

IMPACT OF TRAUMA ON THE EMOTIONAL DEVELOPMENT OF CHILDREN: A CASE STUDY OF CHILDREN'S HOMES IN NYAHURURU SUBCOUNTY, LAIKIPIA COUNTY, KENYA

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ABSTRACT

The impact of trauma on the child emotional development is evidenced both in child socialization and performance in school. The purpose of the study was to find out the impact of trauma on the children's emotional development on children in children's homes in Nyahururu Sub- County. The study was a survey which employed an *ex post facto* research design. The study targeted all the 419 children and 40 administrators living in children's homes in the Sub-County. Simple random sampling was used to select 88 boys, 87 girls and 10 administrators, making a total sample size of 185 respondents. Questionnaires for the children and interview schedule for home administrators were used for data collection. To establish reliability of the instrument, a pilot study was conducted using 18 children and 4 administrators from two children's homes. A reliability coefficient of 0.71 was established using Cronbach Alpha Coefficient. Validity of the instrument was ensured through pre-testing questionnaires to increase the face validity, as assistance was sought from the supervisor for content validity. Data was analyzed using descriptive statistics and inferential statistics. The study established that children exposed to distress such as death of parent, sex abuse, parents abandonment, child labour, mistreat from caregiver, separation from parents at early age are at the greatest risk of developing trauma. The study established that these children develop anxiety like fear of death, screams and feeling loneliness. Some of them also feel uncomfortable in children's home and therefore tried to run away. These traumatic situations negatively influenced children hence developing unhealthy emotional development. The study recommends that the Ministry of Health as well as the Children's Department in the Ministry of Culture and Social Services should organize campaigns for creating awareness among public on nature of trauma and the consequences this may have on children emotional development. Individual families and the society should provide counseling services to the vulnerable children.

Background to the Study

According to US Department of Justice (2007) trauma is a painful emotional or physical experience that produces a lasting psychic effects or disorders. Trauma is also defined as an internal injury especially to the brain, which may result to a behavioral disorder of organic origin. Coleman (1980) defines trauma as an unpleasant emotional experience of such intensity that leaves a lasting impression on the mind. Coleman (1980) further states that trauma is a psychological wound that never completely heals. He further states that because of trauma, stress in later stages of life

reactivates these early wounds, which is particularly difficult for an individual to handle and often explains why people have so much difficulty with seemingly mild problems.

Purpose of the Study

The purpose of the study was to find out the impact of trauma on the emotional development of children living in children's homes in Nyahururu Municipality.

Objective of the Study

The objective of the study was: To establish the impact of trauma on children's emotional development in children living in children's home in Nyahururu Municipality.

Significance of the Study

It is expected that the results of this study may serve an evaluative role of informing the public about trauma and its effects. The children's homes, churches, community based organizations and the government, who are all agents of protecting children from abuse, may borrow from the findings of this study to reduce the negative effects that trauma may have on the emotional development of children both in homes and in children's homes.

LITERATURE REVIEW

Trauma affects children's emotional development in various ways, which include the social, psychological, emotional and physical state of the child. According to Mash and Russuel (1989), the impact of trauma on an individual depends on the individual's tolerance level. Kessler (1998) estimated that in the USA, 35% of basic normal children from normal families develop behavior problems at age four. Most clinicians agree that the appropriate time for preventive and remedial measures on a child is at the early stage of development. Therefore, this should start before birth by not subjecting the mother to any stressful activity and giving her appropriate parental care. To prevent trauma and its impact on children's emotional development, the early stages of child development is very vital to the emotional and critical situation of the child (Kessler, 1988). It is estimated that 60% of the population living in violent area such as slums or low social-economic status areas have their children vulnerable to trauma (Population Reference Bureau, 2001).

Concepts of Emotional Development

In the course of only a few years children demonstrate an amazing growth in their emotional development. Their skills in appraising ambivalent situations, in dampening emotional outbursts and in displaying unmet emotional fronts (to name just a few) increases dramatically between 5 and 12 years of age (Saarni, Mumme, & Campos, 1998). In the past, most research has conceptualized these and other advances in emotional development as rather solitary or intra-psychic processes. Few studies have taken a transactional or interpersonal perspective on emotional development, although all human beings are born as social beings who cannot survive or develop normally without significant relationships (Stern, 1986).

Disregarding the social context is particularly limiting for the study of emotional development, because emotions are frequently generated in the context of social relationships (Scherer, Wallbott, & Summerfield, 1986) and are often managed with the help of other people (Cassidy, 1994). In addition, basic parameters, such as the frequency, duration, and intensity of emotional expressions, are shaped in the face-to-face interactions between children and their significant others and the dual role played by expressive behavior as both an indicator of an (underlying) emotional state and a social signal is acquired in interpersonal exchanges (Saarni et al., 1998). And last but not least,

children learn to negotiate conflicting emotions in a variety of social relationships (Laursen, Hartup, & Koplas, 1996).

