Abstract: Child Sexual Abuse CSA is an ordeal that is traumatizing and leaves children feeling totally hopeless when coping mechanisms fail. This results in an emotional and psychological baggage which weighs negatively on Early Childhood Learners. The aim of the current study was to establish the psychological effects of child sexual abuse children ages 5-8 years in Nairobi City County. The Trauma Symptom Checklist for Young Children (TSCYC) was used to assess the psychological outcomes of the CSA survivors. This study used a descriptive survey design and the sampling technique was purposive. It was located in Nairobi City County. The study site was Gender Violence Centre GVRC Nairobi Women’s Hospital. The target population comprised of sexually abused children and their parents/guardians. The independent variable for this study was CSA, while the dependent variable was the psychological outcomes of CSA. The TSCYC was analysed using the TSCYC software which generated scores for the sexually abused children. Guidelines from the TSCYC Manual were used to determine the scores. These scores were converted to percentages and presented in a pie chart. Findings showed that, outcomes of psychological disorders affected children through symptoms of anxiety, depression and Post Traumatic Stress Disorder (PTSD). The study recommended inclusion of age appropriate life skills in school curriculums and teacher training programs on signs of CSA, assessment as well as procedures of reporting CSA.

I. BACKGROUND

The CSA ordeal involves invasion of a child’s greatest private zone, hence violating a child’s psychological and physical integrity. It creates fear in the boy or girl, who may be harmed for life physically and mentally. Although the psychological outcomes of CSA survivors are under-researched in Africa, studies show that these outcomes are prevalent in this cohort of survivors.

Paolucci, Genuis and Violato (2001) conducted a Meta-analysis of 37 published studies on effects of CSA involving 25,367 people. Factors taken into account included gender, socio-economic status, type of abuse, age when abused, relationship with perpetrator and number of abuse incidents. CSA was found to have strong effects on PTSD, depression, suicide, sexual promiscuity, victim–perpetrator cycle and academic performance.

Fergusson, Boden and Horwood (2008), in a prospective longitudinal, cohort study of 1,265 children born in 4-month period in mid, 1977 were followed regularly up to age 25 years in a New Zealand study. Twenty five year-olds who experienced attempted or completed sexual penetration as children had high rates of mental health disorder including: suicide ideation and attempts, depression, anxiety and substance dependence that were 2.4 times higher than those not exposed to child sexual abuse. This effect remained significant after taking into account various measures of family functioning and socio-economic status. No gender differences were found.

Nauert (2010) reiterates that findings presented in the July issue of Mayo Clinic Proceedings, researchers’ report indicated that a history of sexual abuse is associated with suicide attempts, post-traumatic stress disorder, anxiety disorders, and depression, eating and sleep disorders. Further, associations between sexual abuse and depression, eating disorders and PTSD were strengthened by a history of rape. Depending on the age, size of the child and the degree of force used; child sexual abuse may cause internal lacerations and bleeding (Nauert 2010). In severe cases, damage to internal organs may occur, causing death. Herman-Giddens, Brown and Verbiest (2000) found six certain and six probable cases of death due to child sexual abuse in North Carolina. The victims ranged between 2 months to 10 years. Causes of death included trauma to the genitalia, rectum and mutilation of organs. The above studies carried out in the west show profound health and psychological effects of the CSA vice on its survivors. However, the effects of CSA on psychological outcomes of CSA during early childhood remain unexplored.

In the Great Lakes region of Africa, CSA is still a taboo subject yet it causes serious consequences on physical, psychological, social cultural, economic and family levels. Often it is not denounced and perpetrators unleash it upon women and children with impunity (Niyonizigiye, 2010). The International Rescue Committee (2010) reiterates that in the Central African Republic, almost half of the gender based violence (GBV) survivors receiving support f were girls under the age of 18. In Sierra Leone, up to 80% of survivors receiving services were girls under 18, out of which 30% were aged 0-11 years old.

In Tanzania, the URT (2011) study reports that females who experienced sexual violence prior age 18 were significantly more likely to report feelings of depression in the past 30 days.
than females who did not experience sexual violence. Similarly, males who reported sexual violence prior age 18 were more likely to report their current health as fair or poor, feelings of depression or anxiety in the past 30 days and experienced cases of smoking in the last 30 days than males who had not experienced sexual violence. Notably these research findings omitted how CSA affects early childhood education.

Kalifani and Baker (2009) posit that sexual violence unleashed on young girls in northern Uganda by the Lords Resistance Army LRA, causes untold psychological/spiritual suffering and social cultural effects. The physical effects include: HIV/AIDS, gynecological problems such as sexually transmitted diseases, infertility and vescico-vaginal fistulae. In terms of psychological effects: traumatic effects which include anger, fear, stigma, shame, inability to communicate and homicidal urges; PTSD symptoms; depression, suicidal thoughts and insomnia. The effects of ongoing sexual violence and torture include use of high levels of alcohol and marijuana as well as escalated levels of crime including domestic violence and rape within their communities. Kalifani and Baker further argue that thou the LRA have withdrawn from northern Uganda and even when hostilities cease, sexual violence continue and there remains the ongoing consequences of damage to body and mind.

