

EFFECTS OF CHILDHOOD TRAUMATIC EXPERIENCES ON TEENAGE
SUICIDAL IDEATION: A CASE OF MIHANG'O SECONDARY SCHOOL,
EMBAKASI EAST SUB COUNTY, NAIROBI, KENYA

by

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APPROVAL

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SUICIDAL IDEATION: A CASE OF MIHANG'O SECONDARY SCHOOL,
EMBAKASI EAST SUBCOUNTY, NAIROBI, KENYA

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In accordance with Daystar University policies, the thesis is accepted in partial fulfillment of the requirements for the Master of Arts degree.

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SUICIDAL IDEATION: A CASE OF MIHANG'O SECONDARY SCHOOL,
EMBAKASI EAST SUBCOUNTY, NAIROBI, KENYA

I declare that this thesis is my original work and has not been submitted to any other colleges or universities for academic credit.

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LIST OF ABBREVIATIONS AND ACRONYMS

PTSD	Post Traumatic Stress Disorder
CTQ	Child trauma Questionnaire
BSSI	Becks Scale for Suicidal Ideation
SI	Suicidal Ideation
MOH	Ministry of Health
US	United States
WHO	World Health Organization
UNCRC	United Nations Convention on the Rights of Child
EPT	Emotional Processing Theory
NACOSTI	National Commission for Science, Technology and Innovation
KII	Key Informant Interviews

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ABSTRACT

With unique challenges in each household, the number of child suicides continues to increase every single day. Drawing on a sample of students from Mihang'o public secondary school, the research explored the effects of childhood traumatic experiences on teenage suicidal ideations. The objectives of this study were to establish the prevalence of suicidal ideation among teenagers in Mihang'o public secondary school in Embakasi East Sub county, Mihang'o Ward in Nairobi County, establish the types of traumatic events among the teenagers, examine the levels of severity of suicidal ideation among teenagers And to find out the extent to which childhood traumatic experiences lead to teenage suicidal ideation among students in Mihang'o public secondary school, in Embakasi East Sub-county, Mihang'o ward, Nairobi County. The study adopted descriptive research design, and a purposive selection method. The study qualitative and quantitative tools to collect primary data. For quantitative data, a general questionnaire for the teenagers was used to collect demographic information. Childhood trauma was screened using the childhood trauma questionnaire, while suicidal ideations were screened using the Beck's scale for suicidal ideation. The qualitative data was also collected using key six informant interview guide. Quantitative data was analyzed using descriptive and correlation analysis. The study found that there was a relationship between childhood traumatic experiences and teenage suicidal ideation among teenagers in Mihang'o secondary school. It is recommended that education stakeholders and parents undertake tailored strategies such as counseling and peer support programs to build coping skills and support recovery of the affected children.

CHAPTER ONE

INTRODUCTION AND BACKGROUND TO THE STUDY

Introduction

Childhood traumatic experiences have a profound impact on a child's development, having many consequences that extend well into adolescence and through adulthood. The World Health Organization (WHO, 2017) emphasizes the pervasiveness of these experiences, revealing that more than two-thirds of children across the world experience traumatic events before 16 years. These experiences significantly impact their growth, disrupting both familial and educational aspects of their lives. The disruption may manifest as academic challenges, as evidenced by inconsistent performance with no apparent cause (Bracewell et al., 2020). Furthermore, children and young people who have gone through a traumatic experience may exhibit trauma-related symptoms. It was therefore crucial for parents and caregivers to be able to identify the changes and support their children to regulate their emotional regulation and develop coping mechanisms (Okechukwu et al., 2022).

The study focused on the complex structures that relate traumatic childhood experiences to the emergence of suicide ideation throughout the adolescent years. Traumatic events, such as death, physical aggression, and sexual abuse, affect a child's development, changing the child's social, personal, and cognitive aspects (Baughman et al., 2020). Significantly, the research of Castellv et al. (2017) encourages the aftermath of such experiences, bringing light to the subsequent post-traumatic impacts that have an important influence on youngsters' overall well-being. Adolescence's uncertain era, combined with the burden of trauma, emphasizes the critical significance of emotional

well-being and resilience as intervening variables (Lansdown & Vaghri, 2022).

In view of the foregoing, the present investigation examined the connection between childhood trauma experiences and suicidal ideation in Mihang'o Secondary School in Nairobi County. This chapter discussed about the background of the study which helped in understanding the context of the study. Further, the chapter discussed the statement of the problem, which explored the specific issues and gaps that needed to be addressed. Additionally, the chapter discussed the purpose and objectives of the study, the justification and significance of the study. Further, the chapter detailed the assumptions of the study, the scope, the limitations, and delimitations as well as definition of term

Background of the Study

Traumatic events happen everywhere at any time. In some cases, these events occur more than once, whereas in other instances they occur progressively (Castellv et al., 2017). For instance, life events such as the loss of a loved one, a parent losing a job, divorce, or parental illness in the family, as well as any form of abuse, may cause a traumatic burden on teenage children, posing enormous developmental challenges (Gelkopf, 2018b). A child struggling with a single or several similar events in a public school may find it hard to share due to the relationship boundaries between the teachers and the pupils at school and probably at home. They may push them to begin thinking of different solutions, with suicide being one of the many possible solutions (Copeland et al., 2018). Of these children, most of these traumatic events take place either at home, on the way to school, or at the school itself, and they face the consequences daily. Although some traumas can be caused by a series of events, others are caused by just a

single event that results in a long-term misalignment and imbalance in a person's life (Copeland et al., 2018). According to Malizia (2017), a broader view confirms that trauma affects not only a person's relationship with other people but also their relationship with the world itself.

In the US, at least 1 out of every 7 children has experienced child abuse or neglect in the past (Pumariiega et al., 2022a). However, most of these cases go unreported, and therefore, what the report records may not be useful in view of the current trends. Consequently, cases of teenage trauma are most often related to the abuse of illegal drugs rather than a psychological issue (Woolgar et al., 2022). Depressive behaviors and suicidal ideations were found to be more prevalent in children from minority backgrounds and mostly black American children, where human-created disparities push the children into bitterness, anxiety, depressive behavior, drug use, and abuse, as well as suicidal thoughts and attempts (Woods et al., 2020). WHO (2019) found that countries in Europe and Southeast Asia recorded the highest number of suicides (788,000) in 2015, with Africa falling in third place.

In Africa, 14.5% of children under sixteen years of age have gone through violence, which has led to long-term trauma (Pumariiega et al., 2022a). A study conducted in South Africa for instance showed that 99.7% had experienced at least one traumatic event among children between 13 to 17 years of age. Additionally, as Kleber (2019) points out, cultural beliefs cast a widespread shadow over the lives of traumatized children. Depressed children may be mistakenly regarded as disruptive and indisciplined, perpetuating stigma and impeding critical support systems (Bernaras et al., 2019). The stigma adds to the burden of trauma, impairing coping and leading to a cycle of pain that

may feed the appearance of suicidal ideation (Gbadamosi et al., 2022). The outshining abuses that lead to these traumas are identified as child marriage, FGM, corporal punishment, child trafficking, and maltreatment (Badoe, 2017). These abuses cause a great challenge in efforts to achieve the Vision 2030 agenda, on sustainable development goals as they prevent total change in society. Some of the traumas are attributed to cultural beliefs in that caregivers are directly involved. In other instances, the parents are the ones who inflict these traumas, consciously or unconsciously (Badoe, 2017). For instance, FGM has played a major role in the abuse of children's rights. Although these are not the only ways psychological trauma can be inflicted on teenage children in secondary schools, they cause pain and trauma as well.

In Uganda, a study conducted by Culbreth et al. (2018) to examine the factors associated with suicidal ideation among youths living in the slums on a sample size of 1134 with a scope of children between 15 to 19 years found that 23.54% which was equivalent to 266 youths portrayed the symptoms of suicidal ideations. The study further found that there were numerous unmet needs in the population with modifiable risks related to suicidal ideation. The issue of suicidality was becoming a health concern.

Again, several studies found depression to be a mediating factor for suicidal ideation. This highly influences the person's psychological construct and poverty. For instance, the Kenya Mental Health Policy 2015/2030 recorded 12.6% of depressed Kenyan youths (MOH, 2016). As a matter of concern, Kenya ranks 5th in depression cases. It is unfortunate that some of these cases lead to suicidal ideation, which might later result in suicidal deaths. This is because suicidal ideation comes out as an expression of internal conflict within a person because of physical, emotional, or

psychological suffering (Mutiga, 2022). Baughman (2020) discovered that depression leads to suicidal actions, self-inflicted injuries, and suicide in adolescence. Trauma in childhood is internalized in the child's temperament, behavior inhibition, or extreme shyness. A medical study was conducted by the Lancet Medical Company (Biswas et al., 2020) to determine the prevalence of suicidal ideation in adolescent children between the ages of 12-17 years. The study involved the participation of 82 World Bank countries. The results of the study showed that the African region had the highest prevalence of 21% teenage suicidal ideation compared to Asians with 8%, respectively (Biswas et al., 2020).

Traumatic events can be influenced by the availability of trauma in the environment. Teenagers living in conflict zones are at a high risk of experiencing trauma and exhibiting suicidal ideation due to the pervasive violence they are exposed to (Biswas et al., 2020). The effect of trauma can have a profound impact on children's mental health and stability. This puts them at a high need of substantial support systems (Brown et al., 2016). The uncertainty and tension inherent in conflict zones create a challenging environment for teenagers, further contributing to the prevalence of trauma in these areas (Pumariega et al., 2022).

Similarly, teenagers living in secured camps, although intended to provide safety, also face a high prevalence of trauma (Woods et al., 2020). The violence they witness and the harsh conditions they endure can have severe consequences on their mental well-being. Addressing the trauma experienced by these teenagers calls for the provision of not only physical security but also comprehensive psychosocial support (Wilson, 2015). The prevalence of trauma in such environments necessitates efforts to create safe and

nurturing spaces for these vulnerable individuals.

Furthermore, gender-based violence among teenagers, including sexual abuse and assault, emotional abuse, domestic abuse, is a prevailing cause of trauma according to the world health organization (WHO, 2022). In this case, it is important to address the issue of trauma at the family and community levels to support the mental health for both male and female genders. This also involves increasing the understanding of these issues and their effects on young people. This is crucial in reducing the prevalence of gender-based trauma and ensuring that teenagers can live healthy and safe lives.

Although trauma can stem from a variety of situations, many of these fall under the category of abuse. In this study, trauma was classified into five categories of abuse, which involved physical abuse, emotional abuse, sexual abuse, neglect, and emotional neglect (Pumariega, 2022). The severity and impact of these events vary greatly, depending on the cutting across from the trauma intensity, duration, and repetition of the events. Adverse childhood experiences, including abuse, can significantly contribute to teenage trauma, underscoring the need for psychosocial support (Wilson, 2015).

Physical trauma is relatively common among young people, in different setups for different reasons. In some cases, spanking is used as a way to maintain law and order. This is moderately used with good intentions and not to cause any harm. In some other situations, spanking can be used as punishment to cause pain and fear (Bosire, 2018). This scenario can therefore be termed as abuse. Further this can cause more harm than only the physical pain. community, and within families (Mutiso et al., 2019). Additionally, accidents arising from extracurricular activities, falls, or fights can lead to physical trauma. Emotional trauma can result from grief and the loss of a loved one,

parental divorce or separation, or repeated experiences of humiliation, intimidation, criticism, feeling unwanted, unloved, or ignored. Emotional trauma can be particularly overwhelming, as individuals going through it may require emotional support that may not always be readily available (Ombati, 2022). Separation from family members, as experienced by students in boarding schools, can also lead to trauma. Childhood trauma, in some cases, is inflicted by neglect, where a child is left to care for themselves or is raised in an abusive environment without a supportive figure. Such neglect can result in adverse trauma, making it difficult for the child to form and maintain relationships due to the fear of being hurt (Mutiga, 2022).

Sexual abuse is another distressing cause of trauma among teenagers, encompassing various forms such as sexual abuse, sexual coercion, body shaming, and exposure to explicit sexual materials. Teenagers who experience sexual abuse may grapple with overwhelming guilt and may sometimes choose not to disclose their experiences, which can compound their emotional distress. The severity of such abuse can have long-lasting effects on teenagers throughout their lives, from adolescence into adulthood

Emotional neglect, characterized by feelings of loneliness, a lack of praise, and a sense of being uncared for, can also result in trauma, and this type of trauma may be influenced by the other forms of abuse mentioned. Such emotional neglect may render teenagers vulnerable to suicidal ideation, as they may struggle to cope and seek support effectively. The combined effects of all these types of trauma are varied and may necessitate different approaches to support those affected (Bosire, 2018).

Further the severity of trauma can be influenced by personal factors, including the

teenager's coping skills, the availability of social support, and their personality type (Mutiga, 2022). Trauma can carry a risk factor for the development of suicidal ideation, with varying levels of risk. These levels include low risk, where teenagers may still be able to cope with the situation, moderate risk, where they may struggle to understand their feelings, and high risk, with a high potential to develop suicidal ideation symptoms. Seeking help when feeling overwhelmed or stressed is essential to mitigate the risks associated with suicidal ideation and to recover from trauma (Ombati, 2022).

Statement of the Problem

The study aims to find out the extent and nature of childhood traumatic experiences on teenage suicidal ideation among students in Mihang'o public secondary school in Mihang'o ward, Nairobi, Kenya. This is because childhood is associated with many challenges that interfere with the holistic development of children across the world. Childhood trauma is one of the underrated challenges that children go through and interferes with their psychological well-being in the long run. Pumariega et al. (2022) assert that childhood traumatic experiences push a child towards accumulated suicidal ideations, which are influenced by shame, self-limitations, and fear. Suicidal ideation in teenagers is influenced by their state of vulnerability and the possibility of childhood trauma (Castellví et al., 2017). Children may immensely react to experiences in their teenage years, as they are in the eve of self-identification. Evidence shows that the rate of suicidal deaths exceeds 800,000 per year globally (Angelakwaset al., 2020). This translates to the death of one person every 40 seconds across the world.

Exposure to childhood trauma, such as abuse, neglect, and exposure to natural disasters, can increase the risk of a range of mental health problems, including

depression, anxiety, and post-traumatic stress disorder (PTSD) (Kilpatrick et al., 2013; Lindert et al., 2016). These mental health problems, therefore, can contribute to an increased risk of suicidal ideation among teenagers (Brent et al., 2016). Despite the effects of childhood trauma on teenage mental health, many teenagers who have experienced trauma may not receive the support and resources they need to heal and reduce the impact that trauma has on their mental health and well-being (Kendall et al., 2015). This can result into long-term negative effects on a teenager's ability to function in school, including academic performance, attendance, and social relationships (Kendall et al., 2015). This can contribute to a vicious cycle where school-related stress and difficulties can further exacerbate the symptoms of trauma and contribute to the development of mental health problems, including suicidal ideation (Mutiso et al., 2019)

In Kenya, the issue of childhood trauma is a matter of serious concern among young people, necessitating urgent attention according to African Mental Health Foundation (Bosire, 2018). Several unique factors make this issue particularly complex, including socioeconomic disparities, exposure to community conflicts, cultural norms, and the stigmatization of mental health victims (Ilinca et al., 2019). These challenges contribute to the underreporting of mental health cases and underscore the urgent need for awareness and intervention strategies

In Nairobi County, mental health challenges manifest diversely due to the region's unique social fabric and cultural diversity. The varying needs and beliefs of different communities, as well as their religious affiliations, significantly influence how mental health issues are perceived and addressed (Holmstrand et al., 2021). This diversity highlights the necessity for a localized study that can account for these specific

contextual factors and provide targeted solutions to the challenges faced by Kenyan teenagers dealing with childhood trauma and suicidal ideation.

