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Abstract

Post-trauma stress disorder (PTSD) is a psychological disorder which develops after exposure to a traumatic event. Incest is such a cause which affects the child psychologically, socially and physically. The study purposed to assess the social demographic characteristics of (PTSD) among child survivors of incest aged between 6-17 years seen at Nairobi Women's Hospital Gender Based Violence & Recovery Centre (GVRC) in Nairobi County. The population included caregivers/parents, survivors, and key informants. The study used purposive sampling to select the site and utilized random sampling to select the key informants. The sample size comprised of 20 survivors, 20 parents and 2 key informants. Data was collected through TSCYC scale, and observation. The findings of this study pointed out that the prevalence of PTSD among child survivors of incest was 60 %; the levels of other psychological disorders stood at: Depression ($63.69 \pm 6.249SD$), Anxiety ($64.6 \pm 7.123SD$), Anger/aggression ($64.43 \pm 7.24SD$), Dissociation ($61.67 \pm 8.753SD$), and Sexual concerns (105.86 ± 8.536). All these were clinically significant; out of the 42 child survivors of incest, 9(21.4%) were traumatized, 4(9.5%) had depression, 2(4.8%) had an infection, 1(2.4%) had pregnancy, 1(2.4%) was sick while 25(59.5%) had a combination of all the other effects; 37(88%) of the child survivors went to hospital while 5(12%) visited any other professional for help. The study also found out that the level of education ($r=0.017$, $p=0.913$), familiarity with perpetrator ($r=-0.232$, $p=0.139$), and relationship with perpetrator ($r=-0.133$, $p=0.401$) were negatively correlated with PTSD. However, gender ($r=0.170$, $p=0.282$), place of assault ($r=0.039$, $p=0.806$), and frequency of abuse ($r=0.110$, $p=0.487$) were positively correlated with PTSD. The study concluded that PTSD was prevalent among children survivors of incest and the effects were varied. The caregivers were unaware of its existence and ill-equipped to pursue a treatment plan.

Keywords: PTSD, young girls, survivors, Social-Demographic Characteristics, Incest

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1.0 Introduction

According to the Oxford Dictionary (2015), Incest is having sexual intercourse with people who have a blood relationship with you, often close family members, such as the case of a father and a daughter or among siblings. Courtois (2010) “distinguishes sexual contact between a child and individuals who are involved with the child either legally or contractually (marriage to a child’s parent, adoption of a child, or serving as a foster parent)”. From “consanguineous sexual intercourse that happens amongst people who are related; He even created the term quasi-relative incest to refer to “sexual interaction between a child and individuals who are not allied to the child by relation or contract, but are involved with the child’s family and assume a family role associated with caregiving roles and responsibilities” (ibid, p. 162). A study by UNICEF in 2009 gives three key kinds of CSA: among blood-related and core-dad sexual exploitation; sexual exploitation by someone not related by blood (abuse from a non-family member) and transactional sexual abuse. Current statistics by American Psychological Association (APA) in 2014; show that about one out of four girls and one out of six boys are sexually abused by the age of eighteen years. According to the clinical psychology review of 2009, child sexual abuse, which included incest, accounted for 34.4 % in Africa, 9.2 % in Europe, 10.1 % in America and 23.9 % in Asia.

In another research Wherry, Corson, and Hunsaker (2013), incest as a child sexual abuse was identified as an overwhelming global delinquent associated with numerous negative outcomes. Child Sexual Abuse (CSA) is a significant forecaster for the development of Post-Traumatic Stress Disorder (PTSD) (Copeland, Keeler, Angold, & Costello, 2007). For someone to be detected with PTSD using DSV-V, the person should have “witnessed, experienced, or confronted with an event or several events that involved serious injury, threatened death or, posed a danger to the physical integrity of self or others” (APA, 2000, p. 427). Other PTSD reveals through flashbacks, withdrawal, and memories or frightening thoughts of the suffering.

