



POST-TRAUMATIC STRESS DISORDERS INFLUENCE ON SEXUALLY ABUSED ADOLESCENTS' EMOTIONAL STABILITY – A CASE OF RESCUE CENTERS IN NAKURU COUNTY, KENYA

**Enos B. Mukadiⁱ,
Oketch A. Evelyne**

Department of Psychology,
Counselling & Educational Foundations,
Laikipia University,
P.O. BOX 1100-20300, Nyahururu,
Kenya

Abstract:

Post-Traumatic Stress Disorders (PTSD) is increasingly viewed as a potentially serious disorder among sexually abused adolescents, not only because of the intense suffering it wreaks on young people, but also because of its adverse effect on biological, psychological, and social development of the adolescence. One of the things that could influence the severity of PTSD is coping. Adolescents are not an easy target-group as far as emotional stability is at stake, in any case. When life – marking events are taking place, such as loss (relocation, divorce, second marriage of the parent(s) and [ultimate loss] death) things are very likely to turn too complicated. The accessible population of the study was the 3 rescue centers that house the sexually abused adolescents, with a total population of 120 sexually abused adolescents and 12 caregivers. The sample size composed of all the 120 sexually abused adolescents and 12 caregivers. They were purposively sampled because they have the required information with respect to the objective under study. The instrument for data collection was an Interview Schedule for caregivers; a Modified Post-Traumatic Stress Disorder Scale for sexually abused adolescents and brief Cope Scale for the sexually abused adolescents which displayed internal consistency with Cronbach Alpha reported for PTSD at 0.91. The data collected was analyzed using both descriptive and inferential statistics with the aid of Statistical Package for Social Sciences (SPSS) version 23.0. Findings of the study indicated high prevalence of PTSD among sexually abused adolescents.

Keywords: acute stress disorder, child sexual abuse, rape, emotions, trauma syndrome, avoidant behavior and autonomic hyper-arousal

ⁱ Correspondence: email bamukadi2008@yahoo.com

1. Introduction

The Posttraumatic stress disorder results when a terrifying experience destabilizes an individual's psychological existence and functioning so devastatingly that the aftermath leads to profound impairment of the way in which he/she expresses personal emotions and deals with his/her normal environment rendering recovery virtually impossible without therapeutic intervention (Javidi & Yadollahie, 2012). It is important to note that anyone who suffers sexual assault will experience PTSD. Trauma is an overwhelming event that goes beyond one's capacity to cope and leaves the victim helpless (Hamblen, 2007). Acute trauma can be caused by one-time event while cumulative trauma can be caused by many traumatic events over a long time without a clear beginning or the end. It can be caused by nature (hurricanes, floods, tornados, and drought) or humans (homicide, violent conflicts, wars, criminal acts, sexual abuse and neglect). Adolescents in the foster care system endure numerous traumatic experiences. These experiences may include the trauma that caused their removal in the home due to sexual abuse, the trauma of separation from their families, and the potential trauma involved with numerous removals and placements in out-of-home care (Racusin, Maerlender, Sengupta, Isquith, & Straus, 2005). As a result of trauma exposure and several other factors, including the severity and repetition of the trauma, personality of an adolescent, their nature of coping the victims of the sexually abused adolescents may be at risk for developing Post Traumatic Stress Disorder (American Academy of Child & Adolescent Psychiatry, 2011). Adolescents in rescue centers experience PTSD following their sexual abuse experience or witnessing of the traumatic event, where their natural fight or flight response is damaged or altered. In such circumstances the adolescents cope in various ways thus their coping strategies influences the prevalence of PTSD. Problem-centered coping comprises two factors: problem solving (seeking information, devising action plans) and facing the situation (direct effort and action to address the problem) while, Emotion-centered coping is an attempt to manage the emotional responses induced by the situation. This management or regulation of the emotions can be performed in different ways (emotional, physiological, cognitive, or behavioral (Olf, Langeland, & Gersons, 2005).

