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THE INFLUENCE OF PSYCHOTHERAPY INTERVENTION IN MASS VIOLENCE SETTINGS:

A CASE OF KENYA'S POST ELECTION VIOLENCE

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ABSTRACT
Mass violence, just like Kenya's Post election violence, inevitably always results in trauma, which, if not confronted with psychotropic medicine or therapy, may never heal. Consequently, the preparedness of humanitarian agencies to provide psychotherapy is an interventional strategy is important. This study sought to determine the extent to which, and factors that influence the use of psychotherapy in confronting trauma. It administered a questionnaire and an interview schedule to respondents drawn from IDPs and professionals from humanitarian agencies. The study found that psychotherapy covered about 84% of PEV victims and improved their social and personality adjustments. In addition, time response and intervener skills were found to be significant in improving its effectiveness.

Key words: psychotherapy, trauma, violence, election, humanitarian agencies.

Background
In January and February 2008, Kenya witnessed the worst election related violence. Also, unlike previous cycles of violence, much of it followed, rather than preceded elections. The spiralling, persistence and widespread violence that swept Kenya for up to two months left over 1,200 persons dead, over 837 women sexually assaulted, and about 350,000 persons internally displaced; their property destroyed, burnt or stolen and livelihoods destroyed (The Waki report, 2008). This has become to be known as the "*post election violence (PEV)*".

Its consequences were varied, traumatic and tragic. They included in some instances, loss of life, serious bodily injuries, displacements, destruction of property, and psychological problems. Some of those displaced camped at nearby churches, police stations, schools and show grounds to avoid the effects of violence and human rights violations. Besides, insecurity for personal safety and human rights violations increased the risk of rape incidences particularly for girls and women. People living with HIV/AIDS were unable to access Anti-Retrovirals, thus worsening their HIV situation.

As the Waki report (2008) further notes, violent and sudden displacement from a place one considers home is often the worst form of loss, entailing, as it does, a sense of loss of self. Displacement means not merely a loss of a home but a loss of friendships and other relationships such as economic and personal, built over many years; dispersal of relatives and a loss of memories that constituted one's being. No intervention will make up for the mental and psychological trauma associated with displacement.

In addition, mass violence invariably results in devastating consequences that may significantly impair an individual's cognitive, emotional, physical, and behavioural functioning, besides destroying the community's moral, cultural and social fabric (Greenstone and Leviton, 1993; Krug et al., 2002; Rothchild, 2000; Gutlove and Thompson, 2003; Carlson and Ruzek, 2004; etc). It inevitably results in trauma, which, if not confronted with psychotropic medicine or therapy, may never heal (Hamber, 1995). To address the crisis, international and national humanitarian actors teamed up with governmental agencies to offer assistance.

Therefore, the study reported here sought to determine the extent to which, and factors that influence the use of psychotherapy – an integral aspect of humanitarian assistance – as an interventional strategy or approach to confront trauma in an endeavour to help mass violence victims make social and personality adjustments. In particular, the study investigated the following specific objectives: -

(i) determine extent to which humanitarian agencies provided psychotherapy to PEV victims – this is because, the primary goal of any intervention is to harness naturally occurring, adaptive, discontinuous affective change processes, to help victims access resilience and the capacity to function normally (Greenstone and Leviton, 1993).

(ii) examine whether psychotherapy contributed to better social and personality adjustment of PEV victims to lead normal living;

Methodology

The study employed a stratified random sampling procedure for sampling purposes, not only for number of respondents but also for attributes such as gender, age groupings (youth or adult) and geographical locality. Selected internally displaced persons (IDPs) responded to a questionnaire that probed whether humanitarian agencies provided PEV victims with psychotherapy in confronting trauma and their perceptions as to whether time and skills influence the effectiveness of the interventional strategy. Since, respondents represent a cross section of geographical localities, ethnic communities, gender and age grouping we believe their responses reflect those of the wider communities in which came from.

