

# **COUNSELLING INTERVENTION FOR THE TRAUMATISED CHILDREN IN BUNGOMA NORTH / MT. ELGON DISTRICTS**

## **REPORT**

by Ms Leonida Makila

### **Introduction:**

The trauma and counselling project is an intervention for the traumatised children in both primary and secondary schools within Bungoma North/Mt.Elgon districts.

The programme kicked off on 26<sup>th</sup> March 2008. The Programme aims at assisting the traumatised children through Counselling following the post-election crisis that rocked the country of Kenya.

The skirmishes disrupted the family unit, parents were killed, houses torched, others were totally disconnected from family members. It also led to forced marriages, due to intermarriages between tribes since the skirmishes were mainly ethnically instigated. Some children sustained injuries besides seeing their siblings and parents killed. Some teachers also were directly affected by the killings, rapes, and atrocities that ensued. Trauma shatters one's safe world so that it is no longer a place of refuge. It's a condition characterised by the phrase, "I just can't seem to get over it"

And this is the cry of the Kenyan child who was affected by the clashes. They have difficulty bouncing back because they feel derealisation – is this really happening? And depersonalisation – I don't know what I really stand for anymore? In essence, trauma is indescribable. The results are;

- Loss of family bonding,
- Children agitated
- Exhibit aggressive behaviour
- Anger, numbness, among others.

It's therefore hoped that the Counselling services will help them;

- Change their values
- Have a greater appreciation for life.
- Deepen their spiritual beliefs
- Promote a feeling of great strength
- Enhance appreciation and building of relationship

### **Preparation**

- The IcfEM Mission has created this programme to address the said socio-structural needs.
- The Mission sent out a team to the offices of DEOs, AEOs and Schools in the month of March 2008 to sensitise the officers on the plan for counselling the traumatised pupils and students.
- Twelve facilitators were recruited and trained to assist in the implementation of the programme. The training that lasted for three days was aimed at equipping the facilitators with human-relation skills, the skills needed for effective involvement with the traumatised children. The topics covered include: Basic skills in Counselling, Crisis Intervention, How to counsel a trauma victim, How to use & First Aid trauma checklist, among others.

- The facilitators were then sent to the 25 selected schools to identify those affected. With the help of Heads of Departments, Guidance and Counselling and class teachers, they were able to identify traumatised children.
- **Assessment**  
The facilitators used a First Aid Trauma Checklist (Questionnaire) to assess the psychosocial needs of the traumatised children. In particular the facilitators assessed the health status of the individual students, verified the kind of experience the patients suffered, established the nature of the trauma, and isolated those that need referral with in depth analysis of the problem and carefully noted and managed criticisms exhibited at that time.

**A total of 1140 children were recruited.**

## **RECRUITMENT EXERCISE**

### **1.0 Target Population**

The target populations are the traumatised children who were affected as a result of post election skirmishes in both Primary and Secondary schools within IcFEM's area of jurisdiction. Only 25 Schools were selected. The selection of schools is based on prior knowledge of the areas close to Mt. Elgon district, which was most affected by the clashes in the region.

#### **1.1 The units of Analysis.**

Entities under this Project work are the children in schools both Primary and Secondary.

### **1.2 Research Instruments**

#### **1.2.0 Questionnaire**

The research was conducted using questionnaires and Interview schedules for gathering relevant data for the work. Questionnaires contained closed ended and open-ended questions in order to give a detailed level of contact.

#### **1.2.1 Key Information**

The facilitators interviewed a few key informants. These are; the Heads of the selected schools and Heads of departments, guidance and Counselling.

## **1.3.Data Analysis**

In this study the statistical package of social sciences was used (SPSS) to analyse data. Simple non-parametric descriptive and inferential statistics were used chi-square method was also chosen because the anticipated data is normally distributed.

## **RESULTS OF THE STUDY**

### **1.4.0 INTRODUCTION**

The research set out to recruit the most traumatised children in both Primary and Secondary schools within IcFEM area of jurisdiction; for intensive psychotherapy and counselling.

#### **1.4.0 Demographic Characteristics**

This section presents a demographic description of the respondents, so as to provide a logical background for the Project work findings.

#### **1.4.1 Respondents' Age Distribution**

The distribution of the respondents by age is expressed in table 1.4.1 below

### 1.4.1 Age

**Table 1.4.1**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	5-9years	168	14.7	14.8	14.8
	10-14years	446	39.1	39.2	54.0
	15-19years	490	43.0	43.1	97.0
	20 and above	34	3.0	3.0	100.0
	Total	1138	99.8	100.0	
Missing		2	.2		
Total		1140	100.0		

According to the above table, most of the respondents were in the age category of between 15 to 19 years (43%), followed by 10 to 14 years (39.1%) and 5 to 9 years (14.7%).

**Table 1.4.2 Sex of the Respondent**

The distribution of the respondents by sex is expressed in the table below.

**Table 1.4.2**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	556	48.8	48.8	48.8
	Female	584	51.2	51.2	100.0
	Total	1140	100.0	100.0	

The number of girls is slightly higher compared to the boys being 51% and 49% respectively.

### 1.4.3 Number Interviewed in each School

Data on the number of children per selected schools is shown below in table 1:4:3

**Table 1:4:3**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Sikhendu secondary	15	1.3	1.3	1.3
	Cheskaki secondary	42	3.7	3.7	5.0
	Kaptola secondary	29	2.5	2.5	7.5
	Kimalewa secondary	41	3.6	3.6	11.1
	Kapkatenyi Secondary	92	8.1	8.1	19.2
	Kimabole secondary	53	4.6	4.6	23.9
	Kimilili RC Girls primary	51	4.5	4.5	28.3
	Chebkwavi primary	53	4.6	4.6	33.0
	Kamusinde primary	1	.1	.1	33.1
	Kaptola primary	16	1.4	1.4	34.5
	Siuna primary	56	4.9	4.9	39.4
	Sikhendu primary	100	8.8	8.8	48.2
	Mulatiwa Primary	148	13.0	13.0	61.1
	Cheskaki primary	107	9.4	9.4	70.5
	Kimabole primary	85	7.5	7.5	78.0
	Khwiworo	14	1.2	1.2	79.2
	Kamusinga primary	40	3.5	3.5	82.7
	Mucharage primary	78	6.8	6.8	89.6
	Maliki Secondary	13	1.1	1.1	90.7
	Lukhokhwe primary	77	6.8	6.8	97.5
	Ngami primary	10	.9	.9	98.3
	St Mary's Secondary	11	1.0	1.0	99.3
	Kamukuywa Secondary	8	.7	.7	100.0
	Total	1140	100.0	100.0	

The number of respondents is higher in notably Mulatiwa Primary (13.0%), Chesikaki Primary (9.4%) and Sikhendu Primary (8.8%) Kamusinde Primary had the least number (0.1%).

#### 1.4.4 Parents

The distribution of respondents on the basis of whether both parents are alive or not is expressed in table 1.4.4 below.

**Table 1.4.4**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Both alive	804	70.5	71.2	71.2
	Mother only	237	20.8	21.0	92.1
	Father only	64	5.6	5.7	97.8
	No parent	19	1.7	1.7	99.5
	Do not know parents where about	6	.5	.5	100.0
	Total	1130	99.1	100.0	
Missing		10	.9		
Total		1140	100.0		

From the table majority of the respondents have both parents alive (70.5%). (1.7%) do not have parents and 26.4% don't have either father or mother. These were either killed during the skirmishes or died natural death during or before.

#### 1.4.5 Type of guardianship

The data in table 1.4.5 below presents the type of guardianship to the child.

**Table 1.4.5**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Father only	54	4.7	4.8	4.8
	Mother only	201	17.6	17.8	22.6
	Both parents	601	52.7	53.3	76.0
	Grand parents	132	11.6	11.7	87.7
	Other relatives	134	11.8	11.9	99.6
	Well wishers	4	.4	.4	99.9
	7	1	.1	.1	100.0
	Total	1127	98.9	100.0	
Missing		13	1.1		
Total		1140	100.0		

According to the data shown above most of the children stay with their parents (52.7%). Another significant percentage staying with single parent either mother (17.6%) or father (4.7%) alone. There is a considerable percent of children who stay with other relatives (11.8).

#### 1.4.6 Class or form

From the table below most of the respondents are in upper class (48.6%) followed by (22.3%) in lower class. In Secondary Schools, a highest number is reflected in form three (8.8%), while form four has the lowest (3.5%).

**Table 1.4.6**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Nursery	16	1.4	1.4	1.4
	Lower class	254	22.3	22.4	23.8
	Upper class	554	48.6	48.8	72.5
	form one	79	6.9	7.0	79.5
	form two	93	8.2	8.2	87.7
	form three	100	8.8	8.8	96.5
	form four	40	3.5	3.5	100.0
	Total	1136	99.6	100.0	
Missing		4	.4		
Total		1140	100.0		

#### 1.4.7 Denomination

The distribution of respondents by denomination is represented below

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Catholic	232	20.4	21.6	21.6
	Protestant	838	73.5	78.1	99.7
	Muslim	3	.3	.3	100.0
	Total	1073	94.1	100.0	
Missing		67	5.9		
Total		1140	100.0		

Most of the respondents are Protestants.

