UNIVERSITY OF NAIROBI

DEPARTMENT OF SOCIOLOGY

DEALING WITH ACUTE STRESS DISORDERS (ASD) SCREENING: THE CASE OF SECONDARY SCHOOL STUDENTS WHO EXPERIENCED POST –ELECTION VIOLENCE IN NAKURU COUNTY, KENYA

BY

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DECLARATION

This research project report is my original work and has not been submitted for award of a degree in any other university.

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Signed ……………………………………………. Date…………………

This research project report has been submitted for examination with my approval as the university supervisor.

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Signed…………………………………… Date…………………….....

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DEDICATION

I dedicate this research project to my family members for their love, support, patience, encouragement and understanding. They gave me the will and determination to complete my masters.

ABSTRACT

According to Kagwanja, (2012), Nakuru experienced serious conflict in the aftermath of the 2007/2008 elections, particularly in MaaiMahiu and Naivasha Town.

Unmanaged trauma amongst students in schools is a real threat to their mental health; hence the need to examine the strategies of trauma management that schools have put in place as a way of reducing trauma risk.

The objective of the study was to find out how the children who experienced PEV were reintegrated back to the normal learning in schools, the various counseling strategies that where put in place and still existing in secondary school to handle students who experienced PEV in Nakuru County, Kenya and the challenges faced by the school in trying to handle those students who experienced PEV

The study adopted a descriptive research design. Five zones in the county were selected; Gilgil, Kuresoi South and Kuresoi North. Nine (9) secondary schools were picked using simple random sampling. Four (4) class teachers, two female and two male were selected each from forms 1, 2, 3 and 4 giving a total of 144 respondents.

The study concluded that:

- Although therapy/counseling offers a reliable, supportive structure in which student can actively focus and work on themselves and relationships, without being judged, that therapy/counseling relationship is healing both experientially and through learning.
- That some teachers/counselors lacked the competency to do ASD counseling.
- Teachers also should employ different strategies, key among which include: recognizing that a student is going into survival mode and responding in a kind, compassionate way and adapt the classroom's mindfulness practice for counteracting the impact of trauma.
  The study recommends as follows:
- That there is a need for an establishment of a fully-fledged psychosocial assistance unit in school to guide the students on the road to recovery in schools
- That trauma is a serious threat to the wellbeing of students in schools and should be addresses forthwith by all parties involved
- That there is a great need to have systems in place to carry out identification, counseling and rehabilitation of students who have experienced trauma as some go unnoticed.
- That teachers and counselors undergo periodic capacity building to equip them with the necessary skills to handle students who have experienced trauma

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ABBREVIATIONS AND ACRONYMS

ASD   Acute Stress Disorders

PTSD   Post Traumatic Stress Disroders

UNTCP   United Nations Trauma Control programme

UNOT   United Nations Office on Trauma

EATIS   Eastern Africa Trauma Information System

GAPW   Global Assessment Programme on War

ITMB   International Trauma Management Board

UNMP   United Nations Trauma Management Programme

NCCK   National Council of Churches of Kenya

CHAPTER ONE: INTRODUCTION

1.1 Background of the study

The atrocities of conflict, war and tragic road traffic accidents have inevitable and negative impact on social, economic and political life of individuals and communities, with long term effects on their function and development. They create number of dysfunctional individuals and traumatized societies, and trauma transfer on generations. Women, children and the youth are usually the most affected by the ravages of conflict and violence. They experience and witness life threatening events which would lead to Acute Stress Disorder (ASD) and if it goes unattended for four weeks, it is likely to lead to Post Traumatic Stress Disorder (PTSD). Despite growing evidence of the individual and collective consequences of trauma, concrete actions to address these invisible wounds are considered by many experts as still often inadequate, if not entirely missing.

In a history of humankind, the twentieth century was marked as a century of violence: the two world wars and hundreds of local and regional conflicts occurred in it, with dramatic change in a profile of those who suffer in wars, which shifted from military to prevalent civilian victims (in some statistics, it is more than 80% of civilians - Clark, 2002), beside to enormous level of individual violence happen daily all over the world. Nothing is changed in the first decades of the twenty first century – wars and violence on all levels continue, including the hardest form of violence on children and women, these who has the less power to protect themselves. Beside the culture of violence, after decades and centuries of silence, addressed is the culture of rape used as civilian and military power or – better to say- weapon, the cultures in which extreme forms of human behavior became daily, usual, accepted or even expected (Clark, 2002).

Trauma is in newer researches seen not only as the legacy but also as the cause of conflict, building a raising spiral (Clark, 2002). This points on the need for trauma healing, and a question "Is sustainable peacebuilding possible without addressing and transforming trauma?" Experiences from communities which survived horrid of war and genocide show difficulties in their reconciliation, recovery and progress, and their interrelation with the high level of trauma. The link between conflict and trauma points directly on need for trauma transformation in order to break the conflict spiral (Lederach, 2005). Trauma transformation is a necessary part of rebuilding relations on which is based the whole community. Relational issues create the environment for peacebuilding, political, economic and social development of the society, with impact on each aspect of the process. This confirms the role, and necessity of trauma transformation in peacebuilding (Clark, 2002). Dealing with trauma is actually dealing with the past – necessary to achieve reconciliation of society for the purpose of its progress towards just and long term peace. Sustainable peacebuilding is impossible without addressing and transforming trauma – and a choice to do that for the better future.

This ancient wisdom from an African tribe, speaks a lot – addressing a role of the past we all bring with us, especially the past linked with hard, painful and traumatic experiences as these of war and violence surely are (Lederach, 2005). Observations and number of researches confirm significant a long-term impact traumatic experiences from the past have on individual and collective life, influencing all levels and aspects of economic, political and social life of the war-thorn countries and their development (Mitchell, 1982).

Among losses in human lives and material goods, and danger from billions of land mines in war regions all over the world, there is one more, hard, long term legacy of war: trauma – present on both individual and communal level, creating traumatized, dysfunctional societies which capacities to recover and progress are inevitably lessened, according to some authors even lost in genetic degeneration trauma could have on generations of human population long-term. In newest theories, trauma is seen not only as the consequence but also one of causes of war. Many authors state that trauma increases possibility to provoke new conflict and further the cycle of conflicts with increased intensity. According to Mitchel trauma is "an inter-related cluster of emotions, attitudes, prejudices and perceptual distortions accompany most forms of conflict, and lead to its continuation and exacerbation" (Mitchell, 1981).

Most of the population in war-torn countries suffers from some level of trauma. According to Clark "Over three-fourths are demoralized and physically and mentally exhausted; half are clinically depressed or suffer from post-traumatic disorder (PTSD); and one-fourth also are mentally incapacitated. They cannot function in society" (Clark, 2002). There is also a definition of traumatized society, in which destruction of systems and values are evident together with high number of trauma-affected and dysfunctional individuals, resulting in a dysfunctional, traumatized society (Clark, 2008).

Trauma has destructive effects on social, economic, political and developmental processes of the society. The link between trauma, egoism of victimization and cycle of conflicts was given by several authors. National groups sometimes have so called chosen trauma – an historical event which caused trauma that is kept in narrative (myth), creating long term feeling of victimization as well as enemies from the other side. In Balkans, historic battle on the Kosovo Fields happen in

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1389 between Serbs and Ottomans was used for heating of nationalistic tends and hate even six centuries later. It can result in *the egoism of victimization*, Mack describes as "incapacity of an ethno-national group, as a direct result of its own historical traumas, to empathize with the suffering of another group" also, "ethno-national groups that have been traumatized by repeated suffering at the hands of other groups seem to have little capacity to grieve for the hurts of other peoples, or to take responsibility for the new victims created by their own warlike actions" (Redekop, 2002).

Many other authors also see this link between trauma and conflict. One of pioneers in research of this tough issue writes "trauma is among the most important root causes for the form modern warfare has taken. The perpetuation, escalation, and violence of war can be attributed in part to post-traumatic stress." (Levine, 1997). This interrelation between trauma as the consequence and a cause of war could be observed in many conflicts and their cycles. Trauma creates not only dysfunctional individuals: it creates dysfunctional, traumatized society which capacities to change and progress are inevitable affected and significantly lessen. More than with other aspects of social life, trauma is related with relationship issues and their rebuilding, affecting inevitable on the whole process of building sustainable peace (Levine, 1998).

Trauma is not only the legacy but also the cause of war, fuel for cycles of violence and generational trauma that leads for their escalation. Trauma impacts individual and collective ability for cooperation on which is based each process in society – its recovery and its development. Addressing and dealing with trauma toward its transformation and healing is a necessary step to creation of the environment in which peacebuilding, transitive and integrative processes imply and give the result – sustainable peace. Simply: Trauma healing or trauma

transformation is a necessary part of the process of rebuilding relationships inevitable for progress and development of each post-conflict society and sustainable peacebuilding, defining peacebuilding broadly as variety of processes that "seeks to reduce, transform and help people to recover from violence in all forms" (Schirch, 2004, 9), and – in general – satisfy the human needs.

Peacebuilding is complex long-term process that touches different spheres and levels of society. Among need for rebuilding destroyed cities and villages, economic and political systems of a destroyed community is the need for healing trauma in order to facilitate reconciliation of the society and its progress. In her "Map of Peacebuilding" Schirch addresses four categories of peacebuilding: waging conflict nonviolently, reducing direct violence, building capacities and transforming relationships, where she placed trauma healing, following by conflict transformation, restorative justice, transitional justice, governance and policymaking (Schirch, 2004).

It is important to address trauma existing not only within victims but also within perpetuators, and those witnessing the violence and genocide. Closure of bad relations and reconciliation of the society could happen only when the process of trauma healing or its transformation includes all participating sides: victims and perpetuators. Bocharova places reconciliation of society at the end of her diagram which inner circle shows possibility to stuck in traumatic event and behavior, as well as opportunity for its transformation towards healing (Bocharova, 2007).There are more similar diagrams and processes described by different authors, in which trauma, reconciliation and recovery are addressed – also, this interrelation is evident in the field, in each post-conflict environment.

Trauma plays the role in each category of peacebuilding, reflecting on environment and individuals involved in the process less or more directly. It impacts capacity of individuals and the society to reach out of conflict relations and limits, build sustainable and collaborative relations, imagine the better future, create the way and reach out to it. On a collective level, progress in reconciliation and transformation of relations reflects on ability of involved groups for collaboration, necessary in each process – economic, social and political (Clark, 2002).

The impact of exposure to trauma is severe. On the broader level, societies caught up in long-term violent conflict can also undergo serious traumatic changes as a result of long-term exposure to violence. Violence experienced by specific social and ethnic groups can reinforce a sense of group identity and victimization, and can encourage the emergence of markers of group identity, expressed through dress, language, and social practices. Specific traumatic events, termed chosen traumas by Alexander may become transformed or glorified in the retelling to subsequent generations and may be used to incite revenge and justify efforts to restore the honor or dignity of the victimized group (Jeffrey, 2004). Jeffrey's notion of chosen trauma shows the potential consequences of unprocessed blows to a people's sense of identity and self-esteem. "This underlying dynamic of unresolved traumatic wounds underscores the importance of a societal mourning process in order that a population may leave its traumatic memories behind. As trauma specialists van der Kolk& McFarlane note, the costs of the re-enactment of trauma in society, in the form of child abuse, (domestic abuse), continued violence, and lack of productivity, are staggering". (Van der Kolk& McFarlane, 2007). This therefore means that the potential cycle of violence and trauma is of central concern for peacebuilding and all this is encapsulate in helping survivors to go on with their lives.

At the individual level, it is said that healing psychological wounds should make it unnecessary for victims of trauma to engage in 'defensive' violence. (Basoglu,1998). "The point of trauma counseling should be to help somebody digest their experience, so freeing themselves from some of its often unconscious effects and hence making them better able to determine their own future. It is a goal that the person tortured does not him/herself become a torturer, but going beyond that it is for the person who has been traumatised to decide whether to forgive, whether to press for the prosecution of those who caused the traumatisation, or whether to concentrate on rebuilding a new life."(Basoglu, 1998).Indeed, the processes of reconciliation and healing appear to be cyclical and reinforce each other, ultimately contributing to the prevention of future violence (Baumeister, 1994). In other words, the genuine interest of reconciliation in trauma work is to find ways to help survivors go on with their lives without wanting to take revenge or acting upon fear from revenge. Yet, too often, trauma work may be misunderstood if not "misused" as a "shortcut" for reconciliation processes (Robert (2007). Indeed, the aim is much broader than simply avoiding revenge. Psychological healing is essential for victims of trauma to regain a sense of dignity and self-worth, and get on with their lives, feelings that are necessary for citizens to successfully contribute to a democratic society (Robert, 2007).

An important notion referring to that process is the notion of resilience as an individual's capacity to adapt, survive, and bounce back during or after hardship and adversity (Brandon, 2004). This capacity comes from individual characteristics (the possession of mental and biological coping strategies which effectively reduce the stress of an event or lessen the physiological responses) as well as effective social and family supports. When a group is attacked, the threat may be cognitively framed differently; "strength, resilience and the need to survive...to protect dependents" may be emphasized and support greater resilience of members of

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the group (Brandon, 2004). Grudem observes that as a result of this vicious cycle, some states in Africa can no longer perform their basic functions. Under these circumstances, extremely small and poorly-organized rebel groups can survive and thrive. Worst of all, governments are sometimes so weak and incompetent that the military actually implodes while trying to fight rebel groups. The experiences of Liberia, Somalia, Sierra Leone, Congo-Brazzaville, and the Democratic Republic of the Congo fit this unfortunate mold (Grudem, 2000). Grudem further observed that when the state grows extremely weak, like in the Democratic Republic of the Congo, Somalia, and Liberia, this is no longer possible. One clan's uncertainty about the intentions of the other clan leads to a cycle of mistrust, eventually leading to conflict (Grudem, 2000).