According to trade union Solidarity Helping Hand (2009), in South Africa, a number of CSA survivors die from their injuries, others contract HIV, while others who get pregnant may stand the risk of dying in labour as their bodies are underdeveloped to stand the process of child birth. Human Rights Watch (2001) states that the risk of school-related violence and exploitation deterred parents from sending their daughters to school and were also a reason why girls dropped out of school. It is important to note that studies addressing CSA effects on survivors are mainly concerned with documenting the magnitude and scope of the problem and making recommendations for prevention and response. The educational well-being of the survivors is still under-explored in Kenya. The current study interrogated how CSA outcomes affect early childhood education.

The ramifications of CSA are far reaching. The vice poses a serious threat to learning where by survivors result to irregular school attendance and ultimately drop out of school to avoid being abused by their male counterparts and school personnel (Human Rights Watch, 2001; Pasha, 2007 in Runo, 2014). Hence CSA undermines children’s chances to access education at par with their non-abused counterparts.

Despite difficulties in acquisition of CSA data, Kenya has made an effort in putting together a crucial document on CSA prevalence in the national survey on violence against children reported in RoK (2010). This document states that females aged 18 to 24 who report experiencing sexual violence in childhood are significantly more likely to report feelings of anxiety, depression, suicidal thoughts and fair/poor health than those females who did not experience sexual violence. During the interviews for the RoK (2010) report, out of a total sample of 2683 persons who report having gone through CSA prior age 18, four hundred and seventy five (475) of them, drawn from 8 provinces, developed health issues. Twenty (20) had general poor health while 38 of them complained of anxiety and 417 reported depression. Other emotional reactions to CSA include distressing feelings and thoughts. Furthermore, the CSA survivors reported experiencing being unwell all the time. The National guidelines on management of sexual violence in Kenya (2009) states that CSA also affects its survivors through physical injuries and is a risk factor towards vulnerability towards contracting sexually transmitted infections including HIV, unwanted pregnancies as well as diverse psychosocial consequences. Prolonged exposure to CSA leads to low self-esteem and some victims become child abusers, prostitutes, drug addicts or runaways (Githinji, 2005). Nonetheless, Cohen, Mannarino and Deblinger (2012) note that some children, perhaps those endowed with stress-resistant temperaments or genetic wakeups, natural coping styles and strong supportive systems are resistant to traumatic childhood events such as CSA. In the current study, such endowments were extraneous variables which affected the study in that they affected early learning of CSA survivors positively and overshadowed the negative psychological outcomes of CSA.

II. METHOD

This study used a mixed research design. The method was correlational. The total sample had ninetyfive (95) respondents who included forty five (45) CSA survivors, (45) parents/guardians of CSA survivors and 5 policy makers. The sample was selected as follows: CSA survivors were 45. They were 10% of 455 morbid survivors of CSA according to RoK (2010). Mugenda (2003) states that 10% of the accessible population is enough sample for a study where samples are difficult to find. Also, the parent/guardian of every survivor was also interviewed bringing the figure to 90. Parents/guardians of any gender were acceptable.

III. INVESTIGATION OF CSA EFFECTS ON LEARNING OF SURVIVORS AGES 5-8 YEARS IN NAIROBI COUNTY

The current research sought to find out how CSA affects learning. Parents/guardians, CSA survivors and policy makers were interviewed on this. To determine presence of disorders commonly reported in CSA survivors, the Trauma Symptomatology Checklist for Young Children (TSCYC) was used. Both the psychometric and the interviews yielded the following data.

General Health Condition of the Respondents

In this study, 33 respondents reported poor general health; this affected early education in that some children were admitted in hospital whereas others were on heavy medication and therefore failed to go to school. There were therefore several
lapses in their learning due to absenteeism. This had a negative effect on their education.

In UK, Townsend (2013) conducted research on prevalence and consequences of child sexual abuse compared with other childhood experiences and found CSA trauma to cause disorders such as anxiety, post-traumatic stress disorder, depression, substance abuse, aggression, social isolation, withdrawal, and decreased school performance, as well as dropping out of school. This study sought to find out the Kenyan scenario.

However, Cohen, Mannarino and Deblinger (2012) note that some children, perhaps those endowed with stress-resistant temperaments or genetic makeups, natural coping styles and strong supportive systems are resistant to traumatic childhood events such as CSA. In this research, such endowments were extraneous variables which affected the study in that they affected sexually abused children positively and overshadowed the negative effects of CSA.

