



**INFLUENCE OF TRAUMA SEVERITY ON THE
PSYCHOLOGICAL WELL-BEING OF WOMEN SURVIVORS
OF POLITICAL VIOLENCE IN THE INFORMAL
SETTLEMENTS OF NAIROBI AND KISUMU, KENYA**

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ABSTRACT

Purpose of the Study: The study examined how trauma severity affects the psychological well-being of women survivors of political violence in informal settlements in Nairobi and Kisumu, Kenya.

Statement of the Problem: Women living in structurally vulnerable informal settlements continue to experience lasting psychological effects of political violence, yet limited attention has been given to how the severity of trauma shapes their broader well-being and daily functioning.

Methods: The study adopted a convergent mixed-methods approach. Quantitative data were collected from 200 respondents using standardized trauma and well-being scales, while qualitative data provided contextual insights into survivors' lived experiences.

Findings: The findings revealed high trauma intensity, including intrusive recollections, emotional distress, hyperarousal, and avoidance behaviors. Increased trauma severity was associated with reduced autonomy, weakened social functioning, poor emotional regulation, and diminished sense of purpose.

Conclusion: Trauma severity is a major determinant of psychological well-being among women survivors of political violence, affecting not only mental health symptoms and life functioning.

Recommendation: The study recommends integrated, community-based, trauma-informed interventions that address both psychological recovery and the structural conditions affecting women in conflict-affected informal settlements.

Keywords: *Trauma Severity, Psychological Well-Being, Political Violence, Women Survivors, Informal Settlements, Kenya*

INTRODUCTION

Political violence leaves behind more than visible destruction; it embeds enduring psychological fractures that reshape how individuals think, feel, and function long after the immediate conflict subsides (Silove et al., 2017; Steel et al., 2009). At its most profound level, trauma arising from such violence disrupts core systems of safety, identity, and emotional regulation, creating sustained patterns of distress that extend beyond episodic reactions to become chronic conditions affecting everyday life (American Psychiatric Association, 2013; Koenen et al., 2017). Contemporary scholarship increasingly recognizes that trauma is not merely exposure to adverse events, but a prolonged dysregulation of cognitive, emotional, and physiological processes, particularly in contexts characterized by repeated or collective violence (Silove et al., 2017; Morina et al., 2018). Within this global landscape, political violence has emerged as a major determinant of psychological health outcomes, contributing significantly to the burden of mental disorders such as post-traumatic stress disorder (PTSD), anxiety, and depression across affected populations (Steel et al., 2009; World Health Organization, 2019).

Worldwide, the magnitude and recurrence of political violence still subject millions of people to traumatic experiences, especially in low- and middle-income countries where instability in governance, conflict, and social fragmentation are commonplace (Silove et al., 2020; Ventevogel et al., 2019). The available empirical data reveal that almost one-third of the population, residing in the conflict-affected areas, develop mental health issues, and the number of disorders related to trauma constitutes a significant portion of this burden (World Health Organization, 2019; Morina et al., 2013). The effects of this exposure are not evenly spread, with gendered patterns of vulnerability persistently demonstrating that women disproportionately face higher levels of trauma severity due to compounded risks, including gender-based violence, displacement, and socio-economic marginalization (Roberts et al., 2021; Cohen et al., 2021). These strata exposures amplify the severity of the symptoms, which results in a higher impairment of emotional regulation, social functioning, or overall life satisfaction (Koenen et al., 2017; Morina et al., 2018). Although the world has developed an impressive amount of research, a great deal of the literature has been devoted to prevalence rates, without much attention paid to how differences in the severity of trauma contribute to broader dimensions of psychological wellness (Ventevogel et al., 2019; Silove et al., 2020).

In sub-Saharan Africa, the psychological burden of the affected populations is further exacerbated by structural inequalities, weak institutional support systems, and persistent socio-

economic unrest, which compound the psychological burden (UN Women, 2020; Tol et al., 2015). In conflict-related areas like the Democratic Republic of the Congo, research findings indicate alarmingly high rates of gender-based violence, with almost half of women having experienced exposure to violence at some point in their lives, and this is significantly increasing the severity of trauma and the long-term psychological distress (Kaplan and Tieu, 2021; Mastorillo et al., 2016). Cycles of displacement and social disruption, due to recurrent electoral violence and communal conflicts across the region, reinforce cumulative trauma exposure and make the recovery processes more challenging (Roberts et al., 2021; Silove et al., 2017). These regional processes support the idea that trauma should be considered as an event and a process influenced by repeated exposure, socio-economic deprivation, and limited access to the psychosocial support system (Tol et al., 2015; Ventevogel et al., 2019).