While indeed most parts of Kenya have experienced conflicts and ethnic wars at one time after the other, Rift Valley of Kenya have been hard hit with the recurrent inter-ethnic conflict and violence. Njoroge (2008) observes that Rift Valley as a whole, is a relatively peaceful place, though some localities experience different types and levels of conflict from time-to-time – particularly related to cattle rustling and conflict over commonly-shared natural resources (mainly water and grazing land) amongst the more pastoral communities, such as the Pokot, Marakwet, Turkana and others (Njoroge, 2008).

In the Rift Valley of Kenya, Nakuru County has been observed by many as the most affected area. According to Kagwanja, (2012), Nakuru experienced serious conflict in the aftermath of the 2007/2008 elections, particularly in MaaiMahiu and Naivasha Town. Also violence that witnessed stone throwing at candidates and supporters of opposing groups involved local communities evicting non-local members of the community who had been in Nakuru on account

of business or employment opportunities. Properties, particularly business premises and homes, are looted and burnt, with crimes perpetrated by young and old, men and women, predominantly from one local community of Nakuru (Kagwanja, 2012).

Kagwanja (2012) in his writing noted that Nakuru saw hundreds of young students confront both law enforcement organs and others across the ethnic divide. In Nakuru, election-related conflict has occurred since 1992. A clear characteristic of the conflict in Nakuru is that it involves many under-employed youth or young students with election-related violence fanned by issues concerning access to political and economic power at the community level as documented (Kagwanja, 2012). Nakuru County has its unique types of conflict, including urban localities. This county comprises large, informal human settlements with mixed communities from all other parts of Kenya. Access to resources, opportunities for livelihoods, as well as opportunities to participate adequately in dialogue on issues affecting local students, often results in conflict. Unresolved grievances and a lack of local community engagement of the coastal areas has fuelled frequent conflict and a high loss of life, including the burning of a school and a police station as documented by Kagwanja (2012).

1.2 Statement of the Problem

Kenya, like many other parts of Africa has been faced in the past by recurrent conflict and inter-ethnic violence. Wanyande (2005) urge that war and violence has played out in different manners throughout Kenya's history. According to Kagwanja (2012), after the coming of independence in 1963, Kenya's political history was marked by violent uprising and repression. Kenya has been home to wars of decolonization, secessionist struggles by minority groups, long-running guerilla insurgencies, coups, urban unrest in sprawling slums, clashes between

paramilitary thugs with ties to political parties, simple criminal banditry, coordinated mass-murder by state authorities, and anarchic state failure (Nyi'guro, 2010).

Summerfield (1999; 1998; 1997; 2001) has pointed out that the impact of 'modern' war is broad and pervasive. It does not only 'traumatize' individuals, but also stresses the social fabric of communities. Most importantly, it targets and destroys ways of life, including crucial social, cultural and material resources that are essential for recovery. Summerfield (1999) has advocated that humanitarian efforts should therefore respond to these social complexities rather than narrowly focus on interventions suggested by a limited construct, such as PTSD.

Evidence from disaster research supports the relevance of Summerfield's arguments. Norris (2002) considers 'community functioning' a vital component in postdisaster dynamics and notes that in disaster research "community destruction explained significant variance in postdisaster psychological, physical, and social functioning" (Norris, 2002, p. 2). Similarly, Norris, Friedman & Watson (2002) highlight that social and material resources play an important role in protecting the mental health of people in times of disaster. At the same time, these resources are often stressed or destroyed by calamities (Green, 1996).

In light of this, unmanaged trauma amongst students in schools is a real threat to their mental health; hence the need to examine the strategies of trauma management that schools have put in place as a way of reducing trauma risk. There is therefore an identifiable need to confront past trauma and support the healing practices in post- conflict societies."

In the now peaceful Nakuru are the school age children who witnessed of experienced the 2008 Election violence. It was reported that over 100,000 children were among the many displaced people during the 2007-2008 post-election violence. The death toll from the violence was at around 1,600. Many others fled from their homes along with their parents to live in camps for displaced families (Biko 2014). The children who witnessed the violence are now back in school continuing their "normal life". On the other hand it is fact that people who witness life threatening events are likely to develop PTSD. It is also a fact that ASD is a normal experience after witnessing a life threatening event. However if ASD is not attended to PTSD is a likely outcome. This study therefore wants to find out how the children who experienced PEV were reintegrated back to the normal learning in schools.

1.3 Research Questions

The study was guided by the following questions:

1. What are the various counselling strategies that where put in place and still existing in secondary school to handle students who experienced PEV in Nakuru County, Kenya.

2. What are the challenges faced by the school in trying to handle those students who experienced PEV

By answering the questions the research aims at gathering information on counselling strategies practiced by counselors and teachers on the secondary school students and its contribution on performance and assess strategies that the Ministry of Education (M.O.E.) can use to encourage the practices

1.4 Objective of the Study

1.4.1 Broad Objective

The broad objective of the study was to find out the counseling strategies schools in Nakuru did adopted to handle students who witnessed PEV in 2008.

1.4.2 Sspecific Objective

The specific objectives of the study were to:

1. Establish the Teacher's competencies in dealing with Acute Stress Disorders (ASD)

2. Examine the process followed in as students reported back to school after PEV.

3. Evaluate the challenges faced by schools in trying to deal with students who experienced PEV

1.5 Significance of the Study

The current study is useful in contributing to the general body of knowledge in areas of peacebuilding initiatives and counselling. The study is also of significance to the Ministry of Education (M.O.E.) and will assist the institution to better understand the current situation and accordingly make changes to address the nature of trauma among students in secondary schools.

The study also aims at assisting policy makers, administrators, teachers and counselors to be aware of the fact that trauma amongst students is real and they need to be aware of the factors hindering the effectiveness of the approaches which attempt to mitigate the menace of trauma among students affected by post-election violence in secondary schools and, where possible,

create opportunities to eradicate the problem. Thus, this study plays an important role in reducing trauma levels amongst students in secondary schools. Based on the findings, recommendations have been made and are meant to be useful to counselors, school administrators and policy makers in curbing trauma in schools through improving existing educational programs.

1.6 Scope and limitation of the study

The study will be carried out in the Rift Valley Province of Kenya. The focus was on County of Nakuru, because Nakuru was host to so many victims of conflict in the previous years including the '92 Molo clashes, Enoosupukia and most recently PEV. Nakuru County has been a focal point of internal refugees. The study covered secondary school students, teachers and counsellors. Data will be collected within sampled schools in the County. The study shall involve visiting schools to establish the systems put in place by schools to handle those students who experienced PEV. To examine the various counselling strategies practiced by counselors and teachers on the secondary school students in Nakuru County, Kenya and evaluate the challenges faced by schools in trying to deal with students who experienced PEV.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This chapter offers a review of literature on effects of various counseling strategies practiced secondary school students by their teachers and counsellors. The literature on strategies is flourishing as the problem of those traumatised is raising global concern following the growing cases of war and violence in the world.

Resources that were reviewed included but not limited to academic literature produced by scholars, research institutes as well as studies and reports by UN agencies and NGOs (Gilbert, 2000). The review is based on the following themes: an examination of the nature and forms of trauma exhibited by secondary school students; an understanding of peacebuilding concepts, an evaluation of strategies used by teachers and counselors in management of trauma in schools and an assessment of the trauma management strategies' as a peacebuilding initiatives tool in schools.

2.2 Trauma: Conceptual Understanding

According to Levine & Frederick (1977), the twentieth century was be marked in the history of humankind, as a century of violence: the two world wars and hundreds of local and regional conflicts occurred in it, with dramatic change in a profile of those who suffer in wars, which shifted from military to prevalent civilian victims (in some statistics, it is more than 80% of civilians), beside to enormous level of individual violence happen daily all over the world. Levine & Frederick (1977) believes that nothing that has changed in the first decades of the twenty first century – wars and violence on all levels continue, including the hardest form of violence on children and women, these who has the less power to protect themselves. Beside the culture of violence, after decades and centuries of silence, addressed is the culture of rape used as

civilian and military power or – better to say- weapon, the cultures in which extreme forms of human behavior became daily, usual, accepted or even expected as documented by Levine & Frederick (1977).

2.3 A Brief History of Trauma and Post-Traumatic Stress Disorder (PTSD)

According to Richard (2005), during the First World War, many soldiers experienced a shell shock and in the Second World War, combat fatigue was used to describe a similar reaction, characterized by terror, agitation or apathy, and insomnia. Following the Vietnam War, the syndrome was named Post Traumatic Stress Disorder (PTSD) and appeared by that name in DMS-III (1980). The term describes an anxiety disorder which occurs in responses to an extreme psychological or physical trauma outside the range of normal human experiences (Thompson, 1997 cited by Richard 2005). Apart from war, such traumas include physical threat to one's self or family, witnessing other people's deaths, and being involved in natural or human-made disasters. PTSD may occur immediately following a traumatic experience of weeks, months and even years later. In the Vietnam War, there were relatively few cases of shell shock or combat fatigue, but on their return to USA soldiers found it more difficult adjusting to civilians' life that did those who fought in the two world wars. Research has pointed on the fact that intrusive memories are also important in depression.

Reynolds and Brewin (1997) cited by Richard compared matched samples of patients with PTSD and depression. While PTSD patients were a little more likely to have intrusive memories (which are also somewhat more vivid and frequent), they are otherwise very similar. Both groups were likely to experience very vivid and high distressing memories on average several times per week and lasting several minutes (up to an hour). Also for both groups, they mostly accompanied by

physical sensations and a feeling helpless of reliving the event. One of the few differences was that PTSD patients were likely to report feeling helpless and to have a dissociative experience, such as feeling they were leaving their body or seeing them-selves as an object in their memory.

Since the emergence of the concept more than a century ago (Zelizer (2007), the study of trauma has gone through several periods, ranging from the initial ideas of Freud to the experiences of war-affected soldiers in the twentieth century. For much of the nineteenth and twentieth centuries, individuals experiencing trauma were thought of as 'weak', and their symptoms were viewed with detachment from the larger political and social context (Herman, (1992). It is only with the development of the field of trauma studies, largely starting with the experiences of veterans of the Vietnam War in the United States, that a deeper understanding of the social context of trauma began to develop. Instead of seeing trauma as a symptom of a weak individual or personal neurosis, it came to be understood as something that could occur in individuals and groups exposed to extremely stressful social phenomena, such as natural disasters, wars, and physical abuse (Herman, 2000)

Freud was one of the first individuals to identify the concept of trauma. He originally hypothesized that traumatic experiences were at the root of hysteria, which he had observed in a number of his female patients. Freud initially thought that patients who exhibited hysterical symptoms had experienced a traumatic event that they were unable to deal with on a conscious level, so they repressed it in the unconscious. According to Freud, a traumatic event is 'any impression which the nervous system has difficulty in dealing with by means of associated thinking or that by motor reaction becomes a psychological trauma' (Freud, 1995).

Soon after his initial hypothesis of the causes of neurosis and hysteria, however, Freud changed his opinion about traumatic experiences being at the root of hysteria and neurosis. As Kleber and Brom explain, 'Freud gradually began to doubt his trauma theory. He began to suspect that the patient's story about seduction and abuse during the childhood was the product of sexual desires and fantasies in that period' (Kleber and D. Brom, 1992). Thus Freud saw trauma and hysteria not as something caused by external acts of society, but as the result of an individual's subconscious and internal desires. (Kleber and D. Brom, 1992).

During World War I, psychologists observed the phenomena of war neurosis—or 'shell shock'—in many soldiers. Its symptoms included anxiety, startled reaction, numbness, and inability to function. (Kleber & Gersons, 1995). The main form of treatment was to shame soldiers into accepting responsibility for their duties so that they could return to combat (Yehuda, 1995). Often the neurosis was perceived as a weakness on the part of the soldiers and not as a normal response to the stresses of war.

At the conclusion of the war, interest in the conflict's effects on soldiers gradually subsided. With the outbreak of World War II, and the effects that the war had on soldiers, psychologists renewed their interest in the study of neurosis and trauma. For the first time, psychologists recognized that anyone could break down under conditions of extreme stress and that it was not necessarily a sign of weakness or genetic preconditioning (Janoff-Bulman, 1992).

 The main goal of the psychologists, however, was to quickly treat soldiers so they could return to the front. The treatments, such as hypnosis or talk therapy, offered temporary relief (Ochberg, 1997). In the 1970s, trauma began to receive widespread focus because of the long-term

psychological effects of the Vietnam War on soldiers. Upon returning to the United States, many soldiers exhibited myriad symptoms of traumatic stress, including flashbacks, emotional numbness, and difficulty in reintegrating into society without a reliable means of support. (McCaughery, 1994). Veterans and select mental health professionals began subsequently organizing peer-support discussion groups throughout the country so soldiers could share their experiences with one another as a way of coping with the effects of the war (Yoder, 2005).

The long-term impact of the Vietnam War on soldiers led the American Psychological Association to develop the category of post-traumatic stress disorder (PTSD) under which to classify the soldiers' various symptoms. This designation was the first framework for and recognition of the problems that could result from exposure to traumatic incidents (Maynard, 1997).

In the mid-1980s, the International Society for Traumatic Stress Studies was established as one of the first formal initiatives to recognize trauma as a distinct multidisciplinary field of study. Through the efforts of society members and others scholars, research expanded beyond looking at individual trauma to explore how natural and other disasters affect communities (Galtung, 1996). The impact of armed conflict on individuals and communities around the world has recently become an integral area of study (Galtung, 1996).

