African Journal of Clinical Psychology
ISSN: 978-9966-936-05-9: 2020 Vol. 03, Issue 02

School of Human & Social Sciences

Traumatic Events Common among Deaf Adolescents in Kenyan Schools for the Deaf

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Abstract

The study aimed to identify traumatic events common with deaf adolescents in Kenya schools for the Deaf. A quasi-experimental research design was used. The study population comprised of 188 deaf adolescents aged 14-19 years in class 5 – 7 and form 1 – 3 in Machakos and Kambui Schools for the Deaf. While Childhood PTSD Symptoms Scale (CPSS) Life Events screened for traumatic events, a Socio-Demographic Questionnaire was used for socio-demographic characteristics as well as traumatic events relating to the hearing disability. Cognitive-behavioral intervention for trauma in schools (CBITS) was conducted with the experimental group. The data collected was analyzed using the Statistical Package for Social Sciences (SPSS), version 20. The results revealed that common traumatic events included: witnessing someone being slapped, punched or hit (69.7%), having been slapped, punched or hit (67.6%), witness someone sick or injured and rushed to hospital (66.0%), witness someone being beaten up (63.8%), serious sickness of a relative or close friend (59.0%), having been slapped, punched or hit (57.4%), witnessed horrific road accidents (46.8%), and attack by an animal like a dog (45.2%) as well as name calling (58.5%), neglect (41.5%) and discrimination (44.7%).

Key Words: Deaf adolescents, traumatic events

Introduction and Background

Deaf adolescents are vulnerable to traumatic experiences. According to DSM-5, traumatic events include exposure to actual or threatened death, severe injury, and violence (APA, 2013). The DSM-5 stresses that one has to have personally experienced or witnessed the event happening to someone else including a close friend or a family member and the event was accidental or characterized by violence. One may have also experienced frequent or life-threatening aversive details of traumatic events such as being a first responder in a traumatic critical incident. Trauma resulting from exposure to electronic media, movies, or pictures, is not considered as significant stressors (APA, 2013). Literature reveals that deaf persons experience

more lifetime traumatic events compared to the general population (Pollard, Sutter, & Cerulli, 2014; Schenkel et al., 2014; Schild & Dalenberg, 2015). A study of deaf individuals in Norway confirms that persons living with hearing disabilities were at risk of experiencing traumatic events such as physical and sexual abuse (Ohre, Uthus, Tetzer, & Falkum, 2015).

The traumatic experiences contribute to the development of trauma presentations whose symptoms interfere with social functioning, performance in school, and subsequently, lower self-esteem of the adolescents. Etiology of their deafness, socio-economic factors, or experiences such as stigma or discrimination increases the risk of developing mental and other health problems (Kvam, Loeb, & Tambs, 2007). Trauma impacts deaf adolescents mainly because of the lack of hearing ability and communication difficulties.

Deafness is trauma in itself because the condition affects one's functioning in terms of identity formation, relationship building, and school performance. A study comparing deaf and hearing youth hypothesized that deafness in itself does not contribute to mental health problems but deafness is made complex by physical health problems, communication problems, and adverse living conditions (Landsberger et al., 2014). The WHO (2017) report showed that hearing loss in low-income countries was twice that of high-income ones. WHO further reported that in most regions, the prevalence of hearing loss in children decreases with the increase in parent's literacy rate. In this regard, Kenya as a low-income country is affected by deafness.

The loss of hearing ability to some extent is traumatic. On one hand, in communication, the inability to speak contributes to trauma because verbal language expresses empathetic responses between caregivers and deaf adolescents and when the verbal expression is limited, the adolescent may be frustrated. On the other hand, verbal communication strengthens the bond between the adolescent and the caregivers. The fact that the deaf communicate through unconventional signs, gestures, facial expressions, and village signs (system of gestures of communication devised by a deaf child) makes it difficult to communicate important information such as family values and medical history. Hearing inability also impacts spirituality and self-concept leading to feelings of shame, guilt, rage, isolation, and disconnection (Caudice, 2012). Globally, traumatic events are common, particularly at the family and community levels. At the family level, deaf adolescents witness domestic violence, especially resulting from substance abuse, terminal illnesses, or the death of a family member as well as actual or threatened sexual

violence. At the community level, there is community violence and mob justice, while in school, bullying is rampant which also affects the hearing peers (Okoth, 2014). The experiences at home, school, and community predispose deaf adolescents to neglect, physical, emotional, and sexual abuse which lowers the adolescent's self-esteem, (Chimedza, 2001; Karadag & Ozcebe, 2011; Zinzow et al., 2009). These adolescents also face stigma, discrimination, and isolation especially, when rarely engaged in social participation such as religious activities.