However, the existing literature on childhood trauma and suicidal ideation in Kenya lacks community-specific insights, creating a significant gap in understanding the nuances of the issue (Mutiso et al., 2019). Therefore, there is a pressing need for research that delves into the types of childhood trauma prevalent in Kenya and examines how these traumas contribute to suicidal ideation among teenagers in Nairobi County. Additionally, exploring specific coping mechanisms and resilient techniques within the Kenyan context is crucial for developing effective support systems for teenagers, especially those in secondary schools (Bitta et al., 2020). By conducting a localized study, this research aims to bridge these gaps, providing essential insights into the mental health needs of Kenyan teenagers and paving the way for tailored interventions to mitigate the impact of childhood trauma and reduce the alarming rates of suicidal ideation in the country.

Purpose of the Study

The purpose of the study was to examine the effects of childhood traumatic experiences on teenage suicidal ideation at Mihang'o public secondary school in Embakasi East Sub-county, Mihang'o Ward, Nairobi, Kenya.

Objectives of the Study

The general objective was to find out the effects of childhood traumatic experiences on teenage suicidal ideation in Mihang'o public secondary school in Embakasi East Sub-county, Mihang'o ward, Nairobi, Kenya. This study was guided by the following specific objectives.

1. To establish the prevalence of suicidal ideation among teenagers in Mihang'o public secondary school in Embakasi East Sub county, Mihang'o Ward in Nairobi County
2. To establish the types of traumatic events experienced by teenagers in Mihang'o public secondary school, in Embakasi East Sub-county, Mihang'o ward, Nairobi County.
3. To examine the levels of severity of suicidal ideation among teenagers in Mihang'o public secondary school, Embakasi East Sub county, Mihang'o Ward, Nairobi County.
4. To find out the extent to which childhood traumatic experiences lead to teenage suicidal ideation among students in Mihang'o public secondary school, in Embakasi East Sub-county, Mihang'o ward, Nairobi County.

Research Questions

The present research was intended to explore and answer the following research questions.

1. What is the prevalence of suicidal ideation among teenage children in Mihang'o public secondary school in Embakasi East Sub-county, Mihang'o ward in Nairobi County?
2. What are the types of traumatic experiences among teenage children in Mihang'o public secondary school in Embakasi East Sub-county, Mihang'o ward in Nairobi County?
3. What is the level of suicidal ideation severity among teenagers in Mihang'o public secondary school in Embakasi East Sub-county, Mihang'o ward in Nairobi County?
4. What was the extent to which childhood traumatic experiences lead to teenage suicidal ideation in Mihang'o public secondary school in Embakasi East Sub-county, Mihang'o ward in Nairobi County?

Rationale of the Study

Children are affected by every slight change in their lives. Some of the traumatic

events that happen in childhood cause change, which can have a great impact on children's lives. In fact, some children face trauma repeatedly and may never talk about it to anyone. The children, therefore, face a variety of challenges as they adjust and balance between the many changes in their bodies, the trauma burden, and the educational demands at school and at home (Biswas et al., 2020). The rationale of the study, therefore, was to conduct research on the effects of childhood traumatic experiences on teenage suicidal ideation, grounded in both scientific and societal imperatives. Suicide among teenagers is a pressing health concern in Kenya, especially in secondary schools and among teenagers. The Star Newspaper reported a case of a form one student in a city school about the suicide of a young girl at school, which was due to the separation from her parents, as noted on the piece of paper she had left behind (Ombati, 2022). Many other such cases exist and have been documented (Ombati, 2022). Young people are normally vulnerable as they navigate a period of intense physical, psychological, and emotional change, which for some exacerbates their susceptibility to suicidal thoughts (Mutiso et al., 2019). The study offers insights into how to protect teenagers from suicidal ideations. It was helpful in finding out the effects of childhood traumatic experiences on teenagers' suicidal ideations and finding ways to support them in overcoming the burden of suicidal ideas before they get to the point of committing suicide. The study also builds on the knowledge base necessary for addressing the many challenges teenagers in school face, some of which emerge from childhood traumatic experiences and sometimes lead to suicidal ideations.

Significance of the Study

The study would help understand and fill in some of the gaps available in

handling children who have gone through traumatic experiences in the past and help influence policymakers to support these children. The findings of the study would help caregivers and teachers of teenage children understand them better and offer the needed support in overcoming suicidal ideations as one of the effects of traumatic experiences. Further, the findings would influence the ministry of education to come up with school-based programs in line with the academic guidelines to support teenagers in schools who could be struggling from trauma inflicted by adverse childhood experiences and trauma medical practitioners. The insights from the study could also help child development specialists to better understand children who have gone through trauma and know how to support them to reduce the effects of trauma. The study would contribute to the knowledge about the effects of childhood trauma on teenage suicidal ideation. This knowledge would be important to help create awareness among the students and in finding ways to support students in secondary schools since the effects of childhood trauma are common among the young people.

The Assumptions of the Study

The assumption of the study was that Mihang'o public secondary school would authorize the researcher to carry out the study with the teenagers in the school. Additionally, the study assumes that parents give consent for the children's participation in the study. Further, it study assumed that the teenagers involved in the study assent to interviews for the study. The study assumed that all participants would answer the questionnaires truthfully. The study assumed that teenagers in Mihang'o public secondary school in Embakasi East Sub county, Mihang'o Ward in Nairobi County have experienced childhood trauma. Further, the study assumed that some teenagers in

Mihang'o public secondary school have had suicidal ideation and that the cases are linked to childhood trauma.

Scope of Study

The study took place in Embakasi East Sub county, Mihang'o Ward, Nairobi County, which is in the Eastern part of Nairobi County. Mihango mixed secondary school has a total number of 379 students according to (Kenyanlife, 2023). The students were sampled from Mihang'o ward and the neighboring environs. Embakasi East Sub county, Mihang'o Ward in Nairobi County, has a diverse population that is made up of middle-class citizens, renters, self-owned homeowners, squatters, and pastoralists from the Maasai community. The diversity is due to the availability of unoccupied land in the area. Gachiri (2016) describes the rise of gated communities in Nairobi, which is evidence of the growing middle class. Mbogo (2015) specifically examines the impact of urbanization on the Maasai community in Embakasi, while Kariuki (2016) investigates the living conditions of squatters in the Mihang'o ward. Mihang'o Public was selected for the study because of its location, which offers great convenience for data collection. They also help minimize the cost of traveling.

The age range of 15-17 years was a suitable population to study the effects of childhood traumatic experiences on teenage suicidal ideation in Mihang'o public secondary school in Embakasi East Sub County, Mihang'o Ward in Nairobi County., Nairobi, Kenya, due to its relevance, developmental stage, and setting.

The choice for the age range was selected to give the study a feeling of relevance as the study itself was about teenagers' suicidal ideation, which was an issue prevalent in the age group. Again, teenagers within the age range undergo many developmental

challenges that have a huge impact on their physical, cognitive, and emotional well-being making them vulnerable to the effects of childhood traumatic experiences. The group range was also in secondary schools, and therefore the age group represents the population of the study.

Limitations and Delimitations of the Study

The study was faced with several limitations that hindered the smooth process of data collection. At the same time, some challenges did not occur as initially anticipated. First, the respondents were more than willing to participate in the study, unlike the initial anticipation of their unwillingness to participate. Despite their willingness to take part in the study, the respondents were informed that their responses would only be useful for scholarly purposes and not for any other reason. Further, the study ensured the participants that their participation would be kept anonymous and the information they gave would remain confidential.

Second, the respondents would not be willing to give genuine answers. The study informed respondents about the need to provide their assent before sharing any information. Respondents were given the option to participate and the freedom to withdraw their participation in case they felt unable to proceed. Only those who were willing to do so were allowed to answer the questionnaires.

Finally, the school would deny access to the teenagers. The study obtained permits and approvals from Daystar University and the school prior to the study. Also, the study used purposive selection, which helped overcome the challenge. The school was comfortable allowing the study to take place. This is because they felt that the study was timely and could also be helpful to the students even as they waited for their

examinations.

Definition of Terms

Traumatic experiences: Traumatic events are activities that can cause psychological stress to a person throughout their life (Kleber, 2019). These events may involve confrontation with war, violence, disasters, sudden loss, serious illness, and other overwhelming events. In The study, traumatic experiences have been used to describe activities that overwhelm a child's ability to cope with normal life.

Suicidal ideation (SI): The describes the range of behavior, wishes, and preoccupations with death and suicide (Harmer et al., 2022). The term has been used to explain how trauma affects teenagers' thoughts, to the extent of developing ideas of wanting to kill themselves.

Emotional processing: "is a process whereby emotional disturbances are absorbed and decline to the extent that other experiences and behaviors can proceed without disruption" (Kring and Sloan 2018). In The study, emotional processing has been used to explain the emotional processing theory as an intervention for processing and overcoming thoughts of suicide.

A child: "For the purposes of the present Convention, a child was defined as every human being below the age of eighteen years unless, under the law applicable to the child, the majority was attained earlier" (United Nations Convention on the Rights of the Child (UNCRC), 2020). The term therefore refers to students who are within the age range of 13 to 17 years old, as they are considered children under Kenyan law and are the target population for the study.

Assent: It refers to an ethical requirement that was crucial when carrying out research that

involves children's participation (Bredenoord et al., 2014). In The study, the term be used as evidence of the agreement between the teenagers and the way researchers participate in the research study.

Childhood trauma: Is defined as an event experienced by a child that evokes fear and is commonly violent or life-threatening (Kleber, 2019). In this study, the term has been used to analyze the psychological damage to children due to stressful moments and activities in their childhood lives.

Informed consent: Informed consent informed consent was the process of human participants accepting to share their personal information for use in a study.

Severity: This defined as the condition of something being extremely serious

Chapter Summary

The chapter provided the background on the effects of childhood traumatic experiences on teenage suicidal ideations. It also gave a statement of the problem in the study, the research objectives and questions, the study purpose and significance, as well as the limitations and their corresponding delimitations. Further, the study provided the assumptions of the study and defined terms that relevant in the study and that the audience may not be conversant with.

CHAPTER TWO

LITERATURE REVIEW

Introduction

The chapter aimed at exploring the effects of childhood traumatic experiences on suicidal ideation among teenagers, drawing upon these essential components to provide a comprehensive understanding of this complex phenomenon. The theoretical framework adopted in the chapter emphasized on the interplay between adverse childhood experiences, psychological distress, and suicidal ideation, while the empirical literature review synthesized on existing research studies to identify key findings, trends, and knowledge gaps in the field. Further, the inclusion of general literature on teenage development and mental health helped in contextualizing the specific effect of childhood trauma on teenage suicidal ideation during this vulnerable period of life. Lastly, a conceptual framework was presented, integrating various theoretical perspectives and research findings to provide a comprehensive understanding of the mechanisms through which childhood trauma influenced suicidal ideation in teenagers. The study therefore addressed the problem in efforts to promote the well-being and success of teenagers.

Theoretical Framework

The study was based on two theories that helped to understand the connection between the subject group and theories presented by scholars in past studies. The study involved the use of the emotional processing theory that was formulated by Foa & Kozak (1986). Again, the psychoanalytic theory by Sigmund Freud was also used to supplement the emotional processing theory (EPT) in the study.

Emotional Processing Theory

The emotional processing theory (EPT) was defined as the modification of memory structures that underlie emotions (Foa & Kozak, 1986). The EPT was developed as a systematic desensitization of the effects of traumatic experiences. In the theory, there are three predictors discovered in efforts to provide successful interventions for trauma (Miller et al., 2017). The EPT emphasizes on the importance of emotions in offering therapeutic help and builds on emotional awareness and transformation of shame, which underlies symptomatic anxiety. It was a widely studied and used theory as an intervention for the support and treatment of post-traumatic stress disorder (PTSD) in both children and adults (Miller et al., 2017). The fear reduction that was attributed to successful emotional processing was the evidence used to infer that successful emotional processing has occurred. The theory had a significant impact on the understanding of emotions as a psychological mechanism and on the development of effective interventions for trauma (Pico-Alfonso & Garcia-Linares, 2015; Fonzo, Etkin, & Huys, 2021). The theory is a model of anxiety reduction that was based on Lang's model of bio-informational processing in the brain (Lang & Bradley, 2017). It helps individuals process satisfying and dissatisfying information in the brain, leading to improved emotional regulation (Farchione & Fairholme, 2016).

Moreover, studies have shown that adherence to the theory in treatment can lead to positive outcomes for patients with post-traumatic stress disorders (PTSD) (Kuhn et al., 2017). According to Kross & Davidson (2015), victims build self-awareness especially when they cannot change what is hurting them. It helps them adjust and embrace change with respect to their thoughts and emotions. EPT supports the study in finding out how childhood traumatic experiences affect children in their educational

space, and most of the observable behaviors were done by the adult respondents in the study.

The EPT suggested that human behavior is caused mainly by unconscious factors that people have no control over. For this reason, the EPT had the following strengths that made it applicable to the study. It helped explain the role of emotions in cognitive and behavioral contexts. The theory also provided a framework for understanding the role of emotions in shaping human cognition and behavior (Miller et al., 2017). In addition, EPT explained that emotions played an important role in shaping people's thoughts, perceptions, and actions, and provided a basis for explaining why it was so (Gross, 2015). A study by Kross & Davidson (2015) suggested that the theory helped in the integration of physiological and psychological processes and provided a complete picture of the complex interplay between emotions and the body. The theory was found by researchers to be relevant in the application of psychopathological use, such as in anxiety disorders, mood disorders, and personality disorders, providing a proper understanding of the role of emotions in the development and maintenance of these disorders (Sheppes & Gross, 2015). Finally, emotional processing theory considered the role of individual differences in shaping emotional processing, including factors such as personality traits, coping mechanisms, and cultural background.

Although the theory found notable strengths that supported its application, researchers have also identified certain drawbacks. First, EPT was found to lack attention to the dynamic nature of emotions. In this case, emotional processing theory viewed emotions as relatively stable and unidirectional, whereas emotions were dynamic and able to change rapidly in response to new information (Gross, 2015). Secondly, the

theory had limited consideration of emotion regulation, which made it inadequate when considering the role of emotion regulation in emotional processing. The theory limited the power of emotional regulation, though it was an important factor that shaped the way emotions are experienced and expressed (Kross & Davidson, 2015). Thirdly, the theory offered insufficient attention to cultural differences since it tended to ignore the impact of culture on emotional processing. Cultural differences played a major role in shaping how emotions were experienced and expressed, and these differences needed to be considered in any comprehensive theory of emotional processing. (Fernández-Dols & Ruiz-Belda, 2015). In addition, Gross (2015) noted that the theory did not provide a complete model of emotional processing that can encompass all the different processes involved (Gross, 2015). Lastly, emotional processing theory emphasizes automatic processing, which can sometimes lead to oversimplification of the complex processes involved in emotional regulation and control (Ochsner & Gross, 2015). Due to these limitations, the Psychoanalytic was used to provide a more nuanced understanding of the complex interplay between childhood trauma and suicidal ideation, ultimately informing targeted interventions and support for school-going teenagers.