Indeed, there are numerous accounts of trauma and its effects in many early historical writings. However, emotional trauma as a concept has only been properly identified over the last approximately 20 years (Van Wijk, 2002). Wijk believes that prior to that, what we know today as emotional trauma was referred to as hysteria, nervous shock, the great neurosis or war

neurosis and even as late as the Vietnam war, the effects of traumatization was still considered to be signs of weakness and even malingering. This has been in agreement with Kardina who however contends that in the 1970's, however, there was an increasing awareness that soldiers who had survived long-term abuse while in captivity were post-traumatic stress victims, although it was not until 1980 when, through the efforts of combat veterans, the common symptoms seen in rape victims and abuse survivors alike, were recognized. Post-traumatic stress disorder was validated and included in the Diagnostic and Statistical Manual of Mental Disorders (the DSM) of the American Psychiatric Association.

2.4 Nature and Manifestation of Trauma and Post-traumatic Stress Disorder (PTSD)

In DSM4, it is said that a person is traumatized when exposed to a traumatic event in which both of the following have been present: The person has experienced, witnessed, or been confronted with an event or events that involved actual or threatened death or injury, or a threat to the physical integrity of oneself or others. The person's response involved helplessness or horror. Another early definition is that by Jefrey Mitchell (2006), in terms of which a traumatic incident is any situation faced by victims that causes them to experience unusually strong emotional reactions that have the potential to interfere with their ability to function either at the scene or later. This can be any type of unusual experience, which disrupts the victim's normal level of functioning and ability to cope. In terms of the so-called meta-traumatological definition of the International Institute of Traumatology and Crisis Intervention, formulated by Jones en tal (2001), an Vatlz (2007) can be said to be suffering from trauma if he or she has been exposed to an event or events, as a result of which that individual's coping abilities are rendered dysfunctional and that at least one of the following have been present: an element of fatalism ('fatalness'). There must be a form or sense of loss, even if it is not of some physical property

like a car, but can be the loss of an abstract attribute such as security or dignity; an irrevocable conclusion. There must be an irreversible change of circumstances after the incident, such as the loss of a loved one. Life was never the same anymore and severe impairment of the normal coping abilities. The usual ways by which the person used to overcome problems, do not work anymore.

The traumatic event may be either situational, where there is only one incident such as, for example, a hijacking or a farm attack, or it may be developmental, where the situation develops over a period of time, such as a divorce or the development of a disease. Psychic trauma can also be defined as 'an emotional state of discomfort and stress resulting from memories of an extraordinary catastrophic experience which shattered the survivor's sense of invulnerability to harm' (Schulz, 2001). Traumatic events are therefore extraordinary, not because they occur rarely, but rather because they overwhelm the ordinary human adaptations to life. Unlike commonplace misfortunes, traumatic events generally involve threats to life or bodily integrity, or a close personal encounter with death or violence. These events confront human beings with the extremes of helplessness and terror, and evoke the responses of catastrophe. The common denominator of trauma is a feeling of intense fear, helplessness, loss of control, loss of freedom and of impending annihilation.

Post-Traumatic Stress Disorder (PTSD) is defined as the development of characteristic symptoms following exposure to an extreme traumatic stressor involving direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate (APA:

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1996 cited by Eric 2001). According to Eric (2001), by the much unexpected nature of trauma, one cannot totally live prepared for it. And because each individual responds differently to emotional upset, it is impossible to predict trauma after-effects. Under certain circumstances, trauma can induce PTSD. Unrecognized and untreated PTSD can have a lifelong negative impact on the affected individual. Teachers, who spend up to eight hours each day with the children in their charge, can influence the environment in which PTSD is less likely to develop to the point of life impact. He goes on saying that emotionally upsetting experiences will cause PTSD. Trauma sufficient to induce PTSD has specific characteristics and circumstances, including situations like: perceived as life-threatening; outside the scope of a child's life experience; not daily, ordinary or normal event; during which the child experiences a complete loss of control of the outcome and when death is observed. Disasters, violence, and accidents are just some of the experiences that can lead to PTSD. Preparing children for trauma involves giving them skills and knowledge to survive the experiences and emerge with as little potential as possible for developing PTSD.

According to Zelizer, A traumatic event is characterized by the following: There is always an external stressor or event; it is sudden. Even in the case of a developmental event, which stretches over a period of time, the onset is normally much unexpected; Students are not prepared for it; it is potentially dangerous; normal coping mechanisms of the victim fail; during the trauma victims are usually confused; more specifically, the following event characteristics could be used to identify potentially traumatic incidents: the threat to life, body or health; actual death or injury; discomfort and deprivation; isolation from emotional support; loss of individuality; and disaster related stressors (Zelizer, 2001).

2.5 Responses and Reactions to Trauma

There are several behavioral responses common towards stressors including the proactive, reactive, and passive responses. Proactive responses include attempts to address and correct a stressor before it has a noticeable effect on lifestyle. Reactive responses occur after the stress and possible trauma has occurred, and is aimed more at correcting or minimizing the damage of a stressful event. A passive response is often characterized by an emotional numbness or ignorance of a stressor. Those who are able to be proactive can often overcome stressors and are more likely to be able to cope well with unexpected situations. On the other hand, those who are more reactive will often experience more noticeable effects from an unexpected stressor. In the case of those who are passive, victims of a stressful event are more likely to suffer from long term traumatic effects and often enact no intentional coping actions. These observations may suggest that the level of trauma associated with a victim is related to such independent coping abilities. There is also a distinction between trauma induced by recent situations and long-term trauma which may have been buried in the unconscious from past situations such as childhood abuse. Trauma is often overcome through healing; in some cases this can be achieved by recreating or revisiting the origin of the trauma under more psychologically safe circumstances, such as with a therapist.

The reactions to trauma are as universal as the exposure to it. However, it is a complex reaction that affects every aspect of human existence to a certain degree. The responses to stress may be immediate and incident specific; they may be delayed for a period of time after an incident; they may be cumulative, building up over a long period of time; and they may relate to more than one and even many incidents. The signs and symptoms of a stress reaction may last for a few days, a few weeks or a few months. Occasionally they could last longer, depending upon the severity of

the traumatic incident and the trauma treatment. Students respond in different ways to trauma and some students suffer more than others. Their history and background, as well as their physical and emotional make-up, was impact on how they react. However, students was experience more or less the same symptoms after a traumatic incident.

One of the most common symptoms is that the traumatized person is rendered 'numbed' to life. He or she is not necessarily erratic in behaviour or outwardly violent, but characterized more by an overall 'flat' or numb appearance, not caring what is happening around him or her. According to Cannon (1996), there are three basic and instinctive human reactions to a potential threat or stressor, best described by the words fight, flight and uptight: Fight: This refers to an attempt to deal with the threat aggressively. For example, during the attack the victim was to fight back or even start screaming and attacking the perpetrator; Flight: This refers to the desire to run away or to attempt to escape from the threat. The victim was to hide somewhere or run away, not thinking of the consequences; uptight: This refers to the inclination to react with agitated anxiety to the threat. The victim was to freeze and cannot do anything, not speak, not think, not run away

These reactions emphasize that potential victims do not necessarily have the ability to predict how they are going to react during the farm attack. Because of shock and fear their reactions are based on what can loosely be described as 'instinct'. According to Hans Selye in his book Stress without distress (1974), we undergo three phases in responding to a traumatic situation, namely an alarm phase, a resistance phase and an exhaustion phase: The alarm phase, in which we shift into high gear, using up our bodily resources at a rapid rate: The body is immediately aroused, and the sympathetic nervous system triggers the release of hormones from the adrenal glands.

These hormones increase heart and respiration rate; slow down or stop the activity of the digestive tract, making more blood available to other organs, trigger biochemical reactions that create tension in the muscles; increase energy consumption, which produces heat, increases perspiration, which helps cool the body and increase the release of clotting factors into the bloodstream, to minimize blood loss in case of injury. All these go on without us ever having to initiate them consciously; the resistance phase, in which we somewhat shift down from using our resources in a spendthrift manner:

The alarm state cannot continue indefinitely, and the body imposes a counterbalance to the sympathetic nervous system's plundering of the body's energy stores. Quite soon, the para-sympathetic nervous system calls for more prudent use of the body's reserves. For example, the demands on the heart and the lungs decline. Physiological stress responses generally decrease in intensity, although they do not return to normal if the perceived stress and/or incident continue; the exhaustion phase, in which our bodily resources are depleted: Eventually, even at the reduced rates associated with the resistance phase, the body's reserves are exhausted, its ability to restore damage or worn out tissues is diminished, and its resistance to opportunistic infections (infections that take advantage of a weakened immune system or other vulnerability) decreases.

2.6 Individual and Collective Effects of trauma

Many authors suggest – and it is easy to observe from the writings of Routledge (2002) that, most of population in war-torn countries suffers from some level of trauma. According to Clark "Over three-fourths are demoralized and physically and mentally exhausted; half are clinically depressed or suffer from post-traumatic disorder (PTSD); and one-fourth also are mentally incapacitated. They cannot function in society" as noted by Clark (2002). There is also a

definition of traumatized society, in which destruction of systems and values are evident together with high number of trauma-affected and dysfunctional individuals, resulting in a dysfunctional, traumatized society.

According to Yoder (2005), trauma has destructive effects on social, economic, political and developmental processes of the society. Kenya is one of countries which in the last decade did experience war with the highest intensity of violence and destruction happened. She argues that destruction of material goods are still visible together with many symptoms of traumatized society: high level of organized crime, drug abuse, domestic violence, violence on streets, suicides, poverty and illnesses, feeling of insecurity, fears, anger and hate; difficulties to reach political solutions, reconcile divided groups, make the progress as documented by Yoder (2005).

2.7 The Trauma Cycle

Those who suffered often see themselves as victims; also victimization produces trauma. The link between trauma, egoism of victimization and cycle of conflicts was given my several authors. National groups sometimes have so called chosen trauma – an historical event which caused trauma that is kept in narrative (myth), creating long term feeling of victimization as well as enemies from the other side. War can result in the egoism of victimization, Redekop describes as "incapacity of an ethno-national group, as a direct result of its own historical traumas, to empathize with the suffering of another group" also, ".. ethno-national groups that have been traumatized by repeated suffering at the hands of other groups seem to have little capacity to grieve for the hurts of other students s, or to take responsibility for the new victims created by their own warlike actions" as alluded by Redekop (2002).

2.8 Interlink Between Trauma Management and Peace building Initiatives

According to Zelizer (2007), over the past several decades, peace-building and trauma studies have emerged as interdisciplinary fields that seek to better understand their respective social phenomena and develop appropriate responses. Practitioners of peace-building often work in severely conflicted settings with groups that have been exposed to traumatic events, while a number of trauma professionals interact with individuals and groups from conflicted regions. Despite increased cooperation based on the work of scholars and practitioners who have begun to explore the intersection between peace-building and trauma, significant challenges remain, particularly concerning how peace builders can make their work more trauma sensitive (Zelizer (2007).

According to Porter (2002), like the development of trauma studies, peace-building has emerged in the past two decades as a way to help prevent and respond to conflicts. One accepted definition of peace-building calls it 'a process that facilitates the establishment of durable peace and tries to prevent the recurrence of violence by addressing root causes and effects of conflict through reconciliation, institution building and political as well as economic transformation' (Potter, 2002)

Several scholars and practitioners have researched the nature of peace-building activities, (Bannon, 2004) which can be divided into two main types: those that focus on the structural sources of a conflict (such as governmental and economic institutions and policy) and their reformation (which tend to be more elite and policy focused); and those concerned with improving relations between groups (which tend to be more community based). The majority of activities within the relational approach to peace-building concentrate on civil society and on

improving understanding and trust between groups in conflict and facilitating interaction through community projects. The underlying basis for most of these activities is that an essential component of peacebuilding initiatives and trust-building involves the reconstruction or reconfiguration of relationships between parties in conflict.

Practitioners working in areas of severe conflict are often interacting in societies that have been exposed to severe trauma and have therefore become susceptible to its long-term consequences at the individual, community, and national levels. They operate at the nexus of trauma and peace-building. If one of the primary goals of peacebuilding initiatives is to help repair and rebuild fragmented social relationships, peace-building scholars and practitioners need to be familiar with the basic concepts of trauma studies, and vice-versa.

In recent years, a number of peace-building scholars and practitioners have begun to discuss the relationship between trauma and conflict. For example, Hugo van der Merwe and Tracy Vienings collaborated on 'Coping with Trauma', an excellent overview of trauma and conflict. (Merwe & Vienings, 2007). Of particular relevance for peace-building is their discussion of 'secondary victimization'. They assert, 'The traumatic nature of violence means that any contact with the traumatic materials—through witnessing or hearing of the event—can also have a deleterious effect' (Summerfield, 2000).

Although the authors raise a number of important issues, the chapter does not provide sufficient guidance of how to effectively conduct peace-building work in potentially traumatic situations, explore the distinction between peace-building work and therapy, or discuss in detail how to deal with secondary trauma. In 'How was I sustain myself?', a chapter in the Handbook of International Peacebuilding initiatives, the authors warn about the possible danger of secondary

trauma and offer several coping strategies, including talking in a support network about what is being heard and experienced, leaving one's work at work (not bringing it home); and returning to one's sanctuary (Lloyd, 2005).