#### 1.4.8.0 If ever been harmed before.

The table reflects that only 15% of the respondents had ever been harmed before.

**Table 1.4.8.0**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	175	15.4	16.5	16.5
	No	883	77.5	83.5	100.0
	Total	1058	92.8	100.0	
Missing		82	7.2		
Total		1140	100.0		

**Table 1.4.8.1 Any harm for the past four months**

The table below reveals that 83.9% of students/pupils were harmed during the past four months.

**Table 1.4.8.1**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	956	83.9	89.0	89.0
No	118	10.4	11.0	100.0
Total	1074	94.2	100.0	
Missing	66	5.8		
Total	1140	100.0		

**Table 1.4.8.2 Type of harm**

The table below shows types of harm which was experienced by students/pupils. Though displacement is the most pronounced harm being 63.7%, it is important to bear in mind that all others harms were registered by the displaced children too.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Slept out the whole night	86	7.5	8.1	8.1
Starvation	2	.2	.2	8.3
Legs broken	6	.5	.6	8.8
Hand broken	4	.4	.4	9.2
Body injury	36	3.2	3.4	12.6
missing mother or father	12	1.1	1.1	13.7
Grand parent killed	5	.4	.5	14.2
Assaulted	76	6.7	7.1	21.3
Several family members killed	6	.5	.6	21.9
Theft	5	.4	.5	22.3
Witnessed brutal murder of neighbour	10	.9	.9	23.3
Both father and mother killed	10	.9	.9	24.2
Brother killed	8	.7	.8	25.0
sister killed	6	.5	.6	25.5
Father killed	49	4.3	4.6	30.1
Mother killed	11	1.0	1.0	31.2
Cuttings	7	.6	.7	31.8
Displaced	726	63.7	68.2	100.0
Total	1065	93.4	100.0	
Missing	75	6.6		
Total	1140	100.0		

### 1.4.8.3 Where the harm took place

It is evident that a majority of the response were harmed in Mt. Elgon District.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Kopsiro	48	4.2	4.7	4.7
	Naivasha	5	.4	.5	5.2
	Entebesi	8	.7	.8	6.0
	Chelengany	3	.3	.3	6.3
	Kimama	20	1.8	2.0	8.2
	Nakuru	2	.2	.2	8.4
	Naitiri	6	.5	.6	9.0
	Nairobi	5	.4	.5	9.5
	Mumias	5	.4	.5	10.0
	18	6	.5	.6	10.6
	Saboti	75	6.6	7.3	17.9
	Chelwe	22	1.9	2.2	20.1
	Kitale	14	1.2	1.4	21.4
	Mt Elgon	767	67.3	75.1	96.6
	Eldoret	7	.6	.7	97.3
	Kitwamba	23	2.0	2.3	99.5
	Burnt Forest	3	.3	.3	99.8
	Lugari	2	.2	.2	100.0
	Total	1021	89.6	100.0	
	Missing		119	10.4	
Total		1140	100.0		

#### 1.4.8.4 How they were harmed

Data on how they were harmed is presented in the table 1.4.8.2 below. According to the data, most of the respondents were chased away from their homes (58.1%), (12.7%) of the respondents were beaten while (61%) suffered gunshots.

**Table 1.4.8.4**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Chased away	662	58.1	67.3	67.3
	Not willing to share	1	.1	.1	67.4
	Kinapped	6	.5	.6	68.0
	Cuttings	47	4.1	4.8	72.8
	Gun shots	68	6.0	6.9	79.7
	Beaten	145	12.7	14.7	94.4
	all property stolen	8	.7	.8	95.2
	Father arrested	7	.6	.7	95.9
	Ran away before skirmishes	37	3.2	3.8	99.7
	Father died of sickness	3	.3	.3	100.0
	Total	984	86.3	100.0	
Missing	156	13.7			
Total	1140	100.0			

#### 14.8.5 Who caused the harm

From the distribution in the table 1.4.8.4 below, most of the respondents do not know who caused the harm to them (74.1%)

**Table 14.8.5**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 person known	10	.9	1.1	1.1
	many unknown	845	74.1	91.3	92.3
	1 person unknown	13	1.1	1.4	93.7
	many known	49	4.3	5.3	99.0
	Police officers unknown	9	.8	1.0	100.0
	Total	926	81.2	100.0	
Missing	214	18.8			
Total	1140	100.0			

#### 1.4.8.6 When the harm took place

From the data in the table 1.4.8.3 below, most of the respondents were harmed in the month of Dec (day and night) and January ( day and night)

**Table 1.4.8.6**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	December night	365	32.0	41.4	41.4
	December day	253	22.2	28.7	70.1
	January night	155	13.6	17.6	87.7
	January day	78	6.8	8.9	96.6
	March	3	.3	.3	96.9
	April	2	.2	.2	97.2
	Before December 2007	25	2.2	2.8	100.0
	Total	881	77.3	100.0	
Missing		259	22.7		
Total		1140	100.0		

#### 1.4.8.7 Any physical injury that is visible

A majority of the respondents had no physical injury (71.6%). Only a small number sustained some injury (3.7%)

**Table 1.4.8.7**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	42	3.7	4.9	4.9
	No	816	71.6	95.0	99.9
	6	1	.1	.1	100.0
	Total	859	75.4	100.0	
Missing		281	24.6		
Total		1140	100.0		

#### 1.4.8.8 Emotions exhibited

Data distribution of the emotions presents frustration (30.2%) stress (18.6%), calm depression (13.8%) and anger (10.5%), as the most common emotions exhibited.

**Table 1.4.8.8**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Anger	120	10.5	12.6	12.6
	Frustration	344	30.2	36.0	48.6
	calm depression	157	13.8	16.4	65.0
	moody	61	5.4	6.4	71.4
	stressed	212	18.6	22.2	93.6
	Aggression	30	2.6	3.1	96.8
	fear	31	2.7	3.2	100.0
	Total	955	83.8	100.0	
Missing		185	16.2		
Total		1140	100.0		

#### 1.4.8.9 Any other loss

From the table below, most of the respondents said they lost land (74.6%), (25%) houses were burnt, livestock stolen (11.3%), household property destroyed (7.5%).

**Table 1.4.8.9**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	House burnt	285	25.0	33.5	33.5
	lost all property we had	111	9.7	13.0	46.5
	Destroyed business	1	.1	.1	46.7
	Livestock stolen	129	11.3	15.2	61.8
	Farm property destroyed	85	7.5	10.0	71.8
	None	21	1.8	2.5	74.3
	Farm produce	38	3.3	4.5	78.7
	children stolen	1	.1	.1	78.8
	Household property	118	10.4	13.9	92.7
	Personal property	52	4.6	6.1	98.8
	Land	10	.9	1.2	100.0
	Total	851	74.6	100.0	
Missing		289	25.4		
Total		1140	100.0		

#### 1.4.9.0 Whether the harm was reported

According to the data, most of the cases were not reported. (60.6%)

**Table 1.4.9.0**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	248	21.8	26.4	26.4
	No	691	60.6	73.5	99.9
	Y	1	.1	.1	100.0
	Total	940	82.5	100.0	
Missing		200	17.5		
Total		1140	100.0		

#### 1.4.9.1 To whom the harm was reported

Data reflects that only a few cases were reported either to the Police (14.2%) and the Chief (7.7%)

**Table 1.4.9.1**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Police	162	14.2	64.5	64.5
	Chief	88	7.7	35.1	99.6
	Journalist	1	.1	.4	100.0
	Total	251	22.0	100.0	
Missing		889	78.0		
Total		1140	100.0		

**Table 1.4.9.2 Steps taken**

From the cases that were reported, only (7.8%) were taken to hospital. Another (7.8%) migrated from the place of harm.

**Table 1.4.9.2**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Migration	89	7.8	12.5	12.5
	None	441	38.7	62.0	74.5
	Investigations promised	87	7.6	12.2	86.8
	Arrested	4	.4	.6	87.3
	police were chased	1	.1	.1	87.5
	Taken to hospital	89	7.8	12.5	100.0
	Total	711	62.4	100.0	
Missing		429	37.6		
Total		1140	100.0		

**1.4.9.3 Suggested measure to be taken to cope up with the problem in future.**

A large number of respondents feel the offenders should be punished in a law court (34.5%), (27.4%) suggested reinforcement of security, only 1.7% talked of reconciliation. 5.5% are overwhelmed with desire to revenge by killing the offenders.

