ADVERSE CHILDHOOD EXPERIENCES AND LIFELONG CONSEQUENCES OF TRAUMA AMONG COLLEGE STUDENTS IN ELDORET TOWN; UASIN GISHU COUNTY, KENYA

BY

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A THESIS SUBMITTED TO THE SCHOOL OF ARTS AND SOCIAL SCIENCES IN PARTIAL FULFILLMENT FOR THE REQUIREMENTS OF THE AWARD OF A MASTER OF SCIENCE DEGREE IN COUNSELLING PSYCHOLOGY

MOI UNIVERSITY

DECLARATION AND RECOMMENDATIONS

Declaration by Student

I declare that this is my own original work and has not been submitted for an award of degree/Diploma in any other University/College/Institution.

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DEDICATION

To my niece Leslie Geno and loving ‘parents’ Steenkamp.

ACKNOWLEDGEMENTS

Thanks to God for conscious mind.

My sincere appreciation to Dr. S. Adeli and Prof. G. Kimani. To all my course instructors.

I am extremely grateful to my siblings who took this process more positively with their encouragements to get me on the right track in my studies, for the moral support and financial assistance they have always accorded me.

Special thanks goes to my common course mates in sociology, anthropology, literature, political science and speech language and psychopathology, the common discussions were eye-opener, your kindness and time was worth my success, may God richly bless you. To Paul Etyang, thank you so much for your kindness and positive remarks, your positive attitude alone was enough to push me through the hurdles of discouragement. You kept pushing my back to see me get my very best.

Finally, to my loving and caring wife Ruth, you always believed in me and your constant encouragement cannot go unnoticed.

ABSTRACT

Trauma is any psychologically distressing event that an individual undergoes, whether actual or threatened. As children grow up, they are exposed to traumatic experiences, some of which remain unresolved. The myriad traumatic experiences in the childhood developmental process are usually passed on to adulthood. This in turn makes young adults to be vulnerable. The study sought to determine the effect of early childhood traumatic experiences on early adulthood behaviour among college students in Eldoret Town. The study was motivated by the fact that majority of young adults are living in the consequences of their childhood exposure which could either be positive or negative. The specific objectives of the study were; to find out the early traumatic experiences that young adults in Eldoret town went through, to establish the effects of early traumatic incidences on young adults in Eldoret town, to find out the relationship between early traumatic experiences and young adult behavior, and to find out how young adults cope with effects of childhood trauma in Eldoret town. The study was guided by Horowitz's Stress Response Theory. The study applied a qualitative research approach and employed the use of interviews and focus group discussions (FGD) for data collection. Purposive sampling was used to identify the primary participants. A sample size of 26 respondents was arrived at through the administration of a Child Trauma Questionnaire (CTQ) to identify respondents who had undergone childhood trauma and who were selected to participate in the interview and FGD. Qualitative data analysis using Nvivo Software was adopted to derive valid meanings from explanations and descriptions of data collected from the respondents. The study revealed that young adults in Eldoret town experienced myriad traumatic events in their childhood, especially death and divorce of parents and caregivers. From the findings it was established that unresolved childhood trauma can lead to fear, emotional distress, hopelessness and development of negative self-perceptions as children grow up. Additionally, the findings showed that young adults who had undergone childhood trauma presented aggressiveness, indulged in risky sexual behavior and were involved in substance use and abuse. To counter the effects of childhood trauma, various modes were applied by the young adults, however, there was still the identification with suppression/repression of feelings as a coping mechanism. The study concluded that young adults have experienced early childhood trauma in various capacities which affect their behavioral tendencies, and which they have coped with individually, albeit inadequately. The study recommended that institutions and medical stakeholders organize workshops for young adults who have experienced childhood trauma in order to address the effects arising from the traumatic experiences and focus on providing them with healthy coping skills.

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LIST OF ABBREVIATIONS AND ACRONYMS

CDC	Center for Disease Control and Prevention
CPT	Cognitive Processing Therapy
CTQ	Childhood Trauma Questionnaire
KBS	Kenya Bureau of Statistics
KVAC	Kenya Violence against Children
M-CET	Multiple-Channel Exposure Therapy
PCT	Panic Control Treatment
PTSD	Post-Traumatic Stress Disorder
UNICEF	United Nations International Children's Emergency Fund

CHAPTER ONE

INTRODUCTION

1.1 Chapter Overview

This chapter deals with the background information, statement of the problem, objectives of the study, research questions, significance of the study, scope of the study, limitations of the study, assumptions of the study, theoretical framework, conceptual framework and definition of terms.

1.2 Background Information to the Study

Studies that have explored adverse childhood experiences have established that there is a high prevalence of stressful experiences among children, which include neglect, abuse and other stressors which lead to trauma (Gibert et al., 2009). According to Gilbert et al. (2009), an approximate of 4% to 16% of children face different levels of stressors which affect their developmental health. Adverse childhood experiences have also been argued to lead to long term consequences on the health of individuals who have been exposed to trauma in their early childhood years. According to Chartier et al. (2010), a child who has been exposed to traumatic stressors has a heightened risk for psychological and behavioral issues such as depression, substance abuse, eating disorders, among many others. Addressing the link between adverse early childhood and traumatic experiences is therefore necessary since it helps to mitigate its consequences to the health of the public.

Adverse childhood experiences also have the capacity of affecting an individual's social connectivity, which as (Dube et al., 2003) concludes, is in large part, influenced by the kind of attachment an individual shared with their parent when they were in early

childhood stage. For example, youth who have experienced mistreatment tend to develop insecure relationships and their social behavior can be described as ‘incompetent’ with little to no interactions with their peers. Compared with individuals with no history of adverse experiences or trauma in early childhood, individuals with a history of adverse early childhood experiences struggle with self-control, they display chaotic characteristics in their behavior, which mimics the environments in which they were raised (Dube et al., 2003).

According to Odgers and Jaffee (2013), within the context of the household, ACEs is comprised of exposure to use and abuse of drugs and other substances, domestic violence, mental illness, and separation of parents. Co-occurrence of these factors within the family is also attributed to poverty, which is a significant form of diversity for family members. Odgers and Jaffee (2013) further add that despite previous studies having focused on these factors within the family and their relationship to maladaptive outcomes, majority of these studies such as Aldridge (2006) and Taylor and Seeman (2002) have centered on parents and caregivers, hence there exists a gap with regard to whether the same may be the case for children.

Mouton et al. (2016) posit that within the social strata, ACEs are mainly experienced due to the fact that there are myriad challenges experienced by individuals and families living below the poverty line. Comparatively, children who live at the low economic and social level are exposed to higher rates of violence, neglect and abuse than their counterparts who do not live within a similar social delineation. Mouton et al. (2016) further add that in such instances, children develop myriad maladaptive outcomes such as chronic

anxiety, post-traumatic stress disorder, and states of depression, as well as risky behaviors that include suicidality, substance abuse and promiscuity.

Boullier and Blair (2018) argue that ACEs influence characteristics of victimhood in later stages of an individual's life. They are therefore considered to be a public health concern, since they affect individuals' overall well-being, especially with regard to experiences such as abuse and neglect. Beeks (2018), concluding that toxic stress is a consequence of early childhood trauma, especially when the trauma is recurrent, which keeps activating the stress response system. According to Palusci (2013), experiences of recurrent diversity in childhood is traumatizing for children, and in such circumstances, children's development stage is affected which hinders their ability. Furthermore, it may lead to improper coping mechanisms. Therefore, an individual who experienced ACEs will develop uncontrollable responses to their trauma, and in extension, will develop maladaptive and destructive mannerisms.

The significance of understanding adverse early childhood experiences and the influence they have on the later stages of the lives of individuals is considered to be two-fold. The first notion concerning ACEs is that the maltreatment that a child goes through in their development stages will manifest its consequences when the individual is at a later stage in life, for instance early youth or adulthood. Understanding the ramifications of ACEs on later stages of individual's lives is key in helping with strategizing from a perspective of policy and practice such that ACEs are addressed (Dube et al., 2003).

A traumatic incidence is a psychologically distressing event involving exposure to actual or threatened death, serious injury, or sexual violence (American Psychiatric Association,

2013). Such events involve a sense of fear, helplessness, and horror. Generally, trauma occurs whenever both internal and external resources are inadequate to cope with an external threat. Children may experience trauma from abuse (physical, sexual, emotional), neglect (physical, medical, emotional, educational), natural disasters, illness, and violence (school, community, domestic). Trauma exposure activates fight, flight, or freeze stress reaction which is a natural human response to incidences involving overwhelming stress (American Psychiatric Association, 2013). Most children exposed to an isolated traumatic event will recover in time (van der Kolk, 2005). However, exposure to chronic interpersonal trauma (i.e., child maltreatment) results in complex trauma, a condition that adversely affects virtually every aspect of development. Complex trauma in childhood is termed developmental trauma (van der Kolk, 2005), a condition that presents with significantly higher levels of dysregulation (affective, physiological, attentional, behavioral, and relational), functional impairments, and psychiatric hospitalizations (Kisiel, Fehrenbach, Torgersen, Stolbach, McClelland, Griffin, & Burkman, 2014).

According to Freud, trauma is associated with an external violent assault too powerful to be dealt with by the subject (Zepf & Zepf, 2008). Trauma is a situation accompanied by regression, compromised ego functioning, and “obligatory psychopathology” (Schore, 2001; Naso, 2008). It reflects the ego’s immaturity during the first years of childhood (Schore, 2001). Trauma is therefore a physical or emotional occurrence that causes substantial damage to a person’s psychological or physical state, often causing lasting after-effect.

In the global scenario, for example in countries like Iraq and Afghanistan, children witness a lot of death and destruction from modern day instruments of war. Seeing death in front of one's eyes at an early age especially if it is of a close one or a parent, is traumatic (Vizek-Vidovi, 2000). Weller, Fristad, and Bowes (2001) in their study of 38 children aged between 5–12 years found that 37% of the children met diagnostic criteria for major depressive disorder and 61% experienced suicidal ideation 3 months after the death of a parent. Notably, older children are more vulnerable than younger children to the psychological effects of war (Green *et al*., 2001). The younger child's psychological response resonates with the parental response as they have less cognitive capacity to independently evaluate the dangers. Vizek-Vidovi *et al*. (2000) compared younger children (grades 2–5) with an older group (grades 6–8) in Croatia, and found that the older children manifested more depressive and anxiety reactions. It is worth noting that as children get older therefore their traumatic experiences affect them to a larger extent especially in their behavior during their early adulthood stage.

Macksoud and Aber (2006) reported that 43% of Lebanese children continued to manifest posttraumatic stress symptoms 10 years after exposure to war-related traumas. The biological impact of war-related traumas is directly related to the intensity, duration, and the impact of the stressors on bodily integrity, the stress response system and/or its interference with life sustaining support systems. It is reported that exposure to intense acute and chronic stressors during the developmental years has enduring neurobiological effects vis-a-vis the stress response and neurotransmitter systems with subsequent increased risk of anxiety and mood disorders, aggressive dys-control problems, hypo-immune dysfunction, medical morbidity, structural changes in the CNS, and early death

(Macksoud *and* Aber). UNICEF (2006) noted that many more children die from starvation, sickness, and stress of flight than from the immediate effects of violence. In Africa it is reported that children die 20 times more frequently from lack of medical services and starvation than physical injuries from war (UNICEF, 2006).

War-related traumas vary enormously in their intensity, from exposure to brutal death and witnessing of explosive-violent acts, to the derivative effects of war such as displacement, relocation, sickness, loss of loved ones, and starvation (Goldstein, Wampler, & Wise, 2007; Hadi & Llabre, 2008;). Among those children exposed to war-related stressors for a longer period, it is generally estimated that the prevalence of posttraumatic stress symptomatology varies from 10 to 90%, and it is manifested by anxiety disorders such as posttraumatic stress disorder and other psychiatric morbidities including depression, disruptive behaviors, and somatic symptoms (Thabet & Vostanis, 2009).

There are few studies of the long-term psychological effects of children being exposed to traumatic situations. Thabet and Vostanis (2009) noted that the 40% of children in the Gaza strip who had been initially diagnosed with PTSD decreased to 10% one year later with the onset of the peace process. Although a child's initial exposure to war-related trauma may have been relatively circumscribed in time and space, there are a spectrum of secondary stressors in the aftermath of war, which continue to impact on the child and his family (i.e., economic–social disruption, separation from loved ones, malnutrition, and illness).

According VAC Kenya (2010), Kenya has made great strides in establishing mechanisms

to protect children from violence. Findings from a 2010 survey carried out by the Ministry of Gender, Children and Social Development in collaboration with Kenya Bureau of Statistics, Center for Disease Control and Prevention (CDC) Atlanta and UNICEF indicated that violence against children is a serious problem in Kenya (VAC Kenya, 2010). The finding of this survey revealed the need to enhance the implementation of these mechanisms and ensuring that all children are spared from the negative consequences of violence. According to the survey, levels of violence prior to age 18 as reported by 18 to 24 years old (lifetime experiences) indicate such experiences during childhood, 32% of females and 18% of males experience sexual violence. Physical violence experienced by 66% of females and 73% of males and 26% of females and 32% of males experience any violence as a child. A further 13% of females and 9% of males experienced all three types of violence during childhood (VAC Kenya, 2010). The survey findings reveal that childhood experiences are borne by individuals into their early adulthood. It brings a need to understand specifically why adults would carry their traumatic childhood experiences to the adulthood, a question as to why such conditions were unresolved in early developmental age and the factors that predisposed them to the extent to which they could not be addressed at that crucial age but to painfully tolerate them (Kaberia, 2011).

According to VAC Kenya (2010), majority of individuals exposed to traumatic events in childhood; below 18 years, carry them to adulthood. In the VAC Kenya (2010) survey, it is also indicated that regardless of the type of violence, less females and males who experienced sexual, physical or emotional violence knew of a place to seek for professional help while the rest took it in like that; not being addressed but cover-up the

pains of such traumatic events. In an attempt to understanding childhood trauma affecting adulthood, the types of traumatic events must be first and clearly understood. Its causes or roots must be clearly identified and if possible addressed. Finally, intervention measures to be put in place to help in administering guidance and psychological counseling to the carriers and survivors of childhood traumatic events to achieve fulfilled adulthood.

A large number of children grow up in extremely vehement environments, including the home (Hutchison, 2003). The family is generally the first institution a child interacts with (Meyer & Moore, 2003). The family is highly esteemed and so traumatic events starts welling off from this setting, contrary to what developmental psychologists assert that warm, loving and stable home environment plays a role in the healthy development of children (Thomson & Henderson, 2007). Alongside family failing to play its role and its socialization mandate, the prevalence of traumatic events is on the increase and this setting discourages the reporting of trauma-related incidences hence children advance into adulthood with a lot of bottled-up and unresolved conflicts that affects behavior (Wood & Sommers, 2011).

Effects of childhood traumatic experiences on early adult behavior ought to be viewed as something patenting from childhood. In a bid to understanding the subject of trauma and its effects, it will be good to understand it on global, regional and national grounds. It is evident that there are high rates of traumatic experiences worldwide which revolve around child isolation, parental neglect, sibling rivalry, physical beatings, verbal abuses, loss of a loved one, harsh early school experiences, and involvement in domestic violence

as well as witnessing emotionally and psychologically disturbing scenes, among many other exposures. The current study sought to determine the effects of adverse childhood experiences and the consequences of trauma among college students in Eldoret Town in Kenya.

