumatic event. The table also shows that parental divorce or separation and accident related events are not experienced by majority (96.3% and 83.0% respectively) of the respondents whereas (3.7% and 17.0% respectively) experienced it. 91.1% of children in children's homes in Nyeri



County did not experience robbery incidents and attacks while 8.9% experienced the same. In the case of abuses almost two thirds (64.4%) children did not experience physical, emotional or verbal abuses. However 35.6% of them experienced an emotional, physical or verbal form of abuse. The other traumatic events that include: witnessing domestic violence, parent sickness or injury, false accusations, school related traumas, self-injury and sickness, parent absent or abandonment and war related traumas have a similar trend whereby majority (97.0%, 93.3%, 97.8%, 97.8%, 94.1%, 93.3% and 95.6% respectively) of the children respondents did not experience them. However, the same traumatic events are experienced by 3.0%, 6.7%, 2.2%, 2.2%, 5.9%, 6.7% and 4.4% of the children respectively.

## DISCUSSION

From the findings, it is evident that the children in children's homes in Nyeri County have gone through various traumatic events and experiences. This agrees with studies by Sandra, Helen, Janice, Sandhya, Amy, & Eric, (2008) who assessed traumatic events and stress symptoms in preschool children from low-income Families in the United States. They reported death of a person, death of a pet, family violence, high conflict divorce, sudden family loss, accident or injury, as some of the traumatic events experienced by children.

Findings on traumatic events experienced by children in children's homes in Nyeri County reveal death of parents and loved ones, rape and indecent touch, abuses and accident related events to be experienced more than witnessing domestic violence, parent sickness or injury, false accusations, school related traumas, self-injury and sickness, parent absent or abandonment and war related traumas. This aligns with studies by Javidi and Yadollahie (2012) that identified significant traumatic events experienced by children to include war, violent personal assault such as sexual assault and physical attack, being taken hostage or kidnapped, confinement as a prison of war, torture, terrorist attack, severe car accidents, and natural disasters. The study by Javidi and Yadollahie (2012) further reveals that a number of kids have gone through trauma as a result the loss of parents or loved ones. For most children, death is a new experience and therefore this leads to confusion and get frightened. This is because they may not know what death means and may be confused or even frightened by the reaction of other family members. The child may continue to re-experience the loss. In addition, the child may develop profound empathic concerns for others experiencing loss, including cartoon characters and animals (Bruce, Perry and Jana, 2019)

Some of the participants in this study had gone through stressful medical procedures. According to studies by Murray and Lopez (1996), acute medical illness and medical treatment are among some of the common traumatic experiences. In this study, a meta-analysis found that 19% of children with injury and 12% of the children developed persistent PTSS (Kahana, Feeny, Youngstorm and Drotar, 2006). In addition to psychological symptoms, the children also had poorer functional health outcome thus greater use of health services (Holbrook, Hoyt, Coimbra, Potenza, Sise, and Anderson, 2005).

Sexual abuse (rape and indecent touch) among the participants is also evident from the findings. Childhood sexual trauma can have a devastating effect on victims. Sexual trauma can impact many of the



normal developmental processes of childhood; typically exhibited by emotional or behavioral features that show distress (Maltz, 2019).

The results demonstrate that a number of the children have also witnessed domestic violence. This is supported by a study by Edleson (1999) which established that in addition to hearing, seeing or being used in a violent event, mothers and children described those experiences as having a traumatic effect on them. Children who witness domestic violence in the home can have physical symptoms along with their emotional and behavioral state of despair. These children may experience general aches and pain, such as head and stomach aches. In addition they may also have irritable and irregular bowel habits, cold sores and they may have problems with bed-wetting. These complaints have been associated with depressive disorders in children, a common emotional effect of domestic violence. Along with these general complaints of not feeling well, children who witness domestic violence may also appear nervous, as previously mentioned, and have short attention spans. On the reverse, these children may show symptoms of fatigue and constant tiredness. Children who witness domestic violence also have a tendency to partake in high risk play activities, self-abuse, and suicide (Robinson and Suarez, 2015).

It is also evident that some children in children's homes in Nyeri County have witnessed war as a traumatic event. Wars have been found to cause high levels of stress among children and this has been associated with the development of a wide range of psychological problems according to research by Shahar, Cohen, Grogan, Barile & Henrich (2009). Some of the children withdraw from the world and others become emotionless. In extreme cases, some emotional outbreaks of hysterical types have also been reported. Recovery time depends on some factors like extent of damage, treatment in post-traumatic period, the coping capabilities of the child which is further dependent on the age of the child. Research by Fuaad (2015) indicates that in some cases, a child exposed to a lot of death and destruction at an early age can have a heart that can be scarred no further.