Liebler & Whitney (2003) urge that an interrelation between peacebuilding initiatives and trauma is possible to observe in many post-war societies. According to them, experiences show faster recovery in communities less affected by destructive violence in a meaning of loss of human lives as well as devastation of homes and economy. Slower transformation and recovery of relational as well as other aspects of social life is evident in communities with bigger loss of human lives – the places deeply traumatized with horrible experiences of genocide and ethnic cleansing. Peacebuilding initiatives are complex long-term processes that touch on different spheres and levels of society. Among need for rebuilding destroyed cities and villages, economic and political systems of an destroyed community is the need for healing trauma in order to reconciliation of the society and its progress as noted by Liebler & Whitney (2003).

This however has been discussed by many authors who address trauma transformation or trauma healing as part of peacebuilding initiatives, pointing out that reconciliation process also depends of level and ability to address and transform trauma. In her "Map of Peacebuilding initiatives" Schirch addresses four categories of peacebuilding initiatives: waging conflict nonviolently, reducing direct violence, building capacities and transforming relationships, where she placed trauma healing, following by conflict transformation, restorative justice, transitional justice, governance and policymaking as documented by Schirch (2004). This has been underscored by Mitchell (1981) who emphasizes that it is important to address trauma existing not only within victims but also within perpetuators, and those witnessing the war and violence. According to

her, closure of bad relations and reconciliation of the society could happen only when the process of trauma healing or its transformation includes all participating sides: victims and perpetuators as noted by Mitchell (1998).

Needless to say, Bocharova (2012) places reconciliation of society at the end of her diagram which inner circle shows possibility to stick in traumatic event and behavior, as well as opportunity for its transformation towards healing as documented by Bocharova (2012). However, there are more similar diagrams and processes described by different authors, in which trauma, reconciliation and recovery are addressed – also, this interrelation is evident in the field, in each post-conflict environment as documented by Mark (2007). Trauma plays the role in each category of peacebuilding initiatives, reflecting on environment and individuals involved in the process less or more directly. It impacts capacity of individuals and the society to reach out of conflict relations and limits, build sustainable and collaborative relations, imagine the better future, create the way and reach out to it.

Schirch (2004) observes that, on a collective level, progress in reconciliation and transformation of relations reflects on ability of involved groups for collaboration, necessary in each process – economic, social and political as acknowledged by Schirch (2004). This also gives the answer on the question: Is sustainable peace possible without transforming trauma? – The answer is no! This is because, trauma is not only the legacy but also the cause of war, fuel for cycles of violence and generational trauma that leads for their escalation. According to Abu & Nimer (2001), trauma impacts individual and collective ability for cooperation on which is based each process in society – its recovery and its development. Addressing and dealing with trauma toward its transformation and healing is a necessary step to creation of the environment in which

peacebuilding initiatives, transitive and integrative processes imply and give the result – sustainable peace as documented by Abu & Nimer (2001).

Trauma healing or trauma transformation is therefore a necessary part of the process of rebuilding relationships inevitable for progress and development of each post-conflict society and sustainable peacebuilding initiatives, defining peacebuilding initiatives broadly as variety of processes that "seeks to reduce, transform and help students to recover from violence in all forms" as observed by Schirch (2004), and – in general – satisfy the human needs.

In the Expanded Framework of Peacebuilding initiatives Lederach addresses four levels of history: recent event, lived history, remembered history and narrative, that has influence on conflict and future. The third part, remembered history is, according to Lederach, this one where is created "chosen trauma" that is particularly connected with deep rooted conflict. As a peace builder, Lederach at the end points on the cycles of time, rather than cycles of conflict. He states that: "Peacebuilding initiatives requires respect for the center the edges of time and space, where the deep past and the horizon of our future are sewn together, creating a circle of time" as documented by Lederach (2005). This new circle of life, in which trauma is transformed and reconciliation of the society achieved for the purpose of development and building sustainable peace is that our children, children of our children, and all the children of the world, need and deserve.

Trauma-sensitive peace-building rests upon the concept of conflict sensitivity as developed by Quinn (2003) of International Alert. Conflict-sensitive practice assumes that an organization was be conscious of the conflict context in which they operate, was seek to do no harm, and integrate this approach throughout administrative and programmatic operations (Bannon, 2005). A

trauma-sensitive approach to peace-building assumes that an organization or individual involved in peace-building was to understand the potential negative or positive interactions of the intervention on the psychological well-being of the participants and larger community; be clear about the ethical guidelines of working in potentially trauma-affected areas and, if appropriate, in partnership with other trained professionals; and ensure that project staff is equipped to deal with potential psychological difficulties or has the necessary support.

Herman Judith, 1942, observes that repeated trauma in childhood forms and deforms personality. The child trapped in an abusive environment is faced with formidable tasks of adaptation. She must find a way to preserve sense of trust in people who are untrustworthy, safety in a situation that is unsafe, control in a situation that is terrifyingly unpredictable, power in a situation of helplessness. Unable to care for or protect herself, she must compensate for the failures of adult care and protection with the only means at her disposal, an immature system of psychological defenses.

Jessica Hamblem says, By 1980 when PTSD was formally recognized as a psychiatric problem, little was known about what PTSD looked like in children and adolescents. Today, we know children and adolescents are susceptible to developing PTSD, and we know that PTSD has different age-specific features. In addition, there are efforts to develop child-focused interventions.

Children and adolescents may be diagnosed with PTSD if: they have survived natural and manmade disasters such as floods. Violent crimes such as automobile and plane crashes; severe burns; exposure to community violence; war; peer suicide; Threatening social environment such as bullying and denying them basics and sexual and physical abuse.

In general, most studies find that children and adolescents who report experiencing the most severe traumas also report the highest levels of PTSD symptoms.

Family support and parental coping have also been shown to affect PTSD symptoms in children. Children and adolescents who are farther away from the traumatic event report less distress.

2.9 Strategies for Trauma Management in Peace building Initiatives

According to Geraldine (2005), there are generally three behavioral phases to working through a victim of war and ethnic conflicts namely; stabilizing the victim, working through the traumatic experience/s, and reconstructing the social connections and the victim's ability to handle daily life.

The ultimate purpose of therapy is to help free the individual from the bonds of the trauma and to help him begin to live in the here and now, based on a feeling of control and personal responsibility. In order to achieve this aim, the following are some of therapeutic techniques for management of trauma namely;

2.9.1 Arousal and Cognitive Intervention Strategy

Herr & Herr (1998) observes that following exposure to a potentially trauma-inducing incident, survivors may become frozen in an activated state of arousal. Arousal refers to a heightened state of alert or a persistent fear for ones safety as noted by Herr & Herr (1998). Short-term and prolonged arousal can affect cognitive and behavioral functions.

In the arousal state, changes in the brain are triggered by a variety of stress related functions as alluded by van der Kolk (1996). Bremmer et al. (1996) found that victims of physical /sexual abuse traumatization had lower memory volume in the left-brain (Hippocampal) area than did

the non-abused. One of these functional alterations takes place in the neocortex. Perry & Szalavitr and Bremmer (2001) observes and others have found that while in the arousal state it becomes difficult to process information because of the altered functioning of the neocortex.

2.9.2 Sensorial Intervention Strategy

As an expert on sensory intervention, Genest (2004) observes that while in the arousal state or, not feeling safe at the sensory level, cognitive functioning and processing is altered, short-term memory suffers as documented by Staknum, Gebarskie, Berent, and Schfeingart (1992). According to Bremmer (1995), verbal memory also decreases. Behavior is in response to what is sensed. Aggression, agitation, exaggerated withdrawal, loss of small motor activities; like being unable to unlock a door, make a phone call, unable to talk (stuttering), unable to sleep, are not uncommon behaviors in response to trauma as alluded by Le Doux, Romanski, and Xagoraris (1991). Students can be easily startled and become behaviorally reactive to perceived threats as documented by Genest (2004).

2.9.3 Behavioral Response Intervention Strategy

This "sensory state" of trauma is defined by a sense of terror, powerlessness, and the absence of a sense of safety. In this sensory state, behavior is altered in response to the danger we sense. Van der Kolk (1994); Levine, (1997) and Saigh (1999) have supported that trauma is experienced as a sensory experience and only later ordered as a cognitive experience. Another way to state this is that students, who do not feel safe, find it difficult to learn; they even find it difficult to remember as documented by Perry & Szalavitr (1992) and, while in an aroused state, begin to behave in ways that are problematic. Not until a "sense of safety" is returned are cognitive processes restored, behaviors returned to pre-trauma level.

2.9.4 Crisis Intervention Strategy

The value of crisis intervention was established as early as 1944 by Eric Lindemann (1944), who detailed the grief reactions of those involved in the Coconut Grove fire in Boston. Hundreds of books and research projects have since detailed its benefits for children and families as documented by Caplan (1964); Rapoport (1970); Johnson, (1993) and Webb, (1994). What is most important concerning the types of crisis intervention initiated is that it directs itself to restoring a sense of safety and control, for traumatized students? Crisis intervention is the first level of intervention. It is initiated immediately following the traumatizing incident and continues for two-to three days. It consists of organized responses (protocols), dissemination of information, in part through classroom presentations and, attending to the emotional needs of those involved.

2.9.5 Debriefing Intervention Strategy

Debriefing can accelerate symptom reduction as eluded by Hokanson & Wirth (2000); Everly & Mitchell (2000) and Weisaeth (2001). The purpose of debriefing is to give participants the opportunity to tell their story by using much focused questions that identify the cognitive, affective and behavioral experiences of the participants.

The formal debriefing model is, however, very cognitive and its processes do not address the unique needs of schools and students. Debriefing is only for the most exposed and takes place in most situations about the third or fourth day following the incident.

2.9.6 Social Responsiveness and Empowerment Intervention Strategy

Lederach (1997) argues that social responsiveness and empowerment level three is not a formal intervention for persistent reactions, but is actually happening concurrently with debriefing. It applies itself to the general population who needs to do something to feel better as documented by Lederach (1997).

These intervention activities are sometimes spontaneous and can be initiated by staff or students. In most cases, they begin three or four days following the traumatizing incident, but can begin earlier. They are sensory in nature, in that participants are actively involved in doing something in response to the trauma experienced as noted by Rowlands (1998).

2.9.7 Structured Sensory Intervention Strategy

According to Gilligan (2001), this final level of intervention responds to those victims who are experiencing PTSD weeks following exposure, even months or years later. It also responds to those who may not fulfill the criteria for PTSD but are, in fact, experiencing one or more trauma-specific reaction and/or delayed grief reactions as documented by Gilligan (2001). This level of intervention can actually be used with students who have been exposed to a singular incident or chronic multiple traumatization.

2.9.8 Systematic Desensitization Intervention Strategy

It is widely been argued that systematic desensitization is a branch of cognitive behavioral therapy. According to Richard (2002), this is because; its two main approaches of CBT are on thoughts and beliefs, as well as the behaviors they cause (Richard, 2002, 123).

According to Corey (2005) in systematic desensitization, a client imagines anxiety-arousing situations at the same time engaging in a behavior that competes with anxiety. Cook (1990) says that through this model, the counselee gradually or systematically becomes less sensitive (desensitized) to the anxiety-arousing situation.

2.9.9 Assertiveness Training and Counselling Intervention Strategy

Pollasch (1998) contends that assertive training is specifically designed for students experiencing social-spiritual trauma. Corey says that assertion training can be useful for those students who rarely express their anger or irritation, those who have difficulty saying no and also find it difficult to express affection and other positive responses. Mostly, the students affected by war and ethnic conflicts feel they do not have a right to express their thoughts, beliefs, and feelings. When counseling a traumatized person in this case, Corey (2005) noted that the best approach is to aim at increasing the counselee's behavioral repertoire so that he can make the choice of whether to behave assertively in such predicament situations or not.

2.9.10 Group Therapy Intervention Strategy

In trauma counseling, group counseling provides support and encouragement for students who have gone through similar experiences. Pollasch (1998) on the same quotes in his book quoted a victim participant who lamented that they sometimes feel as though the society cannot understand what they have gone through, so they feel that being with students who have gone through similar experiences and have been in our situation can be comforting, and eases the loneliness that some of them feel. There is a need of initiating groups that deal directly with students of trauma. It should also be established that in these groups, each individual processes his personal story within the group Geyman (2002)

2.9.11 Stress and Depression Intervention Strategy

After trauma, many students feel continuously stressed. Kosonfor (2007) noted that stress to some is expressed by overwhelming anxiety and for others by outbursts of anger that occur over petty things. The stress may be expressed physically as well: aching muscles, chronic tiredness, fast pulse and high alertness are some of the symptoms observed. Burton (2000) noted that during treatment that focuses on stress management, the patient learns methods, such as relaxation or guided imagery, in order to improve his ability to handle pressure and threatening physical sensations.

2.9.12 Relaxation Training

Geyman (2002) believes that teaching different forms of relaxation training, such as deep breathing, progressive muscle relaxation, positive imagery, and/or mindfulness can help students with affect regulation as they manage their PTSD symptoms as observed by Geyman (2002). Moreover, it is an easy skill to transfer over to the classroom setting and for the helper to practice in the classroom and at home when they are struggling with anxiety, frustration, or irritability/anger.

2.9.13 Cognitive Restructuring

Verna (2001) contends that cognitive restructuring for students with PTSD focuses on ways in which the experience of traumatic events may have affected the person's cognitions about him or herself, other students, and the world around him/her. These negative or threat cognitions can generalize too many students, situations, and things which can lead to a great deal of functional impairment in school, socially and within the family. It is important to allow students to practice first being aware of the automatic thoughts that they have in various situations (including those

that are anxiety provoking) and how those thoughts can fuel their feelings and actions as contended by Verna (2001).