1.3 Statement of the Problem

Majority of early adults are living in the consequences of their childhood exposure which could either be positive or negative experiences, since they have carried their childhood with them. Childhood behavior is defined from the background of an individual's environment where they grew up. According to Krause (2008), every year millions of children experience trauma including physical, sexual, emotional abuse, and severe neglect. The consequences of childhood exposure to trauma will be evident in the early adulthood of individuals when the childhood issues and experiences are not addressed more so when the affected individuals don't have people, they can confide in. Traumatic experiences are varied, ranging from physical, sexual, and psychological, with each individual being susceptible in their childhood age. They also range from mild (like child neglect) to severe (like defilement) experiences. In young adults, childhood traumatic experiences bring forth behavioral change as a mode to cope with recurrences of trauma. By virtue of past experiences, there is need to psychologically assist young adults, to assess possible and appropriate interventions that can best address the behavioral disorders in young adulthood resulting from childhood traumatic experiences.

1.4 Objectives of the Study

The main objective of this study was to investigate adverse childhood experiences and lifelong consequences of trauma among college students in Eldoret Town.

1.4.1 Specific Objectives

The study was guided by the following specific objectives;

i. To investigate the adverse childhood experiences that young adults in Eldoret Town may have gone through.

ii. To establish the effects of adverse childhood experiences on young adults in Eldoret Town.

iii. To examine how adverse childhood experiences affects behavior of young adults in Eldoret Town.

iv. To establish how young adults cope with effects of adverse childhood experiences in Eldoret Town.

1.5 Research Questions

i. Are there adverse childhood experiences that young adults in Eldoret Town have experienced?

ii. What effects do adverse childhood experiences have on young adults in Eldoret Town?

iii. How do adverse childhood experiences affect behavior of young adults in Eldoret Town?

iv. How do young adults in Eldoret Town cope with the effects of adverse childhood experiences?

1.6 Significance of the Study

The study aimed at contributing to immense knowledge on the possible and workable interventions of childhood traumatic experiences on young adult behavior. This study also adds to the existing literature about childhood trauma in relation to young adult behavior. It seeks to broadly contribute on how traumas from childhood experiences can be identified, the causes, and if possible, how those causes can be managed, and finally how intervention programmes can be derived that will be useful to counseling firms, health sectors dealing with trauma responses as well as non-governmental organizations advocating for child rights against trauma.

1.7 Scope of the Study

This study was limited to the relationship between childhood traumatic experiences and early adult behavior among college students. The study was also limited on how traumatic experiences affect sexual behavior, disposition to substance abuse and violence tendencies of young adults in the 18-24 years age bracket. The study was focused on young adults in colleges within the CBD of Eldoret Town.

1.8 Limitations of the Study

There were a few limitations encountered in the study, for instance, some information the researcher wished to collect was not received well by the respondents. To mitigate this, the researcher triangulated data collection methods to minimize bias therefore ensuring that the veracity of information was ascertained. Furthermore, since the problem under investigation was a sensitive topic that brought to the fore the pains of past experiences, the targeted respondents found it uncomfortable to talk about their experiences. To counter the respondents' hesitance in providing pertinent information, the researcher ensured that the respondents benefitted from counseling sessions to deal with childhood trauma by allowing a trauma counselor to debrief them after participation in the FGDs. The researcher also informed the respondents that the study was purely for academic purposes and guaranteed them that their responses were confidential. The researcher was also keen to observe respondents' privacy and consent especially with information on past experiences that was still painful for them to talk about. Such respondents were linked to a counselor for individual therapy sessions after the data collection exercise.

1.9 Assumptions of the Study

The study assumed that majority of the young adults at the three selected colleges had experienced childhood traumatic events. The study also assumed that the expected respondents were available at the time of the study. It is also assumed that respondents' responses were true.

1.10 Theoretical Framework

Horowitz's (1986) stress response theory has been very influential in the ongoing development of the theoretical understanding of posttraumatic psychology. Grounded in psychodynamic theory, Horowitz (1983) proposed that, when exposed to traumatic events, individuals process the trauma information through already established cognitive models of the world. According to Horowitz, the initial response to trauma is one of outcry, referring to the individual reaction (physiological and psychological) to the event, which is usually intense due to the proximity to the trauma. The second phase of Horowitz's (1983) model describes the need for assimilation of this new information into existing cognitive models, which is referred to as the completion tendency. In this stage, the individual may experience mental overload and engage in the defense mechanism of numbing and denial. Accordingly, engagement in strategies of numbing and denial reduces the psychological tension and distress caused by a bias toward processing trauma information in a way that maintains pre-trauma schemas. This occurs at the expense of including information incongruent with pre-trauma schemas. However, as the individual is unable to maintain this defense completely, the trauma information remains in active memory, replaying in conscious awareness.

According to Horowitz (1983), integration of the new information is fundamental to a return of equilibrium. The third phase of Horowitz's (1983) model describes intrusive mental processes (e.g., flashbacks, intrusive thoughts, memories, nightmares) that facilitate a return to equilibrium. Horowitz posited that this process of assimilation or working-through indicates that the individual is likely to oscillate between the phases of

re-experiencing (in order to absorb and incorporate the new information) and denial (in order to protect the individual from becoming overwhelmed by the new information, thus hindering assimilation). This process continues until integration of the new and old information forms a new internal cognitive model of the world that reflects the individual's new reality. The model developed by Horowitz arguably represents a normal reaction to trauma. The symptoms associated with the traumatic experience may become pathological when the individual is unable to work through each of the phases due to becoming overwhelmed by the symptoms in the individual phases and/or due to prolonged exposure to the stress response process. Further, the duration of symptoms (avoidance, numbing and intrusions) is contingent on the ongoing working-through process (as trauma information remains in active memory); thus, when assimilation of the trauma information is prolonged, so too are the corresponding trauma symptoms (Horowitz, 1983).

1.11 Conceptual Framework

The researcher adopted the conceptual framework shown in fig 1.1 below in this study.

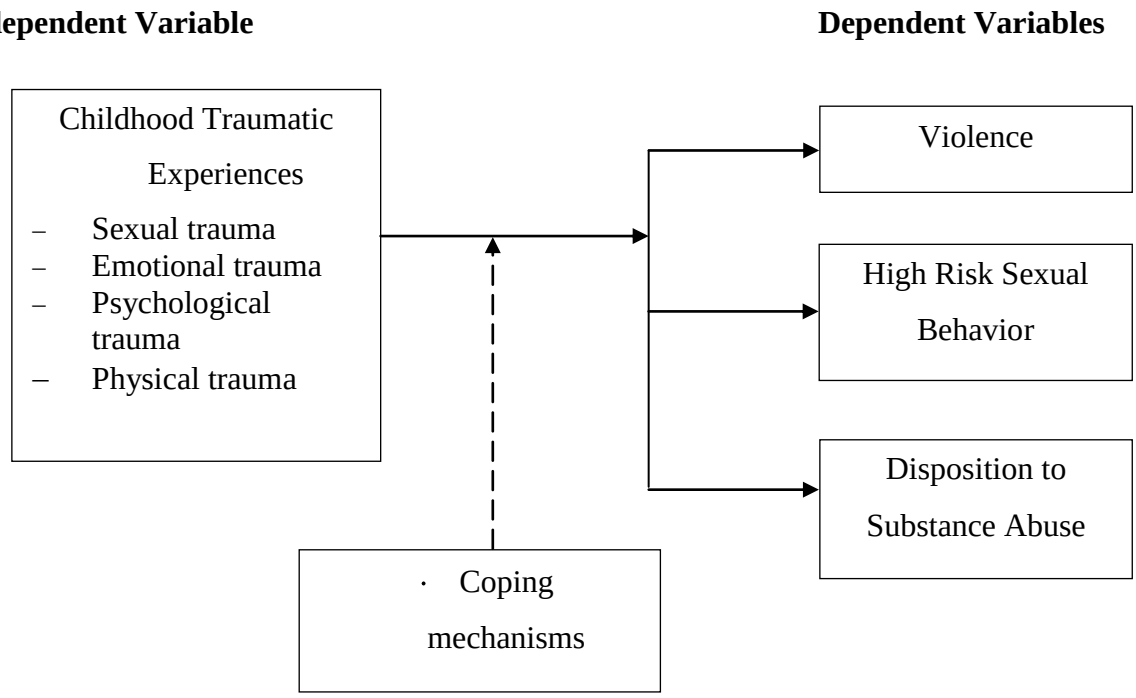

Fig 1.1 Conceptual Framework

Source: Author (2018)

Children who have undergone traumatic experiences cognitively remember the events that negatively impact upon them. These traumatic experiences, without proper intervention measures at the time of an individual's development towards early adulthood renders them susceptible to developing behavioral tendencies so as to escape from, and cope with traumatic triggers. Furthermore, early adults upon lacking an avenue on which to release their pent up emotions and a way to release the frustrations they feel, might

push them to act out by portraying violent instances. Traumatic experiences such as sexual and physical abuse tend to show themselves in behavioral deviances such as high-risk sexual behavior, withdrawal, and esteem issues. Indulgence in drug and substance abuse may also be a coping mechanism which early adults who have experienced childhood traumas choose as a way to beat triggers that sends them into reliving traumatic events.

1.12 Definition of Terms

Behavior	In this study, it defines a particular way an individual lives his/her life which have been shaped up with a period of exposure to certain activities influencing how he lives. In this study, behavior is defined as the manner in which a person lives within the spheres of sexual behavior, substance abuse and violence tendencies.
Childhood	In this study, it defines the period of development when one is at a school going age between 5 and 18 years.
Childhood traumatic experience	In this study, it refers to overwhelming events and conditions encountered by an individual when in their early development age between 5 and 18 years.
Disposition to substance abuse	In this study, it refers to the attitude and perceptions that a person has towards the use and abuse of drugs. It also refers to the tendencies leading to the use and abuse of drugs.

Early adult	In this study it is used to define a person of age between 18 and 24 years.
Maladjustment	In this study, it denotes the result of insufficient responses to demands that may occur throughout the life span and result in impaired functioning, distress or poor health.
Sexual behavior	In this study, it refers to a person's sexual practices; and whether they engage in heterosexuality or homosexuality.
Student	Is used in this study to mean a college going individual of an age not exceeding twenty-four years and not less that eighteen.
Trauma	In this study, it defines serious physical or emotional occurrence that causes substantial damage to a person's psychological or physical state, often causing lasting after-effects (for example, war, disaster, car accident, rape, assault, molestation, loss of a significant other [child, spouse, parent]).
Traumatic experiences	Is used in this study to mean events or enduring conditions in which individual's ability to integrate emotional experiences is overwhelmed, generally threatens an individual life coping strategy.
Violence	In this study it is an extreme force of aggression resulting from frustration or exposures to precipitating conditions like hostile neighborhood.

Violence tendencies	In this study, it is used to denote to a person's inclination towards engaging in aggressive practices.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter reviews available literature deemed relevant to the present study. The aim of literature is to present this synthesis of theory and past studies that provide a systematic framework based on effects of childhood traumatic experiences on early adult behavior.

2.2 Trauma Explained

The word *trauma* originates from Greek and denotes a physical wound (Brette, 2004). In the field of psychology, however, the word trauma refers to psychological, rather than physical, harm. In modern psychological research and practice, the term *psychological trauma* pertains to both the traumatic event itself, as well as the development of negative psychological consequences succeeding the traumatic event. First, there are several definitions of traumatic events, and one of the most frequently employed definition in international psychological research is the definition of extreme traumatic stressors, as depicted in the Diagnostic and Statistical Manual of Mental Disorders (4th ed., text rev.; DSM–IV–TR; American Psychiatric Association, 2000).

This definition includes different forms of experiences, such as witnessing or personal experience with threatened death or serious injury, or learning about such events happening to a close associate. Hence, a traumatic stressor is a broad term that can encompass a multitude of experiences and situations, such as experiencing accidents, assaults, war, incarceration, torture, natural disasters, kidnapping, and illness, as well as

witnessing murder, accidents, and dead bodies. Contemporary research on trauma psychology has also included childhood experiences of abuse and neglect as traumatic stressors. Furthermore, to be perceived as traumatic, the experience must be sufficiently intense to defeat the natural defense mechanisms (Brette, 2004), and shatter fundamental assumptions one has about oneself and the world (Janoff-Bulman, 1992).

Estimates of the rates of childhood trauma worldwide indicate that every year millions of children experience trauma including physical, sexual, emotional abuse, and severe neglect (Krause, 2008). The terminology associated with trauma, adversity, and early life stress is often used interchangeably across numerous social and health contexts. In discussing the different interpretations of trauma and adversity, Brown *et al*. (1999) provide a definitive definition of trauma and adversity in childhood that encompasses child abuse and neglect. This definition includes the experience of verbal assaults on a child's sense of worth, bodily assaults that pose risk of injury, sexual contact, failure to provide basic psychological/emotional needs, and a failure to provide basic needs (Browne and Winkelman, 2007).

In Kenya**,** Muganda, (1996) in his descriptive research on the Dilemma of Growing Children in Kenya and the Challenge of Parenting found out that most parents have lost the fight in their bid to bring up children with the parental love and affection that is necessary to accord them stability for a balanced growth. Muganda lamented that, poverty and ignorance on the part of parents contributed largely in denying children the guidance they deserved from parents. As a result of this parental neglect therefore, children grew up with the intent to look for that lost affection in the wrong places like in

drugs and promiscuity.

Isolated traumatic incidents tend to produce discrete conditioned behavioral and biological responses to reminders of the trauma, such as are captured in the PTSD diagnosis. In contrast, chronic maltreatment or inevitable repeated traumatization, such as occurs in children who are exposed to repeated medical or surgical procedures, have a pervasive effect on the development of mind and brain. Chronic trauma interferes with neurobiological development and the capacity to integrate sensory, emotional and cognitive information into a cohesive whole. Developmental trauma sets the stage for unfocused responses to subsequent stress leading to dramatic increases in the use of medical, correctional, social and mental health services (Cicchetti & Toth, 2005; Drossman *et al*., 2000).

2.3 Trauma During Childhood

According to Schore (2004), early experience has a significant influence on an individual's later development. This influence could account for individual differences in many aspects such as cognition, behavior, social skills, emotional responses and personality. Early experiences with other humans, especially the emotionally or affectively charged, induce and organize the patterns of structural growth, and result in the expanding functional capacities of a developing individual. Schore (2004) points out that these early experiences shape the development of personality. Young children are at high risk for exposure to traumatic events and are particularly vulnerable for several reasons. They are dependent upon caregivers and lack adequate coping skills. Children also experience rapid development and growth, leaving them particularly vulnerable

when faced with a traumatic event (Horton, 2003). A child who has experienced a traumatic event or events early in life may develop patterns of behavior that, in the long-term, may impair his or her ability to form positive relationships with others. Children who have not processed their emotions from traumatic events - child abuse, for instance - run the risk of bringing their experiences into their own families, continuing cycles of violence and abuse (Horton, 2003).

Van der Kolk (2007) argued that childhood trauma was probably today's single most important public health challenge and a challenge that could be overcome by appropriate prevention and intervention. His work provided a comprehensive insight into effects of experiencing trauma in childhood, demonstrating links with ongoing physical health problems, with intra- and intergenerational transference of negative attitudes and troubled behavior, and with the transference of historical trauma across family and communal systems. Van der Kolk (2007) argued that childhood trauma violated a child's sense of safety and trust and reduced their sense of worth, that it established and/or increased their levels of emotional distress, shame and grief, and increased the proportion of destructive behaviors in the child's normal repertoire. Destructive behaviors included unchecked aggression, adolescent suicide, alcoholism and other substance misuse, sexual promiscuity, physical inactivity, smoking, and obesity. Survivors of childhood trauma were also shown to be more likely to have difficulty developing and maintaining relationships with caregivers, peers and marital partners.

According to Hussey, Chang, and Kotch (2006), traumatic childhood experiences cause detrimental, long-lasting effects during cognitive, behavioral, and emotional development

and often well into adulthood. Many individuals who go through traumatic experience such as neglect or abuse are greatly affected beyond childhood and adolescence indicating a significant relationship between these experiences and early adulthood behavior, therefore for an individual in early adulthood, there is a strong relationship between the impact their childhood experiences had upon them and the manner in which they behave to either cope with or suppress the resurfacing of what the traumatic events make them feel.