In the USA, for instance, adolescents experience between 8 and 55 different types of community and domestic violence (Kieling et al., 2011). At the family level, studies have indicated that several traumatic events common amongst deaf adolescents include child maltreatment, sexual assault, ~~p~~physical and emotional abuse like witnessing intimate partner violence, crime victimization and robbery (Anderson et al., 2016; Craig & Ziedonis, 2016; Schenkel et al., 2014; Schild & Dalenberg, 2015; Zinzow et al., 2009). Despite a family being the main support system (Hong & Efferth, 2016), physical and emotional abuse like neglect, abandonment and discrimination have been reported as the most common traumatic events arising from family members.

A study done to identify the national prevalence of parental and community violence and to examine life stressors as independent risk factors for PTSD among 3,614 US adolescents estimated that 9 % of participants witnessed parental violence, while 38 % witnessed community violence (Zinzow et al., 2009). A report by Child Welfare Information Gateway (2013) showed that 23 of adolescents (12-17 years olds) were vulnerable to maltreatment. Another study carried out in the US among 4023 adolescents (12-17 years old) indicated that (47%) of participants had experienced traumatic events, mainly sexual and physical assaults as well as witnessing violence (Hamblen & Barnet, 2012). A study to examine whether classes of homeless youth, based on type and frequency of victimization experiences in three regions of United States of America suggest that youth who had experienced high levels of direct and indirect victimization (Bender, Ferguson, Thompson, & Langenderfer, 2014).

In the Kenyan situation, the most common traumatic events include, road accidents, neglect, abandonment, defilement, and rape; physical and emotional abuse; medical diagnosis of terminal illness or medical procedures; actual or learning of sudden death of a close friend or a significant family member. Other traumatic events include catastrophic events such as terrorist attacks or

plane crashes, disasters resulting from human error like house fires and collapsing buildings, accidental violent acts and prolonged bullying in schools, as well as witnessing a crime in public places. Although there are limited studies on trauma among deaf persons in Kenya, a study among adolescents from an informal settlement in Nairobi, on community and parental violence in relation to substance use and delinquency showed that 2 out of 5 adolescents witness domestic or community violence (Ndetei et al., 2011).

Besides physical abuse, emotional abuse is also a concern among deaf adolescents. Emotional problems arise from kidnapping and bullying in the neighborhood or school setting, parental abandonment and neglect, domestic violence, and substance dependency (Anderson et al., 2016 Chimedza, 2001; Karadag & Ozcebe, 2011; Zinzow et al., 2009). A review of literature on symptom patterns of PTSD among deaf trauma survivors revealed that verbal threats, names calling, being belittled, teased, and punished in a humiliating way; neglect and abandonment by parents were reported by 39% of the children (Anderson et al., 2016).

In terms of gender, females are more prone to traumatic events than males. Deaf adolescents experience physical and sexual abuse twice as much as their hearing peers. A survey conducted at Rochester Prevention Research Center: National Center for Deaf Health Research, focusing on deaf students' lifetime trauma, emotional abuse, physical abuse, and forced sex suggested that deaf females experience physical, psychological aggression or sexual coercion at twice the rate of their hearing peers (Pollard, Sutter, & Cerulli, 2014). Sexual abuse is a serious traumatic experience among deaf adolescents.

Sexual abuse, particularly sexual exploitation and assault are common with both males and females living with hearing disability (Caudice, 2012). A study on consequences of child and adult sexual trauma among deaf adults in San Diego, California, revealed that physical assault was reported by 73.5% of men and 71.1% of women (Schild & Dalenberg, 2015). The same study showed that 20% of men and 37.8% of women had a history of sexual assault, while 38.2% of men and 42.2% of women reported unwanted sexual experiences. Although rarely reported, incest may be common among deaf females. In regard to seeking help for sexual abuse, deaf adolescents are challenged owing the language barrier.

Deaf adolescents find it difficult to access health services. Situation analysis of children with disabilities in South Africa indicated that deaf children find it challenging to get services in public health facilities especially where there are no language interpreters, which leaves the adolescent with the only option of writing to communicate their health needs (Philipott & McLaren, 2011). A study conducted in five schools for the deaf in KwaZulu-Natal, Free State and Eastern Cape in South Africa revealed that deaf children were not well informed on issues such as HIV/AIDS, sex education, rape, abortion, abuse and harassment; and life skills trainings were not effective owing to teachers' language barrier (DSD, DWCPD, & UNICEF, 2012).