The 2007/2008 post-election violence in Kenya has been a recurrent pattern in the electoral cycles in the country and has been regarded as one of the most severe episodes in the history of the electoral process in the nation, resulting in more than 1,100 deaths and the displacement of approximately 600,000 people (Buchard, 2015; Kenya National Commission on Human Rights, 2018). Women were unfairly impacted by both direct and indirect forms of violence, such as sexual assault, loss of livelihoods, and long-term displacement, which all contributed to high levels of trauma severity and sustained psychological distress (Ndeti et al., 2016; Osur et al., 2020). Further outbreaks of localized unrest have since continued to support the patterns of insecurity, especially in informal settlements where structural vulnerabilities such as poverty, overcrowding, and limited access to mental health services persist (UN-Habitat, 2021; Gonzalez et al., 2021). In places like Kibera in Nairobi and Nyalenda and Kondele in Kisumu, women have to negotiate complex conditions where exposure to violence intersects with economic precarity and social marginalization, which ultimately exacerbates the experience and the impact of trauma (Rehn and Sirleaf, 2015; Snoubar, 2021).

Although documented prevalence of trauma-related disorders in these settings, the current research in Kenya has found little to no reflection on predictive value of trauma severity in shaping psychological well-being (Mutahi and Ruteere, 2020; Ndeti et al., 2016). This knowledge gap limits the formulation of specific, trauma-informed interventions that can explain the severity and continuity of psychological disturbance in women survivors. To overcome this limitation, it is essential to shift the prevalence-based strategies to severity-oriented analysis that captures the intensity, chronicity, and functional implications of the trauma symptoms in structurally vulnerable settings (Weathers et al., 2015; Morina et al.,

2018). It is against this backdrop that the current study analyzes the impact of the severity of trauma on the psychological well-being of women survivors of political violence in the informal settlements of Nairobi and Kisumu with the view to generating context-specific evidence to inform policy, practice, and future research.

Objective of the Study

To establish the severity of trauma among women survivors of political violence in the informal settlements of Nairobi and Kisumu.

Research Hypothesis

There is no statistically significant influence of trauma severity on the psychological well-being of women survivors of political violence in the informal settlements of Nairobi and Kisumu, Kenya.

METHODOLOGY

This study adopted a quantitative cross-sectional design to examine the influence of trauma severity on the psychological well-being of women survivors of political violence in the informal settlements of Nairobi and Kisumu, Kenya. A cross-sectional approach was appropriate because it enabled the assessment of trauma symptom intensity and well-being outcomes at a single point in time, allowing for statistical examination of associations between variables. The study was conducted in Sarang'ombe Ward (Kibera) in Nairobi County and in Kondele, Nyawita, and Nyalenda in Kisumu County—areas historically affected by election-related violence. The target population comprised adult women (18 years and above) who had experienced political violence and were affiliated with community-based organisations operating in the study areas. Using Yamane's (1967) formula at a 95% confidence level, a sample size of 209 respondents was derived from a population of 400 eligible women.

Data were collected using a structured self-administered questionnaire comprising standardized and validated instruments. Trauma severity was measured using the PTSD Checklist for DSM-5 (PCL-5) (Weathers et al., 2013), which assesses symptom intensity across intrusion, avoidance, negative cognitions, and hyperarousal clusters. Psychological well-being was measured using Ryff's Psychological Well-Being Scale (PWBS) (Ryff, 1989), capturing dimensions such as autonomy, environmental mastery, personal growth, purpose in life, positive relations, and self-acceptance. The instrument demonstrated strong internal consistency, with Cronbach's alpha coefficients exceeding 0.80, indicating acceptable reliability.

Data were analysed using SPSS (Version 26). Descriptive statistics (frequencies, means, and standard deviations) were computed to describe trauma severity levels and psychological well-being scores. Pearson correlation analysis was conducted to determine the strength and direction of the relationship between trauma severity and psychological well-being, while regression analysis was performed to assess the predictive influence of trauma severity on well-being outcomes. Statistical significance was determined at $p \leq 0.05$. Ethical approval was obtained from relevant institutional review bodies, and informed consent, confidentiality, and voluntary participation were strictly observed throughout the research process.

RESULTS AND DISCUSSION

The findings illuminate the enduring psychological imprint of political violence, revealing trauma not as a transient disturbance but as a persistent force shaping cognition, emotion, and bodily response among survivors. What emerges is a lived reality in which distress is continuously re-experienced, embedding itself within daily functioning and redefining the contours of psychological well-being.

The study first sought to determine the degree of trauma experienced by women survivors of political violence in Kibera (Nairobi) and Nyawita, Kondele, and Nyalenda (Kisumu). Establishing trauma levels was essential for understanding the magnitude of psychological distress and guiding appropriate trauma-informed interventions.

Types and Intensity of Trauma Symptoms

The assessment of trauma severity among women survivors of political violence reveals a deeply entrenched and multidimensional pattern of psychological distress, cutting across cognitive, emotional, and physiological domains. Trauma in such contexts does not manifest as isolated reactions; rather, it reflects a sustained disruption of internal regulatory systems, consistent with established post-traumatic stress frameworks (American Psychiatric Association, 2013; Weathers et al., 2015). As presented in Table 1, the distribution of responses indicates a pronounced concentration of symptoms at the upper end of the severity scale, suggesting that the majority of respondents continue to experience intense and persistent trauma-related effects long after the initial exposure.