**Table 1.4.9.3**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strengthen security.	312	27.4	36.9	36.9
	Punishing the offenders legally	393	34.5	46.5	83.4
	Kill them	50	4.4	5.9	89.3
	Reconciliation	17	1.5	2.0	91.4
	Undecided		1.7	2.2	93.6
	Resettling	17	1.5	2.0	95.6
	People should pray for peace	1	.1	.1	95.7
	8	36	3.2	4.3	100.0
Total	845	74.1	100.0		
Missing		295	25.9		
Total		1140	100.0		

**1.5.0 Findings, Conclusions and Recommendations****1.5.1. Findings**

Based on the analysis of data that was collected the following findings were established:

1. Children of age 15-19 were the majority (43%), followed by age 10-14 (39.1%).
2. There was minimal gender difference, girls (51.2%) and (48.8%).
3. The schools that had most of the affected children were: Mulatiwa (13%), Chesikaki (9.4%), and Sikhendu primary (8.8%).
4. Children who had both parents alive (70.5%), with only one parent (26.4%) and with either parents missing or dead (2.2%).
5. Children whose close family members were killed, these include father, mother, both parents, brothers, sisters, missing parents, and grandparents are (9.4%)
6. Children staying with other relatives and well wishers (12.2%)
7. Pupils in upper class 4-8 were the majority (48.6%), followed by students in secondary (27%) and the lower primary (22.3%).
8. Most of the respondents were protestants (73.5%) and only (20.4%) Catholics.

9. Of the total respondents (15%) had ever been harmed before December 2007 and (83.9%) were harmed from last December onwards. Most harm was registered in December and January (54.2% and (20.4%) respectively.
10. Students/pupils who were beaten/assaulted (12.6%)
11. Most of the respondents were dwellers of Mt. Elgon (67.3%).
12. Most of the people involved in the criminal acts of assaulting, displacing, burning houses were unknown people (74.1%), however, (5.2%) are the known people.
13. Emotions manifested were as follows: frustrations (30.2%), stress (18.2%), calm depression (13.8%) and anger (10.5%).
14. Most of children lost land (74.6%).
15. (60.6%) of the respondents never reported anywhere after the incident.
16. Out of those who reported (14.2%) reported to police officers and (7.7%) reported to chief.
17. Out of those who reported (38.7%) no steps were taken by the authority, and (7.8%) were taken to hospital.
18. Of all the respondents (34.5%) wanted perpetrators to be prosecuted and punished in court of law, (27%) wanted security reinforced and (4.4%) wanted to revenge by killing those who harmed them.

### **1.5.2. Conclusions**

According to the research that was conducted children whose parents or close family members were killed or witnessed brutal murder of neighbours exhibited more negative emotions than those who had been displaced without losing family members.

Those children who had been assaulted or lost close relatives are mainly the ones who desire to revenge.

Students/pupils of both genders were affected almost equally.

Land is a source of income in Mt. Elgon District, therefore losing land means losing livelihood, and this has led to loss of hope for many children. This is the case of almost all displaced persons.

Since majority of the displaced person never reported to the authority for being harmed, this might indicate lack of confidence in leadership or lack of awareness of the importance of reporting.

The region of Chesikaki is the most affected with the highest numbers of the displaced pupils/student. Many respondents were filled with bitterness and grudge of revenge.

Many pupils are seriously traumatised and if not helped to overcome this state in the next few years they will grow up and perpetuate the same evils acts that were done to them.

Victims know quite good percentage of the perpetrators. However, they fear disclosing them.

Many evils were perpetuated but it will take some time for the victims to disclose them.

### **1.5.3. Recommendations**

1. All pupils/students whose parents or close family members were kidnapped or killed need immediate counselling attention.
2. All children who talked of killing perpetrators should be counselled immediately.
3. All pupils/students who were assaulted or witnessed brutal murder of other people need quick counselling attention.
4. Due to the loss experienced by all displaced families counselling services should be made available for them in order to assist them to cope with new challenges.
5. Many students/pupils should be assisted with food, cloths, and school fees if they have to continue with studies.

6. Since the number of traumatised students/pupils is quite overwhelming, there is need to empower teachers in concerned schools to help with counselling services.
7. Volunteer facilitators should receive special counselling skills of dealing with persons who are deeply grieved due to loss encountered.
8. Church leaders especially Protestants to be empowered so that they can facilitate the healing process of the traumatised persons in their congregations.
9. The harm that has be encountered will take time to be brought back to normalcy, therefore ways should be devised of counselling all people in Mt. Elgon if indeed we expect to have normal functioning community.
10. There is need of setting up a Christian based justice and reconciliation's team in the affected areas based on Biblical principles and guidelines.

**Based on the above recommendations 207 pupils/students were categorised as highly traumatised and needed urgent attention, these are the ones that were called for the two clinic weeks. The rest were offered counselling services in their respective schools by visiting facilitators, teachers, peer groups and pastors in churches.**

### **THE COUNSELLING CLINIC WEEKS FOR STUDENTS**

The counselling clinics were aimed at bringing the most traumatised children together for intensive psychotherapy and counselling. The counselling clinic weeks were conducted in the month of April for two weeks.

The first clinic brought together 97 children (14 from secondary and 83 from primary) within Chesikaki region which is close to Mt. Elgon district, and was the most affected by the classes. The second clinic realised only 50 children due to transport hitches. Their teachers, 5 teachers for the first clinic and 6 teachers for the 2nd clinic accompanied the children.

In both clinics we carried out the following activities that we had planned.

1. Teaching on Trauma its effects
  2. Group counselling
  3. Play – jumping ropes, exercise, volleyball
  4. Video shows
  5. Sharing God's word from the Bible
  6. Music and dance
  7. Puppet shows
  8. open forum for testimonies
  9. individual counselling
- A. Group counselling** was facilitator led. It gave an opportunity to the children to share their experiences with each other from this activity, the children realised that their problems are not unique; again they were able to counsel each other within the group. Sharing out their concerns promoted the healing process. It also made them to open up and come out of self.
- B. Play**  
The children activity participated in volleyball, jumping the rope and aerobic exercises. These activities made them to interact freely with each other; they looked quite relaxed after each days play.
- C. Video shows, watching TV**  
The Video shows entertainment programmes were very educative and healing to most of the clients. The teacher testified to this fact.

#### **D. Sharing God's Word**

Most of the children gave their lives to Jesus Christ as a result of seasoned preaching from God's word. The word of God deepened their spiritual beliefs and gave them greater appreciation of life.

#### **E. Music, dance and puppet shows**

The children were given a chance to sing and dance. They also watched interesting puppets related to their circumstances. Indeed the puppets were therapeutic since they could not hold their laughter.

#### **F. Forum for testimonies**

The children were asked to share how they have benefited from the clinic week. Their testimonial narratives are quite motivating. A few cases were video taped.

#### **G. Individual counselling**

This was the major activity of the clinic weeks. This gave enough time to facilitators to interact, guide and counsel the children. They put in practice the necessary counselling and interviewing techniques discussed and acquired in the course of training. Since the children are overwhelmed by their condition and are seeking for rescue, the counsellors were keen to create a therapeutic alliance that provided a suitable psychological climate in which the clients experienced the freedom necessary to initiate construct personality change.

Most of the children who came to the clinic were timid, suspicious, fearful, unhappy, hopeless, withdrawn, angry and very bitter.

I am glad to report that after each clinic week they looked relaxed, calm, thankful, buoyant in the face of difficulties, able to interact, and with some sense of humour. Their testimonies on the video attest to this.

Also a comparison of pictures taken when they arrived for the clinic and after, indicate that there was some degree of behaviour change realised.

The narratives the counsellors were subjected to by the clients were heart breaking.

**A detailed report of the trauma clinic weeks is given below.**

## **A DETAILED REPORT OF THE DAILY ACCURANCES OF THE TWO CLINIC WEEKS**

**Week 1 TRAUMA COUNSELLING CLINIC**

**23<sup>RD</sup> – 26<sup>TH</sup> APRIL 2008**

### **Venue: Dreamland Education Centre**

Total Number of participants was 98(Girls 37 and 61 Boys )

- Facilitators 11
- Coordinators 2
- Teachers 5

Schools represented;

1. Kimabole Primary
2. Mulatiwa Primary
3. Cheskaki Primary

4. Kimabole Secondary

5. Cheskaki Secondary

### **DAY 1**

The participants arrived early in the day but appeared dull, slow and showed little interest in what was going on. The activities of the day started with late lunch, then a meeting with the teachers to find out their expectations. It transpired that the teachers expected material aid in form of school fees, school uniform, books, clothes and food for the participants. The teachers also explained some of the traumatic experiences that the participants had/were going through and the danger in grouping certain individuals.

The evening activities included supper, introduction and a video show to allow the participants and their teachers to retire early because they looked tired.

### **DAY 2**

After breakfast and morning devotion, the participants were put in 2 groups, Primary pupils and secondary students, each group with one coordinator and a number of facilitators.

During de-briefing, it was found out that some of the traumatic experiences the participants had gone through included;

- Seeing parents/brothers/close relatives beaten and sometimes killed.
- Seeing parents/brothers forcefully taken away from home and later found dead.
- Seeing property taken/destroyed by fire (this included animals, food, clothes, books, shops etc).
- Being cut/ slashed.
- Threats.
- Hearing gunshots.
- Sleeping in bushes in the cold for days.
- Being chased from home.

As a result of these experiences many participants were left homeless and were renting rooms at market centre's, or staying with distant relatives or well – wishers. Some participants lost both parents as others lost one parent. Getting food was difficult for all the participants.

The participants admitted being angry, bitter, frustrated, fearful, stressed, wishing to revenge and depressed. This necessitated the formation of group counselling which went on for the whole day, with breaks of lunch, puppet show and games. The night was spent watching a video show.

