# TRAUMA TYPES, SYMPTOMS MANIFESTATIONS AND SOCIAL SUPPORT SYSTEMS AMONG UNIVERSITY STUDENTS TRAUMA SURVIVORS IN KENYA

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**Trauma types, symptoms, manifestations and social support systems among university students trauma survivors in Kenya**

## ABSTRACT

The intention of this study was to explore trauma types, symptoms manifestations and social support systems among undergraduate students in Kenya. Specifically, the study was done among the first and second year students taking Bachelor of Education (B.ED) Degree at Kenyatta University, a public university in Kenya. A total of 438 students were randomly selected and data generated using a paper based questionnaire. Out of the total sample, 45.16% had experienced traumatic events. Out of these, more males (26.50%) than females (18.66) reported that they had experienced traumatic events. The most significant traumatic experiences reported were witnessing violence, having a chronically sick family member and being in circumstances where they reported to have narrowly escaped death. The least significant traumatic events reported were bereavement, sexual abuse and being involved in accidents in which one was seriously injured. The findings revealed slight gender differences in the traumatic events reported as the females reported higher incidences of witnessing violence, while the males reported higher incidents in which they had been in circumstances where they escaped death narrowly. Further to this, more males than females reported witnessing family conflicts. Both males and females reported experiencing mood swings

where they felt angry, sad, depressed and annoyed and also a sense of confusion that interfered with their ability to cope with daily challenges of life. Both males and females reported difficulties in concentrating (32.04 %) while 24.76% displayed social withdrawal in which they specifically felt they did not want the company of others. In addition, they reported experiencing anger over minor issues (30.26%), followed by difficulties concentrating in important matters like lectures (23.68%). Some of the males and females reported experiencing body aches and pains (19.74%) as well as fatigue even after having a good night sleep. The symptoms reported by some students were: inability to sleep, nightmares, and being easily startled. The study findings revealed that the most significant coping strategies students employed included attempting to solve the problem, trying to forget the problem existed, looking for someone to help and avoiding trauma triggers. The least reported coping methods were smoking cigarettes, taking psychoactive drugs, sexual promiscuity and drinking alcohol. However, insignificant gender differences revealed that more males than females reported drinking alcohol, smoking cigarettes, taking other psychoactive drugs and engaging in sexual promiscuity as methods of coping with traumatic events. The findings further revealed that majority of students preferred seeking help from their close friends and only insignificant percentages sought help from established University programmes such as psychological counseling and other social support systems. Gender differences revealed that fewer males than females reported sharing their traumatic experiences with friends. The study recommended that the university set up a system of screening students for symptoms of psychological trauma. The study further recommended that the students be sensitized about the importance of seeking institutional and professional help in times of trauma. Specifically, the male students should be trained and encouraged to seek social support in times of trauma. Further, the study recommended that students be sensitized about the risks of engaging in health compromising behavior as methods of coping with psychological trauma.

**KEY WORDS: Trauma types, Psychological Trauma Survivors, Undergraduate Students, Emotional Reactions, Social Support Systems,**

## Introduction

Many decades ago, Van der Kolk (1989) and Leore Terr (1990) averred that a person experiences psychological trauma if exposed to sudden, unexpected blow or blows from the environment. In traumatic situations, a person often finds both internal and external resources inadequate to deal with the trauma. Exposure to traumatic events has the potential of affecting the total person as Ghazinour (2003) reported that trauma could lead to biological, physiological, social, and existential consequences. Furthermore a person experiencing psychological trauma is likely to become a source of his/her physical illnesses and psychological problems as well. Because traumatic experiences affect how a person perceives self, other people and the world, it is desirable that people have the resources to deal with the trauma in a way that minimizes the damage trauma may cause to the body, psyche and interpersonal relationships. Regardless of race, culture, religion and age, people tend to suffer psychological trauma if exposed to traumatic events. Since university students are drawn from the normal population they are thus prone to experience traumatic events just like other people in the general population. Robinson, Smith, & Segal (2013) identified one-time events like accidents, natural disasters and violent attacks as major causes of trauma among people. They also included on-going stress caused by such situations like struggling with a chronic health problem, and neighborhoods insecurity as sources of psychological trauma. Other factors associated with trauma are those that cause threats to bodily integrity like injuries and falls, (Seery

(2011), unexpected bereavement, car accidents, break up of significant relationships, humiliating or disappointing experiences, and discovery of life threatening illness (Lis-Turlejska, 2008).

This study is based on the assumption that university students who have suffered psychological trauma, and particularly if they were unable to cope or have not healed from the effects of trauma, may experience difficulties adjusting to the life at the university. Some of the students may have witnessed or even been directly affected by public violence while others may have been victims of natural calamities like floods. In addition, there are students who may have encountered difficult circumstances during the course of development. Conflict ridden homes, a significant person with a terminal illness, physical and sexual abuse could have been experienced by some of the students. According to Seery (2011), having miserable experiences can cause psychological problems. Focusing specifically on the effects of trauma on university students, Lawler, Ouimette, & Dahlsent, (2005) concur that trauma symptoms are associated with poorer health status among university students. In the absence of healing, the affected students may walk through life with psychological pain which inevitably interferes with their ability to live healthy lives both at intrapersonal and interpersonal levels.

In the light of the foregoing one major objective of this study, therefore, was to identify the symptoms of trauma that the university students had experienced. Jaffe, Segal, & Dumke, (2005) and The Australian Psychologist (2013) identified eating and sleeping disturbances, sexual dysfunction, low energy and chronic pain as the physical symptoms of trauma. The emotional symptoms of trauma have been identified as depression, anxiety, fearfulness, loss of control, irritability, emotional numbness and withdrawal from routines and relationships. A person experiencing trauma also manifests cognitive symptoms such as memory lapses (Valentiono, Toth, and Cicchetti (2002), difficulties in making decisions and concentrating as well as feeling distracted (Van der Kolk, McFarlane, and Van der Hart 2007). In addition, the behavioral symptoms associated with psychological trauma include avoidance, social withdrawal and loss of interest. Also, affected by trauma are perceptions towards self and towards other people as documented by Bloom, (1999). Earlier on, Jon Allen (1985) had noted that although traumatic events happen and go the person's reaction to them tend to linger on, thus creating psychological trauma in as much as it overwhelms the person's ability to cope. People experiencing psychological trauma therefore are bound to experience various emotions such as shock, denial, disbelief and anger. Other emotions likely to be experienced are irritability, mood swings, guilt, and even shame. Also self blame, sadness, confusion, and difficulties in concentrating are not unusual among people who have experienced psychological trauma. Some people may also experience anxiety, fear, withdrawal and disconnection. The university students exposed to traumatic events equally experience these psychological states.

