

Gender Difference in Traumatic Experiences and Level of Post Traumatic Stress Disorder among Children Survivors in Areas Affected by the Post-Election of 2007/2008 in Nakuru County, Kenya

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Abstract

Gender differences have been observed in children experience of traumatic events as well in development of PTSD. Males have commonly been found to experience more traumas except for sexual assault while the female are more likely to develop PTSD after a traumatic event. In the 2007/2008 post-election violence in Kenya, both female and children were exposed to and witnessed various traumatic events. Some may have developed anxiety disorders. The purpose of this study was to investigate the traumatic experiences of children during post-election violence and possibility of development of post-traumatic stress disorder among children survivors of 2007/2008 post-election violence in Nakuru county. The study sought to determine gender difference in traumatic experiences and PTSD. The study utilized *ex post facto* and correlational research designs. The study was guided by Cognitive Behavioral Theory. A sample size of 400 respondents was derived from areas affected by post-election violence in Nakuru county. A multi-stage sampling approach was used to derive the sample. Data for the study was obtained using questionnaires. Data was analyzed using descriptive and inferential statistics. Independent t-test was used to test the hypotheses. The hypotheses were tested at significance level of 0.05. Significant gender difference was established in traumatic experiences and level of PTSD severity.

Keywords: Post-traumatic stress disorder, post-election violence of 2007/2008, gender, traumatic experiences.

INTRODUCTION

Violence against women is an enormous problem. This violence puts women at risk for short and long term consequences involving their psychological, physical, economic and social well-being. Broadly defined, trauma among women includes childhood sexual and physical abuse and neglect, domestic violence sexual and nonsexual assault, community violence, civil conflict and natural disasters. Although the prevalence rates of violence and trauma vary across structures due to methodological differences, the prevalence rates of violence involving women are alarming and indicate that traumatization of women is a serious public health problem. A telephone survey conducted in the US of a representative randomly selected national sample of 4008 women (Renick and Kilpatrick, 1998) found that 27% reported experiences sexual assault, 10% reported physical & assault, 13% reported homicide of family member, 36% reported criminal victimization and 33% reported experiencing at least one of the traumas assessed.

However, some women are at a greater risk for violence than the 'typical' woman. A prospective study of 2863 nationally representative women followed for three years found that women are at risk for victimization, when they are poor, unmarried or recently divorced or when their education levels are low (Byrne and Resnick, 1995). Research indicate that traumatic life events especially childhood abuse are often followed by vast array of psychological, physical and interpersonal sequences which includes post-traumatic stress disorder. However, the individual risk factors most consistently related to developing PTSD are gender and history of exposure before the focal trauma especially violence in childhood. Women are approximately at twice the risk for developing PTSD following trauma compared with men. This finding has been replicated across most studies in trauma and PTSD, including the September 11, 2001 terrorist attack in the United States (Schlenger, Caddell, 2002).

In Kenya, few studies carried out with regard to development of PTSD indicate that women are at a higher risk of developing PTSD. A study by Lukoye (2006) among survivors of Mau Mau concentration camps and a study by Anyango (2008) among sexually abused children found females to be higher in PTSD scores than their male counterparts. Kenyas' 2007 general election was accompanied by violence conflicts which affected parts of Western, Coast, Nyanza and Rift Valley regions. In Nakuru county in the Rift Valley region, the conflicts were accompanied by breakdown of law and order. According Waki report (2008), gender violence was perpetrated

against innocent victims. This was not just one of the tragedies but major life changing events where women and children were raped. Moreover, men were forced to undergo forced circumcision which was described traumatic circumcision.

It is in the view of this that the researcher set out to evaluate gender differences in traumatic experiences and PTSD among children survivors of post- election violence of (2007/2008) in Nakuru County.

LITERATURE REVIEW

Gender differences in trauma exposure and PTSD

Gender differences have been observed in children experiences of traumatic events as well in development of PTSD. Males have commonly been found to experience more traumas except for sexual assault while the female are more likely to develop PTSD after a traumatic event. In a study conducted in South Africa and Nigeria, although boys were found to have experienced more traumatic events, girls were more likely to have met criteria for full and partial PTSD (Seedat, Nyamai and Njenga, 2004). However, the risk of developing PTSD differs according to the type of trauma experience. PTSD is most often associated with rape for women followed by sexual molestation, physical attack, being threatened with a weapon and childhood physical abuse. A study to examine gender differences in combat exposure indicated that although men reported greater exposure to high-intensity combat experiences than women, PTSD levels were higher in women than men. While military sexual trauma was associated with high levels of PTSD among women, injury during combat was associated with high levels of PTSD among men (Shira, Luxton and Sknopp, 2012).