Traumatic experiences in childhood cause a distorted sense of security, and often reflected in the child's poor interpersonal relationships across their life span. In adulthood, such children often are described as shallow or emotionally reserved and have difficulty forming close relationships, demonstrate a lack of resilience, and frequently display severe antisocial behavior (Schofield & Beek, 2005). The overwhelming of the ego induced by trauma is thought to leave permanent memory imprints (conscious or unconscious) that cause ongoing flashbacks, affective re-experiencing, traumatically driven behavioral re-enactments, trauma-determined fears, and traumatic dreams. The traumatic experience therefore has an enduring organizational influence on the patient throughout their life span.

Traumatic experience reactions manifest differently varying from child to child. Furthermore, children often re-experience traumas. Triggers may remind children of the traumatic event and a preoccupation may develop (Lieberman & Knorr, 2007). Nightmares, flashbacks and dissociative episodes also are symptoms of trauma in young children (De Young *et al*., 2011; Scheeringa, Zeanah, Myers, & Putnam, 2003). Young

children exposed to traumatic events may avoid conversations, people, objects, places or situations that remind them of the trauma (Coates & Gaensbauer, 2009). They frequently have diminished interest in play or other activities, essentially withdrawing from relationships. Other common symptoms include hyper-arousal (e.g., temper tantrums), increased irritability, disturbed sleep, a constant state of alertness, difficulty concentrating, exaggerated startle responses, increased physical aggression and increased activity levels (De Young *et al*., 2011). In this essence, it is worth noting that early adults who frequently have triggers that remind them of early childhood traumatic experiences tend to form buffers that will cushion them from reliving the past events, which in the long run play a role in how they generally behave as well.

Traumatized young children may exhibit changes in eating and sleeping patterns, become easily frustrated, experience increased separation anxiety, or develop enuresis or encopresis, thus losing acquired developmental skills (Zindler, Hogan, & Graham, 2010). There is evidence that traumas can prevent children from reaching developmental milestones (Lieberman & Knorr, 2007). If sexual trauma is experienced, a child may exhibit sexualized behaviors inappropriate for his or her age (Goodman, Miller, & West-Olatunji, 2012).

Recent studies have focused on how trauma during early childhood impacts mental and physical health later in life. Symptoms of mental illness can manifest immediately after a trauma, but in some cases symptoms do not emerge until years later. PTSD, anxiety disorders, behavior disorders and substance abuse have all been linked to traumatic events experienced during early childhood (Kanel, 2015). The types and frequencies of

traumatic events and whether they were directly or indirectly experienced also can have various effects on physical and mental health later in adulthood.

According to Schore (2001), children and adults who experienced relational trauma during infancy are often faced with the struggles of mental disorder due to right brain impairment. Teicher, Anderson, and Polcari (2012) found exposure to maltreatment and other types of stress as a child impacts hippocampal neurons leading to alterations in the brain and potential developmental delays. Additionally, there is evidence of relationships between mistreatment, bullying and accidents in early childhood and the development of delusional symptoms in later childhood (Arseneault *et al*., 2011).

According to Lisak and Berzterczey (2007), in a study on death row inmates and the cycle of violence - based on past research, clinical literature and emerging neurobiological literature on trauma and Post Traumatic Stress Disorder (PTSD), a powerful link exists between PTSD symptoms and violence. Early childhood trauma and substance abuse coupled with environmental and cognitive factors increase the tendency toward impulsive and violent acts. Young children who experience trauma and later use cannabis in adolescence are also at a higher risk for experiencing psychotic symptoms (Harley *et al*., 2010). Other studies have shown a relationship between early childhood trauma and development of schizophrenia later in life (Bendall, Jackson, Hulbert, & McGorry, 2008).

Infants exposed to trauma are often inhibited by emotional and behavioral dysregulation in childhood and as an adult (Ford *et al*., 2013; Schore, 2001a, 2001b). Dysregulation resulting from trauma is predictive and related to substance use and functionality

(Holtmann *et al.*, 2011). For example, findings from a study by Strine *et al*. (2012) suggested that early childhood trauma and substance abuse are directly correlated. Children who had experienced more than one traumatic event were found to be 1.4 times more likely to become alcohol dependent. Strine *et al*. (2012) noted that females who experience trauma are more likely than males to abuse or become dependent on alcohol. The relationship between trauma and alcohol use and dependence often stems from untreated psychological distress (Strine *et al*., 2012).

Faust and Katchen (2004) report that although children who have experienced ongoing trauma exhibit profound distrust, expect betrayal and report a loss of faith that life is just and has meaning, they often do not present with diagnosable, overt disorders. They further report that long standing or repeated exposure to extreme external events is characterized by massive denial, psychic numbing, and personality problems. Several factors influence the impact of the trauma: age of the victim, relationship to the perpetrator, context (within the family, among peers, within the community), type of trauma, severity, duration of exposure, and chronicity of the trauma, and the response of others. Age may play out to be a major factor in children's response to traumatic events and may dictate the course of therapy. Cognitive-behavioral intervention may not be appropriate for young children as it may exceed their developmental capacity and ability to comprehend abstract concepts (Faust & Katchen, 2004). Further, age may play a role in the trauma response; for example, children are at greater risk of sexual abuse in the first ten years of life. Dynamics of family may also influence the traumatic reaction and progress in treatment. A safe environment is less likely in a family with greater conflict - consistent parental support has been shown to be a major predictor in favorable outcomes

for children (Faust & Katchen, 2004). In adolescence, trauma symptoms may manifest in ways similar to adults through withdrawal, numbing, and hyper-arousal. Adolescents may also engage in risky behaviors, become disobedient, and feel alienated because of their traumatic experience. From the literature, it is shown that trauma symptoms cause individuals to seek for how best to cope with recurrences of traumatic events through various indulgences mostly displayed in behavior. The current study will seek to find out the relationship between these traumatic experiences and the effects it bears of young adult behavior in Eldoret Town.

2.4 Consequences of Childhood Trauma in Early Adults

Many studies agree that early childhood traumas lie at the root of most long-term depression and anxiety, and many emotional and psychological illnesses, such as; major depressive disorder, anxiety, bi-polar disorder, and personality disorders. However, among mental health professionals and childhood developmental specialists, there is sometimes a lack of agreement over exactly what constitutes childhood trauma (Murray & Fortinberry, 2006).

Meyers (2002) report defines childhood abuse as damaging interactions between parents and/or primary caregivers and child that becomes typical of the relationship through patterned experiences. According to Miller-Perrin and Perrin (2007), neglect is defined by “the negligent treatment or the maltreatment of a child by a person responsible for the child’s welfare under circumstances indicating harm or threatened harm to the child’s health or welfare. In addition to physical, sexual, verbal abuse and neglect, this can include acts that cause the child to feel worthless, unlovable, and insecure. The

consequences of childhood neglect are indeed equally damaging to the victims, as is abuse. In fact, while there are many similarities between the negative effects of abuse and the negative effects of neglect, some consequences are unique to the particular style of maltreatment that is neglect. For example, individuals who suffered from neglect in early childhood more often show cognitive deficits, social withdrawal, and more internalization of problems (Hildvard & Wolfe, 2002).

Psychological abuse refers to singular incidents or repeated forms of cruelty towards the child or inadequate provision of a developmentally appropriate/supportive environment (Butchart *et al*., 2006). It can cause persistent adverse effects that are damaging to a child's social, emotional, physical and cognitive development. The perpetrator is usually a parent, carer or a close other who has a power and responsibility over the child. Psychological abuse is characterized by behaviors such as humiliating/degrading, terrorizing, extremely rejecting, depriving of basic needs or valued objects, inflicting marked distress/discomfort, corrupting/exploiting, cognitively disorienting, or emotionally blackmailing the child. Emotional abuse and psychological abuse are not synonyms but have been often used interchangeably in the literature. Both types of abuse are sometimes hard to be distinguished and consequently the attempts to have clear distinctive definitions prove difficult. O'Hagan (2005) stressed that emotional abuse affects the child's emotional wellbeing and emotional development whereas psychological abuse damages their mental wellbeing and impairs mental development.

Abuse at the hands of a trusted and depended-upon caregiver often calls into question the child's previous ways of knowing the world, the self, and self in relation to the social

environment. Interpersonal childhood trauma shatters important assumptions and requires the child to modify existing beliefs about the self and world (DePrince & Freyd, 2002). Prolonged childhood trauma has been described as developmentally adverse (Ford, 2005) in that it alters secure attachment, a prerequisite for emotion regulation capacities and a healthy sense of self. Insecure attachment with the caregiver interrupts identity development because the conceptualization of oneself relies heavily on the child's perception of the attachment figure's responsiveness. A previously responsive, nurturing, safe-base suddenly becomes unpredictable and dangerous, and the child comes to expect similar treatment in future relationships. The experience of caregiver-perpetrated child abuse shifts the child's view of himself from valuable, competent, and worthy to insignificant and useless. These maladaptive self-perceptions, lack of attachment security, and shattered assumptions result in a myriad of difficulties that span psychological, social, emotional, and behavioral domains. Some of the common repercussions of child maltreatment include developmental complications, violent behaviors, such as aggression, and the possibility of developing various adult mental health disorders (Hussey, Chang, & Kotch, 2006).

Both abused and neglected children often have a negative perception of self. Because of the traumatic, unloving, and insensitive care the children receive, these young children represent themselves as angry and unavailable or rejecting. Neglected children show low levels of positive representation whereas physically abused children tend to show higher levels of negative representation (Hildvard & Wolfe, 2002). Abused children have been found to exhibit low self-confidence and little self-worth, and throughout development these children tend to socialize with others who have similar feelings of low personal

value (Crosson-Towner, 2005).

According to Monahon (2003), sources of childhood trauma include: loss and grief, physical and sexual abuse, neglect, attachment trauma, accidents and illness. Physical trauma is an assault to the body or brain while emotional and psychological trauma interferes with thoughts and feelings. The impact of childhood trauma can be defined as an experience or repeated experiences that leave the child feeling overwhelmed with an inability to use normal coping mechanisms; it can disrupt the child's frame of reference and belief and trust in their world and can affect the child's ability to regulate emotions and behavior. Trauma can be experienced as a direct experience or vicariously through such things as hearing an account of violence against a loved one.

Briggs-Gowan *et al*. (2010) found that symptoms of psychopathology and trauma were related to factors such as economic disadvantage and parent depressive and anxious symptoms. While ethnicity of the minor, parental education level and number of parents were associated with violence exposure, those factors were not associated with symptoms of mental illness. A more recent study found that young children exposed to a traumatic event along with a combination of socio-demographic factors (e.g., poverty, minority status, single parent, parental education less than high school, teenage parenting) are at greater risk for mental illness (Briggs-Gowan *et al*., 2010). Additionally, Crusto *et al*. (2010) found that high levels of parental stress are associated with adverse trauma reactions in young children. Parental dysfunction, family adversity, residential instability and problematic parenting can increase the impact of traumatic events as well (Turner *et al*., 2012).

According to Allen (2005), attachment trauma includes physical abuse, sexual abuse, rejection, cruelty, lack of response from caretakers, and failure to provide for the basic needs of a child. Attachment trauma influences that ability of the child to attach to appropriate caregivers and can even lead to failure to thrive. According to the Child Trauma Academy (2002), the capacity to bond and form attachments is genetically determined and the drive to survive is basic in all species. Defenseless infants depend on caregiving adults for survival. Responses from caregivers determine attachment and this attachment is crucial for survival. Butchart *et al*. (2006) defined physical abuse as intentional use of physical force against the child which includes for example hitting, beating, strangling and other forms of physical violence, and potentially causing harm for the child's health, survival, development or dignity. Perpetrators are usually limited to parents or other adults living within the same household as the child.

Acute grief may have traumatic elements, but it presents a different picture. When death of a love object is experienced, the bereaved is preoccupied with the deceased and may, for example, carry on imaginary conversations with him or her. Struggling with separation conflicts and searching for the lost object, the bereaved experiences a potent wish for reunion and restitution. This longing stands in contrast to a dread that traumatic experience will be revived. Denial and protest coexist with depression and awareness of the loss. Though grief is a component of posttraumatic reactions, the absence of grief or its persistence is a pathogenic reaction primarily to object loss. But since the self is identified with the object, all traumatic injury is on some level connected to object loss, just as object loss is connected to loss of parts of the self. Thus, the conceptual boundaries between object loss syndromes and traumatic experience without object loss

are blurred and permeable. Object loss may take on traumatic proportions when it is unanticipated or untimely, when there is predisposition to trauma, or when the object on whom the person has been dependent is no longer present. The meaning of the lost object relationship to the bereaved is crucial to whether the loss will be traumatic. Loss associated with horror and shock over the cause or mode of disappearance or death is also traumatic, as is the loss of several loved ones all at once. Object loss consequent to murder or suicide is always traumatic, and the catastrophe of mass murder adds a dimension of shared shock and revulsion that tends to escalate more than to diminish anxiety and grief. Violent deaths result in both trauma and bereavement in a combined syndrome of traumatic bereavement. However, despite decades of investigation, there is no universal consensual agreement about the concept of traumatic bereavement (Parkes, 2001).

Monahon (2003) found that trauma differs from ordinary stress in childhood in several ways. First, trauma occurs suddenly, leaving a child unprepared. Second, the events are unusual, unpredictable, and outside the range of a typical experience. Thirdly, the child feels a sense of helplessness and inability to cope. The suddenness, unpredictability, and overwhelming nature of the experience combine to create a terror response. Sources of childhood trauma can come from accidental injury and severe illness, catastrophes and disasters, physical and sexual abuse, interpersonal and community violence, single terrorizing experiences, observation, traumatic loss, and neglect and psychological trauma (Monahon, 2003; Perry & Szalavitz, 2006). Certain traumas carry a high risk for re-traumatization, such as sexual abuse which carries a social stigma and places victims at a higher risk of repeated victimization and re-traumatization.

In early adolescence, negative mental representations of the self and others continue, and some children also develop a negative view of the social world. This overall negative perspective is visible through low or negative social expectations (Hildvard & Wolfe, 2002). With a negative outlook, adolescents also have difficulty with problem solving. They are unlikely to find a high level of motivation to repair or avoid problems if their social perspective is one of despair. School-aged victims of maltreatment demonstrate difficulties in achievement, but the most overt consequences of their abuse and neglect are seen in social and behavior problems. Neglected and abused adolescents act more disruptively, showing uncooperativeness and aggressiveness to a greater extent than non-maltreated adolescents.

Victimization by a means of physical abuse in childhood is strongly associated with aggression in adulthood. This aggression can be displayed towards non-familial individuals, which most commonly expressed as violent criminal offenses, as well as towards dating partners and spouses (Malinosky-Rummell & Hansen, 2003). Spousal or partner abuse can be exhibited either physically or relationally. Physically abused men show significantly more physical violence towards their spouses than men who were not abused in childhood. There are also very strong patterns of familial violence in adults who have a history of childhood physical abuse. Abuse experienced in childhood can impact a person's religious and spiritual faith throughout development, and ultimately into adulthood. Some children who experience maltreatment do increase their religiousness and spirituality as adults, helping them to find meaning and purpose in their lives. However, some others do show a decrease in religiousness and spirituality, believing that God is wrathful, unfair, and unloving (Walker, Reid, O'Neill, & Brown,

2009).

Furthermore, neglect and abuse can also affect intellectual capabilities and vocational difficulties as a result of low academic achievement in childhood and adolescence (Malinosky-Rummell & Hansen, 2003). Adults who were maltreated as children might experience the long-term consequence of low economic wellbeing in adulthood. This effect is likely reported because of the high percentages of truancy, suspensions, and expulsions common in adolescents who were abused or neglected (Currie & Spatz Widom, 2010).