Adolescents react differently to trauma, some have difficulties in coping and experience behavioral and emotional problems causing pathological trauma while others cope effectively or even become strong as a result of the traumatic event which is often termed as resilience or in other words, good outcomes in spite of serious threats to adaptation or development (Haugaard, 2008). In psychology, avoidance coping is a [maladaptive coping](#) strategy characterized by the effort to avoid dealing with a [stressor](#). Alternatives to avoidance coping include modifying or eliminating the conditions that gave rise to the problem and changing the perception of an experience in a way that neutralizes the problem. A study also done by Carver & Connor-Smith, (2010), found that both jogging and relaxation techniques were equally successful at lessening anxiety and increasing feelings of self-efficacy. Therefore, it seems that positive forms of passive

coping such as exercise and meditation have qualitatively different outcomes from negative forms such as binge eating and drug use. These positive forms of passive coping may be particularly beneficial for alleviating stress when the individual does not currently have the resources to eliminate the problem directly, indicating the advantage of flexibility when engaging in coping behaviors

Social support is an important strategy which helps sexually abused adolescents to cope with traumatic experiences. Having effective social support has been shown to be one of the most significant correlates of well-being and has long been believed to positively impact health and guard against distress. Although there is no consensus about the relationship between social support and PTSD, having sufficient and satisfactory social support is generally associated with less psychological distress, such as PTSD (Alphass, Long & Blakey, 2004)

A close link between sexually abused adolescents and levels of PTSD has been reported in other countries as well. Elklit, (2002) reports a link between sexually abused adolescents and PTSD. He surveyed 390 eighth-graders in Denmark and found rates of PTSD among girls and boys were most substantial for those experiencing sexual abuse 60-100%. Mennen (2004) found that 48.4% of sexually abused Mexican–American adolescents scored above a cutoff for chronic PTSD and that 34.5% scored above a cutoff for acute PTSD also only 32.7% of sexually abused adolescents continued to meet criteria for PTSD over a 2-year period.

In Kenya a research done by Syengo, Mutisya, Kathuku and Ndetei (2008) further agree that adolescents who experience sexual assault develop PTSD. According to Syengo (2008) the rates of PTSD were much higher in adolescents which states that 90% of sexually abused adolescents develop PTSD. The study also indicated that among sexually abused adolescents, the prevalence of PTSD measured by the DSM- V - TR is high 69%. The 2010 Kenya violence against children (VACs) findings from the survey indicate that sexual abuse against adolescents is a serious problem in Kenya. Levels of abuse prior to age 18 as reported by 18 to 24-year olds (lifetime experiences) indicate that during childhood, 32% of females and 18% of males experienced sexual abuse, (Kenya VACs, 2010).

Sexually abused adolescents who endorsed removal from home as their primary traumatic event reported significantly less PTSD and PTSD-related symptomatology than sexually abused adolescents who did not endorse removal from home as traumatic. Cross, Leavey, Mosley, White and Andreas (2004) and Proctor, Skriner, Roesch, & Litrownik (2010) state that removal from home and placement in specialized foster care can lead to improvements in quality of life. Mitchell and Kuczynski (2010) conceptualized this transition process as potentially stressful with respect to apprehension and foster home placement transactions. Apprehension transactions involve the process of removal from home, which can be marked by ambiguity regarding reasons for removal and expected duration of foster care placement.