In the general population, it is evident that individuals born deaf are understudied (Diaz et al., 2013; Fellinger, Holzinger, & Pollard, 2012) yet studies have revealed that deaf adolescents are more vulnerable to psychiatric disorders (Landsberger et al., 2014). A study conducted on deaf clients hospitalized for anxiety or depression revealed that the patients ended up with PTSD due to inappropriate care (Caudice, 2012). In Kenya, for instance, it is difficult to find a Sign language interpreter in most medical Centers such as dispensaries and private clinics, thus deaf adolescents rely on their caregivers to explain their health concerns to medical practitioners. The same problem of expressing personal medical issues was reported in Nigeria where deaf girls were embarrassed when sharing personal issues (Arulogun, Titiloye, Afolabi, Oyewole, & Nwaorgu, 2013).

Methodology

A quasi-experimental design was adopted in the selected schools for the deaf in Kenya; Machakos School for the Deaf was the experimental group while Kambui School for the Deaf was the control group. A pre-test was done in Kaaga School for the Hearing Impaired in Meru County, Kenya. Most of the deaf boys and girls in the two schools come from various counties in Kenya. In addition to the language barrier, deaf adolescents in both boarding primary and secondary sections had experienced traumatic experiences such as the death of a significant person, abandonment, neglect, physical and emotional abuse, or witnessed accidents.

All the adolescents, aged 14-19 years in classes 5-7 and forms 1-3 were screened for trauma exposure and PTSD symptoms; 188 participants met the inclusion criteria. Stratified and cluster

sampling approaches were used to select the study sample. Each of the two schools was stratified with the primary section forming one stratum and the secondary section forming the other. Each of the strata had each class forming a cluster from which both boys and girls were purposely selected from the two strata; primary school and secondary school. The number of participants selected in each stratum were in proportion to the total number of adolescents in that particular strata, primary or secondary section. The number selected from each stratum was further distributed among the clusters based on gender and the number of adolescents presenting with moderate or severe symptoms of PTSD in each class.Participants who presented with extreme PTSD symptoms were referred for medical intervention.

To screen and assess for trauma exposure the Childhood PTSD Symptom Scale (CPSS) Life Event, a 17-item instrument was used. Additionally, social demographic data were also collected using a researcher-developed questionnaire. Both the CPSS and the questionnaire were given to the participants to fill. Each item was signed to the participants using Kenya Sign Language (KSL) and they were given sufficient time to seek clarification and to fill the details. The participants were assured of their right to ask questions and seek clarification on any aspect of the research process. A gatekeeper, a deaf volunteer, was present during the group sessions to encourage and facilitate interaction as well as keeping open communication among the participants. The anonymity of the participants was maintained during the process by the use of codes to protect real names. Confidentiality of the data collected was maintained throughout the study by the use of code numbers as opposed to names.

Results

The objective of this study was to identify traumatic events common among deaf adolescents in schools for the deaf in Kenya.

Table 1: Traumatic events common among Deaf Adolescents

TRAUMATIC EVENTS	Total (N=188)
Have you been in a serious accident, where you could have been badly hurt or could have been killed?	18.1% (n = 34)
Have you seen a serious accident, where someone could have been (or was) badly hurt or died?	46.8% (n=88)
Have you thought that you or someone you know would get badly hurt during a natural disaster such as a hurricane, flood, or earthquake?	33.0% (n=62)
Has anyone close to you been very sick or injured?	59.0% (n=111)
Has anyone close to you died?	47.9% (n=90)
Have you had a serious illness or injury or had to be rushed to the hospital?	66.0% (n=124)
Have you had to be separated from your parent or someone you depend on for more than a few days when you didn't want to be?	34.6% (n=65)
Have you been attacked by a dog or other animal?	45.2% (n=85)
Has anyone told you they were going to hurt you?	44.7% (n=84)
Have you seen someone else being told they were going to be hurt?	45.2% (n=85)
Have you been slapped, punched, or hit by someone?	57.4% (n=108)
Have you seen someone else being slapped, punched, or hit by someone?	69.7% (n=131)
Have you been beaten up?	67.6% (n=127)
Have you seen someone else getting beaten up?	63.8% (n=120)
Have you seen someone else being attacked or stabbed with a knife?	21.3% (n=40)
Have you seen someone pointing a real gun to someone else?	15.4% (n=29)
Have you seen someone else being shot at or shot with a real gun?	21.8% (n=41)