This is reiterated by Ullman, Foynes and Tang (2010), whose research on benefits and barriers to disclosing sexual trauma: A contextual approach found that factors, such as spirituality, attachment style, peer and family support, hardiness or resiliency, as well as some coping strategies influenced the degree of recovery among children.

Nevertheless, majority of children who experience CSA suffer psychological effects. Research on childhood sexual abuse and its effects in adult life conducted by Włodarczyk (2016) in Poland showed that sexually abused children are likely to experience a range of both immediate and long-term effects likely to persist into adulthood. These included problems with self-esteem and social functioning. This particular study did not consider the effects of psychological disorders associated with sexual abuse on young learners. Also, this research is based on adults who were abused during previous generations; hence findings drawn from such researches may not apply to the current generations.

Fergusson, Boden and Horwood (2008), in a prospective longitudinal, cohort study of 1,265 children born in 4-month period in mid, 1977 were followed regularly up to age 25 years in a New Zealand study. Twenty-five year-olds who experienced attempted or completed sexual penetration as children had high rates of mental health disorder including: suicide ideation and attempts, depression, anxiety and substance dependence that were 2.4 times higher than those not exposed to child sexual abuse. This effect remained significant after taking into account various measures of family functioning and socio-economic status. There could have been possibilities of respondents not clearly recalling what transpired decades after their CSA ordeal. Hence, need for recent findings of recent cases such as those addressed by the current study.

CSA is a serious malady in India as it is in other parts of the world. A Kolkata based study compared adjustment capacity of 120 children with history of sexual abuse from rehabilitation homes with 120 non-sexually abused schoolgirls. Findings showed a significant difference in social adjustment and emotional capacity of sexually abused and non-sexually abused girls. More than half the children with history of CSA had significantly higher aggression scores and high depression scores than the control group (Deb & Mukherjee, 2011). There was no verification of CSA in this study, hence the current study sought to fill this gap in knowledge by requiring parents and guardians to be part of the study, hence parents got to verify children’s responses rendering the data more reliable.

According to Polonko et al., research on Prevalence and long-term impact of child sexual abuse among a sample of male college students in Jordan revealed that although the vice occurred during childhood its psychological outcomes including anxiety, depression and general psychological distress persisted into adulthood and affected all their education up to college level. The current study therefore sought to provide recommendations that would mitigate children from Nairobi Kenya against such adverse psychological outcomes.

According to the Optimus study (2015), in South Africa, effects of CSA have implications on young people who suffer them. Children who have been abused are more likely to engage in risky sexual activity and substance misuse, and to develop mental and physical health problems. These effects in turn, undermine their capacity to succeed in school, ability to work and maintain healthy relationships. Notably, respondents for this research were aged between 15 and 18 years. The current research explored the psychological outcomes of CSA among children 5-8years, a cohort that was omitted by the aforementioned study.

A study on the sexual violence phenomenon in the Great Lakes region of Africa indicate that CSA is still a taboo subject yet it has serious negative effects on physical, psychological, social cultural, economic and family levels. Often it is not denounced and perpetrators unleash it upon women and children with impunity (Niyonzima, 2010).

Kalifani and Baker (2009) posit that sexual violence unleashed on young girls in northern Uganda by the Lords’ Resistance Army LRA, causes untold psychological/spiritual suffering and social cultural effects. The physical effects include: HIV and AIDS, gynaecological problems such as sexually transmitted diseases, infertility and vagino-vaginal fistulae. In terms of psychological effects: traumatic effects which include anger, fear, stigma, shame, inability to communicate and homicidal urges; PTSD symptoms; depression, suicidal thoughts and insomnia were experienced. The effects of ongoing sexual violence and torture include use of high levels of alcohol and marijuana as well as escalated levels of crime including domestic violence and rape within their communities. Kalifani and Baker further argue that although the LRA has withdrawn from northern Uganda and
even when hostilities cease, sexual violence continues and there remains the ongoing outcomes of damage to body and mind. Thus, there was need to explore how the psychological damage of CSA affects young school going children in Nairobi City County.

In Tanzania, the URT (2011) study reports that females who experience sexual violence prior to age 18 were significantly more likely to report feelings of depression in the past 30 days than females who did not experience sexual violence. Similarly, males who reported sexual violence prior age 18 were more likely to report their current health as fair or poor, feelings of depression or anxiety in the past 30 days and experienced cases of smoking in the last 30 days than males who had not experienced sexual violence. Notably, these research findings omitted how psychological outcomes of CSA influences early childhood education.