### **DAY3**

Group counselling was continued after breakfast and morning devotion up to 10.00 a.m. The facilitator noted that some participants were still fearful of opening up in-group sessions, so the coordinators explored the purpose and need for individual counselling.

Group one of primary pupils was found to let go of their issues faster than Group 2 of secondary school students who were still hesitant, probably due to the experiences they had undergone.

One to one counselling went on up to the evening when the participants who were free went for games but still some could be seen choosing to be on their own.

The evening session after supper consisted of a video show and preaching on Deliverance and Dedication

#### **DAY 4**

There was still need for the one to one sessions that continued after breakfast until 9.00 am. The reports from participants and teachers showed that group counselling, individual counselling and the relaxed atmosphere far away from home had helped the participants go over some of the effects of trauma. Many participants confessed to be ready to forgive and have a fresh start in life, and it could be seen in way they now walked briskly, could joke and laugh and were now mixing freely.

Director Mercy ministry of IcfEM gave each participant a blanket and a pocket New Testament Bible. The primary pupils were each fitted with school uniform. Some clothes were also donated.

Assurances of follow up to schools, seminars for parents, Guidance and Counselling teachers, boarding masters Principles and Heads of Schools were given by coordinator.

The Director IcfEM thanked the teachers who were present at the Venue all the days. Sick cases were referred to Dreamland Medical Centre on all the days. Facilitators reported they were very exhausted

#### **Very needy cases were Identified as follows:**

- |                      |                 |  |
|----------------------|-----------------|--|
| 1. Shadrack Simiyu   |                 | -mother dead/father killed                     |
| 2. Chebet            |                 | -orphan  |
| 3. Ruth Wataka       | form 2          | -grand mother mad                              |
| 4. Kwemoi Denis      | form 4 Kimabole | -case of out of wedlock                        |
| 5. Dan Ngeywa        | form 2 Cheskaki | -stays with a Samaritan                        |
| 6. Micah Makabo      | std 5 Kimabole  | -father kidnapped                              |
| 7. Chrispinus Barasa | std 5 Kimabole  | -staying with an aunt                          |
| 8. Hezron Ndiema     |                 |  |
| 9. A mono Wasuko     |                 |  |
| 10. Selly Chemtai    |                 |  |
| 11. Kevin Namasake   |                 | -father killed                                 |
| 12. Noah Nabaloa     |                 | -lives with mother/rented house/brother killed |
| 13. Nancy Sichangi   |                 | -mother only                                   |

- |                      |                           |                                |
|----------------------|---------------------------|--------------------------------|
| 14. Jane Nanjala     |                           |                                |
| 15. Raphael Mafura   |                           |                                |
| 16. Grace Chepkwemoi | std 7 Mulatiwa pri school | -total orphan                  |
| 17. Rachael Nanjala  | Mulatiwa                  | - total orphan                 |
| 18. Dinah Wekesa     |                           | - total orphan                 |
| 19. Oliva Chesebe    | std 7 Cheskakai           | - orphan/homeless              |
| 20. Kamoti John      | std 8 Mulatiwa            | -father missing/mother killed  |
| 21. Amos Kilong'     | std 7 Kimabole            | -mother killed                 |
| 22. Dancan Ndiema    | std 7 Cheskaki            | - father killed/missing mother |
| 23. Beatrice Wanyama | std 6                     | -missing father                |
| 24. Mourine Nasimiyu | Mulatiwa                  | -total orphan                  |
| 25. Stella Cheptee   | Mulatiwa                  | -total orphan                  |

## **WEEK 2 COUNSELLING CLINIC**

30<sup>TH</sup> APRIL - 3RD MAY 2008

**Venue:** Dreamland Education Centre.

Total number of students/ pupils 49(Girls 33,Boys16)

Facilitators 9

Coordinators 2

Teachers 6

Schools represented.

1. Kimabole Primary
2. Mulatiwa Primary
3. Siuna Primary
4. Ngami Academy
5. Kwiro Primary
6. Sikhendu Primary
7. Kimilili R.C Primary
8. Chebukwabi Primary
9. Kamusing ACK Primary
10. St. Teresas' Sikhendu Secondary
11. Kapkatenyi Secondary

### **DAY 1.**

Due to the breakdown of the Dreamland Education Centre bus in the early part of the morning, most of the participant came to the venue late in the afternoon. As

such they had late lunch early supper, were allocated room to sleep, watched a video show, they slept early as they were very tired. However, the meeting between facilitators and teachers revealed that the teachers expected material aid in terms of school fees, clothing, food and books for the participants and their families.

## **DAY 2**

The day started off well. After breakfast and morning Devotion, the participants were divided into the groups, 1-6 formed group 1, standard 7 up to Secondary level, formed group 2. After some warm up of singing songs of praise, the participants in their groups together with facilitators, under the leadership of a coordinator were asked to list their expectations of the clinic week. Their expectations matched those of their teachers, i.e. material aid in the form of food, clothing, bedding, soap books and school fees for themselves and their families.

The coordinators therefore took time to explain the purpose of and objective of the clinic week as purely counselling and promised to forward their needs to mercy Ministry under IcFEM. Thereafter introduction was done and the coordinators each in each group gave teaching/interaction session of what trauma is and the effects of traumatic experiences. The purpose of group counselling was handed over to facilitators. Group counselling continued into late afternoon, interspersed with breaks and a puppet show. The participants were later released to go for games and relaxation.

The night session had a video show and preaching. At the end of day 2, the participants appeared more relaxed, some would be seen talking freely, laughing, the smaller children running about and could participate in the singing more actively.

## **DAY 3**

After breakfast and morning Devotion, there was an interaction session where the feelings of the previous day's happenings participants were explored. Many reported that they felt relaxed and had benefited from the group counselling.

There were more teachings on effects of traumatic experiences and the purpose/need for individual counselling. The participants were then given the opportunity to choose the facilitators they were most free with for the individual counselling sessions. The 1-1 sessions went on for the rest of the day together with games to occupy those who were free since the number of participants was greater than that of the facilitators. The facilitators also identified the participants who looked troubled and went to them.

The night session had Preaching, Deliverance and Dedication. The participants were actively involved and were willing to stay up to mid-night watching a video show.

## **DAY 4**

There was continuation of individual counselling before and after breakfast up to 10.00am. Reports from participants indicated that there was diminished anger, bitterness, self-pity and desire to revenge. Instead there was forgiveness, readiness to make a fresh start and appreciation of the whole program me.

Assurances were made to the participants and teachers that there would be follow-up of the program with school visitation by facilitators and seminars for parent/guardians, counselling/Boarding teachers and Heads of Schools, in the following four months. A counselling office was also open for them at IcFEM HQs. At the closing ceremony Mercy Ministry of IcFEM Mission donated blankets, washing soap, pocket New Testament bibles for each participant and Uniforms were fitted for all primary pupils who attended the clinic. All in all the participants went away more light hearted than they came as was heard in lively singing on the bus as they left Dreamland Education Centre. Records from facilitators indicated that they had counselled most participants with some being taken through two sessions of 1-1 Counselling. Participants who were unwell were treated at Dreamland Medical Centre on a daily basis.

### **NEEDY CASES**

**Listed below are very needy cases that require immediate attention.**

STELLA RUNDA-Class 8, Chebukwabi Primary.-No father

EVANS- Class 4-Sikhendu Primary-No father

DENNIS SIMIYU -Class 8-siuna Primary.- Father killed

JUSTINE RENDA- Chebukwabi Primary -No father

DIANA RENDA- Class 6- Chebukwabi Primary- No father

LEWIS MAKUTANO -Siuna Primary- No father

SAMWELMASINDANO-Siuna Primary- No father

GODFREY SICHANGI, -Siuna Primary- No father

GEORGE KIBOI –Siuna Primary- No father

DIANA CHELONGO -Siuna Primary- No father

### **TOTAL ORPHANS**

LILIAN CHEROP- Class 8 -Ngami Academy-she stays with sister

CONSOLATA NANJALA – Class 6 -Sikhendu Primary -she stays with uncle

ANTHON SIMIYU – Class 8- Siuna Primary -she stays with grandfather

BETTY NABALAYO — Class 5-Kimilili R.C Primary she does not know the whereabouts of mother, father was killed.

SARAH MAKOKHA — Class 5 –Khwiroro Primary- she does not know the whereabouts of mother, father was killed.

MARY BARASA — Class 5 –Khwiroro Primary- both parents missing

MARY NYONGESA- - Class 6 Khwiroro Primary

ANNE WAFULA – Class 7- Khwiroro Primary ,she was staying with parents in Naivasha, they were killed during the clashes She now stays with an Aunt whom she says mistreats her, sometimes she goes without a meal.