Studies have reported that when human beings are exposed to psychological trauma, they are bound to suffer its lingering effects. Ghazinour (2013) for example, argued that trauma could lead to biological, physiological, social, and existential consequences while De Witt and Lessing (2005) showed that students suffering from traumatic events might have behavior, emotional, and disciplinary problems. Specifically, those consequences may include flashbacks, and overwhelming emotions, long after the traumatic event is over (Terr, 1990, Alford, Mahone, Fielstein, 1988, Van de Kolk, 1996, de Doux, 1994, and Pennebaker, 1997). To counter the discomfort associated with the trauma, people may abuse substances such as alcohol and other illicit drugs and they may also abuse prescription drugs. This has been confirmed by research findings from Moira and Laurine (2013) who reported a link between post traumatic stress disorder and adult alcohol problems. Corstorphine, Walker, Lawson, & Ganis, Hien, Cohen, Campbell, (2004) associated a history of childhood trauma with alcohol abuse, and substance abuse. Why people abuse substances when

exposed to trauma is explained by the self medication hypothesis (Hien,Cohen,Campbell, 2005). Why this is worrying is that young people who are caught up in this problem also expose themselves to further trauma because they are more likely prone to risky situations than their counterparts who do not abuse substances. A body of research has also associated trauma exposure to eating disorders, (Isomaa, Isomaa, Martumen, Kaltiala-fleino, & Bjorkqvist, 2010). Isomaa, (2011) and Reyes-Rodriguez (2011) have reported that adolescents with post traumatic stress disorder are at the risk of developing eating disorders.

When an individual is experiencing psychological trauma, he or she is in a state of vulnerability and since the trauma compromises the person's ability to cope, calling upon other people to help may help the healing process. With this regard students should identify the social support systems available and seek assistance. The student affected can appeal to their family members for support. They can also seek out help from spiritual leaders as well as from university structures such as the directorate of student affairs and even from various offices. This would concur with Compas and Epping (1993) who agreed that social support helps individual cope more effectively with life stresses. Bloks, van Furth, Callwaert, & Hoek. (2004) concur that recovering from trauma is associated with approach coping and more seeking of social support.

**Statement of the problem**

Students joining Kenyan Universities are drawn from different backgrounds and as demonstrated previously may have suffered traumatic experiences that some of them have learned to overcome and move on with their lives. Others may be suffering from post traumatic stress disorder (PTSD) which may be interfering with not only their personal lives but their academic pursuits as well. There is likelihood that some students have been affected by mass violence at one time or another. Some students could be coming from conflict ridden homes while others may be affected by prolonged sickness of a significant family member. A concern that grounded this study is that if the trauma survivors do not seek professional help they will experience negative physical and psychological effects which may lead to self destructive behaviors like substance abuse, withdrawal from positive social interaction and they may also engage in behaviors that acerbate the problems instead of alleviating them (Ndetei, et al., 2004, Moore and MacArthur, 201, De Witt, and Lessing, 2005). The main purpose of this study was thus to explore the traumatic experiences encountered by university students in Kenya. The justification for this is that if the university establish the traumatic experiences students are exposed to, they would be prepared to sensitize the students to professional services that would help them to heal and live more satisfying lives at intrapersonal, interpersonal, and academically.

**Study objectives**

The main objective of this study was to establish the ability of students to cope with trauma among university students in Kenya. The specific objectives were to:

i. Establish the types of trauma university students have encountered.
ii. Identify physical and psychological symptoms of trauma and their effects on their life.
iii. Investigate the strategies trauma survivors use to cope with the trauma.
iv. Establish the support systems students rely on when undergoing trauma.
v. Investigate gender differences in the type of trauma, coping mechanisms and social support.

**Theoretical framework of the study**

The study was anchored in Trauma Theory Abbreviated by Bloom (1999).

The theory states that, human beings are a fight-or-flight species like most mammals. Consequently, when traumatized, the body is energized by stress hormones which by nature prepare the body to cope with stressors either by fighting to overcome the threat or taking flight if the threat is perceived as insurmountable. Under normal conditions, these hormones should be in the body for a short period after which the body would return to its normal functioning. However, unlike in other mammals, human beings tend to experience prolonged periods of stress. For this reason, the stress hormones are in the system for prolonged periods of time and hence have a negative effect not only on the way the body functions but also on how one thinks and perceives the world.

Further, the theory explains why human beings unlike other mammals are prone to experiencing trauma. According to this theory, human beings are social animals who are dependent on each other for not only for survival but also psychological well-being. The challenges likely to be experienced and which have a direct link with traumatic experiences is that at times these attachments are disrupted like in cases of parental separation. At times parents and other adults fail to provide nurturance and become abusive in such things like physical and sexual abuse and even neglect which disrupt the developmental expectations causing childhood trauma. Disrupted attachment relationships also affect adults who may be subjects of physical abuse, violence, loss of affection, death of a loved one, divorce or separation. Whatever the source of trauma, the theory states that human brains have powerful memories that experience flashbacks of the traumatic experiences and body memories, post-traumatic nightmares, and behavioral re-enactments all which interfere with normal living and is associated with psychopathology. According to LeDoux (1992) and Van der Kolk (1996), this happens because trauma becomes engraved.

Psychopathology may manifest itself in many ways. For example, the victim of trauma may become the perpetrator when he/she is in a position of power. When the life stressors are too overwhelming and the individual unable to avoid or deal with it, one is likely to sink into a state of learned helplessness and thus does not try to solve the confronting problems. Exposure to trauma all the time changes the way the hormones work by increasing the levels of endorphins. An individual evokes stressful events around oneself to feel normal. Prolonged stress also interferes with the way individuals think, perceive themselves, other people and the word at large. Physical conditions like cancer, heart diseases, lung diseases, liver diseases and skeletal problems have been associated with unresolved prolonged trauma. Psychologically, people exposed to prolonged trauma suffer chronic irritability, anger, inability to manage aggression, lack of impulse control, and anxiety. To cope with the trauma, people may turn to substances like drugs, alcohol or behaviors like sex, eating, engaging in violence which helps them to calm down temporarily.

Since human beings function best as integrated wholes, healing victims of trauma requires that the environment is ordered, safe and with adequate protection. The theory identifies the need for the creation of safe environments as well as healthy and sustaining human relationships which heal people from long effects of chronic stress. The person needs to be shown compassionate regard and trained in nonviolent, responsible and socialized behavior. According to Bloom (1997), people need a safe environment that promotes healing and comforting verbally in order to feel safe from all violence physically, psychologically, morally, socially. People need to be protected from themselves too so that they do not engage in behaviors that compromise their health and life such as substance use and abuse.

**Conceptual framework**

The conceptual framework of the study depicts the university students who have experienced traumatic experiences like bereavement, family conflict, chronically sick family member, sexual

abuse or parental separation or divorce. In addition the students may have been involved in an accident, witnessed violence or escaped death narrowly. Before the students have healed from the trauma they may experience negative emotions like anger, mood swings, guilt, shame, powerlessness, confusion, fearfulness and social withdrawal. They may also experience symptoms like headaches, stomach problems, amnesia, insomnia, depression, being in troubled relationships, causing trouble. The student may engage in any of the following behaviors: substance use, sexual promiscuity, ignoring the problem, proactive behavior, seeking help, social withdrawal and avoidance of trauma triggers. As a consequence of the trauma, the student may have challenges in coping with university life which may manifest in inability to concentrate, inability to focus on important issues, social withdrawal, insomnia, hysteria symptoms, nightmares and horrors, chronic fatigue, irritability, and inability to plan day-to-day activities. The study identifies the following as intervention strategies: screening by university, counselors, counseling and psychotherapy, and social emotional support. This would ultimately ensure that the student is well grounded and has the ability to cope with trauma, ability to face trauma triggers, regaining of balance in life, healthy living habits and psychological growth.