Table 1: Women Survivors’ Perceptions of Trauma Levels

Trauma levels	Not at All (%)	A Little Bit (%)	Moderately (%)	Quite a Bit (%)	Extremely (%)
Repeated, disturbing memories	2.0	4.0	8.0	21.0	65.0
Disturbing dreams	3.0	13.0	12.0	28.0	43.0
Feeling as if violence just happened again	4.0	5.0	12.0	27.0	51.0
Feeling very upset when reminded	2.0	3.0	4.0	23.0	67.0
Intense physical reactions	3.0	4.0	9.0	20.0	63.0
Avoiding reminders	6.0	7.0	12.0	26.0	49.0
Trouble remembering trauma	5.9	10.8	13.8	32.5	36.9
Negative beliefs about self/others/world	4.4	5.4	12.3	20.7	57.1
Strong negative emotions	1.5	7.9	10.8	20.2	59.6
Loss of interest in activities	3.9	8.4	11.3	27.6	48.8
Alert to signs of threat	3.0	3.4	6.9	28.6	58.1
Trouble sleeping	6.9	12.8	9.9	21.2	49.3

The findings demonstrate that intrusive symptoms are particularly dominant, with 65% of respondents reporting extreme levels of repeated disturbing memories and 51% indicating that they frequently felt as though the violent events were recurring. Similarly, 67% of the participants reported experiencing extreme emotional distress when reminded of the violence, highlighting the enduring sensitivity to trauma triggers. These patterns reflect persistent re-experiencing phenomena, which are widely recognized as central indicators of severe trauma and are associated with impaired cognitive processing and heightened emotional reactivity (Koenen et al., 2017; Silove et al., 2017). The prominence of such symptoms suggests that traumatic memories remain actively encoded and continue to intrude into present experiences, thereby disrupting daily functioning.

Emotional and cognitive disturbances further reinforce the severity of trauma among the respondents. A substantial proportion reported extreme levels of strong negative emotions (59.6%) and negative beliefs about themselves, others, and the world (57.1%), indicating a profound alteration in cognitive schemas and emotional stability. These distortions are critical markers of trauma severity, as they reflect not only distress but also a restructuring of perception and meaning-making processes following exposure to violence (Morina et al., 2018; Roberts et al., 2021). Additionally, symptoms such as loss of interest in previously valued activities (48.8%) and emotional withdrawal through avoidance behaviours (49%) demonstrate the extent to which trauma undermines motivation, engagement, and social functioning, further constraining recovery pathways.

Physiological arousal symptoms are equally pronounced, with 63% of respondents reporting extreme physical reactions such as rapid heartbeat, sweating, and trembling when reminded of the violence, and 58.1% indicating heightened alertness to potential threats. These findings underscore the embodied nature of trauma, where the body remains in a prolonged state of hypervigilance and stress activation, even in the absence of immediate danger (van der Kolk, 2014; Silove et al., 2017). Sleep disturbances, reported at extreme levels by 49.3% of participants, further illustrate the pervasive impact of trauma on basic restorative processes, contributing to fatigue, irritability, and impaired emotional regulation.

Collectively, the convergence of intrusive recollections, avoidance patterns, negative cognitions, and physiological hyperarousal presents a coherent profile of severe post-traumatic stress symptomatology. The distribution of responses across all indicators confirms that trauma among these women is not episodic or residual, but chronic and functionally impairing. These findings affirm that political violence has produced enduring psychological imprints that continue to shape emotional stability, cognitive functioning, and behavioural responses, thereby reinforcing the need for comprehensive, trauma-informed interventions tailored to the lived realities of survivors. In addition to the categorical responses, the same can be described in terms of average severity of the trauma symptom and the standard deviation, as shown in Table 2;

Table 2: Trauma Severity Symptoms

Trauma Symptom	M	SD
Repeated, disturbing, and unwanted memories of the stressful experience	4.44	0.91
Repeated, disturbing dreams of the stressful experience	3.98	1.15
Suddenly feeling or acting as if the violence has just happened again	4.16	1.09
Feeling very upset when reminded of the violence, losses, or property damage	4.48	0.92
Strong physical reactions when reminded of the violence (e.g., heart pounding, sweating)	4.35	1.05
Avoiding memories, thoughts, or objects related to the violence	4.04	1.20
Trouble remembering important parts of the experience	3.82	1.21
Negative beliefs about self, others, or the world	4.23	1.13
Strong negative feelings (e.g., fear, horror, anger, guilt, shame)	4.29	1.04
Loss of interest in activities previously enjoyed	4.11	1.11
Hypervigilance (being alert to threat signs)	4.38	0.94
Sleep disturbance (trouble falling or staying asleep)	3.94	1.31
Overall Trauma Severity (composite score)	4.18	0.65*

Descriptive analysis of trauma symptom severity further confirms the substantial psychological burden borne by the respondents. Mean scores across the twelve PTSD symptom indicators ranged from 3.82 to 4.48 on a five-point scale, demonstrating consistently elevated symptom intensity. The highest mean score was recorded for emotional distress when reminded of the violence (M = 4.48, SD = 0.92), followed closely by hypervigilance (M = 4.38, SD = 0.94) and strong physical reactions such as heart pounding and sweating (M = 4.35, SD = 1.05). Intrusive memories (M = 4.44, SD = 0.91) and negative emotional states (M = 4.29, SD = 1.04) were also highly pronounced, indicating persistent cognitive and affective disruption.