---

### **THE CLINIC ACHIEVEMENTS.**

1. Good turn up of the clients especially in the first clinic
2. The teachers commends on the first week
3. The change in behaviour of the children
  - ◆ Relaxed/Calm
  - ◆ Thankful
  - ◆ Sense of humour
  - ◆ Sociable
  - ◆ Greater appreciation of life
  - ◆ Restored self-confidence
  - ◆ Regained hope in life
4. All the planed activities were carried
5. The commitment of the volunteer counsellors

### **CHALLENGES**

1. The budget allocation  
The money allocated for clinic weeks according to the budget is KShs. 120,000/=  
The actual expenditure was KShs. 180,300/=

The unforeseen circumstances in the exercise by about half that inflated the budget were:

- (i) Lack of basic needs such as Blankets, Soap, Basins, Pads, Tissues etc.
  - (ii) Hiring of transport services
2. Most of children were not willing to go back to their homes since the environment is still hostile.
  3. All the children are in dire need of food, clothing and descent shelter
  4. They also expect the mission to assist in payment of their fees since their parents/guardian were killed in the clashes

**Three of the many stories are sighted in this report.**

#### **Case study 1**

Ruth (name fictitious), a form III student in Chesikaki Secondary School, she is in a family of twelve. Her mother was killed in the mass killing of the twelve people who

were buried in a hole. She was expectant Her tummy was pierced and ripped open the twin foetus were removed and pinned on sticks and left hanging for the birds of the air.

The counsellor talked to her individually, she was depressed, withdrawn and frustrated. She said she could not concentrate in class, experiences bad dreams and hallucinations her deep desire to God is her prayers shall one day come true as he wishes to study hard at school without back flashing. Unfortunate again, Ruth lives with a well wisher who is less economically stable, thus she requests for Educational material support. After three days counselling, she showed a great appreciation for life. The word of God helped her to open up her life and set it free to Jesus, that one day all she desires shall come to pass and hopeful she will be able to achieve the best in her study.

### **Case study 2**

Job (name fictitious), a form IV student in Chesikaki Secondary School. They are a family of eight, their mother was killed in the violence by Sobaot land defence force and the father was taken away at night up to date he has never been seen. Job was tortured but managed to escape and went back home. He wishes the terrorists should be killed whenever he finds chance.

Hardly enough job is the guardian of his siblings, as well as he goes to School. Due to domestic duties, he has dropped in his academic performance. He lacks fees, looks after the young ones, looks for a shelter in place and food; at times they can't have something to share. His great desire to God is that one day he shall meet a well wisher who will support them in life.

After three days counselling. The counsellor attended to him through individual counselling, the boy showed a positive turn up to forgive the perpetrators and said, it is only God who can revenge on his behalf. His positive regard towards life is great and can only be maintained when contact and communication on follow ups are done to accelerate the healing process

### **Case study 1**

Her name is Jane (name fictitious), a class six pupil in Mulatiwa Primary School Chesikaki region, She escaped death narrowly in the massive killing of her twelve family members. She was actually the 13<sup>th</sup> to be slaughtered after the killings of the twelve who were buried in one hole. She said that before the attackers could chop her head, somebody made a phone call and asked them, "how may have you killed?" they replied "only twelve". The person asked them to stop the killings. That is how Jane survived. The twelfth person was her own mother whom she watched writhe in pain as the attacker drove their sharp weapons in her belly.

I talked to Jane personally. She was phobic depressed and withdrawn. She said she could not concentrate in class, experiences bad dreams and hallucinations and has a deep desire for revenge. Unfortunately again, Jane lives with a hostile stepmother who keep reminding her of her late mother. After three days of counselling her, she begun to show greater appreciation for life. The word of God in counselling helped her to deepen her spiritual beliefs. She was able to say a prayer and asked God to help her forgive those who killed her family members. She is grateful to God that she survived the killings. I do believe that maintaining contact with her will accelerate the healing process.

Jane is just one of the three girls who helplessly watched as their parents lives came to an end.

## CLINIC OF PARENTS /GUARDIANS ON 2<sup>ND</sup> JUNE 2008.

### REPORT

No of parents-46  
No of facilitators-11  
Project co-odinators-02  
Icfemstaff-01  
Total-60

The meeting began at 11.am with prayer from one of the parents. A hymn was sung. Mrs Libusi then took over and talked to the parents on trauma counselling. The lesson was learner-centred. The parents explained the experiences they went through and what is happening and what is happening to them as result of the traumas. They asked various questions about coping with trauma. The facilitators and other parents responded adequately to the to the questions.

In the 2<sup>nd</sup> session, Mrs Makila talked about Trauma and children. How parents can handle grieving children of all ages.

The parents appreciated the work the facilitators did in the clinic week, with their children, they happily reported that, there's tremendous change in behaviour in their children.

Behaviour change in the children;

-Can now mix easily with their own biological children.

-They no longer refuse to go to school.

-Rebellious tendencies have reduced.

-Sleep patterns are now normal.

-They value their personal hygiene.

-Find meaning in going to church. lost her parents but there are a people to care for her. She can now wake up early for

One parent in particular said that before the clinic week, the child was unruly, she was talking of killing herself, she was extremely aggressive to the extend of destroying utensils in the kitchen. After the clinic week, the girl is sober; thankful that although she school.

During the 2<sup>nd</sup> session again, the parents asked various questions on parenting. They shared their experiences about parenting many children who are orphaned. They counselled each other and it was quite enhancing.

Another activity the parents were engaged in was group counselling.

The facilitators handled group counselling. The concerns that came up during the group counselling are:

- Lack of basic needs.
- The uniforms for the children.
- Education/ fees for the orphans.
- Loans to enable them to start small business.
- Raising the other children.

Group counselling gave them an opportunity to counsel each other. they were also able to narrate their stories in the herring of counselling of a counsellor. Confessed later that it was therapeutic .

Patrick Biboko, head of department relief and welfare shared the word of God from Philippians 3:13 with the parents. He also responded to their concerns. He crowned the meeting with a word of prayer. Those who had no relationship with God accepted to have a new beginning with him. The clinic ended at 5pm, we praised God for his favor.

## TRAUMA IN CHILDREN

### HOW PARENTS CAN HELP THE TRAUMATISED CHILDREN.

Traumatic events of any kind turn the life of a child upside down.

Trauma sends four messages,

- World not safe
- World no longer kind
- World no longer predictable
- World no longer worthy.

### **Characteristics of children who have experienced Trauma.**

1. A child under 4 years tends to forget experiences although a few remember.
2. Most children don't experience the psychic numbing common to adults.
3. Most children don't experience intrusive and disruptive visual flashbacks.
4. Performance not so much disrupted.

### **How to help a child cope.**

1. Encouragement just to be patient, know it is right to feel and express feelings.
2. Return the child to the world of childhood if possible.
3. Show empathy.
4. Communicate rightly.

### **Warning signs that indicate a child is not coping well**

A child consistently doesn't want or refuses to go to school; the child drops academically and doesn't recover.

1. A child loses interest or pleasure in what he or she used to enjoy.
2. A child talks about hurting him or herself.
3. Hears or sees things others don't see.
4. Can't eat or sleep enough.

## **CHILDREN CRISIS**

### **Death of a parent can lead to depression in children.**

#### **Characteristics of a depressed child.**

- Appearance
- Withdrawal
- Discounted-dissatisfied or derives little pleasure of what he or she is doing.
- Rejection- feel rejected or unloved
- Irritability
- Provocative
- Expressive- anger, resentment, negativity

#### **How to handle depression in children**

1. Help the child to find out some type of activity to engage in i.e. a game, a hobby.
2. Find a way for the child to find experience success.
3. Help the child break out of his routine go out.
4. Listen to the child without being judgmental.

### Reaction to a loss.

1. Anger
2. Fear
3. Confusion

### **How to help grieving children.**

1. Encourage to talk and ask questions.
2. Be available when the child wants to grieve, be good.
3. Give them opportunity for creative expression, drawing, writes a letter to the diseased.
4. Watch your expectation.
5. Give them assurance.
6. Allow children to respond in their own way.
7. Make honesty a policy.
8. Discuss their myth.

## **WORKSHOP FOR GUIDING AND COUNSELLING TEACHERS,BOARDING MASTERS/MISTRESSES ON JULY 11<sup>th</sup>2008.**

The venue was IcFEM at Ukuhani House. The people present were;-

- The Director IcFEM Mission
- 3 members of staff from IcFEM Mission
- 3 members of Harambee Donor Foundation
- 2 coordinators
- 3 facilitators
- 22 Teachers.

The morning was spent on the introduction part of the Workshop and the elaboration on trauma and Counselling. After introduction, the role of the teacher as a counsellor was elaborated being the key word of the meeting, teaching on Trauma, the causes, effects were explored.

Teachers from two schools who had been in the clinics gave report on how the children from their schools are faring on. They said there are big changes in those children who came for the clinic weeks but they request for more visitation by the Facilitators to their various schools because the number of the traumatised children is overwhelming. One Facilitator gave report of the challenges they face while in the field. Namely;

- They had short time duration with the clients in school due to tight academic programmers.
- Road Transport to the schools are poor
- The orphans were taking too long to heal and appeared to be weak; seemingly there isn't enough food and improper care by the guardians.

The audience requested the Facilitators to book appointment for the counselling of the children with the Guiding and counselling teachers.

Power point presentation of part of the Counselling with the traumatised students/pupils at Dreamland Education Centre and in schools, parents/guardians who came in IcFEM Mission Headquarters for a one-day clinic, at Kimabole Region was shown.

