

**UNIVERSITY OF NAIROBI**  
**DEPARTMENT OF SOCIOLOGY**

**CHILD SEXUAL ABUSE PROTECTION SERVICES IN LUNGA LUNGA  
SLUMS OF MAKADARA DISTRICT, NAIROBI**

**A RESEARCH PROJECT PRESENTED IN FULFILMENT OF THE  
REQUIREMENTS FOR THE AWARD OF MASTER OF ARTS DEGREE IN  
SOCIOLOGY (CRIMINOLOGY)**

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**NOVEMBER, 2012**

## DECLARATION

### DECLARATION BY CANDIDATE

I, hereby declare that this Research Project is my original work and has not been submitted for examination in any other University.

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## **DEDICATION**

First and foremost, I wish to dedicate this work to God Almighty for giving me the strength and resources to complete this self-sponsored programme. To my late father Samuel Opati and my mum Selah A Musumba who sacrificed a lot to ensure that I received the best education that they could afford. To my loving and wise brother Lawrence who taught me the value of education since my early days, I wish to say a big thank you. May God bless you abundantly with more knowledge.

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## ABBREVIATIONS

AAC	-	Area Advisory Council
AAC	-	Local Area Advisory Council
ACRWC	-	The African Charter on the Rights and Welfare of the Child
ANPPCAN	-	African Network for the Prevention and Protection against Child Abuse and Neglect
CBOs	-	Community Based Organisations
CCI	-	Charitable Children Institution
Cos	-	Children Officers
CPS	-	Child Protection Service
CSA	-	Child Sexual Abuse
LOK	-	Laws of Kenya
NCCS	-	National Council for Children's Services
OECD	-	Organization of Economic Cooperation and Development
PSTD	-	Post Traumatic Stress Disorders
UNCRC	-	United Nations Convention on the Rights of the Child
UN-HABITAT	-	United Nations Agency for Human Settlements
UNODC	-	United Nations Office on Drugs and Crimes
VCOs	-	Volunteer Children Officers

## ABSTRACT

The Kenya Government and Civil Societies have mounted many campaigns since 2003 in the media to create awareness on children rights, laws and encouraging members of the society to take increased responsibility in reporting CSA. Despite several measures put in place, the incidence of CSA has not significantly dropped. This study sought to assess the relevance and adequacy of Child Sexual Abuse protection services in Lunga Lunga slums. Specifically, to assess the prevalence of Child Sexual Abuse, to identify the CSA protection services available to children and the communities, to analyse the challenges effecting Child Sexual Abuse protection services and to assess the adequacy of Child Sexual Abuse protection services in Lunga Lunga slums.

The site of the study was Lunga Lunga slums which are located within the newly created Viwandani Division in Makadara District on the Eastern side of Nairobi County. The study used questionnaires and interview guides to collect primary data from different categories of respondents. The study also employed Focus group discussions to elicit data from committees tasked with prevention of CSA and members of the community.

It was found that initial sexual encounters in slums are generally attributed to sexual abuse or exploitation due to overcrowding in the living spaces, sharing of external toilets and poor lighting which precipitate CSA incidents. The occurrence of similar incidents involving the survivors of CSA was frequent. The protection measures against Child Sexual Abuse most widely known by the respondents were the criminal justice systems followed by the civil child protection system and government liaisons with stakeholders for sensitization of children and the public. The most common factors motivating victims to seek CSA remedial services were friendly and quick services rendered followed by mental and medical treatment and child protection and education.

The duration taken to receive CSA services by most survivors ranged from within one day to three days. Most respondents did not seek CSA protection measures due to poor criminal and child protection outcomes followed by corruption, legal challenges, threats and fear, verbal abuse and stigma and lack of information and awareness. The strategies

recommended by most survivors for improving protective measures was supporting survivors and community in the criminal justice process followed by enhancing staff capacity of children agencies, medical and police doctor services and awareness creation. Majority of the survivors were of the opinion that the protection measures in preventing CSA were largely ineffective. The study concluded that the Child Sexual Abuse protection measures in Lunga Lunga slums are ineffective. This is due to poor criminal and child protection outcomes, legal challenges, verbal abuse, stigma and fear and threats, from perpetrators, their acquaintances and the public, and lack of information and awareness. Other reasons why the protection measures are considered ineffective are inadequate stakeholder capacity, corruption, poor CSA programmes and policies and societal apathy in reporting incidents.

This study recommends that the government through the Children's Department formulates a policy on issues of child protection and especially on CSA, facilitates training on CSA for the provincial administration, the police, court officers and employ gender personnel to deal with sexual violation cases affecting children in every slum and police station. The government should increase the capacity of the police stations to deal with CSA. Further, it is recommended that the Children's department, apart from considering gender sensitivity in staff deployment, should also have officers assigned to deal with CSA cases only at least down to the divisional level and provide material and logistical support to facilitate Volunteer Children Officers. Government should ensure that every division has a designated health centre whose report is accepted by the police doctor and more police doctors should be employed to avoid delays in the processing of medical reports.

# CHAPTER ONE

## INTRODUCTION

### 1.1 Background

Children comprise of 40 percent of the total population of Kenya (GK, 2010). Children are referred to as the future though they are also the present (Mwiti, 2006). In order to make the world a better place politically, socially and economically, it is imperative for the best interest of the child to become a primary consideration in all actions relating to children. A 1996 report by the United Kingdom National Commission of Inquiry on Child Abuse and Neglect, reveals that children undergo many forms of abuse such as physical and emotional ill-treatment, sexual abuse or neglect or other exploitation resulting in actual or potential harm to the child's health, survival, development or dignity. Thus, there is a need for prevention and protection of children against these risks.

In Kenya, the Children Act of 2001 was passed in the year 2001 and came into operation on 1<sup>st</sup> March 2002. This is an Act of Parliament that seeks to safeguard the welfare of children in Kenya. The Act was as a result of a long consultative process on laws relating to children and was a product of the Children Bill of 1995. The Act consolidated the previous laws on children which were viewed as inadequate and incorporated the provisions of the United Nations Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child. The aim of UNCRC and ACRWC was to task governments to protect children from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment or exploitation including sexual abuse by taking appropriate legislative, administrative, social and educational measures (UNCRC Article 19 (1), 34 ;ACRWC Article 16(1), (2), The UNCRC's Article 1; ACRWC's article 2 and Section 2 of the Children Act define a child as any human being under the age of 18 years (Children Act of 2001, UNHCR and ACRWC). Section 2 of the Children Act defines child abuse as acts of physical abuse, sexual abuse, psychological and mental injury.

Some of the ways listed by ANPPCAN for preventing child abuse include creating awareness about child rights, laws and other issues that affect children; creating an environment that encourages dialogue or effective communication between children,

parents, guardians, caregivers and teachers and providing integrated family life education in schools. Others include providing affordable medical care and other social services to children; formulating a national child protection policy; rigorously evaluating and strengthening existing child sexual abuse prevention programs and enacting laws that provide for deterrent punishment for child abusers.

Child sexual abuse (CSA) includes defilement which is defined as an act that causes penetration with a child (Sexual Offences Act of 2006, Section 8(1)). Child Sexual Abuse also includes an indecent act which is also defined as any unlawful intentional act that causes contact by any part of the body with genital organs, breasts or buttocks or the exposure or display of any pornographic material to a child without his or her will (Sexual Offences Act Section 8(1) and 11 (1)(a) and (b)). Child Sexual Abuse also includes attempted defilement (Sexual Offences Act, Section 9(1)). Child Sexual Abuse is a global concern as evidenced by the ratification of UNCRC on 20<sup>th</sup> November 1989 and ACRWC on 29<sup>th</sup> November 1999 by governments that recognized the negative impact it had on the lives of children.

The Kenya Government and Civil Societies have mounted campaigns since 2003 in the media to create awareness on child rights, laws and encouraging members of the society to increase responsibility in reporting CSA. The Nairobi Women Hospital on the other hand has been active in providing medical care to both adults and children who have been sexually abused. The establishment of the Children Act of 2001 which provides for deterrent punishment for child abusers is a major effort by the Government in ensuring that CSA perpetrators are effectively punished. However, not enough has been done to create an environment that encourages dialogue between children, parents, guardians, caregivers and teachers and to provide integrated family life education in schools (Training manual for Area Advisory Council, 2007).

In Kenya, apart from the Children Act of 2001, the laws pertaining to CSA include the Sexual Offences Act of 2006 which protects children broadly by raising the age of sexual consent for both boys and girls, and defining new offences like child prostitution,

pornography and child sexual tourism. The Constitution of Kenya in Sections 83 (d) and 243 specifically under functions of the County Executive Committee and the National Police Service respectively also focus on CSA. However, the Children Act of 2001 is the most far reaching protective measure since it encompasses a wide range of items such as the establishment, composition and functions of National Council for Children Services, the role of local authorities<sup>1</sup>, registration and inspection of Charitable Institutions<sup>2</sup> and Jurisdiction of Children Courts.<sup>3</sup>

Worldwide, estimates reveal that 40-47 percent of CSA assaults are perpetrated against girls of 15 years of age and below and 15-25 percent of boys of the same age (Herbman, 2002). In America, 15-25 percent of children are sexually assaulted annually (Davis, 2002). In the year 2007, the Ministry of Women and Child Development in India published a study on CSA which revealed that 53.22 percent of the children had reported having been sexually abused. The above figures and the number of unreported instances show that cases of child sexual abuse are on the rise because children usually are afraid to tell anyone what has happened while the legal procedure for validating an episode is difficult (AACCP, 2009).

Kenya is a signatory to the United Nations Conventions on the Rights of the child and has passed into the law the Children's Act (2001) and Sexual Offences Act (2006) but the trends in CSA continue to rise (Daro, 2008). A survey by Child Welfare Kenya in 2007 in Malindi, Kilifi, Busia and Nairobi reported an increase of 32 percent from the previous year. The Kenya Police Annual Report (2008) also indicates that approximately 165 children are defiled monthly countrywide and Nairobi tops with 45 percent, followed by Malindi at 28 percent.

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<sup>1</sup>Section 40 (a)(b)

<sup>2</sup>Section 58, Section 60, Section 64, Section 65 (1) (2) and Section 67 (1))

<sup>3</sup>Section 73 (a) (b), (c)

According to the Helpline Statistics from Childline Kenya, almost 100 percent of the sexually abused children are girls out of whom 90 percent are slum dwellers. In September 2010, there was an increase of 13 percent from the previous year in the number of abuse related calls to Child line Kenya which totaled 331. Female clients made most of these calls (51 percent) compared to males who made 49 percent of the calls (Child line Kenya, 2010). These statistics included both victims of CSA and those who called on behalf of victims.

Slums in Nairobi have high population densities of up to 2300 persons per hectare hence there is overcrowding whereby five or more persons share a one-room unit while unhealthy living conditions, poverty and income gaps are other features of these slums (OECD, 2003). Fifty to eighty percent of slum households in Nairobi rent from private-sector landlords while residents earn low incomes from low skill employment and have limited assets (UN-Habitat, 2001). Natural growth and rural-urban migration contribute to the growth of these slums (ibid). A study by the African Population and Health Research Centre (2011) reported that teens in slums indicated to have had their virginity broken at age 15 years in contrast to those in non-slum areas where majority had sex for the first time at 18 years for girls and 17 years for boys. These initial sexual encounters are generally attributed to sexual abuse or exploitation (APHRC, 2011). This occurs due to overcrowding in the living spaces, sharing of external toilets and poor lighting which precipitate CSA incidents. The APHRC (2011) study was conducted in Viwandani and Korogocho slums as well as Harambee and Jericho estates.

According to Mwiti (2006), the prevalence of child sexual abuse in Kenya is alarming with both boys and girls being affected. From the Nairobi Women's Hospital- gender recovery centre, Mwiti (2006) reports that between March 2007 and September 2008, the hospital had attended to 1097 survivors of sexual abuse and domestic violence and out of this number, 40percent were cases of CSA. Cradle (2007) indicates that incest accounts for 74.9 percent of abuse of girls in urban areas whereby out of all the abusers, 40percent were fathers, 27 percent were neighbors, 23 percent were other relatives and 8 percent were teachers. This implies that the Kenyan child is not safe at home, in the community,



in school and even with law enforcers. These statistics show that the existing laws and institutions are not able to guarantee the safety of children against CSA.