The composite trauma severity score (M = 4.18, SD = 0.65) reflects an overall high level of symptom severity within the sample. The relatively low standard deviation of the composite score suggests limited variability, indicating that elevated trauma symptoms were widespread rather than isolated to a small subgroup. Collectively, these findings demonstrate chronic and multidimensional trauma exposure, characterized by intrusion, avoidance, emotional dysregulation, hyperarousal, and sleep disturbance. The pattern of results confirms that trauma

severity among women survivors of political violence in these informal settlements is both pervasive and clinically significant, with implications for long-term psychological well-being outcomes. Age-disaggregated analysis revealed a progressive increase in trauma severity across age groups, with women above 50 years recording the highest mean score ($M = 4.47$, $SD = 0.49$), followed by those aged 41–50 years ($M = 4.26$, $SD = 0.60$).

Table 3: Mean Trauma Severity Scores by Age

Age Group	N	Mean	SD
20–30 years	47	3.95	0.58
31–40 years	60	4.07	0.72
41–50 years	41	4.26	0.60
Above 50 years	51	4.47	0.49
Total	200	4.19	0.63

Although younger women reported slightly lower mean scores, trauma levels remained substantially elevated across all cohorts, with an overall sample mean of 4.19 ($SD = 0.63$). These findings indicate that trauma severity is both pervasive and cumulatively intensified with age, underscoring the need for structured and age-responsive psychological interventions within informal settlement contexts.

Psychological Well-Being of Women Survivors

Diener and Chan (2011) looked at the relationship between overall health and subjective well-being. Their meticulous research reveals that people who are happier and feel more fulfilled live longer lives and have better health outcomes. This study supports the idea that happiness is an important practice for reaching overall well-being and raises the problem of relating subjective well-being to lifespan. In his study of psychological well-being, Ryff (2014) highlights recent advances in theory and practice. Kashdan and Rottenberg (2010) emphasise psychological flexibility as an essential component of wellness. Research has consistently indicated greater levels of psychological distress among women who have survived political violence.

Research on psychological well-being underscores its central role in overall health and functioning. Diener and Chan (2011) demonstrate that higher levels of subjective well-being

are associated with improved health outcomes and increased longevity, reinforcing the importance of emotional stability and life satisfaction.

Table 4: Categorization of Trauma Severity Levels Among Women Survivors of Political Violence

Well-being Category	Indicators	Percentage (%)
Low Psychological Well-being	High intrusive memories (65%), emotional upset (67%), physical reactions (63%), strong negative emotions (59.6%)	63.2
Moderate Psychological Well-being	Moderate avoidance (49%), loss of interest (48.8%), memory gaps (36.9%)	44.2
High Psychological Well-being	Minimal trauma symptoms (3–4%)	3.5
Optimal Psychological Well-being	Negligible trauma symptoms	1.0

Ryff (2014) further advances the multidimensional model of psychological well-being, emphasizing autonomy, environmental mastery, personal growth, purpose in life, self-acceptance, and positive relations. Complementing this perspective, Kashdan and Rottenberg (2010) identify psychological flexibility as a critical mechanism that enables individuals to adapt to adversity. Despite these theoretical advancements, empirical evidence consistently shows elevated psychological distress among women exposed to political violence.

Building on the analysis of individual trauma symptoms, respondents were categorized into four psychological well-being profiles—low, moderate, high, and optimal based on composite trauma indicators including intrusive memories, emotional distress, physiological arousal, and avoidance behaviors. The findings indicate that 63.2% of participants fell within the low psychological well-being category, reflecting severe trauma symptoms and marked functional impairment. A further 44.2% demonstrated moderate well-being, characterized by persistent but less intense symptomatology. Only 3.5% of respondents exhibited high psychological well-being, while a negligible 1% demonstrated optimal functioning.

These results reveal a substantial concentration of respondents within the lower tiers of psychological functioning, underscoring the enduring and pervasive impact of political violence. When interpreted through Ryff’s multidimensional framework, the findings suggest significant disruptions in autonomy, purpose, emotional regulation, and relational stability among survivors. The distribution pattern highlights the pressing need for structured psychological interventions aimed at restoring core dimensions of well-being within these vulnerable populations. Table 5 gives the descriptive statistics of the 25 items employed in the assessment of well-being.