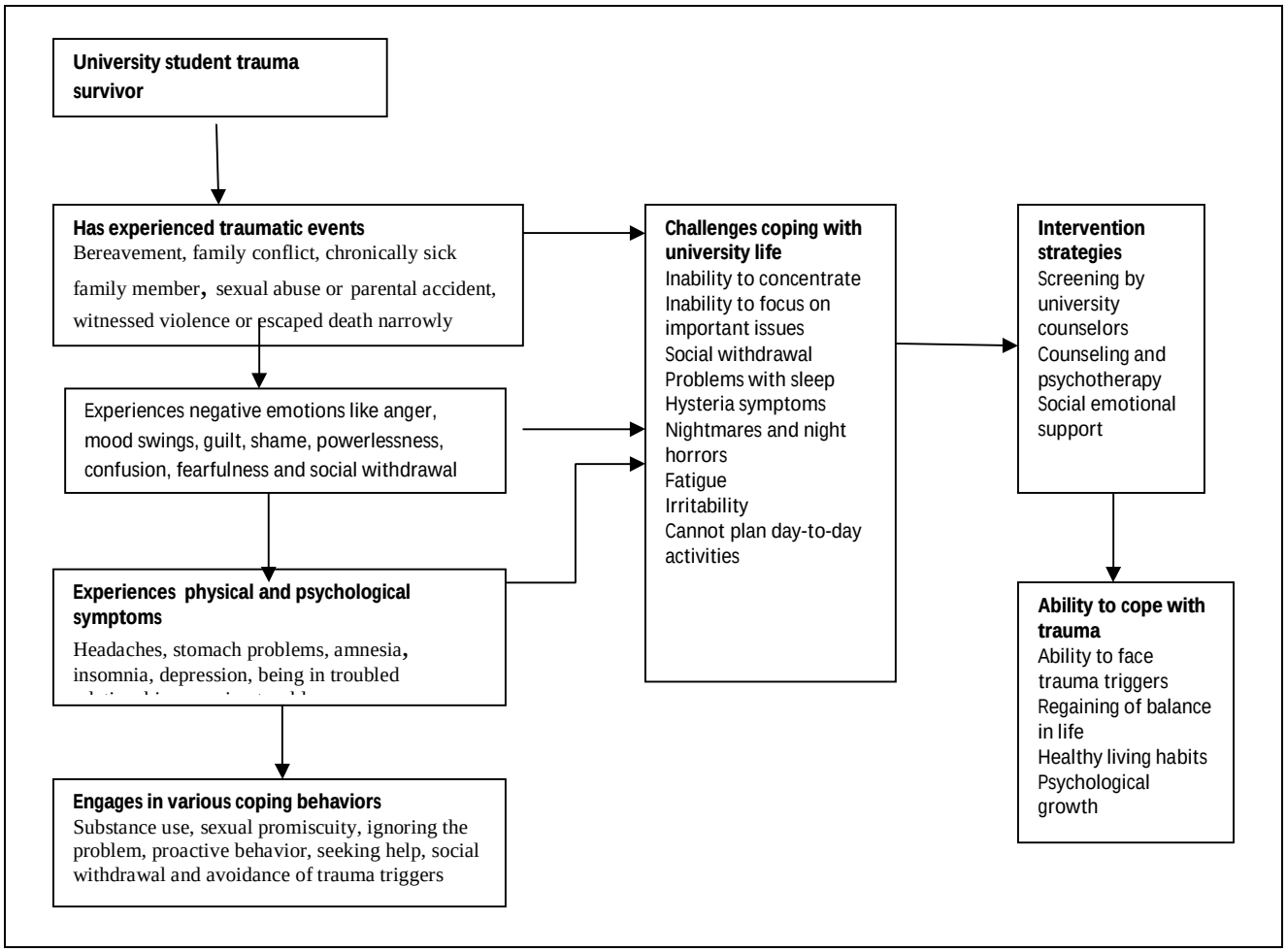



**Figure 1: Conceptual framework of the study**

**Study Methodology**

Kenyatta University (Main Campus) was purposively selected for this study. This is because it is not only one of the universities with the highest number of students in Kenya but also one of the leading universities in Kenya. The fact that the students come from all the regions of Kenya give it a national outlook in terms of geographical, ethnicity and social economic brackets. First and second year students attending the trimester of 2012/2013 academic year from the Kenyatta University School of Education were purposely sampled since this is the largest school in the university. Data were collected from the first and second year students of the School of Education within the second month since commencement of the semester. Then the study focused on the first and second year students in the regular mode of learning. The study sample constituted 438 students, 177(40.4%) were first year students while 254 (58%) were second year students. Of these the males were 228 (52.1%) and 206 (47.7%) female. Gender balance was ensured by using stratified sampling technique where a list of admitted students in the School of Education formed the sampling frame. A paper based questionnaire was used to generate the required data.

**STUDY FINDINGS**

**Trauma occurrence in the sample**

From the students studied, more males (26.50) than females (18.66%) had experienced traumatic events. This finding concurs with that of Ndetei, et al. (2007) that boys experienced more traumatic events than girls in their study of traumatic experiences in Kenyan secondary students. In general, males are known to take risky ventures that expose them to trauma incidents. Specifically, Fitzpatrick and Bolizer (1993) reported more males likely to be exposed to violence and females more vulnerable to post-traumatic stress disorder which is a consequence of trauma.

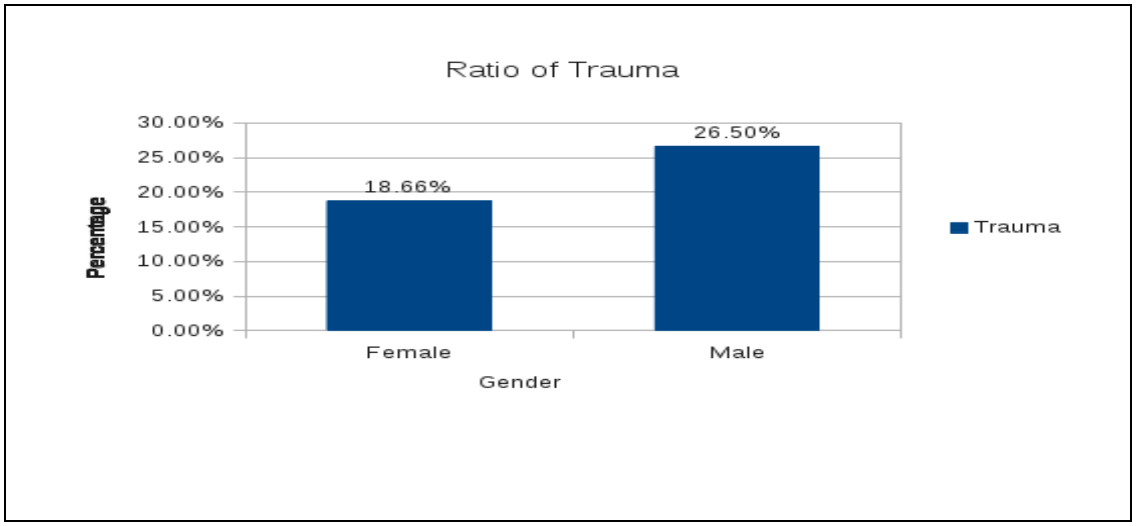



Figure 2: Trauma ratios by gender

**Types of trauma experienced by gender**

This objective sought to establish the prevalence of traumatic events experienced by the students in the last one year. Specifically, the objective sought to establish if the subjects had experienced the following traumatic events within the last one year: death of a parent (sr1), loss of a sibling (sr2), loss of a guardian (sr3), family conflict where parents fought (sr4) and a chronically sick family member (sr5). Further to this the objective sought to establish if the students had experienced sexual abuse (sr6), physical abuse (sr7), parental divorce (sr8), serious accidents in which they were

seriously hurt(sr10) or witnessed violence in which another person that affected them deeply (sr11). Lastly, they were expected to report if they had been in circumstances in which they had narrowly escaped death (sr12).