Keyes et al. (2012) suggest that childhood maltreatment or abuse interrupts proper development of mental health and disposes an infant to a range of mental disorders, ranging from antisocial behavior, psychosis mood and disruptive behavior disorders to anxiety. This study, therefore, focused on child survivors aged between 6 and 17 years based on their susceptibility. In a number of studies (Kisiel & Lyons, 2001; Maniglio, 2009; Ullman, 2007) post-trauma stress diagnosis, sexually abused children present with a range of results that make it authoritative for caregivers to thoughtfully evaluate the effects of the abuse to decide on the best-suited treatment

There is a critical gap in establishing a list of signs linked to incest PTSD, which informed psychological assessments and the treatment pathway to be followed in PTSD in children who have survived incest. PTSD is one of the anxiety disorders that grows after someone has been exposed to traumatic events that trigger psychological, physical damage. The condition develops after traumatic things such as sexual abuse occurs in children leading to major depressive disorder, dissociative disorder, and anxiety disorder (Bramsen, Dirkzwager, & van der Ploeg, 2000).

A number of studies including O’Donnell et al., (2008) indicate that sexual abuse, when inflicted upon someone by a relative, is incest and may lead to further severe, long-lasting mental disturbance, particularly when it is parental incest. Child sexual abuse may lead to the child's short

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and long-term, such as psychopathology later on (Weems, & Scheeringa, 2013). According to Trickey et al., (2012), incest is likely to result in physical damage, psychological, emotional and social effects such as depression. In research by Arnou done in 2004 records that PTSD is due to child sexual abuse. In another study, Briere et al., (2003) findings disclosed that children who experience incest trauma may develop poor self-esteem, anxiety eating disorders, dissociative, anxiety disorders such as general neurosis and somatization, chronic pain, psychological distress. This negatively affects the child and brings other social challenges, including school/learning difficulties, sexualized behaviour, and behaviour problems such as substance abuse.

1.2 Research Problem

An annual crimes report by the national police department in Kenya in 2015 estimated a 40% rise in the number of cases involving incest. In research done by the Nairobi Women's Hospital GVRC between 2013 and 2016, it was revealed that around 17% of fathers had a sexual relationship with their blood related daughters. Their report indicates that the Nairobi Women's Hospital attends to a mean of 18 defilement cases of incest every day.

Findings from UNICEF (2009) pointed out that children below the age of 15 years were very vulnerable. A solution is needed to address this camouflaged problem, causing many more children to continue to suffer unnoticed. The Report released in 2009 states that many of the CSA cases that were reported in Nairobi happened in slum areas, such as Kangemi with 8%, Majengo with 6.1% Korogocho with 4.8%, Dandora with 4%, Kibera with 10.01%, Bahati with 2.55 Makongeni with 9.14 and Lunga-Lunga with 0.15%.

Post-Traumatic Stress Disorder among children who survive incest continues to worsen due to failure to get early clinical intervention and medical attention, thus exposing them to the danger of developing PTSD. Reviewing data available regarding sexual abuse and PTSD made did not refer to Nairobi Women's Hospital. This poses a need for a further experiential study regarding PTSD development and incest at Nairobi Women's Hospital to enrich the existing body of knowledge based on the demographics the clients attended to at the hospital.

2.1 Theoretical Framework

Psychoanalytical theory, Freud (1950), postulated that development of psychosexual development; "sensual pleasure shifts from one part of the body to another, from the mouth to the anus and then to the genitals. At each stage, the behaviour that is chief source of gratification (or frustration) changes from feeding to elimination and finally sexual activity". (Freud, p. 370). In the Phallic stage, between the ages of 3 and 6 yrs, the pleasure zone is the genitals as the child learns to stimulate it. The child develops consciousness of the genital area and desires once the child stimulates that area. The phallic stage starts to develop a sense of gender identity, handling the genitals in a way that gives a wave of a pleasurable sensation.