A survey was also done in Kenya where, traumatic experience among students was assessed to determine the levels of post-traumatic stress disorder (PTSD). Students

indicated that being confronted with bad news was the commonest traumatic event they experienced (66.7%), followed by witnessing a violent crime and domestic violence at 23.2% and 16.5% respectively, where survivors of violence had serious bodily harm and sexual abuse (Ndetei, Ongecha, Khasakhala, Mutiso, Othieno, Syanda, Odhiambo & Kokonya, 2007). Accumulatively, PTSD symptoms were very common; avoidance and re-experiencing occurred in 75% of the students and hyper arousal reported in over 50% of the population. The prevalence of PTSD was 50.5% with no gender difference. Ndetei adds that school students in Kenya commonly experience traumatic events which are unnoticed, and they therefore suffer PTSD and go without treatment (Ndetei, et al., 2007). There is limited information on how the various coping strategies influence the prevalence rate of PTSD among the sexually abused adolescents in the rescue centers in Nakuru County. It is in this view that the study, will look at the influence of coping strategies on prevalence of PTSD among sexually abused adolescents, in Nakuru County.

The study was guided by the following objective:

- To determine the influence of PTSD on sexually abused adolescents in rescue centers in Nakuru County, Kenya.

2. Research Methodology

This study was descriptive in approach and utilized the survey design. Descriptive survey design is used to designate any research activity in which the researcher gathers data from a sample of a population for the purpose of examining characteristics, opinions or interactions of that population (Fraenkel & Wallen, 2000). This study used questionnaires to collect data on influence of coping strategy on prevalence of PTSD among sexually abused adolescents. There was no manipulation of variables and the researcher did not control the research setting. The variables coping strategies and prevalence of PTSD were studied without manipulation. The location of the study was Nakuru County. This study was carried out in three rescue centers which have been purposely selected as they are the only centers in Nakuru County dealing with sexually abused adolescents.

3. Results and Discussion

3.1 Strategies Employed by Adolescents' emotion-focused

The first objective of this study was to determine the influence of emotion-focused strategies on the prevalence of PTSD related symptoms of PTSD among sexually abused adolescents in rescue centers in Nakuru County, Kenya.

Table 1: Emotion focused Strategies Employed by Adolescents

	Never		Rarely		Occasionally		Often		Very Often	
	f	%	f	%	f	%	f	%	f	%
I've been getting emotional support from others	0	0	2	2.5	2	2.5	52	64.2	25	30.9
I've been trying to see it in a different light, to make it seem more positive	7	8.6	2	2.5	41	50.6	23	28.4	8	9.9
I've been criticizing myself	19	23.5	29	35.8	22	27.2	8	9.9	3	3.7
I've been getting comfort and understanding from someone	3	3.7	6	7.4	7	8.6	53	65.4	12	14.8
I've been accepting the reality of the fact that it has happened	1	1.2	5	6.2	28	34.6	43	53.1	4	4.9
I've been expressing my negative feelings	1	1.2	0	0	2	2.5	63	77.8	15	18.5
I've been struggling to live with it	1	1.2	5	6.2	3	3.7	49	60.5	23	28.4

The victims were evaluated on the form of emotion focused coping strategies employed. As a way of coping with the experience of sexual abuse, majority sought emotional support from other people, Adolescent (87.6%) indicated that they got comfort and understanding from from their friends, (80.2%). Other adolescent victims (58.0%) coped by accepting the reality of the fact that the abuse had happened while some adolescent victims expressed their negative feelings as a way of coping (96.3%) while some learned to live with the experience (89.9%). However, Majority of the adolescents (88.9%) indicated that they struggling to live with memories of what happened in their live. Pulido (2005) also supports this finding with majority receiving support from others. These results highlight the importance of adequate social Support in the management of PTSD among sexually abused adolescents. Several studies argue that emotion-focused coping is associated with negative health outcomes, like increased stress and decreased well-being (Scott et al., 2010). In addition, several studies mention that both problem-focused coping and emotion-focused coping can reduce psychological stress (Folkman and Lazarus, 1984; Scott et al., 2010).