The results from the male subjects are presented in figure 3a while those for female subjects are presented in figure 3b

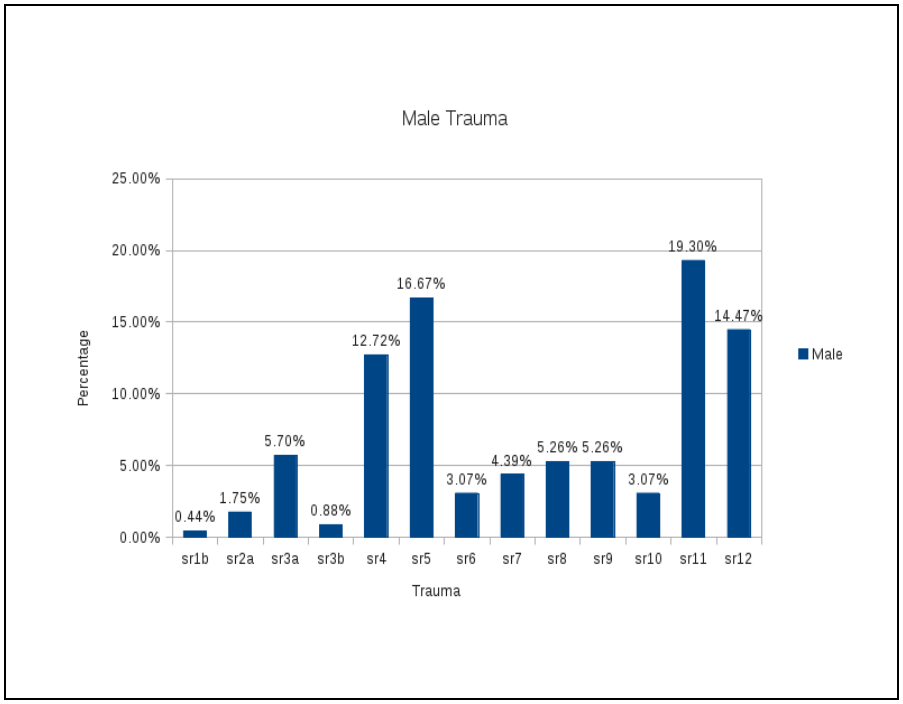



Figure 3a: traumatic events experienced by males

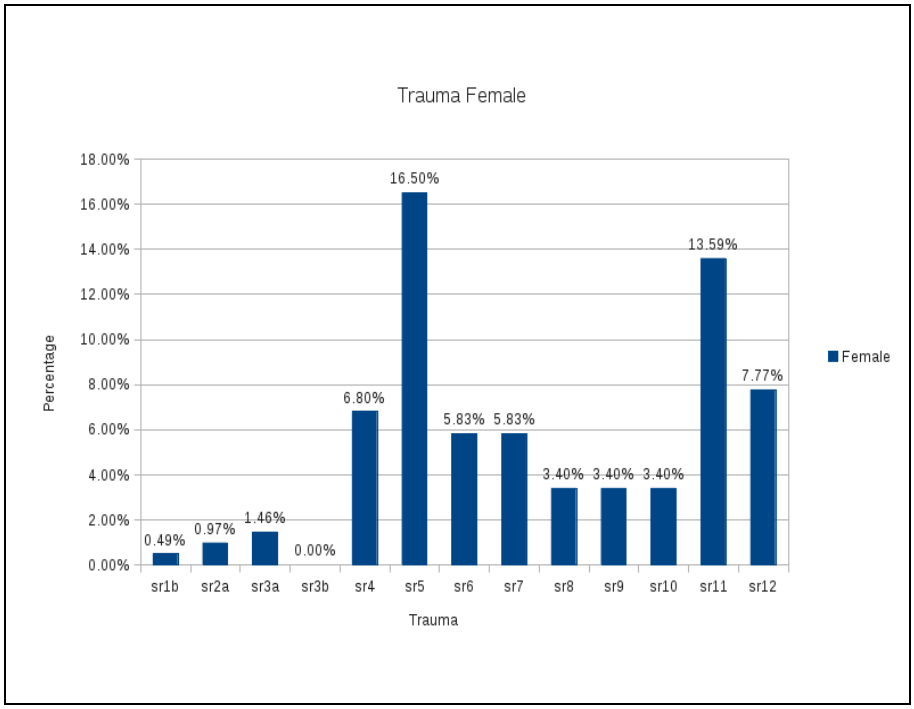



Figure 3b: traumatic events experienced by female students

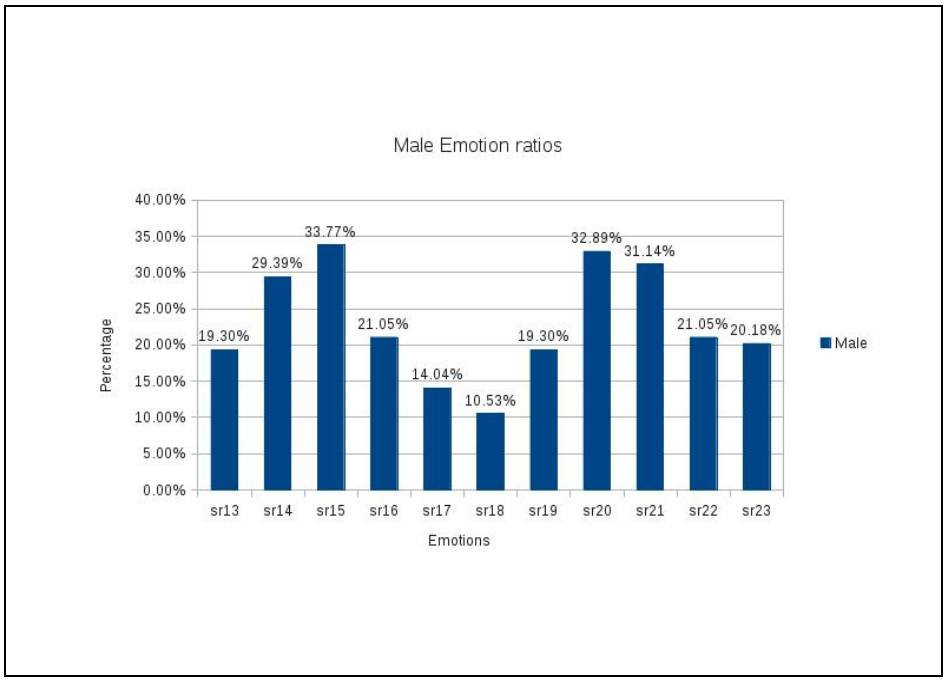
The most significant traumatic events experienced by the male subjects were witnessing violence in another person in which they were deeply affected (19.30%), having a chronically sick family member (16.67%), being in circumstances where they narrowly escaped death (12.47%), and family conflict where one witnessed parents fighting (12.73). The least experienced traumatic events were death of a parent (0.44%), losing a guardian (0.88%), loss of a sibling (1.757%), sexual abuse (3.07%), and accident in which one was seriously injured (3.07%).