Freud alludes that the child in this stage could develop sexual desires for the parent of the opposite gender without knowing that ignorant that the parent could be a child molester. Freud referred to this as the Oedipus complex, a name given in reference to Oedipus, a Greek mythology character

who married his mother after accidentally killing his father. Every boy discharge Oedipus drama; he views his father as a hated rival and longs for his mother.

The stage can land the child into conflict and crisis between the father and the mother. The boy becomes scared of the father's response which in his imagination may lead to castration anxiety that makes the boy conquer his sexual urge for the mother and grows antagonistic towards the father. Eventually, if it is solved, the boy appreciates the father and develops an innocuous love for his mother. The resolution of this struggle makes the boy create a strong association with the mother.

However, suppose the parent is a paedophile and does not resolve this conflict. In that case, the boy develops a detrimental attraction to the mother, leading to incest and consequently exposing the child to attaining PTSD. Another part of this concept is the "Electra complex", in which girls envy the penis and faults her mother for this lack. She wishes to own her father in place of her mother. In this concept, the girl perceives herself to be minor and incomplete compared to boys. She settles on a promising note that "one day she will have a man of her own who can give her a baby. This unconsciously serves as a type of penis substitute. Resolution of this conflict is considered essential if a young adult develops a good heterosexual relationship outside the family of orientation" (Freud, 1950).

2.2 Empirical Literature Review

The most comprehensive and largest studies on PTSD are the "National Vietnam Veterans Readjustment Study (NVVRS)". (Kulka et al., 1990; Schlenger et al., 1992). The study found out that there is a "significant relationship between the level of PTSD symptomatology and the length in months spent in Vietnam, with those serving in Vietnam for 13 months or more have more severe PTSD symptomatology. The motivation for the development of this diagnosis type arose primarily from the need to account for the characteristics display of symptoms shown by Vietnam veterans while in the United States" (ibid, 1990; 1992). Therefore, trauma encompasses "sexual or physical abuse, cancer or other life-threatening illness, severe accidents, natural or man-made disasters, terrorism, war, or the sudden death of a parent, sibling, or peer" (Cohen, Mannarino, & Deblinger, 2006). PTSD was originally theorized on grownups who were seen to be traumatized (Ibid, 2006).

However, it was later discovered by Briere and Scott (2006) that revealed that children's survivors of incest may experience a variety of traumatic stressors, such as the constellation of symptoms associated with post-traumatic stress disorder (PTSD)" (Briere and Scott, p. 712). Different from most DSM-V "first, direct or indirect exposure to a traumatic event, followed by symptoms in four categories: intrusion, avoidance, negative changes in thoughts and mood, and changes in arousal and reactivity" (ibid, p. 715). This is the motivation to undertake a study by engaging different occasion researches targeting kids who have survived incest at the Nairobi Women's Hospital.

Ombok (2011) spells a study done where Gender Based Recovery Center of the Kenyatta National Hospital (KNH), which sampled "one hundred and forty-nine (n = 149) sexually abused children that were recruited in the study whereby 127 (85.2 per cent) were girls. The average age of the

children was 13.2 years (SD 4.2) and the modal age at which sexual abuse most occurred at 55percent was between 15-17 years. Sixty three percent of all the children recruited in the study reported that their perpetrators were well known to them. Another 76.5 percent of perpetrators were reported to have used verbal or physical power during the sexual assault (Ombok, p. 409).

PTSD was significantly linked to the period of sexual abuse ($p = 0.005$), parent's marital context ($p = 0.003$), the brutality of injuries caused during assault ($p = 0.023$), and the family's style of resolving out their misunderstandings ($p < 0.001$). The study inquired into the involvement originating from incest to the development of PTSD amongst children who have survived incest.

The study results show the prevalence rate of PTSD amongst children sexually exploited to be at 49 percent ($n = 73$) though incest sufferers were sampled inclusively. An art assessment where children drew study samples, resulted in 38 (25.5percent) of emotional trouble usually reveals impulsive conduct (10.5percent), unclear (10.5percent) and hostility or aggression (7.9percent).