To fine tune the instrument and ensure that it measures what it purports to measure, the questionnaire was piloted at kiambiu chief's camp in Nairobi. This provided an opportunity to estimate the reliability of the instrument over time using the parallel form method. The final instrument yielded internal consistency reliability coefficient alpha, $P = 0.78$.

Although the study did not yield a coefficient alpha to the level advocated by Mugenda and Mugenda (1999) – i.e., a coefficient alpha, $P \geq 0.80$ implying that there is a high degree of reliability of data; it satisfied the condition set by McLeord (2002) – that a coefficient alpha score, $P \geq 0.7$ is usually considered necessary for a scale to be regarded as reliable enough to be employed in research. In addition, triangulation was employed to improve the reliability and validity of the measurements from the instrument.

To select humanitarian agencies for inclusion in the study, a two step ranking procedure was employed. First, respondents were asked to rank three agencies which in their opinion rendered the best services to IDPs. Second, based on respondents ranking, an evaluation was done by awarding a score of three for a first ranking, two for a second ranking and one for a third ranking. The scores were then summed up and ten (10) agencies with the highest scores were selected.

Study Population

The study sampled 627 respondents from 2040 internally displaced persons (IDPs) in twelve geographical localities, spread out in seven districts across two provinces in Kenya. Table 1 summarises the grouping of respondents by ethnic community cross tabulated by district.

Table 1: Respondents by district and Ethnic Community

Ethnic Community	No. of Respondents per District							Total (N)	%
	Uasin Gishu	Kaka mega	Lugari	Kitale West	Molo	Kericho	Nandi South		
Kikuyu	64	40	97	27	59	20	3	310	49.4
Abagusii	5	5	0	11	52	22	31	126	20.1
Abaluhya	5	2	1	42	1	2	1	54	8.6
Luo	0	0	0	1	48	2	0	51	8.1
Akamba	0	11	0	11	0	2	2	26	4.1
Kalenjin	0	0	0	5	7	7	0	19	3.0
Ameru	4	12	0	0	0	0	2	18	2.9
Aembu	0	10	0	0	0	0	0	10	1.6
Ateso	0	0	0	2	1	0	0	3	0.5
Kuria	0	1	0	0	0	1	0	2	0.3
Pokot	0	1	0	0	0	0	0	1	0.2
Non specific	0	0	1	1	2	1	2	7	1.1
Total	78	82	100	99	171	57	41	627	100.0

Table 1 shows that the Kikuyu were by far the majority respondents by 49.4% and topped in all districts except in Kericho and Nandi South where the Abagusii formed the majority accounting for 20.1%.

Data Collection Instruments

To elicit data, the study utilised two specially designed data collection instruments (DCIs). The first was a 22 item questionnaire consisting of 6 personal data items, 15 Likert-type formatted items, and 1 open ended item which was administered to respondents. The items were meant to tap explanations on: (a) respondent's characteristics which, included gender, age grouping, ethnic community, and whether or not the respondent received therapy in confronting trauma; (b) whether psychotherapy interventional strategy resulted in better social and personality adjustments; and, (c) whether time response by humanitarian agencies and intervener skills influenced the effectiveness of the strategy.

The Likert-type formatted items utilised a five point scale response (i.e. from '*strongly agree*' to '*strongly disagree*'); thus, enabling the study to get a numeric score representation for each response given, indicating the extent to which the respondent agrees or disagrees with the statement. The second instrument was an interview schedule that was administered to twenty (20) professionals from ten (10) selected humanitarian agencies.

Results

(1) Respondents' Characteristics

Respondents consisted of eleven (11) ethnic communities who were forced to flee from their homes or places of habitual residence, but who did not cross an internationally recognised state border, in order to avoid the effects of generalised violence or violations of human rights. In relation to gender, respondents were 371 (59.2%) females against 254 (40.5%) males; whereas 2 (0.3%) did not indicate their gender (effective, 59% females against 41% males). On the other hand, as regards age grouping, respondents were 327 (52%) adults against 293 (47%) youths; whereas 7 (1%) did not indicate their age grouping (effective, 53% adults against 47% youths).