Despite global difficulties in acquisition of CSA data, Kenya has made an effort in putting together a crucial document on CSA prevalence in the national survey on violence against children reported in RoK (2010). This document states that females aged 18 to 24 who report experiencing sexual violence during childhood are significantly more likely to report feelings of anxiety, depression, suicidal thoughts and fair/poor health than those females who did not experience sexual violence. During the interviews for the RoK (2010) report, out of a total sample of 2683 persons who reported having experienced CSA prior to age 18, four hundred and seventy five (475) of them, drawn from 8 provinces, developed health issues. Twenty (20) had general poor health while 38 of them complained of anxiety and 417 reported depression. Other emotional reactions to CSA include distressing feelings and thoughts. Furthermore, the affected reported experiencing being unwell all the time. The National guidelines on management of sexual violence in Kenya (2009) states that CSA also affects its survivors through physical injuries and is a risk factor towards vulnerability towards contracting sexually transmitted infections including HIV, unwanted pregnancies as well as diverse negative psychosocial outcomes.

Further, findings of a longitudinal study on Post-Traumatic Stress Disorder (PTSD) among sexually abused children and educational status in Kenya conducted at Nairobi Women’s Hospitals and Kenyatta National Teaching and Referral Hospital in Kenya found that children who experience sexual abuse have negative psychological outcomes especially PTSD. These outcomes are detrimental to the normal development of children and their educational status. The study recommended the need to screen for psychological disorders such as PTSD as well as to offer psychosocial support and follow up to children who have been sexually abused (Mutavi, Mathai & Obondo, 2017).

Psychological Disorders Associated with Sexual Abuse on Early Childhood Education of Children Aged 5-8 years in Nairobi City County

The second objective sought to establish effects of psychological disorders associated with sexual abuse on children aged 5-8 years in Nairobi City County. Findings showed that 60% of the children who were affected by CSA developed anxiety while 12% of the respondents developed depression and up to 23% of the respondents developed PTSD. Following is a discussion of how these disorders affected children.

Social Anxiety

According to ICD-10 (2016), social anxiety also known as social phobia is an anxiety disorder characterized by an intense, irrational fear of one or more social situations in which an individual is exposed to possible scrutiny of others. In such individuals, exposure to social situations provokes an anxiety response. Results of the current study indicated that up to 60% of the children who had experienced CSA developed anxiety.

This agrees with findings of research of a prospective longitudinal, cohort study of 1,265 children born in 4-month period in mid, 1977 who were followed regularly up to age 25 years in a New Zealand study. Findings showed that twenty five year-olds who experienced attempted or completed sexual penetration as children had high rates of psychological disorders which affected them. These included anxiety among others.

According to the Optimus study (2015), done in South Africa, effects of CSA had implications for young people. These included mental health problems whose effects undermined children’s capacity to succeed both at school, at work, as well as maintenance of healthy relationships.

In the current study children who experienced social anxiety after CSA feared going to school due to scrutiny of people present. Parents/guardians had the following to say:

My child had been abducted by the father who went and defiled her. She now is very fearful of being among people. Any time we are commuting by public, she clings to me and says someone wants to steal her. All this is in her imaginations but I must keep holding her hand any time we are among people. She fears crowds of people. In school she
fears offending other children and allows them into her personal space, whereby they keep taking things such as stationery from her. She never stops them and only complains when she’s back home. Evidently, school is a very intimidating environment for her and this must be affecting her learning (Mother J).

Social situations provoked fear or anxiety whereby after the ordeal, children feared the offending gender, hence were not at ease in school.

I was going to a mixed school where I was abused. I will not go to a school that has boys again. I have stopped going to school till my parents find for me a girls school only (Mother J).

Depression

Depression affected education of 12% of the respondents. In both the ICD-10 (2016) diagnostic manual and the Trauma Symptom Check list for Young Children (TSCYC), depression in children is characterized by low mood, reduced energy and decreased activities. Children also experienced common reduction in capacity for enjoyment activities which were enjoyed before the traumatic episode in this case CSA, lack of interest and poor concentration marked by tiredness after a minimum of effort. They have disturbed sleep patterns and also experience reduced self-confidence and self-esteem. In this study, with the use of TSCYC depression was diagnosed in 9 children.

The ICD-10 criterion was then used to determine the levels of depression in the sexually abused children. These levels were based on the number and severity of the symptoms that the children experienced. According to the ICD-10, in small children, a major depressive disorder is frequently associated with anxiety disorders, school phobias and sphincter control disorders (encopresis and enuresis). Those meeting the depression criteria but did not have the symptoms of major depression were classified under mild depression. In this regard, 3 had major depression while in 6 the depression was mild.

Findings of the current study concur with those of a Kolkata based study which compared adjustment capacity of 120 children with history of sexual abuse from rehabilitation homes with 120 non-sexually abused schoolgirls. Findings showed a significant difference in social adjustment (including school adjustment) and emotional capacity of sexually abused and non-sexually abused school girls. More than half the children with history of CSA had significantly higher aggression scores and high depression scores than the control group (Deb & Mukherjee, 2011).