Kibe (1994) argues that victims of CSA face insurmountable obstacles in trying to bring perpetrators to justice. Such children are intimidated by cultural attitudes and inaction and often are reluctant to seek redress since doing so can lead to hostility from family and community (Ibid). Those who seek justice are confronted by a legal system that ignores, denies and even condones violence against child victims and protects perpetrators (Davis et al, 2002). ANPPCAN (2010) reports show that the obstacles that undermine efforts to achieve effectiveness of child sexual abuse protection measures include lack of finances among stakeholders such as the government and the civil society for supporting education, health and rehabilitation programs. Other obstacles are poverty which renders legal services inaccessible due to lack of transportation to seek assistance, inadequate capacity by stakeholders to ensure child rights and protection, ineffective policies and laws which do not deter offenders, societal apathy in reporting cases of sexual abuse and poor governance or existence of corruption.

Bukwaro (2009) states that most of the cases of CSA occur in slums which have heterogeneity of population, poor access to law enforcement, poor lighting of the streets and lack of social amenities. Only 24 percent of slum resident's access household toilet facilities (Muya, 2009). It is therefore not surprising that statistics available at the Provincial Director of Children Services Nairobi indicate that slums accounted for 82 percent of the total number of reported cases of CSA in 2008 while 18 percent were reported from other regions. In 2009 and 2010, the slums accounted for 82.6 percent and 85.06 percent of cases of CSA respectively (Makadara District Children's Office Annual Report, 2010).

Globally, nationally and specifically among slum dwellers, the trend of CSA raises a lot of concern for the safety of children. Hence there is a need to re-examine the effectiveness of CSA protection measures in the prevention of child sexual abuse, neglect and exploitation, in high risk neighbourhoods such as urban slums.

## 1.2 Problem Statement

Estimates by WHO show that 150 million girls and 73 million boys globally are raped annually or suffer other forms of sexual violence (Muindi, 2010). According to Johnson (2004), child sexual abuse affects 2-62 percent of females and 3-16 percent of males as victims in the United States of America. The US led the world in the reported number of sexual offences at 89,000 incidents in 2008 followed by the UK with 13,093 cases while Zimbabwe with 3186 sexual abuse cases was the highest in Africa. Kenya led in East Africa with 935 cases reported in 2008 (UNODC, 2009).

The problem of CSA was previously only significant in the developed world where it was articulated. This has however changed and developing countries are now grappling with CSA due to economic deprivation, poverty and failure of institutions. Some of the reasons given for failure of protection services include inadequate stakeholder capacity, inadequate public information and corruption, poor CSA programmes and policies, societal apathy to report and threats from perpetrators' families. Inadequate stakeholder capacity is attributed to poor cooperation and networking of police and witnesses, lack of volunteers, poor police action, ineffective magistrates' courts and lack of support by agencies. Inadequate information by public is attributed to ignorance while corruption led to compromising of parents or guardians due to poverty. (Alexander,2009).

The global prevalence of CSA has been estimated at 19.7 percent for girls and 7.9 percent for boys. The highest prevalence rate was found to be in Africa(34.4 percent),Europe(9.2 percent) and America(10.1 percent) and Asia23.9 percent(clinical psychology review,2009).

In East Africa, Kenya leads with 29.9 percent, followed by Uganda 24.6 percent,Tanzania,18 percent.(UNICEF 2006).

Statistics from the Provincial Director for Children Services, Nairobi show that out of a total of 12275 cases reported in 2008, 43 percent were CSA incidents. In 2009, a total of 13092 cases were reported and CSA accounted for 45.1 percent. The Provincial Annual Report (2009) shows that most of the reported CSA cases in Nairobi occurred in slum areas, that is, Majengo 6.1 percent, Dandora 4 percent, Kibera 10.01 percent, Kangemi

8percent, Korogocho 4.8 percent Bahati 2.55 percent, Makongeni 9.14 percent and Lunga Lunga 10.15 percent. From the statistics above, most of the CSA cases tend to occur in the Eastern parts of Nairobi with Lunga Lunga recording the highest incidents.

Statistics from Makadara District Children Office report that in 2008 out of a total of 1532 cases of child abuse, there were 47 percent neglect, 3 percent custody disputes, 2 percent abandonment, 28 percent sexual abuse and 20 percent physical abuse cases. In 2009 out of a total of 1705 cases of child abuse cases reported, there were 42 percent neglect, 31.5 percent sexual abuse and 18 percent physical abuse incidents. In 2010 out of a total of 1792 cases of child abuse, there were 45 percent neglect, 32 percent sexual abuse and 17 percent physical abuse. These figures show increase in the child sexual abuse for three consecutive years, which leads to the question as to how effective child sexual abuse protection measures are in Makadara District in Nairobi.

In Lunga Lunga slum of Makadara District, apart from the legal framework in place, the area has a court within close proximity and a number of child welfare agencies such as Goal Kenya and St Marian. In addition there are different police stations each with a gender desk with officers manning them, volunteer children officers and Local Area Advisory Council that is well trained with core mandate of child care and protection (Makadara District Annual Report, 2010). With all these measures in place, one would expect the trend in CSA to show decline following coming into force of the Children's Act (2002) and Sexual offences Act (2006).

In view of the foregoing observations, the study therefore sought to examine the effectiveness of Child Sexual Abuse protection services in Lunga Lunga slums of Makadara District. This study sought to investigate the relevance and adequacy of child sexual protection services in Lunga Lunga slums of Nairobi area.

### **1.3 Research Questions**

The study sought to address the following questions:

1. What is the prevalence of CSA in Lunga Lunga?

2. What CSA protection services are available to children and the communities in Lunga Lunga slums?
3. What are the limitations of CSA protection services in Lunga Lunga slums?
4. How adequate are the CSA protection services?

#### **1.4 Objective of the Study**

The main aim of this study was to assess the relevance and adequacy of Child Sexual Abuse protection services.

##### **1.4.1 Specific Objectives**

1. To assess the prevalence of Child Sexual Abuse in Lunga Lunga slums.
2. To identify the CSA protection services available to children and the communities in Lunga Lunga slums.
3. To analyse the challenges affecting Child Sexual Abuse protection services in Lunga Lunga slums.
4. To assess the adequacy of Child Sexual Abuse protection services.

#### **1.5 Rationale of the study**

Issues of CSA are very sensitive and have attracted a large number of research by scholars, NGOs and Civil societies (Kerimora, 2010). Mwitikwa's work of 2006 focused on causes of child sexual abuse in schools and its psychological effects on children. The research recommended stricter laws and their full implementation. A research report by UNICEF (2009) titled 'why children may not be safe in schools' considered poverty as the main cause as children from poor families get enticed with small tokens such as sweets, bread and even money from their teachers to engage in sex. This study concluded that empowerment of poor households economically and creation of awareness and relevant education programmes on CSA are important strategies against CSA. ANPPCAN (2008) on the other hand focused on child sexual abuse in schools and its implications on learning while CRADDLE (2005) focused on trends in CSA in Kenyan slum dwellings. The study also concluded that CSA is on upward trend and recommended creation of awareness and community involvement in fighting the vice.

This study was therefore important because it not only focused on identifying the constraints faced in CSA protection measures but also explored the means of strengthening such systems to ensure safety of children. Lunga Lunga slums in Makadara were selected due to location within industrial area, an economic hub which has attracted many low skilled job seekers. This has led to congestion, poverty, strain and lack of basic social amenities which are fertile conditions for high prevalence of CSA. The challenges which face prevention of CSA in Lunga Lunga slums aggravate the risks of abuse and exploitation though the area has close proximity to many criminal justice institutions and CSA service organizations. The protection services in preventing CSA have been found to be largely ineffective.

### **1.6 Scope and Limitation of the study**

This study focused on Lunga Lunga slums in Makadara, Nairobi and encompassed all the 8 villages namely Jamaica, Paradise, Sinai, Lunga Lunga, Milimani, Donholm, Kingstone and Uchumi. The respondents in the study were survivors of CSA and their parents or guardians, Children Officers, the provincial administration, members of the locational AAC and community or social workers.

Issues of confidentiality were expected to arise but these were overcome by obtaining appropriate permissions and assuring respondents that any information obtained would be treated with confidentiality. They were also assured that the study would focus mainly on issues of academic interest. Pseudonyms were used to protect the identity of respondents where information had to be revealed for purposes of ensuring reliability. The researcher substituted for the potential respondents who were not reached as a result of migration or unwillingness to participate with other relevant alternates from the same area. The researcher had to obtain permission from the guardians and parents of the children before interviewing them. Such interviews with the children were done in privacy. Due to the large size of the slum and time and financial constraints, a more detailed study over a long period that would give a better account of the phenomenon was not possible. Therefore the interpretation of the findings was limited to the specific study context. It is

anticipated that information could be used as basis for further research and not necessarily as a conclusive research on its own.

### **1.7 Definition of key terms**

**Abuse-** Use of something or a child in a wrong way. Being cruel and violent to someone.

**Child abuse-**This is harm to children that results from human action which violates legal codes or social expectations.

**Child Sexual abuse-** A young person of 18 years and below being forced or enticed in exploitative sexual activity.

**Institution(s)-** Structures and mechanism of social order and co-operation governing the behavior of two or more individuals. Also taken as customs, practice, relationship or behavioral pattern of importance in the life of community or society.

**Protection-** To prevent someone or something from being harmed or damaged.

**Survivor(s)-**Individuals or groups who have suffered sexual violence or abuse.

## CHAPTER TWO

### LITERATURE REVIEW

#### 2.1 Introduction

This chapter reviews existing information and data that are relevant to the study topic and objectives. It summarizes existing information on the trends of CSA, protection measures against CSA, effectiveness and the challenges in CSA protection measures and the theoretical and conceptual framework in Lunga Lunga slums in Makadara District.

#### 2.2 Trends in Child Sexual Abuse

Muindi (2010) reveals that about 150 million girls and 73 million boys globally are either raped annually or suffer other forms of sexual violence while CSA affects 2-62 percent of females and 3-16 percent of males as victims in the United States of America (Johnson, 2004). With the reported number of sexual offences reaching 89,000 incidents in 2008, the US led the world in cases of sexual offences followed by the UK with 13,093 cases while Zimbabwe with 3186 sexual abuse cases was the highest in Africa. In East Africa, Kenya led with 935 cases in 2008 (UNODC, 2009).

Research by Healthcare Assistance Kenya, a local NGO showed that 1,124 girls were defiled in Kenya in the year 2010 (Oyaro, 2010). Nairobi County recorded the greatest increase of 12 percent nationally in offences against children which rose from 3496 incidents in 2009 to 3972 incidents in 2010.<sup>4</sup> There was an increase of 19 percent in defilement which rose from 2242 cases in 2009 to 2666 cases in 2010 while incest rose from 157 to 192 cases or 22 percent increase over the same period.<sup>5</sup>

Statistics from Makadara District Children Office reveal that in 2008 out of a total of 495 cases of child abuse, there were 377 cases (76 percent) of neglect, 104 cases (21 percent) of custody, 9 cases (2 percent) of abandonment, 3 cases (0.6 percent) of sexual abuse and 2 cases (0.4 percent) of physical abuse. In 2009 out of a total of 417 cases of child abuse,

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<sup>4</sup>Annual Crime Report (2010)

<sup>5</sup> Ibid

there were 396 cases (95 percent) of neglect, 8 cases (2 percent) of sexual abuse and 13 cases (3 percent) of physical abuse. In 2010 out of a total of 467 cases of child abuse, there were 441 cases (94 percent) of neglect, 12 cases (3 percent) of sexual abuse and 14 cases (3 percent) of physical abuse. These figures show that cases of child sexual abuse have steadily risen over the years which imply gradual reduction of the safety of children from child sexual abuse.

### **2.2.1 Child Sexual Abuse in Society**

According to Johnson (2004), CSA is a worldwide concern and affects 2-62 percent of women and 3-16 percent of men as victims. CSA has attracted much interest across the globe owing to a number of factors principal among them being the nascent concept of reproductive health (Ogunyemi, 2000). Cases of CSA are most often handled either by the criminal justice system or by the child protection system but none maintains comprehensive data about cases of CSA (Larson et al, 1994). This fact is corroborated by Onyango (1989) in Johnson (2004) who argues that CSA is difficult to assess due to lack of accurate national statistics though most professionals are now aware that it occurs more often than previously recognized. Therefore, the statistics that exist reflect only reported cases.