Psychoanalytic Theory

The psychoanalytic theory was a psychological theory developed by Sigmund Freud in the late 19th and early 20th centuries. Freud's theories revolutionized the field of psychology and continued to have a significant influence in the world of psychology to date. Johnson et al. (2017) found that adolescents who experienced childhood trauma were many based on his practice in the psychology sector and his observations, Freud proposed several key concepts in psychoanalytic theory.

One central idea in the psychoanalytic theory was the existence of the unconscious mind. According to Freud, the unconscious mind contained thoughts, desires, and memories that were outside of conscious awareness but still exerted powerful influence on behavior (Freud, 1915). Freud believed that unconscious processes played a critical role in shaping personality and determining behavior (Freud, 1915). He also emphasized the importance of early childhood experiences in shaping an individual's development. He proposed that conflicts and experiences during the early stages of life, particularly the first few years, had a long lasting impact on personality and behavior in adulthood (Freud, 1905).

One of Freud's best-known contributions was the concept of the structure of personality, which he described as consisting of three components: the id, ego, and superego. The id operates on the pleasure principle and seeks immediate gratification of basic desires and instincts. The ego, influenced by reality and societal norms, acts as the mediator between the id and external reality. The superego represents internalized moral values and societal expectations (Freud, 1923).

Furthermore, Freud introduced defense mechanisms as unconscious strategies employed by the ego to protect against anxiety. Defense mechanisms, such as repression, denial, and projection, help individuals cope with threatening or uncomfortable thoughts and emotions (Freud, 1894).

Psychoanalysis is based on the theoretical principles, which involves exploring the unconscious mind through techniques such as free association, dream analysis, and the interpretation of unconscious thoughts and symbols (Freud, 1912). Psychoanalytic aims at bringing unconscious conflicts and repressed material into conscious awareness,

facilitating insight, resolution, and psychological healing (Freud, 1912). Freud's theories and ideas have been widely debated and modified since their inception. The psychodynamic approach, which builds upon Freud's concepts and incorporates new insights and developments in the field (Gabbard, 2005).

The theory was significant to the study because it has several strengths. Psychoanalytic theory provides a comprehensive framework for understanding the complexities of human behavior, thoughts, and emotions (Kenny, 2016). It recognizes the importance of unconscious processes, childhood experiences, and the interplay between different aspects of the psyche, offering a nuanced understanding of human psychology (Pick, 2015). Application of the theory in the study helped in recognizing adaptive strategies to manage teenager's emotional turmoil emerging from childhood traumatic experiences. The help in building their coping abilities to reduce the chances of suicidal ideation.

Jung (2022) argued that psychoanalytic emphasized the exploration of unconscious material, allowing individuals to gain insight into their underlying motivations, conflicts, and unresolved issues. Through techniques such as free association and dream analysis, psychoanalytic theory offers a unique opportunity for individuals to delve deep into their psyche and uncover hidden aspects of themselves. Psychoanalytic therapy has shown effectiveness in treating various psychological disorders and promoting personal growth (Swaim, 2022). It provides a supportive and non-judgmental therapeutic relationship where individuals can freely express their thoughts and emotions, leading to increased self-awareness, emotional healing, and improved psychological well-being (Novotney, 2017). According to Freud's concept of

repression, which involves unconsciously blocking traumatic memories into the unconscious mind to avoid conscious awareness of the distressing events. The concept therefore helped understand how teenagers who have experienced childhood trauma may repress these memories, making them less accessible for processing, or else suppress the memories and consider not concentrating on them, but at the same time experience intense emotional distress without fully understanding its source, leading to increased suicidal thoughts to cope with the overwhelming emotions (Smith et al., 2018).

Psychoanalytic was a foundational theory in the history of psychology (Sibi, 2020). It pioneered the recognition of unconscious processes, challenged prevailing notions of human behavior, and laid the groundwork for subsequent psychological theories and therapeutic approaches (Swaim, 2022). Its historical significance could not be overstated. The concepts and ideas of psychoanalysts have had a profound impact beyond psychology. They have influenced diverse fields such as literature, art, film, and cultural studies, fostering a deeper understanding of human motivation, symbolism, and the complexities of human experience (Smith et al., 2018).

Psychoanalytic theory emphasizes the importance of early childhood experiences and their lasting effects on adult development. According to Smith et al., (2018), by examining the interplay between experiences and present-day functioning, psychoanalytic theory provides a longitudinal perspective that offers valuable insights into the roots of psychological patterns and difficulties.

Psychoanalysis not only addresses psychopathology but also encourages personal growth and self-reflection. It provides individuals with a framework for understanding their unique life experiences, strengths, and challenges, facilitating a deeper sense of self-

understanding and personal development (Mcleod, 2022). The psychoanalytic theory supports the study began by identifying the defense mechanisms that teenagers use to overcome challenges that have been caused by trauma, to encourage positive defense mechanisms among the teenagers at Mihang'o Secondary School as well as others in different parts of the world.

However, there are some weaknesses in the theory. The theory relies heavily on clinical observations and case studies, which may not provide sufficient scientific evidence to support its concepts and claims (Macleod, 2022). The subjective nature of interpretation and the lack of rigorous experimental research have led some to question the validity and generalizability of psychoanalytic concepts. Psychoanalysts were also seen as placing excessive emphasis on unconscious processes and giving less consideration to conscious thoughts and experiences (Luborsky, 2017). The focus on the unconscious may limit the comprehensive understanding of human behavior and may not fully account for the complexity of conscious thoughts and motivations.

The theory focused primarily on the experiences of white, middle-class individuals, neglecting the cultural and gender diversity of African nature and ways of life. Johnson et al, (2017) criticized the limited perspective that captures variations in psychological development across different cultural contexts. Goodman et al. (2022) criticized the fact that psychoanalytic theory placed relatively less emphasis on the role of social, cultural, and environmental factors in shaping human behavior and psychological development. Further, a limited focus on external influences may have overlooked the significant impact of social and contextual factors on an individual's well-being and mental health. Due to these limitations, the theory was also used to fill the gap in the

study on the effects of childhood traumatic experiences on teenage suicidal ideations among students in Mihang'o secondary school, Embakasi East Sub County, in Nairobi County.

Review of General Literature

Trauma in children was any horrific activity that goes beyond the scope of a normal child's experience. These activities may pose different levels of impact and concern among teenage children for the fear of speaking out, which could influence behavior deviation from the norm (Wilmshurst, 2017). A study done by Pumariega et al. (2022) found that African Americans have the highest rates of childhood trauma in comparison to other populations in the US. The study revealed that youths from minority families are affected by generational trauma stress and experience family and community violence. The study found that the lifetime prevalence of post-traumatic stress disorders in adults was higher among African Americans. Although the exposure was quite high, minority youths are less likely to access medical help. Some may begin to experience suicidal ideations as a defense mechanism. Child-to-parent separation was a risk factor for suicidal ideations in youth with post-traumatic stress, which builds over time. The following are the subtopics of the study based on the objectives of the study.

Prevalence of Suicidal Ideation amongst Teenagers

Suicidal ideation is significant concern among school-going teenagers and has been the subject of numerous studies in recent years. The prevalence of suicidal ideation among school-going teenagers varies based on age, gender, and cultural background. Brent (2016) found that the prevalence of suicidal ideation among school-going teenagers stands at approximately 10% to 20%, as stated by Brent (2016). Nock et al. (2018)

indicate that these rates need increased attention with the right interventions to prevent the risk of suicide among teenagers. It was important to note that the prevalence of suicidal ideation was influenced by a range of factors, including mental health problems, exposure to traumatic experiences, and stress related to school and other life events. It was also influenced by access to support and resources, including mental health services and support from family and friends (Brent et al., 2016).

Suicidal ideation was a concerning mental health issue that affects individuals of all age groups, including children and adolescents. The prevalence of suicidal ideation varies across populations and age groups. The World Health Organization (WHO, 2021) estimated that approximately 800,000 people die by suicide each year worldwide. The estimate equated to a global age-standardized suicide rate of 10.6 per 100,000 people. In accordance with the National Survey on Drug Use and Health (NSDUH) in the United States, approximately 4.8% of adolescents aged 12 to 17 reported having experienced serious suicidal thoughts in the past year. Consequently, it was quite hard to state the prevalence of suicide. In Kenya, for instance, suicide and suicidal ideation perceptions vary by region and are also influenced by a multitude of factors, such as stigma and a lack of mental health awareness, which limits their reporting. Suicide among children was a deeply concerning issue that requires attention and intervention. However, obtaining accurate and current statistics on child suicide and suicidal ideation is, therefore, a challenge.

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Types of Traumas That Affect Teenagers And Which Cause Suicidal Ideations

The types of childhood trauma are extracted from the adverse childhood experiences (ACEs) that happen to a child during their childhood age (Golden & Zusman,

2019). These adverse traumatic experiences have a great effect on a child's behavior, emotional processing as well as how the child responds to a matter at hand. These Adverse traumatic experiences affect a child's life holistically when there is a lack of support from social, behavioral, and emotional, developments to cognitive well-being in childhood through adulthood (Greenberg, 2020). Complex PTSD (C-PTSD), develop due to exposure to multiple traumatic events which affects interpersonal relationships. Trauma leads to challenges in the maintenance of relationships, resulting in strained emotional stability and severe symptoms of suicidal ideation.

Children exposed to these traumatic experiences face forming and maintaining healthy relationships processing their emotions and coping with an unstable situation (Franto, 2016). These effects may continue through adulthood and those affected may find it hard to handle problems in a healthy and mature way, without causing more problems either to themselves or the people around them. Zusman, (2019) that people who have had adverse childhood experiences may also develop mental health problems in adulthood. Some others may develop a habit of engaging in risky behaviors. These traumatic experiences are therefore categorized into five types which are physical trauma, Emotional trauma, sexual trauma, neglect, emotional neglect.

Physical trauma is any impact on the body that causes bruises and pain, or adverse injuries. These traumas may require immediate medical attention to save the victim and stabilize them Intervention in this trauma may involve surgeries, pain medication and physiotherapy (Dumovich & Singh, 2023). Children who face this type of trauma may never forget the impact and the pain they went through during the trauma, and may never overcome it. In children, this type of trauma may be inflicted by their peers as an

accident, caregiver, or another person who has authority over them such as a teacher or a relative (Harmer et al., 2023). It is important to note that both long term and short term needs are different in that they require different resources to and time to address them (Vanwye,2020).

Emotional Trauma

Emotional trauma is defined as trauma resulting from traumatizing experiences that leave a person feeling unsafe or helpless (Greenberg, 2020). This is a trauma that is caused by childhood abuse, domestic abuse, loss of a close person and vulgar language directed at a person. This trauma can lead to emotional turmoil, fear, and low self-esteem. There are several interventions available for use, to support victims of emotional support across the globe (Singh et al., 2023). These interventions include cognitive behavioral therapy, exposure therapy and eye movement desensitization and reprocessing to help overcome the trauma

Sexual Trauma

Sexual trauma is defined by the sexual violence research institute, (SVRI, 2016). Globally, it is estimated that up to 1 billion children aged 2–17 years, had experienced physical, sexual, or emotional violence or neglect in the past year (Wangamati, 2019). It is a concern for this trauma since the people who should protect the children are sometimes the ones who hurt them. Children who go through this type of trauma may experience post-traumatic experiences, depression, or anxiety. This type of trauma can also lead to suicidal ideation. In this trauma, trauma-focused therapy can be used in supporting sexual abuse survivors (Greenberg, 2020). In most cases, this trauma is faced with cultural stigmatization and therefore most of the victims shy off from speaking out.

Neglect Trauma

Neglect is the ongoing failure to meet a child's basic needs and the most common form of child abuse (Fortson, 2016). This form of abuse causes trauma in a child's life, affecting in how they socialize with other people, how they handle emotions and also their performance in school.

Children affected by neglect may develop challenges in making friends and maintaining them, regulating their and may also experience developmental redundancy (Wilkison, 2017). Victims of this trauma may also engage themselves in risky behavior. This is because every child needs a person to nurture, care and love them.

Emotional Neglect

Emotional neglect is defined as the absence of emotional support (Rose, 2023). This trauma is hard to identify because it cannot be seen. However, children who faces emotional neglect may grow to become non remorseful towards other people, they may also develop negative attachments to the people (Wilkison, 2017). This is because this trauma involves a child or a person having emotions. Supporting a person who has gone through this type of trauma may struggle to understand other people's emotions or recognize their own, being compassionate can be challenging to identify, as it often involves the absence of emotional support rather than overt harmful actions. Adults who experienced emotional neglect as children may struggle with self-compassion, have difficulty recognizing their own emo and may feel helplessly lonely (Rose, 2023). Emotional-focused therapy may be useful in supporting these children who have gone through this type of trauma.

Children can be subjected to a variety of traumatic events, which can have long-

term consequences for their mental and emotional health. These traumatic events could be such things as child abuse, the loss of a close person, bullying at school, parental neglect, or an accident (Dumovich & Singh, 2023). Abuse, such as physical and sexual abuse, can have serious and long-term effects on a child's mental health. These experiences can trigger feelings of shame, guilt, and fear, which can contribute to the development of mental health disorders and even suicidal ideation (Dumovich & Singh, 2023). Children who have witnessed family dysfunction, such as domestic violence or parental illness, are more likely to be exposed to traumatic events. Such events can have an impact on a child's emotional development and increase the likelihood of mental health issues, such as suicidal ideation (Harmer et al., 2023). The level of suicidal severity is therefore discussed below.

Levels of Suicidal Ideation Severity

Levels suicidal ideations indication the probability into which a person who has suicidal ideations due to trauma is likely to commit suicide (Harmer et al., 2023). The levels are discussed below as severe, borderline, mild and normal levels of suicidality. Further, the levels are also categorized into two broad categories in terms of their strength. These two categories are such as acute and passive categories of suicidality.

Acute categories cover severe and borderline levels which have a high potential of occurrence and therefore victims of these levels may require classified support to overcome these thoughts. Passive category covers mild to normal levels of suicidal ideation (Harmer et al., 2023). These levels carry a lesser risk of occurrence, and victims can overcome them. These levels have been discussed as follows.

Severe Level of Suicidal Ideation

Severe level of suicidal ideation involves intrusive and recurring thoughts, which are termed as active and dangerous. This is because they carry a risk of repeated suicidal thoughts. These thoughts may begin to rule the life and establishing a constant presence due to underlying mental health conditions like depression, anxiety, or and post-traumatic stress disorder caused by past traumas (Miranda et al., 2019). People with the level of suicidal ideation requires more intensive therapeutic interventions, which may involve counseling, the use of medication, and sometimes hospitalization. The level involves more deliberate thoughts of self-harm or suicide, which can include thoughts about methods and planning on how to take away their life.

Borderline Level of Suicidal Ideation

This level of suicidality has a high effect on a person's thoughts and behaviour. Thoughts accompanied by this level are recurring and may be distressing and potentially life-threatening. These thoughts are perceived as active suicidal ideation thoughts (Levi-Belz et al., 2019). Symptoms at this level of suicidality show stress reactions, nightmares, and anxiety. Most teenagers experience not as high suicidal thoughts as in severe level meaning that these are feelings that come and go. These thoughts are short-lived, and they also result in emotional distress (Joiner et al., 2019). Although they are short-term, these episodes may have a moderate risk and therefore early interventions may be helpful in supporting teenager experiencing these levels of suicidal ideation. Passive thoughts of death or a desire not to exist are often the starting points. These thoughts may be fleeting and transitory. Research by Klonsky et al. (2015) discusses the presence of passive suicidal ideation in individuals with various mental health conditions, highlighting its

commonality as a precursor to more moderate level of suicidal ideation.