The study established seventeen traumatic events, and the frequencies of each traumatic type are presented in table1. The most frequently reported types were physical abuse, accidents, sickness, injuries, deaths of significant persons as well as emotional abuse arising from hearing inability. The findings revealed physical abuse as a major traumatic event. Among the participants, 67.6% reported having been beaten up while 63.8% reported witnessing someone else being beaten up. Majority of the participants witnessed someone being slapped, hit, or punched (69.7%). A significant number, 57.4 %, of participants reported having been personally slapped, hit, or punched. The

high frequency of physical abuse can be attributed to the adolescents' inability to hear instructions from the hearing persons.

In respect to accidents related to transport, the findings showed high frequencies of participants involved or having witnessed horrific events. A minority of the participants, 18.1% reported having been involved in serious accidents where the participant could have been killed. On the contrary, the majority of participants 46 % reported having witnessed a serious accident. In addition to road accidents, the participants experienced trauma arising from the environment. Out of the study group, 33.0% of the participants reported having thought someone known to them would get badly hurt during a natural disaster such as a flood. The anticipated fear of possible environmental disasters could have been attributed to the participants' fresh memories because the study was carried out in a season after the participants had experienced extremes weather conditions basically a prolonged drought which was followed by heavy rains, flooding, and landslides in some regions.

In terms of verbal threats, the participants reported having been hurt or had witnessed someone else being hurt. The finding showed that 44.7% of the participants had someone tell them they were going to hurt him or her. In regard to others being threatened, 45.2% reported having seen someone else being told they were going to be hurt. In addition to being threatened, more than half of the participants 57.4% reported having been hurt through slapping, punched or hit

The number of participants who were separated from their parents or someone they depended on for more than a few days when they did not want to was not major 34.6%. The low number could be attributed to the attachment aspect because the deaf naturally are comfortable with their fellow deaf. For some, being with caregivers and parents is challenging because of the disconnect caused by communication difficult and language barriers which is crucial aspect in the deaf culture.

In respect to trauma arising from violence, the findings revealed the use of dangerous weapons. While 21.3% of the participants reported seeing someone being attacked or stabbed with a knife, 15.4% of the participants reported seeing someone pointing a gun to someone else. Further, 21.8% of the participants reported having witnessed someone being shot at with a real gun. The findings revealed traumatic events that are specifically contributed by the hearing inability. A

significant number of participants (45.2%) reported having been attacked by a dog or another animal. The failure to hear a dog bark or other warning sounds from attacking animals could have been contributed by their failure to hear and their ability to verbally express themselves. Further, analysis of the socio-demographic questionnaire revealed that deaf adolescents experienced specific events that are traumatic and that arise from their inability to speak. Name-calling was the most traumatic event reported by 58.5% of the participants; the common names included *bubu* (foolish) *kiziwi* (dumb) or *akilipunguani* (mentally retarded). While 41.5% of the participants reported having been discriminated by their parents and guardians, 44.7% reported having been oppressed especially by their parents and guardians. The discrimination was explained as parents buying new items for their hearing siblings and not the deaf adolescents. The oppression can be viewed on the basis of bias in allocation of duties at homs where the deaf are overworked in the house or farm while the hearing siblings play, engage in lighter duties or attend church mentorship programs when the deaf adolescent was left at home to prepare meals, do cleaning or feed the animals.

Further to stigma and discrimination, the study revealed communication difficulties and language barriers among the participants and their family members. Analysis of the socio-demographic questionnaire revealed various different ways that participants use to express themselves to their hearing family members as well as other hearing persons. Village, home or kitchen signs were reported by the majority of participants at 38.3%), lip-reading and writing at (20.74%), facial expression at (13.2%), and Kenya sign language, the universal language of the deaf at at (36.7%).

Discussion

The traumatic experiences deaf adolescents go through have a negative implication on their physical, psychological, and social functioning. The most reported traumatic events among deaf adolescents revealed in this study arise from manmade causes and natural occurrences as well as their adolescents' inability to hear. Typically, the traumatic events can be categorized as physical, social and emotional.

Physical events include abuses like physical beating by adult family members, teachers and strangers such as bus drivers, motorbike riders and passengers especially in public transport.