Emotional, physical and verbal abuses are other traumatic events experienced among the children in children's homes in Nyeri County. Most recently, a study was done by Hyojin & Aidan (2016) that sought to examine the link among trauma, gang activities, victimization, and perpetration of violence among Somali refugee children and youth in Kenya. This study identified loss of a family member, to discrimination and police brutality, and to chronic impoverishment as some of the traumatizing events that force Somali youth to result to various forms of violence to a means of survival. A careful look at this study appears to suggest that there is a close connection between traumatizing events and engagement in violent activities among the youth.

## **CONCLUSION**

From these results, there is evidence that exposure to traumatic experiences and the resultant emotional distress, besides the loss of safety and direction, may set off a chain of events leading to subsequent disabling traumatic reactions and PTSD in children. Although most of the traumatic events are experienced by a lesser number of children, the results generally show that a number of children in children's homes in Nyeri are exposed to different types of traumatic life events. Given the unprecedented array of traumatic life events that children experience, the study suggests that it is critical to find amicable





solutions in order to avert psychological turmoil that can ensue in their aftermath. There is therefore a need to develop strategies to meet children's needs. This includes creating a safe and supportive environment for the child as well as availing timely and appropriate treatment plans for those who develop posttraumatic stress disorder after going through these traumatic troubling events. One such intervention, TF-CBT, has been the focus of this study.

## REFERENCES

- Bruce, D. P. (2007). *Stress, Trauma and Post-traumatic Stress Disorders in Children*. Retrieved from [https://childtrauma.org/wp-content/uploads/2013/11/PTSD\\_Caregivers.pdf](https://childtrauma.org/wp-content/uploads/2013/11/PTSD_Caregivers.pdf)
- Bruce, D. P., & Jana R. (2019). *Children and Grief Guidance and Support Resources*. Retrieved from <http://www.scholastic.com/browse/article.jsp?id=4039>
- Bui E., Ohye B., Palizt S., Olliac B., Goutaudier, N., Raynaud, J. (2014). Acute and Chronic Reactions to Trauma in Children and Adolescents. In Rey, J. (ed), *IACAPAP e-Textbook of Child and Adolescents mental Health*. Geneva: International Association for Child and Adolescent Psychiatry and Allied Professions.
- Chen, J., Dunne, M. P., & Han, P. (2004). Child sexual abuse in China: A study of adolescents in four provinces. *Child Abuse & Neglect*, 28(11), 1171-1186.
- Child Welfare Information Gateway. (2012). *Trauma-focused Cognitive Behavioral Therapy for Children Affected by Sexual Abuse or Trauma*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.
- Chow S., Shao, J., & Wang, H. (2003). *Sample size Calculation in Clinical Research*. Chapman & Hall/CRC Press.
- Edleson, L. J. (1999). Children's Witnessing of Adult Domestic Violence. *Journal of Interpersonal Violence*, Vol. 14, 8, 839 – 870.
- Effect of domestic violence on children. (2012). at the Library of Congress Web Archives Alabama Coalition Against Domestic Violence.
- Foa, E. B., Johnson, K. M., Feeny, N. C., & Treadwell, K. R. (2001). The Child PTSD Symptom Scale: A Preliminary Examination of its Psychometric Properties. *Journal of clinical child psychology*, 30(3), 376-384.
- Graham-Bermann, Sandra., Howell, K., Habarth, J., Krishnan, S., Loree, A., Bermann, E. A. (2008). Toward Assessing Traumatic Events and Stress Symptoms in Preschool Children From Low-Income Families. *The American journal of orthopsychiatry*. 78. 220-8.