Culture and gender appear to interact to influence vulnerability to PTSD. A study among survivors of hurricane in Mexico and Florida in 1992, rates of PTSD were higher in both countries but effects of gender were greatest within samples from traditional cultures (Green, 1991). In addition, panel studies indicate that psychological effects are not only stronger among women but more long lasting as well. A study among homeless children reported that risk for PTSD following traumatic experiences was the fold higher in women than in men and duration of PTSD was higher among women (Breslau, 2012). However in a study by Lukoye (2006) among 181 survivors of Mau Mau concentration camps reported no association between PTSD and gender. This underscores the current study concern which sought to determine whether was gender a predictor for PTSD among survivors of post-election in Nakuru County.

Perspectives of PTSD

Santrock (2003) defines PTSD as an anxiety disorder that develops in response to an extreme psychological or physical trauma which lasts more than thirty days. According to Santrock, PTSD is characterized by intrusive memories of the traumatic event, emotional withdrawal and heightened automatic arousal. Some of the traumas that may induce PTSD range from extra ordinary events such as terrorist attack to common events such as a traffic accident (Nolen Hoesksema, 2004). Symptoms of PTSD according to Nolen-Hoesksema (2004) can be mild to moderate but for others the symptoms can be immobilizing causing deterioration in the work and social lives. It is approximated that on the overall, 8 percent of men and 20 percent of women who experience trauma go on to develop PTSD and 30 percent of these individuals develop chronic form that persist through their lives (Ford, 1999).

Clark (2001) and Norris and Unl (2001) conceptualizes PTSD as a psychological disorder that develops through exposure to a traumatic event, such as war, severe oppressive situations, severe abuse, and natural and natural disasters. However they indicate that not every individual exposed to the same event develops PTSD which overloads the individuals coping abilities (Clark, 2001). A study carried out among Vietnam War veterans revealed that only 15 to 20 percent of soldiers who experienced war traumas developed PTSD. Preparation for a trauma makes a difference in whether an individual will develop the disorder or not (Koss and Boeschen, 1998).

Barlow (1998) defines PTSD as a long lasting emotional disorder that occurs after variety of traumatic events. Barlow identifies war as the most impressive traumatic event in development of PTSD. However, he concurs with Clark (2001) and Norris and Unl (2001) that PTSD does not develop in all people who experience trauma. He attributes the development of PTSD to biological, psychological and social factors. Foy (1992) concluded that the intensity of combat exposure contributed to the etiology of PTSD in a group of Vietnam War veterans.

Social and cultural factors are said to play an important role in development of PTSD (Foy 1992). Results from a number of studies are consistent in showing that having a strong and supportive group around helps in mitigating against development of PTSD. Individual factors such as tendency to be anxious as well as factors such as minimal education and ethnic group membership predict development of PTSD (Breslau and Davis, 2007). The literature indicates that PTSD develops after exposure to traumatic events such community violence.

Causes of PTSD

Various factors have been emphasized as causes of PTSD. Natural disasters such as floods, earthquakes, fires, hurricanes and tornadoes can trigger a wave of PTSD among survivors. In study carried out among survivors of

floods in 1992, fourteen years later 25 percent still suffered from PTSD (Perry, 1995). Another study among children in Florida who lived through hurricane in 1992 reported that 20 percent were still suffering from PTSD a year after the disaster (Vernberg and LaGraca, 1996). A similar study among children in South Carolina who survived Hurricane Hugo in 1990 found that, three years after the hurricane, a third still experienced a sense of detachment and avoided thoughts and feelings associated with the hurricane (Platt, 1986).

Abuse is another cause of PTSD. Some forms of abuse may include physical abuse, sexual abuse and emotional abuse. Any form of abuse may contribute to long term PTSD. Studies of rape survivors show that about 95 percent experienced post-traumatic stress symptoms severe enough to qualify for diagnosis of a disorder the first two weeks after the incidents. A recent study carried out in Kenya among a purposive sample of 128 sexually abused children and adolescents found that 65 percent had developed severe PTSD, while 25 percent had moderate PTSD (Anyango, 2008).