The most reported traumatic events experienced by females were having a chronically sick family member (16.50%), witnessing violence (13.59%), escaping death (7.77%), and family conflict in which parents were fighting (6.80%). These findings concurred with Peltzer, (1998); Frazier et al., (2009) and Lis-Turlejska, (2008) who aver that experiencing traumatic events is not unusual in the general population and that most university students would have experienced at least one traumatic event in their lives. Sheryl, et al., (2012) concur that some of the traumatic events that affect students and which are likely to have negative consequences on their functioning are; assault, serious accidents, abuse and community or domestic violence. There were gender similarities in the traumatic events by males and females in that they both reported witnessing violence (19.30%) of the male students and 13.59% of the female students respectively), having a chronically sick family member (16.67%) of male students and 16.50% of the female students respectively), family conflict reported by 12.72% of the males and 6.80% reported by the females respectively and being in circumstances where they narrowly escaped death (reported by 14.47% of the males and 7.77% of the females respectively) as the most prevalent traumatic events experienced. There were slight differences in the prevalence of traumatic events experienced by males and females in that more males (19.30%) than females (13.59%) reported higher incidences of witnessing violence. Also more males than females reported to have been in circumstances where they narrowly escaped death (14.47%) against (7.77%) females and more males (12.72%) than females (6.80%) reported witnessing family conflict.

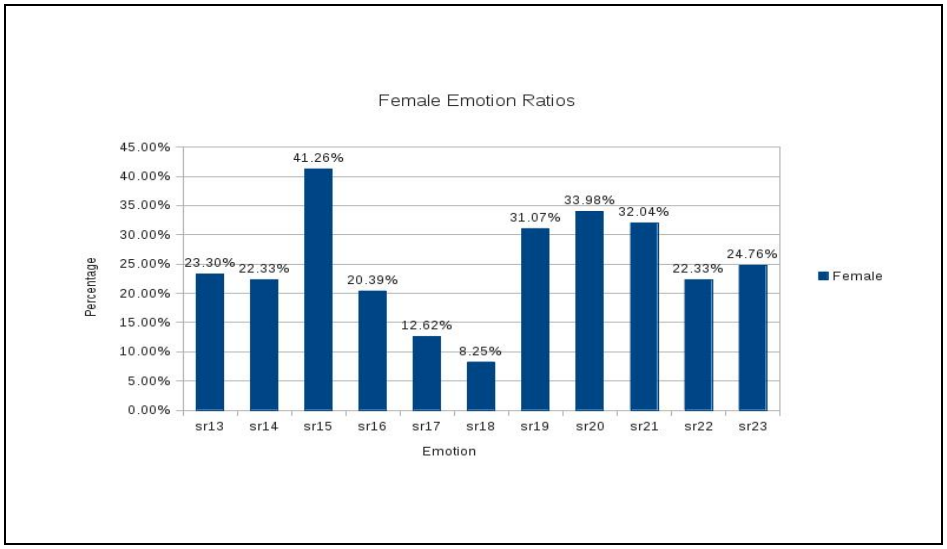
**Emotional occurrences by gender**

This objective wished to establish the emotional responses experienced by the students studied. Specifically, it sought to establish if the students experienced anger (sr13), irritability (sr14), mood swings (sr15), guilt (sr16), shame (sr17), being blamed (sr18) over what had happened or felt powerless to handle the issues (sr19). The objective sought to establish if the subjects were experiencing confusion (sr20), difficulties in concentrating (sr21), fearfulness (sr22) and social withdrawal (sr23).

The results are presented in figure 4a and 4b




4a emotional experience by male students




4b. Emotional occurrences by female students

The study findings revealed that the most significant emotions experienced by 41.26% of the female students were mood swings where they felt angry, sad, depressed and annoyed in the week preceding the data collection followed by feeling a sense of confusion that interfered with their ability to cope (33.98%). They also reported difficulties in concentrating (32.04%) while 24.76% displayed social withdrawal in which they felt they did not want company of others. The emotional experience reported by the fewest students were a sense of feeling blamed for what had happened in the family at (8.25%) followed by experiencing a strong sense of shame. The males reported mood swings (33.77%), feeling a sense of confusion (31.14% and difficulties concentrating as the most reported emotional reactions among them. They also reported irritability, (29.39%) and feeling

fearful and inability to sleep (21.05%). The least reported emotions by the males were: carrying guilt of being blamed (10.53% and a strong sense of shame (14.04 %.)
These findings suggest that the emotional experiences reported by both males and females are similar and they are also in agreement with De Witt and Lessing (2005) who averred that students suffering from traumatic events might suffer overwhelming emotions. The findings also agree with Seery (2011) that traumatic experiences are likely to cause psychological problems which are identified by the Australian Psychologist (2013) as depression, irritability, anxiety, emotional numbing and social withdrawal.

**Physical and psychological symptoms**

The purpose of this objective was to identify physical and psychological symptoms of trauma and how they affected the students' lives. Specifically, the students were asked to report if they experienced inability to sleep (sr24), nightmares (sr25), easily startled (sr26), racing heartbeat (sr27), body aches and pains (sr28). Further to this they were expected to report if they also experienced fatigue (sr29), difficulties in concentration (srr30), shifting pain (sr31), and unease on minor issues (sr32) and if they were angered by minor issues (sr33). The findings are presented in figure 5a and 5b.