Table 1: Avoidance Coping Strategy on Prevalence of PTSD

	Value	Df	p-value
Pearson Chi-Square	0.359	4	0.986
No. of Valid Cases	81		

The hypothesis of whether emotion focused coping strategies significantly influenced the prevalence of PTSD was tested at the 0.05 level of significance. A chi-square value of 0.359 was obtained with a p-value of 0.986. This p-value is greater than the level of significance implying that emotion focused coping strategies did not significantly influence the prevalence of PTSD. It therefore implied that whatever emotion focused coping strategy employed did not have any significant influence on the prevalence of PTSD. A study

done by Ano & Vasconcelles (2005), found that across various stressful life situations, religious coping methods are consistently associated with improved psychological outcomes, including acceptance, hope, optimism, life satisfaction, spiritual growth, and stress-related growth. It is important to note, however, that not all religious coping strategies are the same; therefore, this may affect the outcome on prevalence levels of PTSD. Finally, Scott and his colleagues (2010) argue that emotion-focused coping causes increases in stress and decreases in well-being. Thus, also when not taking the controllability of the stressor in mind, emotion-focused coping does not always have to be a negative coping strategy. Scott argues that emotion-focused coping is associated with negative health outcomes, like increased stress and decreased well-being.

3.2 Summary of the findings

The emotion focused coping strategy employed by the sexually abused adolescents in rescue centers does not have any statistical influence on the prevalence of PTSD.

4. Conclusion

That emotion focused coping strategy by the sexually abused adolescents in rescue centers does not have any influence on the prevalence of PTSD.

4.1 Recommendations

That all social workers be trained on coping program to handle the sexually abused adolescents through basic counseling skills, life skill program and psycho-education to reduce the prevalence.

References

- Alphass, F., Long, N. & Blakey, J. (2004). Post-traumatic stress disorder, social support and cognitive status in community-based older veterans. *Aust J. Ageing.*; 23:97–99.
- American Psychiatric Association (2013). *Diagnostic and Statistical Manual of Mental Disorders (5thed.)* Arlington, VA: American Psychiatric Publishing Washington, DC: Author.
- Ano, G. G. & Vasconcelles, E. B. (2005). Religious coping and psychological adjustment to stress: A meta-analysis. *Journal of Clinical Psychology*, 61, 461–480. doi:10.1002/jclp.20049
- Brady, J. L., Guy, J. D., Poelstra, P. L., & Brokaw, B. F. (1999). Vicarious traumatization, spirituality, and the treatment of sexual abuse survivors: A national survey of women psychotherapists. *Professional Psychology: Research and Practice*, 30(4), 386–393.