Table 5: Descriptive Patterns of Psychological Well-Being Among Women Survivors

	N	Mean	Std. Deviation
I am not afraid to voice my opinions, even when they are in opposition to the opinions of most	201	4.05	1.244
My decisions are not usually influenced by what everyone else is doing.	198	3.78	1.314
I tend to worry about what other people think of me.	193	3.28	1.602
Being happy with myself is more important to me than having others approve of me.	189	4.37	1.036
In general, I feel I am in charge of the situation in which I live.	194	3.73	1.418
I am quite good at managing the many responsibilities of my daily life.	193	3.34	1.550
I am good at juggling my time and resources so that I can fit everything that needs to get done.	191	3.30	1.501
I have been able to build a home and a lifestyle for myself that is much to my liking.	198	2.75	1.632

	N	Mean	Std. Deviation
Sometimes I don't understand myself...it's difficult to deal with life's demands	200	3.64	1.507
In my view, people of every age are able to continue growing and developing.	197	3.48	1.507
With time, I have gained a lot of insight into life that has made me a stronger, more capable person.	196	3.80	1.334
I enjoy seeing how my views have changed and matured over the years.	197	3.87	1.341
Maintaining close relationships has been difficult and frustrating for me	194	3.03	1.533
I often feel lonely because I have few close friends with whom to share my problems.	188	3.46	2.729
I have not experienced many warm and trusting relationships with others.	196	3.32	1.530
I find it difficult to open up when I talk with others.	197	3.46	1.423
I feel good when I think of what I've done in the past and what I hope to do in the future.	197	3.64	1.455
I feel like I am not able to accomplish my development plans in life	195	3.05	1.608
I used to set goals for myself, but that now seems like a waste of time.	187	3.29	1.608
Many things bring me a sense of accomplishment in life.	192	3.40	1.515
When I look at the story of my life, I am pleased with how things have turned out.	196	3.21	1.586

	N	Mean	Std. Deviation
Given the opportunity, there are many things about myself that I would change	193	3.96	1.403
I made some mistakes in the past, but I feel that all in all everything has worked out for the best.	199	3.66	1.471
In many ways, I feel disappointed about my achievements in life.	199	3.45	1.513
I rate my overall psychological well-being since the violence as very good	201	2.57	1.605

Note: Adapted from Ryff's Scales of Psychological Well-Being (Ryff, 1989).

The findings show that perceptions of participants on their psychological well-being are varied extensively. The mean score coming out highest ($M = 4.37$, $SD = 1.04$) was found on items like Being happy with myself is more important to me than having others like me and other such items belonging to the self-acceptance scale, a factor that showed relatively high levels of self-acceptance among the respondents. Equally, the items of high scores were: *I am not afraid to voice my opinions* ($M = 4.05$) and *I made some mistakes in the past, but I feel that all in all everything has worked out fine* ($M = 3.66$), which is indicative of a degree of autonomy and positive outlook.

On the negative side, some items showed lower mean scores, which indicates a matter of concern. As an example, the lowest mean ($M = 2.75$, $SD = 1.63$) was found to pertain to the following statement, which could indicate a lack of stability in terms of living conditions since the past victimization and displacement: *The places where I have been living are quite satisfying to me, and I am able to create a home and a lifestyle around myself*. Interestingly, the self-rated statement of score: I rate my overall psychological well-being since the violence as very good showed a low mean value, $M = 2.57$ ($SD = 1.61$), implying that the majority of the respondents still perceive that their overall psychological health is damaged. Additionally, the responses, such as the tendency to worry about what others think of me ($M = 3.28$) or the feeling of disappointment regarding their accomplishments ($M = 3.45$) and loneliness ($M = 3.46$) features support the persistence of the difficulties in self-esteem, attachment-related interaction, and life satisfaction by the survivors.

Overall, positive indicators of resilience, insight, and inner strength can be identified, but moderate to low mean scores of several important areas that include environmental mastery, social connectedness, and future-oriented planning indicate that numerous participants still need to work on some factors of psychological well-being after the event of trauma. This data supplements the data pertaining to the severity of trauma and the necessity of a thorough psychosocial support, especially the development of safe conditions to live in, social reintegration and the increased personal agency amongst women victims of political violence.

The study with such results highlights the extreme psychological susceptibility of the research group. Intrusive memories, hyperarousal, and poor affective states showed persistence, which added cumulatively to the mental health of participants, implying that they had limited psychological resilience as a result of political violence exposure. Quantitative results were supplemented by qualitative accounts. The survey data was confirmed and explained by interviewing ward administrators and the directors of CBOs who have interviewed women survivors and have elaborated that the overall psychological level of survivors is consistently low.

Differential Trauma Outcomes by Demographic Profiles

Continuing the above discussion of the psychological well-being, the research also sought to explain whether the results of trauma differed depending on the demographic characteristics of the women victims. Remarking on such fluctuations is critical to provide more context-specific, focused procedures and make sure that trauma accommodations services respond to the distinct susceptibilities linked with age, level of education, marital status, and regional location. Based on this, in this section, a comprehensive report of the analysis of the different outcomes of the trauma with respect to these crucial demographic characteristics shall be presented.

An analysis of demographic factors and trauma prevalence revealed notable patterns among different age groups, being significant factor levels of psychological distress, with most reporting severe PTSD-related symptoms. Table 6 presents the age distribution and observed trauma intensities.

