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Types and Forms of Traumatic Events Experienced by the Internally Displaced Persons Living in Maai Mahiu Camp during the 2007/8 Post Election Violence in Kenya

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Abstract

Traumatic experiences have a psycho-social impact, not only on the survivors of such experiences, but also on the society. Over the years, it has become evident that a significant number of the survivors of potentially traumatic events such as human conflicts and violence may suffer from long-term psychosocial, physiological, emotional and spiritual effects. The resultant post-election violence (PEV) following the disputed 2007 presidential result in Kenya exposed to inhuman treatment and horrific experiences. Therefore, this study sought to document the types and forms of traumatic events the survivors were exposed to at baseline. A sample of 139 respondents was obtained through purposive sampling. The findings indicated that Internally Displaced Persons (IDPs) underwent displacements, loss of property and significant others, sexual atrocities, and suffered traumatic grief. These severe traumatic events resulted in highly prevalent PTSD and DD disorders, at 62.1% and 63.3% respectively. Based on the study findings, it was recommended that the government through the Ministry of Devolution and Planning, other interested stakeholders and psychological service providers could have trained personnel to handle the aftermath of human conflict appropriately to avert human suffering. The study used a pretest-posttest quasi-experimental design. The target population comprised both adult females and males, from a total of 196 households. The sample was obtained through purposive sampling where the respondents filled out: a socio-demographic, Severity of Posttraumatic Stress Symptoms-Adult* *National Stressful Events Survey PTSD Short Scale (NSESSS) and Beck's depression questionnaires.The findings indicate that IDPs resident at Maai Mahiu camp underwent severe traumatic events, which resulted in highly prevalent PTSD and DD disorders at 62.1% and 63.3%, respectively. Based on these study findings, it was recommended that stakeholders and psychological service providers should have trained personnel to handle the aftermath of human conflicts appropriately to avert human suffering.
Key words: survivors of human conflict, traumatic occurrences and experiences, violence.

Introduction and Background

It has been noted that human conflict occurs world-wide and that organized violence generates a host of highly stressful social and material conditions (Boothby, Strang & Wessells, 2006; Miller et al., 2008; Miller & Rasco, 2004; Panter-Brick, Eggerman, Mojadidi, & McDade, 2008). These conditions include poverty, malnutrition and displacement into overcrowded and impoverished camps. There are an estimated 28 million Internally Displaced Persons (IDPs) globally (Siriwardhana et al., 2015). In Kenya, a human conflict (2007/8 PEV) took place in a specific socio-cultural context and, as a result, some violence-related traumatic events occurred. Kenya experienced widespread violence following the announcement of the 2007 disputed presidential results (Harneit-Sievers &

Peters, 2008). The populations affected by the PEV, particularly in the Rift Valley region of the country, underwent forceful eviction. They have since lived as IDPs in deplorable conditions in camps for over seven years (Kenya Human Rights Commission, 2011). These survivors, in our view, need support and care in order for them to deal with their psychosocial needs.

Kenya has experienced different types of violent and non-violent conflicts in its history. It has been established that these conflicts have negatively affected the survivors. According to Nyukuri (1997), the 1992 and 1995 clashes among ethnic groups in Kenya resulted in psychosocial consequences, such as homelessness, landlessness, destitution, broken marriages, injury, death, abuse, mistrust, fear, suspicion, prejudice and psychological trauma. In addition, food shortage was one of the far-reaching economic consequences of the clashes. Lukoye, Kathuku, and Ndetei (2006) asserted that many Mau Mau fighters underwent torture and inhumane treatment in concentration camps in Kenya. However, few studies have been done to establish the presence of PTSD and other psychiatric morbidities among the Mau Mau survivors.

According to Harneit-Sievers and Peters (2008), the 2007/8 PEV resulted in the killing of more than one thousand one hundred people, internal-displacement of at least three hundred and fifty thousand (some estimates are up to six hundred thousand) people, and sexual offences and gender-based violence against women were on a massive scale. Insufficient data seems to be available on the total number and extent of sexual and gender-based violence during the PEV. The Nairobi Women's Hospital Gender Violence Recovery Center documented over 650 of such cases (CREAW, 2014).

There is evidence to suggest that the 2007/8 PEV in Kenya led to massive displacement, destruction of property, despair, anxiety, fear and confusion. In addition, sudden destitution, death, loss of livelihoods, and total disruption of social order were evident (Lukoye, 2010; Makokha & Oriale, 2009; Wambura, 2009). Consequently, loss and grief reactions occurred. Suffice it to say that witnessing or being a target of the PEV was severely traumatizing enough and may have potentially led to the development of both physical and psychological diseases such as PTSD, depressive disorders (DD) and sexually transmitted diseases such as HIV and AIDS among survivors.

There is no doubt that the survivors need support and care to address the negative effects of these traumatic experiences. However, one of the most disturbing findings of some of the investigations carried out after the crisis was the lack of psychosocial support for the PEV victims (Kenya Human Rights Commission, 2011). Furthermore, few interventions were set up (Lukoye, 2010) and it is disheartening that some of the survivors are still trying to reconstruct their lives in order to function better. The psychological and emotional trauma experienced by the survivors therefore, needs to be addressed. To this end, it is important to have empirical data to determine the psychosocial profile of the IDPs and offer them psychosocial interventions. This formed a key concern of this study.