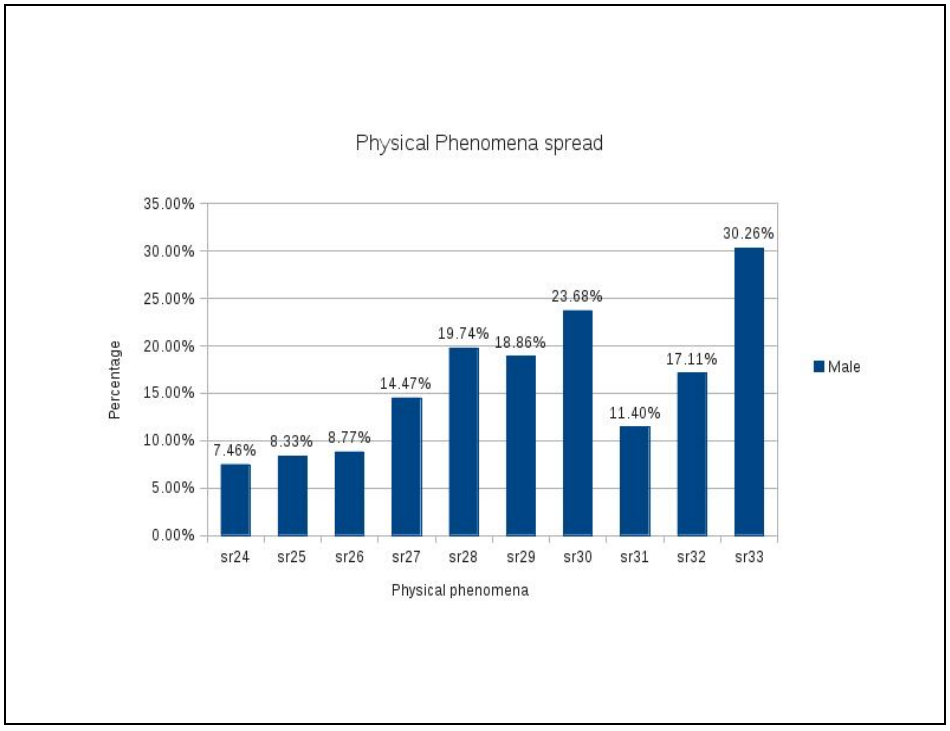



Figure 5a Physical symptoms displayed by male students

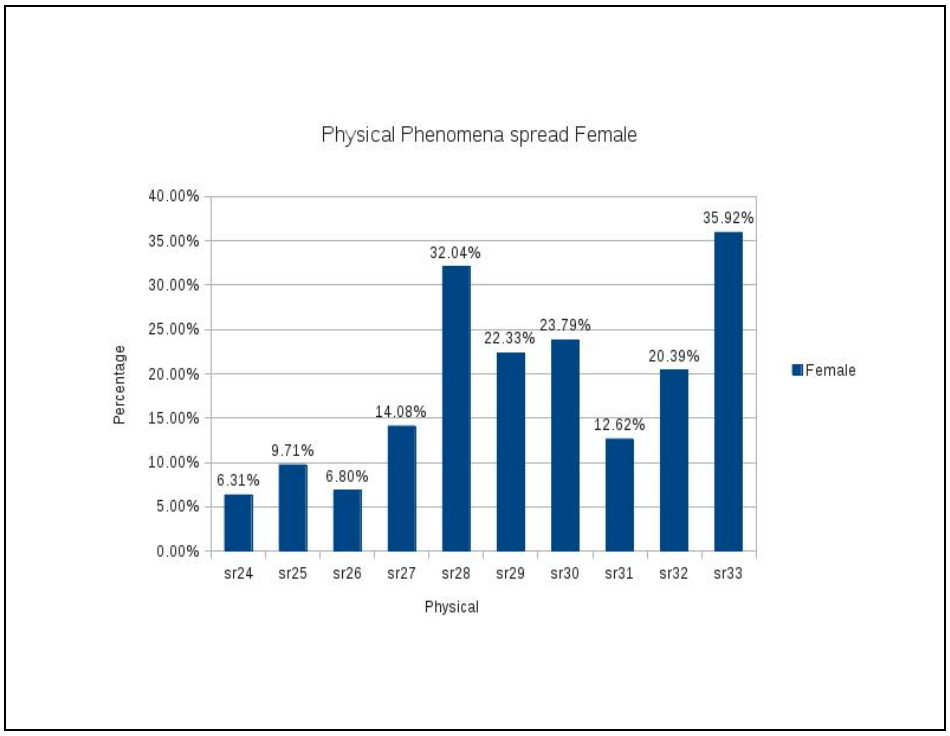



Figure 5b Physical symptoms displayed by female students

The study findings revealed that the psychological symptoms reported by the males were: experiencing anger over minor issues (30.26%), followed by difficulties concentrating in important matters like lectures (23.68%). The physiological symptoms the males reported included: experiencing body aches and pains (19.74%) while others reported experiencing fatigue even after having a good night sleep. The symptoms reported by few males were inability to sleep (7.46%) followed by nightmares and being easily startled (8.33% and 8.77% respectively.

The physical and psychological symptoms reported by females were: being angered by minor issues (35.92%) and body aches and pains (32.04%). The female also reported experiencing difficulties concentrating in important matters, fatigue even after a good night rest and feeling fearful and unable to sleep (23.79%), (22.33%) and (20.39%) respectively. A few of the students reported physical and psychological symptoms. These included: inability to sleep, being easily startled, and nightmares, (6.31%, 6.80% and 9.71% respectively.)

These study findings agree with Jaffe, Segal and Duke (2005) and the Australian (2013) that some of the symptoms of trauma include eating disorders, sleeping problems and low energy.

**Coping strategies used by the students**

The intention of this objective was to investigate the strategies trauma survivors use to cope with the trauma. This was achieved by establishing the prevalence of the following coping methods among the study sample: drinking alcohol (sr34), smoking cigarettes (sr35), taking psychoactive drugs (sr36) and sexual promiscuity (sr37). The students were also asked if they tried to forget that the problem existed (sr38), took steps to solve the problem (sr39), looking for someone to help solve the problem (sr40) and withdrawing from people, events or places associated with trauma (sr41).

The findings are presented in figure 6a and 6b.