The number of unreported instances of child sexual abuse is great because children are afraid to report on what has happened (AACAP, 2009). In its report titled 'Beyond Borders: An Explanatory study on child online safety in Kenya', The CRADLE reveals that many children are abused online both directly and indirectly but are too scared to tell parents and teachers. The same report reveals that 26 percent of respondents had agreed to a date with adults they had met for the first time on the internet while half of those who reported their encounters said their complaints were not acted upon (Onyango, 2011). To address this disclosure problem, a more comprehensive picture of the scope of the problem is obtained by asking adults whether they were sexually abused as children together with improved and ongoing efforts to obtain more reliable data about the incidence and prevalence of CSA (Larson et al, 1994).



Kariuki (2011) reveals that there has been a general change in some parts of the country. In Nyahururu it was noted that sex related offences had reduced drastically due to increased awareness, harsh penalties and improved prosecutions. However, a major point of concern for the authorities was the increased interference by parents when their children were defiled by relatives. This interference involves accepting money so as not to attend court, barring the victim from attending court or withdrawing the case from court hence defeating justice.

### **2.2.2 CSA Offences**

CSA encompasses first defilement as defined in Section 8 (1) of the Sexual Offences Act of 2006 as an act which causes penetration with a child, second, attempted defilement in Section 9(1) and third as an indecent act defined in Section 11(1) (a) and (b). An indecent act is defined as any contact between any part of the body of a person with the genital organs, breasts or buttocks of another, but does not include an act that causes penetration. It is also the exposure or display of any pornographic material to any person against his or her will (Sexual Offences Act, 2006).

Larson et al (1994) define CSA as sexual activities involving a child and an adult or a significantly older child while Keith (2010) regards CSA as forcing any sensory, be it visual, physical or verbal sexual contact onto another person. Such sexual contact involves fondling, genital manipulation, oral sex, attempts at and actual penetration of the vagina or anus. These forms of CSA are summarized as vaginal penetration, sodomy, incest, child pornography, child prostitution and early marriages.

### **2.2.3 CSA offenders**

The three issues which are critical to understanding CSA are betrayal of trust and responsibility, abuse of power and inability of victims to make informed consent devoid of threat, wants or deprivation (Kuloba, 1997). Finkelhor's (2006) conceptual framework posits that CSA occurs only when four preconditions exist namely: a motivated perpetrator, an ability to overcome internal inhibitions toward sexual abuse, an ability to overcome external barriers to sexual abuse and a victim unable to resist the abuse

(Finkelhor, 1984 in Daro, 1994). Child sexual abuse can take place within the family, by a parent, step –parent, sibling or other relative, or outside the home by a friend, neighbor, child care person, teacher or stranger (Johnson, 2004). It has been found that parental physical absence can lead to CSA (Madu, 2003)

The population of known offenders includes one time and habitual sexual offenders, intra family and extra family offenders or strangers and acquaintances, and adults and juveniles or adolescents. Offenders also vary in terms of age, occupation, income level, marital status and ethnic group (Larson et al 1994). In most cases of CSA, 60 percent of abusers are non-relative acquaintances such as friend of the family, baby sitter or neighbor while 30 percent are relatives of the child such as fathers, uncles and cousins. There is an element of trust and power in the case of the abuser who is close to the family and is in contact with the child (Garry, 1999 in Madu, 2003). Abusers who are strangers account for only 30 percent while men are the perpetrators in most cases represented by 90 percent. Regardless of whether the victim is a boy or a girl, women are perpetrators in about 14percent of cases reported against boys and about 65percent against girls (Johnson, 2004).

Previous studies show that family offenders constitute 30-40 percent of the offenders against girls and 10-20 percent of the offenders against boys. Around 20 percent – 25 percent of all incidents of sexual abuse involve penetration or oral genital contact. However, according to Finkelhor, among those cases reported either to child protection or law enforcement, the percentage involving penetration or oral – genital contact increases to 50 percent (Larson et al, 1994). Larson et al (1994) identify the incidence of recidivism as among the most important concerns about offender characteristics.

Harvey (1995) identifies four preconditions for incest and intra familial abuse to be a parent incapable of choosing adult-child boundaries, a vulnerable child, the available opportunity and the inability to overcome external and internal inhibitions. Risk markers present in potential CSA offenders include previous incest or sexual deviation in the family, a new male member of the household with a record of a sexual offence, loss of

inhibition to alcohol, loss of maternal libido or sexual rejection of the father and pedophilic sexual orientation especially in relation to sex rings and pornography (Duff, 1987).

#### **2.2.4 Effects of Child Sexual Abuse**

Child sexual abuse may occur to all children of all ages, sex and in any part of society. Children victims of CSA are identified in three main ways: physical signs, behavioral changes and through allegations or disclosures. Occasionally, suspicion is aroused from the behavior of the perpetrator. According to Harvey (1995), physical signs include vulva abrasions and bruising, genital and perinea bleeding, bladder or bowel penetration and also genital injuries. Behavioral presentations include evidence of sexualization through abnormal sexual behavior such as preoccupation with his or her genitals, expression of genital or sexual interest in play. Evidence of dramatization includes anxiety, fearfulness, expression of guilt, panic, nightmares, sleep disturbances, withdrawal, oppositional and conduct disorder (Harvey, 1995). Johnson (2004) underpins the severity of psychological impact of CSA by pointing to the fact that pain and tissue injury from CSA can completely heal in time but psychological and medical consequences can persist through adulthood.

When sexual abuse has occurred, a child can develop a variety of distressing feelings, thoughts and behaviors (Johnson, 2004). According to Larson et al (2004), mental problems which impact on CSA victims also include first, Post Traumatic Stress Disorder or PTSD characterized by frequent experiencing of the event through nightmares or intrusive thoughts, a numbing of general responsiveness to or avoidance of current events and persistent symptoms of increased arousal such as jumpiness, sleep disturbance or poor concentration. A second mental problem is cognitive distortions represented by chronic perceptions of helplessness and danger, guilt, low self esteem and self blame.

Thirdly, other types of emotional distress are depression, anxiety and anger. Impaired sense of self is characterized by problems in understanding or relating to others independent of their own experiences or needs. Fourthly are a variety of avoidance

behaviors on dissociative phenomena such as amnesia for painful abuse and related memories. Other such behaviors are substance abuse and addiction, suicide, indiscriminate sexual behavior, self mutilation, bingeing and purging. CSA is also associated with both initial and long term alterations in social functioning and difficulties in interpersonal relationships (Larson et al, 2004).

The above physical and psychological effects occur due to inappropriate contact between adults or older children and younger children brought about by overcrowding of the sleeping areas in the slums. Secondly, lack of awareness and skills of recognizing the risks and signs of CSA victimization by parents or guardians has contributed towards perpetration of CSA and subsequent suffering by victims. This is attributed to poverty and low educational levels which characterize individuals living in slums such as Lunga Lunga slums.

### **2.3 Protection Measures against Child Sexual Abuse**

According to Alexander (2009), CSA is likely to occur when there are economic difficulties, idleness, parental neglect or carelessness and peer influence. A crowded living environment, exposure to pornographic materials, ignorance about human sexuality, lack of moral instruction and provocative dressing are other factors which facilitate CSA. Male offenders of CSA also tend to exhibit characteristics such as alcohol use, low academic attainment, unemployment and a background of witnessing violence as a child.

According to Daro (1994), prevention of CSA follows a path in two critical aspects namely targeting of the potential victim rather than the potential perpetrator and an emphasis on primary rather than secondary or tertiary prevention. Primary intervention targets services to the general population with the objective of stopping any occurrence. Secondary prevention targets services to high-risk groups in order to avoid the continued spread of the problem while tertiary prevention targets services to known perpetrators or victims with the intent of prevention of new incidents.

### **2.3.1 Primary Protection Measures**

Primary protection measures encompass both criminal justice and civil child protection systems. Government response to CSA occurs either through the criminal justice system, the child protection system or both. The primary focus of the criminal justice system is on punishing perpetrators of CSA while that of civil child protection is on protecting the child. The systems share the goal of prevention or responding to the situation in a way that keeps the offence from happening again to the same child or to other children (Keith, 2010).

The criminal justice system is represented by laws that relate to children issues such as the Children Act of 2001. This act came into operation on 1<sup>st</sup> March 2002 as a result of a long consultative process on laws relating to children and was a product of the Children Bill of 1995. The Act consolidated the previously existing laws on children which were viewed as inadequate and incorporated the provisions of UNCRC and ACRWC. The aim of UNCRC and ACRWC was to task governments to protect children from all forms of sexual exploitation and sexual abuse by taking appropriate legislative, administrative, social and educational measures (UNCRC Article 34 and ACRWC Article 16(1))

The Children Act of 2001 encompasses a wide array of items such as the establishment, composition and functions of NCCS, the role of local authorities, inspection of Charitable Institutions and Jurisdiction of Children Courts .The second legislation which falls under the criminal justice system is the Sexual Offences Act of 2006 which expressly defines Child sexual abuse to include defilement and attempted defilement. The Act also lays down the punishment to be given to convicted persons according to the offence committed.

Apart from the above Acts, CSA protection measures are represented by Government direct participation through the Ministries of Gender and Children Affairs, Provincial Administration and Internal Security, Justice, National Cohesion and Constitutional Affairs and Ministry of Education. This also includes liaisons with NGOs and other civil organizations such as Child Line Kenya, ANPPCAN, Plan Kenya and The CRADLE

among many others. These liaisons aim at achieving the education and sensitization of children and the general public on CSA.

The Ministry of Gender and Children Affairs under the Children's Services Department has five divisions namely Field Services division for child protection, child sexual abuse and child trafficking and social protection division. This division coordinates the cash grant program to poor households taking care of orphans and vulnerable children. The program is intended for children to enable them to remain and grow within the family. The Alternative Family Care division deals with adoption services, foster care and CCI's services such as statutory institutions. Another division is the Finance and Administration division. NCCS has established Area Advisory Councils to focus on various issues on the rights of children in their areas of operation. The main function of NCCS however is to exercise general supervision and control over the planning, financing and coordination of child welfare activities (Children's Act, 2001 Section 30 and 32).

Primary intervention or protection measures focus on children and their parents through school-based abuse prevention programs that teach children the difference between acceptable and unacceptable touching and how to disclose to a trusted adult if sexual touching occurs (Seto, 2009 and Johnson, 2004). These programs offer integrated family life education, create awareness on the rights and laws that affect children, provide children with skills to respond to threatening situations and create an environment in which children can access help (Daro, 1994). In addition, knowing the people who the child comes into contact with is also important (AACAP, 2009). On the other hand, the often popular suggestions for more incarceration reflect a strong assumption that recidivism is very high in CSA offenders (Larson et al, 2004).

### **2.3.2 Secondary Protection Measures**

Secondary protection measures target services to high –risk groups in order to avoid the continued spread of the problem. These include provision of crisis hotlines, home visit programs, parent education classes and support groups. Others are political efforts to improve the social service safety net and to combat the environmental hazards that children face (Daro, 1994). Daro (1994) also lists tertiary protection measures as those

that target services to known perpetrators or victims with the intent of preventing new incidents. Such actions include therapeutic or supportive interventions to both victims and offenders of CSA. Providing affordable medical care to abused children through comprehensive good community based rehabilitation centers is also an important way of intervention (Daro, 1994).

In addition to the divisions for child protection and child sexual abuse within the Children's Services, the division for cash transfer to orphans and vulnerable children also coordinates the cash grant program to poor households taking care of orphans and vulnerable children. The cash transfer is meant to provide basic needs and help children grow up in a family set up. The NCCS also establishes Area Advisory Councils to focus on CSA issues in their areas of operation while NGOs such as Childline Kenya, ANPPCAN, Plan Kenya and The CRADLE have targeted both victims and offenders of CSA in their operations.

## **2.4 Constraints to Prevention of CSA in Nairobi Slums**

### **2.4.1 Administrative Challenges**

Both criminal and child protection systems often respond to CSA as part of their mandates, a fact that complicates issues of reporting investigation and adjudication. To increase efficiency and minimize inconvenience and trauma to the child, the systems must closely work together. Some of the issues that influence both systems include reporting and investigation. Others are the role of the medical expert, treatment of children to minimize negative effects of victimization and the rehabilitation of the offender to avoid future offences. The differences in training and approach have to be resolved and procedures for sharing confidential information has to be developed (Larson et al, 1994).