Notably, the physical events (67.6%) revealed in this study are lower than the physical assault at 82.4% reported in a pilot study with deaf trauma survivors across Massachusetts (Anderson, et al, 2016). The difference in the two studies was as a result of age where the deaf adolescents for the current study were younger than those involved in the trauma survivors study at Massachusetts. Another form of physical abuse was slapping, punching or hitting at (69.7%). This type of abuse can be attributed to a situation where hearing adults express their frustrations on the deaf adolescent when the deaf fail to take verbal instructions, forgetting that it is due to their hearing disability and not the fact that they are naughty or rude. Further, to the normal hit one would experience while playing or working, deaf adolescents are prone to deliberate and humiliating hits with objects mainly on the back as a way hearing person use to call for their attention since they cannot hear verbal cues. On throwing the object, they end up not only causing them physical pain but also psychological distress.

The study findings also established that deaf adolescents witnessed accidents at 46.8% especially those from transport. These findings are also consistent with the study findings by Anderson(2016) on trauma survivors which indicated accidents through transportation to be 58.8% and those taking place at home to be17.6%. However, the current study did not examine accidents in school or home environments such as the kitchen or on the farm. Accordingly, accidents relating to natural disasters reported in the current study at 33.0% were comparable to those reported in the trauma survivors study (23.5%). Among the common natural disasters with the deaf students were flooding, landslides, and prolonged droughts which resulted in poor nutrition to some adolescents especially during holidays.

Health issues were found to have contributed greatly to the types of trauma in terms of illness and injuries established for this study with (66.0%) of them having been hospitalized. The finding is supported by a study in the Westborough State Hospital Deaf Unit in Maine which indicated that 51% of the inpatients had a history of trauma, unknown or suspected abuse (Black & Glickman, 2006). The study analysis further found that 43.6% of the participants had lost their hearing ability through injury or infections after joining school. This implied that they constantly sought medical help in hospitals for the hearing challenge as well as for malaria, measles and mumps that World Health Organization recognizes as causes of hearing loss.

Although the current study did not explore language barrier as a factor associated with trauma for the sick deaf adolescents, a situational analysis of children with disabilities in South Africa indicated that deaf children find it challenging to get services in public health facilities especially where there are no language interpreters (DSD, DWCPD, & UNICEF, 2012). This kind of a situation leaves the adolescent with no other choice but to result into writing as a means of communicating their health-related needs (Philipott & McLaren, 2011). This consequently results into the deaf adolescents who may not express themselves effectively in writing living in trauma due to the failure of early diagnosis of illnesses (Jaycox et al., 2012). Though the current study did not examine the availability of sign language interpreters in hospitals and especially the local clinics that deaf adolescents attend when at home, other studies have established that a state of deafness poses a challenge in seeking medical interventions. For instance, some studies have confirmed that 2- 5 percent of deaf persons struggle to access essential mental health services due to communication barrier(Kuemburg, Fellinger, & Fellinger, 2016; Winkler, Ruf-Leuschner, Ertl, Pfeiffer, Schalinski, & Ovuga, 2015). These findings were further confirmed by a study involving deaf girls in Nigeria which established that, expressing personal medical issues for deaf girls can be embarrassing (Arulogun, Titiloye, Afolabi, Oyewole, & Nwaorgu (2013).

In the current study, death of a significant person or a close friend was found to be a major cause of trauma for deaf adolescents. The deaf adolescents were also found to experience distress due to anticipated loss of a sick relative of friend (59.0%). Trauma relating to anticipated death and terminal illness of close relatives are in line with the findings of study of deaf individuals in Norway that showed 85% of deaf patients reported trauma that had no relationship with the residential school (Ohre, Uthus, Tetzer, & Falkum, 2015). The actual and anticipated loss could imply that deaf adolescents may result into experiencing multiple losses which may consequently lead to complicated trauma, which could be better revealed in future studies.

Of all the participants, 45.2% reported having been attacked by a dog or other animal. The inability to hear a dog bark or other warning sounds from attacking animals could have been contributed to the hearing loss. Whereas their hearing peers shout for help when in danger, listen to alarms and take warnings, deaf adolescents end up being victims of all kinds of vices in the society. The lack of availability of audio and auditory devices as a protective safety defense

measure is a great challenge to the participants of this study thus exposing them to the danger of attacks by dogs and other animals.