Exposure to combat and war related trauma is said to contribute to etiology of PTSD (Foy 1992). Researchers assessed the psychological effects of more recent and ongoing war and conflict in the former Yugoslavia in the 1990s which were marked by ethnic cleansing, torture, slaughtering of thousands, and displacement of millions. A random survey sample of 1,358 found that 25 had percent experienced murder of a family member or a friend and 80 percent had been displaced from their homes during the war and sixty five percent of these people had symptoms that met criteria for PTSD (Osofsky, Wewers, Hanns, and Fick, 1993). The Afghan people who endured decades of war and oppressive regime of the Taliban and the bombing of their country where thousands were killed, injured and displaced from their homes, thousands were still in make-shift tents without adequate food and water. Research carried out among Afghan people indicated that, they suffered from high rates of PTSD (Mghir and Ranskin, 1999; Mghir, Freed, Raskin, 1995).Forty two percent were diagnosed with PTSD and over 90 percent of women reported symptoms of PTSD.

Post-traumatic stress disorder can occur following common events such as automobile accidents, unexpected death of a loved one, learning that one's child has a life-threatening disease or observing someone else being severely injured or killed. A study carried out among people attending an emergency room shortly after motor vehicle accident found that 50 percent of them reported intrusive re-experiencing of the accidents, hyper arousal or distress (Barlow, 1998).

Objective of the Study

- i) To establish gender difference in traumatic experiences and level of PTSD among the survivors in areas affected by the post-election of 2007/2008 in Nakuru county.

Hypothesis of the study

H₀1: There is no gender difference in traumatic experiences and level of PTSD severity among survivors in areas affected by post-election violence in Nakuru county.

Research methodology

The study employed ex-post factor and correlational research designs. The study was carried out in Nakuru County in the Rift Valley region of Kenya. The county has an area size of 74905km² and administratively divided into four sub counties namely: Nakuru North, Nakuru central, Molo and Naivasha. The study used a target population sample of 400 children survivors of the post election violence, 20 deputy head teachers and 40 parents. To get the sample, multi stage sampling strategies were adopted. The deputy headteachers were selected from the 20 schools selected in the second stage. The parents were picked from two schools randomly selected in areas which were hardest hit by the violence. A questionnaire was used to collect data from the children survivors while the interview schedule was used for the deputy head teachers and focused group discussion guidelines for the parents. Descriptive analysis was used to establish the mean and standard deviation of survivors' scores on the Impact of Event Scale while independent t-test was used to test the hypothesis. Qualitative results were based on information obtained from 20 deputy head teachers in 20 schools and 40 parents who participated in focused group discussions.

RESULTS AND DISCUSSION

Traumatic Experiences of Survivors Based on Gender

This study aimed at establishing gender difference in traumatic experiences and level of PTSD severity among the survivors in areas affected by the post-election of 2007/2008 in Nakuru county. It was hypothesized that there is no gender difference in traumatic experiences and level of PTSD severity. However, it was found important to establish the traumatic experiences of the children before post-election violence. This is because researchers have found that pre-event factors influence the development of post-traumatic stress disorders (Summerfield, 1993).

Traumatic Experiences before the Post -election Violence

Table 1: Traumatic Experience of the Children before Post-election Violence

Traumatic Experience	Male (N=200)		Female (N=194)	
	F	%	F	%
Accident	37	18.5	32	16.5
Floods	6	3.0	16	8.2
Attack with weapon	23	11.5	34	17.5
Witnessed natural health	54	27.0	56	28.9
Witnessed violent death	40	20.0	35	18.0
Survived a robbery	21	10.5	42	21.6
Physical violence as a child	26	13.0	24	12.4
Sexual Abuse	9	4.5	14	17.2
Rape	11	5.5	16	8.2
Ethnic violence	41	20.5	38	19.6
Terminal illness	36	18.0	60	30.9
Forced displacement	43	21.5	29	17.9
School violence	29	14.5	31	6.0
Community violence	60	30.0	78	40.2
Impaired caregiver	15	7.6	15	7.8
Loss or separation of a primary caregiver	33	16.5	52	26.8
Kidnapping	11	5.5	18	9.3
Medical trauma	47	23.5	40	20.6
Domestic violence	57	28.5	39	20.1
Emotional abuse	40	20.0	47	24.2