Authorities must know the limitations of the programs despite their positive effects on children. For example, there may be negative impacts in these efforts such as evoking fear and anxiety in children. Secondly, most evaluations have not assessed whether a gain in knowledge will actually translate into behavior and hence protect children from abuse. Therefore there is no demonstrated effectiveness in helping to actually prevent or resist

CSA (Larson et al, 2994). The goal of CSA programs is to prevent maltreatment but measuring the effectiveness of prevention programs is a formidable task when the point of onset cannot be established and when the at-risk population is small and amorphous. To overcome this difficulty, Daro (1994) opines that an assessment of previous programs follows a three step process namely: (1) Stipulating the conditions known to increase the likelihood of abuse; (2) Measuring the ability of programs to address these conditions and (3) Examining the impacts of these changes on the rate of abuse. There is poor coordination in the implementation of CSA protection measures and Kibe (1984) talks of duplication of programmes by different agencies.

#### **2.4.2 Social Challenges**

In most parts of the world reports of rape do not guarantee redress or punishment of the offenders because sexual socialization perpetuates powerful mythologies incorporated in law or juror understandings which make it difficult to prosecute sexual criminals without evidence of physical injury from assault, corroborating accounts or securing other difficult evidence (Cook, 1993 in Ogunyemi, 2000). Incidents of CSA are not reliably reported and recorded because of social taboos that view the abuser as a social deviant therefore deterring persons with such a problem from seeking help because of labeling. CSA is perpetuated through denial of the extent of the problem and stereotyping of child molesters (Fogel and Lauver, 1990).

Rosenberg,(2004) outlines a number of challenges for intervention as follows; First is by evolving innovative methods of getting the vulnerable group of girls protected which requires reaching out to parents or guardians, community leaders, school administrators, occupation groups and significant others. The focus of such intervention initiative would be on how to identify and prevent situations that encourage CSA at various units of the society. The use of peer educators to reach youths and adults alike may help in achieving this objective. Second is to address certain stereotypes about sexual relationship in the country including those beliefs that define the sexual life and rights of the female gender as appendages to males. Public information and education may therefore be required to create new consciousness about a lady's "no" being "no." Third is to get the people to talk about sexual matters in ways that could promote children's reproductive health.



Intervention activities should ultimately lead to empowering children especially girls to be able to report their experiences of CSA. Necessary treatment and rehabilitation procedures should however be put in place to erase the social stigma that may possibly result from unreported cases. Similarly, collaboration with existing government agencies as well as NGOs may also help while reporting CSA experiences for possible prosecution would at least open up avenues for thinking, talking and acting upon an issue that endangers the reproductive health and rights of children (Rosenberg, 2004).

### **2.4.3 Legal Challenges**

The criminal justice child protection system focuses on punishing perpetrators of CSA and also aims at prevention or responding to the situation in a way that keeps the offence from happening again to the same child or to other children. The enactment of both the Children Act of 2001 and the Sexual Offences Act of 2006 was a milestone in strengthening the criminal justice system. The former encompasses a wide array of items such as the establishment, composition and functions of NCCS while the later provides a definition of Child sexual abuse and also lays down the punishment to be given to convicted persons according to the offence committed. Despite existence of these laws, CSA still continues to be perpetrated.

According to Kibe (1984), victims of CSA and their parents often face insurmountable obstacles in trying to bring perpetrators to justice. Such children are intimidated by cultural attitudes and state inaction to seek redress since doing so can lead to hostility from family, the community and the police. Those who seek justice are confronted by a legal system that ignores, denies and even condones violence against child victims and protects perpetrators (Davis et al, 2002).

## **2.5 Adequacy of CSA Protection services**

### **2.5.1 Adequate CSA services**

An adequate intervention system should address the conditions that lead an adult to consider the use of children for sexual gratification and should strengthen the environmental elements that discourage abuse. Mwit (2009) argues that the drawback in CSA protection is that prevention has targeted the potential victim rather than the

potential perpetrator. Voluntary educational programs for offenders of CSA are less promising while absence of public sympathy for the offender dampens support for publicity funded programs (Daro, 1994). A single prevention system cannot achieve the expected results and instead, a multi-faceted prevention system is the solution (Daro, 1994).

Davis et al (2002) in their study found out that the strategies to prevent child abuse rated as most adequate were mental health treatment for abused children and abusive parents, improved child protection service, education and staffing and increased availability of day care. The strategies rated as least effective were stricter laws, harsher punishment for abusive parents and increased legal ways for the state to gain custody in CSA cases. Nunes (2007) is of the opinion that incarceration has little impact on recidivism of CSA offenders following release. But since punishment has retributionist, deterrent as well as rehabilitative aims, long sentences are likely to continue even though such sentences have no deterrent or rehabilitative effect.

According to Keith (2010), measuring the adequacy of interventions is a dilemma, that is, the dilemma of long term follow up is that it takes time to measure current practices. Short and medium term follow-ups are important but only provide inconclusive findings (Daro, 2010).

### **2.5.2 Inadequacy of Protection Measures**

Davis et al (2002) identifies the two gaps in protection measures as inadequate education of health workers in recognition and treatment of CSA and inadequate education and staffing for child protection services. Others are lack of public information announcements programs to improve parenting and communication skills and support services for children experiencing periods of special stress and isolation which enhance the protection measures. Others are not creating models emphasizing on adult responsibility for young children, not increasing attention to supervision of children and not educating extended family members on how to handle situations of knowing or suspecting sexual abuse (Larson et al, 1994).

Therson (2006) maintains that failure to raise awareness of the unacceptability of CSA, promoting the notion that stopping CSA is everyone's responsibility and educating the public especially policy makers about the true nature of CSA are also important. In addition, there is inadequacy in evaluation and strengthening of the existing child sexual abuse prevention programs and also in exploring, evaluating and strengthening new approaches to child sexual abuse and shifting the prevention of child sexual abuse from children to adults (CSA Advocacy, 2010). Other inadequacies include lack of deliberate efforts to empower families socio-economically, not enhancing the capacity of stakeholders including child protection agents in child rights and protection and the absence in formulation of a national child protection policy.

## **2.6 Theoretical Framework**

### **2.6.1 The Theory of Reasoned Action**

The proponents of the Theory of Reasoned Action (TRA) were Martin Fishbein and Icek Ajzen (1975) who formulated it after trying to estimate the discrepancy between attitude and behavior. According to Fishbein and Ajzen (1975), the strongest predictor of volitional or deliberate behavior is one's behavior intention. Volitional behaviours are influenced directly by behavioural intentions which are the result of both attitudes towards performing the behavior and subjective norms related to the behaviour. In other words, a person's voluntary behavior is predicted by his or her attitude toward that behavior and how he or she thinks how other people would view them if they performed the behavior (Hogg and White, 1999).

### **Relevance of the theory**

This theory can be used to explain how child sexual abuse protection services in Lunga Lunga slums can be used as interventions to prevent CSA incidents. Some of the protection services that are available in Lunga Lunga slums include the criminal justice system, civil child protection system and government collaboration with local stakeholders for sensitization of children and the public. Performance of volitional behavior by survivors or their parents/guardians such as reporting incidents of CSA and seeking information from children agencies and the police through commitment and

training can be enhanced by targeting their intentions, attitudes and subjective norms. Persuasive messages to influence intentions to use protection services, attitudes towards protection services and beliefs how others would feel about these actions are important for rendering the protection services adequate and relevant. Similarly, efforts that are directed towards changing the behavior of perpetrators and potential perpetrators of CSA begin with targeting their intentions, attitudes and subjective norms.

### **Retributive justice theory:**

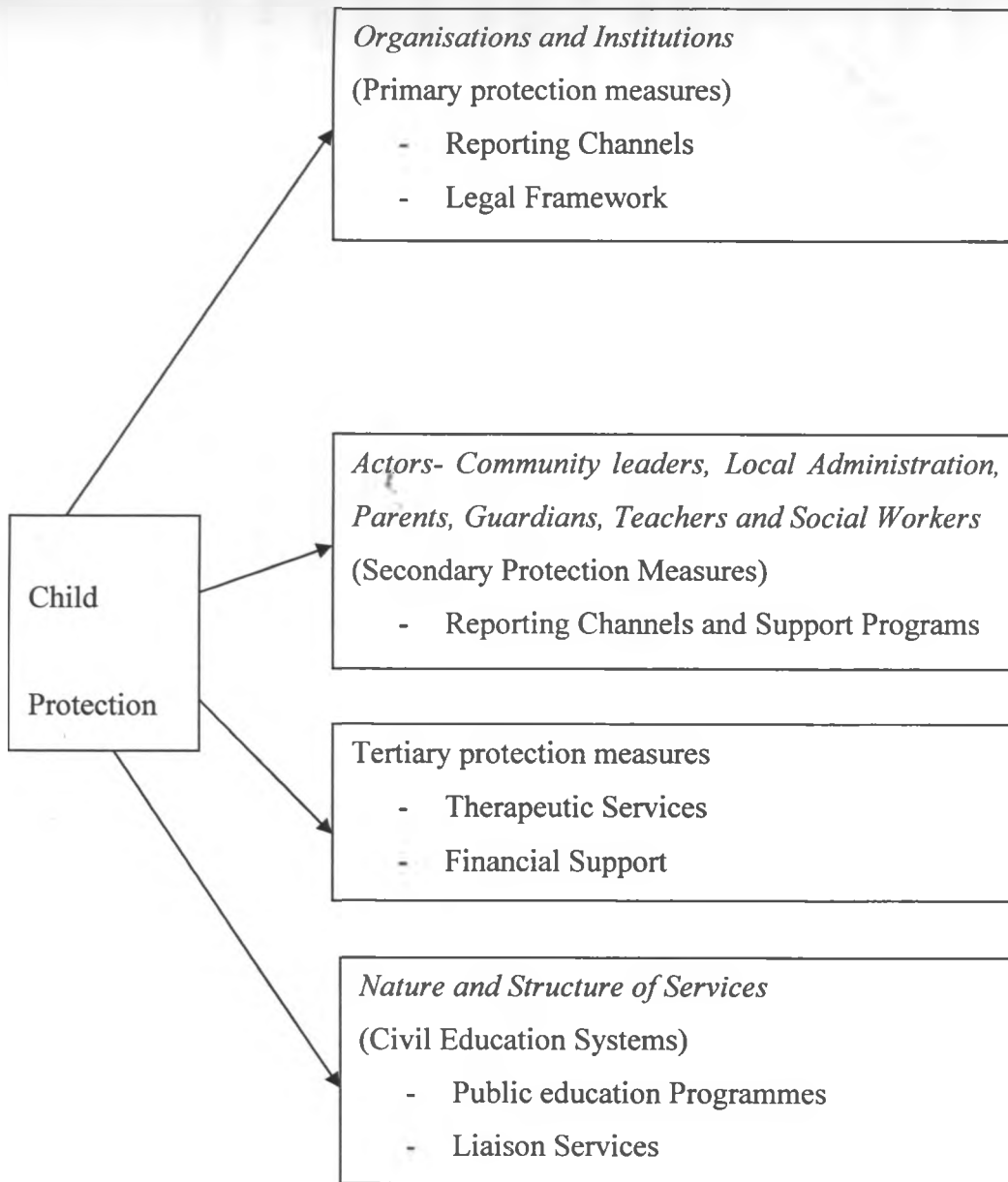
The theory was proposed by Rawls (1999). He states that justice is the first virtue of social institutions, as truth is systems of thought. The theory concerns itself with the proper ordering of things and persons within a society.

This theory of justice considers that proportionate punishment is morally acceptable response to crime, with a focus on the satisfaction and psychological benefits it can bestow to the aggrieved party, its associates and society (Ibid). Justice regulates proportionate response to crime proven by lawful evidence, so that punishment is justly imposed. The theory can be applied in Lungalunga slums to help in dealing with CSA offenders.