The IDPs are among the most vulnerable people in the world today. Previous research highlighted the fact that conflict-induced forced displacement can cause problems with mental health and the well-being of the survivors (Getanda, Papadopoulos, & Hala, 2015). The 2007/8 IDPs were exposed to inhuman treatment before and after settling in camps. This

study therefore, sought to establish types of traumatic events the respondents of this study were exposed to.

Methods

Quasi experimental design was utilized in this study. survivors were defined as targets of the 2007/8 PEV. The study respondents were purposively selected and they all provided their written informed consent**.** A researcher-generated socio-demographic questionnaire was used to elicit useful data on the gender, age, marital status and education level of the respondents, and to capture the personal/individual effects of the violence, as well as the type and impact of psychosocial interventions received by the IDPs after the 2007/8 PEV. This questionnaire was based on the literature of types of traumas usually encountered by IDPs. The respondents were asked to explain in some detail how they were directly affected by the PEV-related activities. Detailed explanations were given to the respondents, and throughout the study, ethical standards were observed. In anticipation that some respondents may under-report their experiences because of stigmatization, and to ensure privacy and confidentiality, the questionnaires were completed individually. Prior to data collection, the research assistants were trained in using the study instruments.

The study recruited 139 respondents at baseline. The target population comprised both adult females and males (above 18 years), married and single IDPs. The study revealed that the mean age of the total respondents was 50.60 years with a range of 20-85 years and the standard deviation of 13.805.

The data were double-entered and analyzed using SPSS version 21.0. Both descriptive and inferential statistics were used to describe the characteristics of the sample and make comparisons. In univariate analysis, the results indicated the mean scores, range and Standard deviation.

Results

In the socio-demographic questionnaire the themes, which emerged included displacement (physical, social, psychological), sexual and spiritual effects; and socio-economic and emotional loss. Sadly, some witnessed fighting and destruction of their properties, others observed violent acts perpetrated against their loved ones and them, while others were also subjected to or witnessed sexual violence. All these traumatic experiences left the survivors psychologically impaired and others had their relationships with their relatives severed.

Table 1 Traumatic Events that were Violence Related

Traumatic experiences	Frequency (%,n, N)
Forceful relocation	88% (122/139)
Loss of property	67% (93/139)
Rape and sexual assault	4% (6/139)
Witnessing rape cases	11% (15)
Emotional abuse	43% (60/139)
Witnessing people dying	34% (47/139)
Physical abuse	6% (8/139)
Being hunted or pursued in the streets	5% (7/139)
Witnessing people being tortured or kidnapped	6% (8/139)
Seeing dead bodies strewn all over	14% (20/139)
Traumatic grief	9.3% (13/139)
Loss of significant others	21.6% (30/139)

This study sought to determine types and forms of traumatic events the survivors under study were exposed to during the PEV. Table 1 tabulates the types of traumatic events that they experienced. At baseline, the findings indicate that the majority of the respondents underwent forceful evictions from their homes (88%). A high percentage experienced destruction of property, livestock and poultry either by looting or burning (67%).

Furthermore, whereas only 3% of the respondents indicated that they were raped or sodomised and 1% reported being sexually assaulted, 11% witnessed rape cases. The results also suggest that a high percentage of people experienced emotional abuse or psychological mistreatment (43%). Another 34% witnessed people being burnt or killed or drowned in rivers. Six percent of the participants underwent physical abuse (personal violence) while a small fraction, namely 5%, were hunted or pursued in the streets to be killed. Sadly, 6% reported that they witnessed spouses' legs being broken or other people being tortured and mercilessly kidnapped. In addition, 14% saw dead bodies strewn all over, with some being mauled by pigs.

Out of the 139 respondents, 9.3% indicated they had traumatic grief emanating from separation from spouses, children or family, while others were divorced by their spouses. A sizeable number experienced death of parents, spouses, children, relatives or close friends (21.6%). The respondents confessed that the violence affected their relationship with their nuclear and extended family members. It was evident from the findings that the PEV caused feelings of fear, hatred, mistrust and aggravated social exclusion. Overall, these results indicate that the PEV was a traumatizing event, which left most of the survivors experiencing socio-economic and emotional loss.

Discussion

The findings reveal that the majority of the respondents were subjected to forceful relocation. In addition, among the challenges they faced were lack of basic needs and safety concerns, which are fundamental to human survival. When denied these needs, human beings become more traumatized, leading to pathologies. These findings are similar to the findings of Rasmussen et al. (2010) that Darfur refugees faced hardships associated with chronic displacement.

It is worth noting that our findings that the 2007/8 PEV led to massive displacement, destruction of property, death and sexual atrocities is comparable with other findings elsewhere. For example, in 1994, Rwanda was immersed in a brutal wave of organized violence where looting, destruction of property and genocidal acts including murder and sexual violence were common (Straus, 2004).