Mild Suicidal Ideation Level

This level is related with less impact thoughts, which recur once in a long time whenever triggered with a similar activity to which caused the trauma in the first place. Individuals who suffer from the level of suicidal ideation are resilient and able to cope with the trauma (Davwaset al., 2020). However, providing support to the victims of this level is essential. The help was essential for accelerating the healing process and reducing the trauma's persistent psychological and emotional effects.

Normal Level of Suicidal Ideation

For many people, it is usual to feel hopeless, uncertain, and tired whenever faced by a challenge (Giesen & Eisenstadt, 2015). However, the ability to cope with situations or trauma can be an important aspect of resilience. People in this level of suicidal ideation have suicidal thoughts occasionally, and have developed resilience towards the thoughts (Fortson, 2016). This level may also be controlled by awareness on mental health factors and so victims are not at high risk of trauma. For most of the people alive today, they fall under this level of suicidality and therefore able to control their thoughts and actions.

The Effects of Childhood Traumatic Experiences on Children

Childhood trauma can result in mental health disorders later in life. (McLaughlin) Depression, anxiety, PTSD, and borderline personality disorder are examples of such conditions. Suicidal ideation can be exacerbated by these conditions in children and adolescents (McLaughlin, 2012). Childhood Adversity and adult psychopathology in the National Comorbidity Survey Replication (NCS-R) III: Relationships with functional impairment related to DSM-IV disorders

These traumatic experiences can also interfere with a child's healthy emotional and psychological development, impairing their ability to control their emotions and build resilience to the trauma's impact. Furthermore, traumatized children are more likely to develop suicidal ideation and other mental health disorders. Further, exposure to traumatic events can also affect school-going teenagers' academic and social functioning as well as their overall quality of life, as stated by Johnson et al. (2020). Interventions that address the effects of trauma on school-going teenagers are therefore crucial to promoting their well-being and success. Finkelhor et al., (2018) agree that traumatic experiences are common among school-going teenagers, with rates ranging from approximately 20% to 50% depending on the type of traumatic event of the group being studied (Johnson et al., 2020). These percentages show that a good number of school-going teenagers are exposed to traumatic experiences, and may be at risk for developing suicidal ideations as a result. It. The effects of traumatic events can have an impact on a student's academic performance, attendance history, and interpersonal connections in the classroom (Gopalan, 2018). This creates an unpleasant loop since difficulties at school can exacerbate the effects of the trauma and hasten the emergence of psychological issues. It was important to recognize that not all teenagers who suffer trauma inevitably struggle with mental health difficulties.

Childhood traumatic experiences are common in school-going children, with some resulting in suicidal ideations (Ndeti et al., 2022). In most instances, teachers and parents ignore crucial signs of suicidal ideations that lead to more destruction if interventions are not decided quickly (Wilmshurst, 2017). Naturally, without an identified cause, a great deal of effort was devoted to caning and punishments at school,

which sometimes worsen the child's experience. Sadly, most of the cases do not get into the media and therefore are never reported for public awareness (Cui et al., 2019).

Additionally, the lack of reporting and public awareness regarding childhood traumatic experiences and their consequences is a significant concern. Cui et al. (2019) points out that many cases of childhood trauma go unreported and do not receive media attention. The lack of visibility hinders public awareness and understanding of the prevalence and impact of childhood trauma, further perpetuating the cycle of silence and inaction. Increased awareness and open discussions about childhood trauma can also help break the stigma surrounding mental health issues and encourage early interventions and support for affected children

Another study by Teicher (2018) shows that trauma can also be caused by child-parental separation. It was a prerogative rule that authorizes the separation of children from their caregivers to protect them from abuse and neglectful environments as justice takes its course. The study on the forcible separation and detention of children seeking asylum in the United States of America. The study found that separation of children from their caregivers affects their overall functioning, which hinders the child's development. It was therefore important for everyone to be aware of the consequences of separating children from their parents.

Moreover, a study conducted by Miranda et al. (2014) aimed to examine the relationship between crime exposure, post-traumatic stress disorder symptoms, and suicidal ideation among adolescents. In The study, the target population was children between the ages of 14 and 19 who came from urban communities in the United States. The purpose of The study was to assess their exposure to crime, PTSD, and suicidal

ideation among the group, whereby they individually reported their experiences. It was found that crime exposure was positively associated with both PTSD symptoms and suicidal ideation and that the relationship between crime exposure and suicidal ideation was partially mediated by PTSD symptoms.

Another study conducted by Carli et al. (2014) aimed to identify specific risk factors for psychopathology and suicidal behavior among adolescents. The research focused on adolescents between the ages of 14 and 17 in European countries. The study was done based on a large-scale survey among secondary school students, assessing various psychosocial factors including childhood trauma, suicidal behavior, and psychopathology. It was found that childhood traumatic experiences significantly increased the risk of suicidal ideation and behavior among adolescents. Sub-Saharan Africa has the highest population of children in the world, with 20% of children (Rukundo et al., 2018). The high population puts pressure on the available resources, which puts the continent below the poverty line. Poverty influences an increase in mental health issues that are based on childhood trauma and lead to suicidal ideation. South Africa, for instance, records about 7.2% of cases of suicidal ideation in childhood and adolescence. The disparity in prevalence rates suggests that individuals residing in urban environments in Kenya may be more susceptible to mental health problems, which could lead to suicidal ideations compared to their rural counterparts. The study concludes, therefore, that there was a need for studies on the effects of childhood traumatic experiences on suicidal ideation for school-going teenage children, especially those in public secondary schools, and therefore the validity of the study.

In Nairobi County, underreporting of suicide-related cases has hindered reporting

of the rate of suicidal ideation due to traumatic experiences. This is largely influenced by the high levels of stigmatization experienced by the families of the victims (Kigongo, 2019). The was because even at the suicidal ideation level, parents and caregivers may not be able to identify the behaviors that may relate to suicide. A study conducted by the Center for Public Health Research in collaboration with the Kenya Medical Research Institute in Kenya on schools in Nairobi County (Mokaya et al., 2022) found that a fifth of adolescents aged 14 years old were at risk of suicidal ideation among the target population of 11 to 18 years old. The study also found that adolescent girls were the most affected. The study used a cross-sectional research design and a generalized linear model where five schools were randomly selected in Nairobi County for the data collection.

Empirical Review of Literature

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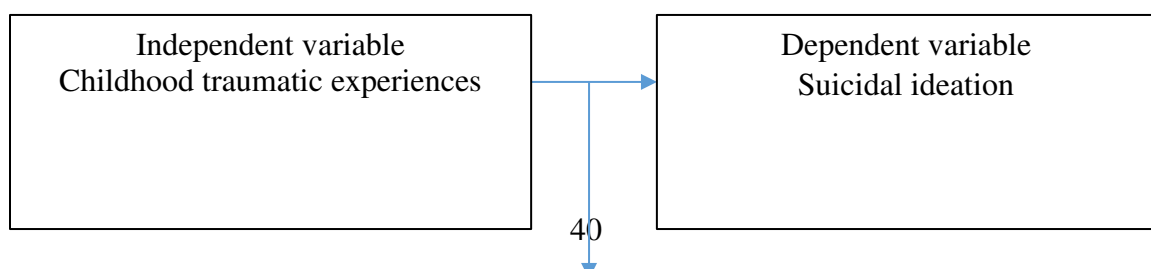
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The study was done based on a large-scale survey among secondary school students, assessing various psychosocial factors including childhood trauma, suicidal behavior, and psychopathology. It was found that childhood traumatic experiences significantly increased the risk of suicidal ideation and behavior among adolescents.

Another report from a study by the Center for Disease Control (CDC) (Okechukwu et al., 2022) in Kakamega County revealed that suicide was the second leading cause of death in Kenya. The study targets children between 10 and 14 years old. The study used purposive sampling and an ex post facto research design. The study found that 74 children had attempted suicide and four had committed suicide. It was concluded that mental health affects a person's view of life and increases suicidal ideation among young people.

Conceptual Framework

The relationship between the dependent, independent, and intervening variables in the effects of childhood traumatic experiences on school-going teenage suicidal ideation can be understood as described in the conceptual framework.



Intervening Variable	
1.	self-esteem
2.	Mental health state
3.	Social support
4.	Resilient
5.	coping mechanisms

Figure 2.1: Conceptual framework

Source: Author (2023)

Discussion

The independent variable in this study was the childhood traumatic experiences. Teenage suicidal ideation represented the dependent variable, which reflected the extent into which teenagers experience thoughts of suicide. These included normal level, mild, borderline and severe levels ranging from mild to severe levels (Harmer et al., 2023). Childhood traumatic experiences as independent variable in the study encompasses the various types of trauma, which included physical, emotional, sexual abuse, neglect, and emotional neglect. This variable represents the nature and severity of childhood traumatic experiences impact teenage suicidal ideation.

The intervening variable the study aimed at finding out how the independent variables influenced the dependent variable. These intervening variable was included the age of the teenagers, gender, the level of severity in both trauma and suicidal ideations and finally the resilience on suicidal ideation. This variable looked at how teenagers were able to cope with traumatic experiences in comparison to the age. Gender variable played

a role in how teenagers experience and expressed their emotions. This was assumed that male and female students had different responses to trauma, potentially influencing the likelihood and expression of suicidal ideation (Nock et al., 2018). The level of severity in childhood traumatic experiences was also used in the study; this assumed the severe traumas could lead to high levels of suicidal ideations. This was utilized to find out the correlation between the traumas and suicidality levels. Further, resilience was referred to the ability into which individuals may bounce back and cope with the trauma, severe preventing suicidal ideation from occurring. This then weakening the link between traumatic experiences and suicidal ideation.

Chapter Summary

The literature review discussed various thoughts from different authors on the effects of childhood traumatic experiences on teenage suicidal ideations. Further, the chapter discussed the theoretical framework, where two theories were described, the breakdown of different variables within each and their relationship in the study, as well as their application to the study. The chapter also analyzed the general and empirical reviews of the literature discussed to show specific information related to the study.

CHAPTER THREE

RESEARCH METHODOLOGY

Introduction

The chapter discussed the methodology used in the study. The discussion covered the research design, the population, the target population, the sample size, the sample, data collection instruments for collecting data, the instrument's validity, the instrument's reliability, the data collection procedures, data analysis plans, and ethical considerations of the study.

Research Design

The study adopted a descriptive research study design, which was a research approach that aims to describe and summarize the characteristics, behaviors, or relationships of a phenomenon (Khaldi, 2017). The descriptive design enables researchers to gather information about teenagers in the Mihang'o public secondary school in Embakasi East Sub County, Mihang'o Ward in Nairobi County, by looking at their demographic characteristics, experiences of childhood trauma, and levels of suicidal ideation. The research design involved the use of questionnaires to collect the data. By using standardized measures and clear questions, the study collected reliable and comparable data from each participant.

Study Population

A population is an entire group from which a study collects data (Lee et al., 2022). In this study, the population constituted all the 379 students in Mihang'o secondary school, in Embakasi East Sub County, Mihang'o Ward in Nairobi County to participate in the quantitative data collection. In addition, the study involved collection of qualitative

data, which the population included all the 13 teachers in the school.

Target Population

A target population is the complete set of individuals, with common characteristics from which the researcher generalizes the results of the study (Mugenda & Mugenda, 2003). The study focused on 125 teenagers between 15 to 17 years of age who have gone through traumatic experiences in the past. The researcher selected participants, excluding 56 students in form four, who were preparing for their upcoming Kenya certificate of secondary education. Participants were selected from form one, form two and form three classes, excluded 12 teenagers who had surpassed 17 years old and 7 who were under 15 years old. The study also excluded 29 students who did not exhibit childhood trauma symptoms after the screening.

In addition, the researcher selected 6 members of staff. These were selected in terms of their interactions with the students, at different ways outside classroom. These key informants included the where the participants were guidance and counselling matron, who handles female students mental health issues, Guidance and counselling master, who is responsible for issues concerning male students challenges, a disciplinary teacher, Christian union coordinator, guidance and counselling support teacher and the school administrator.

Table 3.1: Sample selection guide

Age	13 yrs.	14yrs	15yrs	16	17yrs	18yrs and above	KII's
Boys	28	51	45	42	47	14	0
Girls	17	32	31	31	33	8	0
Guidance and counselling master							1
Guidance and counselling matron							1
Disciplinary teacher							1
Christian union coordinator							1
Guidance and counselling support teacher							1
Administrator							1
Total			76	73	80		6

Sample Size

A sample size refers to the number of individuals included in a study and was critical to ensuring the statistical power and accuracy of the results (Lenth, 2016). A sample is a representative of the total study population Mugenda & Mugenda (2003). This study used the Census method of sampling the teenage participants of between 15 to 17years old, meaning that all the 125 participants within the criteria were recruited to the

study. According to (Gilmore et al., 2022), a census is a sampling technique, where all the members of the population of interest were enumerated.

Inclusion and Exclusion Criteria of the Study

For eligibility or ineligibility to participate in the study, the following table shows the inclusion and exclusion criteria to be followed in the study. The selection of the criteria maintains ethical considerations and participant safety while participating in the study.

Table 3.2: Inclusion and exclusion criteria

Study characteristics	Inclusion criteria	Exclusion criteria
Age	Teenagers between 15,16 and 17 years in Mihang'o secondary school	Teenagers outside the 15 to 17 age range who attend school at Mihang'o secondary school
School enrolment	Teenagers enrolled at Mihang'o public secondary school	Students who were not enrolled at Mihang'o public secondary school.
Gender	Boys and girls in Mihang'o secondary school	
Consent	Students whose parents have provided informed consent for their participation	Students whose parents did not consent for their children to participate in the study.

Sampling Techniques

The study utilized a Census sampling technique, which involved selecting 125 students between the ages of 15 and 17 years' old who attend school at Mihang'o Secondary School in Embakasi East sub-county, Nairobi, as participants of the study. All

teenagers who fell in the study criteria were enumerated for participation in the study for collection of quantitative data.

On the other hand, qualitative data utilized a purposive sampling technique to purposely select staff who would participate in the study. The selection was influenced by the level of interaction that the participants had with students outside classroom or learning hours. Purposive sampling technique was therefore applied to select the school administrator, disciplinary teacher, one guidance and counseling teacher, and class teacher to participate in the Key interviews.

Data Collection Instruments

Data collection instruments are tools that researchers use to collect data from participants in a study (Taherdoost, 2021). In the study, a combination of both qualitative and quantitative instruments were used. For the teenagers, a research-developed questionnaire was used to gather the demographic information from the students. The questions in this tool addressed the personal information, experiences of childhood trauma, the presence of mental health resources in the school, and available social support and resilience in overcoming the challenges of mental health.