2.9.14 Trauma Narrative

Stanton (2004) believes that developing a narrative of the child's traumatic experience enables them to process and digest their story and what they have been through. It is not uncommon that this opportunity in helping is the first the student has had to recount their story. The trauma narrative can be done in writing and/or pictures and then read and processed aloud or it can be a verbal recounting of the trauma memory as documented by Stanton (2004). In either case it is important that the student is able to tell or review their story several times in order to decrease the amount of anxiety that the trauma memory provokes at present. Stanton (2004) argues that explaining that being able to talk about what happened and work through some of the thoughts and feelings associated with parts of the story as it was happening and in the present time, can make it less difficult to think or talk about what happened now.

2.9.15 Problem Solving Intervention Technique

According to Freire (2002), teaching problem solving skills can be a key part of intervening with students with PTSD. Clearly, the physiological arousal, hyper vigilance, increased anger and irritability, and cognitive threat bias associated with PTSD can sometimes lead students to react with increased aggression or impulsivity. Also, given the real problems that students may face, taking the time to look at options for handling difficult situations, and managing social, academic, or familial problems can be a powerful tool that can start having an impact right away as documented by Freire (2002).

2.10 Theoretical Framework

Theory of Cognitive Development

Piaget's work was first published during the 1920's, but his theory of cognitive development continues to influence contemporary researchers and clinicians. Piaget's identified five characteristic indicators of cognitive development and named them as follows: 1) formal operations, 2) hypothetico-deductive reasoning, 3) propositional thought, 4) the imaginary audience, and 5) the personal fable. A more detailed explanation of Piaget's theory can be found in the Child & Adolescent Overview article. Here we limit the discussion to portions of his theory directly related to cognitive development in adolescents.

Piaget used the term "mental operations" to describe the mental ability to imagine a hypothetical situation and to be able to determine a likely outcome, without needing to actually observe or enact the scenario. For instance, suppose a 7-10 year old child is asked, "What if there was a hungry dog in the kitchen and Mother dropped a hotdog on the floor. What do you think would happen?" Most children at this age will correctly guess that the dog ate the hotdog, particularly if they have any experience with dogs. Piaget called this type of mental operation a "concrete operation" because the mental operation represents a tangible, concrete circumstance that the child can easily imagine since it is anchored to things that can be seen and touched in the real world: It is concrete.

According to Piaget, the adolescent years are remarkable because youth move beyond the limitations of concrete mental operations and develop the ability to think in a more abstract manner. Piaget used the term "formal operations" to describe this new ability. Formal operations

refer to the ability to perform mental operations with abstract, intangible concepts such as "justice" or "poverty" and to be able to estimate or describe the effect of these intangible concepts. Therefore, youth can now represent in their mind circumstances, or events that they have never seen, nor personally experienced. For instance, a youth who has reached the stage of formal operations can imagine and accurately describe what it may have been like to be a poor, black resident of New Orleans during Hurricane Katrina and can imagine and describe how victims may have felt about the inadequate and disparate rescue efforts. This youth was able to use the abstract concepts of injustice and poverty to imagine and describe these events.

Piaget's research found that youth entered the stage of formal operations at approximately 11 years of age on average; however, there is a great deal of individual variation with respect to normal development. Children's cognitive development can be affected by many factors such as family culture; the quantity and quality of formal schooling or training; various medical conditions; and emotional or physical trauma. If parents have concerns about their children's lack of developmental progress, they will want to discuss these concerns with their children's health care provider, and other professionals such as teachers, guidance counselors, and school administrators. If these professionals believe there is cause for concern, they may refer the child for psychological testing for further assessment. More information about psychological assessments for children can be found here.

Not only do adolescents become more scientific and logical, but they also become better students of observation and interpretation. By observing other people's behavior, expressions, comments, and appearance they can interpret this information and make reasonable guesses about what another person may be thinking, wanting, needing, or feeling. As such, adolescents also begin to

wonder about what other people may be thinking about them! Unfortunately, these new cognitive abilities appear at the same time that younger adolescents are struggling with insecurities about their changing appearance, changing identity, and changing life experiences. All of these factors combine to create what Piaget called the "imaginary audience." Teens may mistakenly believe that everyone around them is watching and judging them, scrutinizing their every move, and can become painfully self-conscious as a result. The concept of an imaginary audience helps parents to understand why their teenagers spend eons in front of the bathroom mirror just to run to the store for a short errand, or become incredibly embarrassed over a seemingly minor mistake. Therefore, the imaginary audience provides an example of the inter-relationship between cognitive, emotional, and social development.

While the ability to use abstract thought and keen observational skills enables youth to become more attuned to others and more sensitive to people's needs, it can also lead to some new social and emotional difficulties when youth use their new cognitive abilities to compare themselves to others. Youth may feel exceptionally unique and different from other people, including their own peers. Piaget called this the "personal fable." Many teens believe they have unique abilities, or conversely, unique problems, different from anyone else in the world. Some youth feel as though they are better, smarter, or stronger than others. This personal fable can lead to some devastating consequences because these youth may take dangerous risks when they over-estimate their abilities and believe they can "handle it," or mistakenly believe they are omnipotent and that bad things cannot happen to them. This is why it is important for adult caregivers to continue to monitor youths' behavior, choices, and decisions.

Conversely, other youth may feel as though they are dumber, weaker, and inferior to others. This kind of personal fable can lead to feelings of sadness, frustration, and loneliness. If these negative thoughts and feelings continue to strengthen, youth can become depressed or hopeless, which can lead to other dangerous behaviors such as drug use, unsafe sexual activity, or even suicide. Once again, these youth need their caregivers' love, guidance, and support to help them through these difficult circumstances. More specific information about emotional development can be found later in this study.

While Jean Piaget's theory has greatly advanced our knowledge and understanding of cognitive development, some parts of his theory have not withstood the rigors of contemporary research. This newer research has resulted in some modifications to his theory. For instance, recent research has demonstrated that everyone does not reach the stage of formal operations (the ability to think abstractly), as Piaget once believed (Keating, 1979; Cole, 1990). Furthermore, research suggests that if abstract thinking isn't practiced frequently, or isn't needed on a daily basis, the skill may never fully develop. Even when someone has acquired the ability to think abstractly, research has revealed that most adults can only think abstractly in a few specific domains such as specific areas of expertise, education, or other areas of special interest (Lehman & Nisbett, 1990). Thus, adults are less able to think abstractly about unfamiliar topics and concepts.

Modified Social Stress Theory

The Modified Social Stress Theory (MSST) for understanding trauma and trauma management was to be employed in the proposed study. The theory was developed by Rodes and Jason (1988) and modified by World Health Organization on Trauma Management (WHO/TM) to include the impact and effects of trauma, the personal response of the individual to traumatic environmental,

social and cultural variables. Research has shown that in order to effectively manage trauma, two things must be taken into consideration: factors that increase the risk of developing the problem must be identified, and ways to reduce the impact of these factors must be developed. The theory maintains that there are factors that encourage trauma called risk factors. Factors that make students less likely to be traumatized are called protective factors. The key to managing trauma is increasing the protective factors while decreasing the risk factors.
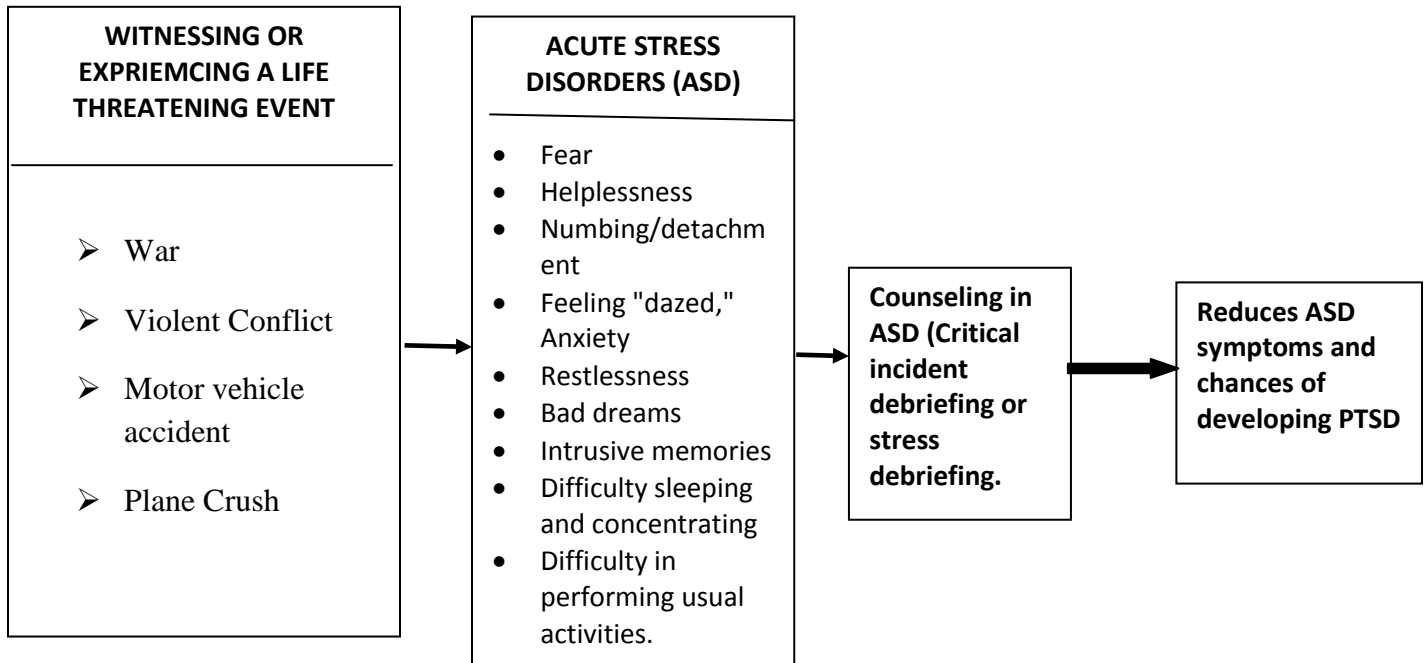
According to this theory, it is easy to understand the problem of trauma better if both risk and protective factors are considered at the same time. Probability of being traumatized is determined by these factors. The framework is useful as a way of planning interventions to prevent or manage the problem of trauma. Although Rodes and Jason's theory could explain why the youth in schools do or do not experience trauma, it is not exhaustive. In addition to the above risk and protective factors there could be others which contribute to the present scenario in families, schools and communities, as suggested in the literature review. The presence of risk and protective factors is context dependent and the proportions of their contribution depend on intensity in given situations.

According to Hockessin (2012), trauma interventions and approaches in post conflict peacebuilding initiatives have been so minimal and failure to effectively manage this problem not only threatens the life of individuals, but also the economic and social development of the country as a whole observes Hockessin (2012). From the historical background and literature review, it has been observed that while Africa and indeed Kenya has experienced war and violence in the past and continues to face societal problems associated with the effects of war leaving many hopeless and vulnerable, post-conflict peace building initiatives have been

preoccupied with the components such as infrastructure development, rebuilding weakened institutions and facilitating socio-economic aspects of development, to the neglect of trauma management aspect of peace building as noted by Grudem (2004). Without effective interventions, these cognitive processes and behavioral responses can lead to learning deficiencies, performance problems, and problematic behavior especially in schools. The research found out that there is a dire need for a research that would investigate and document empirical data on trauma management among secondary school students in post conflict peacebuilding initiatives and measures that would provide durable solutions for the region and beyond. This research provided the solutions to areas raised in the knowledge gap.

2.11 Conceptual Framework

| WITNESSING OR EXPRIEMCING A LIFE THREATENING EVENT | ACUTE STRESS DISORDERS (ASD) | Counseling in ASD (Critical incident debriefing or stress debriefing. | Reduces ASD symptoms and chances of developing PTSD |

WITNESSING OR EXPRIEMCING A LIFE THREATENING EVENT

➢ War

➢ Violent Conflict

➢ Motor vehicle accident

➢ Plane Crush

ACUTE STRESS DISORDERS (ASD)

- Fear
- Helplessness
- Numbing/detachment
- Feeling "dazed," Anxiety
- Restlessness
- Bad dreams
- Intrusive memories
- Difficulty sleeping and concentrating
- Difficulty in performing usual activities.

Counseling in ASD (Critical incident debriefing or stress debriefing.

Reduces ASD symptoms and chances of developing PTSD

When an individual experiences or witnesses a traumatic event in their life such as violence, terrorism, war and other atrocities, they express their loss or deal with the event in several ways which differ from individual to individual. Different strategies are applied to deal with the various experiences depending on the gravity of the symptoms exhibited. With successful interventions, an individual is able to reintegrate into society and improve performance in school. Critical incident debriefing or stress debriefing is one such form of intervention which is helpful in decreasing the ASD symptoms early and prevent long-term problems such as PTSD. This emphasizes a combination of Graded exposure/desensitization, Relaxation training and Cognitive skills. The assumption of this study is that since students in the said schools did witness a life threatening event (PEV), they should have been taken through critical debriefing as a way of reducing chances of PTSD.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Introduction

This chapter covers the methodology that was used. It discusses the research design, area of study, study population, sample size, and sampling procedures, research instruments, data analysis techniques, validity of research instruments, reliability of research instruments, data analysis techniques and also covers ethical considerations of the study.

3.2 Research Design

According to Williams (1982), cited by Ndokoye, (2007), a research is a plan which determines clearly how data relating to a given problem should be collected and analyzed. It provides the procedural outline for the conduct of any topic; the researcher must identify the problem and find a solution to that problem for the benefit of the population concerned by the research. He goes on saying that the researcher follows the following steps: conceptualization a topic and deciding on its specified objectives, the researcher puts himself in a position to consider the depending on what is useful to know, finally the researcher puts all together and produces the final report. Research design is used to structure the research, to show how major parts of the research project, the samples or groups, measures, treatments or programs, and methods of assignment, work together to try to address the central research question (Trochim, 2006).