However, this study failed to evaluate PTSD symptomology limited to incest because children are most expected to be predisposed to the disturbing stress causer where culprits live together with the child and can repeat the abuse, or the child may re-live the trauma. This study closely evaluated PTSD prevalence amongst children who have survived incest to ascertain that suffering due to incest leads PTSD symptomatology. Slums are often very congested with people living in below standard houses; In such an environment, children are exposed to their perpetrators frequently with whom they share houses, sleeping areas, and other facilities such as bathrooms and toilets. This happens in most informal and low-cost settlements such as Kangemi, where families sharing a single roomed house expose their children to the danger of abusing social boundaries due to overcrowding.

3.0 Research Methodology

This research employed a descriptive research design as it encompasses description, observation and documentation. The study was done in Nairobi County at The Nairobi Women's Hospital Gender Based Violence & Recovery Centre. Nairobi Women's Hospital is situated at Hurlingham Medicare Plaza Argwings Kodhek Road, Dagoretti North Constituency in Nairobi County. The target population for the research constituted children who had survived incest and were between the ages of six and seventeen years, their caregivers and parents and selected key informants who were knowledgeable on the subject area and provided services to these children at the Nairobi Women's Hospital Gender Based Violence & Recovery Centre. Preliminary study findings of Walioli and Muriungi (2018) found out that two hundred and thirty (230) children are violated each month and treated at the Nairobi Women's Hospital GVRC. Nassiuma (2000) proposed that with a Sample size of 168, taking Standard error at 0.04 and a Coefficient of Variation formula at 0.3, we will arrive at a sample size of 42.3.

$$n = \frac{N(Cv^2)}{Cv^2 + (N-1)e^2}$$

Where n = the sample size, N = the population size (168), CV = the Coefficient of Variation (0.3)

e = standard error (0.04)

$$\begin{aligned}n &= \frac{168 (0.3)^*}{0.3^* + (168 - 1) (0.04)^*} \\n &= \frac{168 \times 0.09}{0.09 + 167 \times 0.0016} \\n &= \frac{15.12}{0.09 + 0.2672} = \frac{15.12}{0.3572} \\n &= \underline{42.3}\end{aligned}$$

A sample size of 20 children who had survived incest and 20 survivors' parents were nominated from the survivors of incest who were receiving services at the Nairobi Women's Hospital. Two key informants were incorporated into the study, and they were purposively selected. The reason for their selection was based on their involvement with the children who had survived incest at different points in treatment or psychosocial support system. This study, therefore, sampled 42 respondents from a population of 168. The latter was a concealed population and, therefore, a small sample size.

4.0 Findings and Discussion

The study's objective was to examine the social demographic characteristics of children survivors of incest who developed PTSD from ages 6 to 17 years at the Nairobi Women's Hospital. Descriptive statistics were run and results were presented in the tables below.

Table 1: Social Demographic Table

		Frequency	Percent	Valid Percent	Cumulative Percent
Gender	Male	5	11.9	11.9	11.9
	Female	37	88.1	88.1	100.0
Total		42	100.0	100.0	

		Frequency	Percent	Valid Percent	Cumulative Percent
Level of Education	Primary	20	47.6	47.6	47.6
	Secondary	18	42.9	42.9	90.5
	College	4	9.5	9.5	100.0
	Total	42	100.0	100.0	

		Frequency	Percent	Valid Percent	Cumulative Percent
Age	1-2 years	10	23.8	23.8	23.8
	2-4 years	12	28.6	28.6	52.4
	Above 6 years	20	47.6	47.6	100.0
	Total	42	100.0	100.0	

Table 1 presents the gender of the respondent. The table shows that 11.9% of the respondents were males while 88.1 of the respondents were females. The information on the gender of the respondent is a clear indication that female children are at a high risk of incest than the male children. The study also sought to find out the level of education of the respondent. Table 4.2 presents the finding on the level of education.