Psychological trauma causes impairment of the neuroendocrine systems in the body. Extreme stress triggers the fight or flight survival response, which activates the sympathetic and suppresses the parasympathetic nervous system. Fight or flight responses increase cortisol levels in the central nervous system, which enables the individual to take action to survive (either dissociation, hyper-arousal or both), but which at extreme levels can cause alterations in brain development and destruction of brain cells. In children, high levels of cortisol can disrupt cell differentiation, cell migration and critical aspects of central nervous system integration and functioning. Trauma affects basic regulatory processes in the brain stem, the limbic brain (emotion, memory, regulation of arousal and affect), the neocortex (perception of self and the world) as well as integrative functioning across various systems in the central nervous system. Traumatic experiences are stored in the child's body/mind, and fear, arousal and dissociation associated with the original trauma may continue after the threat of danger and arousal has subsided. Development of the capacity to regulate affect may be

undermined or disrupted by trauma, and children exposed to acute or chronic trauma may show symptoms of mood swings, impulsivity, emotional irritability, anger and aggression, anxiety, depression and dissociation. Early trauma, particularly trauma at the hands of a caregiver, can markedly alter a child's perception of self, trust in others and perception of the world. Children who experience severe early trauma often develop a foreshortened sense of the future. They come to expect that life will be dangerous, that they may not survive, and as a result, they give up hope and expectations for themselves that reach into the future (Terr, 2002).

Among the most devastating effects of early trauma is the disruption of the child's individuation and differentiation of a separate sense of self. Fragmentation of the developing self occurs in response to stress that overwhelms the child's limited capacities for self-regulation. Survival becomes the focus of the child's interactions and activities and adapting to the demands of their environment takes priority. Traumatized children lose themselves in the process of coping with ongoing threats to their survival; they cannot afford to trust, relax or fully explore their own feelings, ideas or interests. Characterological development is shaped by the child's experiences in early relationships Young trauma victims often come to believe there is something inherently wrong with them, that they are at fault, unlovable, hateful, helpless and unworthy of protection and love. Such feelings lead to poor self-image, self-abandonment, and self-destructiveness. Ultimately, these feelings may create a victim state of body-mind-spirit that leaves the child/adult vulnerable to subsequent trauma and re-victimization.

Cole and Putnam (2002) proposed that people's core concepts of themselves are defined

to a substantial degree by their capacity to regulate their internal states and by their behavioral responses to external stress. In children traumatized by abuse, a lack of development, or loss, of self-regulatory processes leads to profound and tragic problems with self-definition, including 1) disturbances of the sense of self, such as a sense of separateness, loss of autobiographical memories, and disturbances of body image; 2) poorly modulated affect and impulse control, including aggression against self and others; and 3) insecurity in relationships, characterized by distrust, suspiciousness, lack of intimacy, aggression and isolation.

The lack or loss of self-regulation is possibly the most far-reaching effect of psychological trauma in both children and adults. The younger the age at which the trauma occurred, and the longer its duration, the more likely people were to have long term problems with the regulation of anger, anxiety and sexual impulses (van der Kolk, Roth, Pelcovitz, & Mandel, 2003). In addition, children exposed to trauma have been shown consistently to have increased vulnerability to infections, including the common cold virus, respiratory infections, Epstein-Barr, Hepatitis B, Herpes Simplex and Cytomegalovirus. Antibodies to these viral infections have been shown consistently to rise with stress.

Scaer (2001) hypothesized that exposure to high levels of chronic stress may increase susceptibility to infectious diseases due to immune suppression. Acute trauma in children increases vulnerability to infectious disease when serum cortisol is elevated. However, in chronic PTSD (post-traumatic stress disorder), serum cortisol levels tend to be low, a state where the modulating effect of cortisol on the immune system is decreased. Under

these circumstances, the biological effects of prolonged and overwhelming stress may undermine functioning of the HPA (Hepatic-Pituitary-Adrenal) axis, increase immune system activity and ultimately create greater vulnerability to autoimmune diseases.

2.4.1 Childhood Traumatic Experiences and Violence Tendencies

Traumatic experiences in childhood are often associated with violence whereby those who have experienced victimization in childhood tend to become aggressive and violent in childhood. It is predisposed that aggression is salient in individuals whose childhood is peppered with harsh cases of discipline (Swogger *et al*., 2010). Similarly, Klika *et al*., (2012) augurs that aggressive and anti-social behavior in the span on an individual's life was predicted by physical abuse in early childhood. Further examining the relationship between childhood trauma and violence tendencies and aggression in young adulthood, Stouthamer-Loeber *et al*. (2001) avers that individuals who went through traumatic experiences in early childhood are prone to portray problems with authority and are highly disobedient. In the same light, neglect in early childhood has shown, according to Kotch *et al*. (2007), to lead to aggressive behavior.

Taylor *et al*. (2010) posit that even corporal punishment at children's young age leads to advances of aggression whereas other forms of abuse towards children leads to development of antisocial behavior. Similarly, Allen (2011) indicates that emotional abuse also leads to forms of aggressive behavior. According to Murray *et al*. (2012), parental incarceration causes trauma in children to the extent of them developing aggressive behavior. In a meta-analysis study on the effect of parental incarceration, Murray *et al*. (2012) found that there was an increase in aggression due to early

childhood trauma caused by parental incarceration. Furthermore, Wildeman (2010) also augurs that parental imprisonment is correlated with aggression.

In addition to traumatic experiences caused by parental incarceration and mistreatment, aggression is brought about by instances of substance abuse in the home (Gabel & Shindledecker, 2003). Witnessing violence at home is directly correlated with aggressive instances. Sousa *et al*. (2011) established that early childhood trauma caused by witnessing violence in the home predisposes the child to development of aggressive behavior, highlighting therefore the substantial lifelong effects of such traumatic experiences.

2.4.2 Childhood Traumatic Experiences and Sexual Behavior

Trauma affects many levels of functioning, more so, exposure to childhood trauma is linked to, besides psychiatric effects, behavioral effects as well such as high risk behavior (Cerutti *et al*., 2011). Young adults are at a stage where they are faced with definitions of their identities, roles and social functions whereupon they begin expressing myriad discomforts and as such, enact risky behaviors as a mode of releasing distress and pent up tensions. High risk behavior in young adults therefore plays a part in serving as coping mechanisms against painful emotions (Cerutti *et al*., 2011).

According to Senn *et al*. (2006) the history of trauma during early childhood is significantly related to sexual risk behavior. Dilorio *et al*., in Senn *et al*., (2006) established in a multi-level HIV prevention trial that men who had experienced trauma in childhood, more specifically sexually related trauma also showed greater frequency of

risky sexual behavior. The prevalent distress related to trauma and avoidance through dissociation to overcome painful memories may therefore maintain high risk sexual behavior among young adults.

Gore-Feltun and Koopman (2002) portray an association between trauma and high-risk behavior to the tendency towards behavioral enactment established by a repetitiveness of traumatic actions, therefore high-risk behavior is perceived as an attempt to overcome the traumatic experience (Ramiro *et al*., 2010).

2.4.3 Childhood Traumatic Experiences and Disposition to Substance Abuse

Costello et al. (2002) indicate that one in four children experiences at least a traumatic experience by the age of 16 years and that one in eight of 17 year olds have experienced PTSD at some point in their lives.

Early traumatic experiences in childhood are known to increase significantly, the number of disorders in later stages, more so, in young adulthood. Childhood traumatic experiences affect neural structure and function, which causes cognitive deficits and psychiatric illnesses including substance abuse (Johnston *et al*., 2007).

People develop substance abuse problems in an attempt to manage distress associated with effects of trauma exposure and traumatic stress symptoms. Young adults turn to alcohol and other drugs so as to manage the flood of emotions and traumatic reminders or to numb themselves from the traumatic experiences.

According to Knight *et al*. (2007), most, if not all young people have access to a wide range of psychoactive substances that can either dull the effects of stress undergone by

them. Knight *et al*. (2007) also posit that one in three adolescents have experimented with drugs and consumed alcohol by their rime of middle-class education and that such early experimentation progresses to abuse of or dependence on illicit drugs.

Afifi *et al*. (2012) in examining the relationship between childhood abuse and substance abuse disorders established similarly that abuse increased relatively, the likelihood of substance abuse, which is used as a coping mechanism to numb the effect of prior life stressors. Ballon *et al*. (2000) augur with Afifi *et al*. (2012) in a study where young adults reported substance abuse as a means of coping with physical and sexual abuse.

2.5 Empirical Review

Children face a range of age and stage relevant developmental tasks; failure to achieve competent adaptation at one developmental period makes adaptation to the next more difficult (Maughan & McCarthy, 2007). Attachment is one of those early tasks and lays a foundation for the basic sense of self. Failure to form secure attachment relationships in early childhood may compromise the foundation of loyal friendships and effective peer relationships later in childhood and, in turn, be associated with relationship difficulty in adult life (Maughan & McCarthy, 2007). Factors such as family history of psychopathology, trauma, and unfavorable social or economic conditions, coupled with insecurity in attachment relations, contribute toward the ultimate emergence of insensitivity, emotional unresponsiveness, and even psychopathy. Furthermore, Allen and Lauterbach (2007) revealed that traumatic events experienced in childhood are related with personality traits in adulthood; people who had experienced childhood traumas possessed higher levels of neuroticism and openness to experience compared to people

who had not experienced traumatic events in their childhood. Their findings suggested that victims of childhood trauma are more likely to be tense, nervous, irritable, insecure, and emotional.

According to Horwitz, Widom, McLaughlin, and White (2001), adults who report experiences of abuse and neglect as children report considerably higher rates of virtually every type of psychopathology including depression, anxiety, drug and alcohol disorders, personality disorders, and generalized distress. Both men and women who were victimized as children report more stressful life events over their lifetimes suggesting that early child abuse and neglect is part of a broader constellation of life stressors. The intimate relationships of adults maltreated as children differ in stability and quality from those of other adults (Morton & Browne, 2008). Both male and female adults who have been abused and/ or neglected in childhood have significantly higher rates of relationship disruption (walking out and divorce) than adults without abuse histories (Sheridan, 2005). Abused and/or neglected women are also less likely to perceive their current romantic partners as supportive, caring, and open to communication and are less likely than other women to be sexually faithful to their partners and spouses.

In a recent study comparing the relationships of indicators of childhood abuse and neglect to changes in the symptoms of mental disorders over the period from early adolescence to adulthood, youths with an official record of victimization of child physical abuse showed elevated levels of disorders and symptom rates for almost every Axis I and Axis II disorder (Cohen, Brown & Smailes, 2001). The children who had been victims of neglect by official records had elevations in anxiety, depression, Cluster A personality disorders,

and in disruptive and depressive symptoms (Cohen, Brown & Smailes, 2001). Physical abuse added significantly to other risk factors in accounting for lifetime diagnoses of major depression, dysthymia, conduct disorder, and drug use. Physically abused adolescents were seven times as likely to develop a major depressive disorder and/or dysthymia, approximately nine times as likely to develop conduct disorder, and nineteen times as likely to abuse drugs (Kaplan *et al*., 2008).

Children who have been traumatized by family violence exhibit a low tolerance for stress and tend to react with either aggression or withdrawal (Levendosky & Grahan-Bermann, 2000). They may develop maladaptive internal working models of relationships when caregivers are inconsistent, producing anger, anxiety, fear, and mistrust toward the parental figures; this, in turn, results in insecure attachments and maladaptive development of regulator affect. Childhood trauma may form a primary core of the abusive personality. Those with an abusive personality struggle modulate their aggression and, as adults, often abuse their partners (Lawson, 2001). Many men who are abusers have psychological profiles similar to trauma victims and fit the diagnostic criteria for PTSD (Dutton, 2000). Although evidence clearly points to adult criminal behaviors as a potential outcome of early maltreatment, this relation-ship is likely to be indirect, influenced by a host of intervening factors. Extensive work in cognitive development indicates that adverse personal experiences impact the development of cognitive structures through which individuals interpret sub-sequent experiences (Flavell, Miller & Miller, 2002). In accordance with this view, maltreated children may develop distinct maladaptive cognitive processes involving distorted beliefs about oneself, others, and their environment, which consolidate over time and shape how they later construe their

experiences and respond in social situations (Young, Klosko & Weishaar, 2003). These disruptions in the processing of incoming information may in turn be associated with what adult victims of child maltreatment perceive, remember, and eventually act upon. This social processing perspective (Crick & Dodge, 2004) suggests that aggressive behaviors proceed through maladaptation in encoding and interpreting information (e.g., hyper-vigilance to hostile stimuli and hostile attribution biases), identifying goals (which may be instrumental and self-defensive), brainstorming solutions to attain these goals, and selecting and executing responses, which may be aggressive.

From the literature reviewed of studies that have been carried out on childhood traumatic experiences and the effect of these experiences on adult behavior among college students, it is notable that few studies have been carried out using samples from Sub-Saharan Africa; Kenya, and in particular, in Eldoret Municipality. This therefore presents an empirical gap that affects these studies' generalizability to the Kenyan context.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Overview

Research methodology is a way to systematically address the research problem. It indicates the practical ways in which various steps will be adopted and whole research project will be organized in studying the research problem. This chapter provides the methodology that was used in undertaking the study. The chapter therefore presents the research design, the study area, target population, sample size and sampling techniques, data collection procedure, analysis of data and the ethical consideration.

3.2 Research Design

Cohen, Manion and Morrison (2000) explain that qualitative research is reported in terms of verbal description rather than numerical form. According to Omar, (2011), in qualitative research, the natural setting is the direct and primary source of data. The researcher, regarded as the key instrument, spends a lot of time eye-balling, probing, observing and recording the phenomenon being investigated. The researcher also seeks deep, vivid descriptions of the context and the events. The qualitative approach was employed in the current study because it enabled the researcher to obtain first hand explanations or experiences and views of the respondents, which also necessitated the use of focus group discussion and interviews as methods of data collection. These methods of collecting information were useful for investigating the phenomenon in depth by entering into the respondent's personal world. It was however, pertinent that the researcher observed respondent privacy and consent in provision of information about their past

experiences. Qualitative research approach was used in order to gather the views, opinions and attitudes of students with regard to the effect of early childhood traumatic experiences on young adult behavior. It also provided an opportunity for the researcher to modify and make any changes during the research process. There was therefore keen interest in the early childhood traumatic context under which behavior was affected.

For this particular research study, the phenomenological research design was the most appropriate. The researcher's aim was to gain insight into a phenomenon by investigating young adults' lived experiences of traumatic experiences during their childhood, based on the information provided by the research participants (Fouche & Schurink, 2011; Wertz *et al*., 2011). The mentioned authors emphasize the importance of individuals being investigated with regards to their ways of being-in-the-world; in the case of this study, young adults who had been exposed to traumatic events in early childhood. Exploration of their lived experiences involved the participants descriptively elaborating on what they had experienced in relation to traumatic events, and how it had affected their behavior as young adults. Exploration of participants' lived experiences was facilitated by the use of focus group discussion.

3.3 Study Area

The study was conducted in Uasin Gishu County, in Eldoret Town. Eldoret Town is a principal city in Western Kenya located 330km to the Northwest of Kenya's capital city, Nairobi. It serves as the administrative headquarters of Uasin Gishu County. It lies south of the Cherangani Hills, with a local elevation varying from about 2,100 metres above sea level to 2,700 metres. The total population is 289,380 according to the 2009 Census and

is now pegged as the fastest growing town in Kenya. Eldoret Town was selected for the study because of the researcher's familiarity of the area, as well as the presence of several learning institutions. Majority of young adults come from various towns outside Eldoret making it cosmopolitan, therefore appropriate for the study. The cosmopolitan nature of the town, and the fact that students come from different areas helped to prevent respondent bias by focusing on the experiences of respondents from different contexts.