In addition, childhood trauma was measured using the childhood trauma questionnaire. This was a standardized tool which addressed the types of trauma teenagers go through. This tool was given out after the teenage questionnaire had been submitted back. This tool also involved collecting information on adverse childhood experiences on five categories of abuse, which included physical abuse, sexual abuse, emotional abuse, neglect and emotional neglect. The tool was a distribution of a Likert scale that was to be answered by choosing never true choice which was 0, rarely true

which was 1, sometimes true at 2, often true at 3 and very often at four. In the questions, the participants were to weigh their feelings and experiences and answer accordingly with the numbers scores displayed. The score cut in this questionnaire was distributed into three levels of childhood traumatic severity, which included the low risk at 0-49, moderate risk at 50-99 and high risk for those who scored 100 and above. This means that a teenager who score 50 was at moderate risk, which requires attention to avoid the participant going through experiences that are more traumatic and their experiencing severe traumatic symptoms, which would be a high risk to have suicidal ideation symptoms.

Further, Beck's scale for suicidal ideation was utilized to test the level of suicidal ideation among teenagers. Bicks's scale for suicidal ideation is a risk assessment tool for measuring suicidal ideation (Podlogar et al., 2023). This tool was issued after the childhood trauma questionnaire had been collected back. The questionnaire asked questions on the thoughts the participants had at the time of the data collection exercise and in the recent past and how they think about these thoughts. The questions asked the participants to state whether they agreed with question and answer with a 0 if they strongly disagreed, 1 if they agreed, a 2 if neither agreed or disagreed, 3 if they agreed and 4 if they strongly agreed. The scores for this tool were distributed into five categories, which scaled from 1 to 16 normal, 17 to 31 mild, 32 to 46 at borderline, 47 to 61 and above at severe. The scores on each participant determined the level of suicidality. Participants whose scores were from 1 to 16 had no signs of suicidal ideation were not at risk. Those that scored 17 to 31 had low symptoms of suicide, 32 to 46 had symptoms that were to as high nor low and therefore may need psychosocial support while those who score 47 to

61 and above had severe symptoms of suicidal ideations and therefore would require emergency interventions for their high risk of suicidality.

A key informant interview guide was also used to gather data qualitative data from the key informants the interview guide addressed themselves for the demographics information. Further the tool asked questions on knowledge about childhood trauma and also teenage suicidal ideations in their interactions with the students, factors contributing to teenage suicidal ideation, available support mechanisms and interventions, challenges that contribute to teenager trauma at school and suggestions to overcome them. The interviews were conducted individually in a suitable and private setting. The follow the interview schedule as per the participant's timelines and, at the same time, encourage detailed responses

Validity and Reliability

To test the validity of these tools, the standardized data collection tools were checked well to ensure they cover all aspects of both suicidal ideation and trauma. The teenager's questionnaires and the key informant interview guide were checked to ensure they fit the study. The tools were then reviewed to ensure that they covered the important aspects of the study. Input from existing literature and research mentors was integrated into the formulation of research instruments to ensure they would consistently measure what they are intended for.

Data Collection Procedures

The researcher obtained the authorization letter from the school of human and applied sciences prior to the data collection. In addition, an approval from Daystar University was also issued as an authorization from the university to carry out the study.

The school consent to carry out data collection was obtained from Katani secondary school where the pretest was done and from Mihang'o secondary school. In addition, the study obtained a permit to carry out research from the NACOSTI. Teenagers we issued with parental consents to carry home and have them signed by their caregivers as a sign to approve their children to take part in the study. Further, the teenagers assent was obtained by reading aloud the assent letter three times and explaining to the students the importance of participating in the study. Those that were willing to continue with the activity were requested to raise their hands and taken through a debrief session, while those who refuted politely released to their classes.

The teenagers were then issued with the general questionnaire, which involved demographic questions with clear explanation of what was expected. After completion, the participants were issued with the childhood trauma questionnaire to test adverse childhood experiences and the types of traumas that affect them. The students were further administered with the Becks scale for suicidal ideation to measure suicidal ideation and severity among the sampled population. The study also scheduled interviews with the key informant participants, where a question guide was used to ask the same questions repeatedly to all the 6 key informants. This tool was administered to complement data given the teenage participants.

Pretesting

A pretest of a research study is the act of carrying out preliminary data collection to test the research instruments (Muga et al., 2019). To test the data collection instruments, a pre-test was carried out in Katani secondary school, Mavoko sub-county, in Machakos County. The choice of the pretesting study area was based on the similar

nature of the actual study area. The pretesting was conducted on 15 participants and followed all the measure for data collection. The teenagers who responded in the pretest represented 12% of the target population. While the interview guide was done on the head of guidance and counselling in the school, presenting 16% of the total key informants. These were a suitable sample sizes according to (Perneger et al., 2015), that a sample size of at least 10% of the target population was adequate for pretesting. The pretest of the research tools and refining them for the main study. By refining the research instruments based on the pretest data, the validity and reliability of the tools were enhanced, ensuring more accurate and meaningful results in the study.

Data Analysis Plan

The data was analyzed to evaluate the clarity and relevance of the research instruments, including Beck's Scale for Suicidal Ideation and the customized Childhood Trauma Questionnaire. The data analysis examining the response patterns and identifying any difficulties encountered by the participants.

Wickham (2016) defines data analysis as a process of cleaning, transforming, modeling, and summarizing data to discover useful information for use. In the study, the data analysis plan involved editing and coding raw data, which was then, entered a Microsoft Excel spreadsheet for analysis. The data was also analyzed using statistical techniques to explain the variables and their relationship to the study and to identify the gaps in the study. The researcher used descriptive statistics to present quantitative data in an organized manner. The cleaned data was checked for inaccuracies and inconsistencies before the analysis was done. Verification, cleaning, and analysis were conducted using the Statistical Package for the Social Sciences (IBM SPSS Statistics Standard) version 23

for quantitative data. Analysis involved the use of descriptive and inferential statistics, such as standard deviation, variance with statistical correlation, which was used to check the relationship of the dependent and independent variables in the study

Qualitative data from key informants was transcribed and analyzed for the study. In the case of the study, means, standard deviations, and frequency distributions was used to calculate and summarize the scores on the scale within the study sample. These statistics helped in understanding the severity and variation of suicidal ideation among teenagers between 15 and 17 years of age who have participated in the study (Brodsky et al., 2020). The child trauma questionnaire explored the experiences and perspectives of the participants using systematically coding and categorizing the responses to identify recurring patterns related to childhood traumatic experiences (Braun et al., 2006). Through the analysis, a deeper understanding of the specific experiences and effects of trauma within the sampled population was gained.

Ethical Considerations

Ethical considerations in research are the moral principles, guidelines, and practices that ensure that the rights of the participants are protected during the data collection process (Creswell, 2014, p. 40). This study examined the effects of childhood traumatic experiences on teenage suicidal ideation in Mihang'o public secondary school in Embakasi East Sub-county, Mihang'o ward, Nairobi, Kenya. Ethical considerations helped to promote the participants' respect for autonomy. This was achieved by providing clear information on the purpose, risks, and benefits of the study. The participants were allowed to consent or refuse to participate in the study, and they were not forced to do so.

The study also ensured that ethical guidelines are followed to ensure the integrity

and credibility of the research findings. These ethical guidelines included obtaining approval from the Daystar university and from the institute of child development. The study also obtained research permit from NACOSTI, consent from the school head, consent from the parents and caregivers as well as assent from the teenagers

Further, during the data collection process, privacy and data integrity was prioritized. In terms of informed consent, the adult participants were provided with a consent form before the interview. The consent informed them about the importance and risks of participating in the study, as well as the methods that would be used to protect their confidentiality. Participants were made aware of their rights to participate, and in the event of withdrawal, there would not be a negative effect.

For assent, before the parental and school administration consent process for the students to participate in the study, the teenagers also were expected to assent to participate in the study. This was however, followed by other measures to ensure their safety during the data collection process to protect the participants.

In terms of confidentiality, to protect the participant's privacy, the participants were allowed to not write their names, and hence codes and pseudonyms were used for students and adults, respectively. In addition, the Key Informant interviews were conducted in an in person arrangement, where the researcher and respondents sat together and discussed about the questions in the key informant guide. The study prioritized the participant's confidentiality and privacy by protecting their personal information. It also upheld high standards of research integrity, including honesty, accuracy, and transparency in reporting findings. All data collected was anonymized, and personal information be stored securely to prevent unauthorized access.

Ethical considerations promoted respect for individual autonomy, this was done to ensure that participants had the right to make informed decisions about their participation. The researcher provided clear information about the study, its purpose, risks, and its benefits so that participants made voluntary choices based on their judgment. In addition, the participant's autonomy was respected by upholding their dignity and reinforcing their human rights in the process of data collection. Concerning minimizing harm and emotional distress, the researchers took steps to minimize potential harm and emotional distress experienced by participants during the study. The appropriate support was provided for those in need of emotional help through referral to school counselors.

To collect the data from Mihang'o secondary school, ethical approval was essential for the study on the impact of childhood traumatic experiences on teenage suicidal ideation. This involved seeking permits and following the data collection guidelines. The research protocol underwent ethical review by the researcher and the school of social sciences at Daystar University as well as by the NACOSTI (Appendix I).

Chapter Summary

The chapter focused on the methodology of the study, which covered the research design, whereby descriptive research design be used. The chapter also discussed the target population, which covers all the students who attend Mihang'o public secondary school in Embakasi East Subcounty, Nairobi County. The chapter also discussed the data collection instruments and procedures applied on the study. The chapter further discussed the pretesting procedure that of the study which was conducted at Katani secondary school in Machakos county. Data analysis was also discussed as well as ethical

considerations and ethical approvals to be followed in the study.

DAYSTAR UNIVERSITY

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS, AND INTERPRETATION

Introduction

The chapter covers the presentation, analysis and interpretation of the data collected at Mihang'o Secondary School in Nairobi County on effects to childhood traumatic experiences on teenage suicidal ideation. Qualitative data was collected through key informants' guide where six respondents were asked questions and answered based on their knowledge and understanding. This data was analyzed using theme and codes while quantitative data was collected using three tools, which involved a general questionnaire that involved demographic questions, a childhood trauma questionnaire and the Becks scale for suicidal ideation. Quantitative data was analyzed using frequency tables to give the data meaning. This presentation and interpretation was done in response to the objectives of the study.

Presentation, Analysis, and Interpretation

Response Rate

The researcher distributed 125 questionnaires to teenagers at Mihang'o secondary school in Embakasi Sub-County. Out of this number, 121 questionnaires were returned, while four were not. In addition, 21 questionnaires were spoiled.

Table 4.1: Response rate

n=125		Percentage	
Description	Frequency		
Distributed Questionnaires	125		100%
Spoilt	21		16.8%
Non response	4		3.2%
Properly filled questionnaires	100		80%

The table 4.1 shows the distribution of the questionnaire and the study response rate, which gave the percentage to be used in the data analysis. The study distributed 125 questionnaires to the teenagers in Mihang'o secondary school, in Embakasi Subcounty, Mihang'o ward, in Nairobi County. Out of these questionnaires, all the 125 questionnaires were returned. However, 21 out of them were spoiled, while four of them were not filled. The remaining 100 questionnaires were correctly filled which gave a response rate of 100 questionnaires at a percentage of 80%. According to Mugenda and Mugenda (2003), a response rate of 50% to 60 % is assumed sufficient for statistical analysis. A rate of 60% to 70% is considered good while 70% is considered excellent the response rate was therefore decided by dividing the correctly complete questionnaires with 100 and multiplied by 100. A response rate of 80% was therefore achieved, which exceeded the smallest recommended rate and therefore sufficient for statistical analysis.

Further, the study also used six responses from the qualitative data, where the participants were a guidance and counselling teacher, a disciplinarian teacher, Christian union coordinator and a guidance and counselling matron. These respondents were given codes as follows MPSS01, MPSS02, MPSS03, MPSS04, MPSS05, and MPSS06.

Demographics Characteristics of the Respondents

This study examined the effects of childhood traumatic experiences on teenage

suicidal ideation at Mihang'o public secondary school. The demographics data are shown in Table 4.2 below.

Table 4.2: Demographics of the respondents

Demographics	Description	Frequency	Percent
Gender	Male	71	71.0
	Female	29	29.0
Age	15	21	21.0
	16	31	31.0
	17	48	48.0
Class	Form 1	18	18.0
	Form 2	47	47.0
	Form 3	35	35.0
Who do the respondents live with?	Both parents	45	45.0
	Father	7	7.0
	Mother	27	27.0
	Sibling(s)	3	3.0
	Stepfather	1	1.0
	Stepmother	1	1.0
	Relative(s)	14	14.0
	Alone	2	2.0
Number of siblings the respondent has	No siblings	1	1.0
	One sibling	17	17.0
	Two to three	49	49.0
	Four to Five	20	20.0
	Six and above	13	13.0
Academic performance of the respondent in their own View	Excellent	14	14.0
	Above Average	22	22.0
	Average	48	48.0
	Below average	13	13.0
	Poor	3	3.0

Table 4.2 shows that all the demographic characteristics of the respondents were captured well. These characteristics are therefore discussed in details as follows.

Gender

This characteristic was important in the study to establish whether the students who have been affected more by childhood trauma and suicidal ideation in Mihang's secondary school. This characteristic was distributed as male or female, which the learners had to pick one in regards of their physical features.

The gender distribution of participants revealed that male students accounted for a majority of the respondents at 71%, while female students made up the remaining 29%. This distribution is a significant starting point for the study, as it raises questions about potential gender differences in experiencing childhood traumatic events and their resulting effects on suicidal ideation. Gender plays a critical role in shaping the response to traumatic experiences. The findings suggest that more male students participated in the study, indicating that the male perspective is well-represented in the data.

However, it is crucial to recognize that gender differences in reporting and experiencing traumatic events exist, and this discrepancy in participation could potentially introduce bias to the study's conclusions. The outcome was unintended in the study. Although it may yield a gender-biased outcomes, the fact may not fundamentally undermine the core findings in the study as far as the primary research question is concerned. To address this bias, future research should aim to achieve a more balanced gender representation in the sample to allow for insights that are more comprehensive, by undertaking pre-study measures.

Age

As part of the demographic characteristic, the students' age was crucial in this study to ensure the right outcome of the study was achieved. The findings of this study

established that 21 were 15 years old, 21 and 31 were 17 years of age and enrolled in Mihang'o secondary school in Embakasi East Sub County in Nairobi County. This shows that teenagers of 17 years of age took part more in the study. This shows that students of 17 years old in Mihang'o were more prevalent than any other age group in the study.

Class Enrolled

Further, the study sought to know the class in which participants were enrolled into, as a compliment for the study. The findings were therefore that 18 students were enrolled in form one. Another set of 47 students were enrolled in form two while another 35 teenagers were in form three. This shows that majority of the participants were in form two followed by form three students. This was a good selection for the study since they were within the targeted age group of the study.

Who the Respondents Live With

This demographic was important in this study to understand the participants more based on the family background and the challenges that they could be attributed by their family setup. The table 4.2 shows the statistics of the respondents. This was therefore found that 45 of the students lived with both their parents, 27 lived with mother only, 14 with relatives. Another group showed that 7 lived with father only, 3 lived with siblings, 2 alone 1 with stem mother and another 1 with stepfather. This result shows that teenagers in Mihang'o secondary school 45 were in a normal family setup, blended or consensus, single parent family or a child living with family members.

Number of Siblings the Respondent Has

The study also looked at the number of siblings the respondents had at the time the data was collected. It was observed that 49 of the students had two to three siblings, 20

had four to five, 17% had one sibling and 1 did not have any sibling.