Table 1 also presents the finding on the respondent's level of education. From the table, 47.6% had primary level education, 42.9% had secondary level education while 9.5% had college education. The level of education demographic was of importance to this study because it shows

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the level of innocence of the survivor. It also points to the level of knowledge the survivor had in regards to the concept of incest and the associated effects.

The researchers also sought to understand the length of stay of the respondent in the current residence. The finding was presented in Table 3.

Table 1 presents the respondent's length of stay in the current residence. 10(23.8%) of the respondents had lived in their current residence for between 1-2 years, 12(28.6%) for between 2-4 years, and 20(47.6%) had stayed there for more than 6 years. Since majority of the respondents, 32 (76.2%) had lived in the area for more than 2 years, it shows that incest has got no boundaries regarding the length of stay in an area. Regarding the age when the incest happened, descriptive statistics were run and results presented in Table 2.

Table 2: Respondent's Age when Incest Happened

Age	Frequency	Percent	Valid Percent	Cumulative Percent
1	1	2.4	2.4	2.4
6	1	2.4	2.4	4.8
7	1	2.4	2.4	7.1
8	3	7.1	7.1	14.3
9	4	9.5	9.5	23.8
10	5	11.9	11.9	35.7
11	2	4.8	4.8	40.5
12	3	7.1	7.1	47.6
13	7	16.7	16.7	64.3
14	3	7.1	7.1	71.4
15	8	19.0	19.0	90.5
16	2	4.8	4.8	95.2
17	1	2.4	2.4	97.6
18	1	2.4	2.4	100.0
Total	42	100.0	100.0	

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47.6% respondents reported that it happened when the survivor was below 13 years while 52.4% were adolescents. The age information was important to this study because the severity of the psychiatric disorders post-incest differs across the life course depending on age. This information further shows that teenagers are more vulnerable to incest than children.

The researcher also wanted to find out whether the case of incest was reported to the authorities or not. The results were presented in table below.

Table 3: Whether Case Reported to Authority

	Frequency	Percent	Valid Percent	Cumulative Percent
No	16	38.1	38.1	38.1
Yes	26	61.9	61.9	100.0
Total	42	100.0	100.0	

Table 3 shows that only 61.9% of the respondents reported to the police while 38.1% did not report. This is shocking bearing in mind that incest has very serious psychological consequences on the client. When such cases are not reported to the authorities, then the offender is most likely to re-violate the rights of the minor.

Further the study sought to find out whether any of the respondent’s parents/caregiver or siblings had gone through a similar experience. Their responses are shown in Table 4.

Table 4: Sibling, Parent/Caregiver went through a similar experience

	Frequency	Percent	Valid Percent	Cumulative Percent
No	37	88.1	88.1	88.1
Yes	5	11.9	11.9	100.0
Total	42	100.0	100.0	

Table 4 shows that 88.1% reported that none of their siblings or parents/caregivers had gone through a similar experience. However, 11.9% of the respondents reported that their siblings or parents/caregivers had gone through a similar experience. This finding indicates that incest is not a vice that runs across certain families and that certain families are vulnerable to incest while others are not.

The respondents were also asked to say whether they disclosed the act of incest to the authority or not. The responses were as summarized in Table 5.

Table 5: Whether Respondent Disclosed Act of Incest

	Frequency	Percent	Valid Percent	Cumulative Percent
No	17	40.5	40.5	40.5
Yes	25	59.5	59.5	100.0
Total	42	100.0	100.0	

59.5% of the respondents reported while 40.5% did not report. It is shocking that quite a good number of incest cases go unreported. Regarding the place where the assault took place, the respondents were required to pick from the three options: home, school, and others.