Research shows that significant others such as parents, peers, and friends play an important role in and offer challenges for multiple components of children's emotional development, including emotional appraisals, subjective experiences, and emotional expressions (von Salisch, 2001). Understanding how these significant others impact on emotional development of children will help to appreciate the link between trauma and emotional development of children living in children's homes who are orphans.

Emotional Development in the Parent-Child Relationship

Past and contemporary theories of development emphasize the importance of mothers and fathers in their children's emotional development due to the long-term mutual investment they have with room for intensive emotions (on both sides). In addition, this close dyadic relationship is asymmetrical or complementary in the sense that for many years the parent has more power to determine the course of the interaction than the child (Youniss, 1980). The close, complementary, and at the same time involuntary nature of the parent-child relationship has important implications, in terms of the challenges and the limitations it provides for children's emotional development. Over many years, mothers and fathers are primary figures for support in times of pain, anxiety, or distress; that is, they help their children in their emotion regulation when their own resources are taxed or overwhelmed (Von Salisch, 2001). As children grow older, their reliance on this type of interpersonal support gradually diminishes, but up to adolescence (and sometimes beyond) parents play a major role in their offspring's psychological functioning in times of need. As primary attachment figures, parents teach their young children basic lessons about whether their distress-related emotions are generally worth the attention of the parent. When a parent ignores these emotions often enough, their young child learns that they cannot be communicated in an open and non-distorted manner, but that their expression needs to be minimized or maximized in order to suit the response style of the parent.

Mothers and fathers who are generally responsive to their children's distress or frustration tend to ameliorate their current distress and help them in the long run to tolerate negative affect temporarily in order to achieve mastery over the threatening or frustrating situation (Cassidy, 1994). Parents' lack of support in these distressing situations challenges children to develop and practice strategies of distraction which ultimately limit children's access to their own appraisals and subjective experiences of distress-related emotions (Zimmermann, Maier, Winter & Grossmann, 2001). Inter-individual differences in caregivers' responsivity to their children's signals of attachment-related distress have many consequences for their children's emotional development. Studies by Laible & Thompson (1998) and Steele, Steele, Croft, & Fonagy (1999) revealed that a secure attachment to mother tended to promote the understanding of negative valence emotions (and of mixed emotions in the preschool period. Children with an insecure attachment to their mother (and their father) were at a particular risk to make hostile attributions about a peer's intentions even when they were at best ambivalent (Suess, Grossmann, & Sroufe, 1992) and to behave aggressively (males only) in the early school years (Cohn, 1990). Adolescents with insecure (concurrent) attachment representations tended to show more "dysfunctional anger" (Kobak, Cole, Ferenz-Gillies, Fleming, & Gamble, 1993) and to display fewer positive emotional expressions (Becker-Stoll, Delius, & Scheitenberger, 2001) during laboratory analogues of the struggle over connectedness and autonomy with their mothers. This study therefore, sought to find out whether care givers in children's homes are able to play the role of parents and promote effective emotional development for children who have gone through traumatic experiences.

Emotional Development within the Peer Group

In contrast to the parent-child relationship peer relationships are symmetrical in that both partners have about the same amount of social power (Youniss, 1980). Relationships to peers, such as classmates, are mostly involuntary and many of them are not close in the sense that peers share intimate thoughts or activities with each other (Laursen et al., 1996).

Nevertheless, peers are expected to have a pervasive influence on children's emotional development for two reasons. First, peers may be in a better position to understand the emotional life of their age mates than parents or children of other age groups because of their similarity (Dunn & Hughes, 1998; Shantz, 1983). Children of the same age argue on the same socio-cognitive and moral level, face the same transitions and (normative) life events and share the same role vis-a`-vis the school and its teachers (Salisch, 2000). These similarities are expected to improve their understanding of their peers' situation, perhaps to some extent independent of inter-individual differences due to level of development, personality, or upbringing.

The second reason follows from the fact that peers form a group (Rubin, Bukowski, & Parker, 1997; J. Harris, 1995). Being together with a group of likeminded peers should intensify some of the emotions children experience when their age-mates value and validate these emotions. As a group, children and adolescents create a culture with its own norms and values, among them the shared appraisal of emotion-eliciting events (Corsaro & Eder, 1990). These appraisals are likely to differ from time to time and from place to place and children may seek each other out on the basis of similar emotional appraisals, for example, as regards danger (Hochschild, 1983). In addition, local peer groups typically have rules about the expression and the regulation of emotions, both explicit and implicit ones, but there is little empirical research on peer influences, neither on emotion appraisals and experiences nor on emotion expressions and regulation strategies. It would be interesting to find out how peers within children's homes influence emotional development of children who have experienced trauma.