3.4 Target Population

Target population was male and female students studying in the selected colleges within Eldoret Town. The study targeted male and female students within the 18-24 year age bracket from colleges in Eldoret Town. This was because the 18-24 years age bracket is defined in this study as being composed of early adults; whereby the individuals within this age bracket are expected to be responsible for themselves. Between the ages of 18-24 years also, an individual is generally not considered a child anymore and most students in middle level colleges are between 18-24 years old.

3.5 Sample Size and Sampling Technique

Purposive sampling was used to obtain middle level colleges in Eldoret Town. Punch (2002) and Oso & Onen (2005) argue that purposive sampling enables the researcher to sample on the basis of her/his judgment. For purposes of the current study, purposive sampling was considered as the most appropriate kind of non-probability sampling to identify the primary participants. The study, by the application of purposive sampling, settled on three middle level colleges, thus TEC Institute of Management, EATTI College

and Neema Institute. To identify childhood trauma in the respondents, a Childhood Trauma Questionnaire (CTQ) was adopted as a screening tool for histories of traumatic events. According to Creswell (1998), for phenomenological studies; which the current studies was based, the recommended size of participants should be between 5 - 25 participants which is also dictated by the saturation point. From the application of the CTQ, which was used to arrive at respondents to participate in the study, the researcher collected information from 26 respondents in the selected middle level colleges who had childhood traumatic experiences as identified by the screening tool (CTQ).

3.6 Data Collection Instruments

The study used a CTQ which included item tests that aimed to measure trauma in the responses in the CTQ. According to Bernstein, Fink, Handelsman, Foote, Lovejoy, Wenzel, Sapareto and Ruggiero (2004), the primary objective of the CTQ was to design an instrument which allowed for a comparison for both clinical and research purposes of a broad range of trauma-related experiences. After applying the CTQ to select respondents who had undergone childhood trauma, the study used interview schedules and focus group discussion to collect data from the respondents arrived at through the CTQ. Cozby (2001) describes focus group discussion as a freely flowing interview with a small group of individuals. It is thus an organized discussion involving 6 to 12 people and lasting between 1 to 2 hours where all participants in the group have equal chance to participate and voice their opinion. The study used four focus group discussions with respondents drawn from the application of the CTQ to allow them to discuss on important areas of the investigation. The discussions in the focus group were targeted on areas

involving early childhood traumatic experiences. Respondents who had undergone traumatic events were selected by the application of the CTQ to participate in the focus group discussions.

3.7 Validity and Reliability of the Research Instruments

This is a small scale trial run of all procedures planned for use of the main study. It was necessary to test the instrument that was used for collection. Feedback from instrument testing of the interview schedule led to what was added or excluded to the instruments in relation to the objectives of the study. Piloting was also of importance as it helped establish if research questions were exhaustively handled in the best way and whether respondents provided clarity to questions as well as providing an opportunity to change the wording in a way that appropriately suited the targeted population.

3.7.1 Validity of the Instrument

Validity is the extent to which differences found with a measuring instrument reflect true differences among those being tested (Kothari, 2004). It refers to the extent to which the instrument measure with what it purports to measure (Yegon, 2015). Content validity was used in this study. It is the extent to which a measuring instrument provides adequate coverage of the topic under study, to ascertain this, it was determined by the objectives of the study and expert judgments from the supervisors and other departmental faculty.

3.7.2 Research Instrument Reliability

Reliability refers to how stable and consistent the instrument is, so much such that it can yield the same results if given to the same respondents repeatedly (Mugenda, 2008). Pre-

testing the instrument was needed to ensure that items were clearly presented so that respondents understood and interpreted the questions in the same way, that is, items in the tool will bear the same meaning to all respondents. Pre-testing was done to enhance consistency and dependency, accuracy and adequacy of the instruments. Consistencies of the test items was measured by the degree to which the test items attracted similar and related responses from the samples in the pilot testing exercise. To determine instrument's reliability, the researcher carried out a pilot test with one college in Eldoret Town, which was not included in the actual study. Star Institute College was selected for the pilot test. During the pilot test, the researcher randomly selected 15 students from Star Institute College, and applied the CTQ on them to establish whether the instrument was reliable in identifying students who had undergone childhood trauma. From the application of the CTQ on the 15 randomly selected students, 10 of them were identified by the CTQ to have undergone childhood trauma. Interview schedules were then carried out on the 10 students identified by the CTQ to test on the correctness of the interview questions which were to be administered during the actual study. The interview questions were improved to remove redundancy as well as to improve the logical flow of questions to be used during the actual study. To ascertain reliability of the FGD, the students were invited to identify any sections or items on the instrument that they found ambiguous, confusing or difficult to answer, including the instructions, items, and the response set categories.

3.8 Data Collection Procedures

Data collection procedures refer to the protocol that must be followed to ensure that data

collection tools are applied correctly and efficiently (Mugenda, 2008). Since this research was conducted in pursuit of academic excellence, permission from university and relevant research bodies such as NACOSTI was paramount. Permission was also sought from the colleges which were selected for the study. The college management was approached so as to enable the study to be undertaken. The researcher pursued to train two research assistants who helped in carrying out the data collection process. The researcher targeted the entire population of students who were present at the time of carrying out the study. The respondents were made aware on the aim of the study and were requested to participate in the study in order to achieve the objectives of the study. The researcher then through the trained research assistants, administered the research instruments. Clarifications were made where required and sufficient time was allowed for the respondents to make their responses. The researcher together with research assistants carried out the interview schedules with the participants. Focus group discussions were also carried out with the respondents after notifying them of the aim of the discussions and assuring them that the discussions were geared towards achieving the objectives of the study.

3.9 Data Analysis Methods

Collected data was categorized and then analyzed. The analysis of the qualitative data took an exploratory/conceptual content analysis process, which was more ideal as the information that was gathered from the open-ended questions was not time consuming. Analysis of the collected data was done by the aid of Nvivo Software and presented descriptively.

3.10 Ethical Considerations

This is the most sensitive part in research and in data collection to be specific, having in mind the sensitivity of the research topic, this study considered the following ethical principles;

Informed consent and voluntary participation; the researcher explained clearly to the respondents about the study and sought for voluntary participation with the respondents' consent.

Avoidance of harm; psychological harm was more likely to be encountered and the researcher worked towards making the respondents free from such harm, this was through critically revising the interview questions and looking for hints that led to such harm. Respondents who had undergone traumatic childhood experiences were catered for through prior briefing before interviewing in order to ensure that the data collection procedure did not surface any memories that tampered data collection process. Debriefing after every FGD was carried out to ascertain that what was shared through the process was confidential to only the researcher and the participants.

Deception of participants; the researcher did not lie to the respondents through ways to make them participate in the study, at all means the researcher worked to be honest with the participants without making false promises or giving them handouts or tokens if they gave their responses in the study.

Confidentiality and anonymity: the researcher gave the participants pseudo names both at the pilot study and the main research, this helped to seal the respondents' identity

without letting his/her name out to the third party, the researcher looked forward to inculcate confidentiality, esteeming respondents and making them comfortable to participate in the study.

Debriefing the participants: after the study, there was need to debrief the participants, being that this was more of psychological responses which unwrapped the unconscious, after study counseling was given to the participants which was on a group basis.

Approval: prior to data collection from participants by interview and FGD, letters of approval were handed to the authorities of the institutions where the study was carried out to enable the researcher to carry out the study in the colleges. Approval was also sought from the Dean of Moi University and NACOSTI in order to guarantee the administrative authorities in the institutions selected for the research as well as the students that the study was strictly for academic purposes.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.1 Introduction

In this chapter, the researcher presents the study results obtained through data collection and analysis. Qualitative methods of data collection were used, which included interview schedules and focus group discussions. The main purpose of the study was to identify childhood traumatic experiences, and how they affect adult behavior among college students. The study was guided by the following objectives:

i. To investigate the adverse childhood experiences that young adults in Eldoret Town may have gone through, which was tested using CTQ.

ii. To establish the effects of adverse childhood experiences on young adults in Eldoret Town, which was established using in-depth interview schedules and focus group discussion.

iii. To examine how adverse childhood experiences affects behavior of young adults in Eldoret Town, which was tested using in-depth interview schedules and focus group discussion.

iv. To establish how young adults cope with effects of adverse childhood experiences in Eldoret Town, which was carried out using in-depth interviews and focus group discussion.

4.2 Early Childhood Trauma Identification by CTQ

The CTQ was administered to the respondents in order to identify individuals who had gone through traumatic experiences prior to attaining 17 years of age. Since the study was focused on childhood trauma, only the respondents who were identified by the CTQ were taken through interview schedules and focus group discussions to aid the researcher in answering the research questions.

The CTQ had six questions that specifically sought to establish whether the respondents has experienced six specific forms of trauma, which were the death of a close family member, major upheavals between their parents such as separation and divorce, sexual trauma, violence, extreme injury or illness and any other type of trauma that had a significant effect on their life. The responses were scaled from “sometimes”, “often” and “very often” to indicate the scale of the traumatic experience.

With regard to the death of a close family member, 38% responded with “sometimes”, 19% of the respondents responded with “often” and the majority, represented by 42% responded with “very often”. Upheavals between parents were “sometimes” experienced by 23% of the respondents, while for majority of the respondents, 73%, upheavals were “often” experienced, and for 4% of the respondents, upheavals occurred “very often”. Sexual trauma was responded with “sometimes” by 58% of the respondents, “often” by 27%, and “very often” by 15% of the respondents, while violence was responded with “sometimes” by 19% of the respondents, “often” by 42% and “very often” by 38% of the respondents. Extreme injury or illness was responded to have been experienced “sometimes” by 12% of the respondents, “often” by 73% and “very often” by 15% of the

respondents, and lastly, on any other form of trauma, 46% of the respondents indicated that their experiences were “sometimes”, 42% had their experiences often, and 12% had their experienced “very often”.

From the CTQs administered in the selected colleges in Eldoret Town; TEC Institute of Management, EATTI College and Neema Institute 26 respondents indicated that they had experienced traumatic events at varied ages before reaching 17 years of age, majority of whom experienced traumatic events between the ages of 10-12 years, represented by 42%, 38% of the respondents had traumatic experiences between the ages of 4-10 years, while 20% had childhood traumatic experiences between the ages of 12-16 years. The findings indicated that traumatic childhood experiences were rampant in the development stages of the respondents. Given the cosmopolitan nature of colleges in Eldoret town, these results indicate that traumatic experiences are faced by all indiscriminately.

4.3 Background Information of Respondents

4.3.1 Gender of the Respondents

Majority of the respondents in the study were female, represented by 62%, while male respondents were 38%. From this finding, it was established that the colleges in the study area were mainly composed of female students, compared to their male counterparts, which was an indication that enrolment was higher among female than male students.

4.3.2 Age of Respondents

With regard to age, the highest percentage of respondents were aged between 21-23 years represented by 46% while 27% of the respondents were aged between 18-20 years and

above 23 years respectively. Generally, therefore all the respondents were young adults.

4.3.3 Academic Level of the Respondents

On the academic level of respondents, majority (77%) of the respondents in the colleges were undertaking diploma courses, while 23% were undertaking certificate courses. From this finding, it can be estimated that most students are pursuing diploma than certificate courses.

4.3.4 Year of Study of the Respondents

In determining the respondents' year of study, majority of the respondents interviewed were in first year, represented by 38%, while 31% were second year and third year students respectively.

4.4 Traumatic Events Experienced in Early Childhood

The first objective aimed at finding out the adverse childhood experiences that young adults in Eldoret Town may have gone through. Responses from participants in the study were tested and analyzed using NVIVO and the findings established that young adults in Eldoret Town experienced a wide range of traumatic events during their childhood.

The study further established that majority of traumatic incidences during childhood are suffered or experienced at the hands of parents and caregivers. From the findings, majority of the respondents, 58% indicated that they suffered traumatic experiences at the hands of carers, 38% indicated that their traumatic experiences were at the hands of parents, while 4% noted that the cause of their traumatic experience was their sibling.

The findings established that parents and caregivers are the major primary culprits in traumatic instances to their children. From this perspective, it can be argued that childhood trauma arises from an environment where there is trust in the older person. Caregivers take advantage of the trusting situation between them and the child for the occurrence of a traumatic experience, especially in instances of abuse.

Various respondents noted that their trauma was due to the loss of their parents and loved ones as portrayed in the following excerpts;

> "Mine was in 2014 when I lost my mum… We were not around, we received a call from where she was that she had passed way. On that day were supposed to go and visit her…" Female, FGD.
>
> "My mum passed away, my mum would get sick but my dad was far. I was also not close to my mum. I was living in Kitale. I was staying with my mum's sister since 2002. I came to live with my mum in 2013 when I joined form 1. I stayed with my mum only for 1 year and she died in March 2014."(Female, FGD.)
>
> "I witnessed my grandfather being killed by his grandchild who is also closely related to me. So, actually the reason why my grandfather was killed was due to a land dispute". (Male, FGD)
>
> "It was in 2007, whereby we were coming from school when we reached home people were fighting and many people died". (Female, FGD.)

The death of a parent, a loved one, or a guardian is denoted to hit children hard, since they end up having the sense of an existing gap that may never be filled in their lifetime. Consequently, no one is ever prepared for the sudden demise of a parent. It is harder still, on children who witness the passing on of a parent since their hopes are shattered and they end up reliving the moments shared before the death, and may also replay the moment when their parent's, guardian's or loved one's death occurred. The sadness of such a memory becomes engraved in a child and the trauma it causes may remain with an individual throughout the course of their lives. Death is quite traumatizing to a child

given their cognitive development and the fact that no one explains to the child what is happening. Sometimes when they ask, they are not told that a loved one hasn't died but slept, God has taken them away, or they have gone on a long journey.

Divorce and separation of parents was another event that the respondents indicated to have traumatized them. This is emphasized by the respondents' statements below;

> "My traumatic event is when my mum and dad divorced. We were at school, when we came back we found dad had left. When we asked mum where dad was she refused to tell us…" (Female, FGD)
>
> "When I was young my parents had relationship issues. There came a time when they would fight and mum would threaten that she was leaving. So they split, mum went away and we remained with dad. Dad could not manage on his own, my two brothers had to live with my aunt and I moved in with another aunt. My aunt didn't treat me well, she would beat me always I had to run away and go back home" (Female, FGD)
>
> "My parents divorced. I think mum left when she was pregnant with me. During that time, we lived in Makuti {thatched house} and then I began going to school. At school I could hear other kids say when they get home they will tell their dad to buy something and when I came home it was just us and our mum". (Female, FGD)

Divorce robs the child of the sense of security that they enjoy when both parents are present. The presence of both parents further presents the child with an emotional and psychological balance especially when the child makes comparisons with their peers. Children may, and will fail to understand the essence of divorce, and may interpret it as abandonment by their parent, or as a result of being unloved by the parent. This may lead to feelings of inadequacy developed in the child as well as low self-esteem as a result of self-doubt and self-blame upon themselves; viewing themselves as the cause of the divorce. Behaviorally, children may act out as a way of showing frustration with the change in their environment, especially since divorce brings forth myriad challenges and

a significant change occurs in their sense of family, livelihood and lifestyle. Additionally, children may suffer emotional and psychological turmoil that may scar them in the long term.

Respondents also indicated the prevalence of family issues that led to traumatic events in their childhood. One respondent for instance reported that her childhood traumatic event was abandonment by their father that happened upon his transfer to another work station. Their mother too struggled to fend for them, they went without food and one of their siblings ended up being a street boy as illustrated below:

> "We were left with no food. I remember to the extent my brother was sick. He suffered Kwashiorkor. We had no food… I had sisters who were still in school at the time and my mother would go to work on people's farm to get some food and it was so hard for us… We had nothing. I remember my mother very well after working in those farms for so long she was suffering from a skin disease. That was from working in Napier grass, you know, the skin disease was so bad to an extent she would swell and she scratched her skin and then it would swell. People did not want to see her. And by the time she was the sole breadwinner and everything… it really disturbed us as a family. My brother became a street kid in Kakamega town and he did things that were not good." (Female, FGD).