The afternoon was spent on the discussion groups on the challenges traumatised children pose on other students, teachers and how to handle these challenges.

The following are some of the questions discussed by the Teachers in various groups;

### **Characteristics of a Traumatized child**

- Poor performance in class
- Silent(hardly talks with others)
- Absent minded
- Truancy and absenteeism
- Weak & untidy
- Aggressive
- Withdrawn

### **Challenges faced by traumatized children**

- Child labour
- Unwanted pregnancies
- Poverty
- Poor performance in class
- Rejection by friends and teachers in school.
- Mocked by the rest
- Early school drop-out
- Lack of basic needs
- Drug abuse

### **Challenges Traumatized children pose to their Teachers.**

- Slow syllabus coverage
- Teacher is forced to provide some learning materials like pens & a book.
- Teacher is overworked due to a large population of pupils per class.
- The best pupils in class are affected and they start lowering the mean score which affects the school as a whole.
- Students may strike due to use of drugs as a form of releasing tension.
- Encourages indiscipline cases and creates poor relationship among the pupils/students.

### **Signs/symptoms of a child who is not responding to Trauma healing**

- Chronic anger
- Moody
- Confused
- Chronic sickness
- Poor performance
- Withdrawal
- Poor handwriting
- Isolated child .

### **How to help such a child**

- a. Enhancing good relationship between the counsellor and the child

- b. supporting them materially
- c. Encouraging the child to take part in recreational activities.
- d. Building confidence in them by congratulating them in whatever they do correctly.

The group presentation highlighted on some areas that need special attention namely;

- Early marriages/ pregnancies in school girls
- Lack of basic needs (food, shelter and clothing) and child labour
- Rejection by relatives at home, in school and hostility

The Director IcFEM Mission empowered the audience on peace building and conflict resolution as a leadership mandate. The final speaker shared on the Biblical presentation on crisis, that is the need to turn to God. As a way foreword Individual counselling was to be continued in schools. Workshops for school Principals/Head teachers, Education officers and the church Leaders to be mounted. All in the one day the workshop was a success from the point of view by the co-coordinators as scheduled. The donors appreciated the work that was being done in Trauma and Crisis Counselling Project. To finish up the day, the teachers were given fare in refund of what they used to reach the venue.

#### **THE PRINCIPALS' WORKSHOP ON 1<sup>ST</sup> AUG 2008**

**Venue:** Ukuhani Guest House

**AIM:** To educate the Principals/Head teacher on the skills of listening to Traumatised children in their schools.

**Members present were: -**

17 Principals

2co-ordinator

Sister Anne the Deputy Director IcFEM Mission

4 Facilitators

The meeting began with a word of prayer from one of the participants, the members present were given chance to introduce themselves.

#### **1<sup>ST</sup> SESSION**

The session was begun by explanation of the meaning of the word Trauma and causes

**Trauma** is a Greek word meaning-Wound

It is the response to any event that shatters down your safe world so that is not secure.

#### **Causes of Trauma**

Loss of Employment

Unwanted pregnancy

Sudden death of the love ones

Impaired through accidents

Abandoned by friends/parents

Change of religion HIV positive

Rape cases

#### **How the Head teachers can support the Guiding and counselling in their schools?**

1. Establish a functional guiding and counselling office
2. Empower guiding and counselling teachers through seminars
3. Be familiar with what goes on in G/C office

4. Emphasise on the importance of guiding and counselling in the school assembly, Annual General Meetings and academic parades
5. Listen to G/Teachers and give guidance
6. Give a session to the guiding and counselling teacher during AGM
7. Assist in invitation of the Guest speakers
8. Support the Department financial
9. Be a role model

## **2<sup>ND</sup> SESSION**

### **POWER POINT PRESENTATION**

Sister Ann Lipson the Deputy Director IcfEM Mission presented the pictures of the Traumatized children taken during the clinics. The power point lasted for 20 minutes

#### **Reactions**

Mrs Nyakundi; the Inspector of Primary schools requested to know the following:-

- The target group for the programme
- The long term plan of the project
- The challenges the project has encountered

In response the project manager highlighted the following:

#### **Target group**

Were the most Traumatized pupils/students in the 25 selected schools within Bungoma North District, 15 primary schools and 10 secondary schools. Those recruited were 1,440 scaled down to 200.

#### **Challenges experienced**

1. Shortage of Personnel, Only 12 Facilitators were trained and sent out to recruit
2. Means of transport was not appropriate when rainy
3. Unable to cope with large members
4. Unable to meet the material needs of the children
5. Exploitation of the H/Teacher and children
6. Limited time
7. Lack of funding to meet the needs on the ground
8. Programme managers are also Teachers

#### **Long term plan**

It's the wish of IcfEM Mission that the programme be an ongoing project as the need arises. The Mission appeals to the Ministry of Education to support the IcfEM

Intervention by:

- i. Empowering Teacher Counsellor
- ii. Providing funding
- iii. Establish other support systems

Mrs Nyakundi from the AEO's Office promised to provide some funds for the programme to continue running

## **3<sup>RD</sup> SESSION**

### **GROUP DISCUSSION**

The participants were put in groups and given questions to brainstorm and present.

Questions were as follows:-

#### **A. Characteristics of the Traumatized children?**

- 1) With drawn
- 2) Poor performance in class

- 3) Silent{hardly talks when with others }
- 4) Fixation{absent minded]
- 5) Trounce and absent
- 6) Weak physically/untidy

**B. Challenges faced by traumatised children.**

- 1) Child labour
- 2) Unwanted pregnancy
- 3) Poverty/poor performance in class
- 4) Rejection by friends or guardians

**C. Challenges Traumatized students pose to their teachers**

- 1) Lack of co-operation
- 2) Seek sympathy most of the time
- 3) Lack of basic learning requirements
- 4) Indiscipline/fighting in classes/school

**How to help them cope with Trauma situations**

- i. Encourage them know it is right to feel and express feelings
- ii. Return the child to the childhood if possible
- iii. Show empathy
- iv. Communicate rightly

**Characters of a Traumatized Teacher**

1. Interpersonal Not approachable
2. Withdrawn
3. Psychological illness i.e. ulcers
4. Reluctant to participate in school programmes
5. Not presentable [anti-social)
6. Goes to school late
7. Not able to plan for the day
8. Poor relationship

**Problems a Traumatized Teacher can pose to the Colleagues, Students, H/Teacher**

**To colleagues**

- 1) Undermine the spirit of team work
- 2) Leads in restlessness within the school
- 3) Discourages other Teachers
- 4) Overworks the colleagues
- 5) Communication of poor values to the community

**To students**

- 1) Poor role model(copy wrong lifestyle)
- 2) Lowers mean score
- 3) Indiscipline in school
- 4) Source of school dropout in school due to harshness

**To the Head teacher**

- 1) Source of stress
- 2) Endangers the Head teacher's position
- 3) Pose a threat to the Head teacher e.g. can kill

The Manager challenged the H/Teachers/Principals to be good listeners and fully support the G/Counselling programmes in their schools. She was disappointed that a number of H/Teachers did not turn up yet the meeting was very relevant.

### **The Word of God**

RV. Nandokha Enock shared the word of God on crisis management, he read the verses:-**mathew18:10,19 John 11;32 Psalms 70:,59,46**. When one is in crisis ,he never knows until the consequences are out, never the less God is our refuge and strength.

### **Resolutions**

The Head Teachers agreed on the following:-

1. Establish the Guiding and counselling offices
2. Be role models
3. Appreciate the work of guiding and counselling Teachers

### **Vote of thanks**

Mr Kibiti gave vote of thanks, the meeting ended at 4:30 with prayers from one of the participants.

### **Evaluation**

After the meeting the Facilitators did evaluation for the proceedings.

### **PASTOR'S CLINIC**

**Venue-Kimabole friends church Date-20/9/2008**

Members' present-48

- Number of participants-40
- Facilitators-05
- Co-rdinators-02
- IcFEM Staff-01

### **Introduction**

The meeting begun with a prayer from Pastor Mwanikha, then the participants were given chance to introduce themselves.

### **1<sup>st</sup> session**

Mrs. Libusi the coordinator explained on the purpose of the meeting,

#### **What is Trauma?**

Trauma in Greek means wound. Trauma is the response of any event that shatters your safe world to be insecure.

#### **Causes of Trauma**

- 1) Sudden death of he loved one
- 2) Impaired through accidents
- 3) Abandoned by the husband, friend or parents
- 4) Change of religion
- 5) Loss of employment
- 6) Unwanted pregnancy
- 7) Rape cases

Then she gave an overview of the activities the trauma program had done so far beginning with the clinics for empowerment of various groups i.e.

- The Traumatised children

- The guiding and counselling teachers  
Head teachers
- Objectives;
  1. To challenge the pastors on their role as the shepherds of the wounded flock.
  2. To equip them with skills on how to guide and counsel the traumatised members in their churches.
  3. To provide forum of interaction as ministers.