A national survey on violence against children reported in RoK (2010) showed that out of the 2,683 females aged 18 to 24 who reported experiencing sexual violence in childhood 417 reported depression. Symptoms of depression are not synonymous with good educational outcomes.

In the study, parents and guardians of the children diagnosed with depression complained that most children cried often for no apparent reason. About 90% of the children experienced somatic complaints such as headaches and abdominal pains. According to the findings of the current study, two female sexually abused children reported cases of enuresis whereby the children passed urine unconsciously even in school. This meant that they smelt urine the whole day. It made them hate being in school. Other parents complained that children who were initially dry started bed wetting after the CSA ordeal. One sodomized boy experienced encopresis whereby, he used to defecate on himself while in school. The mother said this:

Whenever he went to class he was too fearful; he used to defecate on himself; some times, twice a day. Children would laugh at him hence he felt different and therefore hated and feared school; he had a low self-esteem kept explaining to friends what was done to him and they ridiculed him all the more. This had a negative impact on his education. I had to transfer him from that school (Mother J).

Children with depression have trouble falling or staying asleep or in other words, they experience sleep disturbance. A parent to one 8 year old child said,

CSA has had a negative impact on my daughter’s sleep patterns. She has trouble falling asleep and only gets sleep after midnight. She therefore doesn’t get enough rest; hence she is usually very sleepy and dull in school (Mother L).

Other children managed to fall asleep but woke up earlier than usual. Many children felt irritable. Most children said they cried a lot whenever they remembered the ordeal.

After the CSA ordeal, I cried myself to sleep every night especially because I had to come to the children’s home. I miss my siblings and my father who is now in prison. I still cry a lot. I wish this ordeal never happened to me (Child D).

Most of the children stated that since the CSA ordeal, they had become very forgetful and this had a profound effect on their learning. One parent said their child had bad hand writing; had forgotten to write some numbers and had lost many learning milestones after CSA. Another parent said:

Our son has regressed in reading. He had started reading sentences but went back to sounds after the ordeal (Mother M).

A sexually abused child said,

I failed to do the midterm exams because I was admitted in hospital I cannot remember most of the things I learnt in school (Child E).

All children with depression complained of insomnia whereby they either had trouble falling asleep or experienced nightmares with sexual abuse content, hence could not go back to sleep. This affected their learning in that they felt tired and sleepy during the day and could not concentrate in class. Low concentration affected 13% of the respondents. Kalifani
and Baker (2009) posit that sexual violence unleashed on young girls causes depression which has a negative impact on their functionality.

**Post Traumatic Stress Disorder (PTSD)**

Up to 23% of the respondents developed PTSD while 22% did not have the disorder. According to the ICD-10, PTSD is an anxiety disorder caused by a reaction to traumatic events such as military combat, violent assault, natural disaster, or other life-threatening events. PTSD is characterized by experienced trauma (stressor), re-experiencing, avoidance and hyper-arousal. These symptoms are present for at least one month and the disorder is usually long-term. PTSD is characterized by symptoms that last more than one month. There are three forms of post-traumatic stress disorder, depending on the time of onset and the duration the symptoms had lasted.

In the acute form, the duration of the symptoms is between 1 to 3 months while in the chronic form, symptoms last more than 3 months. With delayed onset, symptoms develop more than 6 months after the traumatic event. The TCYCC was used in assessment of PTSD but the various forms were identified using the ICD-10 criteria.

In this study, all children had directly experienced the CSA stressor, 18 of them had PTSD. In 10 children it was chronic while in 8 it was acute. None had PTSD with delayed onset.

PTSD is characterized by re-experiencing symptoms which interfere with day-to-day living and include reliving the event in nightmares or flashbacks. In this study, respondents reported existence of intrusion symptoms in terms of distressing memories of CSA trauma whereby most respondents said children kept remembering (re-experiencing) the CSA event. In one instance, the child who had been abducted and sexually abused clung to the mother all the time be it in the bus or when going to sleep for fear that a stranger might take her away to go and abuse her. Others experienced extreme distress whenever exposed to external cues of the CSA trauma. One boy said he hated watching cartoons where characters kiss over the television as they reminded him of the CSA trauma.

In this study, 90% of the CSA survivors experienced nightmares with frightening content of the CSA ordeal. One parent said,

*My daughter experiences frightening nightmares since the CSA ordeal. Every time she experiences the nightmares she always has a problem going back to sleep, hence dozes during the day. This is affecting her class work (Mother M).*

The CSA survivors therefore hardly had enough sleep and this affected them negatively.