Effects of trauma on Child's Emotional Development

Traumatized children tend to become fixated at the emotional and cognitive level at which they were traumatized, and they tend to use the same means to deal with contemporary stresses that they used at the stage of development at which the trauma first occurred (Van der Kolk, et al., 1996). Severe 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, hyperarousal or both), but which at extreme levels can cause alterations in brain development and destruction of brain cells (Moroz, 2005).

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 (Steinberg, 2003).

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, 1992).

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, also, cannot afford to trust, relax or fully explore their own feelings, ideas or interests. The process of character development is shaped by the child's experiences in early relationships (Johnson, 1987). 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 (Moroz, 2005).

RESULTS DISCUSSION

Impact of Trauma on Children's Emotional Development in Children's living in Children's Home

Children experience rapid changes in development, making childhood a time of both great opportunity and extreme vulnerability. Multiple factors influence the short- and long-term impact of trauma on a child. One goal of this study was to establish the impact of trauma on children's emotional development in children's living in children's home in Nyahururu Sub-County

Figure 1 illustrates overall scores obtained on children's emotional development.

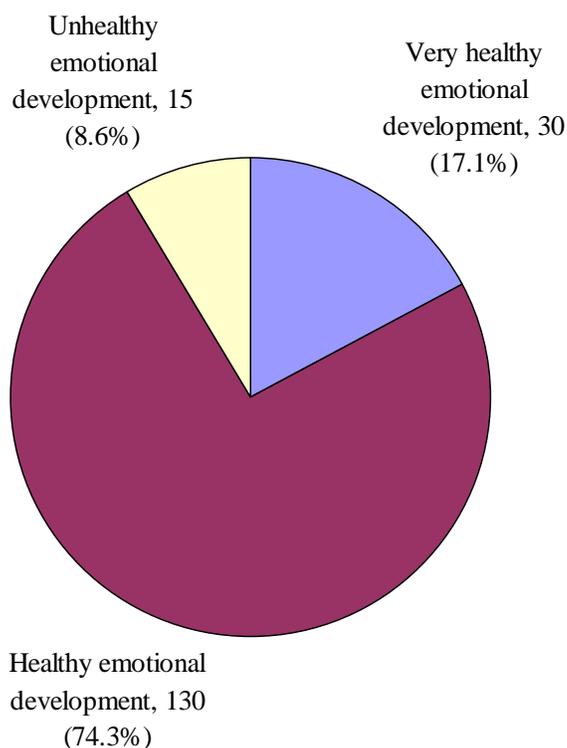


Figure 1: Overall Scores on Children's Emotional Development

Figure 1 shows that 74.3% of the children living in children's home had a healthy emotional development, 30 (17.1%) had very healthy emotional development while 15 (8.6%) had unhealthy emotional development. This implies that a notable number of children had emotional development problems.

The children level of trauma and emotional development of children is tabulated in Table 1.

Level of Trauma Versus Children's Emotional Development

Level of trauma	Children's Emotional Development			Total	Chi-square statistics
	Very healthy	Healthy	Unhealthy		
Low	0	4	0	4	$\chi^2=34.484$ df=6 Sig.=0.000*
Moderate	24	108	10	142	
High	6	18	2	26	
very high	0	0	3	3	
Total	30	130	15	175	

*Significant at $p < 0.05$ level

Table 1 shows that there was a significant relationship between level of trauma and children's emotional development at $p < 0.05$ level. Results in the table show that among the 15 children with unhealthy emotional development, 10 were moderately traumatized, 2 were highly traumatized while 3 were very highly traumatized. However, of the 30 children with very healthy emotional

development, 24 were moderately traumatized whereas only 6 were highly traumatized. This implies that level of trauma significantly influences children's emotional development. To confirm the children's responses on emotional development, children's home administrators were presented with 20 items measuring emotional development among children. They were required to indicate their agreement level of a five point Likert scale. Presented in Table 2 are the means and standard deviations obtained.