Table 6: Age Group Trauma Severity

Age Group	Not at all (%)	A little bit (%)	Moderately (%)	Quite a bit (%)	Extremely (%)
20–30	16.7	25.0	29.2	20.8	8.3
30–40	16.7	26.7	28.3	20.0	8.3
40–50	18.6	27.9	27.9	18.6	7.0
Above 50	17.3	23.1	28.8	21.2	9.6
Total	17.2	24.6	28.6	19.7	9.9

Note. Trauma severity was assessed using a five-point Likert scale (Not at all = 1 to Extremely = 5).

The findings reveal that substantial proportions of women across all age brackets reported experiencing trauma at moderate to extreme levels. Notably, women aged between 30 and 40 years, as well as those between 40 and 50 years, exhibited higher proportions of moderate to extreme trauma symptoms. In both groups, over 28% reported experiencing trauma at moderate levels, while approximately 20% reported experiencing symptoms at quite severe levels.

Such results indicate that when the research sample was at its most socially and economically productive years, the outcome of the political violence was disproportionate among women gender. This age group is usually charged with a lot of responsibilities as caregivers, sole breadwinners, and stabilizers of their respective communities, thus exposing them to the harms of direct stresses of political unrest as well as indirect stresses that are associated with it. The age factor thus seems to play a key role in the extent of trauma that people experience, and the middle-aged women seem to be the most susceptible to the cumulative psychological effects of the political violence.

Additional support to the quantitative evidence also came through the interviews with the administrators of wards and the directors of CBOs. Beyond any doubt, age played a critical role in determining the severity and manifestation of trauma in women who survived political violence. Throughout, CBOs mentioned more egregious emotional and behavioural disturbances amongst younger women, especially single mothers. These were cases of increased rates of substance misuse and indulgence to risky coping behaviours.

Age also differed in the coping mechanism. The coping mechanisms of younger women frequently turned to support groups involving peers or religiosity or maladaptation and drinking alcohol, whereas older women relied on traditional support systems, though not with lasting psychological efficacy, such as informing the community elder or family members. A combination of these findings ensures the acknowledgement that age acts as an important moderating variable of the outcomes of a traumatic aspect. The younger women are more immediate and symptomatic in response, and the older women are internalised and chronic manifestations in the case of trauma. This is why age-sensitive models of interventions are important because each age group has its specific psychological weaknesses and strengths.

Demographic analysis revealed a significant association between educational attainment and trauma severity.

Table 7: Participant Educational Attainment and Employment Status

Demographic	Category	Frequency (n)	Percentage (%)
Educational Level			
	No Education	14	7
	Primary	107	53
	Secondary	69	34
	Tertiary	13	6
Employment Status			
	Casual	26	13
	Formal	5	3
	Unemployed	65	32
	Self-employed	107	53

Women with no formal education (7%) demonstrated higher levels of psychological distress and faced greater barriers in accessing structured psychological well-being services. Limited literacy and reduced awareness of available support mechanisms likely constrained their engagement with formal trauma interventions, thereby prolonging symptom persistence. In contrast, respondents with tertiary education (6%) reported comparatively lower trauma intensity, suggesting that higher education may function as a protective factor through enhanced coping resources, social capital, and access to professional support systems.

Although the majority of participants had primary (53%) or secondary education (34%), moderate trauma levels remained prevalent within these groups, indicating that basic schooling alone may not sufficiently buffer against severe psychological distress in conflict-affected contexts.

Employment status further illustrated structural vulnerabilities influencing trauma severity. A substantial proportion of respondents were self-employed (53%) or unemployed (32%), while only a small fraction was formally employed (3%). Economic precarity—particularly among women engaged in casual labour (13%)—was associated with heightened stress and sustained psychological strain, likely compounding pre-existing trauma symptoms. Financial instability may undermine recovery by reinforcing anxiety, uncertainty, and limited access to therapeutic services. Additionally, marital status emerged as a moderating factor, with married women reporting relatively lower trauma levels compared to single, divorced, or widowed respondents, suggesting that stable social support structures may mitigate psychological distress in post-violence environments. These population groups had different degrees of emotional distress as depicted in Figure 2 .