> *"*My mother used to brew chang'aa [Local brew] and my father would drink a lot. So when he took chang'aa, he would come and beat my mother and my mother would run away leaving a young child" (Female, FGD).

Spousal turmoil ends up with children being caught up in the middle of the drama, threat and probability of violence between violence. In the extreme end, children become witnesses to one of their parents being a victim and on the receiving end of physical abuse. Children may end up nursing the wounds of the injured parent and this ends up scarring them. Further, children may be left in the hands of one parent when the other parent doesn't meet their responsibilities, shattering the children's expectations as a

result. It is problematic for children to adjust to such chaotic environments since it is not what they are used to. Furthermore, it also affects them emotionally and psychologically, leaving them with traumatic episodes.

Respondents also reported health related problem as a traumatic experience she went through in her childhood as stated.

> "I was the one to provide directions to my younger ones then. My mum was sick. She was sick during all that time when we opened schools in 3rd term. I had to go to school. The school I was in was closer to home in that, that evening I heard people crying to me because I knew if at all people are crying that could be my mum who has passed. I was not wrong. In the morning the information reached me that my mum was gone. I was the first born and I was still young and my brothers and my younger sisters were there. Our family is polygamous. We buried my mum and everybody promised we will take care of this kids we will stand with them in any way but unfortunately after we had buried our mum everything changed. Like everybody turned against us." (Female, FGD)

In the instances where a child is left to care for an ailing parent, the situation may be traumatic especially in instances where the parent suffers from a chronic illness. The child develops fear of losing their parent to the illness and having these strong feelings may disorient them. Caring for the ailing parent also means that the child is put in an environment that he/she is not well prepared to deal with. Emotional and psychological stability is needed in order to maintain balance when treating an ailing parent, which a child is not yet equipped with. The child may therefore continuously have breakdowns and this is bound to break and traumatize them. The outcome of disease is much worse when the parent dies as a result of the illness. The child ends up reliving the moments of illness and death that may be difficult to come to terms with.

The post-election violence that was witnessed in Kenya in the year 2007/08 also caused trauma for some of the respondents. According to one of the respondents, the violence led to the death of many people as illustrated below:

Displacement, eviction and hunger from the ancestral land was reported by a respondent as traumatic experience in childhood as he narrated.

> *"*The whole village of ours was evicted from their ancestral land, the whole village that I was born, they were removed from their ancestral land and each and every one they go on their way, nobody was left". (Male, FGD).
>
> "In our place, Baringo, there was famine and we had nothing to eat. We were provided with relief food and sometimes we would miss to get it because we were many and they considered kids first and some would miss to get so we suffered during that time" (Female, FGD)

Displacement and eviction leads directly to homelessness in most cases, and may also lead to episodes of hunger due to lack of cultivation. This essentially causes a sense of insecurity in children and there may be resultant fears and hopelessness. The sense of loss of such a large magnitude sends children into emotional and psychological turmoil since homelessness means that the child's basic need; shelter and in other instances, food, is not met.

Attempted rape was reported by a respondent as traumatic experience that she went through as stated.

> *"I underwent a rape ordeal when I was in my early teenage years, 13 years to be exact. The ordeal made me fear being alone in the company of men and anybody older than me, especially strangers. I was also afraid of walking alone in secluded places especially during the night."*(Female, FGD)

Traumatic events of abusive nature such as attempted rape leads an individual to live in perpetual fear of the opposite sex as they always feel threatened whenever their private

space is invaded. This fear of the opposite sex as a result of the traumatic events experienced leads to mistrust and social isolation in order to guard oneself from a repeat of the scarring event.

4.5 Effects of Early Traumatic Experiences

The second objective of the study was to establish the effects of adverse childhood experiences on young adults in Eldoret Town. To establish the effects, each respondent was exposed to in depth interviews. The findings of the study established that the young adults had a variety of effects from early childhood trauma. Respondents reported the effects of early traumatic experiences including hatred, fear, losing hope, inability to work hard, lack of fatherly love, negative thoughts and perceptions and emotional dissonance. 19% indicated that they displayed hatred, 23% fear, 15% felt like their hopes were lost, 12% felt that they lacked fatherly love, 19% had negative thoughts and perceptions, 4% displayed an inability to work hard and 8% of the respondents displayed emotional dissonance.

According to respondents, the effects of early childhood traumatic experience caused her hatred for men as she narrates being abandoned by a man who was responsible for her pregnancy but walked away from her, feelings of abandonment and loss of trust.

> "I had somebody and I got pregnant and I was just in form 1. When I told him about the pregnancy, he told me that I had to wait first he do few things then he will take me. After a while I developed hatred for people" (Female. FGD.) "I lacked fatherly love, when I was just staying with my mother I was not staying with my father and it took time. When we moved upcountry to stay with dad it took some time because I was not used to staying with him" (Female FGD).
>
> "I fear my father till now. Because I just know my father is a bad person he likes

> beating people and am not even free to ask him anything. He could be drunk and he could answer me in bad way. Then I saw it was a must for a woman to be beaten when she is married. So that is it, but that thing of taking chang'aa is affecting me until now because my dad is not helping us. Because when he drunk chang'aa you wouldn't ask him anything. He was always harsh. So, until now it's affecting me. Because when he gets money its chang'aa whatever it is, chang'aa. You expect him to pay your school fees but when he gets money he goes to Uganda when he comes back he has nothing. So it still affects me because am afraid of him. I just love my mum only but I can't ask him anything." (Female: FGD).

Traumatic experiences such as abandonment lead the individual to lose trust so as to guard themselves from experiencing the same form of trauma with another person. It may also lead the individual to have difficulty in forming and maintaining close relationships that hint towards uncertainty. This essentially, leads the individual to be fearful all the time due to the memory of abandonment. The individual may choose to be a recluse even when it becomes unhealthy to the development of their social life.

Losing hope was reported by respondents as an effect of childhood traumatic experiences as illustrated.

> "I was 12 years old. And so when the violence occurred, we lived in fear, we lived in a Muslim town so I felt, I lived in fear where you sleep and you don't know if you will wake up in the morning because you don't know what will happen. I remember there was a man who was killed and the parts of his body were hanged in different places. Like you would be walking and find a head on a tree. So I would feel what if in the morning I wake up and this is my mother or my dad. You understand? I lived in fear not knowing what was going to happen next".(Female, FGD).

> "She was the one who enabled me to join Form 1, I reached a point when I thought maybe it was better if I dropped out there was no need for me to school. If you are educated you inherit after your parents if you buy a good car it is good your parents ride it. What was the use for me to get education when my mum was dead and she is the one if I buy a Mercedes car she should ride in it we travel far? I could get a car or get a plane and we could travel far with my mum. So it came to a point I lost hope and I dint even want to go to school I stayed home for almost 3 months, like the whole term". (Female FGD).

Death of a parent cuts into the familial fabric. A child sees the parent within the sphere of provision and protection. And the loss of a parent leaves the child with a sense of helplessness and hopelessness. Further, children look to identifying themselves with their parents, and when the parent dies, they are left with a feeling that they have nothing to show of themselves to anyone else. They also feel abandoned at the young age since the pillar that they would lean on in moments of need is no longer present.

Stigma and emotional torture were reported as an effect of childhood traumatic experience which encouraged loneliness and solitude as illustrated by a respondent.

> "The respect I had in the society was no longer there. It was not easy to leave the house like I just wanted to stay indoors because I felt like my friends had shunned me when walking on the road you feel like everyone is looking at you or they are discussing about the incident. Then it stuck in my mind until now even when am walking in the university and then I try to remember and I wanted to start something or do something then I remember that event or the situation that I was in, I lose the morale. ". (Male, FGD)

> "I had to do things that were above my age. I remember I was 5 years taking care of a baby girl without food and they used to leave us for many hours. That really affected up to now because sometimes I think or I ask myself what if it happens when I get married." (Female, FGD).

Trauma carries with it a stigmatizing characteristic. An individual who has gone through a traumatic experience may end up being taunted by their peers for an occurrence that was completely out of their control. Stigma from peers as a result of traumatic experience leads to low self-esteem which may further lead to reclusion by a child. This also destroys the child's social development and in early adulthood, an individual may not be able to develop close relationships and associations with their peers. This may in extent, hinder or stunt an individual's social progression.

4.6 Early Traumatic Experiences and Behavior

The third objective of the study was to find out the how adverse childhood experiences affect young adult behavior in Eldoret Town. This was aligned to aggressive behavior, sexual behavior and predisposition to drug and substance abuse.

4.6.1 Early Childhood Trauma and Aggression

The respondents indicated forms of aggression that arose as a result of traumatic experiences included disobedience, problem with authority, problem with punishment, overreaction to disappointments and altercations with peers. Consequently, 27% of respondents indicated that disobedience was a form of aggressive behavior, 19% noted that problem with authority among traumatized students, and 24% indicated that traumatic events led to overreactions when one was disappointed, while 15% of the respondents were of the opinion that students presented problems with punishment and altercation with peers.

The respondents reported that there was association between early childhood traumatic experiences with aggression. It was reported that aggressive behavior came about as a result of pent-up anger from flashback of traumatic experience. The respondents indicated that they turned to aggression as a mechanism to protect themselves from circumstances that are a reminder of the causation of experienced trauma in childhood. A further deduction was that aggression was a pointer that they had not healed from their childhood traumatic experiences.

> "You had that anger that when you see them you feel hatred for them. You don't love them in other ways. But when she came to ask for forgiveness ...but not all the love, I just love her because she is my mum's sister but I don't love her that much". (Female, FGD)

> "I can get angry because mum is quarreling me, maybe you haven't done anything wrong but she is quarreling me. So you feel the anger because you feel that if dad was around he would have been on my side". (Female, FGD).

> "Until now I can remember what I went through when I was young and this makes me sometimes stay alone and think about many things". (Female, FGD)

> "Children who are brought up in a setting where parents are fighting often, maybe if it's a boy child he will grow knowing the way to treat a woman is through beating them. Maybe if you are not agreeing on something." (Female, FGD).

> "In a situation where the child was raped long time ago, you will find that, that child will create negative perception towards men and in the long run she may even refuse to get married if she was never counselled". (Female, FGD).

Childhood trauma presents emotional and psychological turmoil which when not countered, may lead to individuals acting out their frustration in an aggressive manner. Individuals will be quick to display fits of anger when they face similar environments to the one they were in when they experienced the traumatic episode. Furthermore, individuals may show aggression to the person who put them through the traumatic experience. They therefore will act out harshly or aggressively as a defense mechanism and as a way to prevent a repeat of the same experience at the same hands as before. On the other hand, spousal aggressive behavior between parents may, in the witness of the child, be learned, which will also be ingrained as behavior and character in early childhood. Early adults who have undergone traumatization due to their exposure to physical aggression in the home environment will also see no other way to address or counter disagreeable moments than through physical aggression in order to impose themselves on other people.

4.6.2 Childhood Trauma and Sexual Behaviors

The findings of the study established that there are various reasons for sexual indulgence among students who had experienced childhood trauma. From the study findings, 31% indicated sexual indulgence as a means of overcoming painful memories, 8% of the respondents indicated sexual indulgence due to lack of ways of expression, and lack of capacity to establish and maintain meaningful relationships, 19% noted sexual indulgence as a means of releasing pent up emotions, 12% of the respondents indicated sexual indulgence due to lack of sexual identities, while 22% of the respondents pointed that sexual indulgence resulted due to disregard of the social function of sex.

The young adults in Eldoret town reported of relationship between childhood trauma and sexual behavior in relation to the kind of traumatic experience that one went through. To some there was no relationship between trauma and sexual behavior as some respondents reported.

> *"*I have a good number of friends here in campus whom you will ask if they are dating, they will say they have a sexual partner. So you will wonder, how do you have a sexual partner? Do you have feelings for that person? What do you need a man for? A man will just impregnate you and then leave you, you see? So you will find such people their mentality is that men can abandon you. So what they do is just to look for a sexual partner in that they don't see a future with that man" (Female, FGD).

> "In the case of rape, you realize that child can decide to hate men and on the other hand she can start engaging in sex at a very early age." (Male, FGD).

Childhood traumatic experiences and sexual behavior show a relationship due to the nature that intimate sexual relationships and sexual indulgences are used to fill the void that was experienced during early childhood. In instances where a parent abandoned the

family, the child will experience the gap resulting from the absent parent and when in adulthood, an individual will engage in sexual relationships in order to counter the feelings of the absent parent.

Individuals will in some cases, indulge with persons who show a resemblance or show a characteristic with the absent parent for instance, a female young adult will be sexually involved with older men, and a male young adult will be sexually involved with older women. Maternal and paternal gaps in this case are existent in young adults who did not have their parents' presence fully or at all during their early childhood stages (Senn *et al.*, 2006).

Further, in young adults who were abandoned in early childhood, as a result of ruined self-esteem and shattered self-concept, they may present a fear of being abandoned or experiencing the feeling of abandonment in their relationships, and will therefore be involved in multiple relationships as a mechanism to plug the feeling of being alone. Young individuals in this circumstance may also go against their personal moral compass and be involved in multiple sexual relationships in order to keep the people they are involved with close to them or to keep them from ending the relationships.

4.6.3 Childhood Trauma and Substance Abuse

In investigating childhood trauma and substance abuse, 30% of the respondents in the study indicated that drug and substance abuse was a way of dissociation, while 35% indicated that drug and substance abuse was an escape mechanism and provided users with a means of forgetting their experiences or re-traumatization.

The young adults of Eldoret town reported that there was an association between childhood traumatic experiences and substance use and abuse. Substance use was reported by respondents that one would use the drugs to relieve oneself from stress or thoughts of traumatic incidence. Unresolved memories from traumatic experiences was also reported that such has led to substance abuse as a means of dealing with childhood trauma.

> After the loss of my mother, I hated all medics around our area, whenever I see them, I always feel like crushing them! I'm so disturbed that I hardly concentrate in class. I find myself drinking silly over weekends so as to forget but I cannot forget! After the weekend I again find myself feeling like crushing my friends who took me out on a drinking spree…I mean, it is just a vicious cycle that I find myself in. (Female, FGD).

On childhood trauma and substance use progression, majority reported that there was tendency in substance use progression in order to clear their memories, to relieve themselves from flashbacks, pains encountered with daily challenges as brought by childhood traumas and as well to keep them asleep. Respondents reported of the continuous use of drugs to free themselves from stress and thoughts of parents that they had lost.

There was continuous use of drugs to make one sleep, an act that was explained as a way of dealing with childhood trauma. Substance use and progression was reported to help forget experience.

According to respondents, there was substance use and progression that came through rejection for what one experienced instead of the society helping out to overcome the kind of trauma, this societal rejection led to substance use and progression. Respondents

reported that the tendency of one trying to manage the trauma led to continuous use and abuse of substance. Traumatic experience caused one to be timid resulted into substance use and progression as a way of making him/her aggressive or feel courageous.

> "If someone is hurt by something, somebody might use this drugs maybe to relieve stress and to make them forget what happened to them during their childhood". (Female, FGD).

> "When the parent, the father maybe one day he got drunk and he even beat the wife to death and the child is not counselled that that was wrong, they will grow up with that mentality, in future they will think that if they are male, they will think when they were young their dad solved a problem with this kind of act. They will also think they can solve a problem in their family the same way. They begin to abuse a drug like bhang thinking it will solve a problem. Since they were not counselled when they were young they will think drugs will help solve problems". (Female, FGD).

> "Have talked of stress. Because when you use it makes you forget those things. If they use, they won't think of where their parent is they will just sit comfortably where he or she is". (Female, FGD).