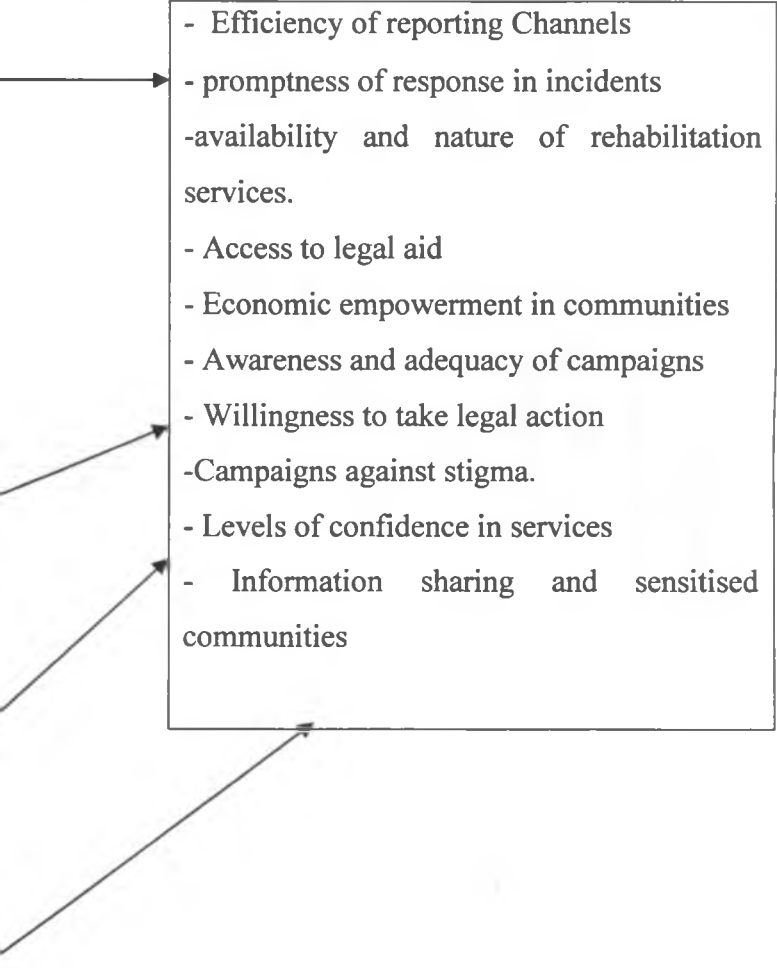
## **2.7 Conceptual Framework**

The figure shows that establishing measures such as relevant laws, reporting lines/facilities, support programs and therapeutic services for victims and offenders would lead to lower prevalence in incidences of CSA and sense of safety of children from sexual abuse and exploitation. The assumption is that these measures are relevant and adequate prevention of CSA in slums in Nairobi. This would generate the alternative argument that the services are not adequate for prevention of CSA.

### Protection measures in prevention of CSA



## CSA Prevention

- 
- Efficiency of reporting Channels
  - promptness of response in incidents
  - availability and nature of rehabilitation services.
  - Access to legal aid
  - Economic empowerment in communities
  - Awareness and adequacy of campaigns
  - Willingness to take legal action
  - Campaigns against stigma.
  - Levels of confidence in services
  - Information sharing and sensitised communities

**Source: Researcher, 2012**

This study therefore sought to assess CSA protection measures, the limitations experienced, the relevance and adequacy of Child Sexual Abuse protection services.

The study hypothesis was formulated thus:

Ho Child Sexual Abuse protection measures in Lunga Lunga slums are adequate.

H<sub>1</sub> Child Sexual Abuse protection measures in Lunga Lunga slums are not adequate.

### **2.7.1 Operationalization of Variables**

The Independent variable was operationalized as follows:-

Child Sexual Abuse Protection service: In this study meant the methods of prevention against CSA such as stricter legislation, education programs, treatment of victims, awareness programs and child protection services.

Stricter legislation: In this study meant appropriate laws which give deterrent punishment to convicted perpetrators.

Education programs: In this study meant school-based instructions on CSA.

Awareness programs: In this study meant CSA information activities targeted towards the public.

Child protection services: In this study meant efforts by all stakeholders towards preventing CSA.

The Dependent variable was operationalized as follows:-

Protection of children from Sexual Abuse: In this study meant the relevance and adequacy of protection measures and was indicated by reduced incidents of CSA and prevalence of CSA.

Incidence of CSA: In this study meant the number of cases that come to the attention of professionals each year. It was measured by counting CSA cases reported at government departments, in schools and from NGOs within Lunga Lunga slums.

Prevalence of CSA: In this study meant the number of people who have suffered CSA at some point in their childhood. This was measured by adding the CSA cases counted from the incidence figure to the CSA cases counted from informants and volunteer former victims of CSA in Lunga Lunga slums.

## CHAPTER THREE

### RESEARCH METHODOLOGY

This chapter presents the research site, the research design and units of analysis, sampling design and the methods of data collection and analysis which were employed.

#### **3.1 Research Site**

The site of the study was Lunga Lunga slums which are located within the newly created Viwandani Division in Makadara District on the Eastern side of Nairobi County. Makadara District is one of the three districts created out of the former Nairobi East District in June 2009. The other two are Embakasi and Njiru Districts. Lunga Lunga slums has got eight villages namely Jamaica, Paradise, Sinai, Lunga Lunga, Milimani, Kingstone and Uchumi and Sinai. About 50percent - 80percent of the slum dwellers rent from private sector landlords (GK, 2010).

Lunga Lunga slum was started by workers who saw the need to stay close to their work place in Industrial Area where most of them were employed as casual labourers and others conducted small businesses within the area. The slum has grown to become one of the largest informal settlements in the country. The poor who are the majority in Lunga Lunga slum live below the poverty line (Hope Worldwide Report, 2009). Lunga Lunga slum residents earn low incomes and are largely engaged in unskilled employment such as casual labour done in the adjacent Industrial Area. Some of them also engage in domestic labor in more affluent neighborhoods such as Hazina, South B and South C while others engage in petty businesses which generate low incomes. The population is characterized by high rates of unemployment and generally possesses limited assets. This has in turn contributed to high crime rates such as robbery.

The slum lacks basic services such as sanitation, safe water sources, electricity supply and tar marked roads while the households are characterized by congestion, low levels of literacy and poor living conditions. As a result of overcrowding, there is sharing of the small rooms amongst family members while sleeping and sharing of external toilets with



other residents. The slum is also characterized by lack of street lights which also creates conditions for the occurrence of crime.

### **3.2 Research Design**

The study employed a case study design. Case studies are concerned with written account that gives detailed information about a person group or things and their development over a period of time. According to Benard, (1995), case studies answer questions of who, what, when, where and how in a given topic and lead to profile development of a situation or a group of people by acquiring accurate information.

According to Singleton et al (1998:102), research design is the arrangement of condition for collection and analysis of data in a manner that aims to combine relevance to the research with economy in procedure. The study entailed examining the effectiveness of child sexual abuse protective measures. The case study aimed to collect both qualitative and quantitative data from respondents namely victims of sexual abuse, their parents and guardians and from key informants such as children officers, police officers, children court officials. The case study is preferred over the survey method due to cultural and social sensitivity of CSA and a real threat of stigma. Surveys would create room for speculation, avoidance and therefore non-response rates would increase.

### **3.3 Units of Analysis**

Baker (1994:102) defines units of analysis as the social entities whose social characteristics are the focus of the study. It is the phenomenon being studied. It can also be seen as activities (objects or events) under study. In this study, the unit of analysis is child sexual abuse in Lunga Lunga slum of Makadara District, Nairobi.

### **3.4 Sources of Data**

The study utilized both primary and secondary data. Primary data were obtained by use of questionnaires and interview guides. The primary data were collected from the survivors of child sexual abuse, their parents or guardians, officials from Children Court, local administration, social workers and members of Area Advisory Council. Secondary

data were obtained from government and non-government agency publications, mass media and other relevant scholarly literature both in print and in electronic forms.

### **3.5. Sampling Design**

Koul (1992:168) defined sampling as the seeking of knowledge and information about part of a population or sample in order to extend the findings to the entire population. Sampling is therefore a process of selecting a sample from a population to become the basis for predicting the prevalence of an unknown piece of information, situation or outcome regarding the population (Kumar, 2005). Sampling of respondents was conducted in a multi-stage method with the following criteria being applied; Being resident in any of the villages in Lunga Lunga slum, having experienced CSA incidents and willing to participate in the study for survivors and their parents or guardians. Stakeholders were also required to be operating in the area.

There were three groups from where samples were obtained namely survivors of CSA and their guardians or parents, child service agencies and administration or security. After obtaining a sampling frame of survivors of CSA, Children Court officials, CBO, NGOs, religious leaders and administrative officials, a sample of 18 survivors and 12 parents/guardians was chosen purposively. All the eight villages of Lunga Lunga slum were covered in the study and almost an equal number of respondents from each of the eight villages participated in Lunga Lunga, Sinai, Kingston, Donholm, Jamaica, Milimani and Paradise villages. It is only in Uchumi and Jamaica villages where three respondents were interviewed, each of the rest of the villages provided four respondents. Another sample was also purposively chosen and comprised of eight children officers (including three volunteer children officers), four teachers, four social workers, four community health workers, six police officers, one resident magistrate and three local administrators (two village elders and one assistant chief). These fell into two groups namely child service agencies (Children Court officials, CBO, NGOs and religious leaders) and administration or security (administrative officers and the police).

The responses for the sample of 18 survivors and 12 parents/guardians formed the core of the data that was presented quantitatively while the views from the rest of the respondents forming the two groups (child service agencies and administration or security) were presented qualitatively in the interpretation to support the views from the core respondents.

The Focus group discussion (FGD) comprised of 10 persons purposively chosen from stakeholders in the community. The FGD was made up of two members of a Faith Based Organisation (PCEA) and a CBO (Ruum), one children officer, one social worker and one community health worker. It also consisted of one community/project coordinator, one village elder, an officer from Goal Kenya, a house mother from St Marian and the director of Little Bells OVC centre.

**Table 1: Sampling Frames**

<b>Respondents</b>	<b>No.</b>
Female Survivors	11
Male Survivors	7
Male Parents/Guardians	7
Female Parents/Guardians	5
Judicial Officers	1
Social Workers	4
Local Leaders	3
Teachers	4
Children Officers	8
Community Health Workers	4
Police Officers	6
<b>Total</b>	<b>60</b>

Source: researcher: 2012

### **3.6 Methods of Data Collection**

The study used questionnaires and interview guides to collect primary data. Different interview guides and questionnaires were prepared for different respondent category to

enable the respondents to provide the required information. The interview guides for survivors of child sexual abuse, their parents, guardians and key informants were administered through face to face interviews. Those survivors who were less than seven years old were encouraged to draw diagrams to explain their thoughts. The researcher obtained consent to interview the children from their parents and guardians who were also present during the session and assisted in explanation. The sessions were done in privacy where only the researcher, child and parent or survivor was present.

### **3.7 Tools of data collection**

Focus group discussions were also used to gather data from committees tasked with prevention of CSA in Lunga Lunga slums, from children service organizations and from members of the community. An observation schedule was used to observe the Lunga Lunga slum areas and nearby roads, Industrial Area police station, District officer's/Administration police post and the Makadara Children department office. The tool was used to capture the presence or absence of a protection unit, a specific officer for gender to man the Children/Gender desk, office space to address gender issues and posters or bill boards on CSA. It was also used to establish presence of functional telephones or vehicles.

### **3.8 Data Analysis**

According to Baily (2006), data analysis procedure includes the process of packaging the collected information putting it in order and structuring its main components in a way that the findings can be easily and effectively communicated. The researcher scrutinized completed questionnaires and document analysis recording sheets for accuracy and completeness. Outputs such as themes, idioms, settings, gestures and quotes were used in analyzing the data. Frequency tables, percentages, bar charts were also used for data analysis.

## CHAPTER FOUR

### DATA ANALYSIS, INTERPRETATION AND PRESENTATION

#### 4.1 Introduction

The main aim of this study was to assess the relevance and adequacy of Child Sexual Abuse protection services in Lunga Lunga slums. The sample for the study included 30 respondents each chosen purposively from among survivors of CSA and their parents/guardians. It included 18 survivors and 12 parents/guardians. Another sample of 30 included four community health workers, 6 police officers, eight children officers (including three volunteer officers), 4 teachers, 3 local leaders (two village elders and one assistant chief) and one judicial officer who were all purposively.

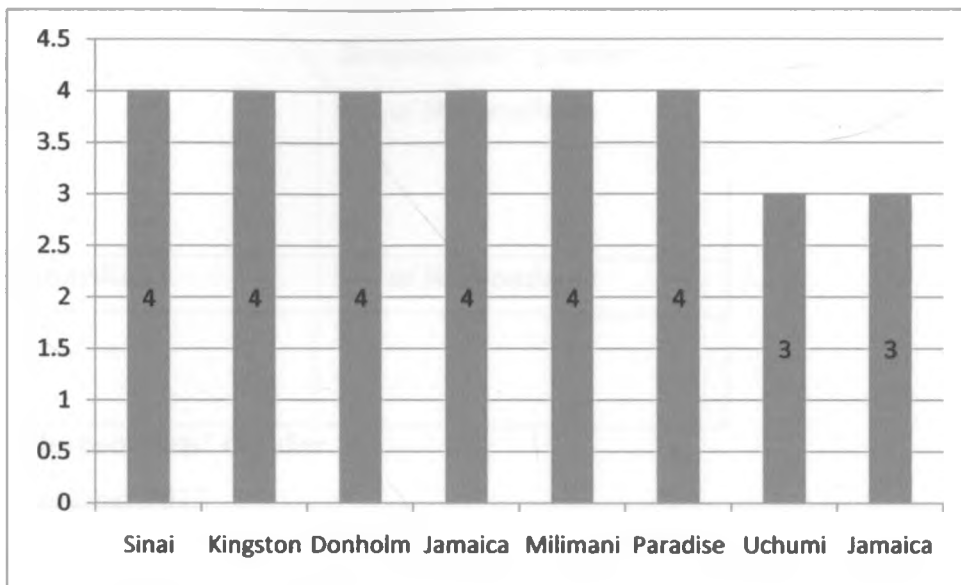
This chapter reports on the results of analysis of data and its presentation covering the respondents' background information, the prevalence of CSA and the protection measures against CSA available to children and the communities in Lunga Lunga slums. The chapter also looked into the challenges of effecting CSA protection services and an assessment of the relevance and adequacy of CSA protection services in Lunga Lunga slums.