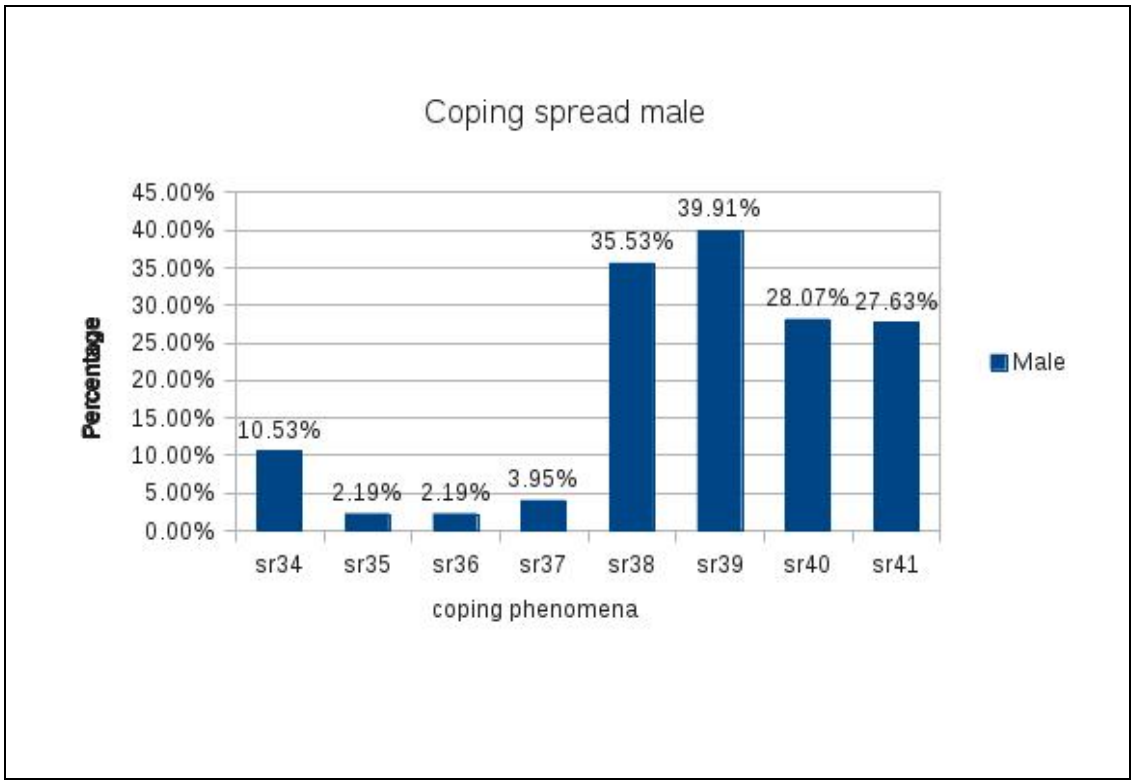



Figure 6a: Coping strategies used by male students

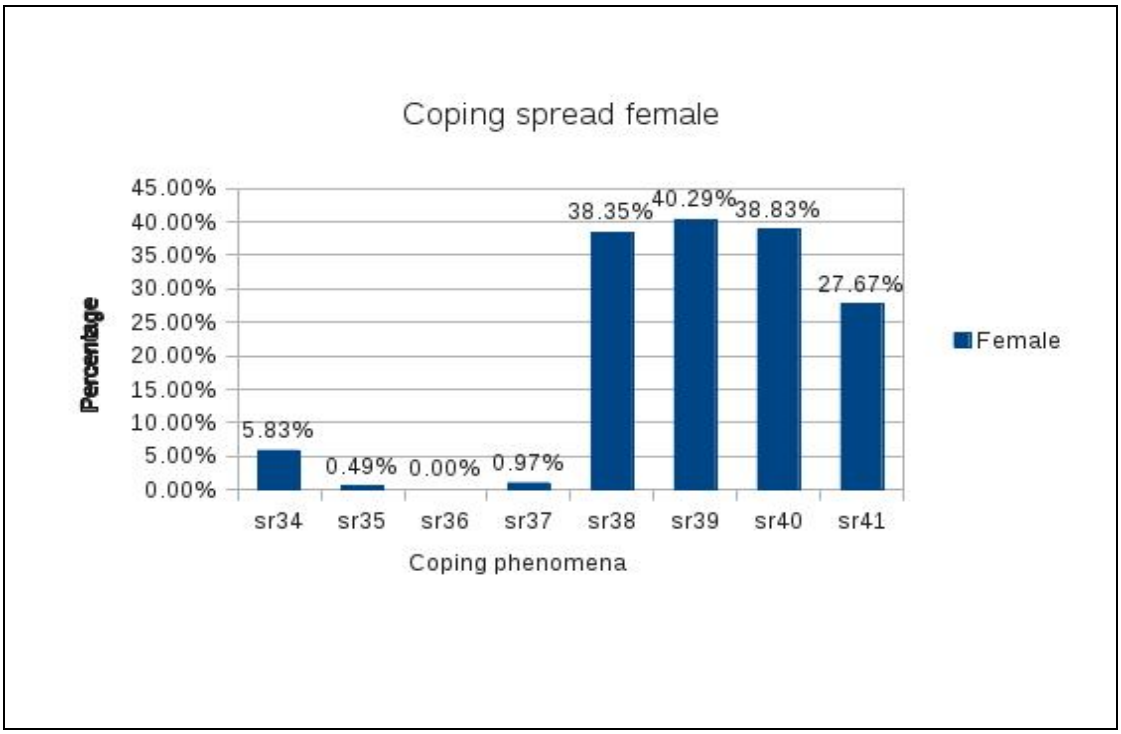



Figure 6b: coping strategies used by female students

The study findings revealed that the most significant coping strategies were: taking steps to solve the problem, (39.91%), trying to forget that the problem existed, (35.53), looking for someone to help, (28.07) and avoiding people, events and places associated with the problem, (27.63%). The

least significant coping methods reported by the students were smoking cigarettes, (2.19), taking psychoactive drugs, (2.19), sexual promiscuity, (3.95%) and drinking alcohol, (10.53). The most significant coping strategies among the female students were: taking steps to solve the problem (40%), looking for someone to help (38.83%), trying to forget the problem 38.53), and avoiding people, places and events associated with the problem (27.67%). The least significant coping methods reported by the females were: smoking cigarettes (0.49), sexual promiscuity (0.9%) and drinking alcohol (5.83%). The findings concur with Lawler, Ouimette, & Dahlstedt, (2005) that some trauma survivors engage in avoidant behaviors where they pretend that the trauma did not happen while others engage in approach coping behaviors where they try to solve the problem. Chibbaro and Jackson (2006) agree that taking action is among the coping skills helpful to strengthen the students' sense of control as it helps overcome a feeling of helplessness. The findings reveal some gender similarities and some differences in the coping as almost equal percentages of male and female students reported trying to forget the problem, taking steps towards solving the problem, looking for someone to help and avoiding the people, places and situations associated with the problem. Although in small percentages the gender differences revealed that more males than females reported drinking alcohol, smoking cigarettes, taking other psychoactive drugs and engaging in sexual promiscuity as methods of coping with traumatic events.

**Support systems students rely on**

The aim of this objective was to establish the support systems students rely on when undergoing traumatic moments among them established university's structures like counselors at the wellness centre (sr42), office of the dean of students (sr43), course lecturers (sr44) and peer counselors (sr45). They were also asked to report if the relied on the following for support: a close friend (sr46), the various chaplaincies (sr47) (Catholic, Protestant, Seventh Day Adventists and Muslim) Vice Chancellor's office (sr48) and family and friends (sr49).