Marital Status and Social Support

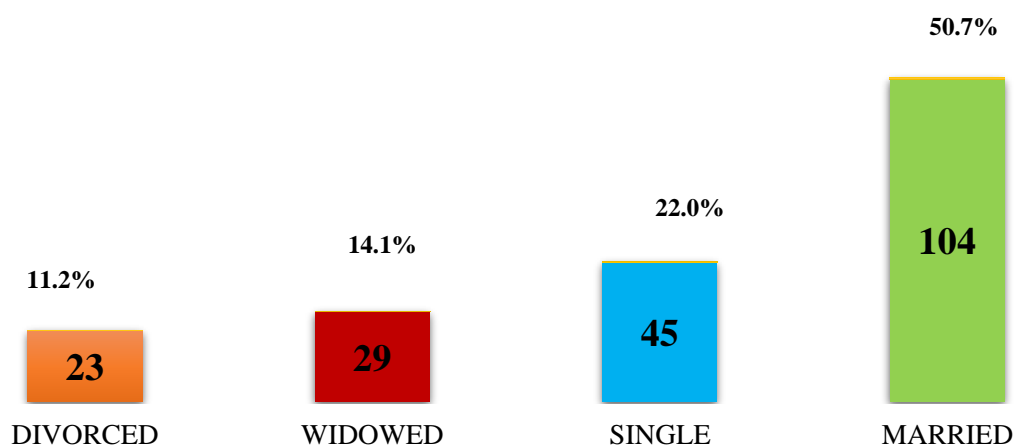


Figure 2: Women's Trauma Severity by Marital Status

Out of the total, 51 per cent (n=104) were married, and they indicated a relatively lower exposure to trauma, which could well be explained by the resulting support and care they received from their spouses. Marriage, here, equally seemed to be protective in nature, that is, a buffer against the most acute of psychological distress. However, the qualitative evidence pointed to the fact that not everyone was covered by this protective effect. In the cohort of

married women, there were still those who still faced the intrusion and intrusive memories, fear, and hopelessness - especially in the area of insecurity and lack of psychological support services.

On the other hand, single, divorced, and widowed women (23%, n=46; 12%, n=24; 14%, n=29, respectively) indicated greater severity of trauma. This group of women, without the regular support of a partner, was more exposed to emotional loneliness and social exclusion, which further boosted their mental load. Specifically, widowed and divorced participants were likely to have combined grief and socio-economic burden, and were likely to be worsened by the trauma-related symptoms.

The comparative study of the severity of trauma across five major regions characterised by political violence was carried out in Nyawita, Kondele, Nyalenda, and Guadalupe and Shofco in Kibera. This cross-regional analysis tried to establish the differences in geographical variations of talent exposure and psychological distress, hence informing strategies in different regions on how to intervene.

Quantitative results indicated unique patterns in the levels of trauma and symptoms. It is important to mention that the two areas scoring highest on trauma severity turned out to be Kondele and Kibera. These areas, historically recognized as epicentres of electoral and ethnic violence, particularly during the 2007–2008 and 2017 election cycles, recorded significantly elevated levels of PTSD symptoms among women survivors. Intrusive memories, persistent hyperarousal, and emotional numbing were especially prevalent. Qualitative interviews corroborated these results, with many respondents reporting sustained fear, entrenched distrust, and marked social withdrawal.

Guadalupe in Kibera and Nyalenda demonstrated moderate levels of trauma severity. Although both regions experienced episodes of political violence, the reported intensity and duration were comparatively lower than in Kondele and Shofco in Gatwekera-Sarangombe, Kibera. Nevertheless, women survivors in these areas still exhibited considerable psychological distress, frequently reporting anxiety, sleep disturbances, and progressive social isolation. Conversely, Al Taqwa in Nyawita registered the lowest trauma severity scores among the five study regions. Qualitative accounts compiled using key informant interviews portrayed a different picture, however, with underreporting emerging as a potential cause of these lower-reported rates instead of indicating a true lower trauma exposure. Factors such as social stigma,

fear of retaliation, and community-wide silence regarding traumatic experiences related to sexual abuse were repeatedly cited as barriers to open disclosure in this region.

These regional disparities underscore the necessity of tailoring trauma interventions to specific local contexts. In high-severity zones such as Kondele and Kibera-Shofco, there is a clear need for intensive, professionally delivered trauma counselling services. They should be coupled with the community-based sensitisation programmes that would help to remove the stigma around trauma and encourage help-seeking behaviour. Conversely, in places like Nyawita-Al Taqwa where the possible underrepresentation is imminent, there is a need to focus on community outreach and trust-building interventions to foster disclosure and promote service utilization. The enhancement of culturally appropriate narrative techniques, including community storytelling forums, can be an intervention to reduce stigma and offer more secure environments where a survivor can express his/her trauma.

Regional comparison of trauma severity revealed clear spatial disparities across the five study sites. Kibera–Guadalupe recorded the highest proportion of reported trauma cases at 37% (n = 76), positioning it as the most affected zone and a priority area for intensified psychological intervention. Kibera–Shofco followed at 25% (n = 52), further confirming the concentration of severe trauma within Kibera’s informal settlement clusters. These findings indicate that densely populated urban settlements with recurrent exposure to election-related unrest experience a disproportionately higher trauma burden among women survivors.