- Breslau, N., Wilcox, H. C., Storr, C. L., Lucia, V. C., & Anthony, J. C. (2004). Trauma exposure and posttraumatic stress disorder: A study of youths in urban America. *Journal of Urban Health, 81*,530–544.
- Cohen, J. A., Deblinger, E., Mannarino, A., & Steer, R. A. (2004). A multisite randomized controlled trial for children with sexual-abuse-related PTSD symptoms. *Journal of the American Academy of Child & Adolescent Psychiatry, 4*, 393-383.
- Costello, E. J., Erkanli, A., Fairbank, J. A. & Angold, A. (2002). The prevalence of potentially traumatic events in childhood and adolescence. *Journal of Traumatic Stress, 15*, 99-112.
- Copeland E., Keeler G., Angold A. & Costello J. (2007). Developmental epidemiology of potential trauma and posttraumatic stress (PTS) in a longitudinal community sample of children. *Journal Archives of General Psychiatry 64*(5), 577-584.
- Cooper, C., Katona, C., & Livingston, G. (2008). Validity and reliability of the Brief COPE in careers of people with dementia: the LASER-AD study. *Journal of Nervous & Mental Disease, 196*(11), 838-843.
- Elklit A. (2007). Psychological consequences of a firework factory disaster in a Local community. *Soc Psychiatry Epidemiology; 42*(8):664–668.
- Elhai, J. D., Frueh, B., Gold, P. B., Gold, S. N., & Hamner, M. B. (2000). Clinical presentations of posttraumatic stress disorder across trauma populations: A comparison of MMPI-2 profiles of combat veterans and adult survivors of child sexual abuse. *J. Nerv. Mental Dis. 188*: 708–713.
- Glass, K., Flory, K., Hankin, B., Kloos, B., & Turecki, G. (2009). Are coping strategies, social support, and hope associated with psychological distress among Hurricane Katrina survivors? *Journal of Social and Clinical Psychology, 28*(6), 779-795.
- Elklit, A., & Blum, A. (2011). Psychological adjustment one year after the diagnosis of breast cancer: a prototype study of delayed post-traumatic stress disorder. *British Journal of Clinical Psychology, 50*, 350-363.
- Hamblen, J. (2007). PTSD in Children and National Centre for PTSD.
- Harder, V. S., Mutiso V., Khasakhala L., Burker H., Ivanova M. Y., Ndetei D. M. (2008). Behavioral and Emotional Problems among Kenyan Youth from an Urban Slum. *Journal of Child Psychology and Psychiatry.*
- Hetzl-Riggin, M. D., Brausch A. M., & Montgomery B. S. (2007). A meta-analytic investigation of therapy modality outcomes for sexually abused children and adolescents: an exploratory study. *Child Abuse Negl. 2007; 31*:125-41.
- Khaleque, A. & Rohner, R. P. (2008). Perceived parental acceptance-rejection and psychological adjustment: A meta-analysis of cross cultural and intra-cultural studies. *Journal of Marriage and Family 64*, 54-64
- Kilpatrick, D. G., Ruggiero, K. J., Acierno, R., Saunders, B. E., Resnick, H. S., & Best, C. L.(2003). Violence and risk of PTSD, major depression, substance abuse/dependence, and comorbidity: Results from the National Survey of Adolescents. *Journal of Consulting and Clinical Psychology, 71*, 692-700.
5doi:10.1037/0022-006X.71.4.692

- Kliewer, W., Lepore, S. J., Oskin, D., and Johnson, P. D. (1998). The role of social and cognitive processes in children's adjustment to community violence. *Journal of Clinical and Consulting Psychology, 66*(1), 199-209.
- Kolko, D. J., Brown, E. J., & Berliner, L. (2002). Children's perceptions of their abusive experience: measurement and preliminary findings. *Child Maltreatment, 7*, 41–53.
- Krause, A., Singh, A., & Guestrin, C. (2008). Near-optimal sensor placements in Gaussian processes: Theory, efficient algorithms and empirical studies. *Journal of Machine Learning Research, 9*(Feb), 235-284.
- Krejcie, R. V., & Morgan, D. W. (1970). Determining sample size for research activities. *Educational and psychological measurement, 30*(3), 607-610.
- Laposa, J. M., & Rector, N. A. (2012). The prediction of intrusions following an analogue traumatic event: Peritraumatic cognitive processes and anxiety-focused rumination versus rumination in response to intrusions. *Journal of Behavior Therapy and experimental psychiatry. 43*,877–883.
- Litz, B. T., Gray, M. J., Bryant, R. A., & Adler, A. B. (2002). Early intervention for trauma: Current status and future directions. *Clinical Psychology Science and Practice, 9*(2), 112-13
- Macliam, J. K. (2003). *An Exploration of the Experience and Effects of Trauma Counselling on Lay Counsellors: A Constructivist Approach*. Unpublished Masters Dissertation, University of South Africa: Pretoria.
- Mellman, T. A., David, D., Bustamante, V., Fins, A. I., & Esposito, K. (2001). Predictors of post-traumatic stress disorder following severe injury. *Depression and anxiety, 14*(4), 226-231.
- Mennen, F. E. (2004). PTSD symptoms in abused Latino children. *Child and Adolescent Social Work Journal, 21*, 477–493.
- Mugenda, O. M & Mugenda, A.B. (2003) *Research Methods: Quantitative and Qualitative Approaches*. Acts press, Nairobi.
- Nasirzadeh R., & Rasoolzadeh-Tabatabaei K. (2009). Relationship between psychological constructs of DASS and coping strategies *Journal Behavioural Sciences; 3*:317–324.
- Ndetei, D. M., Ongecha F. A., Khasakhala L., Mutiso V., Othieno C. J., Syanda J., Odhiambo G., & Kokonya D. A. (2007). Traumatic Experiences of Kenyan Secondary School Students. *J Child Adol Mental Health; 19* (12): 147-55.
- Olf, M., Langeland, W., & Gersons, B. P. R. (2005). The psychobiology of PTSD: Coping with trauma. *Psychoneuroendocrinology, 30*, 976-982.
- Putnam, F. W., & Trickett, P. K. (1993). Child sex abuse: A model of chronic trauma. *Psychiatry 56*: 82–95.
- Pulido, M. L. (2005). The terrorist attacks on the World Trade Center on 9/11: The dimensions of indirect exposure levels in relation to the development of post-traumatic stress symptoms. The ripple effect (Doctoral dissertation, City University of New York). *Dissertation Abstracts International, 66* (3), 1166.