The findings were presented in figure 7a and 7b

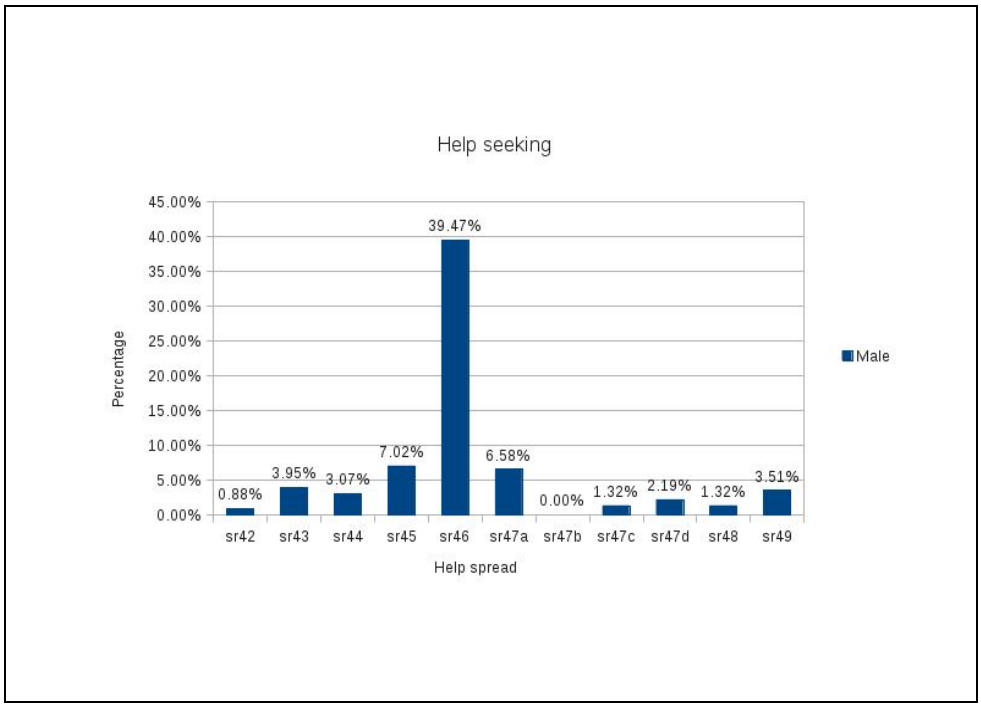



Figure 7a: Support systems male students rely on

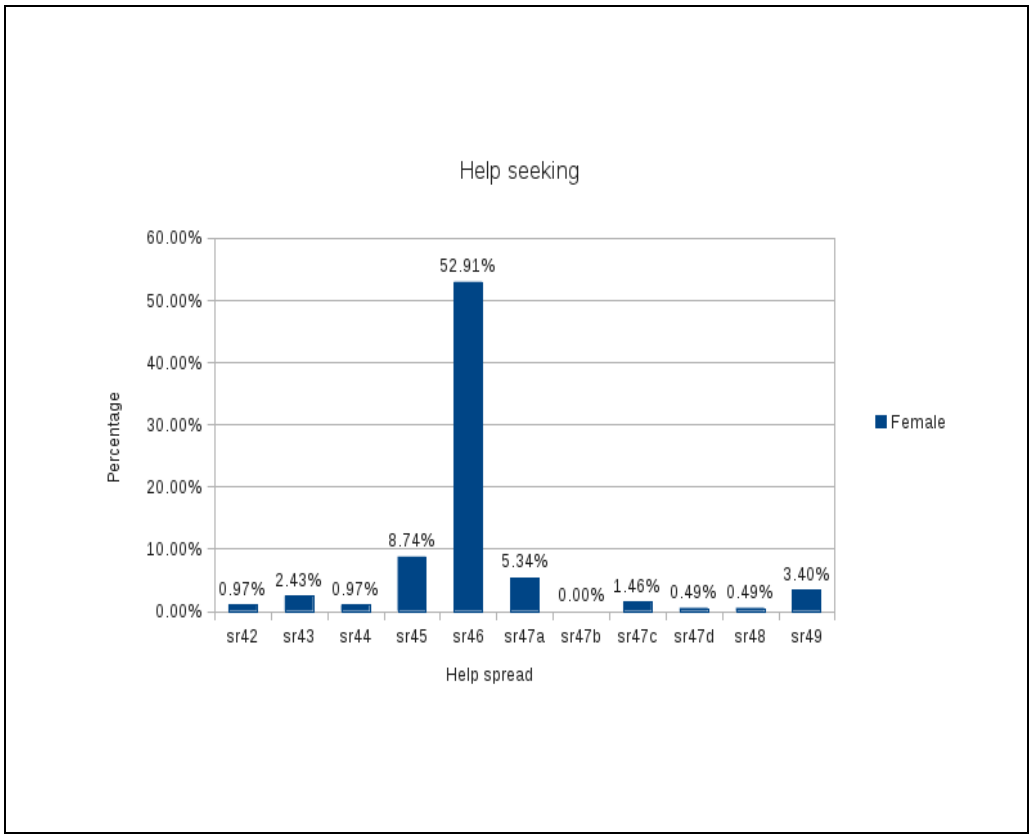



Figure 7b: Support systems female students rely on

The findings revealed that majority of male students sought help from their close friends as reported by 39.47% of the male sample. According to the findings few talked about their trauma to the chaplains: Catholic (6.58%), Protestant, (0.00 %), Seventh Day Adventists (1.23%) and Muslim (2.19%) respectively. Fewer still talked about their trauma to the Vice Chancellors' office, The Kenyatta University Wellness Center, course lecturer or even peer counselors.

The female students revealed the same pattern with majority reporting that they talked about their trauma to a close friend (52.91%). The findings indicate that few students reported relying on peer counselors (8.74%), the chaplaincies Catholic, Protestant, Seventh Day and Muslim. Few students reported talking to the Kenyatta University Wellness Center, Dean of the Students or even course lecturer. According to Compas and Epping (1993), social support helps individual cope more effectively with life stresses. Bloks, et al. (2004) concur that recovering is associated with approach coping and more seeking of social support. The findings revealed that although the University has structures in place where students can get either spiritual or psychological help, they opt to share their trauma with friends. Furthermore, a smaller percentage of males share their traumatic experiences with friends than the females, indication that more males suffer alone with their problems. In order to heal from effects of trauma, the students need to seek help from trauma counselors as their peers may not have the resourcefulness needed. This was articulated by Grella et al., (2008) that peer support may not always give the help needed. Furthermore, this may be a serious indicator that many students may go through life with psychological trauma which may interfere with their physical, mental and psychological health.

## CONCLUSION

The results of the study indicated that a large number of students studied experienced traumatic events with more males than females reporting trauma. The most significant traumatic experiences reported were witnessing violence, chronically sick family member and being in circumstances where they narrowly escaped death. There were slight gender differences in that females reported higher incidences of witnessing violence while the males reported to have been in circumstances where they narrowly escaped death. More males than females reported witnessing family conflict. Both males and females reported experiencing mood swings where they felt angry, sad, depressed and annoyed in the week preceding the data collection, a sense of confusion that interfered with their ability to cope. They also reported difficulties in concentrating, social withdrawal, and anger over minor issues, difficulties concentrating in important matters like lectures, body aches and pains, fatigue, inability to sleep and nightmares as well as being easily startled. The most significant coping strategies were: taking steps to solve the problem, trying to forget that the problem existed, looking for someone to help and avoiding people, events and places associated with the problem. The least significant coping methods were: smoking cigarettes, taking psychoactive drugs, sexual promiscuity, and drinking alcohol. Although expressed in small percentages, the gender differences revealed that more males than females reported drinking alcohol, smoking cigarettes, taking other psychoactive drugs and engaging in sexual promiscuity as methods of coping with traumatic events. Majority of students sought help from their close friends and only insignificant percentages sought help from established university structures. Gender differences are noted in the sense that a smaller percentage of males reported sharing their traumatic experiences with friends than the female counterparts

## RECOMMENDATIONS

1. The study recommended that the University set up a system of screening students for symptoms of psychological trauma.
2. The study further recommended that the students be sensitized about the importance of seeking institutional and professional support in times of trauma.
3. In addition the study recommended that students be sensitized about the risks of engaging in health compromising behavior as methods of coping with trauma as they always lead to more traumas.
4. The students should also be encouraged to communicate with parents and guardians as they may have the resources to help.

   These recommendations are in agreement with Lawler et al, (2005) that the universities health centers should screen for PTSD and consider psycho-educational programs of coping skills, and other interventions for survivors of trauma.

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