#### 4.2 Demographic Characteristics

##### 4.2.1 Distribution of Respondents by Residence

All the eight villages of Lunga Lunga slum were covered in the study and almost an equal number of respondents from each of the eight villages participated in Lunga Lunga, Sinai, Kingston, Donholm, Jamaica, Milimani and Paradise villages. It is only in Uchumi and Jamaica villages where three respondents were interviewed, each of the rest of the villages provided four respondents. This implies that this study was inclusive and a good representation of the entire population of Lunga Lunga slums.

## Respondents' Residence



**Figure 2: Respondents' Residence**

Source: researcher, 2012

### 4.2.2 Gender of Respondents

Out of all participants of this study, 11 out of 18 were female survivors and 7 were male survivors. There were also 7 out of 12 male parents/guardians and 5 female parents/guardians. This difference is attributed to the vulnerability of the girl child and the high number of male perpetrators of CSA who mostly target girls rather than boys. Male members of the family also take a leading role to involve themselves in CSA issues. It can be deduced that majority of CSA survivors are mostly female who are also more open to discuss their experiences. These results are similar to what is revealed by key informants and children agencies who report that the most common victims of CSA are mostly female though followed closely in magnitude by both sexes.

### Respondents' Gender

Survivors	No. of Respondents
Male	7
Female	11
Parents/Guardians	No. of Respondents
Female	5
Male	7

**Table 2: Respondents' Gender**

Source: Reseacher:2012

#### 4.2.3 Age Distribution of Survivors

Six out of eighteen of the respondents were between the ages of 6-9 years while another 12 fell between ages 10-13 years. None was age 14 years and above. It can be deduced that most survivors of CSA fall between the ages of 6-13 years. This is attributed to their tender age contributing to their vulnerability hence not being able to actively fight off incidents of CSA occasioned on them. It can also be deduced that due to their tender age, they are not able to grasp most of the information on CSA protection measures if given such as awareness and training. These results are similar to what is revealed by key informants and children agencies who report that the most common age of victims of CSA is between 6-10 years.

#### 4.2.4 Length of Residence for the guardians/parents

When asked about the length of residence in Lunga Lunga 6 out of 12 of the respondents indicated that they had lived in Lunga Lunga slum for a period of between 6-10 years, while 4 had resided there for between 2-5 years 2 respondents had lived in Lunga Lunga slum for a period of 16 or more years. Most of them noted that the longer the children stay in the slums, the chances of suffering CSA increases upto a certain age (12) that this

risk starts diminishing. One guardian by the name Mumbi <sup>6</sup> who had resided in Lunga Lunga for three and half years had this to say *“I came here from Kiambio village in Kamukunji because my child had been abused sexually by a neighbor. The matter was reported to section three police station but nothing was done to the accused. On coming here within the first year of stay, my child was again abused by unknown person”*

Therefore it can be deduced that the length of stay does not determine the CSA cases

### **4.3 Prevalence of Child Sexual Abuse**

#### **4.3.1 Prevalence and forms of Child Sexual Abuse**

This section reveals the prevalence of Child Sexual Abuse and contains the forms of abuse experienced by respondents, the frequency of similar incidents involving self, the frequency of similar incidents involving others and common perpetrators of CSA in Lunga Lunga slums.

Most respondents 20 out of 30 indicated that they had experienced defilement, 7 had experienced sodomy while 3 had suffered an indecent act(s). Since majority of respondents were female, it follows that defilement is the dominant form of CSA experienced by respondents followed by sodomy. Another reason for this is because most perpetrators are males who seek female children for sexual gratification. The respondents who suffered from indecent acts were mainly male lured into watching pornographic materials and subsequently exposed to contact between any part of their body and the genitals of the perpetrators.

*“we prefer not to talk about it. It is a big problem which comes with a lot of shame. Children are abused here frequently”* One of the respondents had this to say during the interview. What this implies is that a number of cases go unreported.

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<sup>6</sup> Not her real name





**Figure 3: Form of abuse experienced by respondents**

**Source: Researcher: 2012**

**4.3.2 Other forms of CSA incidents known to survivors**

The results in Table 1 below show that a majority of the survivors had experienced two incidents of CSA in Lunga Lunga slum, 3 had indicated a repeat attack while 2 had experienced only one incident. These figures reveal that most survivors of CSA, having experienced at least one CSA incident before were afraid to report initial experiences due to threats from perpetrators or little awareness and information on their rights. The small number of those who had not experienced other similar incidents of CSA can be attributed to some awareness of CSA by survivors and because of some parental care enabling reporting of the incident on first instance.

**Table 3: Distribution of Survivors according to previous incidents**

Previous incidents involving survivors	Frequency
Only 1 incident	2
2 Incidents	13
More than two incidents	3
<b>Total</b>	<b>18</b>

**Source: Researcher: 2012**

#### **4.3.3 Awareness of CSA cases involving other victims in Lunga Lunga slums**

Table 3 below reveals that most respondents ( 12) indicated that they were aware of other children (apart from themselves or children in their care) who had experienced between 1-2 CSA incidents followed by 9 respondents who indicated that other children had not experienced any other similar CSA incidents. It was also reported that 7 respondents indicated that there were three or more incidents involving other children while only 2

Respondents said that more than five incidents had taken place that involved other children. These results show that majority of the respondents perceived a considerable high level incidence of CSA occasioned on other children. Those who indicated that no similar incidents had affected other children may not have been privy to such information given the high number of CSA incidents which go unreported in the slums.

These results are corroborated by key informants and children service agencies who put the frequency of CSA incidents in Lunga Lunga slums to be mostly moderate but tending towards high.

#### **4.3.4 Common Perpetrators of CSA in Lunga Lunga slums**

Twenty eight respondents (both survivors and parents/guardians) identified neighbours as the most common perpetrators of CSA in Lunga Lunga slums followed by family members. Due to familiarity, trust and proximity of residence, abandoned houses neighbours are able to lure victims easily into their houses and consequently commit CSA offences. Neighbours are also able to take advantage of the opportunity presented by poverty and absence of parents to use foodstuff in exchange for sex and video shows to lure the children. Some of the neighbours that commit CSA are family friends. Similarly, family members share small rooms, are able to gain access to children due to trust and cannot be discovered easily while committing CSA acts.

Related to the issue of perpetrators are the causes of CSA. The most prevalent cause of CSA in Lunga Lunga slum is poverty caused by unemployment which makes children vulnerable and in need of basics such as food. Poverty can be blamed to many CSA

incidents being resolved quietly after parents or guardians have been paid some money. Poverty also obligates families to live in the slums with the inherent dangers of overcrowding. Another cause of CSA in Lunga Lunga slum which follows poverty closely is poor communication, awareness and insufficient access to relevant information by the public. This includes poor parental care or skills brought about by illiteracy, ignorance and negligence. Others causes are corruption by authorities, environmental hazards such as poor lighting and sharing of external toilet facilities and inherent risks. In addition, societal apathy in reporting cases of CSA, drug abuse, idleness, hooliganism, moral decay or immorality and bad influence can also be attributed to CSA incidents in Lunga Lunga slum. Due to poverty and absence of referral action, most survivors in Lunga Lunga lived with their families, a few at rescue centres especially in cases of incest or when the perpetrator was a close family member.

#### **4.4 Protection Measures against Child Sexual Abuse**

##### **4.4.1 Knowledge of child protection services in Lunga Lunga slums.**

Figure 8 below shows that majority of the respondents knew of the existence of the criminal justice system, followed by those who were not familiar with any protection measures. Those who said that they knew the civil child protection system were 3 while a similar number knew of government collaboration with local stakeholders for sensitization of children and the public. The large number of those who chose the criminal justice system can be attributed to witnessing or hearing about similar incidents from peers and from media reports. Those who were not able to identify any measure can be explained by the tender years of some of the respondents who may not be able to identify the measures though appreciate that there is something being done to counter CSA.

Most of those who identified the child protection system can be attributed to those children who have come into contact with protection agents such as Children Officers, VCOs, social workers and community health workers following victimization incidents. The same can be said of those who chose government liaisons with stakeholders for sensitization of children and the public which also include chief's awareness in *barazas*,

parents informing children about CSA and also monitoring their movements. The civil child protection system is the most recognized measure among those who are more knowledgeable on CSA issues such as key informants and protection agencies, an issue which can be attributed to information disconnect between the two groups.

The civil child protection system includes awareness creation in LAAC, in community, in schools through children clubs to sensitize children and also health assistance. It also includes child spaces or safe areas and active call lines. It was also discovered that respondents did not recognize school based programmes and combating environmental hazards which shows absence of the same.

#### **4.4.2 Factors encouraging use of CSA remedial services**

Among the factors which encouraged members of the community to seek CSA services were friendly and quick services rendered 15, followed by mental and medical treatment , child protection and information services and assurance of severe punishment to offenders according to the law had only one respondent. Friendly and quick services experienced was the most common reason for seeking CSA remedial services since it is the most recognizable when survivors were able to report CSA incidents to their parents (especially mothers) and their teachers both of whom were willing to accompany them to seek medical and legal redress. Child protection and education also included the good work of VCOs from Children Department and the work of community health workers in rescuing abused children.

**Table 4: Distribution of Respondents according to factors encouraging use of CSA remedial services**

<b>Factors encouraging use of CSA services</b>	<b>Frequency</b>	<b>Percentage</b>
Assurance of severe punishment to offenders	1	3
Child protection and information services	6	20
Mental and medical treatment	8	27
Friendly and quick services experienced	15	50
<b>Total</b>	<b>30</b>	<b>100</b>

**Source:Researcher:2012**

#### 4.4.3 Actions taken when incidents occur

Table 5 below shows that the initial action for most respondents was to report incidents of CSA to the police through guardians or parents, followed by informing parents, mainly mothers or reporting to the local administration. Few of the parents/guardians and survivors contacted the Children's Office while very few were taken to a safe. It can be deduced that apart from survivors having confidence in the subsequent decisions taken by parents and guardians after CSA incidents, they and their parents or guardians also perceived that they could receive better reparation by reporting to the police.

The same can be said about the local administration who are contacted mainly because of their proximity to where incidents take place and their familiarity. Due to staffing challenges at the Children's office, survivors cannot readily access these officers and the few that are present including VCOs are not able to cover the entire slum. These are the same officers who are also required to recommend repatriation to a safe place such as a children's home in cases involving perpetrators who are fathers or close relatives to the survivor.

**Table 5: Distribution of Respondents according to actions taken when incidents occur**

<b>Actions taken when incidents occur</b>	<b>Frequency</b>	<b>Percentage</b>
Taken to safe place	2	7
Contacting Children's Office	3	10
Reporting to local administration	6	20
Reporting to police	13	43
Informed parent	6	20
<b>Total</b>	<b>30</b>	<b>100</b>

**Source: researcher: 2012**

#### 4.5 Factors discouraging use (Challenges) of CSA Protection Measures

Figure 9 reveals that most respondents (23 percent or 7) did not seek CSA protection services due to lack of confidence in criminal justice systems and trust in child protection outcomes, five or 17 percent failed to take action due to concerns about corruption at police stations while another 17 percent or 5 due to legal challenges. In addition, another 17 percent or 5 respondents did not seek CSA protection measures due to fear of threats, verbal abuse and stigma while 13 percent or 4 respondents each did not seek CSA protection measures due to lack of information and education and poverty respectively.