> "There are those who use the drugs to make them sleep. Meaning they are using them regularly". (Female FGD).

> "They continue using drugs for them to forget about the experiences they had. Because you know whatever happened it can really affect your future. I have ...I started by saying for me, when am in a relationship, I just feel like your trust is like you are in you are out. It's like that aspect of being abandoned. So if I need to have pleasure in that relationship, It means if I don't want this guy to abandon me I have to use pills so that I won't get pregnant by this guy. Of which I will use them but they will have an effect on me later". (Female, FGD)

> "When the society doesn't accept these people who experienced trauma in their childhood, they will always have that re-experience of the trauma and this will lead them to continue using drugs. Because they came to school and had a counselling session for a while they could forget but if they don't and the community does not accept them, so they will go back to using drugs because they will always feel the solution to forget the events is to use drugs. Now that the community has not solved it, institutions have not solved it so the only thing will be to continue using drugs". (Male, FGD).

> "For instance, one might be timid and using drugs continuously would make him aggressive or make him/her to be courageous. It adds energy." (Interview Schedule, 12).

> "Tendency for one to try to manage the trauma would lead to substance use and continuous use of the said substance." (Interview Schedule, 13).

The relationship between early childhood trauma and drug and substance abuse is directly linked to the inability of individuals to come to terms with their traumatic experiences which an individual went through in their early years. Young adults are predisposed to use and abuse drugs in order to fit in with their peers and other social acquaintanceships especially when they feel like they are embraced by their peer circles.

For young adults who experienced parental abandonment, and those who, as a result of divorce for instance, did not receive parental attention during early childhood and still do not receive parental attention in young adulthood, they will indulge in drug and substance abuse together with their peers so as to satisfy their need for attention and acceptance (Afifi *et al*., 2012).

Similarly, Afifi *et al.* (2012) posit that for young adults who experienced spousal abuse between their parents, they may, as a result, resort to drug and substance abuse as a form of rebellious behavior. However, due to the prevalent instability in their immediate environment in the home, they will not be guided towards quitting the acquired behavior, therefore, they will be predisposed to drug and substance use and abuse.

The implication of these findings is that drug and substance abuse is also acquired from the immediate home environment where parental discord is prevalent such that one parent introduces their child to the use and abuse of drugs. Within the environment riddled with trauma inducing experiences and episodes, the child will have been set on the path of drug and substance abuse, which will eventually lead to habitual use and abuse in young

adulthood.

4.7 Coping Mechanisms for Childhood Traumatic Experience

The fourth objective of the study was to find out how young adults cope with effects of adverse childhood experiences in Eldoret Town. In regard to the coping mechanisms applied by individuals who had experienced childhood trauma, majority of the respondents, 42% indicated that they sought guidance and counseling from family members, church members such as pastors, 35% of the respondents stated that they sought out the company of their friends and peers which also was a way of encouraging them, while 27% of the respondents sought ways to keep away from the triggers by involving themselves in activities that took their mind from thoughts about the traumatic experiences.

Young adults in Eldoret Town reported on a number of coping mechanisms for childhood trauma. Qualitative analysis pinpointed the participants' coping mechanisms to include making phone calls, reading the bible and praying or taking solace in faith, self-encouragement, taking trips or traveling, reaching out to friends, avoiding the triggers, confronting the triggers, turning on to music, repression and suppression of unwanted thoughts and psycho-education.

> "I call mums sisters because we get along well because since when that situation happened I was with them most the time I lived with them …. I just call them we talk then". (Female, FGD)

> "When I flashback, I take the bible and read it, after reading I just pray and tell God to give strength" (Female, FGD).

> "Reason why I can handle my trauma is because I am born again, I have that love of God". (Female, FGD).

> "I normally deal with it especially like I handled the trauma I had with my sister when she was abandoned so I just encourage people to be self-independent. Like you have your own money. So I am also looking for my own money so that for example somebody abandons you, you can plan for yourself and your future" (Female, FGD).

> "I will avoid talking to my father when he is drunk, at all. I even tell my mother that when dad is drunk don't talk to him. Then sometimes if he comes home sober you can easily approach him and you can talk to him. So sometimes we can sit down and I talk to him about a few issues, and he will listen. At least he reduces, listens and sometimes doesn't drink. When I leave home he goes back to drinking" (Female, FGD).

> "For me and the family, the way we confront both this instances we just had to remind ourselves of our brother that what he went through he was not the first one, there someone gone even before him and we also had to tell ourselves that that is part of life and all of us one day one time we will die. That's how we confront ourselves". (Male, FGD).

> "There is teaching we need to be taught on how to administer discipline so that you may not go beyond our emotions. Sometimes we do things because of our emotions, maybe we are angry and you don't consider the aftermath. That's when you realize that it was not the right thing to do. So to confront such situations we need to at least to teach people how to administer punishment so that we may not end up doing such stuff". (Male, FGD).

The implication of these findings is that young adults who have not been taken through guidance and counseling in order to deal with early childhood traumatic experiences have a tendency of indulging in drug and substance abuse due to the need to forget and numb the disturbing feelings that accompany traumatic recurrence and re-traumatization. Alternately, young adults also involve themselves with drug and substance abuse, especially in the absence of professional help, when they have to go through similar circumstances as the ones they were exposed to during their traumatic experience, so as to drive out any fear-related feelings. However, drug and substance abuse as a coping mechanism does not necessarily help in easing young adults from re-experiencing unhealed trauma or experiencing traumatic tendencies.

In similar breadth, the lack of guidance and counseling only leads to the need to avoid or escape circumstantial environments that are bound to trigger traumatic experiences. Escapism and avoidance only relegates the traumatic experience for a short period, but is not an assurance that when re-traumatization occurs, the individual will be in a better capacity to deal with it. Young adults who have experienced early childhood trauma therefore, in applying avoidance and escapist techniques do not get the chance to fully confront and deal or come to terms with their traumatic experiences.

Childhood traumatic experiences, as with any other form of traumatic experience, robs an individual of their sense of trust for other people, as well as robbing them of their sense of safety and security, which they lean on to other people to provide it for them; such as parents, guardians. An individual therefore, without these feelings being restored after experiencing the traumatic episode, holds themselves back from environments and circumstances which may affect their social interactions, or may make them unable to counter the feelings of self-inadequacy. Guidance and counseling is an apt way to face early childhood traumatic experiences since the sole purpose of guidance and counseling is to restore the lost trust, safety and security. Individuals are led, through guidance and counseling, to regain their self-confidence, more so, if their early childhood experience rendered them feeling that all that happened was their fault and resultantly deserved for them, guidance and counseling reverses these feelings of inadequacy and self-torture.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents summary of the research findings, conclusions and recommendations of the study based on the objectives.

5.2 Summary of Findings

The summary in this section is presented in line with the objectives of the study.

5.2.1 Traumatic Experiences in Early Childhood

According to the qualitative analysis, the study revealed that young adults in Eldoret Town experienced myriad traumatic events in their childhood which were centered majorly around parental loss through death and divorce. Children are most vulnerable when they are dependent and any form of detachment from their parents is traumatic for them and their overall development.

5.2.2 Effects of Early Traumatic Experiences

From the findings of the study, respondents showed that they were affected by traumatic events in their childhood in several ways such as fear, emotional distress, hopelessness and development of negative self-perceptions. Respondents indicated fear of re-experiencing their trauma in their adulthood by keeping away from individuals who present a likelihood of mistreating them like they were in childhood. Those who

experienced physical and sexual abuse have formed a hatred of persons who characteristically resemble their abusers.

5.2.3 Early Traumatic Experiences and Behavior

The qualitative analysis presented childhood traumatic experiences had an effect on young adult behavior, especially anger problems. Respondents indicated that their aggression came from their traumatic re-experience or seeing the persons responsible for their childhood abuse. In such instances, they acted out from high emotions since they had not fully coped with their past experiences. Substance use and abuse was also reported to be indulged in by respondents who had experienced childhood trauma. By indulging in substance use and abuse, the respondents indicated that it was a way of filling the gap that was created by the trauma as well as a mode of escaping the experience when they came across traumatic triggers. This rang true for respondents who were raised by single parents after divorce/separation by death. The findings showed that gap of parental love from the other parent, or neglect and abuse from the present parent leads to indulgence in drugs and substance abuse which is used to numb the effect of prior life stressors.

5.2.4 Coping Mechanisms for Childhood Traumatic Experience

Qualitative results revealed that various modes were applied as coping mechanisms for the traumas experienced in childhood. The respondents indicated that they make phone calls to relatives in instances where they feel burdened by re-traumatization. This is mostly where the person whom they experienced the trauma from was a parent, for

example physical abuse, or where they lost their parent.

5.3 Discussion

5.3.1 Traumatic Experiences in Early Childhood

According to Horton (2003), as a child, an individual is incapable to form the necessary coping capabilities in the event that they lose a parent or a caregiver through separation, death or desertion which leaves them destitute and with a feeling of loss. Children are never prepared for the loss of parents and caregivers. As shown by the findings, the respondents pointed out that the deaths and divorces of their parents happened during moments when they were at school or when they were expecting that their parents would return home as usual, only to be faced with the inevitable reality that their parents were gone for good. As a result, they were either forced to fend for themselves or depend on relatives for support, which brings about a high probability of abuse and neglect as their relatives wouldn't treat them in the same manner as their parents would. Children in these instances feel worthless and are constantly in an emotional whirlpool. Emotional distress is evident (Van der Kolk, 2007). Additionally, respondents who experienced loss of a parent in their childhood also indicated that being raised by a single parent presented them with no choice but to help in raising their siblings, which ate into them as the responsibilities that they were burdened with, robbed them of their chance to be children. They also had to deal with feelings of inadequacy due to comparing themselves with other children while revisiting their loss. Children who have undergone a traumatic experience often re-experience trauma, especially when they encounter a trigger to the trauma, which may further exacerbate their feelings of insecurity (Lieberman & Knorr,

2007).

5.3.2 Effects of Early Traumatic Experiences

The study showed experiences surrounding physical and sexual abuse. According to Schofield and Beek (2005), individuals who experience sexual abuse tend to form a dissociation from men since they lost trust and feel insecure around them. They guard themselves, despite the detrimental effect that this dissociation has on them. In adulthood, survivors of childhood trauma are emotionally reserved and have difficulty forming close relationships, demonstrate a lack of resilience, and display severe antisocial behavior (Schofield & Beek, 2005). Hopelessness was also experienced by individuals who had lost one of their parents which resulted to them being raised by the remaining parent. In such situations, the traumatic experience led the individual to form negative self-perceptions and see no good in all that they are doing due to their unresolved feeling of loss. Hopelessness rendered them unable to feel desire for pursuit of achievements especially academic achievements since they have no one to show it to, especially if the parent they lost was the one they were closest to. Children who have experienced trauma frequently have diminished interest in play or other activities (Coates & Gaensbauer, 2009), and tend to avoid places or situations that are reminiscent of their anguish.

5.3.3 Early Traumatic Experiences and Behavior

Individuals who have experienced physical abuse during childhood are prone to displaying aggression in adulthood in the presence of their abusers since they trigger the traumatic events that they took them through (Swogger et al., 2010). They may be seen as

disobedient as they are acting out to representations of authority figures in their lives, but the presence of their abusers, more so if the abuser was a caregiver, serves as a mechanism to protect them from the notion that the traumatic experience may re-occur (Stouthamer-Loeber et al., 2001). From the findings, it was indicated by respondents that traumatic experiences led to indulgence in sexual behavior in instances where there was a void of fatherly love by the individual. Indulgence in sexual behavior was noted to be a way of filling the gap where the individual lacked their father's presence. High risk behavior such as sexual indulgences in young adults plays a part in serving as coping mechanisms against painful emotions (Cerutti *et al*., 2011). However, for instances of rape and neglect during pregnancy, the reverse was true. Survivors of rape formed a deep hatred for men since they reminded the individual of the pains that they underwent after their traumatic ordeal. Similarly, in instances of neglect after pregnancy, the respondents showed feelings of hatred and distrust since they were left alone to deal with their experiences. This renders them emotionally detached them and cemented a negative perception of men, rendering them incapable of forming meaningful and lasting relationships as a result.

5.3.4 Coping Mechanisms for Childhood Traumatic Experience

Relatives such as aunts and uncles provide individuals with relief from traumatic experience triggers in their adulthood. Another way of coping was identified as being involved in religious and spiritual practices which gave them strength despite their painful past. Involvement in religion and spiritual matters also gave them the opportunity to meet other people and in the safe environment, they would make reconnections with

people and restore themselves, as well as restore their trust and welcome of other individuals. Travelling, going out for trips and music were also identified as modes of coping from traumatic re-experiences. The change of environment from traveling, was emotionally therapeutic and it also aids in avoiding traumatic triggers, furthermore, in the presence of friends, the respondents indicated that they were able to indulge in activities that would bring them out of the emotional turmoil whenever they re-experience their childhood traumas. However, the findings also established that there was still a number of respondents who identified with suppression/repression of their feelings as a way to cope with traumatic experiences. According to Littleton et al. (2007), defense mechanisms from childhood trauma revolve around dissociation tendencies which can lad further to escapism as posited by van Loon and Kralik (2005). For instances of sexual abuse in childhood, the traumatic experience causes the individual to cope using repression, insulation from emotional triggers rationalization and intellectualization (justifying what might have led to the abuse or turning the abuse into an inquiry that should be solved).

5.4 Conclusions

Based on the first objective, to investigate adverse childhood experiences that young adults may have gone through, the study concluded that there are myriad experiences in childhood that cause trauma to individuals, with parental loss either through death or divorce being dominant.

Concerning the second objective, to establish effects of adverse childhood experience, the study concluded that unresolved trauma that was never addressed has lasting physical and

emotional effects. It may affect the individual's social relationships as well as harming their health, physically and emotionally.

Based on the third objective, on how adverse childhood experiences affect young adult behavior, the study concluded that early childhood trauma affects behavior in different aspects such as individuals' involvement in drug and substance use and abuse as well as sexual indulgences which pose a risk to physical health of young adults.

Lastly, on the fourth objective, to establish how young adults cope with effects of adverse childhood experiences, the study concluded that there are various coping mechanisms against early childhood trauma; with the commonly applied ones being self-encouragement, suppression and repression of traumatic thoughts and feelings.

5.5 Recommendations

5.5.1 Recommendations for Policy and Practice

The study recommends that colleges through the student affairs departments, together with medical stakeholders should organize workshops to address the students' experiences in childhood such that they find a way to talk about them especially for those who find it hard to speak out. Through interactions, they will therefore be able to unburden themselves of their guilt, shame and anger that comes from traumatic experiences. This will act as a platform to empower students on the effects of traumatic experiences and provide them with encouragement to speak out on their experiences.

The study also recommends that college administrations should address the effects of traumatic experiences in their adult populations through the creation of awareness on

childhood trauma and its effects by engaging students through talks. This can be done in consultation with counselors in the colleges and practicing counselors in health institutions as well as in collaboration with parents and caregivers of the students. In this way, the students, in their adulthood will be able to counter the various effects and face them head on so as to be able to achieve self-improvement and improve on their emotional and psychological well-being. Colleges will, through addressing traumatic experiences' effects, be able to give encouragement to students who have undergone traumatic experiences especially in encouraging them to seek help from counselors both in school and at home, whether in individual or group capacities.

Further, the study recommends that institutions should seek to counter students' behavior within the sphere of these behaviors being as a result of early childhood traumatic experiences. If the institutions understand some of the behaviors being portrayed by students in their institutions, they can therefore be able to address the cause of the behavior and through counseling provided to the students, be able to mitigate the recurrence of behaviors arising from traumatic triggers. For students who have undergone childhood trauma, they should be encouraged to share their experiences such that they intervention measures can be initiated to counter the resultant effects of their experiences. Furthermore, addressing the triggers arising from such experiences would enable the students to confront them in a better way other than presenting the triggers through destructive behaviors.