Table 6: Place of Assault

	Frequency	Percent	Valid Percent	Cumulative Percent
Home	24	57.1	57.1	57.1
School	1	2.4	2.4	59.5
Others	17	40.5	40.5	100.0
Total	42	100.0	100.0	

Table 6 shows that 57.1% of the cases happened at home, 2.4% of the cases happened in school while 40.5% of the cases happened in other places. The information that incest took place at home is a worrying trend and shows how the family environment has changed and no longer protects the family members especially the minors as it was there before. When asked whether perpetrator was known to the respondent, the responses were as shown in Table 7.

Table 7: Whether the Perpetrator was known to the Respondent

	Frequency	Percent	Valid Percent	Cumulative Percent
No	1	2.4	2.4	2.4
Yes	41	97.6	97.6	100.0
Total	42	100.0	100.0	

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Results in Table 7 show that 97.6% of the respondents reported that the perpetrators were known to them while only 2.4% reported that the perpetrator was not known to him/her.

The information provided by the respondent concerning the relationship with the perpetrator was presented in Table 8.

Table 8: Relationship of the Respondent with Perpetrator

Relationship	Frequency	Percent	Valid Percent	Cumulative Percent
Acquaintance	1	2.4	2.4	2.4
Boyfriend	1	2.4	2.4	4.8
Classmate	1	2.4	2.4	7.1
Non-Parental caregiver	4	9.5	9.5	16.7
Biological parent	4	9.5	9.5	26.2
Non-biological parent	7	16.7	16.7	42.9
Others	24	57.1	57.1	100.0
Total	42	100.0	100.0	

Table 8 presents information regarding the relationship of the respondent with the perpetrator. The finding showed that the category of others was the largest with 57.1% followed by non-biological parents, which stood at 16.7%. Biological parent, non-parental caregiver, classmate, boyfriend, and acquaintance represented 9.5%, 9.5%, 2.4%, 2.4%, and 2.4% respectively. This indicates that non-biological parents have been accused to be involved in incest hence efforts should be made to psycho-educate regarding their involvement in this vice.

When the respondents were asked to state what the perpetrator did for him/her, their responses were as shown in Table 9.

Table 9: Actions Performed by Perpetrator on Respondent

	Frequency	Percent	Valid Percent	Cumulative Percent
Vaginal/ anal penetration	19	45.2	45.2	45.2
Touching the genitals	2	4.8	4.8	50.0
Exhibitionism	5	11.9	11.9	61.9
A combination of the above	16	38.1	38.1	100.0
Total	42	100.0	100.0	

Table 9 shows that 45.2% of the respondents reported that the perpetrator had a vaginal/anal penetration, 4.8% reported that the perpetrator touched their genitals, 11.9% reported that they did exhibitionism while 38.1% reported that the perpetrator did vaginal/anal penetration, touching the genitals, and also was involved in exhibitionism. This finding shows that the common form of incest involves vaginal/anal penetration but the perpetrator is not limited to only this act. This can lead to physical pain, emotional pain hence subjecting the victim to a limbo of psychological challenges.

Regarding how often the abusive incidents took place, most respondents reported that it was occasionally (38.1%) and once in a while (28.6%) as shown in Table 10 below.

Table 10: Frequency of Abusive Incidents

	Frequency	Percent	Valid Percent	Cumulative Percent
Occasionally	16	38.1	38.1	38.1
Regularly	9	21.4	21.4	59.5
Rarely	5	11.9	11.9	71.4
Once in a while	12	28.6	28.6	100.0
Total	42	100.0	100.0	

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It was also noted that 21.4% of the respondents were subjected to incest regularly. This is disturbing due to the fact that the respondents in this study were all minors. If incest was happening regularly, either these cases were not reported or reported, then no action was taken at all. This implies that the society takes little effort to protect the minors. The respondents were also asked whether they blamed themselves for what had happened. Table 11 shows their responses.