This study is descriptive with an aim of giving details of trauma strategies put in place in school where students who witness the 2008 PEV are studying.

3.3 Study Area

The study was conducted in Nakuru County. According to Kenya Population and Housing Census 2009, the Nakuru County has a population of 5 million people and comprises of eleven

constituencies namely, Molo, Njoro, Naivasha, Gilgil, Kuresoi South, Kuresoi North, Subukia, Rongai, Bahati, Nakuru Town West, and Nakuru Town East. All this constituencies have experienced post-election violence since the introduction of multiparty democracy in Kenya (Waki, 2008).

The same report indicated that Nakuru Municipality has a population of 1.5 million. The region has always experienced election-related violence since the year 1992. The region is cosmopolitan; it is inhabited by the Kikuyu, Kalenjin, Luo, Maasai, Luhya and Kisii among other ethnic groups. The region experienced the highest number of secondary school students affected by 2007/8 post-election violence as noted by Kagwanja (2009 The focus of the study was in Nakuru Municipality which is a cosmopolitan area. It covers an area of 1050 square kilometres. It extends between longitude 34° 50′ and 35 ° 37′ east and 0° 03′ and 0° 55′ north.The Municipality was selected for the study because it was among the worst hit by the 2007/2008 post-election violence and bore the largest numbers of internally displaced persons (Gachui, 2011).

At an annual growth rate of about 10%, the population of Nakuru Municipality is estimated at 1.5 Million people (National Census, 2009) and has a fair mix of all Kenyan communities though Kikuyu and Kalenjin are predominant. The Municipality's economy is industrial and agricultural based. Nakuru Municipality is the commercial hub of the Rift Valley Province. It is well linked to the rest of the country by rail, air and road networks. It has many institutions of higher learning, a referral hospital and other vital installations such as the Kenya Pipeline Oil Depot which serves some of the neighbouring countries.

3.4 Study Population

A research population is generally a large collection of individuals or objects that is the main focus of a scientific query. It is for the benefit of the population that researches are done. However, due to the large sizes of populations, researchers often cannot test every individual in the population because it is too expensive and time-consuming. This is the reason why researchers rely on sampling techniques. A research population is also known as a well-defined collection of individuals or objects known to have similar characteristics. All individuals or objects within a certain population usually have a common, binding characteristic or trait (Boan, 2011).

The population also included the teachers and counsellors within Nakuru County. The study shall draw samples from the teachers who have contact with students affected by ethnic violence in the region. There are over 200 hundred secondary schools registered in Nakuru County and out of these, 34 schools in the municipality hosted approximately seven thousand nuclear families (7,000) with approximately 20, 000 students. These secondary schools spread across the Municipality of Nakuru (MOE, 2012).

3.5 Sample Size

A sample size is simply a subset of the population. The concept of sample arises from the inability of the researchers to test all the individuals in a given population. The sample must be representative of the population from which it was drawn and it must have good size to warrant statistical analysis. The main function of the sample is to allow the researchers to conduct the study to individuals from the population so that the results of their study can be used to derive conclusions that will apply to the entire population. It is much like a give-and-take process. The

population "gives" the sample, and then it "takes" conclusion from the results obtained from the sample (Mugenda, 2010).

Sample size determination is the act of choosing the number of observations or replicates to include in a statistical sample. The sample size is an important feature of any empirical study in which the goal is to make inferences about a population from a sample. In practice, the sample size used in a study is determined based on the expense of data collection, and the need to have sufficient statistical power (Stanton, 2007).

This study targeted 144 respondents who included class teachers from each level of study.

3.6 Sampling Procedure

According to Waton (2000), various sampling techniques can be used depending on the type of research to be conducted. The two major types of techniques are probability sampling and nonprobability sampling (Waton, 2000). In this study, the areas with the target population was grouped according to zones thus stratified sampling. Selection of zone was done purposively in which three zones out of the five zones in the Municipality were picked namely Gilgil, Kuresoi South and Kuresoi North. From these zones, 9 secondary schools were picked using simple random sampling (three from each zone). Finally four class teachers were purposively targeting only thos who had served in the school for seven year and above. The distribution was two female and two male each from forms 1, 2, 3 and 4 giving a total of 144 respondents.

The research also made use of key informants (school heads) purposefully sampled.

3.7 Instruments and Techniques of Data Collection

According to Mugenda (2009), data collection is the process of gathering and measuring information on variables of interest, in an established systematic fashion that enables one to

answer stated research questions, test hypothesis, and evaluate outcomes. The data collection component of research is common to all fields of study including physical and social sciences, humanities, business, etc. While methods vary by discipline, the emphasis on ensuring accurate and honest collection remains the same. The goal for all data collection is to capture quality evidence that then translates to rich data analysis and allows the building of a convincing and credible answer to questions that have been posed.

Regardless of the field of study or preference for defining data (quantitative, qualitative), accurate data collection is essential to maintaining the integrity of research. Both the selection of appropriate data collection instruments (existing, modified, or newly developed) and clearly delineated instructions for their correct use reduce the likelihood of errors occurring.

3.7.1 Interview schedule

An interview schedule is the guide an interviewer uses when conducting a structured interview. It has two components: a set of questions designed to be asked exactly as worded, and instructions to the interviewer about how to proceed through the questions. The questions appear in the order in which they are to be asked. The questions are designed so they can be administered verbatim, exactly as they are written (Erickson, 2006).

In this study, an interview schedule tailor-made for teachers and administrators were developed to include questions to assess the following topics: demographic characteristics (e.g. sex, age, etc), nature and effect of trauma, trauma management strategies. Open-ended questions were used to get personal opinion and to enhance objectivity. Closed-ended questions were employed to get specific details.

3.8 Pilot Study

A pilot study was a small scale preliminary study conducted before the main research in order to check the feasibility or to improve the design of the research. Pilot studies therefore may not be appropriate for case studies. They are frequently carried out before large-scale quantitative research in an attempt to avoid time and money being wasted on an inadequately designed project. A pilot study is usually carried out on members of the relevant population, but not on those who formed part of the final sample. This is because it may influence the later behavior of research subjects if they have already been involved in the research.

A pilot study was done before the actual data collection. The research tools were pre-tested (piloted) on a selected sample similar to the actual sample of the study. The procedure used in pre-testing the questionnaires was identical to those that were used during the actual data collection. This allowed the researcher to make meaningful modifications where deemed necessary to the research instruments well in advance before the actual study.

3.10 Data Analysis and Presentation of Findings

Data analysis is the process of developing answers to questions through the examination and interpretation of data. The basic steps in the analytic process consist of identifying issues, determining the availability of suitable data, deciding on which methods are appropriate for answering the questions of interest, applying the methods and evaluating, summarizing and communicating the results. Data analysis is essential for understanding results from surveys, administrative sources and pilot studies; for providing information on data gaps; for designing and redesigning surveys; for planning new statistical activities; and for formulating quality objectives (Mugenda, 2009).

In this study, quantitative and qualitative data were collected from the field. Data obtained from the interviews, observations and questionnaires were organized, edited and coded according to the research objectives and research questions of the study. Analysis of data was done using a variety of descriptive and inferential statistics. Descriptive data was analysed using the statistical package of data analysis (SPSS) version 11.0. Qualitative data was categorized into themes basing on research objectives.

The quantitative data is presented in percentages and frequencies in the form of charts and graphs for interpretation and clarity of meaning. Through description, comparison and interpretation, conclusions from data are presented in form of chapters as per the specific objectives. From these conclusions, recommendations and suggestions for further research have been made.

3.11 Ethical and Legal Considerations

In social researches, ethical and legal issues are prone to arise from the kind of problems that social scientists investigate and the methods used to obtain valid and reliable data. Ethical and legal considerations was therefore observed on this study because of the sensitivity of nature of the study, the methods of data collection and the kind of persons serving as research participants i.e. students who have been traumatized etc. Consent shall be south from all selected participants prior to the interviews.

The respondents were assured that the information collected will be treated strictly confidential and purely for academic work.

CHAPTER FOUR: DATA ANALYSIS, PRESENTATION AND INTERPRETATION

4.1 Introduction

This chapter presents the nature and forms of trauma experienced by students in secondary schools where the study was conducted. This is seen in the characteristics of personal attributes of individual respondents and responses shared by counsellors and teachers in schools. These characteristics were assumed to influence students in the state of trauma. The rationale behind inclusion of these attributes in the analysis is because they help to shed some light on the nature of trauma and its manifestation in schools. There are however different characteristics that influences the affected. Some of these characteristics include age, gender, education level, and the type of traumatic experience encountered, which are analysed in this chapter.

4.2 Age group of the Respondents

The respondents were asked to indicate their age in years. The results are as shown in the table below.

Table 4.1: Age group of the respondents

Age Group	Frequency	Percentage
26- 30 years	12	8.3
31- 35 years	58	40.3
36- 40 years	54	37.5
40 years and above	20	13.9
Total	**144**	**100.0%**

Source: Field Data.

The respondents were required to indicate their age where the study findings indicated that majority (77.8%) were of age bracket between 31 and 40 years. Analysis of findings also indicated that 13.9 percent of the respondents above 40 years of age while 8.3 percent were of age between 26 and 30. The finding therefore implies that the respondents were old enough to counsel and guide young students.

4.3 Gender

The respondents were asked to indicate their gender. The results are as shown in the table below.

Table 4.2: Gender of the respondents.

Gender	Frequency	Percentage
Male	72	50
Female	72	50
Total	**144**	**100.0%**

Source: Field Data

In this study the gender balance was done purposively to ensure equal gender representation in the sample. This was done to enable a balanced comparison of gender in terms of their knowledge and experience in counseling.

4.4: Category of the school

The researcher wanted to find out the category of schools the teachers were teaching. The results were as below.

Table 4.3: category of schools

Category of Schools	Frequency	Percentage
Boarding school	58	40.3
Day school	86	59.7
Total	144	100

The research findings indicated that majority of the respondents as indicated by 59.7 percent were teaching in day schools, the remaining 40.3 percent were teaching in boarding schools. This could have an impact in terms of availability to closely monitor the behaviour of students

and offer quality counselling in school. The teachers in boarding school have an upper hand as compared to those in day school.

4.5 Highest professional qualification

The researcher wanted to find out the highest level of professional qualification of the teachers/counsellors.

**Table 4.4: Highest professional qualification**

Professional Qualification	Frequency	Percentage
S1	36	25.0
Diploma	45	31.25
Graduate (e.g Bed,B.Pych)	63	43.75
Total	**144**	**100.0**

The study findings indicated that 43.75 percent of the respondents were graduates, followed by 31.25 percent who had attained a diploma and 25.0 percent of the respondents had attained the S1 level. This gives an assurance of quality personnel who can be relied on to offer counselling services to students.

4.6 Duration by year the respondents had been in that school

The researcher wanted to establish the duration the respondents have served in their respective schools and classes

Figure 4.1 :Duration by year the respondents had been in that school
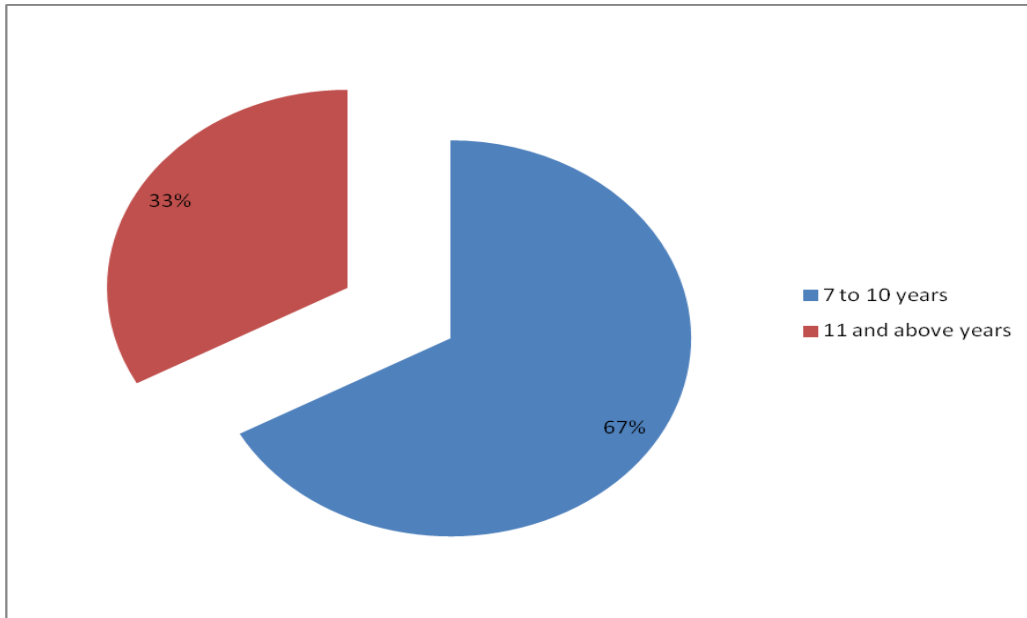
From the findings in the figure above, the majority of the respondents (67%) indicated that they have been in the school for between 7 and 10 years, while 33 percent indicated that they have been in their respective schools for over 11 years.

4.7 Competencies in counseling

The study sought to establish competencies that where there in schools to handle ASD. The key indicators the study zeroed down on included training and knowledge of ASD and PTSD.