Children who could express themselves especially 8 year olds said they were preoccupied with CSA thoughts. This happened even in class, hence rendering their learning futile. One child said:

*I rarely paid attention in class; I kept remembering how the CSA ordeal happened in my life (Child F)*

Next in the PTSD criteria is the consistent avoidance of concrete items and human behaviours associated with CSA trauma. Some children who had experienced CSA avoided following the route they used on the day they were abused. Other feared and avoided the offending gender. They developed phobia for peers, parents and teachers, if they were the perpetrators. Some became truant, others dropped out of school altogether. Moreover, those that remained in school never responded to learning so long as the teacher was a man. They also feared male peers in school. One truant girl who was abused by a minor said:

*The presence of boys makes me hate school (Child F).*

Papalia (2010) opines that according to the cognitive development and constructivist theories, children learn through interaction, meaning that when an abused child cannot interact, their wellbeing is in jeopardy. For those who become truant, precious learning time is lost forever.

According to the ICD-10, the last criteria requires that there be hyper arousal whereby trauma survivors cannot relax and find themselves alert all the time as if they are looking out for danger.

Most parents said in Kiswahili

*Unajisunafanyamototokaaakistukakilawakati (Mother N).*

In English this means that

*The sexual abuse makes a child to become easily startled most of the time (Mother O).*

One respondent explained that the sexually abused child had developed startled response and in class, the child would stop writing suddenly when thoughts of the CSA ordeal flooded her mind.

Kalifani and Baker (2009) posit that sexual violence unleashed on young girls causes untold psychological outcomes such as PTSD symptoms which include re-experiencing and avoidance of any reminder of the CSA ordeal. These continue being detrimental to children’s holistic wellbeing reiterate Kalifani and Baker (2009).

Further, Mutavi, Mathai and Obondo, (2017) adds that PTSD has detrimental outcomes on children’s educational wellbeing.

In conclusion, psychological disorders associated with sexual abuse affected early education of learners aged 5-8 years in Nairobi City County; Findings showed that 60% of the children who were affected by CSA developed anxiety, 12% of the respondents developed depression while 23% of the respondents developed PTSD.

Depression affected the educational well being of (12%) 9 children who had developed the disorder. It was characterized by low mood, reduced energy and decreased activities. Children also experienced reduced interest in activities which
were enjoyed before the CSA ordeal. They also had lack of interest and poor concentration marked by tiredness after a minimum effort. They further experienced disturbed sleep patterns and reduced self-confidence as well as self-esteem. Most children cried often for no apparent reason. The children also experienced somatic complaints such as headaches and abdominal pains, forgetfulness, enuresis and encopresis.

Also 23% of the respondents developed PTSD. It was characterized first by experiencing traumatic experience (CSA), they also re-experienced CSA symptoms as well as reliving the CSA traumatic event in terms of nightmares which had CSA content. They also had distressing symptoms of persistent flashbacks or bad memories.

The children who had experienced CSA also experienced consistent avoidance of concrete items and human behaviours associated with CSA trauma.

IV. RECOMMENDATIONS

Findings of this study revealed that teachers greatly determined the academic progress of children who are sexually abused. Research findings showed that where the teacher was supportive, CSA did not impede learning and where the teacher was not supportive, children were affected to the extent of dropping out of school.

Teachers, therefore, should be trained on; CSA prevention, signs, assessment, management and referral of the affected children.

Further, teachers need to be trained on identification of sexually abused children, the reporting process, management and referral process of those affected by CSA.

Finally, teachers need to be trained on assessment of psychological disorders among sexually abused children and their management in class. This is because during the research, it was noted that GVRC’S provide comprehensive psychosocial care to very few children. The remaining children will certainly be in school with all the complications that come with CSA. Interventions by teachers in school would mitigate the effects of CSA in early childhood education.

REFERENCES

APPENDIX II

SECTION A

TRAUMA SYMPTOM CHECKLIST FOR YOUNG CHILDREN (TSCYC) INSTRUMENT TRANSLATED VERSION

<table>
<thead>
<tr>
<th>Not At All</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very Often</th>
</tr>
</thead>
</table>

Please indicate how often the child has done, felt, or experienced each of the following things in the last month:

36. Suddenly seeing, feeling, or hearing something bad that happened in the past
37. Hearing voices telling him or her to hurt someone
38. Staring off into space
39. Changing the subject or not answering when he or she was asked about a bad thing that happened to him or her
40. Having a nervous breakdown
41. Not laughing or being happy like other children
42. Crying at night because he or she was frightened
43. Hitting adults (including parents)
44. Being frightened of men
45. Not being able to pay attention
46. Seeming to be a million miles away
47. Being easily startled
48. Watching out everywhere for possible danger
49. No longer doing things that he or she used to enjoy
50. Becoming frightened or disturbed when something sexual was mentioned or seen
51. Not sleeping for two or more days
52. Not paying attention because he or she was in his or her own world
53. Making mistakes
54. Crying for no obvious reason
55. Not wanting to be around someone who did something bad to him or her or reminded him or her of something bad
56. Being tense
57. Worrying about other people’s safety
58. Becoming very angry over a little thing
59. Drawing pictures about sexual things
60. Pulling his or her hair out
61. Calling himself or herself bad, stupid, or ugly
62. Throwing things at friends or family members
63. Getting upset about something in the past
64. Temporary blindness or paralysis
65. Getting upset about something sexual
66. Not going to bed at night the first time he or she was asked
67. Fear that he or she would be killed by someone
68. Saying that nobody liked him or her
69. Crying when he or she was reminded of something from the past
Please indicate how often the child has done, felt, or experienced each of the following things in the last month.

1. Saying that something bad didn’t happen to him or her even though it did happen
2. Saying he or she wanted to die or be killed
3. Acting as if he or she didn’t have any feelings about something bad that happened to him or her
4. Whining
5. Not sleeping well
6. Worrying about sexual things
7. Being frightened by things that didn’t used to scare him or her
8. Hallucinating
9. Acting like he or she was in a trance
10. Forgetting his or her own name
11. Getting upset when he or she was reminded of something bad that happened
12. Avoiding things that reminded him or her of a bad thing that had happened in the past
13. Acting jumpy
14. Making a mess
15. Acting sad or depressed
16. Being so absent-minded that he or she didn’t notice what was going on around him or her
17. Not wanting to eat certain foods
18. Yelling at family, friends, or teachers
19. Not playing because he or she was depressed
20. Being disobedient
21. Intentionally hurting other children or family members
# TSCYC Answer Sheet

**John Briere, PhD**

**Date:** / / 

**Child’s name:**  
**Child’s gender:** Male Female  
**Child’s age:**  
**Child’s living situation:** Home Residential center Other (describe)  
**Child’s race:**  

**Rater’s name:**  
**Rater’s gender:** Male Female  
**Rater’s relationship to child:** Biological parent Adoptive parent Foster parent Other legal guardian  
**Residential childcare worker:**  
**Other (describe):**  

1. Does this child live with you? Yes No  
If yes, how long has he/she lived with you?  

2. On average, how many hours do you spend in the same place (for example, at home) with him/her each week, not counting when he/she is asleep?  

- 0-1 hr.  
- 2-5 hrs.  
- 6-10 hrs.  
- 11-20 hrs.  
- 21-40 hrs.  
- 41-60 hrs.  
- Over 60 hrs.  

Fill in the information above. Follow the instructions in the TSCYC Item Booklet and enter your ratings on this sheet. Indicate your ratings by circling the appropriate number for each item.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
<th>14</th>
<th>15</th>
<th>16</th>
<th>17</th>
<th>18</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>19</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>37</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>55</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>20</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>38</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>56</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>21</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>39</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>57</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>22</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>40</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>58</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>23</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>41</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>59</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>24</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>42</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>60</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>25</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>43</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>61</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>26</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>44</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>62</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>27</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>45</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>63</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>10</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>28</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>46</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>64</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>11</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>29</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>47</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>65</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>12</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>30</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>48</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>66</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>13</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>31</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>49</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>67</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>14</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>32</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>50</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>68</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>15</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>33</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>51</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>69</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>16</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>34</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>52</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>70</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>17</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>35</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>53</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>71</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>18</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>36</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>54</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>72</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

**Copyright © 1999, 2006 by PAR. All rights reserved. May not be reproduced in whole or in part in any form or by any means without written permission of PAR. This form is printed in blue and green ink on carbonless paper. Any other version is unauthorized.**

**Warning! Photocopying or duplication of this form without permission is a violation of copyright laws.**
TSCYC KISWAHILI VERSION