- Graham-Bermann, S., Howell, K., Miller-Graff, L., Kwek, J., Lilly, M. (2009). Traumatic Events and Maternal Education as Predictors of Verbal Ability for Preschool Children Exposed to Intimate Partner Violence (IPV). *Journal of Family Violence*. 25. 383-392.
- Fuaad M. (2015) Psychological Effect and Violence on Children. *Journal of psychological Abnormalities*. Retrieved from <https://www.longdom.org/open-access/psychological-effects-of-war-and-violence-on-children-jpab-1000e106.pdf>
- Harder, V. S., Mutiso, V. N., Khasakhala, L. I., Burke, H. M., & Ndeti, D. M. (2012). Multiple traumas, postelection violence, and posttraumatic stress among impoverished Kenyan youth. *Journal of traumatic stress*, 25(1), 64–70.
- Holbrook, T., Hoyt, D., Coimbra, R., Potenza, B., Sise, M., and Anderson, J. (2005). Long-term posttraumatic stress disorder persists after major trauma in adolescents: New data on risk factors and functional outcome. *Journal of Trauma-Injury Infection and Critical Care*, 58(4):764–769.
- Howell, K. H., Barnes, S. E., Miller, L. E., & Graham-Bermann, S. A. (2016). Developmental variations in the impact of intimate partner violence exposure during childhood. *Journal of injury & violence research*, 8(1), 43–57.
- Hyojin, C., & Aidan, B. (2016). From victim to perpetrator of trauma: Lived Experiences of Gang-Involved Urban Refugee Youth in Kenya. *Journal of Aggression, Maltreatment and Trauma*, 25(7), 753-771.
- Jensen, K., Holt, T., Ormhaug, M., Egeland, K., Granly, L., Hoaas, C., Hukkelberg S., Indregard, T., Stormyren, D., & WentzelLarsen, T. (2013). A Randomized Effectiveness Study Comparing Trauma-Focused Cognitive Behavioral Therapy With Therapy as Usual for Youth. *Journal of Clinical Child & Adolescent Psychology*, 0(0), 1-14.
- Kaminer, D., Hardy, A., Heath, K., Mosdell, J., and Bawa, U. (2013). Gender patterns in the contribution of different types of violence to posttraumatic stress symptoms among South African urban youth. *Child Abuse Negl.* 37(5):320-30.
- Kahana, S., Feeny, N., Youngstrom, E., and Drotar, D. (2006). Posttraumatic Stress in Youth Experiencing Illnesses and Injuries: An Exploratory Meta-analysis. *Traumatology*. 12. Retrieved from [https://www.researchgate.net/publication/228379163\\_Posttraumatic\\_stress\\_in\\_youth\\_experiencing\\_illnesses\\_and\\_injuries\\_An\\_exploratory\\_meta-analysis](https://www.researchgate.net/publication/228379163_Posttraumatic_stress_in_youth_experiencing_illnesses_and_injuries_An_exploratory_meta-analysis)
- Lorraine, R., Corral, S., Bradley, C., & Fisher, H. (2013). The Prevalence and Impact of Child Maltreatment and Other Types of Victimization in the UK: Findings from a Population Survey of Caregivers, Children and Young People and Young Adults. *Child Abuse & Neglect*. 37. 801-13.



- Lukoye, D., Joseph, Julius, Christine, R., Samuel, & Paula. (2014). Impact of Domestic Care Environment on Trauma and Posttraumatic Stress Disorder among Orphans in Western Kenya. *PLoS ONE*, 9(3)
- IPSCAN. (2012). *World Perspectives on Child Abuse*. (10<sup>th</sup> ed.) Chicago: IPSCAN
- Jahidi, H., & Yadollahie, M. (2012). Posttraumatic Stress Disorder. *Journal of Environmental Medicine*, 3(1), 2-9.
- Jani, N., Sharain, S., Lindi, M., Candice, S., & Soraya, S. (2016). Differences in Abuse, Neglect, and Exposure to Community Violence in Adolescents with and without PTSD and Depression. *Journal of Interpersonal Violence*. Retrieved from <http://dx.doi.org/10.1177/0886260516674944>
- Justino, P. (2012). War and poverty. *Working paper series*, 391. Brighton: IDS. Retrieved from <http://opendocs.ids.ac.uk/opendocs/handle/123456789/4248>
- Kassam-Adams, N., Garcia-España, J., Fein, J., and Winston, F. K. (2005) Heart rate and Posttraumatic Stress in Injured Children. *Archives of General Psychiatry*. 62(3):335–340.
- Kaplan, S. (2005) Children in Africa with Experiences of Massive Trauma: A Research Review. Department for Research Cooperation. Retrieved from [http://www.sida.se/contentassets/2d85d61feb084ed09cfb91679c8f0078/children-in-Africa-with-experiences-of-massive-trauma\\_1648.pdf](http://www.sida.se/contentassets/2d85d61feb084ed09cfb91679c8f0078/children-in-Africa-with-experiences-of-massive-trauma_1648.pdf)
- Karsberg, S. H., & Elklit, A. (2012). Victimization and PTSD in a Rural Kenyan Youth Sample. *Clinical Practice and Epidemiology in Mental Health : CP & EMH*, 8, 91–101
- Kilpatrick, D. G., Ruggiero, K. J., Acierno, R., Saunders, B. E., Resnick, H. S., & Best, L. (2003). Violence and Risk of PTSD, Major Depression, Substance Abuse/dependence, and Comorbidity: Results from the National Survey of Adolescents. *Journal of Consulting and Clinical Psychology*, 71(4), 692-700.
- Luckhan, R., Ahmed, I., Muggah, R., & White, S. (2001). Conflict and Poverty in Sub-Saharan Africa: An Assessment of the Issues and Evidence. *Institute of Development Studies*. Retrieved from <https://www.ids.ac.uk/files/dmfile/Wp128.pdf>
- MacKay, M and Vincenten, J. (2014). Tools to Address Childhood Trauma, Injury and Children’s Safety: Final Report of the TACTICS Project. Retrieved from <https://www.childsafetyeurope.org/tactics/info/tactics-public-report.pdf>
- McElvaney, R., & Lalor (2014). Child Abuse in Europe. In J. Conte (Ed.) *Child Abuse and Neglect Worldwide*, Vol.2. Santa Barbara, CA: Praege