Further, bullying was found to be rampant in this study(38.3%). The finding was supported by a study in Kisumu, Kenya, that identified verbal intimidation, name-calling, and group isolation as the major types and forms of bullying experienced among students in mixed-gender schools (Okoth, 2014). A unique form of bullying common in school for the deaf is relational. Besides the forms of bullying experienced in normal schools, relationship related bullying is rampant in schools for the deaf. This can be explained by the fact that learners in schools for the deaf are advanced in age, such that it is possible to find a 23-year-old in high school and by nature adolescents engage themselves in intimate relationships with breakups and competition for popular boys or girls. Therefore, to create their safe environments; they bully others as a way of coping with the loss of relationships or as a way of eliminating others from potential friends or punishing those who may have come in between their established relationships. This was found to be case with the deaf adolescents of the current study population.

Moreover, over half of the study participants (58.5%) reported emotional abuse mainly name calling with demeaning terms like *bubu (dumb)*, or *kiziw*i (deaf) and *akilipunguani (*mentally retarded). These findings are higher than 39% found in a reviewed literature on symptom patterns of PTSD among trauma survivors, a study by Anderson et. al (2016). However, the two studies are similar in terms of the long-lasting effects the name calling aspect has on the deaf, especially lowering their self-esteem. The shameful names imply that a person is regarded as an object and of no value to self and with nothing to be proud of. Further, the findings agree with the claim that to some communities, a deaf person is perceived as a curse of a bad omen and hence one is isolated and cut off from participating in social and economic activities (Chimedza, 2001; The Kenya Society for Deaf Children, 2009). However, to address the emotional abuse, theWorld Health Organization promotes the social inclusion of people with disabilities including those with hearing loss (WHO, 2017). The WHO recommendation is in line with a situation analysis of children with disabilities in South Africa, which indicated that deaf children can benefit from participating in activities such as attending religious ceremonies from which the adolescent gain a sense of value and purpose in life (Philipott & McLaren, 2011).

This study confirmed that indeed communication difficulties and language barriers play a big role in the lives of deaf adolescents particularly by causing them trauma that could have been prevented by responding to audio cues. The assumption that Kenya Sign Language was the way through which deaf adolescent communicate was not true was proved not to be true. There are other methods of communication between deaf adolescents and their family member that were established by this study which vary from writing, lip-reading, village signs, facial expressions and gestures. The finding supports the argument that the lack of speech may result in the experience of severe attachment disruption with a parent as earlier established by Black and Glickman (2006). Further, the findings confirmed the disconnect between deaf adolescents, their parents, teachers who are not conversant with Kenya Sign Language as well as, mentors and life skill trainers who desire to work with deaf adolescents. It was confirmed that lack of verbal language hinders the deaf adolescents from benefiting from the support of the hearing persons. This was revealed by a study in Zimbabwe that portrayed how use of spoken language by deaf assistants in mentorship and training made the deaf students suspicious (Musengi, Ndofirepi, & Shumba, 2012).

Stigma and discrimination also came up as a major concern in the life of deaf adolescents for this this study. Though there is extensive advocacy on the rights of persons living with disabilities (Kenya Society for the Deaf Children, 2004). This study revealed that some rights of deaf adolescents were not regarded because of high rates of neglect and abandonment. It was evident that rather than parents taking responsibility of a deaf adolescent by protecting and nurturing them, they are parentified instead by being given duties that are meant for adults. For instance, deaf adolescents who are not in school could be involved in manual work at the expense of their development. Furthermore, the reason for not having high enrolment of deaf children in schools would be that they are mostly involved in the farm or housework as revealed by this study here 94% of the parents were involved in subsistence farming as the source of livelihood, which may imply they involve deaf adolescents in manual work at their farms. Accordingly, findings on the issue of neglect and abandonment was agreeable with the findings in a paper by Adoyo (2008) on perspectives of inclusive education among the deaf which revealed that 30% of deaf children do not attend school. The same neglect of deaf adolescents is reflected in a situation analysis on

children with disabilities in South African schools where a significant number of youths were found not enrolled in schools (DSD, DWCPD, & UNICEF, 2012).

Recommendation

Comparative studies between deaf adolescents and their hearing peers on multiple traumas as well as sexual abuse would be crucial.

Conclusion

Deaf adolescents experience a variety of traumatic events that range from physical, emotional and social that arise from being involved or witnessing others mainly close relatives or friends experience trauma. The major events include physical abuse, illnesses and injuries from accidents, neglect as well as stigma and discrimination particularly name calling. It can be concluded that most of the traumatic experiences that deaf adolescents experience are as a result of their inability to hear and speak, yet they live and experience the same events with hearing persons who may not understand sign language .

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