Academic Performance

The study found out that majority students ranged above average at 84 in their academic performance, which was a good sign of academic excellence. Only 26 of the students were below average. This shows that the effects of childhood trauma had not affected students in Mihang'o secondary school's academic performance. Those that were below average could be experiencing the effects, hence low academic performance turnout.

Key Informant Respondents' Demographics

The key informants informed a mixed gender to avoid biasness in the study, where three male adults were requested to participate while the females were three as well. This led to a 50% by 50% for the qualitative participants

Prevalence of Suicidal Ideation

The prevalence suicidal ideation was analyzed to show the level of suicidal ideation among teenager. The insights were determined using the total scores from the data to determine the four level of suicidal ideation discussed in the table 4.3.

Table 4.3: Prevalence of suicidal ideation among respondents

Description	Level of SI	Frequency	Percent
Beck's scale to assess the	Normal		87.0
Prevalence of suicidal Ideation in teenagers as per their severity	Mild		5.0
	Borderline		6.0
	severe	2	2.0
Total		100	100.0

Table 4.3 depicts the prevalence of teenage suicidal ideations among teenagers in

Mihang'o secondary school. The results showed that 87 of the participants had normal symptoms of suicidal ideation. The results also showed that 13 of the participants had symptoms of suicidal ideations ranging from mild at 5 ,borderline at 6 and severe 2 This showed that those who experienced thoughts of suicide were prevalent by 6 cases. The suicidal ideation score cut was between 1 and 16. This implied that there was a low prevalence in suicidal ideation among the student in Mihang'o secondary school, with high rates of normal rates of suicidal ideation.

Level of Suicidal Ideation on Relation to Age Gender and Class

The table 4.4 shows the results of suicidal ideation and how it relates to age, gender of respondent and their respective classes enrolled.

Table 4.4: Analysis of the Levels of SI according to age, gender and class

Description	Demographic	Beck's rating				Total
		Borderline	Mild	Normal	severe	
Gender	Male	3	1	67	0	71
	Female	3	4	20	2	29
Class	Form 1	2	2	13	1	18
	Form 2	3	1	43	0	47
	Form 3	1	2	31	1	35
Age	15	2	2	15	2	21
	16	0	1	30	0	31
	17	4	2	42	0	48

The results in Table 4.4 show that more male students had a higher rate of normal symptoms at 76 than the female with 20 In these results, 4.2 had borderline symptoms for boys, and 1.4 had mild symptoms with 0 severe symptoms. The results also show that

despite less girls participating in the study 20 had normal symptoms. Out of this number, about three had severe symptoms, 4 had mild symptoms and 10 had borderline symptoms.

Class Enrolled and Suicidal Ideation Symptoms

The results show that there were more teenagers in form two who depicted normal symptoms compared to form one and three. However, despite the two classes recording high level of normal symptoms, students in the same classes depicted severe cases of suicidal ideations at 6% for form one students and 2.8% respectively. Key informant respondent MPSS06 supported this:

“We have had more cases of boys misbehaving although most of the time it is the girls who come to us for advice than the boys. But parents complain much about the boys and we can also see how they behave sometimes in class especially in form two and three its where we have more issues.”

Age and Suicidal Ideation

Further, the table 4.4 depicts that more teenagers of 17 years were normal compared to other ages. Also, the results show that teenagers of 15 years old had less normal symptoms but higher level of suicidal ideation symptoms with severe symptoms of suicidal ideations in comparison to all other ages.

Types of Traumatic Experiences

The study ought to establish the types of traumatic experiences among teenage children in Mihang’o public secondary school in Embakasi East Sub-county, Mihang’o ward in Nairobi County. The results have been summarized in the Table 4.5.

Table 4.5: Types of traumatic experiences

	Frequency	Percent	Cumulative Percent
Emotional abuse	7	7.0	7.0
No emotional abuse	93	93.0	100.0
Physical abuse	90	90.0	90.0
No physical abuse	10	10.0	100.0
Sexual abuse	9	9.0	9.0
No sexual abuse	91	91.0	100.0
Neglect	6	6.0	6.0
No neglect	94	94.0	100.0
Emotional neglect	6	6.0	6.0
No Emotional neglect	94	94.0	100.0

The table 4.5 presents the types of traumatic experiences that teenagers in Mihang'o secondary school have experienced. The results showed that only a few 7 experienced emotional abuse while most of the respondents 93 did not experience any emotional abuse. About 90 experienced physical abuse, while 10 did not. Further 9 experienced sexual abuse, and 91 did not. In addition, 6 experienced neglect while 94 did not. Other 6 students experienced emotional neglect while 94 did not experience the same. This was supported by MPSS03 saying that

“Some students lack parental love back at home, and so what do they do? They learn coping mechanisms which may be dangerous like getting into a relationship with their peers and then this affects their concentration in class and they are not able to concentrate nor perform well, so it's a big problem.”

This confirmed that some students had experienced more than one trauma at the same time.

Extent of Childhood Traumatic Experiences on Suicidal Ideation

The study aimed to find the extent into which childhood traumatic experiences lead to teenage suicidal ideation in Mihang'o public secondary school in Embakasi East Sub-county, Mihang'o ward in Nairobi County. This was correlated with the gender of

the students, age and the classes they were in. The results in the table 4.5 presents the outcome of these results.

Table 4.6: Risk levels of suicidal ideation

		Childhood trauma rating		
		Low risk	Moderate risk	Total
Gender	Male	70	1	71
	Female	23	6	29
	Total	93	7	100
Age	15	18	3	21
	16	28	3	31
	17	47	1	48
	Total	93	7	100
Class	Form 1	15	3	18
	Form 2	46	1	47
	Form 3	32	3	35
	Total	93	7	100

Table 4.6 summarizes the various suicidal ideation risk levels which the students fall under. The table provides figures which indicate the likelihood that the participants had suicidal ideations. These levels were then grouped into risk levels of suicidal ideations. The respondents who had a low risk to chance of facing suicidal ideations were boys at 70, which is a high percentage of low risk. The study further concluded that The results implied that more boys had more chances of not getting severe suicidal ideations moderate risk, respondents who have a higher chance of facing suicidal ideations, and high risk, respondents who face the highest chance of facing suicidal ideation.

The key informants were asked whether they had come across students with suicidal ideation symptoms and these are gave reasons as to what could lead a teenager into suicidal ideation as quoted:

MPSS02: “Yes. When the child is not able to cope with the societal pressure children start having suicidal thoughts when there is no firm social support back at home since most of the abusers are from the home environment.”

MPSS01: “Yes, teenagers start having suicidal thoughts because they cannot stand the shame when what they go through is known by their peers.”

MPSS03: “Sure, some students are molested by their fellow schoolmates and this may cause them to become suicidal especially boys since they don’t speak out easily.”

MPSS05: “I have, some other students become depressed with the pressure on the academic expectations from both the teachers and parents.”

MPSS06: “Yes, some others suffer from post-traumatic stress disorders from childhood or past events.”

These findings highlight the fact that children experience a variety of childhood experiences that are likely to put them at a higher risk of being depressed and fearful in life. These conditions when contextualized with the other findings suggest that there is a relationship between childhood trauma and suicidal ideations.

Demographic Analysis of Gender, Age and Class Using Chi-Square Test

The table 4.7 shows the relationship between childhood traumatic experiences and suicide ideations in teenagers. The Chi-square test shows the likelihood that a traumatic experience faced in childhood will affect the suicidal ideation of the teenagers is represented by the P-value of 0.02. This value indicates a strong relationship between the two variables.

Table 4.7: Association: demographic variables in the surveyed population

Chi-Square Tests			
	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	15.056 ^a	3	.002
Likelihood Ratio	9.214	3	.027
N of Valid Cases	100		

The Pearson Chi-Square value is 15.056, while df is 3, with $p=.002$). This indicates a significant relationship between traumatic experiences and teenage suicidal ideation. The low p-value ($p=.002$) suggests that the association is unlikely to be due to chance.

The likelihood ratio has $p=.027$ which is less than the 0.05 value of confidence level, implying a strong relationship between the two variables. The study used the Pearson chi-square as a statistical measure confirming the relationship between childhood traumatic experiences and teenage suicidal ideation. Although the p-value is slightly higher than in the Pearson Chi-Square test, it still falls below the commonly used significance threshold of 0.05, indicating a meaningful connection. The study's assumption that childhood trauma experiences increases the risks of suicidal ideation among teenagers was supported, indicating a significant relationship between childhood traumatic experiences and teenage suicidal ideation.

In summary, these results suggest that there is a significant correlation between childhood traumatic experiences and teenage suicidal ideation. The findings imply that experiencing traumatic events during childhood may increase the likelihood of suicidal thoughts among teenagers. The lower the p-value, the stronger the evidence against the null hypothesis, supporting the conclusion that there is a genuine association between these variables. Key informant MPSS03 also confirmed these results in during the interview:

“We have had more cases of boys misbehaving although most of the time it is the girls who come to us for advice than the boys. But parents complain much about the boys and we can also see how they behave sometimes in class especially in form two and three its where we have more issues.”

This hypothesis is therefore rejected because more boys participated in the study

than girls and therefore that the reason for the bias. The correlation analysis further revealed the findings shown in Table 4.8.

Table 4.8: Correlation analysis using Chi-Square

		Chi-Square Tests			Asymptotic Significance (2-sided)
Demographics			Value	df	
Gender	Male	Pearson Chi-Square	.061 ^b	2	.970
		Likelihood Ratio	.117	2	.943
		N of Valid Cases	71		
	Female	Pearson Chi-Square	6.350 ^c	3	.096
		Likelihood Ratio	5.476	3	.140
		N of Valid Cases	29		
Age	15	Pearson Chi-Square	8.750 ^b	3	.033
		Likelihood Ratio	8.907	3	.031
		N of Valid Cases	21		
	16	Pearson Chi-Square	.111 ^c	1	.739
		Continuity Correction	0.000	1	1.000
		Likelihood Ratio	.207	1	.649
		Fisher's Exact Test			
		N of Valid Cases	31		
	17	Pearson Chi-Square	11.234 ^e	2	.004
		Likelihood Ratio	5.223	2	.073
		N of Valid Cases	48		
Class	Form 1	Pearson Chi-Square	10.800 ^b	3	.013
		Likelihood Ratio	10.675	3	.014
		N of Valid Cases	18		
	Form 2	Pearson Chi-Square	.095 ^c	2	.954
		Likelihood Ratio	.180	2	.914
		N of Valid Cases	47		
	Form 3	Pearson Chi-Square	11.126 ^d	3	.011
		Likelihood Ratio	5.644	3	.130

Total	N of Valid Cases	35		
	Pearson Chi-Square	15.056 _a	3	.002
	Likelihood Ratio	9.214	3	.027
	N of Valid Cases	100		

Gender

The results of the chi-square test (Table 4.8) shows that there is no significant difference on male and female respondents. The male respondents in the study showed there was a significant relationship into reference to the extent in which childhood trauma led to teenage suicidal ideation among students in Mihang'o secondary school, where male students were at .970 and female students at .96, resulting into a difference between experiencing childhood trauma and forming suicidal ideations based on these traumatic experiences. It is shown by the P-value of 0.97. On the other hand, the females show a weak relationship between the childhood traumatic experiences and suicidal ideations in teenage as evidenced by a P-value of .970. This implies that there was no significant correlation between gender and teenage suicidal ideation in the study.

Age

The likelihood of male or female respondent to have traumatic experience was (p=0.033) and (p=0.031) in respondents of 15 years old. The likelihood of the respondent developing symptoms of childhood trauma was seen in 17 years old with a (p=0.004). From the table, a number of observations can be obtained. Respondents of ages 15 and 16 exhibit a weak relationship between the childhood traumatic experiences. However, respondents who were aged 15 years were more vulnerable to suicidal ideation. They faced and the suicidal ideations which they face in their teenage. It is evidenced by P-values of 0.33 and 0.739. On the other hand, the respondents aged 17 years showed a

stronger relationship between the childhood traumatic experiences they faced and their suicidal ideations in their teenage. This relationship is shown by the P-value of 0.004.

Class

As for the relationship between respondents of the different classes and their childhood traumatic experiences and how they shape their teenage suicidal ideations, respondents from form one and form three exhibit a marginally significant relationship between them. These results are shown by their respective P-values of 0.13 and 0.11. The respondents in Form 2 show no relationship between these two variables since their P-value is 0.954. The key informant from the guidance and counselling department that in Mihang'o secondary school, challenges on mental health were majorly received from form three confirmed this. It was found that most of these teenagers in form three were afraid of failure and therefore some of them would get overwhelmed on the expectations the teachers and parents have over them. These results therefore imply that respondents in form 1 and form 3 were more prone to suicidal ideation. These could have been motivated by academic pressure, social dynamic or other potential stressors.

Summary of Key Findings

The study achieved a commendable response rate of 80%, surpassing the minimum threshold required for rigorous statistical analysis. This high response rate ensured the reliability of the collected data from Mihang'o secondary school in Embakasi East sub county, Nairobi. Among the total participants, a substantial 87% showed normal levels of suicidal ideation, indicating that a significant majority of the students were within the expected range of mental well-being.

Regarding the types of traumatic experiences, the study revealed that physical

abuse was the most prevalent, surpassing all other forms. It is essential to note that the disciplinary actions taken by the school were identified as methods to maintain order rather than abusive practices. Sexual abuse was the second most concerning experience, reported by 9% of the students.

On emotional abuse, with a score of 7%, indicated that students felt misunderstood by both family members and teachers. Emotional neglect and neglect were the least reported experiences with each accounting for 6% of the cases. In terms of the impact of childhood trauma on suicidal ideation, male students displayed a lower risk of developing suicidal thoughts based on their traumatic experiences compared to their female counterparts.

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In terms of the impact of childhood trauma on suicidal ideation, male students displayed a lower risk of developing suicidal thoughts based on their traumatic experiences compared to their female counterparts. Additionally, teenagers aged 15 showed a moderate risk (21%) of developing suicidal ideation, while 17-year-olds exhibited a significantly lower risk (47%). These findings imply that students at Mihang'o secondary school were generally resilient in the face of childhood trauma,

displaying a lower likelihood of developing suicidal ideations.

Furthermore, it is noteworthy that the study highlighted a potential bias due to the gender distribution in the participants. Had more girls participated, or if there were equal numbers of boys and girls, the study might have indicated a positive relationship between childhood trauma and teenage suicidal ideation, leading to a potentially different conclusion. Persons aged 15 showed a moderate risk (21%) of developing suicidal ideation, while 17-year-olds exhibited a significantly lower risk (47%). These findings imply that students at Mihang'o secondary school were generally resilient in the face of childhood trauma, displaying a lower likelihood of developing suicidal ideations.

In contrast, the more concerning findings involve the 13% of students who reported their academic performance as "below average" and the 3% who categorized it as "poor." The linkage between such self-perceptions and the effects of childhood trauma cannot be dismissed. These lower self-appraisals might stem from the cognitive and emotional challenges that traumatic experiences can impose, thus manifesting as diminished academic performance. This disparity in self-reported academic performance underscores the necessity for tailored support mechanisms within schools to address the distinctive needs of students affected by childhood trauma. Acknowledging the subtle nuances in academic perceptions among students is paramount in fostering an environment where all can thrive, irrespective of their experiences. This requires a multifaceted approach involving counseling services, mentorship, and educational adaptations to provide comprehensive assistance to the subgroup of students who face academic challenges exacerbated by childhood traumatic experiences.