Table 2
Administrators' Responses on Children Emotional Development

Statements	SA		A		N		D		SD		Mean	Std Dev.
	F	%	f	%	f	%	f	%	f	%		
These children don't have trouble going to bed/ falling asleep	1	10.0	7	70.0	0	0.0	2	20.0	0	0.0	3.70	0.949
These children create games, stories or pictures about their past	1	10.0	5	50.0	2	20.0	2	20.0	0	0.0	3.50	0.972
These children want things right away	3	30.0	1	10.0	3	30.0	3	30.0	0	0.0	3.40	1.265
These children seems to be easily startled	1	10.0	1	10.0	6	60.0	2	20.0	0	0.0	3.10	0.876
These children aren't "hyperactive"	1	10.0	2	20.0	3	30.0	2	20.0	2	20.0	2.80	1.317
These children are never sad and withdrawn	2	20.0	1	10.0	0	0.0	6	60.0	1	10.0	2.70	1.418
These children never act aggressively	0	0.0	3	30.0	1	10.0	6	60.0	0	0.0	2.70	0.949
These children never refuse to sleep alone	2	20.0	1	10.0	1	10.0	3	30.0	3	30.0	2.60	1.578
These children never get frustrated too easily	0	0.0	2	20.0	4	40.0	2	20.0	2	20.0	2.60	1.075
These children never act whiny	0	0.0	0	0.0	6	60.0	3	30.0	1	10.0	2.50	0.707
These children never seem fearful without good reason	1	10.0	2	20.0	0	0.0	5	50.0	2	20.0	2.50	1.354
These children never cling to adults/ want to be alone	0	0.0	3	30.0	0	0.0	6	60.0	1	10.0	2.50	1.080
These children never seem fearful of things that are reminders of why they are in the children homes	1	10.0	0	0.0	4	40.0	3	30.0	2	20.0	2.50	1.179
These children never have bad dreams	0	0.0	2	20.0	1	10.0	6	60.0	1	10.0	2.40	.966
These children never cry without good reason	1	10.0	1	10.0	0	0.0	7	70.0	1	10.0	2.40	1.174
These children never bring up about their past in a conversation	0	0.0	2	20.0	1	10.0	6	60.0	1	10.0	2.40	0.966
These children are never worried	0	0.0	0	0.0	1	10.0	9	90.0	0	0.0	2.10	0.316
These children never complain about aches and pains	0	0.0	0	0.0	2	20.0	7	70.0	1	10.0	2.10	0.568
These children don't have temper tantrums	0	0.0	1	10.0	1	10.0	5	50.0	3	30.0	2.00	0.943
These children never act younger than they are e.g. bedwetting	0	0.0	0	0.0	3	30.0	4	40.0	3	30.0	2.00	0.816

Key: SA- Strongly Agree A-Agree N-Not sure D-Disagree SD-Strongly Disagree

As shown in Table 2, the mean scores obtained by the administrators on emotional development ranged from 3.70 to 2.00. Out of the 20 listed statements, respondents obtained scores above 3 in only 4 statements meaning majority of the administrators disagreed with the statements. The highest ranked statements were; children living in children's home did not have trouble going to bed/ falling asleep (3.70); they create games, stories or pictures about their past (3.50); they want things right away (3.40) and they seem to be easily startled (3.10). However, the lowest ranked statements were children never act younger than they are e.g. bedwetting (2.00); children don't have temper tantrums (2.00) children never complain about aches and pains (2.10) and children are never worried (2.10). This shows that most of the children in children's home had emotional development problems and therefore needed a lot of support in order to curb some of the problems, hence improving their traumatic situations.

Impact of Trauma on Children's Emotional Development in Children's living in Children's Home in Nyahururu Municipality

In relation to this objective, the study found out that 74.3% of the children living in children's home had a healthy emotional development, 30 (17.1%) had very healthy emotional development while 15 (8.6%) had unhealthy emotional development. This implies that a notable number of children had emotional development problems. To solve this problems, it was established that majority of these children were contented sharing their problems with counselors (4.33), doctors (3.85) and their peers (3.10). In addition with regard to boy-girl relationships, it emerged that 62.8% of the children were of the views that boy girl relationship was very healthy while 56.6% felt that relationship was very helpful. This shows that for a child to be able to express his/her feelings fully, he/she needs social support and social responses from a person who is capable of understanding the problem and also freely interacts with him /her.

Chi- square test result revealed that there was a significant relationship between level of trauma and children's emotional development at $p < 0.05$ level. Results showed that level of trauma significantly influences children's emotional development.

Findings of the Study

The study found out that most of these children viewed boy- girl relationships as stressing and dangerous. This clearly shows that trauma alter the sensory process and regulation of body emotions hence negatively influencing children to develop unhealthy emotional development. Conclusively, the study states that there was a significant relationship between level of trauma and children's emotional development, at $p < 0.05$ level.

Recommendations of the study

The Ministry of Health should organize campaigns for creating awareness among public members on nature of trauma and their consequences on children emotional development and its impact on both the family and the society.

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