Table 4.5: Teachers who have been trained in counseling

	Frequency	Percentage
Yes	104	72
No.	40	28

It is clear from table 4.5 above that 72 percent of the teachers sampled had been trained in counseling. This is understandable because counseling is part of the teacher training curriculum. For the 28 percent who had not been trained it could be because they had not gone through teacher training course.

The respondents were asked whether they know the difference between ASD and PTSD and their responses are captured in figure 4.2 below.

Figure 4.2: Whether teachers know the difference between ASD and PTSD
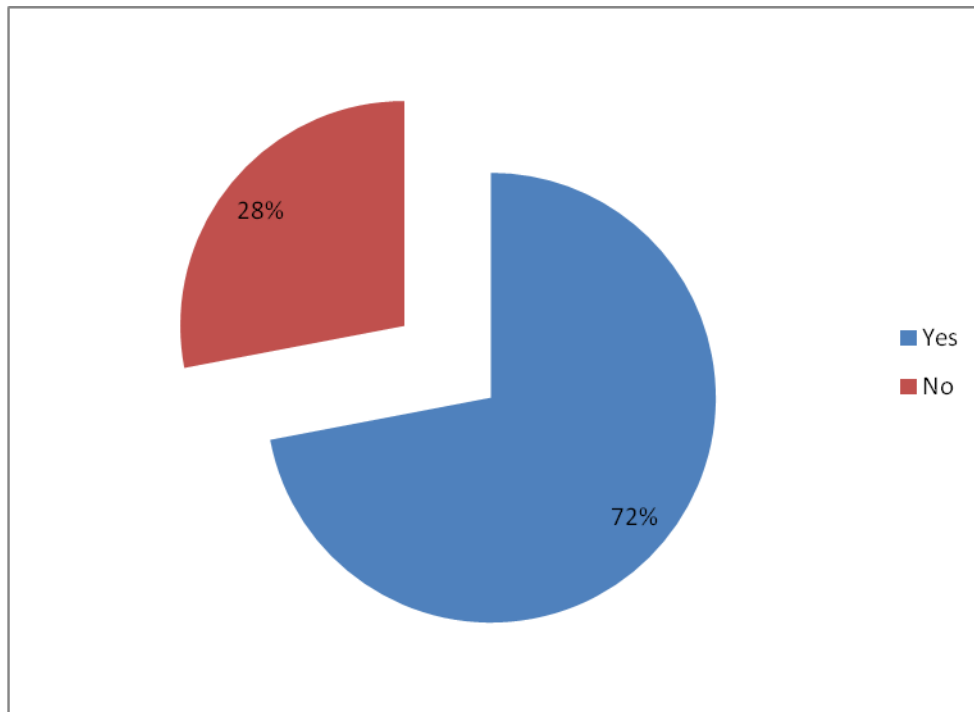
From the reponse above it is clear that majority of the techers (72%) know the know the difference between ASD and PTSD. This is very important to be able to properly package the ASD counseling techniques. Of the the 72 percent who reported to have knowledge of the difference between ASD and PTSD, the were aske to choose from three statements one that precisely describe ASD and their responses are indicated in figure 4.3 below.

Figure 4.3: Showing the respondents choice of a statement that precisely define ASD
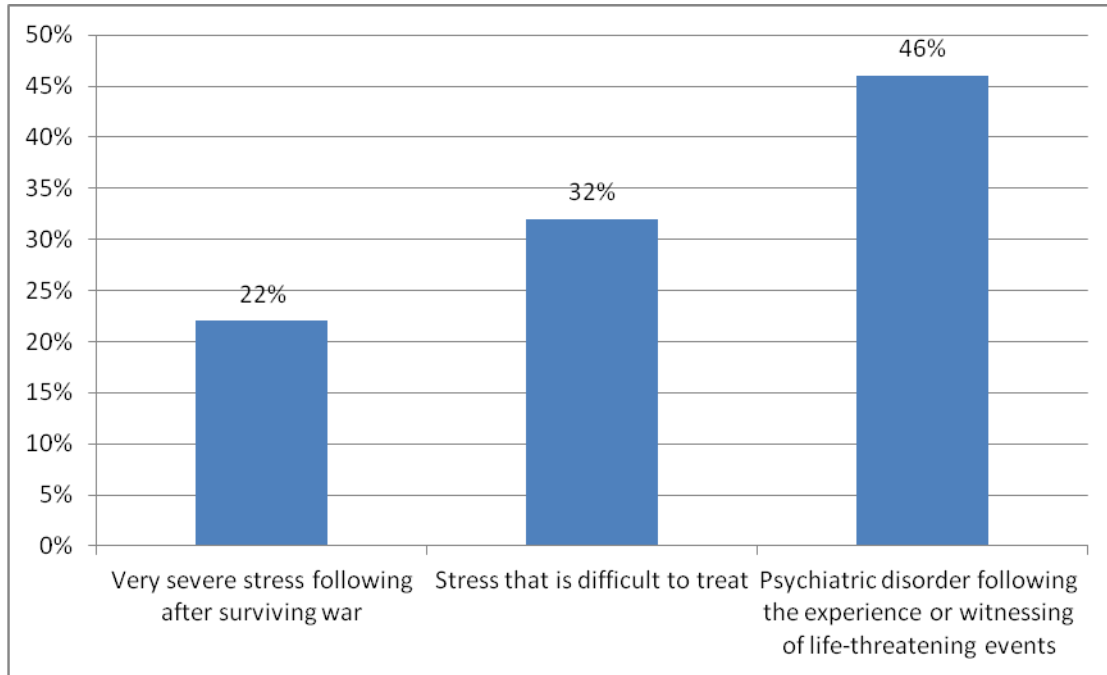
It is clear that over 50 of the repondents who reported to know the deffirence between ASD and PTSD could not conceptually define ASD. Only 46 percent did corrently define ASD. The implication here is that 54 percent of the teachers who reported to know the difference between ASD and PTSD are teachers who have not correctly conceptually this condition. The question than is whether they can be entrusted to offers ASD counselling services.

4.8 ASD Counselling in schools

Further, the study sought to know how ASD conselling was done in school by first confirming whether it was done at all, then confirming whther ASD screening was conducted , the common trauma symptoms that students exhibited and how the teachers rated the counselling in their schools.

Table 4.6: Whether Trauma counseling was done in school after PEV

	Frequecy	Percentage
YES	80	56
NOT SURE	16	11
NO	48	33
TOTAL	144	100

It is evident fro table 4.6 above that out of the nine school sampled trauma counselling was done in only five school and that in three schools there was no screening done. Teachers from one school where not sure whether screening was done or not. The implication here is that students who from the three schools where screening was not done, ran a risk of becoming vulnerable to PTSD.

Those repondents who indicated that scrrening was not done in their schools and those who were not sure were asked whether they thouight screening was necessary and there responses are indicated in figure 4,4 below.

Figure 4.4: Whether screening was necessary
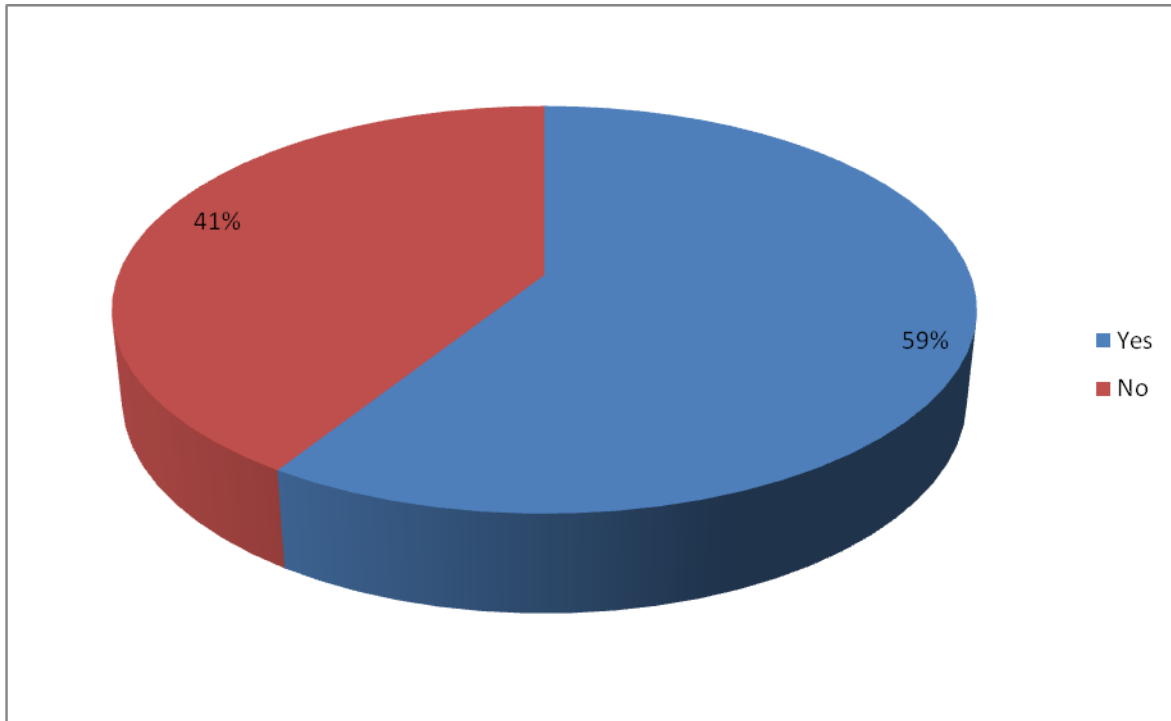
It is clear that 59 percent of those respondents whose schools did not do screening and those who were not sure reported not to see any need for screening. Only 41 percent reported that there was need for screening.

According to the WHO's International Classification of Disease (ICD 10 of 1992 and the Diagnostic and Statistical Manual of the American Psychiatric Association (DSM IV of 1994), there are six (A,B,C,D,E,F) diagnostic criteria of PSTD. Criterion A is having directly experienced or witnessed a life threatening event and is a necessary condition for PTSD. Criteria B is about recalling of the event, C is avoidance of the events or related events, D is about psychological arousal, E is that one must exhibit at least 1 symptom of B, 3 of C and 2 of D which is considered to be a significant level that causes clinical impairment or distress. Finally F

is whether the person has experienced this for over four weeks thus qualifying for PTSD counseling and not ASD.

The 46 percent respondents who gave a precise definition of ASD where asked to indicate the common symptoms (indicators of trauma) the students exhibited and the responses are presented in figure 4.5 below.

Figure 4.5: Trauma symptoms students have exhibited since 2008.
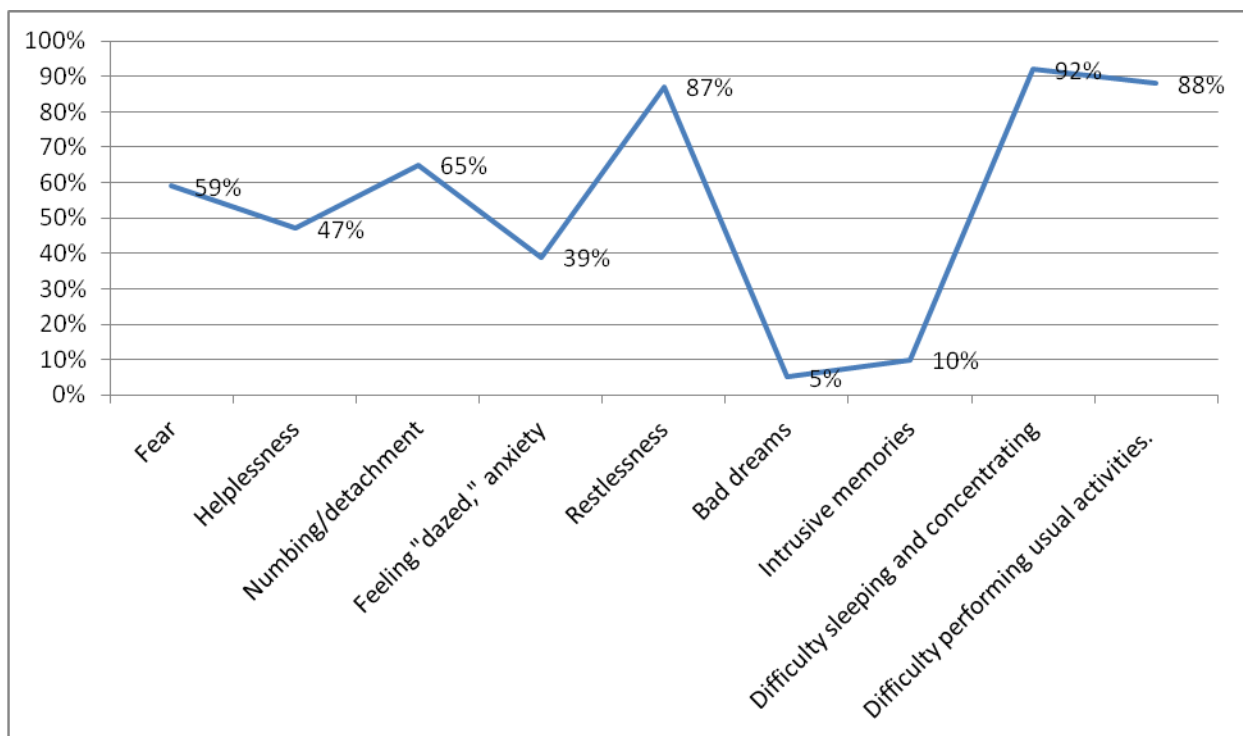
From the responses above, the leading symptom/indicator was students having diffirculties in sleeping and concentration. This was reported by 92 percent of the teachers who defined ASD corrently. This was followed by students having difficulties in performing usual activities which was reported by 88 percent of the respondents and then restelessness which was reported by 87 percent of the repondents. Numbing/detachement, Fear, helplessness and anxiety were reported

by 65 percent, 59 percent, 47 percent and 39 percent respondents in that order. The least reported symptomes were intrusive memories (10%) and bad dreams (5%).