Chapter Summary

The chapter presented the findings of the study in form of tables. It also interpreted that tables to get the meaning of the numbers presented and gave the findings of the study based on the data collected at Mihang'o secondary school in Embakasi Sub County, Mihang'o ward. The chapter involved the usage of various statistical techniques to present the data and avail the findings of the study. The chapter further presented the response rate the demographic characteristics, suicidal ideation prevalence, and the demographic factors on suicidal ideation, the types of childhood traumatic experiences. Further, the study tested the measure of significance of suicidal ideation based on age, gender and class the students were enrolled. The chapter concluded by discussing the key findings of the study.

CHAPTER FIVE

DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

Introduction

This chapter presents the discussion and interpretation of the findings of the study. It also presents conclusion and recommendations based on the results obtained in chapter four of this study. This study used a descriptive research design, which involved the use of qualitative and quantitative research approaches. As explained in Chapter 3, the study used a general questionnaire, which targeted teenagers and asked general questions and childhood trauma and suicidal ideations. The findings obtained from the study following the analysis of the data from the research yielded relevant insights within the scope of the main research questions in the current investigation. The key findings are discussed and contextualized in this chapter.

Discussions of Key Findings

The aim of this study was to investigate the effects of childhood traumatic experiences on teenage suicidal ideation at Mihang'o Secondary School, located in Embakasi East Sub-county, Nairobi County. The findings from this study present valuable insights into the prevalence of childhood traumatic experiences, levels of suicidal ideation among teenagers, and the relationship between these variables with respect to gender, age, and class. The findings show that 87% of the respondents are displaying typical ideation levels, the remaining 13% showcased mild to severe inclinations. These figures underscore the prevalence of the childhood traumatic experiences. It aligns with existing literature on the prevalence of the problem not only in

Kenya, but also in also globally (Bracewell et al., 2020).

Physical abuse emerged as a predominant trauma among Mihang'o school students. This revelation points out a critical intervention arena, demanding targeted actions. These findings align with Jung's psychoanalytic theory, whereby the study shows relevance within the scope of the subconscious impact of physical abuse, emphasizing the delicate psychological balance within students' minds.

On this note, one of the key informant interviewees (MPSS04) noted:

“I have come across cases of childhood mental health in teenagers. Some of them are not able to keep up with the world and wish to die. As the counselling department, we have severally rescued students who have overdosed on medication and others who abusing drugs as a way to take away the pressure.”

The assertion underscores both the problems that could results due to childhood trauma, as well as possible approaches of dealing with the problem. It is noteworthy that the educators as well as counselors and other professional players have a critical role to play in collaboration with parents and other members of the society to identify and support and rescue persons dealing with suicidal thoughts, as is evident in the aforementioned statement.

While sexual abuse affected only 9% of the students, it still highlights a serious trauma area. Psychoanalytic theories underline the emotional implications of sexual abuse, in the regard of emotions such as shame, fear, and guilt and low self-esteem (Foa & Kozak, 1986). These feelings can be strong, and if unaddressed can result in suicidal thoughts among the affected children. These insights are also applicable in the context of other types of trauma including physical, sexual, and psychological among others. Teicher's (2018) research on the impact of child-parental separation underscored the detrimental effects of such separations on a child's overall functioning, emphasizing the

urgency of understanding the consequences of disrupting familial bonds. Additionally, Miranda et al. (2014) and Carli et al. (2014) explored crime exposure and childhood traumatic experiences among adolescents, respectively, with findings showing adverse outcomes with regard to suicidal thoughts and stress among the children.

The realities of the childhood trauma and their implications on suicidal thoughts are evidenced by the key informant interviews. For instance, MPSS02 stated:

When the child is not able to cope with the societal pressure children start having suicidal thoughts when there is no firm social support back at home since most of the abusers are from the home environment.”

Another interviewee (MPSS06) concurred as they noted:

“Some others suffer from post-traumatic stress disorders from childhood or past events.”

On this note, the qualitative findings from this study provide relevant context to the quantitative results. These insights are also in line with other extant research, although the current findings provide a more nuanced, group-specific context to understand the issue under study.

The influence of poverty on mental health, particularly in sub-Saharan Africa, is highlighted by research by Rukundo et al. (2018). The high population density and limited resources in the region exacerbate mental health issues rooted in childhood trauma, leading to an increased vulnerability to suicidal ideation among adolescents, as evidenced by the current findings and aligned with CDC (2022). This is closely related to the fact that increased mental health awareness and fostering open communication, as emphasized by Cui et al. (2019), are vital. These studies collectively underline the imperative of early interventions and support systems, creating safe spaces for children and adolescents to voice their concerns without fear.

The demographic characteristics of the respondents also provide essential context for understanding the effects of childhood traumatic experiences on teenage suicidal ideation. Gender, age, class enrolled, living arrangements, the number of siblings, and self-reported academic performance all shape an adolescent's vulnerability to the effects of traumatic experiences. These findings underscore the need for a nuanced and comprehensive approach to supporting adolescents in the face of adversity. Schools and communities must recognize the diverse needs of students and tailor interventions and support systems accordingly to address the complex interplay of demographic factors and their impact on adolescent mental health.

Conclusion

From the study on the effects of childhood traumatic experiences on teenage suicidal ideation in Mihang'o Secondary School, it was concluded that there was need to addressing mental health concerns is important, especially among students who showed mild borderline symptoms of suicidal ideations in both genders and encourages students to speak out more whenever they are in need or overwhelmed so as to control the levels of teenage suicidal ideation in the school. The comprehensive study conducted at Mihang'o Secondary School shed light on the nuanced landscape of teenage suicidal ideation and its association with childhood traumatic experiences. The statistical analysis revealed an overall prevalence of 13% in suicidal ideation, with specific vulnerable groups emerging prominently. Notably, female students at the age of 15 exhibited higher rates of suicidal ideation, underscoring the urgency of targeted interventions for this demographic.

Physical abuse emerged as the predominant trauma affecting teenagers, a finding

substantiated by teachers' perspectives on disciplinary measures. While educators viewed these actions as necessary for keeping control and order, students perceived them as abusive, highlighting a crucial disconnect in understanding disciplinary practices. This disconnect underscores the importance of fostering open dialogue between students and teachers, ensuring disciplinary measures are not detrimental to students' mental well-being.

While 87% of respondents reported manageable, non-severe symptoms of suicidal ideation, 13% exhibited symptoms ranging from mild to severe. This minority, if not provided with the right interventions, could become susceptible to the gravest consequences. The study emphasizes the critical role of timely and appropriate support mechanisms in mitigating the progression of suicidal ideation among vulnerable students.

Recommendations

This study recommends the implementation of specific tailored mental health programs at Mihang'o Secondary School to support the students so as to help them learn new coping mechanisms that would help them overcome the trauma that may happen in their lives. The students may also be able to discuss with peers ways to overcome their feelings amongst themselves, which may have a positive outcomes as far as addressing the problem is concerned.

It is also suggested that the Ministry of Education implemented tailored approaches designed to improve the well-being of children while at school and support programs tailored for different age groups in of learners, which would help in addressing their unique challenges and emotional needs. One way to do this includes improving the viability of guidance and counseling services in schools and employing professional

counselors in schools using the teacher's posting model to support the students holistically as part of embracing the current educational system's guidelines

What is more, regularly monitoring students with severe suicidal ideation, even after the immediate crisis is essential in helping them. Scheduled follow-up sessions with mental health professionals, teachers, and parents can help track progress, identify triggers, and address any relapses promptly. On the same note, peer support programs within the school, where trained peers can listen to students experiencing severe ideation can be a workable solution to these issues. Peer connections can sometimes bridge the gap, making it easier for students to express their feelings and concerns to someone their age. This is also related to the aspect of the school providing a supportive environment within families and also encourage parents to offer the same at home in effort to promote emotional support and understanding among family members, and teachers. Examples include forums to create awareness campaigns within the school community on mental health issues, signs of distress, and available support services, and as psychoeducation the students and parents on ways to reduce mental health stigma at school and at home and at the same time encourage students to seek help.

Areas of Further Research

In the context of the current study findings, it is suggested that future researchers should examine the effectiveness or suitability of specific trauma-informed educational programs and other youth engagement programs, with a view to identifying the most suitable programs to address the risks faced by the children. Such a study would be helpful in the context of creating workable solutions to the problem of suicidal thoughts developing among children who experience childhood trauma. Another possible area of

further research would be use of a more diverse population of children, with comparisons of both boys and girls, to arrive at more nuanced, gender-specific and general implications to better inform solution approaches.

Chapter Summary

The chapter delves into the types of traumatic events, emphasizing physical abuse as the most prevalent, followed by sexual abuse and emotional neglect. It discusses the impact of these traumas on suicidal ideation, demonstrating a significant statistical association between childhood traumatic experiences and teenage suicidal ideation. Notably, vulnerable groups, particularly 15-year-old females, were identified, emphasizing the need for targeted support.

The study also compares its findings with international studies, highlighting both commonalities and unique challenges. It addresses the potential traumatic impact of disciplinary measures and the importance of nuanced approaches. Furthermore, the chapter emphasizes the necessity of tailored mental health programs, guidance and counseling services, and parental involvement to support students effectively.

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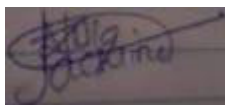
APPENDICES

Appendix A: Informed Consent

Dear participant,

I am writing to request your voluntary participation in a research study which aims to investigate the effects of childhood traumatic experiences on teenage suicidal ideation in Mihang'o public secondary school in Embakasi East. By sharing your insights and experiences, you will empower researchers and educators to better understand the challenges faced by teenagers and develop more effective support mechanisms. Moreover, your involvement will contribute to raising awareness among educators, parents, and policymakers about the effects of childhood trauma on teenagers' mental health, potentially leading to the implementation of trauma-informed policies and practices within schools. Please take note that your participation will be treated with utmost confidentiality and in accordance with ethical guidelines to safeguard your rights and welfare throughout the study.

Sincerely,



Researcher's Signature: _

Parent/Guardian's Signature (for participants under 18 years)

DAYSTAR UNIVERSITY

Appendix B: Questionnaire for the Teenagers

SECTION A: Demographic Information (Please TICK appropriate answer)

1. Gender
 1. Male []
 2. Female []
2. Age:
 - i) 15 [] ii) 16 [] iii) 17 []
3. Which class are you enrolled in currently? (Tick relevant option.)
 - i) iv) Form v) [] vi) Form 2 [] vii) Form 3 [] viii) Form 4 []
4. Whom do you live with during the school holidays? (Tick relevant option.)
 - i) Both parents []
 - ii) Father []
 - iii) Mother []
 - iv) Sibling(s) []
 - v) Stepfather []
 - vi) Stepmother []
 - vii) Relative(s) []
 - viii) Alone []
 10. Others (Specify).....

The number of siblings

- i) No sibling []
 - ii) One sibling []
 - iii) Two to three []
 - iv) Four to five []
 - v) Six and above []
- SECTION B: Academic performance and co-curricular activities
6. How would you rate your overall academic performance?
 - i) Excellent []
 - ii) Above Average []
 - iii) Average []
 - iv) Below Average []
 - v) Poor []
 7. Are you actively involved in any extracurricular activities or clubs at school?
 - i) Yes []
 - ii) No []
 - iii) I used to be involved but am not currently.
 8. How do you spend your free time outside of school hours?
 - i) Engage in hobbies or sports.
 - ii) Spend time with family and friends.
 - iii) Use electronic devices []
 - iv) Reading []
 - v) Other (Specify) _____

SECTION C: The extent to which teenagers are affected in your school

10. Are you aware of any counseling services available within your school?
 - i) Yes []
 - ii) No []
11. Do you think there has been adequate social support in your school to help ease your

stress?

iii) Yes []

iv) No []

12. If yes, state how you have got supported?

.....
....

13. Do you think you have been resilient enough to overcome suicidal thoughts?

v) Yes []

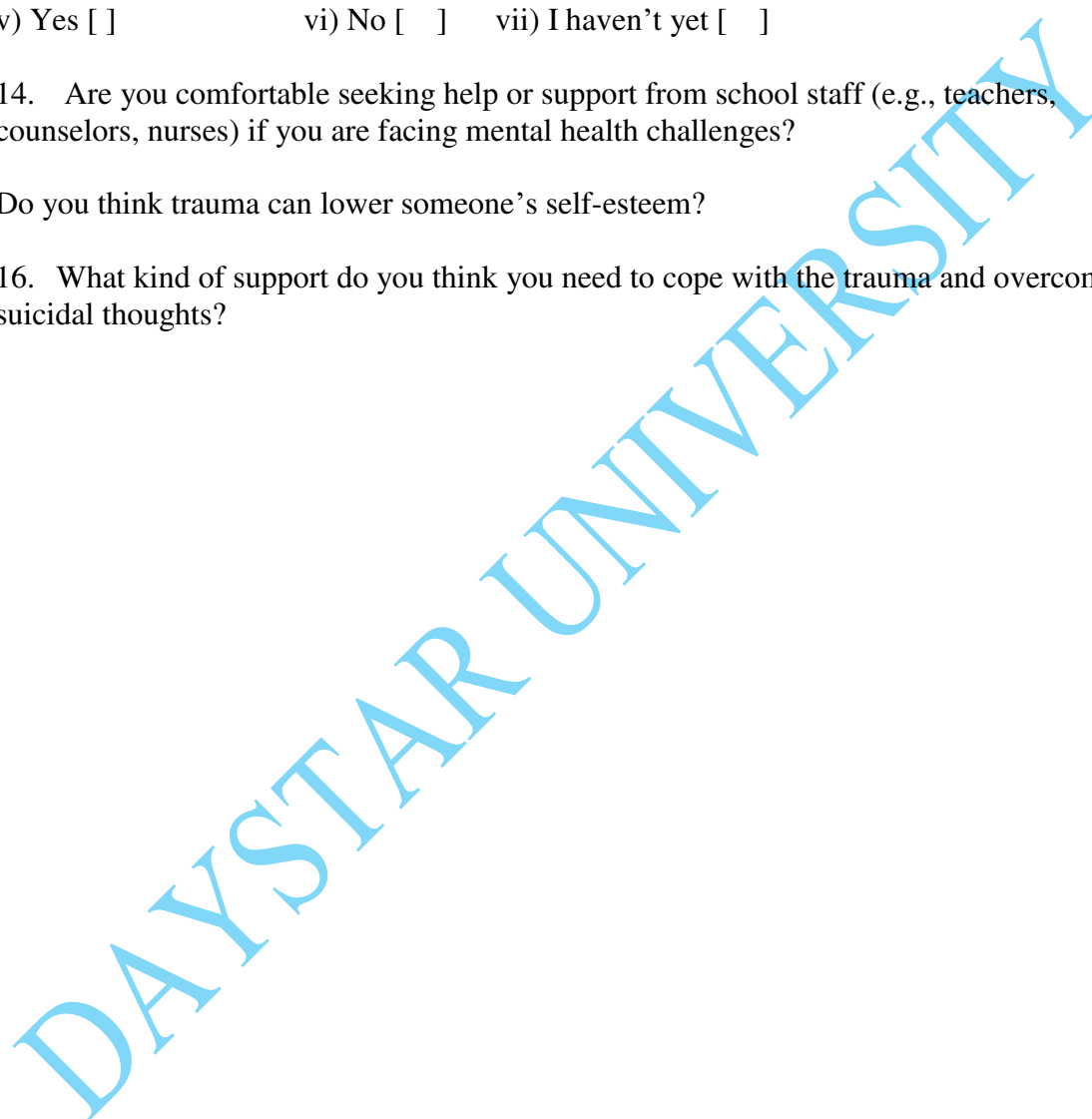
vi) No []

vii) I haven't yet []

14. Are you comfortable seeking help or support from school staff (e.g., teachers, counselors, nurses) if you are facing mental health challenges?