(2) **Extent of use of Psychotherapy as an interventional strategy**

Of the 627 respondents, 517 (82.5%) indicated having received psychotherapy in assisting them cope with their trauma as compared with 100 (15.9%), who indicated to have not; and 10 (1.6%) were non committal. Thus, the effective percentage that received psychotherapy was about 84% against 16% that did not. In relation to locality, the study

found that more than 80% of the respondents in Molo township, Elburgon, Mautuma, Matisi, Turbo, and Eldoret show ground, received psychotherapy. However, less than 30% of the respondents in Kapsabet, and Baraton received psychotherapy.

As regards provision of psychotherapy in relation to ethnic community, the study found that less than 50% the Pokot and Ameru communities suffered the greatest deprivation of psychotherapy. On the other hand, a majority (more than 80%) of the Ateso, Luo, Kikuyu, Akamba and Abaluhya received the service.

Conclusions and Implications

In emergencies, humanitarian agencies see their primary role as that of saving lives that have been placed at risk as a result of a typical event. Accordingly, they try in the first instance to prevent loss of life and subsequently to re-establish an environment where health promotion is possible. Many endeavour to provide for basic physiological needs, such as food, clean water, shelter etc., before thinking about general health issues and then specifically psychological health. However, the fact that about 84% of the victims indicated having received psychotherapeutic support is a strong pointer to the fact that agencies employ psychotherapeutic support as an interventional strategy to confront trauma. However, about 16% of the PEV victims reported having not received psychotherapeutic support.

Likewise, the study concluded that individuals who received psychotherapy exhibited a better social and personality adjustment than the ones who did not. This is despite the different circumstances in which psychotherapy was delivered. For instance, some had a two week contact time while others went through a nine month contact period. This development was assisted in some cases by resilience and hope. This is because six geographical localities studied had previously experienced election related violence and had come out of it. In addition, for the first time, the government formulated programmes such as '*Operation Rudi Nyumbani*' and shelter assistance, in trying to assist IDPs resettle.

Finally, study concluded that PEV traumatised many victims and that negative ethnicity like cancer is undermining the Kenyan social fabric and needs to be confronted squarely. Also, people have lost faith in government institutions that do not address their plight, especially in providing security for their own lives and property.

Implications

Based on the study findings and conclusions presented, the study has the following implications:-

Provision of psychotherapy should aim at reaching not less than 95% of the victims. Currently, the un-reached 16% of the victims is worrying as it is likely to breed a generation full of bitterness and anger. Neglecting emotional reactions may result in passive victims rather than active survivors and as a result the recovery process will be slower for both the individual and the community (Loughry and Ager, 2001). Even currently, stakeholders should urgently evaluate the situation and provide means to reach more IDPs.

To facilitate healing and recovery, the study recommends a number of actions which, if implemented, will go a long way in supporting the process: (a) Establish a national healing process by constituting a Kenya safer neighbourhood network (KSNN). The network should establish structures for dialoguing and forums where individuals can be accorded opportunity to tell their story, seek forgiveness and reconciliation. The network should involve neighbours and seek to promote peaceful co-existence and provide emotional and psychological support to each against adversity; (b) The government to improve physical security and firmly deal with law breakers; and those who preach fear in order to cause anxiety and despondency; and, (c) Resettle all IDPs and support them to restart life.

Lastly, to urgently respond to such emergencies, the country needs to adopt a psychotherapeutic crisis intervention model to guide all actors. On the basis of this study, this researcher proposes that the country adopts an eight step – three phase – crisis intervention model (8S-3P-CIM). The model utilises a phased out approach with eight steps which are implemented and monitored systematically to addresses the challenges of a crisis. Primarily, the approach is premised on a central authority which coordinates all involved actors to efficiently and effectively to address the crisis. The central authority assigns mandates to key actors depending on specific goals to be achieved in three phases. Phase

one should address the immediate goals in three steps, while phase two also addresses short term goals in three steps and phase three addresses longer term goals in two steps.

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