Table 11: Whether Respondent Blames Self for the Abuse

	Frequency	Percent	Valid Percent	Cumulative Percent
No Response	5	11.9	11.9	11.9
No	15	35.7	35.7	47.6
Partly	14	33.3	33.3	81.0
Fully	3	7.1	7.1	88.1
Not sure	5	11.9	11.9	100.0
Total	42	100.0	100.0	

From Table 11, 40.4% of the respondents were either to fully or partly blame for what had happened while 35.7% reported that they were not to blame. However, 11.9% of the respondents did not give any response. This shows that there are factors that predispose a minor to incest and efforts can be put to arrest the situation. The study also sought to find out whether the respondent reported the incident to parents/guardian. This was important in this study because at times many victims of incest remain silent even after their rights have been violated. The finding is presented in table 12.

Table 12: Respondent Report Incident to Parents/Guardian

	Frequency	Percent	Valid Percent	Cumulative Percent
No	5	11.9	11.9	11.9
Yes	37	88.1	88.1	100.0
Total	42	100.0	100.0	

Table 12 shows that 88.1% of the respondents reported the incident to their parents/guardians while 11.9% of the respondents did not report. Despite the fact that majority of the victims reported the incest, some die in silence. The home environment therefore should be made conducive for the minors to be able to express themselves fully. When the home climate is open, the minors can report such cases and any other case of sexual violation. The study further wanted to find out the reaction of the parent/guardian when they were reported concerning the incest incident that had taken place.

Table 13: Reaction of Parent/Caregiver to Incident

	Frequency	Percent	Valid Percent	Cumulative Percent
Shocked	19	45.2	45.2	45.2
Don't bother	4	9.5	9.5	54.8
Worried	8	19.0	19.0	73.8
Informed the police	7	16.7	16.7	90.5
Did nothing	4	9.5	9.5	100.0
Total	42	100.0	100.0	

Table 13 shows that 45.2% of the parents/caregivers were shocked while 9.5% did not bother. The table also shows that 16.7% informed the police while 9.5% did nothing. Only 19% of the respondents were worried. The information in this finding clearly indicates that despite the fact that the parents/caregivers at times may have different emotions, those who report cases of incest are very few. It is possible that cases of incest are resolved at home.

4.1 Discussion

The study's objective was to examine the social demographic characteristics of children survivors of incest who developed PTSD from ages 6 to 17 years at the Nairobi Women's Hospital. The study investigated the gender of the respondent, their level of education, length of stay in the current residence, when the incident happened, whether the incest case was reported, whether any of the caregiver had gone through similar experience, whether they had disclosed the incest act to authority, where the case happened, whether the perpetrator was known to the respondent, respondent's relationship with the perpetrator, actions performed by the perpetrator, frequency of abusive incidents, whether respondent blames self, whether respondent reported incidence to parent/guardian, and the reaction of parent/ guardian to the incident.

5.0 Conclusion

The study found out that all the sociodemographic characteristics positively correlated with PTSD: level of education ($r=-0.017$, $p=0.913$), familiarity with perpetrator ($r=-0.232$, $p=0.139$), and

relationship with perpetrator ($r=-0.133$, $p=0.401$) were negatively correlated with PTSD. However, gender ($r=0.170$, $p=0.282$), place of assault ($r=0.039$, $p=0.806$), and frequency of abuse ($r=0.110$, $p=0.487$). The study's findings concur with those of Maier et al., (2003) which reveal that parents are usually traumatized by their children's traumatic event. The findings of this study also agree with those of Ombok (2011) that reveal that girls are more affected than boys, and the average age at which the incident occurred was between 15-17years. Ombok's findings also agree with the current study that the perpetrators were well known to the respondents (Ombok, 2011).

6.0 Recommendations

1. There is a need to come up with psychotherapy programs to help child survivors of incest. This will help the victims deal with both emotional and physical torture as well as PTSD.
2. The rising levels PTSD among child survivors of incest need to be addressed urgently because of other psychological disorders that may arise due to PTSD. Managing PTSD would most likely to lead to a higher self-esteem and self-awareness among the child survivors of incest.
3. Hospitals should be equipped with mental health professionals to offer psychological support to these victims since most would opt to go to the hospital rather than visit other professions.

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