As mentioned earlier, some respondents of the PEV in Kenya underwent rape and sexual assault experiences. This finding is in consonance with other studies done on different populations. Hossain et al. (2014), for example, concluded that sexual violence in conflict remains as a critical international policy of concern. In addition, according to Bastick, Grimm, and Kunz (2007), the prevalence estimates of sexual violence (SV) in conflict range widely. For example, in the Democratic Republic of Congo (DRC), reports on the extent of conflict-related sexual violence range from 17.8% to 39.7% among women and 4% to 23.6% among men, due, in part, to methodological differences (Casey et al., 2011; Duroch, McRae, & Grais, 2011; Johnson et al., 2010). In another study, Anastario et al. (2014) retrospectively reviewed medical records of 1,615 patients diagnosed with sexual assault between 2007 and 2011 at healthcare facilities in Eldoret (n=569), Naivasha (n=534), and Nakuru (n=512) in order to examine characteristics of sexual assault cases over time. The results demonstrated systematic patterns in sexual assault characteristics during the PEV period in Kenya.

From the findings, it appears as if the rape and sexual assault experiences may have been underreported. However, this is not unique. For example, Sherwood and Liebling-Kalifani (2012) stated that despite the researchers' attempts to build rapport with the women prior to interview, participants may have shared only general experiences. None of the women disclosed personal experiences of rape or sexual violence and only two reported personal experiences of physical violence. This study also revealed that the respondents experienced physical, psychological and sexual traumatic events, which are comparable to Mugisha, Muyinda, Wandiembe, and Kinyanda's (2015) results that IDPs in Northern Uganda suffered psychological (79%), physical (58%) and sexual trauma (8%).

At baseline, the respondents indicated loss of significant others as one of the traumatic experiences they went through during the PEV. The study therefore, sought to ascertain those who experienced loss of significant other**.** The results show that the majority, at 78.4%, experienced no loss of significant others or loved ones, while 21.6% lost their significant ones. A cross-sectional survey among adult residents of Juba, exposed to high levels of war-related trauma in South Sudan, observed that 49.6 % had witnessed the murder of family members or friends (Roberts, Damundu, Lomoro, & Sondorp, 2009**)**. Although, this percentage is higher compared to the findings of the current study, it implies that some of the survivors had traumatic grief following the PEV.

Sherwood and Liebling-Kalifani (2012) also recorded how a group of women who were African war survivors attending a refugee centre in the West Midlands in UK described witnessing violence, sexual violence or death of close relatives as a result of conflict. In the 2007/8 PEV, both women and men were victims of sexual violence. In some cases, women were raped in the presence of their spouses and children. They were later on abandoned by their husbands and left to take care of their families. Men too experienced horrifying types of sexual violence such as sodomy and forced circumcision, all of which were major stressful life-changing events.

Some respondents were separated from their spouses or fiancés and, as a result, family breakups occurred. The fact that different ethnic groups had intermarried did not stop couples from separating. Some of the survivors lost their relatives during the PEV and although they can now talk about their experiences of family alienation, probably the memories remain indelible in their minds. Worse still was the fact that some of the attackers were well known to the survivors. This added pain to the injury. The 2007/8 PEV inflicted heavy psychosocial and economic burdens on the survivors. In addition, there is no doubt that the survivors would need support and care to address the negative effects of these traumatic experiences.

The current study was restricted to a specific population, that is, the 2007/8 PEV adult survivors in Maai Mahiu. It did not cover IDPs in other camps all over Kenya. This could be an area of study in the future. It may be possible that rape victims might have under-reported their experiences because of stigmatization, which might influence the generalizability of the findings of this study.

Conclusion

Overall, this study described the type of traumas the respondents experienced. These traumatic experiences could have severe psychosocial consequences, which might have affected the survivors' ability to recover and rebuild their lives. Therefore, the results have clinical implications. For example, it would be beneficial to assess the psychosocial needs of survivors of traumatic events. This would avail empirical data to determine their psychosocial profile in order to offer them the psychosocial interventions necessary for their psychosocial health. The study has generated information that may be of great benefit to many stakeholders dealing with survivors of traumatic experiences.

Based on the findings of the study, the following recommendations are made:

1. Many IDPs are displaced live in areas that are environmentally and economically vulnerable. There is need for the government interventions that can effectively address the bio-psychosocial and spiritual well-being of the IDPs in Kenya. Specifically, the Cabinet Secretary and Permanent Secretary in the Ministry of Devolution and Planning needs to address the plight of the vulnerable survivors of PEV. In addition, there is need for the government to set up adequate resources and provide qualified personnel for survivors of traumatic events. For example, there is need to build the capacity of health workers to handle concerns related to SGBV health needs.

2. This study has demonstrated that traumatic events have severe psychosocial consequences on the survivors' ability to recovery and to rebuild their lives. Therefore, there is need for mental health workers such as clinicians and counselors to psycho-educate survivors of traumatic experiences on the importance of seeking counseling as a way of hastening the healing process.

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