As indicated on table 1, there are many traumatic experiences that the survivors reported to have experienced before the post-election violence. The key traumatic experiences of the male survivors included; witnessing community violence 60(30%); domestic violence 57(28.5%); witnessing natural death 54(27.0%) and forced displacement (43(23.5%). The female survivors also indicated to that they had a number of traumatic experiences before post-election violence which included; community Violence 78 (40.2%), terminal illness 60 (30.9%), witnessed natural death 56(28.9%), loss or separation of a primary caregivers 52 (26.8%) and emotional abuse 47(24.2%).

The mean of the traumatic experiences was also sought. The study found that the mean of the female survivors was (3.6), and a standard deviation of (3.4), while that of the male children was (3.1) and a standard deviation of (3.4). This is interpreted to mean that the female children had higher mean that of the male survivors. Further, an independent t- test indicated no statistically significant difference between the male and female survivors. The female had ($M=3.6, S=3.4, t(392)=1.52, p=.129, a=0.05$), while the male children was ($m=3.1, S=3.4, t(392)=41.52, p=.129, a=0.05$).

Traumatic Experiences during Post election Violence

An analysis of items of traumatic experiences was carried out. According to the findings, the key traumatic experiences of the male survivors during the post- election violence included; displacement from home (48.5%), sleeping in the cold (47.0%), seeing property being looted (46.7%), and hearing people crying for help (46.5%), going without food and hearing yells of gangs as they attacked people. On the other hand, the female survivors had the following key experiences; hearing people crying for help (49.5%), property being looted being destroyed (46.1%), seeing sleeping in the cold (44.8%), seeing people going being beaten (41.8%), and seeing other people's property looted (41.2%). It is therefore evident from the study that both the male and female survivors had encountered various traumatic experiences as indicated on table 2.

Table 2: Traumatic Experiences of Male and Female survivor during Post-election Violence

Traumatic Experience	Male (N=200)		Female (N=194)	
	M	%	F	%
Seeing killing of people	48	24.0	39	20.3
Physically injured	21	10.6	8	4.4
Their house were burnt	61	30.7	62	32.6
Parents lost property and livelihoods	80	40.4	71	37.2
Saw peoples' property being destroyed	94	47.5	88	46.1
Saw armed gangs	78	41.1	51	27.3
Heard people crying for help	93	46.5	96	49.5
Saw dead bodies and dead body parts	29	15.8	23	13.3
Witnessed rape or sexual harassment	16	8.3	15	8.1
Parent was killed	7	3.5	9	4.6
Brother or sister was killed	2	1.0	1	0.5
Other relatives killed	15	7.5	22	11.3
Relative injured	25	12.6	19	9.8
Brother or sister injured	4	2.0		
Someone knowing to you was injured (not a relative)	52	26.3	54	27.8
Friend was killed	28	14.1	29	14.9
Some known to you disappeared (not a relative)	36	18.0	44	27.7
Parent disappeared	6	3.0	2	1.0
Have a relative who disappeared	11	5.6	11	5.7
A friend who disappeared	13	6.5	19	9.8
Displaced from home	96	48.5	76	41.8
Staged in IDP camp	44	22.0	28	15.1
Went without food for long hours	70	35.4	48	26.1
Stopped going to school for sometime	85	42.9	85	44.3
Slept in the cold	93	47.0	78	40.8
Someone known to you was killed (not a relative)	58	29.3	60	30.9
Saw property being looted	91	46.7	77	41.2
Detected small of dead bodies	80	40.4	63	33.3
Saw people being beaten	80	40.0	81	41.8
Saw people sleeping in the cold	85	42.5	87	44.8
Heard yells of gangs as they attacked people	73	39.5	65	33.5

Further analysis was performed to establish gender difference in number of traumatic experiences among the children studied. On the overall, the mean score of male children was higher than that of female children. While the mean score of male children was (23.6) and standard deviation of (9.0), that of female children was (19.1) with a standard deviation of (10.2). An independent t - test for equality of means revealed significant difference between the females and males children in the number of traumatic experiences during the post- election violence. The female children had (M=19.06,S=9.0, t(388)=4.7,p=.000,a=0.05, while the male children was m=23.6,S=10.20,t(392)=4.7, p= .000,a=0. 05. This finding is consistent with findings of studies of Ovuga and Oyok (2008) who found gender difference in traumatic experiences among former children soldiers in Northern Uganda with higher number of traumatic experiences among male respondents. However the finding was inconsistent with findings of Thabet (2000) who found no gender difference among children in the Gaza Strip during the war with Palestine. Perhaps the difference in findings may due to the age of the respondents. While study by Ovuga and Oyok (2008) targeted much older children who had participated in armed conflict, study by Thabet (2000) involved children who as young as six years of age.