### **Trauma and its effects**

- a) The beginning of trauma was started by Adam and Eve in **Genesis 3**; their sending away from the garden by God was the act of Trauma
- b) Job a rich man in the Bible The king David's Trauma in tensed pain **2<sup>nd</sup> psalms 3:10-15**
- c) New Testament Acts 26, 2<sup>nd</sup> **Corinthians 11:23-26**

### **Effects of Trauma**

#### **Group discussions**

The participants were divided into the groups of seven to discuss the following questions and were given chance to present;

1. Causes of trauma?
2. How can you identify the member of your church who is undergoing trauma?

#### **Causes of Trauma in our community:**

- a) Bad company/guidance/wrong advise **Gen 34;1-3,Numbers11**
- b) Delay in finding a solution
- c) Tribalism
- d) Lack of employment
- e) Corruption
- f) Robbery
- g) Polygamous family differences

#### **How can you identify the member of the church who is undergoing Trauma?**

- a) The prayers of the member are full of complains, torments, and crying
- b) Confused /loss of identity
- c) Weak in prayer
- d) Goes late to church
- e) Becomes dormant in church programs
- f) Minimal giving
- g) A preacher speaks out of the topic
- h) Doses in church
- i) Rough confrontation
- j) Impatient
- k) Not committed
- l) Low self esteem
- m) Emaciation
- n) Feels insecure isolates from others
- o) Compulsive behaviour
- p) Encounters bad dreams

#### **How do the Traumatized pose problems to the other church members?**

- a) Harsh/arrogant/ever fighting

- b) Abusive
- c) Inoperative
- d) Poor relationship with others
- e) Backslide
- f) Discourage/creates barrier
- g) Feels he is not loved
- h) Drags the church programs

**To church leaders?**

Accuses leaders  
 Blames  
 Suspicion  
 Destruction during service  
 Discourage others  
 Trouble maker/ divides others  
 No love  
 Insecure/sensitive  
 Becomes a burden to community  
 Very critical

**Q4 What can you do as a pastor to help this people?**

Counsel  
 Be close and find out the problem  
 Be friendly to members  
 Be forgiving  
 Admit mistakes  
 Show concern  
 Pray  
 Visit the member frequently  
 Be available  
 Know their needs  
 Give hope  
 Love the person i.e. demonstrate the love  
 Involve the person in church activities  
 Change the environment i.e. retreats, rallies, clinic  
 Teach them to be creative  
 Be a good listener  
 Introduce supports group

**HOW CAN PASTORS ASSIST IN COUSELLING THE TRAUMATISED**

**Characteristics of Jesus as a Counsellor**

Compassionate **Mathew 8:2 Mark 6:34**  
 Accepted people **John 4:1-26, 8:1-11 Luke 19**  
 Gave people worth  
 Mixed with people  
 Met peoples needs  
 Used right words  
 Emphasised right behaviour and right living **John 5:6**  
 Accountability  
 Provided hope **Mark 10:26-27**  
 Light **Matt 11:28-30**

Gave confidence(tumaini)

Emphasised peace **Luke 5:22-25**

Teacher Luke 14:1-6

Spoke with authority

Obedience John 17:4

Faithful

Prayer Werner

Involved sensitive

Spirit-filled

Good listeners Psalm 34:15,Psalm 116:1, James 1:19, Proverb 15:31

## **SESSION II**

Mr. Mwanikha in his speech to the pastors emphasised the role of a pastor as a counsellor. He related the life of Jesus Christ as a model counsellor.

## **REACTIONS**

Mrs Makila asked the participants to give their comments, observations and ask some questions.

What is a ministry? She challenged them to emulate the example of Jesus Christ and read from acts 20; 28 “Ministry is not preaching but is for people, by the people, with the people”.

She added on

“Therefore take heed to yourselves and to the flock, among which the holy spirit has made you the overseers, to shepherd the church of God which he purchased with his own blood.”(RVS)

## **Preaching session**

Pastor Macdon from IcfEM Mission shared the word.

## **RECOMMENDATIONS**

- Establish a Counselling centre
- Provide handouts
- Come again
- Provide time for more sessions for Counselling
- Ministers to be invited with their wives
- Follow-ups

One of the participants gave vote of thanks and the meeting ended at 5pm with a prayer from Mr. Makila. There after the participants took their lunch and were given shs100 each as fare back home.

## **CLINIC FOLLOW UP ACTIVITIES**

### **IN CHESKAKI SECONDARY SCHOOL.**

#### **Teacher's comments:-**

Three of the students in Chesikaki School who were in the clinic have improved/healing from the traumatic situations. Clinic counselling has given them courage to resettle. Generally their performance in academic work is quite promising. Besides, some cases of pregnancies have been discovered in girls and unfortunately among the ones who didn't attend the clinic.

One of the students from the clinic was asked to give a testimony about their faring at school and at home. He said they have seen some changes but they need more visitations by the Facilitators. They could not forget the changes made in their lives during the clinic weeks in April. They insisted on forgiveness to those who caused trauma.

#### **Case study 1:Lenice**

She is a total orphan from a polygamous family, the causes of his parent's death are not known and relatives haven't turned up for some assistance. After the clinic the girl has been missing at school. Her only surviving brother who used to work on peoples farm in order to meet their needs, took off during the skirmishes and left the girl in a foreign home where he was working. Their property was taken over by one the relatives after death of their parents.. He does not support their education. The girl's desire is to get a well-wisher who will support her to finish her forth form.

#### **Case study 2: Chenang'at**

His relationship with his mother was poor before the clinic set up. After the clinic his attitude towards his mum changed. The boy requests for counselling of his mother as an individual due to the undesirable behaviour.

#### **Case Study 3:Ngeywa;**

This is a boy who could not speak to anyone whether at home or school, but after counselling he opened up and his social relationship is now pleasing to many. He is a boy whose friends were arrested from their area of residence on suspicion that they were involved in violence on Mt.Elgon. He thanks God because his life was spared.

#### **General observation**

1. Most of the pupils who attended the clinic are showing good progress in recovery from trauma.
2. Appreciate good work done by facilitators
3. IcfEM Mission to assist them pays their fees.

#### **MULUKHU PRIMARY SCHOOL**

This is one of the schools that were not reached during recruitment exercise yet they its in Bungoma

North District. The school was visited by the Facilitators in June and by the help of Guiding and counselling teacher they were able to identify 16 pupils who lost either one or both parents. They found it difficult to penetrate at first but with time the children opened up.

#### **KAMUSINGA ACK PRIMARY SCHOOL.**

Linda Chebet; a std 5 girl whose father died due to sickness and mother ran away. The girl stays with her grandmother, initially the girl said that she had seen changes after attending the clinic and she is able to cope with challenges as she stays with her grandmother. The girl attended the clinic for one day and was called to attend her grandfather's funeral thus she did not go through the clinic process and she expected to receive what the other children were being given like blankets and pieces of soap .

### **KIMABOLE PRIMARY SCHOOL REPORT**

A number of students/pupils at Kimabole region are orphaned after many killings by attackers. Below is a list of children who are still traumatised.

- Sarah Makokha, orphan and there is no shelter for them
- Leah Nakoba, orphan and there is no shelter for them
- Scholastic Obabi, orphan and there is no shelter for them and food.
- Amos Wanyonyi, orphan and there is no shelter for them
- Denis Khalai, orphan and there is no shelter, they stay in rental houses.
- Martin Wekesa, orphan and there is no shelter for them and basic needs.
- Peter Wekesa, orphan and they stay in rental houses.
- Lucy Masobo, orphan and they stay in rental house.
- Gentrix Simiyu, orphan and there is no shelter for them.
- Paswel Opicho ,orphan and there is no shelter and needs Education support.
- Flora Masinde, orphan and there is no shelter and wishes to be in school.
- Vincent Kundu and Bob Sirengo are fatherless and stay in rental houses.
- Emma Busolo- Their father was killed and their mother plans to run away from them because she is unable to cater for their needs.
- Luke Wafula-Father killed
- Centrine Wakhugu-Father killed
- Anthon Simiyu-Father killed.
- Kennedy Nalianya-A total orphan and wants to be circumcised but he has no one to support him.

### **KAPKATENYI SECONDARY SCHOOL.**

There were four students in the clinic who were from one family that could respond to our invitation, they were grateful and appreciated what the IcfEM Mission had done during the clinic. They found that their lives had changed in a manor that they could not encounter the flashbacks like before, no Depressions, and they are able to work hard in school. They request the Mission to assist them in fee payment .

### **PARENT'S/GUADIANS HARSHIPS.**

1. Some don't appreciate whatever little efforts the parents make. had made in his life and it has really stressed the guardian.
2. Others find it difficult to continue with education.
3. In addition the guardians find it difficult to cater for their basic needs and pay fee as well

### **Teacher's observations.**

The children and their parents are more traumatised. The widows have resorted to deviant behaviour for survival. Those children who remained with their fathers have gone into drinking the local brew, some have become thieves, others fight anyhow in school and even at home. The surviving parents are careless with their children .The children together with their parents need to be counselled .The time given to this children to share their feelings to the counsellors is limited thus they should be added some period to open up their hearts. There are some new cases that need attention of what has been done to others to in order to give them courage for living. These are children who were not in the clinic weeks and they are actually hurt but they need to be counselled.