Poor criminal and child protection outcomes or inadequate stakeholder capacity includes uncooperative police officers who do not pay attention to reports of CSA hence delay cases, understaffing in courts, the government doctor and health facilities for CSA are few and there is lack of a feeding system to cater for the poor majority of children. In addition, there is no rescue centre in the community while VCOs and LAAC members are not facilitated. Under poor criminal and child protection outcomes is also inadequate public information and education hence CSA survivors receive minimal support from relatives and guardians and consequently they do not report CSA incidents.

The resident magistrate at *Makadara* Law Courts called Anna<sup>7</sup> had this to say on limitations in the application of CSA protection measures;

*“Parents /guardians are being compromised hence the numerous cases of non-reporting and there is understaffing at courts whereby instead of 12 magistrates there are only 5 magistrates. There is also no motivation for Volunteer Children Officers resulting in them not following up cases.”*

Similarly, an administration police officer named Corporal Ali<sup>8</sup> attached to the Lunga Lunga District Officer commented that;

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<sup>7</sup> Not real name

<sup>8</sup> Not real name

*“Witnesses refuse to record statements and give evidence, Children Officers also do not follow up on cases and there is poor communication and support for victims and witnesses. There are also informal out of court settlements hence cases are not reported to the police”.*

Rampant corruption by the police and the local administration is as much a problem as legal challenges evidenced by ineffectiveness of investigating officers, bureaucratic and slow follow up of matters. It is also as a result of lack of confidence in police and administrators due to poor cooperation hence witnesses refuse to record statements and give evidence in court. Fear and threats, verbal abuse and stigma is evidenced by police using threats and abuse when complainants make reports and beatings by some parents when a child reports a CSA incident. It also includes threats by police, suspect or the suspect’s family. An 11 year old CSA survivor named Jacinta<sup>9</sup> explained how it is discouraging to report such incidents;

*“Other children laugh at you when they hear about the act you encountered”.*

Survivors and their parents who do not seek CSA protection measures due to poverty are easily compromised and are unable to access medical services due to expenses involved for treatment and transport.

An observation of Lunga Lunga slums revealed that environmental hazards that exist in the slums include sharing of bathrooms and toilets at a fee of 5/= for men, women and children, poorly planned streets with no lighting system and sharing of small single and rooms. Social gatherings are attended by children late into the night pointing to neglect by parents hence the inherent risks. Parents also give out small children to perform domestic chores to strangers mainly neighbours at a small fee while some children dress provocatively or are half naked. All these contribute towards occurrence of CSA incidents.

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<sup>9</sup> Not real name

Similarly, an observation of the criminal justice system and civil child protection system shows that industrial area police station has no specific officer for gender to man the Children/Gender desk the two officers who are usually assigned to it are not permanent. In most cases, only one can be found there and sometimes the officer is assigned with other duties and on several occasions, the desk is empty. There is a problem of office space therefore gender issues are addressed in the Officer in Charge Crime (OC) office which is not child friendly. Interviews for the child at the station are therefore not done in privacy. It was observed that there are no posters or bill boards on CSA at the police station.

The station and the gender desk in particular has no functional telephone and the 999 line is also out of order except for the Control room number for Nairobi (0203556771) which can be called anytime but is engaged most of the time. There is only one vehicle in station which sometimes breaks down. The same vehicle is mainly used for other police work and rarely for children cases. In some instances, guardians are asked to fuel the police vehicle to take the child to hospital and also asked to provide lunch. At the *Makadara* children office and at the court, there is no vehicle for rescue or a functioning landline. The information desk at the *Makadara* children office is sometimes vacant and there is no child protection unit. All these are drawbacks to the effectiveness of the existing CSA protection measures hence occurrence of CSA incidents.

#### **4.5.1 Services offered to Victims**

Majority of the respondents 12 out of 30 were provided with medical services followed by psychosocial services 8) ( and physical ( 6). Only 4 respondents indicated to have sought legal assistance. The initial action by the police, local administrators and parents or guardians is to send survivors to hospital hence the preference to this choice. It is also here that survivors receive psychosocial assistance such as counseling and physical aid hence the second and third preferences. Legal recourse would therefore rank high since it is the point of departure from where survivors seek medical assistance. However, according to some respondents, all the services offered to survivors were not effective.



## **5.2 Duration taken to receive CSA services**

Most respondents (33 percent or 10) received services either within 1 day and 3 days while 27 percent or 8 receive the services within a duration of 2 days. Only 7 percent or 2 respondents indicated to have received CSA services within a period of 1 Week. It can be deduced that survivors are accorded timely attention while seeking redress especially in hospitals. Those respondents who indicate longer periods of time can be explained by inefficiencies occasioned by the police and the government surgeon. Patients seeking assistance at Nairobi Women Hospital receive prompt services but those that later report to the government surgeon for examination have to wait for long due to inefficiencies that exist at the office.

## **6 Adequacy of Child Sexual Abuse protection measures**

### **6.1 Perceptions of adequacy of protection measures**

Majority of the respondents (survivors and parents/guardians) were of the opinion that the protection measures in preventing CSA were very inadequate 12 out of 30, another 9 regarded the measures as somewhat inadequate, 6 said they were somewhat adequate while only 3 respondents chose very adequate. The view of the majority of the respondents is that the protection measures in preventing CSA were ineffective due to a myriad of weaknesses in stakeholder capacity and the problems experienced by survivors and their guardians. These include poor criminal and child protection outcomes, corruption, legal challenges, fear, threats, verbal abuse and stigma. Other issues which contribute towards ineffectiveness are lack of information and awareness and poverty.

Those who said that the protection measures in preventing CSA were somewhat adequate or very adequate can be attributed to temporary lapses when CSA incidents stop for some time due to active arrest and prosecution of perpetrators. Unfortunately however, CSA incidents reoccur after sometime when former and potential perpetrators forget the consequences or move to new areas within the slum.

#### 4.6.2 Reasons for perceptions of Adequacy of protection measures in preventing CSA

Table 6 below reveals that 23 respondents linked adequacy of protection measures in preventing CSA to response from children agencies, social health workers and children officers, 13 to stricter laws and harsher punishment for deterrence while 6 sited parents' concern about CSA. Response from children agencies, social health workers and children officers was the most popular choice due to government and stakeholder liaisons including quick interventions by Children Officers and VCOs, networking with institutions, quick police response and counseling and education by CHWs, teachers and CBOs. This also includes coordination of community and administration, quick medical attention, awareness creation to sensitize public on child rights and how to address CSA issues.

The choice of stricter laws and harsher punishment for deterrence was chosen for being visible through the media and word of mouth while parents' concern about CSA is limited due to poor parental skills and absence while seeking a livelihood.

**Table 6: Reasons for perceptions of adequacy of protection measures in preventing CSA**

<b>Reasons for perceptions adequacy</b>	<b>Frequency</b>
Assurance of severe punishment to offenders according to law	13
Response from children agencies, SHWs and Cos	23
Parents' concern about CSA	6
<b>Total</b>	<b>42</b>

**Source: Researcher: 2012**

#### **4.6.3 Reasons for perceptions of inadequacy of protection measures in preventing CSA**

Majority of respondents 20 out of 42 gave the reason for inadequacy of protection measures in preventing CSA to be inadequate stakeholder capacity while 12 respondents each cited inadequate public information and corruption. Only 8 respondents each attributed the inadequacy of protection measures in preventing CSA to poor CSA programmes and policies and societal apathy to report and threats from perpetrators' families.

Inadequate stakeholder capacity was attributed to poor cooperation and networking of police and witnesses, poor means of transport, lack of volunteers and lack of donors to facilitate awareness and LAAC meetings. Other issues raised were little or no motivation for VCOs, lack of police and personnel to handle CSA cases, lack of urgent response from legal or police officers, lack of funds to take victims to hospital, police station or to government doctor and recidivism by perpetrators who move to other areas and repeat CSA acts. It was further enumerated that there was poor police action or not taking action, delays in effecting arrest, nobody to attend to child's complaint and ineffective magistrates' courts. This also includes delay of justice in courts and lack of support by agencies, discouragement by police of CSA complaints and cases and lack of trained police to deal with CSA cases.

Inadequate information by public was attributed to shortage of trainers and ignorance or false information while corruption led to compromising of parents or guardians due to poverty. Societal apathy for reporting features community support of perpetrators and late reporting hence loss of evidence.

**Table 7: Reasons for inadequacy of protection measures in preventing CSA**

<b>Reasons for inadequacy</b>	<b>Frequency</b>
Inadequate stakeholder capacity	20
Inadequate public information	12
Poor CSA programmes and policies	2
Societal apathy to report	2
Threats from perpetrators' families	2
Corruption	4
<b>Total</b>	<b>42</b>

**Source: Researcher, 2012**

#### **4.6.4 Strategies to improve Protective Measures**

This study found that with regard to strategies for improving protective measures, 47 percent or 14 respondents recommended supporting survivors and community in the criminal justice process, 30 percent or 9 were for enhancing staff capacity of children agencies, medical and police doctor services while 23 percent or 7 respondents chose awareness creation. The emphasis on the criminal justice system was important since it was hoped that issues such as arrest and prosecution of offenders, speeding up of cases, making justice accessible, punishing offenders through deterrent sentences, staffing courts well and prompt action by police would be addressed. In addition, ensuring that children courts are corruption free and held in private rooms and cautioning police against corruption especially in cases involving CSA was also seen as important.

The magnitude of suffering occasioned by CSA is well captured by two 8 year olds. One named *Agnes*<sup>10</sup> had this to say about CSA perpetrators:

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<sup>10</sup> Not real name

*“Such people should be killed or chased away from the community so that they do not repeat these acts again”.*

Another named *Jane*<sup>11</sup> also echoed the same sentiments and said;

*Abusers of children should be killed and the government should bring police officers to protect our parents and us”.*

Enhancing staff capacity of children agencies included child protection liaisons and commitment by partners, increasing police doctors (in every police station to fill medical forms for victims), employment of CSA specialists and training of selected police officers on CSA. Others are empowering VCOs, COs, CHWs in finances, training and incentives where applicable, creation of children offices at grassroots level for victims to present cases when they are still fresh and provision of transport for emergencies. Awareness creation was proposed to be through increasing the level of awareness for more reporting to take place and empowerment of parents in handling child survivors hence not to be embarrassed to report CSA. Others are school programmes, LAAC trainings and barazas. There are some posters on CSA in schools such as Cana and Star of Hope within Lunga Lunga slums.

**Table 8: Distribution of Respondents according to Strategies to improve protective measures**

<b>Strategies to improve Protective Measures</b>	<b>Frequency</b>	<b>Percentage</b>
Awareness creation	7	23
Supporting survivors and community in the criminal justice process	14	47
Enhance staff capacity of children agencies, medical and police doctor services	9	30
<b>Total</b>	<b>30</b>	<b>100</b>

**Source: Researcher, 2012**

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<sup>11</sup> Not real name

## CHAPTER FIVE

### SUMMARY, CONCLUSION AND RECOMMENDATIONS

#### 5.1 Introduction

This section provided for findings made, recommendations and conclusions and areas that needed further research. The recommendations focused on the thematic areas of study namely the prevalence of Child Sexual Abuse, the protection measures against Child Sexual Abuse available to children and the communities, the challenges of effecting Child Sexual Abuse protection measures and the adequacy of Child Sexual Abuse protection measures in Lunga Lunga slums.

#### 5.2 Summary of Findings

The findings were made in light of objectives of the study and they show that the form of abuse experienced by most survivors of CSA was defilement, followed by sodomy and indecent act(s). Most of the survivors revealed that the previous incidents involving them were two incidents followed by three or more incidents while frequency of similar incidents involving others was either one or two CSA incidents followed by those who indicated that other children had not experienced any other similar CSA incidents. The most common perpetrators of CSA in Lunga Lunga slums were identified as neighbours followed by family members.

The protection measures against Child Sexual Abuse known most widely by respondents are the police and courts followed by the civil child protection system and government liaisons with stakeholders for sensitization of children and the public. The most common factors motivating victims to seek CSA remedial services were friendly and quick services rendered followed by mental and medical treatment and child protection and education. The most common action that was taken after an attack was to report to the police through guardians or parents, followed by informing parents and reporting to the local administration.

It was found that most respondents did not seek CSA protection measures due to lack of confidence in criminal justice systems and trust in child protection outcomes. The reasons for others were concerns about corruption at police stations, poverty, legal challenges and fear of threats, verbal abuse and stigma and lack of information and education. Most survivors indicated that they mostly received medical services followed by psychosocial services and physical services and lastly, legal assistance. However, the duration taken to receive CSA services by most survivors was either within 1 day or after 3 days, followed by the duration of 2 days.