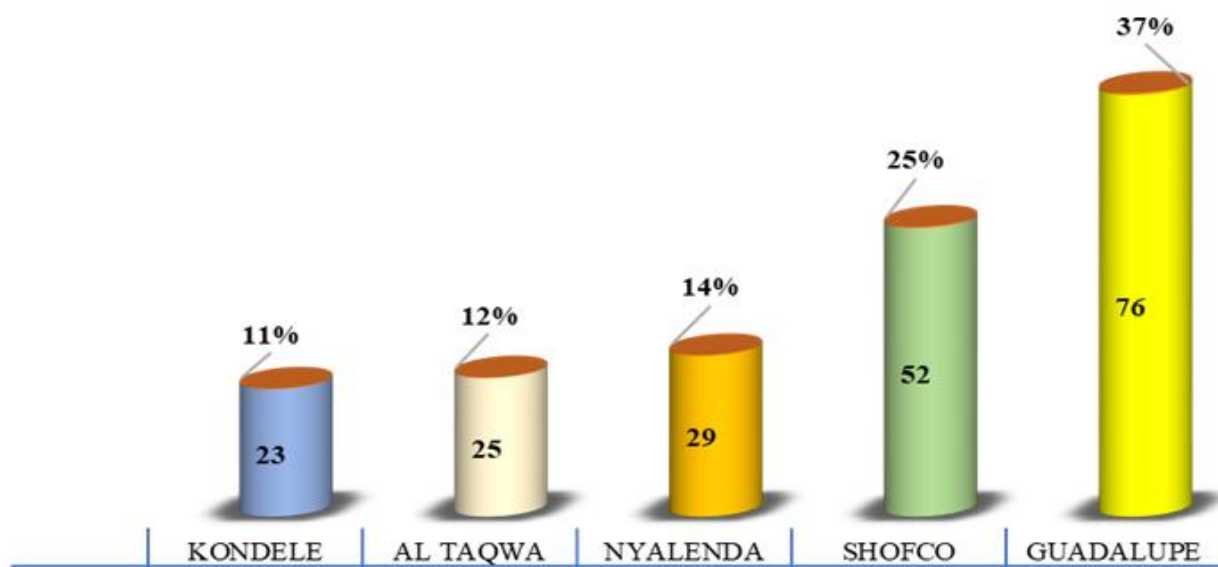


Figure 3: Women's Trauma Severity Across Regions

Nyalenda accounted for 14% (n = 29) of reported cases, reflecting moderate trauma prevalence that nonetheless signals considerable psychological vulnerability. Nyawita–Al Taqwa (12%, n = 25) and Kondele (11%, n = 23) recorded comparatively lower proportions. Although numerically smaller, these figures still represent substantial trauma exposure within community contexts marked by poverty and limited mental health infrastructure. The distribution pattern suggests that trauma severity is geographically uneven, necessitating differentiated and context-specific intervention strategies.

Overall, the regional disparities underscore the need for targeted allocation of psychosocial resources. High-burden areas such as Kibera–Guadalupe and Kibera–Shofco require scaled trauma counselling services and structured community-based support mechanisms, while moderately affected zones demand sustained outreach and accessible mental health programming to prevent chronic psychological deterioration.

Hypothesis Testing

The study tested the following null hypothesis:

H₀: Trauma severity has no statistically significant influence on the psychological well-being of women survivors of political violence in the informal settlements of Nairobi and Kisumu, Kenya.

In order to test the hypothesis, Pearson Product-Moment Correlation and simple linear regression analysis have been carried out at 95% confidence level (0.05). A predictor variable was the severity of the trauma, and the outcome variable was the psychological well-being. The criterion used in the decision was that the null hypothesis would be rejected when the p-value was less than or equal to 0.05. The Pearson correlation analysis created a statistically significant negative relationship between the severity of the trauma and the psychological well-being ($r = -0.684$, $p = 0.000$). The negative coefficient shows that the higher the level of trauma in women, the lower the psychological state of women who survived political violence. The robustness of the correlation also indicated that there was a robust negative association between the two variables.

Moreover, a regression analysis has been performed to identify the predictive value of the severity of trauma on the psychological well-being. As was indicated in the model summary,

the severity of trauma explained 46.8% of the difference in psychological well-being ($R^2 = 0.468$). This suggests that almost half of the differences in the level of psychological well-being among the respondents could be explained by the variations in levels of trauma severity. The results of the ANOVA tests confirmed that the regression model was statistically significant ($F = 174.216, p = 0.000$), which means that the model had a considerable predictive power.

The regression coefficients also showed that the severity of trauma had a statistically significant negative impact on the psychological well-being ($= -0.684, t = -13.199, p = 0.000$). The negative beta coefficient means that a unit change in the severity of trauma led to a unit change in the level of psychological well-being. These results are in line with the descriptive findings that indicated that the respondents had continually high levels of intrusive memories, emotional distress, hypervigilance, avoidance behavior, and negative emotional states.

According to these results, the study rejected the null hypothesis and concluded that the severity of trauma has a statistically significant negative effect on the psychological well-being of women survivors of political violence in the informal settlements of Nairobi and Kisumu in Kenya.

CONCLUSIONS

The study establishes that trauma severity among women survivors of political violence in the informal settlements of Nairobi and Kisumu remains critically high and functionally impairing. Intrusive memories, emotional dysregulation, physiological hyperarousal, and avoidance behaviors were consistently elevated across demographic groups, with severity intensifying among older women and those facing socioeconomic disadvantage. These findings confirm that trauma in these settings is chronic, cumulative, and structurally reinforced rather than episodic. The results further demonstrate that trauma severity directly undermines core components of psychological well-being, including emotional stability, social functioning, autonomy, and sense of purpose. Overall, the evidence underscores that political violence leaves enduring psychological imprints that require systematic, context-responsive intervention rather than short-term crisis responses.

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