- Mandrup, L., & Elklit, A. (2014). Victimization and PTSD in Ugandan Youth. *Open Journal of Epidemiology*, 2014, 4, 141-156. Doi.org/10.4236/ojepi.2014.43020. Retrieved from [http://file.scirp.org/pdf/OJEpi\\_20140808\\_1617\\_4436.pdf](http://file.scirp.org/pdf/OJEpi_20140808_1617_4436.pdf).
- Maschi, T., Baer, J., Morrissey, M. & Moreno, C. (2013) Victimization and PTSD. *Open Journal of Epidemiology*, 4, 141- 156.
- Maschi, T., Baer, J., Morrissey, M. B. & Moreno, C. (2013). The Aftermath of Childhood Trauma on Late Life Mental and Physical Health: A Review of the Literature. *Traumatology*,19, 49-64.
- May-Chahal, C., and Cawson, P. (2005). Measuring Child Maltreatment in the United Kingdom: A Study of the Prevalence of Child Abuse and Neglect. *Child Abuse Negl.* 29(9):969-84.
- Moroz, J. (2005). The Effects of Psychological Trauma on Children and Adolescents. *Child, Adolescent and Family Unit*. Retrieved from [http://mentalhealth.vermont.gov/sites/dmh/files/report/cafu/DMHCAFU\\_PsychologicalTrauma\\_Moroz.pdf](http://mentalhealth.vermont.gov/sites/dmh/files/report/cafu/DMHCAFU_PsychologicalTrauma_Moroz.pdf).
- Murray., C, and Lopez, A. (1996). The Global Burden of Disease: A Comprehensive Assessment of Mortality and Disability from Diseases, Injuries, and Risk Factors in 1990 and Projected to 2020. Massachusetts: Harvard University Press.
- Norris, H., & Slone, B. (2011). Understanding Research on the Epidemiology of Trauma and PTSD. *PTSD Research Quarterly*, (24): 2-3.
- Ombok, C., Obondo, A., Kangethe, R., & Atwoli, L. (2013). The prevalence of Post-traumatic stress Disorder among Sexually Abused Children at Kenyatta National Hospital in Nairobi, Kenya. *East African Medical Journal*, 90(10), 332-337.
- Pinto, J. (2017). When Social Support is not Enough : Trauma and PTSD SYMPTOMS in a Risk Sample of Adolescents. *Child Abuse and Neglect*, 27, 110-119.
- Presidential Task Force on Posttraumatic Stress Disorder and Trauma in Children and Adolescents. (2008). *Children and Trauma*. Retrieved from <https://www.apa.org/pi/families/resources/children-trauma-update>
- Rakisitis, C. (2017). Child Soldiers in the East of the Democratic Republic of the Congo. Retrieved from [https://www.icc-cpi.int/RelatedRecords/CR2017\\_04721.PDF](https://www.icc-cpi.int/RelatedRecords/CR2017_04721.PDF)
- Robinson, L., and Suarez, R. E. (2015). Beliefs About The Effects Of Children Witnessing Domestic Violence Among Title Iv-E Students. Retrieved from <https://scholarworks.lib.csusb.edu/cgi/viewcontent.cgi?referer=https://www.google.com/&httpsredir=1&article=1209&context=etd>



- 
- Shahar, G., Cohen, G., Grogan, K. E., Barile, J. P., & Henrich, C. C. (2009) Terrorism-Related Perceived Stress, Adolescent Depression, and Social Support From Friends. *Pediatrics*, 124(2): 235 - 240
- Sandra, A., Helen, K., Janice, Sandhya, Amy, & Eric, A. (2008). Toward Assessing Traumatic Events and Stress Symptoms in Preschool Children from Low-income Families. *American Journal of Orthopsychiatry*, 78(2), 220-228.
- Maltz, W. (2002) Treating the Sexual Intimacy Concerns of Sexual Abuse Survivors. *Sexual and Relationship Therapy*, 17:4, 321-327.