15. Do you think trauma can lower someone's self-esteem?

16. What kind of support do you think you need to cope with the trauma and overcome suicidal thoughts?



Appendix C: Childhood Trauma Questionnaire

Childhood Trauma Questionnaire	
<p>Instructions: Please read each statement carefully and indicate your response based on your experiences during childhood. Choose the most appropriate response from the options below</p> <p>Never True-0 Rarely True-1 Sometimes True-2 Often True-3 Very Often True-4</p> <p>To get the total score, add up the numbers you have marked to get the total.</p> <p>Section 1: Emotional Abuse</p> <p>Please rate how often each of the following statements was true for you during your childhood:</p>	
I was constantly criticized or belittled	
I was made to feel unloved or unwanted	
I was humiliated or shamed by my family members	
I was threatened or intimidated by my family members.	
I felt emotionally neglected or ignored.	
<p>Section 2: Physical Abuse</p> <p>Please rate how often each of the following statements was true for you during your childhood:</p>	
I was hit, slapped, or physically punished.	
I was pushed, shoved, or grabbed aggressively.	
I witnessed violence between family members.	

I was injured due to physical abuse.	
I felt physically unsafe in my own home.	
Section 3: Sexual Abuse	
Please rate how often each of the following statements was true for you during your childhood	
I experienced unwanted sexual touching or fondling.	
I was forced or coerced into sexual activities.	
I was exposed to sexual acts or pornography.	
I was made to feel uncomfortable about my body or sexuality.	
I kept a secret about sexual abuse.	
Section 4: Neglect	
Please rate how often each of the following statements was true for you during your childhood	
I did not have enough to eat or proper clothing.	
I was left alone or unsupervised for long periods	
I did not receive medical or dental care when needed	
I did not receive emotional support from my family.	
I felt like my basic needs were not met.	

Section 5: Emotional Neglect	
Please rate how often each of the following statements was true for you during your childhood	
I felt like no one in my family really understood me.	
I did not receive enough attention, praise, or affection.	
I felt like my family did not care about my feelings.	
I felt isolated or lonely within my family.	
I did not have someone to talk to about my problems or concerns	
Total Score	

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Appendix D: Beck's Scale for Suicidal Ideation

<p>Beck's Scale for Suicidal Ideation</p> <p>Instructions: Please read each statement carefully and indicate the number that best represents how much you have experienced each thought or feeling over the past week, including today. Choose the most appropriate response from the options below</p> <p>The total Score and the level of suicidal ideation shall be determined by adding the marked areas of the tool following</p> <p style="text-align: center;">Never True-0 Rarely True-1 Sometimes True-2 Often True-3 Very Often True-4</p> <p style="text-align: center;">1-16-Normal 17-31-Mild 32-46-Borderline 47-61- Severe 62 and Above-Extremely severe</p> <p style="text-align: center;">Choose the most appropriate response from the options below</p>	
0 - I have not had The thought	
1 - I have had The thought, but it doesn't bother me	
2 - The thought bothers me a little bit	
3 - The thought bothers me moderately	
4 - The thought bothers me a lot	
5 - The thought is extremely distressing	
6- I don't have any thoughts of killing myself.	
7- I have thoughts of killing myself, but I would not carry them out.	

8- I would like to kill myself.	
9- I would kill myself if I had the chance.	
10- I would like to make a plan to kill myself.	
11- If I had the opportunity, I would kill myself.	
12- I would actually like to harm myself.	
13- I would like to commit suicide	
14- If I had the means, I would kill myself right now.	
15- I have a plan to commit suicide.	
Total Score	

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Appendix E: Key Informant Interview Questionnaire

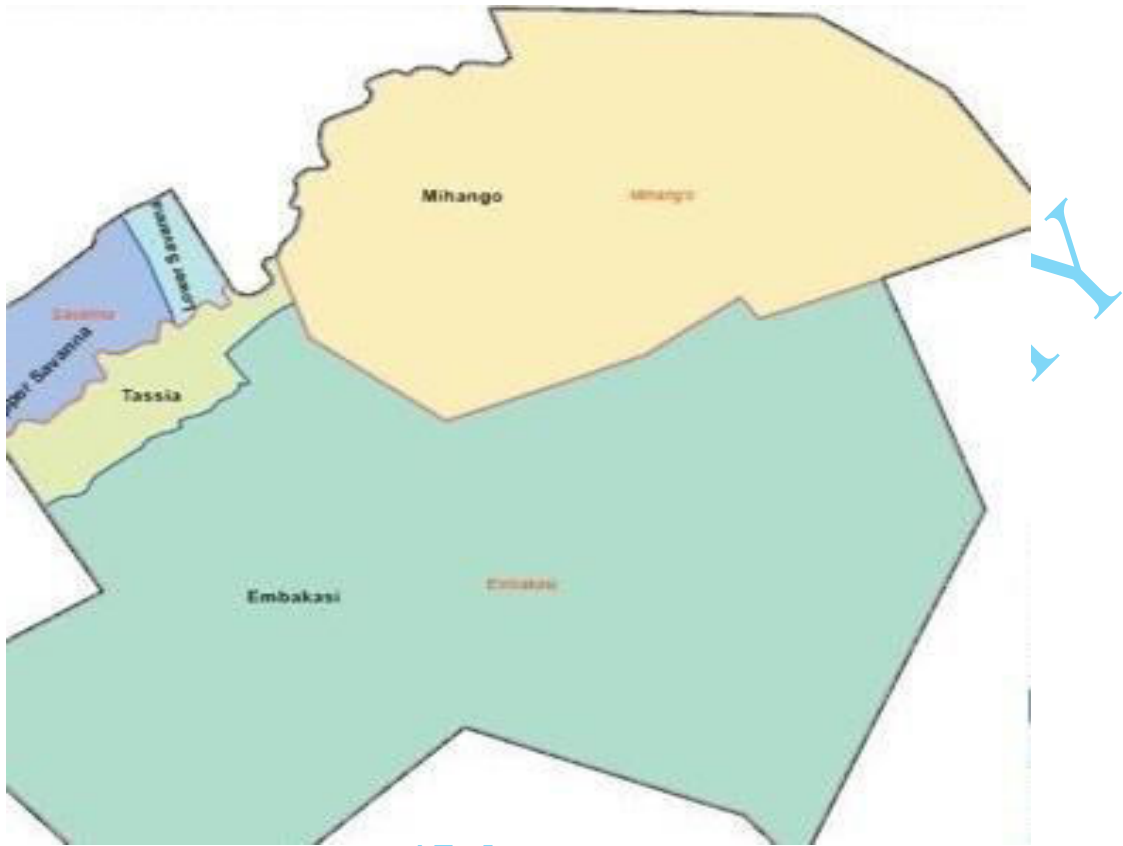
Part A: Demographic information

1. What is your gender?
2. What is your role or position at Mihang'o public secondary school?
3. Can you provide a brief overview of your professional background and experience working with students?

Part B: Interaction with trauma and suicidal ideation among teenagers

4. a) How familiar are you with the topic of childhood traumatic experiences?
b) Have you encountered any cases of students who have experienced childhood trauma?
5. Have you encountered children who have exhibited signs of suicidal ideation in the past?
If yes, what is the estimate with a 0-10 rate?
6. In your opinion, what are some of the challenges that teenagers at school might face, that could contribute to traumatic experiences or suicidal thoughts?
- 7.
8. Do you have interventions available at the school to address mental health concerns among students?
- 9.
10. How do you collaborate with other staff members to support students' mental health needs?

Appendix F: Embakasi East Sub County Map



Appendix G: Ethical Approval

VERDICT: APPROVED WITH COMMENTS

Daystar University Institutional Scientific and Ethics Review Committee (DU-ISERC)

Our Ref: **DU-ISERC/ 19/09/2023/000987**Date: 19th September 2023

To: Jackline N. ndeto (20-1205)

Dear Jackline,

EFFECTS OF CHILDHOOD TRAUMATIC EXPERIENCES ON TEENAGE SUICIDAL IDEATION: A CASE OF MIHANG'O MIXED SECONDARY SCHOOL, EMBAKASI EAST SUB COUNTY, NAIROBI COUNTY.

Reference is made to your ISERC application reference No. **120923-06** dated **12th September 2023** in which you requested for ethical approval of your proposal by Daystar University Ethics Review Board. We are pleased to inform you that ethical review has been done and the verdict is; **Revise, to the satisfaction of the supervisors and then proceed to the next stage.** As guidance, ensure that the attached comments are addressed. Please be advised that it is an offence to proceed to collect data without addressing the concerns of Ethics Review board. Your application approval number is **DU-ISERC-000987**. The approval period for the research is **between 19th September 2023 to 18th September 2024** after which the ethical approval lapses. Should you wish to continue with the research after the lapse you will be required to apply for an extension from DU-ERB at half the review charges.

This approval is subject to compliance with the following requirements.

- i. Only approved documents including (informed consents, study instruments, MTA) will be used.
- ii. All changes including (amendments, deviations, and violations) are submitted for review approval by Daystar University Ethics Review Board.
- iii. Death and life-threatening problems and serious adverse events or unexpected adverse events whether related or unrelated to the study must be reported to Daystar University Ethics Review Board within 72 hours of notification.
- iv. Any changes anticipated or otherwise that may increase the risks or affected safety or welfare of study participants and others or affect the integrity of the research must be reported to Daystar University Ethics Review Board within 72 hours.
- v. Clearance for export of biological specimens must be obtained from relevant institutions.
- vi. Submission of a request for renewal of approval at least 60 days prior to expiry of the approval period. Attach a comprehensive progress report to support the renewal.
- vii. Submission of a signed one-page executive summary report and a closure report within 90 days upon completion of the study to Daystar University Ethics Review Board via email [duerb@daystar.ac.ke].

Prior to commencing your study, you will be expected to obtain a research license from National Commission for Science, Technology and Innovation (NACOSTI) <https://oris.nacosti.go.ke> and other clearances needed.

Yours sincerely



Dr. Susan Muriungi PhD
Ag. Chair, Daystar University Institutional Scientific and Ethics Review Committee



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Encl. Review Report

"...until the day dawn and the
DAYSTAR arise in your hearts"
2 Peter 1:19 KJV



Daystar University Ethics Review Board

Proposal topic: Effects of childhood traumatic experiences on teenage suicidal ideation: A case of Mihang'o Mixed Secondary School, Embakasi East Sub county, Nairobi county.

Student name and no: Jackline N. ndeto (20-1205)

The reviewers report assessment in the 3 main areas:

A. Scientific design and conduct of the study:

This research will be conducted using a Descriptive research design to allow the researcher to accurately capture the participants description and assessment of their individual experience of the phenomenon in question. The researcher's intent is to collect a significant amount of qualitative data for observation and interpretation so as to shed more light on the subject of the research.

B. Recruitment of research participants.

The target population is well defined and the researcher is very strategic on where to find them, the research will be carried out in a school. The researcher seems determined to include as many students of the institution in focus. The exclusion criteria is clearly stated.

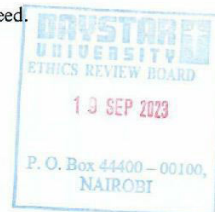
C. Care and protection of research participants:

The researcher has clearly indicated that she intends to seek the necessary approvals from all the relevant authorities and in addition seek the participants assent and Parental/guardian consent before proceeding with the research engagement. In addition she has indicated the study will uphold anonymity of respondents confidentiality of their views. **However there is no clarity on whether the participants have the right to withdraw at any point of the process. The informed consent form for the Parent /guardian has been attached, however there is need to also attach some form of ASSENT FORM for the participants. Both the consent and the assent form should highlight the participants right to withdraw from the research at any point.**

D. General Comments: Ethical considerations have been well outlined.

E. Overall verdict! Revise to the satisfaction of the supervisor then proceed.

Date: 19/09/23



Appendix H: Research Permit

REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION

Ref No: **216937** Date of Issue: **28/September/2023**

RESEARCH LICENSE



This is to Certify that Ms.. Jackie Nzula Ndeto of Daystar University, has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Nairobi on the topic: EFFECTS OF CHILDHOOD TRAUMATIC EXPERIENCES ON TEENAGE SUICIDAL IDEATION: A CASE OF MIHANG'O MIXED SECONDARY SCHOOL, EMBAKASI EAST SUB COUNTY, NAIROBI COUNTY. for the period ending : 28/September/2024.

License No: **NACOSTI/P/23/29904**

216937
Applicant Identification Number

W. Mutembo
Director General
NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION

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See overleaf for conditions

Appendix I: Introduction Letter

October 2, 2023

The Head Teacher,
Mihang'o Secondary School,
P. O. Box 956 - 00520,
Nairobi.

Dear Sir/Madam,

RE: RESEARCH AUTHORIZATION FOR JACKLINE NDETO

Greetings from Daystar University!

We offer a Master of Arts degree in Child Development whose goal is to equip students with knowledge and skills in child development so that they can be able to: identify developmental needs and changes among children and adolescents, identify various ways of handling the developmental needs and changes in children, integrate Christian faith and work among children and adolescents, carry out participatory training on child development issues at the community level, carry out research in the field of child development, connect theories of child growth and development to social policy, education and intervention among others.

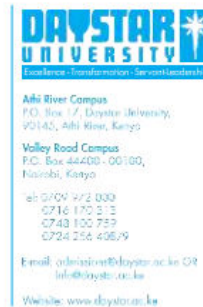
We believe that you are aware of the growing need for trained child development workers in Africa to cope with the enormous challenges facing children and families. As part of the requirements for the award of the degree of Master of Arts in Child Development, students are required to carry out a research in the field of child growth and development. The research is undertaken after the student has successfully completed all the course work and defended their research proposals. The bearer of this letter **Jackline Ndeto (Adm. No. 20-1205)** is a bonafide student in Daystar University pursuing a Masters degree in Child Development. She has successfully completed all prerequisites to data collection and cleared by the University to proceed for data collection. Her Research Title is *Effects of Childhood Traumatic Experiences on Teenage Suicidal Ideation: A Case of Mihang'o Mixed Secondary School, Embakasi East Sub-County, Nairobi County*.

The purpose of this letter is to introduce the student and request that you allow her to collect data from your school. Your indulgence is highly appreciated.

Yours Sincerely,



Dr. Roseline Olumbe (PhD)
Coordinator & Lecturer, Institute of Child Development
P. O Box 44400 – 00100, Nairobi
Email: rolumbe@daystar.ac.ke; Tel: (+254) 722165779



Appendix J: Plagiarism Report

Jackline Ndeto Thesis

by Jackline Ndeto

Submission date: 13-Oct-2023 04:12PM (UTC+0300)

Submission ID: 2194575884

File name: Jackline_N_Ndeto_Thesis.docx (309.66K)

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Jackline N. Ndeto Thesis

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