- Racusin, R., Maerlender, A. C., Sengupta, A., Isquith, P. K., & Straus, M. B. (2005). Psychosocial treatment of children in foster care: A review. *Community Mental Health Journal, 41*(2), 199-221.
- Resnick, H. S., Kilpatrick, D. G., Dansky, B. S., Saunders, B. E., & Best, C. L. (1993). Prevalence of civilian trauma and posttraumatic stress disorder in a representative national sample of women. *Journal of consulting and clinical psychology, 61*(6), 984.
- Southwick, S. M., Vythilingam, M., & Charney, D. S. (2005). The psychobiology of depression and resilience to stress: implications for prevention and treatment. *Annu. Rev. Clin. Psychol., 1*, 255-291.
- Testa, M., Miller, B. A., Downs, W. R., & Panek, D. (2007). *The moderating impact of social support following childhood sexual abuse. Violence Vict. 2: 173–185.*
- Violence Against Children in Kenya Findings from a *National Survey*, (2010) *Nairobi Kenya. Violence against Children in Tanzania Findings from a – UNICEF [www.Unicef.Org/.../Violence Against Children in Tanzania Report](http://www.Unicef.Org/.../Violence%20Against%20Children%20in%20Tanzania%20Report).*
- Wilson, J. P. (2004). PTSD and complex PTSD: symptoms, syndromes, and diagnoses. In J. P. Wilson & T. M. Keane (Eds.), *Assessing Psychological Trauma and PTSD* (pp. 744). New York: Guilford.
- World Health Organization (2004). *"Mortality and Burden of Disease Estimates for WHO Member States in 2002"*(xls).
- Zoellner, L. A., Goodwin M. L., & Foa E. B. (2000). PTSD severity and health perceptions in female victims of sexual assault. *J Trauma Stress; 13:635-49.*

Creative Commons licensing terms

Author(s) will retain the copyright of their published articles agreeing that a Creative Commons Attribution 4.0 International License (CC BY 4.0) terms will be applied to their work. Under the terms of this license, no permission is required from the author(s) or publisher for members of the community to copy, distribute, transmit or adapt the article content, providing a proper, prominent and unambiguous attribution to the authors in a manner that makes clear that the materials are being reused under permission of a Creative Commons License. Views, opinions and conclusions expressed in this research article are views, opinions and conclusions of the author(s). Open Access Publishing Group and European Journal of Education Studies shall not be responsible or answerable for any loss, damage or liability caused in relation to/arising out of conflicts of interest, copyright violations and inappropriate or inaccurate use of any kind content related or integrated into the research work. All the published works are meeting the Open Access Publishing requirements and can be freely accessed, shared, modified, distributed and used in educational, commercial and non-commercial purposes under a [Creative Commons Attribution 4.0 International License \(CC BY 4.0\)](https://creativecommons.org/licenses/by/4.0/).