Level of PTSD Severity among Male and Female Children

This study assessed the level of PTSD among survivors based on gender. It was hypothesed that there is no significant gender difference in level of PTSD severity. To assess the level of PTSD severity, the impact of event revised scale was utilized. It has twenty 20 items adapted from Weiss Impact of Event Scale. The scale considered the three cluster symptoms of PTSD namely; re-experiencing, avoidance and hyper arousal. The Impact of Events Scale tool was used to determine the level of PTSD severity among children. The test is constructed on a 5-point likert scale with scores ranging from Zero (0) to four (4).The scoring range is from 0 – 88. A score of 0-23 indicates absence of PTSD while a score of 24 – 32 is of clinical concern with partial PTSD. A score between 33 and above means confirmed.

Analyses were carried out establish whether there were gender differences in level of PTSD severity among children studied. The study found the mean score of female children on PTSD to be higher than that of male children. The mean on the female children was (39.2), while that of male children was (37.7). Moreover, a t-test revealed significant difference between male and female children on the Impact of Event Scale Scores with female children being higher. The female children had ($m = 39.2$, $S = 18.2$), $t(392) = 0.841$, $P = 0.000$, $\alpha = .05$ while the male children had ($M = 37.7$, $S = 18.2$), $t(392) = 0.841$, $P = 0.000$, $\alpha = .05$, as indicated on the table 3.

Table 3: Level of PTSD Severity among Male and Female Children
Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2- tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
								Lower	Upper	
Impact of events scores	Equal variances assumed	.579	.447	.841	392	.401	1.551	1.844	-2.074	5.175
	Equal variances not assumed			.841	391.780	.401	1.551	1.843	-2.074	5.175

This finding is consistent with past studies. A study by Ford(1999) among victims of community violence indicated that on the overall, 8% of men and 20% of women who experience community violence go on to develop PTSD and 30% of those individuals develop chronic form of PTSD which may persist through their lives. A study by Vernberg and La Grace (1996) among children survivors of dam collapse found PTSD symptoms to be higher in females than in males. Further, a study by Ovuga and Oyok (2008) to establish sex difference in PTSD reported that females are more likely to develop PTSD than males after exposure to traumatic event. Berton and Stabb (2007) in a study to investigate variables with incidences of PTSD in adolescents in a metropolitan area found that girls obtained the highest PTSD scores in all participants of the study.

However, the findings of the current study were inconsistent with reports by Seedat, Nyamai and Njenga (2004) in a study to assess trauma exposure, PTSD and gender difference in adolescents in urban African Schools found that male children were higher in PTSD symptoms than female children. This difference in gender may be due to the fact that community violence is experienced differently between men and women. Moreover, gender based inequity is usually exacerbated during situations of violence. In addition, gender violence against innocent victims witnessed during the post- election violence made women and girls more vulnerable.

Further analysis was carried out to determine the level of PTSD among the children based on the following scale; A score between 0-23 means no PTSD; 24-32 means partial PTSD and a score of 33 and above means confirmed PTSD. The level of PTSD severity by gender was also sought. The number of female children with confirmed PTSD was slightly higher than that of male children as shown on table 4.

Table 4: Level of PTSD Severity by Gender

Level of PTSD	Female		Male		Overall	
	F	%	F	%	F	%
No PTSD	44	22.7	46	23.0	90	22.8
Partial PTSD	25	12.9	28	14.0	53	13.5
Confirmed PTSD	125	64.4	126	63.0	251	63.7

SUMMARY

The study found significant gender difference in traumatic experiences and in level of PTSD severity. Although male children recorded higher number of traumatic experiences, female children had higher PTSD scores .This implies that females are more likely to develop PTSD after traumatic event. This may be due to the fact that during violence targeting of women and girls by armed groups make women and girls vulnerable to PTSD.

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