The reports above confirms Cahill et al's (2006) report that some of the symptoms traumatized people exhibit are withdrawing from important aspects of their environment; showing signs of emotional constriction or "numbing"; being excessively jumpy or being easily startled; and showing signs of a lack of purpose and meaning to one's life.

Hurt et al (2011) agree that students exposed to a traumatic event feel self-conscious about their emotional responses to the event. They often experience feelings of shame and guilt about the traumatic event and may express fantasies about revenge and retribution. According to Ford and Cruz (2006) traumatic event for adolescents may foster a radical shift in the way these students think about the world. Some of these adolescents (DeRosa and Pelcovitz, 2005) may begin to engage in self-destructive or accident-prone behaviors, and reckless behaviors. There may be a shift in their interpersonal relationships with family members, teachers, and classmates. These students may show a change in their school performance, attendance, and behavior.

One respondent of the teachers noted that some of the physical symptoms she has witnessed through includes: trouble falling or staying asleep; feeling agitated and constantly on the lookout for danger; getting very startled by loud noises or something or someone coming up on you from behind when you don't expect it; feeling shaky and sweaty; palpitations and trouble breathing.

Counseling in ASD is a must in order to decrease the trauma symptoms early and prevent long-term problems. It takes the form of Critical incident debriefing or stress debriefing. In this regard, teachers who confirmed that ASD screening was done in their schools were further asked

to rate the success of ASD counseling in their schools on a scale of one to ten and the responses are presented in figure 4.6 below.

Figure 4.6: Rating of counseling in schools.
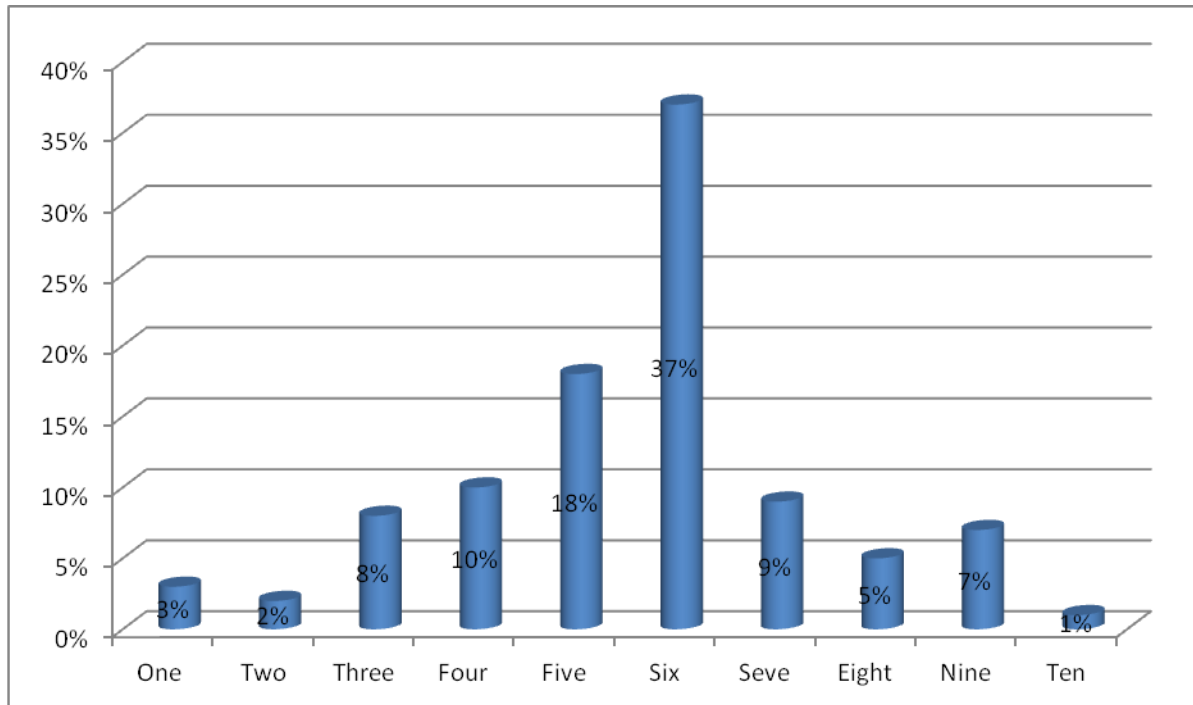
The respondents were required to give their opinion whether the approaches were successful in helping traumatized students. The teachers indicated that behavior therapy and humanistic therapy were very effective in developing the behavior of the students in the school because they focused on the life of the student, development, focus and their capacity to reach their maximum potential. The school counselors indicated that the approach they use was also successful in helping traumatized students in the school. Different counseling approaches have success stories that have worked out in helping traumatized students in the schools.

The findings are in line with Freud (1856-1939) suggesting that the central concept of success counseling holds that individuals have a greater ability than most people believe to choose how

to feel in any given situation. The object of success counseling is to help people make good decisions and act constructively to fulfill their desires and achieve their goals. Success counseling focuses on self-evaluation and creative problem solving rather than ineffective reactions to personal problems, such as blaming, shaming, excuse-making or inappropriate anger.

4.9 Challenges encountered in trauma management strategies

The study sought to determine the major challenges the class teachers and counselors encounter when using those trauma management strategies. The findings established from the class teachers that they are different types of students and they undergo different challenges in handling them. The teachers indicated that some of the students do not open up to the class teachers if they have any issues, some do not communicate clearly about their traumatized experiences and teachers do not get to understand their situation while other teachers do not have the skill to read the pattern of a student who has experienced trauma.

 The school counselors have a professional take on counselling where they identify different students in their course of work. Some are described below. Aggressive and Angry: This may be obvious to the counselor as direct physical violence, or physical intimidation, which by its nature is destructive, and which is directed at harming or controlling other people. Complainers: students who complain about their position but are unwilling to try anything new or do anything about their situation. Unresponsive and Silent: students who are unwilling to engage in any type of conversation or divulge any information about themselves. They will usually only provide minimal responses. Superficially agreeable: These students are 'yes' people, in that they will agree with anything you say but rarely follow through with action. Pessimists: These students will always find a reason why your suggestions cannot be attempted and will not work ("yes but"

players). Know it all's: There is nothing these students do not know or have not done. Illusionary: These students do not acknowledge that they have any needs. They are 'special' and can't understand why they are required to attend counseling. Indecisive: these people are likely to put off a decision until it is made for them or no longer an issue. Drug affected and intoxicated – This refers to students who are under the influence or affected by alcohol or drugs.

The findings are in line with Norton et al., 1998 in suggesting that it is important that a counselor acknowledge each of these types of client challenging are of a behavioral nature and do not cover the unique problems associated with socioeconomic or environmental issues.

When asked to outline the most successful trauma management strategies that in their opinion bring about harmony and peaceful coexistence amongst students in the school, respondents overwhelmingly cited cognitive-behavioral, systematic desensitization and therapeutic feedback and exposure intervention mechanism. The findings of the study is in consistent Giddens (2007) who argues that psychotherapeutic approaches to trauma attempt to engage in peacebuilding in war-affected societies by making their inhabitants "emotionally literate" and by helping them to overcome the psychological impact of war.

 Sandel (2009) observes that by providing individuals with the space to deal with their trauma, systematic desensitization facilitates the emotional self-understanding which is argued to be the linchpin of responsible citizenship and arguably ensure effective participation in development processes. Therapeutic feedback according to (Pupavac, 2012) therefore, by implication, psychotherapeutic models assume that confronting psychological dysfunctionalism paves the way for peace and prosperity by preparing populations for self-governance.

The broad objective of the study was to

CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The overall objective of this study was to find out the counseling strategies schools in Nakuru did adopted to handle students who witnessed PEV in 2008. This objective was fulfilled via qualitative and quantitative research approaches where interviews, secondary and descriptive data were utilized as elaborated in chapters three. Chapters four dealt with presentation and discussion of findings of the study in line with the specific objectives and conceptual issues. This chapter, therefore, presents the summary of findings and conclusions of the study and makes recommendations for both policy practice and further scholarly inquiry as per the specific objectives.

5.2 Summary of key findings

The first objective of the study was to establish the Teachers' competencies in dealing with Acute Stress Disorders (ASD). A majority of respondents exhibited adequate understanding of trauma owing to the range of definitions given and the subsequent responses.

It was revealed that among the symptoms students exhibited included: having trouble functioning at home or work; suffering from severe fear, anxiety, or depression; experiencing terrifying memories, nightmares, or flashbacks; and avoiding more and more things that remind you of the trauma.

The second objective of the study was to examine the process followed in as students reported back to school after PEV. The findings were that in some cases ASD screening was not done

which posed a risk of the affected students becoming vulnerable to PTSD. The third objective was to evaluate the challenges faced by schools in trying to deal with students who experienced PEV. The findings established from the class teachers that they are different types of students and they undergo different challenges in handling them. The teachers indicated that some of the students do not open up to the class teachers if they have any issues, some do not communicate clearly about their traumatized experiences and teachers do not get to understand their situation while other teachers do not have the skill to read the pattern of a student who has experienced trauma.

5.3 Conclusion

The study can therefore conclude that although therapy/counseling offers a reliable, supportive structure in which student can actively focus and work on themselves and relationships, without being judged, that therapy/counseling relationship is healing both experientially - through interactions with the teachers/counselors in the therapy/counseling relationship itself - as well as through learning which occur during the process, this was not professionally done. Literature review showed that on therapy/counseling and the brain has shown that therapy/counseling changes the brain's structure and function (by adding new neuronal connections, fostered by learning and new experiences) in ways comparable to medications' effect on psychological symptoms. Therapy/counseling offers student the possibility of engaging in new behaviors and feelings, which in turn are positively reinforcing, and ultimately provide the basis for sustained life improvement.

The study found out that some teachers/counselors lacked the competency to do ASD counseling. Since trauma affects all aspects of an individual student's functioning, management

strategies that were holistic, comprehensive, and psychosocial were the most rational strategies; this is exemplified by the stage-oriented trauma management strategies. These trauma management strategies should be sequenced according to three primary phases, each with a variety of healing tasks. Symptom reduction and stabilization should come first. After this, the focus should be on processing trauma memories and emotions. The final stage should be on life integration, rehabilitation, and reconnection. Since these stage trauma management strategies illustrate a major overlap in terms of goals, areas of focus, and steps in management, it is therefore good to conclude that teachers/counselors can use any them to achieve similar results. Teachers also should employ different strategies, key among which include: recognizing that a student is going into survival mode and responding in a kind, compassionate way which will help the student gain a sense of control and agency and help them feel safe once more; create calm, predictable transitions between activities; praising publicly and criticizing privately; and adapt the classroom's mindfulness practice for counteracting the impact of trauma.

5.4 Recommendations

The study recommends the following;

1. That there is a need for an establishment of a fully-fledged psychosocial assistance unit in school to guide the students on the road to recovery in schools

2. That trauma is a serious threat to the wellbeing of students in schools and should be addresses forthwith by all parties involved

3. That there is a great need to have systems in place to carry out identification, counselling and rehabilitation of students who have experienced trauma as some go unnoticed.

4. That teachers and counselors undergo periodic capacity building to equip them with the necessary skills to handle students who have experienced trauma

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APPENDICES

Appendix I – Questionnaire for Teacher/Counsellors

Section 1: Demographic Information

Provide the following information by ticking/writing the applicable number in the blocks provided.

1. Indicate whether you are one of the following: ☐

   Teacher full time

   Both teacher and counselor ☐

2. What is your age in years

   20-25years ☐

   26-30 years ☐

   31-35years ☐

   36-40 years ☐

   40 and above ☐

3. What is your gender?

   Male ☐

   Female ☐

4. What is the category of your school

   Boarding school ☐

   Day school

5. What is your highest professional qualification? ☐

   S1

   ☐

Diploma

Graduate (e.g Bed,B.Pych) ☐

6. For how many years have you served in the school?

7 – 10 years ☐

11 and above ☐

Section 11 – Understanding and recognizing trauma

1. As a teacher, have you been trained in counseling?

   Yes

   No

2. As a teacher do you know the difference between Acute Stress Disorder (ASD) and Posttraumatic disorders (PTSD):

   Yes

   No

3. If Yes to question one above which of the statements below the statements below precisely explains what ASD is?

   Very severe stress following after surviving war ☐

   Stress that is difficult to treat ☐

   Psychiatric disorder following the experience or witnessing of life-threatening events ☐

4. Was there any trauma screening in your school after the 2008 PEV as the students reported back to school?

   Yes ☐

   I am not sure ☐

No

5. If no and not sure to question three above do you think it was necessary?

Yes

No

6. Kindly indicate from the list below the trauma symptoms students in your school have exhibited since 2008

   a. Fear

   b. Helplessness

   c. numbing/detachment

   d. feeling "dazed," anxiety

   e. Restlessness

   f. bad dreams

   g. intrusive memories

   h. difficulty sleeping and concentrating

   i. difficulty performing usual activities.

7. In your opinion, 0n a scale of 1 to 10 how successful would you say your school has been in counseling students who experience PEV? …………………………………………

8. Please recommend ways in which the trauma management strategies you employ can be improved

   …………………………………………………………………………………..