SECTION B

1. Kuna wakati unazusha.
2. Kuna wakati unaskia kuwa na huzuni
3. Kuna wakati unaskia kudanganya
4. Kuna wakati unaota ndoto mbaya
5. Kuna wakatiunajiskiaukokwaduniaingine
6. Kuna wakatiunajipataunajumuangikuhusungono
7. Kuna wakatiunajiskiakuogopakwaurahisi
8. Kuna wakatihutakikwendapahalipenyepatakukumbusha mambo mabayayazamani
9. Kuna wakatiunaskia kwambachakulachakokimewekwasumu
10. Kuna wakatiunashhtukamuntuakipitaharakamaaaukiskiasautikubwa
11. Kuna wakatiunajiskiakusumbulianiwafrakuhusuyaliyokufanyikia
12. Kuna wakatiunajiskiakunaogopamtuanaezafanyangononawewe
13. Kuna wakatiunajiskiahutakikuongeakuuhusu mambo yaliyokufanyikia
14. Kuna wakatiunajipatahutakikufanyakituunapaswaufanye
15. Kuna wakatiunajipataunavunjavitukwaumaksudi
16. Kuna wakatiunaongeakuhusuvituvyangono
17. Kuna wakatiunashindwakuwamakini
18. Kuna wakatiunajilaaumukwa mambo yenyesiokupendakwako
19. Kuna wakatiunakuwanaogakukumbusha mambo yaliyotendekazamani
20. Kuna wakatiunajifanyakufanyangono
21. Kuna wakatiunahofia mambo mabayayatufanyikamiakazijazo
22. Kuna wakatiunajipataukigombana
23. Kuna wakatiunajipataukipigana
24. Kuna wakatiunajipataukichorapichakuhusukitukibayakilitendekakwako
25. Kuna wakatiunajikutahajuichenyeunafanya
26. Kuna wakatihuwezikuketiukatulia
27. Kuna wakatiunachezamichozoinayohusihenyekeikilikufanyikia
28. Kuna wakatiunajipataumezubaa
29. Kuna wakatiunajipataunakumbuka mambo mabayayalikufanyikia
30. Kuna wakatiunajipataunatumiamadawayakulevya
31. Kuogopagiza

Kuogopagiza
32. Kuogopakukaapekeyako.
33. Kutotakawenginewakukaribie.
34. Kupendakupigansa.
35. Kuguza dudu au susu ya watoto au watu wakubwa.
36. Unaogopa kuona, kuhisi au kusikia kitu chenye kilitendeka zamani.
37. Kusikia sauti zikikuambia uumize mtu mwingine.
38. Kuzubaa.
39. Kubadilisha vyenye umeulizwa ama kukosa kujibu wakati umeulizwa kuhusu kitu kibaya kilichotendeka.
41. Kutocheka au kutofurahiakamawatotowengine.
42. Kuliasikikwasababuyakuogopa.
43. Kugonga/kuchapawatuwakubwampakawazasi.
44. Kuogopawanaume.
45. Kushindwakuwamakini.
46. Kuona ni kama uko mbali.
47. Kushtuka kwa urahisi.
49. Kutocheka au kutofurahiakamawatotowengine.
50. Kuogopa ama kusumbuka mawazo kitu yenye umasaa na dudu au susu ikitajwa ama kuonwa.
51. Kuna wakati unashindwa kulala kwa siku mbili au zaidi
52. Kuna wakati unashindwa kuwa makini kwasababu uko kwa dunia yako
53. Kuna wakati unajipata ukifanya makosa
54. Kuna wakati unalia bila sababu
55. Kuna wakati hutaki kuwa karibu na mtu aliyeufanya jambo baya ama anayekukumbusha mambo mbaya yaliyo kufanyikia
56. Kuna wakati unajiskia kuogopa na kutetemeka
57. Kuna wakati unajipata unahofia usalamawengine
58. Kuna wakati unajipata unakasirishwana mambo madogo
59. Kuna wakati unajipata ukichorapichazangono
60. Kuna wakati unashindwa kwa dunia yako
61. Kuna wakati unajipata unahofia usalamawengine
62. Kuna wakati unajipata ukichorapichazangono
63. Kuna wakati unashindwa kwa dunia yako
64. Kutoonakwamudamfupi/ kufaganzi
65. Kuogopaukifikiriakuingiza dude kwasusu
66. kuogopakulalausikubaadayakitendokufanyika
67. kuogopautauawanamtu
68. Kusemahaupendwinawatu
69. Kuliaukikumbushwakitukilichopita
70. Kusemakitumbayakahikufanyikakumbekilifanyika
71. Kusemaunatakakujiaamakuuawa
72. Kuhisikwambajambambayahaikutendeka
73. Kuna wakatiunajipataukilalamikaovyoovyo
74. Kuna wakatiunapatataabukulala
75. Kutopatausingizivizuri
76. Kuanamawazokuhusianana mambo yangono
77. Kuona au kusikiavituvisivyokua
78. Acting like he or she was in a trance-
79. Kusahaumajinayakokamili
80. Kukasirikaovyoovyounapokumbushwakitukilichofanyika
81. Kulengavituvinavyokukumbushavitumbayavilivyofanyikahapoawali
82. Kutokuamtnulivu
83. Kutokuamakini
84. Kuhuzunika
85. Kukosakufahamumpakaunakosakujuakinachendoakaribunawewe
86. Kutotakavyakulafulani
87 Kupokeafamilia, marafikinawalimu
88. Kutochezakwasababuyamanjonzinahuzuni
89. Kutoheshimu/kutofuatasheria
90. Kuumizawatotonafamiliakwakujua