Finally, the study recommends that adults in colleges be equipped with good coping skills, especially those who are yet to form healthy coping mechanisms to deal with their

childhood trauma. Repression/suppression of traumatic events should be discouraged by offering alternatives that will enable them to face and deal with the traumatic experiences and mitigate the long-lasting effects that they have on their individual personalities. They should, by way of interaction with other students who have developed coping skills, be encouraged to follow in their steps in order to achieve the same level of coping; without being heavily dependent on escapist modes such as indiscriminate sexual behavior and drugs and substance abuse. Students with childhood traumatic experiences should also be encouraged to make use of counseling offered by relative departments in the institutions whether in individualized or group sessions which will mitigate their suffering from the effects of childhood traumatic experiences.

5.5.2 Recommendations for Further Research

From the findings of the current study, the following areas are suggested for further research:

1. Counseling and its role on self-awareness in young adults with early traumatic experiences.

2. Trauma-informed care and its impact in treating the effects of early traumatic experiences in young college adults.

3. Childhood traumatic experiences and their effect on adult behavior in the work environment.

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APPENDICES

Appendix I: Consent Form

ADVERSE CHILDHOOD EXPERIENCES AND THE LIFELONG CONSEQUENCES OF TRAUMA AMONG COLLEGE STUDENTS IN ELDORET MUNICIPALITY

Participant study ID NO. _____

Introduction and Purpose
I am a Masters student at Moi University, Eldoret, Kenya, carrying out a research on "**ADVERSE CHILDHOOD EXPERIENCES AND THE LIFELONG CONSEQUENCES OF TRAUMA AMONG COLLEGE STUDENTS IN ELDORET MUNICIPALITY"**. I wish to request your participation in the study by providing responses to the interview questions that I wish to ask. The responses would be confidential and would only be used for the purpose of this study.

Thank you.

Procedure
If you agree to participate in this study you will be required to fill a childhood trauma questionnaire. If you don't wish to fill it out on your own a research assistant is available to help.

If selected to participate in the study, you will be asked to participate in interview schedules with the research assistant and the researcher and you will also participate in a focus group discussion to provide information on the traumatic experiences during your childhood and how these traumatic experiences have had consequences to you. We will record the interview and focus group discussion using an audio recorder to enable us capture your views accurately.
If you identify and would like additional support counseling services will be provided after participation in the interview and focus group sessions.

Right to Refuse or Withdraw
Your participation in this research project is entirely voluntary. At any point in time you may withdraw from the study or refuse to participate altogether. If you do choose to participate, but prefer not to answer certain questions, you are free to do so.

Risks, stress, or discomfort
Some of the questions that we will be asking are very personal and may embarrass you or make you feel uncomfortable. You are always free to choose not to answer questions that make you uncomfortable.

Confidentiality
All information given in this study will be kept confidential. Your name will not be used on any of the documents, reports or publications resulting from this study. Only the researchers will view your responses. All responses will be stored under the researchers' control. Your name, or other identifying information, will not appear anywhere on the interview record. All paper information will be destroyed once the research purposes are fulfilled.

Benefits of participation
You will not benefit personally from being in this research study. However you may benefit from knowing that the information you share will be used to improve on addressing the effect of childhood traumatic experiences on young adults.

Participant Statement
This activity has been explained to me and I agree to participate in this study. I have had the opportunity to ask questions. I understand that I can choose not to answer some questions and can stop participating in the study at any time.

Study Participant:
Signing below means you choose to be in this research study.

Signature of Participant: _____

Date*:* _____

Researcher:
Signing my name below means I have explained this research study to you and answered your questions to the best of my ability.

Signature of Resarcher: _____

Date*:* _____

Appendix II: Interview Schedule

SECTION A: GENERAL INFORMATION

1. Gender
   - Male [ ]
   - Female [ ]

2. Age
   - 18-20 years [ ]
   - 21-23 years [ ]
   - Above 23 years [ ]

3. Level of Study
   - Diploma [ ]
   - Certificate [ ]

4. Year of Study
   - First year [ ]
   - Second year [ ]
   - Third year [ ]

SECTION B: OBJECTIVE INFORMATION

Traumatic Events

5. Have you ever gone through any traumatic experience during childhood?
   - Yes [ ]
   - No [ ]

6. Which traumatic experience did you go through during childhood that you still remember up to now?

   ……

   ……

   ……

   ……

7. How old were you when you experienced the trauma?

   ……

   ……

   ……

   ……

8. Who caused the childhood trauma?

   ……

   ……

   ……..…

   ……..……

9. Do you experience re-traumatization from the past traumatic experiences?

- Yes [ ]
- No [ ]

10. What triggers your past traumatic experiences to reoccur?

    ……

    ……

    ……

    ……

11. How do you confront the triggers to the past traumatic experiences?

……

……

……

……

Traumatic Experiences on Violence Tendencies

12. Do you experience tendencies of reacting violently or aggressively?

- Yes [ ]
- No [ ]

If yes in 12 above, on most occasions, what triggers your violent or aggressive behavior?

……

……

……

……

13. How would you describe the events leading to your aggressive behavior?

……

……

……

……

14. What is your opinion on the relationship between traumatic experiences and violence tendencies?

    ……

    ……

    ……

    ……

Traumatic Experiences and Sexual Behavior

15. Would you consider yourself sexually active?

- Yes [ ]
- No [ ]

16. Is there a prevalence of indulgence in sexual activities with multiple partners?

- Yes [ ]
- No [ ]

If yes above, please explain what makes you do that?

……

……

……

……

17. What is your opinion on the relationship between traumatic experiences and sexual behavior?

    ……

    ……

    ……

    ……

Traumatic Experiences and Disposition to Substance Abuse

18. Have you ever indulged in any substance abuse?

- Yes [ ]
- No [ ]

19. If yes, what was the frequency of your indulgence?

……
……
……

20. Which substances do you regularly use?

……
……
……

21. Do traumatic experiences and re-experience lead to substance use progression?

- Yes [ ]
- No [ ]

If yes, above, explain briefly??

……
……
……

22. What is your opinion on the relationship between traumatic experiences and substance abuse?

……
……
……
……

Appendix III: Childhood Trauma Questionnaire (CTQ)

1. Prior to the age of 17, did you experience the death of a close family member?

   Never True [ ] Rarely True [ ] Sometimes True [ ]

   Often True [ ] Very Often True [ ]

2. Prior to the age of 17, was there a major upheaval between your parents (e.g. divorce, separation)?

   Never True [ ] Rarely True [ ] Sometimes True [ ]

   Often True [ ] Very Often True [ ]

3. Prior to the age of 17, did you have a traumatic sexual experience?

   Never True [ ] Rarely True [ ] Sometimes True [ ]

   Often True [ ] Very Often True [ ]

4. Prior to the age of 17, were you a victim of violence?

   Never True [ ] Rarely True [ ] Sometimes True [ ]

   Often True [ ] Very Often True [ ]

5. Prior to the age of 17, were you extremely ill or injured?

   Never True [ ] Rarely True [ ] Sometimes True [ ]

   Often True [ ] Very Often True [ ]

6. Prior to the age of 17, did you experience any other major upheaval that may have shaped your personality or life significantly?

   Never True [ ] Rarely True [ ] Sometimes True [ ]

   Often True [ ] Very Often True [ ]

Appendix IV: Focus Group Discussion for Respondents with Childhood Trauma Experiences

1. Describe the traumatic event that you experienced during childhood?

   ……
   ……
   ……

2. Describe the effect of the trauma at the age when you experienced it?

   ……
   ……
   ……

3. Describe your relationship with the person responsible for the traumatic event?

   ……
   ……
   ……

4. Explain the instances of re-traumatization of the traumatic event?

   ……
   ……
   ……

5. Explain how you confront the triggers to the past traumatic experiences?

   ……
   ……
   ……

6. Do you think aggression is related to early childhood trauma?

……

……

……

7. In your view, is early childhood trauma related to sexual behavior?

……

……

……

8. In your opinion, is early childhood trauma related to substance abuse?

……

……

……

9. Which substances are used regularly?

……

……

……

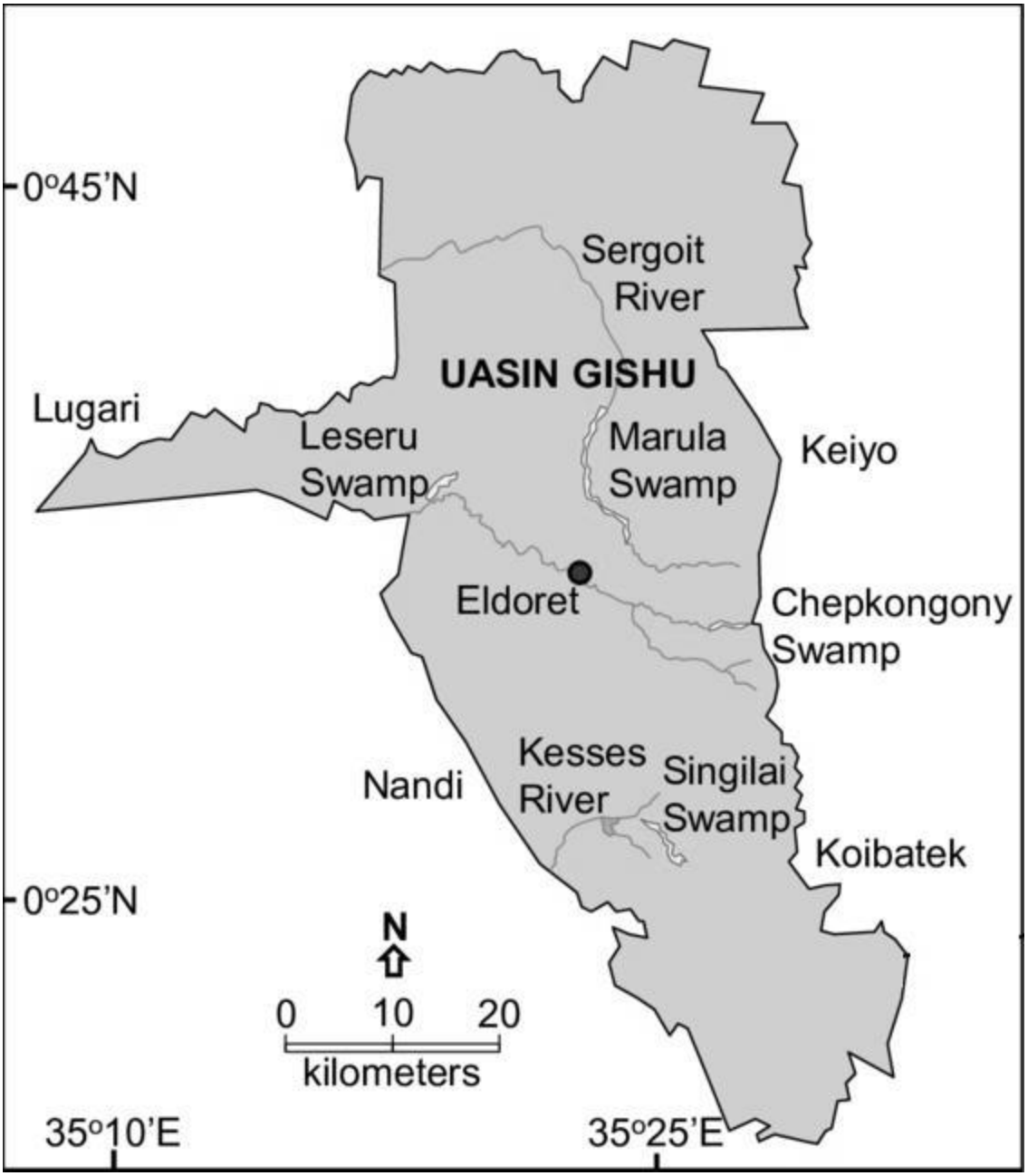
10. How has the traumatic experience and re-experience led to substance use progression?

……

……

……

Appendix V: Map of Uasin Gishu County Showing Eldoret Town



Appendix VI: Approval for Field Data Collection

Tel. Eldoret (053) 43620
Fax No. (0321) 43047
MOIVARSITY 35047

MOI UNIVERSITY

SCHOOL OF ARTS & SOCIAL SCIENCES

P.O. Box 3900
EldoretTelex No.
KENYA

DEPARTMENT OF SOCIOLOGY&PSYCHOLOGY

4TH September, 2018

Dear Sir/Madam,

RE: APPROVAL FOR FIELD DATA COLLECTION - ONYACH GEORGE OMOLLO – SASS/PGMSC/02/15

The above named is a bonafide Postgraduate Student currently pursuing Master of Science in Counselling Psychology, Moi University, School of Arts and Social Sciences, Department of Sociology and Psychology. He has been approved by the University to carry out his research for his Masters Degree in Counselling Psychology entitled ***"Adverse Childhood Experiences and The Lifelong consequences of trauma Among College Students in Eldoret Municipality"***

Kindly assist him in getting information that will assist him in this study. Any information given will be confidential and will not be used for any other purpose but this research.

Your assistance will be highly appreciated.

Yours faithfully.

HEAD
SOCIOLOGY & PSYCHOLOGY DEPARTMENT
MOI UNIVERSITY

DR. FRANCIS BARASA (PhD)
HEAD, SOCIOLOGY & PSYCHOLOGY DEPARTMENT

Appendix VII: NACOSTI Research Authorization

NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY AND INNOVATION

Telephone:+254-20-2213471,
2241349,3310571,2219420
Fax:+254-20-318245,318249
Email: dg@nacosti.go.ke
Website : www.nacosti.go.ke
When replying please quote

NACOSTI, Upper Kabete
Off Waiyaki Way
P.O. Box 30623-00100
NAIROBI-KENYA

Ref: No. **NACOSTI/P/18/17375/23717**

Date: **1st August, 2018**

George Omollo Onyach
Moi University
P.O Box 3900-30100
ELDORET

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on ***"Adverse childhood experiences and the lifelong consequences of trauma among college students in Eldoret Municipality"*** I am pleased to inform you that you have been authorized to undertake research in **Uasin Gishu County** for the period ending **30th July, 2019.**

You are advised to report to **the County Commissioner and the County Director of Education, Uasin Gishu County** before embarking on the research project.

Kindly note that, as an applicant who has been licensed under the Science, Technology and Innovation Act, 2013 to conduct research in Kenya, you shall deposit **a copy** of the final research report to the Commission within **one year** of completion. The soft copy of the same should be submitted through the Online Research Information System.

BONIFACE WANYAMA
FOR: DIRECTOR-GENERAL/CEO

COUNTY COMMISSIONER
UASIN GISHU COUNTY

FOR COUNTY DIRECTOR OF EDUCATION
UASIN GISHU COUNTY
P.O. Box 9843, ELDORET
Tel: 0719-127 212/053-2063342

Copy to:

The County Commissioner
Uasin Gishu County.

The County Director of Education
Uasin Gishu County.

Appendix VIII: NACOSTI Clearance Permit

THIS IS TO CERTIFY THAT:
MR. GEORGE OMOLLO ONYACH
of MOI UNIVERSITY, 0-80100
MOMBASA,has been permitted to
conduct research in *Uasin-Gishu County*

on the topic: *ADVERSE CHILDHOOD EXPERIENCES AND THE LIFELONG CONSEQUENCES OF TRAUMA AMONG COLLEGE STUDENTS IN ELDORET MUNICIPALITY.*

for the period ending:
30th July,2019

.....
Applicant's Signature

Permit No : NACOSTI/P/18/17375/23717
Date Of Issue : 1st August,2018
Fee Recieved :Ksh 1000

.....
Director General
National Commission for Science, Technology & Innovation