Majority of the survivors were of the opinion that the protection measures in preventing CSA were largely inadequate. The major reason given for inadequacy of protection measures in preventing CSA was inadequate stakeholder capacity followed by inadequate public information and corruption, poor CSA programmes and policies, societal apathy to report and threats from perpetrators' families. The most common reason given by the survivors for the adequacy of protection measures in preventing CSA was response from children agencies, social health workers and children officers followed by stricter laws and harsher punishment for deterrence. The most favoured strategies for improving protective measures are supporting survivors and community in the criminal justice process followed by enhancing staff capacity of children agencies, medical and police doctor services and awareness creation.

### **5.3 Conclusion**

From the above findings, conclusions can be drawn that the prevalence of Child Sexual Abuse in Lunga Lunga slums is high due to poverty, poor information and education by public, and corruption by authorities. The protection measures against Child Sexual Abuse such as the criminal justice system, the civil child protection system and government liaisons with stakeholders for sensitization of children and the public are largely inadequate. These protection measures are overwhelmed by poor criminal and child protection outcomes, corruption, legal challenges, fear of threats, verbal abuse and stigma from perpetrators, their acquaintances and the public, and lack of information and education. The protection measures are also rendered inadequate by inadequate

stakeholder capacity, inadequate public information and corruption, poor CSA programmes and policies, societal apathy to report and threats from perpetrators' families.

It can also be concluded that the little semblance of adequacy of protection measures in preventing CSA was attributed to response from children agencies, social health workers and children officers, stricter laws and harsher punishment for deterrence. Therefore, strategies that can be applied to improve protective measures include supporting survivors and community in the criminal justice process, enhancing staff capacity of children agencies, medical and police doctor services and creation of awareness.

#### **5.4 Recommendations**

This study focused on Child Sexual Abuse Protection Services in Lunga Lunga slums. The protection measures in preventing CSA have been rendered inadequate due to inadequate stakeholder capacity, inadequate public information, corruption, poor CSA programmes and policies, societal apathy to report and threats from perpetrators' families. Therefore, action has to be taken in order to counter this state of affairs.

1. The government should facilitate training on CSA for junior officers in the provincial administration, the police and court and employ specialists or gender personnel to deal with sexual violation cases affecting children in every slum and police station. The Children department, apart from considering gender sensitivity in staff deployment, should also have officers assigned to deal with CSA cases only at least down to the divisional level and provide material and logistical support to facilitate VCOs.
2. The government should increase the number of police officers dealing with CSA cases and children issues improve services in police stations and provide every police division and children's office with a vehicle to assist in rescue cases.
3. Government should ensure that every division has a designated health centre whose report is accepted by the police doctor. Currently, government should extend recognition of reports to accredited private hospitals such as the Nairobi



Women's Hospital for purposes of prosecution or legal determination of cases. More police doctors should be employed to avoid delay of medical reports. Alternatively, more police surgeons should be brought down to health centers or police stations such as Industrial Area police station. The police doctors should be gender sensitive and preferably be ladies. Therefore, government should establish medical facilities and deploy competent staff to handle medico-legal cases at appropriate levels in all counties.

4. The government should provide children with legal representation.
5. The government should address drug abuse and illegal drugs.
6. In addition, the government should promote creation of awareness among stakeholders to ensure education on rights. Parents should also be obligated to undertake close supervision of their children.

Due to the large size of the slum and time and financial constraints, a more detailed study over a long period that would give better account of the phenomenon is necessary. Further longitudinal studies are therefore recommended to get a true picture of the problem and to promote strategies which can tackle the problem holistically and effectively.

#### **Areas of further research**

An analysis on why some slum areas experience more cases of child sexual abuse than others. The research should include impact of CSA, Preventive strategies and healing mechanism.

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**APPENDIX 1**  
**INTRODUCTION LETTER**

**UNIVERSITY OF NAIROBI**  
**FACULTY OF ARTS**  
**DEPARTMENT OF SOCIOLOGY**

To the Respondent,

Dear Sir/Madam,

My name is Emily Opati and I am an M.A.(Sociology) student at the University of Nairobi. I'm conducting a study on Child Sexual Abuse Protection Measures in Makadara District, Nairobi. This is in partial fulfillment of the requirements for the award of the Degree of Master of Arts in Criminology and social order. This study aims at examining the trends in CSA, nature of CSA protection measures available to children, identifying the obstacles to the CSA protection measures and their effectiveness in Makadara.

I wish to assure you that any information you give will remain confidential and will only be used for academic purposes. I would like you to answer all the questions but you can decide not to answer some or all of the questions.

Thank you for your participation.

**Signed**-----

**Date**-----



**APPENDIX II: QUESTIONNAIRE**

**UNIVERSITY OF NAIROBI**

**DEPARTMENT OF SOCIOLOGY**

**TOPIC: CHILD SEXUAL ABUSE PROTECTION SERVICES IN LUNGA**

**LUNGA SLUMS OF MAKADARA DISTRICT, NAIROBI**

**(A).QUESTION GUIDES FOR CHILDREN SERVICE AGENCIES (COURT OFFICERS, NGOs, CBO, CHILD WELFARE)**

1. Respondents name (optional) \_\_\_\_\_
2. Which organization do you work for? \_\_\_\_\_
3. What is your designation \_\_\_\_\_
4. How long have you worked in the area? \_\_\_\_\_
5. Who are the most common victims of CSA?

(i)By age \_\_\_\_\_

0-5 year ( )

6-10 years ( )

11-17 years ( )

(i) By sex \_\_\_\_\_

Male ( )

Female ( )

Both ( )

5. Who are the most common perpetrators of CSA in this area?

Neighbors ( )

Teachers ( )

Religious leaders ( )

Law enforcers ( )

Close family members ( )

6. What are the causes of CSA in LungaLunga Slums?

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7. (i) Are there any CSA survivors whose whereabouts you know currently?

Yes ( )

No ( )

(ii) If your answer is yes where or whom live with?

Family members ( )

Volunteers ( )

Rescue center ( )

Foster parents/guardians ( )

Others ( )

(iii) What services do your organization/office provide to the survivors of CSA?

Physical ( )

Psychosocial ( )

Legal ( )

Others (specify) ( )

8. What mechanisms/services are available in the community to protect children from sexual abuse?

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9. How effective are child sexual abuse prevention measures in LungaLunga slums?

- Very effective ( )
- Somewhat effective ( )
- Very ineffective ( )
- Somewhat ineffective ( )
- Can't tell ( )

10. (i) What makes these services effective?

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(ii) What makes these services ineffective?

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11. What are some of the limitations in the application of CSA protection measures in the area?

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12. What do you think should be done to make the measures on CSA prevention measures more effective?

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**APPENDIX III: INTERVIEW GUIDE FOR COMMUNITY MEMBERS  
AND VOLUNTEER CHILDREN OFFICERS**

**(B). INTERVIEW GUIDE FOR COMMUNITY MEMBERS AND  
VOLUNTEER CHILDREN  
OFFICERS**

1. Name of the respondent? (Optional) \_\_\_\_\_
2. What group or interest do you represent? \_\_\_\_\_
3. How long have you lived or worked in these area? \_\_\_\_\_
4. What is the frequency of CSA incidents in Lunga Lunga slums?

Very high ( )

Very low ( )

High ( )

Moderate ( )

Low ( )

Very low ( )

5. What incidents of CSA do you remember to have occurred in this area in the last

1 week ( )

2 weeks ( )

1 month ( )

6 months ( )

1 year ( )

6. Who are the most common victims of CSA in this area by

(i) Age

0-5 years ( )

6-10 years ( )

11-17 years ( )

(ii) Sex

- Male ( )
- Female ( )
- Both ( )

7. What Child Sexual Protection Measures in your community are you familiar with?

- Psychosocial ( )
- Legal ( )
- Physical ( )
- Medical ( )

8. Who are the most common perpetrators of CSA in this area?

- Close family members ( )
- Neighbors ( )
- Teachers ( )
- Religious leaders ( )
- Strangers ( )

Others (specify) \_\_\_\_\_

9. What are the causes of CSA incidences in Lunga Lunga Slums?

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10. (i) Are there any CSA survivors whose whereabouts you know currently?

- Yes ( )
- No ( )

(ii) If your answer is yes, where or whom do they live with?

- Volunteer ( )
- Rescue centre ( )
- Family ( )

(iii) What services does the community/other service providers offer to them?

- Physical ( )
- Psychological ( )
- Legal ( )
- Non ( )

11. What services/mechanisms are available in the community to protect children from sexual abuse?

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12. What are the limitations in the application of the CSA protection measures?

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13. (i) How effective are CSA prevention measures in this area?

- Very effective ( )
- Somewhat effective ( )
- Very ineffective ( )
- Somewhat ineffective ( )
- Can't tell ( )

(ii) What makes these services effective?

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(iii). What makes them ineffective?

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14. What steps do you think should be taken to ensure that CSA prevention measures are effective in Lunga Lunga.

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**(C). INTERVIEW GUIDE TO PARENTS/GUARDIANS OF SURVIVORS**

1. What is your name? (Optional) \_\_\_\_\_

2. How old are you? \_\_\_\_\_

3. How long have you lived in this area? \_\_\_\_\_



4. What form of attack/abuse did your child experience?

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5. What other similar incidents of abuse/attack do you recollect to have occurred in this area?

(i) Involving child

- None ( )
- 1-2 incidences ( )
- 3 or more incidences ( )

(ii) Involving other

- None ( )
- 1-2 incidences ( )
- 3-5 incidences ( )
- More than 5 incidences ( )

6. Who were the perpetrators in the incidents which you are able to recollect?

- Family members ( )
- Teachers ( )
- Religious leaders ( )
- Law enforcers ( )
- Neighbors ( )

7. Are there measures you know of that are intended to protect your child from CSA?

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8. What conditions/circumstances would encourage you to seek the services available for survivors of CSA in your community?

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9. What action did you take when your child experienced the attack?

- Taking child to safe place ( )
- Contacting the children officer ( )
- Reporting the matter to the administrators ( )
- Reporting the matter to the police ( )
- Others (specify)

10. (i) What services did your child receive following the incident?

- None ( )
- Medical ( )
- Psychosocial ( )
- Legal ( )
- Physical ( )

(ii) How long did it take to receive the services?

- 1 day ( )
- 2 days ( )
- 3 days ( )
- 1 week ( )

11. What factors/conditions would encourage you to seek the CSA protection services in your area?

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12. What factors or conditions would discourage you to seek CSA protection services in your area?

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13. Do you consider the child protection measures in this area to be effective?

- Very effective ( )
- Somewhat effective ( )
- Very ineffective ( )
- Somewhat ineffective ( )
- Can't tell ( )

14. What makes these measures effective?

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15. What makes these measures ineffective?

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16. What steps do you think should be taken to ensure that the CSA prevention measures are effective in this are?

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**(D). INTERVIEW GUIDE TO SURVIVORS**

**(In the presence of parent/guardian who explained questions and guided the child)**

1. What is your name? (optional) \_\_\_\_\_

2. How old are you? \_\_\_\_\_

3. How long have you lived in this area? \_\_\_\_\_

4. What form of attack/abuse did you experience?

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5. What other similar incidents of abuse/attack do you recollect to have occurred in this area?

(i) Involving self

None ( )

1-2 incidences ( )

3 or more incidences ( )

(ii) Involving other

None ( )

1-2 incidences ( )

3-5 incidences ( )

More than 5 incidences ( )

6. Who were the perpetrators in the incidents which you are able to recollect?

Family members ( )

Teachers ( )

Religious leaders ( )

Law enforcers ( )

Neighbors ( )

7. What was done when you experienced the attack?

Taken to safe place ( )

Parent contacting the children officer ( )

Parent reporting the matter to the administrators ( )

Parent reporting the matter to the police ( )

Others (specify)

8. (i) What services did you receive following the incident?

None ( )

Medical ( )

Psychosocial ( )

Legal ( )

Physical ( )

(ii) How long did it take to receive the services?

1 day ( )

2 days ( )

3 days ( )

1 week ( )

9. What was good or bad when you sought assistance?

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10. What do you suggest to be done?

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## OBSERVATION SCHEDULE

- Functional lighting mast within the area
- Presence of child desk at the police station which is functioning
- Posters with message on child protection in schools
- Functional telephones
- Availability of personnel at reporting desk
- Posters displayed in simple language
- Functional lines e.g. police line, child line
- Billboards with messages on CSA
- Nature of Staffing at the children office(level, gender, training/competence, experience)