### **Challenges**

The students/pupils did not talk much because they were sitting for exams. Could not open up because they felt they were wasting time. The region while accessible but the roads are rough.

### **Suggestions**

On behalf of other Facilitators, I do appeal that the IcfEM Mission may try to arrange for a clinic for the school children who could not attend the clinic yet they are traumatised. Such a clinic should be organised for the parents in the same manner to achieve the main goal of Counselling. (says, Wilbroda)

### **CONCLUSION**

Generally most children are healing according to the teacher's observation and the counsellors as well, but they still need assistance. They need material support.

Cycle 2 School visitation

### **School; Chesikaki secondary school.**

#### **Teacher's comments:**

Three of the students from clinic have improved; clinic counselling has given them courage to resettle. Generally performance in their studies is promising, besides that, pregnancies are witnessed in girls and unfortunate enough, on-among the girls attended the clinic.

One of the students from clinic was asked to give a testimony about the going after the clinic week, she insisted about forgiving those who caused traumatic experiences in their life.

#### **Case study 1**

**Lenice:** A total orphaned child from a polygamous family, causes of her parent are not known and no relative is willing to come in for assistance. After the clinic the girl has never been to school. She was staying with her brother who used to work on people's farm but the boy ran away within no time and the girl was left alone in the new home helpless. When the parents to these children passed away, the stepfather took their wealth as inheritance and they were left hanging. The girl's biggest desire is to get a well-wisher who will support her finish forth form study.

#### **Case study 2**

**Chenang'at;** A boy in Chesikaki secondary school, who's relationship with her mother was poor before the clinic set up, but the response after clinic, the boy is doing very well, besides his going,

The boy requests the counselling of her mother due to her quire behaviours that are not thrilling.

#### **Case study 3**

**Ngeywa:** This is a boy who never talked to anyone at home or at School before clinic set up, but after clinic the boy the boy's turn up is positive and he is one of boy who's friend were arrested from the area by army forces but he didn't venture, thus he thanks God for having reformed his life.

#### **Afterward case study.**

**Wasai Alex:** A form 2 boy total orphan. His parents were killed during skirmishes; in addition he is not regular in school

**FINAL SUMMARY REPORT**  
**CRISIS AND TRAUMA COUNSELING PROJECT FOR THE INTERNALLY**  
**DISPLACED SCHOOL GOING CHILDREN IN BUNGOMA**  
**NORTH/MT.ELGON DISTRICTS.**

**ABSTRACT/OVERVIEW**

The post-election violence that rocked the Kenyan Nation at the beginning of 2008 affected school-going children, both Primary and Secondary adversely. These children sustained emotional wounds (trauma) that shattered their safe world in schools and so looked for a place of refuge. Hence there was no need for counselling.

To address this problem 12 volunteer facilitators were recruited, trained on crisis and trauma identification and counselling and supplied with training manuals on trauma counselling.

A need assessment questionnaire was made to interview children in schools who affected. Facilitators in conjunction with class teachers. 25 schools close to Mt.Elgon within ICFEM area of jurisdiction were identified and did this. Other schools were left out due to security reasons. 1140 children were interviewed and found to be traumatised. The number was reduced to 200 most traumatised for easier management. The indicators used for identification were:

- ❖ Loss of both parents
- ❖ Loss of siblings
- ❖ Witnessing murder of immediate family members or neighbours
- ❖ Witnessing home/property being burned
- Subjection to individual harm
- ❖ Existence of physical injuries

The 200 children were divided into two groups for easier management, and each group given one-week intensive psychotherapy and counselling (clinic week) in a natural and secure environment with the purpose of normalizing situation. The children were accompanied by their Guidance Counselling teachers. The clinic weeks were conducted in the month of April. The first clinic realised 97 children and 5 teachers while the second had 50 children and 6 teachers due to transport problems. Initially, the clients exhibited the following:

- ✓ Mood swings
- ✓ Sadness, withdrawal
- ✓ Anger
- ✓ Aggression
- ✓ Calm depression
- ✓ Stress
- ✓ Hopelessness
- ✓ Suspicion
- ✓ Fear
- ✓ Crying

In both clinics, the following activities were carried out

- Teachings on trauma and its effects
- Group counselling
- Play therapy (jumping ropes, aerobic exercises, volleyball, football)
- Entertainment(therapeutic music)
- Music and dance
- Counselling
- Sharing God's Word
- Open forums for testimonies

Group and 1-1 counselling sessions were facilitator-led. In addition, basic needs such as food, blankets, soap, sanitary towels and medical care were provided for. At the end of the clinic weeks, the clients

- Appeared calm, relaxed and active
- Buoyant in the face of difficulties
- Were able to interact with some sense of humour
- Exhibited some behaviour change
- Could participate in activities, a sign of improved self-esteem
- Could appreciate life
- Were thankful to God that they were alive
- Talked of forgiving those who had caused them harm
- Became good time managers
- Talked of extending counselling(help)to others in their homes and schools

To cater for some physical structural needs, the children were fitted uniform, given clothes, Bibles and desks. Thereafter, intensive counselling has been going on in the schools, with facilitators maintaining contact with children for 6 months. To keep the programme on-going, other clinics that were conducted involved:

### **1. Parents/Guardians**

So that they could support the traumatised children while at home. The clinic realised 96

Parents/Guardians. It was discovered during the clinic that the parents/guardians were in need of

Counselling, hence group and 1-1counseling was done to them.

### **2. Guidance and Counselling Teachers/Boarding Teachers**

-to support children whole at school

-the clinic realised 21 teachers

-they were responsive and enthusiastic

-were provided with trauma management notes and have been doing a good job in their school since then.

### **3. Peer Counsellors**

-peers easily listen/accept their fellow peers

-children fear teachers but can open up freely to their peers

-peers have more time with their peers than teachers

-included Christian Union (C.U.), Young Christian Student (YCS) officials and prefects

-they were equipped on how to help trauma victims in their schools

Peer Counsellors were found to have taken up active roles in some schools.

#### **4. Head Teachers and Education Officers**

- Turn-out was poor
- the number that turned up was equipped
- the Head teachers on how to involve all their teachers in helping them
- the Education Officers on how to help traumatised teachers and appreciate the teachers who are helping traumatised children.

In two schools, Siuna Primary and Chesikaki R.C. all the teachers were found to be fully involved in  
the two schools were fast recovering from the trauma.

#### **5. Church pastors**

- Turned up in great numbers
  - Were equipped on how to identify a child who is not copying and therefore reach him or her.
  - They were enthusiastic - were given notes on trauma.
- They were not evaluated to find out their progress.

#### **Threads/challenges in the field**

- ◆ Among the challenges that were encountered were
- ◆ Majority of the facilitators were female
- ◆ facilitators went through second generation trauma
- ◆ Some children were not willing to freely share their problems in some cases
- ◆ In some cases the facilitators were looked at as spies or 'the other enemy'
- ◆ Teachers from different ethnicity to the traumatised children could not counsel them because they were looked at with suspicion, fear and doubt
- ◆ Means of transport were poor, the schools were far apart and far from ICFEM, the central office
- ◆ The traumatised children were in overwhelming numbers and had many other needs
- ◆ Time for counselling was short with normal school programmes going on
- ◆ uncooperative Administration such as in Miruri and Kaptola Secondary schools
- ◆ poor projection of finances
- ◆ fatigue
- ◆ unavailability of coordinators at crucial times
- ◆ absenteeism of children
- ◆ unmet needs(food, shelter, security-for clients)
- ◆ Facilitators/teachers/clients financial expectations.

#### **Monitoring and Evaluation**

7 schools were visited with the aim of finding out whether the initial objective had been achieved.

Healing was evident in some clients with improved performance in class (Cheskaki and Siuna Primary Schools).In the two schools also was seen excellent commitment right from the Head teacher down to all teachers. In Siuna, Parents Teachers Association (PTA) officials and the Managers (Board of Governors) had been sensitised through training. The teacher in Mulatiwa Primary School appeared to be working on his own and had done a lot of work. He had also attended most of the clinics including accompanying the children for the clinic week. In the other schools,

the Head teachers and teachers who came for the clinics were discouraged when their expectations for allowances were not met and as a result, did very little work. For that reason, there was evidence of children still partly traumatised. The Trauma Conference (g to a traumatised child) helped in sensitisation of stakeholders and impartation of listening skills.

### **Recommendations**

For the work to continue,

1. More stakeholders in the community e.g. chiefs, District Officers need to be empowered through community transformation programmes.
2. Counselling should be extended to other affected schools that were not attended to: special attention to be given to Mulukhu Primary School.
3. Already trained facilitators to be used in the extended programmes.
4. Allowance for facilitators should be increased.
5. Transport to affected areas to be improved e.g. provision of the Mission vehicles to ease transport.
6. Certificates of merit should be awarded.
7. Due to their insecure environment, the following pupils be adopted by the

Mission:

- (a) Maurine Nasimiyu-Mulatiwa FYM
- (b) Beatrice Wanyama-Kimabole RC
- (c) Ann Wafula-Khwiroro primary

8. Very needy children are assisted in paying fees.
9. Facilitators to continue visiting affected schools at least 2 times in a school term.